Take 10,000 Steps to Better Health With An Exercise Buddy

Benefits of Moderate Physical Activity

- Less Stress
- Energy increased
- Increased weight loss along with a balanced diet
- Reduce the risk of chronic diseases such as diabetes, heart disease, cancer and osteoporosis.

Amount of Physical Activity Needed Each Day

It is recommended by the U.S Surgeon General that all Americans get at least 30 minutes of moderate physical activity at least 5 days per week. This is equal to 10,000 steps per day using a pedometer. Moderate physical activity means that it is at a level that raises your heart rate and breathing. You should still be able to hold a conversation, but should not be able to sing. This type of physical activity takes effort. Casual walking is not moderate exercise.

How many steps should a person aim for each day?

Most research shows that 10,000 steps per day meet the recommendations of the Surgeon General for moderate physical activity. This should be the ultimate goal. It is recommended that you begin at 5,000 steps per day and gradually increase over time. If you do too much at the beginning, you increase your risk of injury and you are also less likely to stay with your activity.

How far is 10,000 steps?

Approximately 1,800-2,200 steps are equivalent to 1 mile, depending on your stride. Most workers will make about 3,000-5,000 steps per day. To reach the goals of 10,000 steps, they could add a 2-3 mile daily walk. This goal can also be reached by adding several short walks to your day, or by adding one 20-30 minute brisk walk to your day. You can also increase your steps per day by increasing the number of steps you take when doing everyday activities such as parking farther away from the door, using the stairs instead of the elevator, taking more trips to empty your car after grocery shopping, or by taking a walking break instead of a coffee break at work.

How can I increase the benefits of Walking?

To add benefits to the 10,000 steps you are taking each day, add regular stretching and 2-3 days of weight training each week. This can increase the benefits of any type of physical activity and help you to become more **"F.I.T."** by increasing:

F=Frequency (Do more activity often)
I=Intensity (Work Harder. Walk faster or add hills).
T=Time (Increase the amount of time you spend by adding even 10 minutes to your activity).

How can I get started on a Walking Program?

1. Focus on getting daily physical activity, even if it's just a 10-minute walk each day.
2. Increase your physical activity gradually each week
3. Always warm up and cool down by walking slowly for the first and last few minutes. Walk briskly for the reminder of your session. Always remember to stretch before your activity.
4. Make sure you have an exercise buddy when you begin a Walking Program, or the 10,000 Steps Program. You are more likely to stay with a program if you have someone doing it with you. It makes the activity much more fun.

Contact your local health department for more information on physical fitness for worksites.

Take 10,000 Steps to Better Health With An Exercise Buddy

Name: _____ Date: _____

Exercise Buddy: _____

Address: _____

_____

_____

Phone: _____

RELEASE OF RESPONSIBILITY

I understand that any type of exercise program may be strenuous and that I should not exercise without the advice of a physician. By signing this form, I am agreeing to release all organizing and sponsoring parties of responsibility in the event of any medical event, injury, or accidental occurrence.

_____ _____

(Participant) Signature (Witness) Signature

_____ _____

(Exercise Buddy) Signature (Date)

Please sign and leave this with our office. If we do not have this signed when you return your log sheet, you will not receive your incentive gift.

Thanks for your cooperation and participation,

Signature

Take 10,000 Steps to Better Health
With an Exercise Buddy

Name: _____

Address: _____

_____

_____

Home Phone: _____ Work Phone: _____

Pick up your pedometer from the ***place*** before starting the 10,000 Steps to Better Health program.
Log sheets must be turned in by ***date of program*** to the ***place to turn in info for program.***

Week	Dates	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	**Total Steps**
Example	9/29-10/3	900 Steps	900 Steps	400 Steps	950 Steps	900 Steps	400 Steps	400 Steps	4850 Steps

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5-A-DAY

The Delicious Way To A Healthier Life

Did you know that eating fruits and vegetables a day is one of the most important health choices you can make? It will reduce your risk of cancer, heart disease, obesity and bowel problems. 5-a-day can also help keep your skin, hair and immune system healthy.

5-a-day…it's easier than you think!

BREAKFAST

- Drink a glass of juice.
- Add chopped fruit to cereal.
- Have a bowl or piece of fruit.
- Top your pancakes or waffles with chopped fruit instead of syrup.
- Make a breakfast shake by blending juice, milk, banana or strawberries, and an ice cube in blender.

SNACK

* Nibble on some raisins.
* Drink a glass of Veg. Juice.
* Grab a handful of chopped raw vegetables from a plastic container kept in the refrigerator.
* Munch on a piece of fruit.
* Keep a can of unsweetened pineapple in refrigerator.

LUNCH

- Have a salad or soup with veggies.
- Add a bag of raw veggies to your Brown bag lunch.
- Eat an apple, orange or pear.
- Add lettuce, sprouts, green pepper and tomatoes to your sandwich.

DESSERT

* Add chopped fruit, berries, raisins or grated carrots to muffins, cakes and cookies.
* Add chopped fresh, canned or frozen fruit to frozen yogurt.
* Top cake with chopped fresh fruit.

DINNER

- Add extra veggies to your casserole, Pasta, soup or stew.
- Steam frozen vegetable medleys (like snow peas, carrots and cauliflower).
- Order extra vegetables when you are eating out.

* **One Serving** is ½ cup of fruit, ¾ cup juice, ¼ cup dried fruit, ½ cup Cooked vegetable or 1 cup leafy vegetables.

LOW-FAT/LOW-CHOLESTEROL CHOCOLATE ÉCLAIR

1 BOX (1.5 OZ) JELLO FAT FREE, SUGAR FREE INSTANT CHOCOLATE PUDDING

16 OZ LITE COOL WHIP WHIPPED TOPPING

1 BOX LOW FAT HONEY GRAHAM CRACKERS

2 BOXES (1.5 OZ) JELLO FAT FREE, SUGAR FREE INSTANT VANILLA PUDDING

2 ½ CUPS FAT FREE SKIM MILK

¾ CUP FAT FREE SKIM MILK

Combine 2 ½ cups Milk and both vanilla pudding mixes into a bowl and stir until thick and smooth. Fold in cool whip. Line 9 x 13 inch baking dish with first layer of graham crackers. (Takes 1 pack from box). Spoon ½ of filling mixture onto the first layer of graham crackers. Top with 2nd layer of graham crackers. Spoon remaining filling onto crackers and top with 3rd and final layer of graham crackers. Combine ¾ cup Milk with Chocolate pudding and stir until thick. Spoon over final layer of graham crackers. Spread evenly to make thin layer over entire dessert. Refrigerate overnight. Cut and serve. Serves 16.

Nutritional Information: **(Diabetic Friendly Recipe)**

16 servings
2.2 grams fat
15g Carbohydrate
153 calories.

Recipe designed by: Teresa Bunch, Whitley County Health Department

Worksite Health And Wellness Activities

Exercise Buddies – an exercise program designed between employees to walk. A walking contract is made between two employees; the company can form many teams within and give incentives to the employees.

***10,000 Steps To Better Health** – Employees are given registration forms and pedometers to record steps through the day. The employee that makes the most steps during the program is given an incentive.
Forms and information on CD Rom

***Walking Program** – The Company gives out registration forms to recruit employees to walk each day. Incentives can be given to the employee that walks the most miles.
Forms and information on CD Rom

Fruit Basket Office – Basket of fruit is kept in the office; any employee that wishes to get a piece of fruit will place a quarter in the basket to replenish fruit supply or the company may provide the fruit free to employees promoting the Five A Day Program.

***Food Pyramid cutouts** passed out to employees and foldable paper Food Guide Pyramids can be placed in the break room or at meetings to build nutritional awareness.

***Stair Signs** – are available on CD Rom to encourage employees to use stairs for physical fitness instead of getting on the elevator.

Health Information Brochures – A special rack or place in the factory that has nutrition and physical fitness information, posters, promotion of special activities, and brochures for easy access to employees.

Presentations – health presentations from the health department, hospital, and extension offices in your community for company meetings tailoring the health problems of employees, such as blood pressure, body fat assessment, nutrition counseling, and tobacco use.

Smoking Cessation Classes – health departments around the state of Kentucky offer the Cooper Clayton Method to Stop Smoking. The classes can be offered at the worksite, contact your local health department's tobacco coordinator for more information and scheduling classes.

Smoke-free Worksites – If you have decided the factory or company wants to go smoke-free contact your local health department's tobacco coordinator for help and example policies. Policies can be tailored to your company or manufacturing site.

PHYSICAL FITNESS & NUTRITION FOR WORKSITES Physical Activity &Nutrition

Nutrition Counseling – Set up a day for a nutritionist to come and do nutrition counseling for your employees. The nutritionist will also do body fat assessments; this service may not be available in all health departments. Call your local health department for more information.

***Vendor Snack Machine List** – Change items in vending machines that are unhealthy to healthy snacks, juices and water. List of low-fat foods available on CD Rom included with this toolkit.

Mini Health Fairs – planned between shifts to incorporate screenings, such as blood pressure, body fat assessment, nutrition counseling, and cholesterol checks. Contact your local hospital and the health department for assistance.

***Powerpoints on CD Rom are included with this toolkit on Tobacco, Drugs, Diabetes, Child Abuse, Nutrition, Physical Activity, and Domestic Violence.**

***Information is available on CD Rom that accompanies this toolkit**

Facts About Alcohol

- **Alcohol is a powerful drug** that slows down the body and mind. It impairs coordination; slows reaction time; and impairs vision, clear thinking, and judgment.
- Beer and wine are not "safer" than hard liquor. A 12-ounce can of beer, a 5-ounce glass of wine, and 1.5 ounces of hard liquor all contain the same amount of alcohol and have the same effects on the body and mind.
- On average, it takes 2 to 3 hours for a single drink to leave the body's system. Nothing can speed up this process, including drinking coffee, taking a cold shower, or "walking it off."
- People tend to be very bad at judging how seriously alcohol has affected them. That means many individuals who drive after drinking think they can control a car—but actually cannot.
- Anyone can develop a serious alcohol problem, including a teenager.

This excerpt taken from *National Institute on Alcohol Abuse and Alcoholism Publication - Make a Difference*-located at http://niaaa.nih.gov/publications/makediff.htm.

Fetal Alcohol Syndrome

When you are pregnant, your baby grows inside you. Everything you eat and drink while you are pregnant affects your baby. If you drink alcohol, it can hurt your baby's growth. Your baby may have physical and behavioral problems that can last for the rest of his or her life. Children born with the most serious problems caused by alcohol have fetal alcohol syndrome. Children with Fetal Alcohol Syndrome (FAS) may:

• Be born small.
• Have problems eating and sleeping.
• Have problems seeing and hearing.
• Have trouble following directions and learning how to do simple things.
• Have trouble paying attention and learning in school.
• Have trouble getting along with others and controlling their behavior.
• Need medical care all their lives.
• Need special teachers and schools.

This excerpt taken from *National Institute on Alcohol Abuse and Alcoholism – Drinking and Your Pregnancy*- located at *www.niaaa.nih.gov/publications/brochure.htm*.

Alcohol and Adolescents

Alcohol is the most commonly used drug among our Nation's young people, surpassing tobacco and illicit drugs. Alcohol is a powerful, mood-altering drug, and its use by children poses very serious health risks for bodies and minds that are still maturing. It can

cloud judgment and interfere with developing social skills and academic achievement. For example, research demonstrates that adolescents who abuse alcohol may remember 10% less of what they have learned than those who don't drink. Alcohol use may also lead to increased sexual activity, exposure to sexually transmitted disease, unplanned pregnancy, suicidal and violent behavior, criminal activity, injury, and death.

Moreover, children are beginning to drink at very young ages, sometimes before they finish elementary school. Many drink specifically to get drunk. Although drinking is often considered a normal part of growing up, like starting to date and learning to drive, it is not. The Nation must recognize this overlooked group of drinkers—the 9- to 15-year-olds—and understand the extent of the problem and its dangers. The statistics tell the story:

- ***Kids are pressured to drink.*** According to a 1995 national survey of fourth-through-sixth graders who read the *Weekly Reader*, 30% said that they got "a lot" of pressure from their classmates to drink beer.
- ***Kids are experimenting.*** By eighth grade, 46% of American children have tried alcohol, and by tenth grade, this percentage rises to almost two-thirds.
- ***Kids are drinking regularly.*** About 36% of ninth-graders say they have drunk alcohol in the past month—more than those who say they have smoked cigarettes.
- ***Kids drink to get drunk*.** One-fifth of 8th-graders and 42% of 10th-graders have been drunk at least once. Almost one-fifth of ninth graders report binge drinking (consuming five or more drinks in a row) in the past month.

This excerpt taken from *Leadership to Keep Children Alcohol Free – The Overlooked Age Group* - located at www.alcoholfreechildren.org/gs/pubs/html/Prev.htm.

Alcohol and Teens

For young people, alcohol is the number one drug of choice. In fact, teens use alcohol more frequently and heavily than all other illicit drugs *combined*. Although most children under age 14 have not yet begun to drink, early adolescence is a time of special risk for beginning to experiment with alcohol.

While some parents and guardians may feel relieved that their teen is "only" drinking, it is important to remember that alcohol is a powerful, mood-altering drug. Not only does alcohol affect the mind and body in often unpredictable ways, but teens lack the judgment and coping skills to handle alcohol wisely. As a result:

- Alcohol-related traffic crashes are a major cause of death among teens. Alcohol use also is linked with youthful deaths by drowning, suicide, and homicide.
- Teens who use alcohol are more likely to become sexually active at earlier ages, to have sexual intercourse more often, and to have unprotected sex than teens who do not drink.

- Young people who drink are more likely than others to be victims of violent crime, including rape, aggravated assault, and robbery.
- Teens who drink are more likely to have problems with school work and school conduct.
- An individual who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.

The message is clear: Alcohol use is very risky business for young people. And the longer children delay alcohol use, the less likely they are to develop any problems associated with it. That's why it is so important to help your child avoid any alcohol use.

This excerpt taken from *National Institute on Alcohol Abuse and Alcoholism Publication - Make a Difference* – located at http://niaaa.nih.gov/publications/makediff.htm.

Binge Drinking

- Binge drinking, often beginning around age 13, tends to increase during adolescence, peak in young adulthood (ages 18 to 22), then gradually decrease.
- Binge drinking during the past 30 days was reported by 8 percent of youth ages 12 to 17 and 30 percent of those ages 18 to 20.
- Among persons under the legal drinking age (12 to 20), 15 percent were binge drinkers and 7 percent were heavy drinkers.
- About 10.4 million adolescents ages 12 to 20 reported using alcohol. Of those, 5.1 million were binge drinkers and included 2.3 million heavy drinkers who binged at least five times a month.
- Nearly 9 percent of boys and 7 percent of girls ages 12 to 17 reported binge drinking in the previous month.
- White non-Hispanic youth ages 12 to 17 reported the highest frequency of binge drinking (9 percent) as compared with 6 percent of Hispanic and 3 percent of black non-Hispanic youth.
- Binge drinking among youth ages 12 to 17 appears to occur most frequently in the North Central region of the United States and in metropolitan areas.

This excerpt taken from the *U.S. Department of Health and Human Services and SAMSHA'S National Clearinghouse for Alcohol and Drug Information - Binge Drinking in Adolescents and College Students* - located at www.health.org/govpubs/rpo995/.

Did you know:

- Frequent binge drinkers were eight times more likely than non-binge drinkers to miss a class, fall behind in schoolwork, get hurt or injured, and damage property.
- Nearly one out of every five teenagers (16 percent) has experienced "black out" spells where they could not remember what happened the previous evening because of heavy binge drinking.
- More than 60 percent of college men and almost 50 percent of college women who are frequent binge drinkers report that they drink and drive.

- Binge drinking during high school, especially among males, is strongly predictive of binge drinking in college.
- Binge drinking during college may be associated with mental health disorders such as compulsiveness, depression or anxiety, or early deviant behavior.
- In a national study, 91 percent of women and 78 percent of the men who were frequent binge drinkers considered themselves to be moderate or light drinkers.

This excerpt taken from the *U.S. Department of Health and Human Services and SAMSHA'S National Clearinghouse for Alcohol and Drug Information - Binge Drinking in Adolescents and College Students* - located at www.health.org/govpubs/rpo995/.

Binge Drinking on College Campuses

- According to a 1997 national study conducted by the Harvard School of Public Health, nearly half of all college students surveyed drank four or five drinks in one sitting within the previous 2 weeks.
- Students who live in a fraternity or sorority house are the heaviest drinkers – 86 percent of fraternity residents and 80 percent of sorority residents report binge drinking.
- In a recent study, 39 percent of college women binge drank within a 2-week period compared with 50 percent of college men.
- Colleges with high binge drinking rates were also much more likely to attract students who were binge drinkers in high school..
- In one multicampus survey, white non-Hispanic students reported the highest percentage of binge drinking in a 2-week period (43.8 percent), followed by Native American (40.6 percent), Hispanic (31.3 percent), Asian (22.7 percent), and black non-Hispanic (22.5 percent) students. This pattern of binge drinking differences among ethnic groups is also seen in high school students.

This excerpt taken from the *U.S. Department of Health and Human Services and SAMSHA'S National Clearinghouse for Alcohol and Drug Information - Binge Drinking in Adolescents and College Students* - located at www.health.org/govpubs/rpo995/.

Consequences of Binge Drinking

Alcohol poisoning – a severe and potentially fatal physical reaction to an alcohol overdose – is the most serious consequence of binge drinking. When excessive amounts of alcohol are consumed, the brain is deprived of oxygen. The struggle to deal with an overdose of alcohol and lack of oxygen will eventually cause the brain to shut down the voluntary functions that regulate breathing and heart rate.

If a person is known to have consumed large quantities of alcohol in a short period of time, symptoms of alcohol poisoning include:

- Vomiting

- Unconsciousness
- Cold, clammy, pale, or bluish skin
- Slow or irregular breathing (less than 8 breaths a minute or 10 or more seconds between breaths).

This excerpt taken from the *U.S. Department of Health and Human Services and SAMSHA'S National Clearinghouse for Alcohol and Drug Information - Binge Drinking in Adolescents and College Students* - located at www.health.org/govpubs/rpo995/.

Secondary Effects of Binge Drinking

- In schools with high binge drinking rates, 34 percent of non-binge drinkers reported being insulted or humiliated by binge drinkers; 13 percent reported being pushed, hit, or assaulted; 54 percent reported having to take care of a drunken student; 68 percent were interrupted while studying; and 26 percent of women experienced an unwanted sexual advance.

This excerpt taken from the *U.S. Department of Health and Human Services and SAMSHA'S National Clearinghouse for Alcohol and Drug Information - Binge Drinking in Adolescents and College Students* - located at www.health.org/govpubs/rpo995/.

How to Recognize a Drinking Problem

Not everyone who drinks regularly has a drinking problem. You might want to get help if you:

- Drink to calm your nerves, forget your worries, or reduce depression
- Lose interest in food
- Gulp your drinks down fast
- Lie or try to hide your drinking habits
- Drink alone more often
- Hurt yourself, or someone else, while drinking
- Were drunk more than three or four times last year
- Need more alcohol to get "high"
- Feel irritable, resentful, or unreasonable when you are not drinking
- Have medical, social, or financial problems caused by drinking

This excerpt taken from *National Institute on Alcohol Abuse and Alcoholism's AgePage* located at www.niaaa.nih.gov/publications/agepage.htm.

What Are Alcohol Abuse and Alcoholism?

Alcohol abuse is a pattern of drinking in which a person uses alcohol in a way that is harmful to herself or others. A pattern of drinking in which one or more of the following situations occurred repeatedly in a 12–month period would be alcohol abuse:

Missing work or skipping childcare responsibilities because of drinking

- Drinking in situations that are dangerous, such as while driving
- Arrests for driving under the influence of alcohol or for hurting someone while drunk
- Continued drinking despite ongoing alcohol–related tensions with friends and family

Alcoholism or alcohol dependence is a disease. It is chronic, or lifelong, and it can be both progressive and life threatening. Alcoholism is based in the brain. Alcohol's short-term effects on the brain are what cause someone to feel high, relaxed, or sleepy after drinking. In some people, alcohol's long term effects can change the way the brain reacts to alcohol. As a result, the urge to drink can be as compelling as the hunger for food. Both a person's genetic make–up and environment contribute to the risk for alcoholism. The following are some of the typical characteristics of alcoholism:

- Craving***:*** a strong need, or compulsion, to drink
- Loss of control: the inability to stop drinking once a person has begun
- Physical dependence: withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, when alcohol use is stopped after a period of heavy drinking
- Tolerance: the need for increasing amounts of alcohol to get "high"

This excerpt taken from *National Institute on Alcohol Abuse and Alcoholism- More on Alcohol and Women's Health* located at www.niaaa.nih.gov/publications/brochurewomen/women.htm.

MAKE A DIFFERENCE – TALK TO YOUR CHILD ABOUT ALCOHOL. National Institute on Alcohol Abuse and Alcoholism - NIH Publication No. 00-4314 Revised 2002

This website contains general information and facts on alcohol use and teens.

Online

http://www.niaaa.nih.gov/publications/makediff.htm

DRINKING AND YOUR PREGNANCY. National Institute on Alcohol Abuse and Alcoholism - NIH Publication No. 96-4101 1996, Revised October 2001

This website contains facts about drinking during pregnancy and how it can affect the unborn baby.

Online

http://www.niaaa.nih.gov/publications/brochure.htm

THE OVERLOOKED AGE GROUP. Leadership to Keep Children Alcohol Free - PDF Updated: January 2005

This website contains information about children and alcohol and provides suggestions on how to prevent alcohol use in children.

Online

http://www.alcoholfreechildren.org/gs/pubs/html/Prev.htm#1

BINGE DRINKING IN ADOLESCENTS AND COLLEGE STUDENTS. U.S. Department of Health and Human Services and SAMSHA'S National Clearinghouse for Alcohol and Drug Information

This website discusses the prevalence, frequency and effects of Binge Drinking in college students.

Online

www.health.org/govpubs/rpo995/

AGEPAGE – AGING AND ALCOHOL ABUSE. National Institute on Aging National Institute on Alcohol Abuse and Alcoholism - Printed by the National Institute on Aging, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. 1995

This website provides some of the facts about elderly and alcohol use Including how to recognize a problem, physical effects of alcohol and getting help.

Online

www.niaaa.nih.gov/publications/agepage.htm.

MORE ON ALCOHOL AND WOMEN'S HEALTH. U.S. Department of Health and Human Services - National Institutes of Health - National Institute on Alcohol Abuse and Alcoholism - NIH Publication No. 03–4956 - August 2003

This website contains facts about women and drinking from young adulthood to later in life.

Online

www.niaaa.nih.gov/publications/brochurewomen/women.htm

Alcoholics Anonymous (AA) is a voluntary fellowship of alcoholics who help themselves and each other get and stay sober. Check the phone book for a local chapter or write the national office at:

475 Riverside Drive, 11th Floor
New York, NY 10115; or call
(212) 870-3400.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides information on alcohol abuse and alcoholism. Contact:

NIAAA
5635 Fishers Lane, MSC 9304
Bethesda, MD 20892-7003
(301) 443-3860.

The following brochures can be accessed at the National Institute on Alcohol Abuse and Alcoholism's website located at www.niaaa.nih.gov.

- **AgePage-Aging and Alcohol Abuse --** only available on Web Site
- **Alcohol: A Women's Health Issue** [PDF format] NEW
- **Alcohol: What You Don't Know Can Harm You** [PDF format]
- **Alcoholism: Getting the Facts** - Only available on Web Site
- **A Family History of Alcoholism - Are You at Risk?** [PDF format]
- **Drinking and Your Pregnancy**
- **Harmful Interactions: Mixing Alcohol with Medicines** [PDF format]
- **How Does Alcohol Affect the World of a Child?** [PDF format]
- **How to Cut Down on Your Drinking -** only available on Web Site
- **Keep Kids Alcohol Free: Strategies for Action** [PDF fornat]
- **Make A Difference: Talk to Your Child About Alcohol - Parents Booklet [PDF format]**
- **NIAAA Science Education Programs**

The National Council on Alcoholism and Drug Dependence, Inc., can refer you to treatment services in your area. Contact:

National Headquarters
NCADD
20 Exchange Place, Suite 2902
New York, NY 10005
(800) NCA-CALL (800-622-2255).

Adolescent Drug Use

By age 14, 35% of youth have engaged in some form of illicit (illegal) drug use. By the end of high school, more than 50% will have tried at least one illicit drug. Teens who begin using illicit drugs before the age of 15 are more likely to develop a lifelong dependence on illegal substances. Below are a few of the most common drugs used by youth.

- **Marijuana** is the most prevalent illicit drug used by teens because it is easily accessible. In fact, 90% of high school seniors stated that obtaining marijuana is virtually trouble-free, and nearly 40% of 10th and 12th graders reported smoking marijuana in 1999. Teens who use this drug are more likely to initiate the use of other drugs (e.g., cocaine and heroin).
- **Ecstasy** is also a prevalent drug that is highly accessible and used at teen parties. Over the past few years, ecstasy use by teens has increased: one in thirty 8th graders and one in twelve 12th graders reported using ecstasy in 2000.
- **Heroin** is primarily injected into the vein but can also be inhaled nasally and smoked. While 8th graders' overall use of the drug is declining, 12th graders' use by means of inhaling is increasing.
- **Cocaine** has been a serious drug problem in America for almost a century. According to the National Institute on Drug Abuse (2001), 5% of 12th graders reported using cocaine in 2000.

This excerpt taken from *Adolescents at Risk: Illicit Drug Use - Family Tapestries, Strengthening Family Bonds Family Life Month Packet 2002* from the Ohio State University Extension located at http://ohioline.osu.edu/flm02/FS15.html.

Teens at Risk?

Factors associated with increased risk for any type of illicit drug use include at least one or more of the following:

- **Poor parent-child relations.** Studies show that living in a stressful home environment with relatively little parental support and monitoring places adolescents at greater risk for drug use.
- **Family environments that model drug use.** Adolescents are more likely to use drugs if someone in their home uses drugs. For example, parents who use drugs may practice poor parenting which may increase the risk of drug abuse for adolescents. Also, parental or sibling drug use sets a model of acceptable inappropriate behavior for teens, makes it seem like a normal part of life, and may encourage its acceptance by youth.
- **Peer drug use.** During adolescence, peers become a major influence because of the increased time spent with them outside of the home. Some teens feel pressured to fit in and do what their friends are doing. Consequently, teens that have friends who use drugs are more likely to use drugs themselves.

- **High risk communities.** Living in communities where drug use is widespread not only makes drug accessibility easier, but also normalizes the act of using drugs.
- **Low self-esteem.** Adolescents who do not have positive views of themselves, or who lack support and encouragement from others are more likely to use drugs.
- **Poor school achievement.** Teens who have negative attitudes toward school and low expectations of academic success are at increased risk of drug use. Also, teens who use drugs typically exhibit declines in grades, and inconsistent attendance at school.

This excerpt taken from *Adolescents at Risk: Illicit Drug Use - Family Tapestries, Strengthening Family Bonds Family Life Month Packet 2002* from the Ohio State University Extension located at http://ohioline.osu.edu/flm02/FS15.html

ADOLESCENTS AT RISK: ILLICIT DRUG USE. Family Tapestries, Strengthening Family Bonds Family Life Month Packet 2002 from the Ohio State University Extension

This website targets drug use among teens. It tells who is at risk, lists the consequences of drug use and gives parents advice on how to prevent teenage drug use.

Online

http://ohioline.osu.edu/flm02/FS15.html

Cigarette smoking during childhood and adolescence produces significant health problems among young people, including cough and phlegm production, an increase in the number and severity of respiratory illnesses, decreased physical fitness, an unfavorable lipid profile and potential retardation in the rate of lung growth and the level of maximum lung function.

- Tobacco use primarily begins in early adolescence. One-third of all smokers had their first cigarette by the age of 14. Ninety percent of all smokers begin before the age of 21.
- Each day, 6,000 children under 18 years of age smoke their first cigarette. Almost 2,000 of them will become regular smokers -- that's 757,000 annually.
- If current tobacco use patterns persist, an estimated 6.4 million children will die prematurely from a smoking-related disease.
- Although smoking rates among high school students increased 32 percent between 1991 and 1997, rates have declined by almost 40% since 1997. In 2003, 22% of high school students were current smokers.
- In 2002, 10 percent of middle school students smoked.
- After seeing a dramatic increase in teen cigar smoking throughout the 80s and early 90s cigar smoking has declined 30% since 1997. In 2002, 11.6% of high school students and 6 percent of middle school students were current cigar users.
- In 2002, 6.1 percent of all high school students and 3.7% of middle school students used smokeless tobacco.[8] Although smokeless tobacco use previously was uncommon among adolescents, older teens began using it between 1970 and 1985, at the same time that the smokeless tobacco industry was strengthening their marketing efforts.
- Other tobacco products used by high school and middle school students includes pipes (2.6% and 3.5%), bidis (2.6% and 2.4%) and kreteks (2.7% and 2.0%).
- Tobacco use is associated with alcohol and illicit drug use, and acts as a "gateway drug." Adolescents (12-17 year olds) who reported having smoked in the past 30 days were three times more likely to use alcohol, eight times more likely to smoke marijuana, and 22 times more likely to use cocaine, within those past 30 days than those 12-17 year olds who had not smoked during that time.
- Tobacco use in adolescence is also associated with a range of health-compromising behaviors, including being involved in fights, carrying weapons, engaging in high-risk sexual behavior, and using alcohol and other drugs.
- People who begin smoking at an early age are more likely to develop severe levels of nicotine addiction than those who start at a later age. Of adolescents who have smoked at least 100 cigarettes in their lifetime, most of them report that they would like to quit, but are not able to do so.
- In 2000, 59 percent of high school and 60 percent of middle school students seriously tried to quit smoking.
- Peers, siblings, and friends are powerful influences. The most common situation for first trying a cigarette is with a friend who already smokes.

- Youth who have two parents who smoke are more than twice as likely as youth without smoking parents to become smokers. More than 6 million youth (23 percent) are exposed to secondhand smoke daily, and more than 10 million youth aged 12 to 18 live in a household with at least one smoker.
- A recent survey indicated that among students under 18 years old who were current smokers, 69.4% reported never being asked for proof of age when buying cigarettes in a store and 62.4% were not refused purchase because of their age.
- The 1998 Master Settlement Agreement prohibited tobacco companies from advertising their product in markets that target people younger than 18 years of age. However, this ban has not sufficiently accomplished its intended goal of curtailing tobacco exposure in children.
- Cigarette advertisements tend to emphasize youthful vigor, sexual attraction and independence themes, which appeal to teenagers and young adults struggling with these issues. A recent study found that 34% of teens begin smoking as a result of tobacco company promotional activities.
- Another study found that 52 percent of teens with non-smoking parents started smoking because of exposure to smoking in movies.
- For more information on tobacco and teens, please review the Tobacco Morbidity and Mortality Trend Report and Lung Disease Data in the Data and Statistics section of our website or call the American Lung Association at 1-800-LUNG-USA (1-800-586-4872).

This excerpt taken from *American Lung Association – Smoking and Teens Fact Sheet* located at http://www.lungusa.org/site/pp.asp.

Treating Tobacco Use and Dependence

- Recent surveys show that 25 percent of all American adults smoke.
- More than 430,000 deaths in the United States each year are attributable to tobacco use, making tobacco the No. 1 cause of death and disease in this country.
- Smoking prevalence among adolescents has risen dramatically since 1990, with more than 3,000 additional children and adolescents becoming regular users of tobacco each day.
- Nationwide, medical care costs attributable to smoking (or smoking-related disease) have been estimated by the Centers for Disease Control and Prevention to be more than $50 billion annually. In addition, they estimate the value of lost earnings and loss of productivity to be at least another $47 billion a year.
- It would cost an estimated $6.3 billion annually to provide 75 percent of smokers 18 years and older with the intervention—counseling, nicotine patches, nicotine gum, or a combination—of their choice. This would result in 1.7 million new quitters at an average cost of $3,779 per quitter—a move that would be cost-effective in relation to other medical interventions such as mammography or blood pressure screening.
- Epidemiologic data suggest that more than 70 percent of the 50 million smokers in the United States today have made at least one prior quit attempt, and

- approximately 46 percent try to quit each year. Most smokers make several quit attempts before they successfully kick the habit.
- Only 21 percent of practicing physicians say that they have received adequate training to help their patients stop smoking, according to a recent survey of U.S. medical school deans published in the *Journal of the American Medical Association*. The majority of medical schools do not require clinical training in smoking cessation techniques. It is hoped that this guideline will serve as a call to action.

This excerpt taken from *Treating Tobacco Use and Dependence*. Fact Sheet, June 2000. U.S. Public Health Service. http://www.surgeongeneral.gov/tobacco/smokfact.htm.

Tobacco Use by Young People

- Each day in the United States, approximately 4,000 youths aged 12–17 try their first cigarette.
- If current patterns of smoking behaviors continue, an estimated 6.4 million of today's children can be expected to die prematurely from a smoking-related disease.
- Although the percentage of high school students who smoke has declined in recent years, rates remain high: 22% of high school students report current cigarette use (smoked cigarettes ≥ 1 of the preceding 30 days).
- Non-Hispanic white students (25%) are significantly more likely than black (15%) and Hispanic students (18%) to report current cigarette use.
- Nationwide, 58% of students have ever tried cigarette smoking (even one or two puffs).
- Eighteen percent of high school students have smoked a whole cigarette before age 13.
- Ten percent of students report smoking cigarettes on 20 of the 30 preceding days.
- Seven percent of high school students use smokeless tobacco (11% males and 2% females). Adolescents who use smokeless tobacco are more likely than nonusers to become cigarette smokers.
- Fifteen percent of students report having smoked cigars, cigarillos, or little cigars in the past month.

This excerpt taken from *National Center for Chronic Disease Prevention and Health Promotion – Healthy Youth* - located at http://www.cdc.gov/HealthyYouth/tobacco/facts.htm.

Benefits of Quitting Smoking

When smokers quit, within twenty minutes of smoking that last cigarette the body begins a series of changes.

At 20 minutes after quitting:

- blood pressure decreases
- pulse rate drops
- body temperature of hands and feet increases

At 8 hours:

- carbon monoxide level in blood drops to normal
- oxygen level in blood increases to normal

At 24 hours:

- chance of a heart attack decreases

At 48 hours:

- nerve endings start regrowing
- ability to smell and taste is enhanced

The first year after quitting:

At 2 weeks to 3 months:

- circulation improves
- walking becomes easier
- lung function increases

1 to 9 months:

- coughing, sinus congestion, fatigue, shortness of breath decreases

1 year:

- excess risk of coronary heart disease is decreased to half that of a smoker

Long-term Benefits of Quitting

At 5 years:

- from 5 to 15 years after quitting, stroke risk is reduced to that of people who have never smoked.

At 10 years:

- risk of lung cancer drops to as little as one-half that of continuing smokers
- risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases
- risk of ulcer decreases

At 15 years:

- risk of coronary heart disease is now similar to that of people who have never smoked
- risk of death returns to nearly the level of people who have never smoked

This excerpt taken from Quit Smoking – Benefits on the American Lung Association's website located at http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=33568.

SMOKING AND TEENS FACT SHEET. American Lung Association – November 2004

This website provides statistics on teens and smoking including advertising and peer pressure.

Online

http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=39871

TREATING TOBACCO USE AND DEPENDENCE. FACT SHEET, June 2000. U.S. Public Health Service

This website contains useful information on adult and adolescent tobacco use.

Online

http://www.surgeongeneral.gov/tobacco/smokfact.htm

HEALTHY YOUTH – TOBACCO FACT SHEET - TOBACCO USE AND THE HEALTH OF YOUNG PEOPLE. National Center for Chronic Disease Prevention and Health Promotion

This website contains statistics on youth tobacco use and prevention.

Online

http://www.cdc.gov/HealthyYouth/tobacco/facts.htm

QUIT SMOKING – BENEFITS. American Lung Association

This website gives the timeline benefit from quitting smoking,

Online

http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=33568

INHALANTS - Facts and Stats

More than 12.5 million Americans have abused inhalants at least once in their lives.

A study of the class of 2000 eighth graders showed that 9% had used inhalants within the past year. This makes inhalants the second most popular substance of abuse among 8th graders, topped only by marijuana.

Studies show 8th grade as the peak time for inhalant use.

An average of 3% of 8th - 12th graders say that they abuse inhalants on a monthly basis. This means that in any given month, there are about 500,000 children using inhalants.

An average of 2% of 8th - 12th graders say that they abuse inhalants on a daily basis.

Unlike other some other substances of abuse, inhalant abuse declines with the increasing age of the abuser. This does not mean that the abuser ceases his or her addictive behavior. Inhalants may be replaced with other drugs once the youth passes adolescence and is able to afford them.

Ninety percent (90%) of parents have no idea that their kids are ***currently*** using inhalants. Nine out of 10 parents are unaware that their children have ***ever*** abused inhalants.

The number of deaths caused by the use of inhalants is reported to be 180. The number of deaths involving inhalant abuse could actually be higher because such deaths are sometimes listed strictly as auto accidents or suicides

This excerpt taken from *Arizona Prevention Resource Center – Inhalants - Facts and Stats* - located at http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_stats.htm.

Signs of inhalant use

Aggressive behavior
Anxiety
Apathy
Chemical odors on clothes, hair
Chemical smell on breath
Disorientation
Empty spray cans, hidden spray cans
Excitability
Hidden chemical-soaked rags
Inability to concentrate
Inattentiveness
Lack of coordination

Lack of appetite
Nausea
Paint stains on skin, clothes
Poor memory
Red eyes
Red or runny nose
Restlessness
Slurred speech
Sores around the mouth, nose

This excerpt taken from *Arizona Prevention Resource Center – Signs of Inhalant Use-* located at http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_signs.htm.

Effects on the body

Different types of inhalants work on the brain in different ways. All inhalants suppress the central nervous system, thus creating a variety of pleasurable effects like those produced by anesthesia, alcohol and sedatives. For instance, nail polish remover, paint, paint stripper and airplane glue contain toluene, a substance that affects the dopamine receptors in the brain making the person feel "high". Amyl and butyl nitrites dilate the blood vessels generating a relaxed sensation.

There are a number of negative short- and long-term effects from inhalants, many quite serious, some potentially lethal. Fortunately, some of these effects are reversible if treatment is administered quickly.

Others effects, such as brain damage, are irreversible. Some people die of Sudden Sniffing Death (rapid and irregular heart rhythms causing heart failure) immediately, upon using inhalants for the first time.

Inhalants abusers are also at risk of death by asphyxiation when the oxygen in their lungs is replaced with chemical fumes during prolonged huffing sessions. Abusers also suffocate themselves to death by passing out while the plastic bag they use to contain the fumes is still over their heads. Some die by choking on their own vomit.

Short-term effects:

Bad breath
Bloody nose
Chest pain
Choking
Coughing/sneezing
Diarrhea
Double vision
Electrolyte imbalance

Erratic heart beat
Fatigue
Headaches
Ringing in the ears
Sores, rashes on the face
Vomiting and cramps

Long-term effects:

Hand Tremors
Nerve Damage
Muscle Weakness
Weight Loss
Personality Changes
Memory Loss
Loss of Muscle Tissue
Cardiac Arrest
Weak Immune System
Blindness
Leukemia
Impaired Intelligence
High Drop Out Rate
Kidney/Liver Damage
Suffocation
Death

This excerpt taken from *Arizona Prevention Resource Center – Effects on the Body*- located at http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_effects.htm.

Commonly abused products

There are around 1400 products that can be inhaled. Most are found in homes, workplaces and schools. However, some favorites, such as nitrous oxide, can only be obtained through medical supply stores, industrial outlets, or doctors' offices. Some users will turn to theft to obtain their favorites, but most will use what is easily available. Some products typically abused are:

Nail Polish Remover
Lighter Fluid
Fire Extinguishers
Paint Thinner/Remover
Room Fresheners/Deodorizers
Markers
Correction Fluid

Household Cleaners
Spray Paint
Video Head Cleaner
Amyl Nitrites/Butyl Nitrites
Whip-Its
Propane
Nitrous Oxide
Freon
Hair Spray
Glue
Gasoline

Some of these products have been placed under regulation by local, city, county, or state governments. For instance, in some areas it is illegal to sell spray paint cans to minors. Arizona recently passed a law making it illegal for minors to possess nitrous oxide (see APRC Newsletter Archives).

This excerpt taken from *Arizona Prevention Resource Center- Inhalants – Commonly Abused Products-* located at http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_products.htm.

IN THE NEWS – HOT TOPICS - INHALANTS – FACTS AND STATS. Arizona Prevention Resource Center

This website gives facts and stats on inhalant use in the state of Arizona.

Online

http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_stats.htm

IN THE NEWS – HOT TOPICS – INHALANTS- SIGNS OF INHALANT USE. Arizona Prevention Resource Center

This website lists signs of inhalant use.

Online

http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_signs.htm

IN THE NEWS – HOT TOPICS – INHALANTS- EFFECTS ON THE BODY. Arizona Prevention Resource Center

This website discusses how inhalants affect the body.

Online

http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_effects.htm

IN THE NEWS – HOT TOPICS – INHALANTS- COMMONLY ABUSED PRODUCTS. Arizona Prevention Resource Center

This website lists items that are commonly abused by inhalant users.

Online

http://www.azprevention.org/In_The_News/Hot_Topics/Hot_Topics_inhalants_products.htm

Stress affects virtually everyone at some time in their life. As well as the emotional and psychological disruption it causes, stress-related medical problems are becoming increasingly common. In the modern world, we all need to learn how to cope with stress.

What is stress?

The body has an inbuilt physical response to stressful situations. Faced with pressure, challenge or danger, we need to react quickly, and our bodies release hormones such as cortisol and adrenaline to help us do this. These hormones are part of the "fight or flight" response and affect the metabolic rate, heart rate and blood pressure, resulting in a heightened - or stressed - state that prepares the body for optimum performance in dealing with a stressful situation.

Very often, modern stresses do not call for either fight or flight. Nevertheless, the same stressing hormones are released as part of the reaction and this natural reaction to challenge or danger, instead of helping, can damage health and reduce the ability to cope.

What causes stress?

Many things (or the anticipation of them) can lead to stress:

- pressure to perform at work, at school or in sports
- threats of physical violence
- money worries
- arguments
- family conflicts
- divorce
- bereavement
- unemployment
- moving house
- alcohol or drug abuse.

Sometimes, there is no particular reason for developing stress, or it arises out of a series of minor irritations.

This excerpt taken from – *Stress – BUPA - Published by BUPA's Health Information Team – July 2003* - located at http://hcd2.bupa.co.uk/fact_sheets/html/stress.html.

The symptoms of stress

Everyone reacts to stress differently, but there are some common effects that help us recognize it. In times of extreme stress, people may shake uncontrollably, hyperventilate (breathe faster and deeper than normal) or even vomit. For people with asthma, stress can trigger an attack. People who are chronically stressed are also susceptible to any of the following:

- periods of irritability or anger

- apathy or depression
- constant anxiety
- irrational behavior
- loss of appetite
- comfort eating
- lack of concentration
- loss of sex-drive
- increased smoking, drinking or recreational drug-taking.

There can also be physical effects, which may include the following:

- excessive tiredness
- skin problems
- aches and pains resulting from tense muscles, including neckache, backache and tension headaches
- increased pain from arthritis and other conditions
- heart palpitations
- for women, missed periods.

This excerpt taken from *Stress – BUPA - Published by BUPA's Health Information Team – July 2003* located at http://hcd2.bupa.co.uk/fact_sheets/html/stress.html.

Tackling stress

If you feel that you are suffering from stress, try to identify the aspects of your life that are causing it. Sometimes you may not be able to change or avoid them, but at other times simple lifestyle changes can make all the difference.
There are several strategies that can help you deal with stress:

- delegating or sharing your responsibilities at work
- avoiding confrontation with difficult colleagues
- learning to be more assertive
- taking regular exercise
- not using drink or drugs to cope
- eating a healthy, balanced diet, rich in fruit and vegetables
- finding humor or absurdity in stressful situations
- never taking on more than you know you can cope with
- organizing your time better to get as much done as possible
- talking to friends or family, and sharing your thoughts and fears
- listening to music or relaxation tapes

- tensing and then relaxing your muscles, starting at the toes and working up to the head and neck.

If you think that you would benefit from help, either in identifying the things that are causing your stress, or in learning techniques to help you relax, talk to your doctor about this. There are many people who can give you professional help in these areas.

This excerpt taken from *Stress - BUPA – Published by BUPA's Health Information Team – July 2003* located at http://hcd2.bupa.co.uk/fact_sheets/html/stress.html.

***STRESS* –** BUPA - Published by BUPA's Health Information Team – July 2003

This website defines stress, lists causes and symptoms of stress and lists ideas and treatments for dealing with stress.

Online

http://hcd2.bupa.co.uk/fact_sheets/html/stress.html

Depression Statistics

- Depressive disorders affect approximately 18.8 million American adults or about 9.5% of the U.S. population age 18 and older in a given year. This includes major depressive disorder, dysthymic disorder, and bipolar disorder.
- Everyone will at some time in their life be affected by depression -- their own or someone else's, according to Australian Government statistics. (Depression statistics in Australia are comparable to those of the US and UK.)
- Pre-schoolers are the fastest-growing market for antidepressants. At least four percent of preschoolers -- over a million -- are clinically depressed.
- The rate of increase of depression among children is an astounding 23% p.a.
- 15% of the population of most developed countries suffers severe depression.
- 30% of women are depressed. Men's figures were previously thought to be half that of women, but new estimates are higher.
- 54% of people believe depression is a personal weakness.
- 41% of depressed women are too embarrassed to seek help.
- 80% of depressed people are not currently having any treatment.
- 92% of depressed African-American males do not seek treatment.
- 15% of depressed people will commit suicide.
- Depression will be the second largest killer after heart disease by 2020 -- and studies show depression is a contributory factor to fatal coronary disease.
- Depression results in more absenteeism than almost any other physical disorder and costs employers more than US$51 billion per year in absenteeism and lost productivity, not including high medical and pharmaceutical bills.

This excerpt taken from *Uplift Program – Depression Facts and Stats* located at www.upliftprogram.com/depression_stats.html.

Causes of Depression

- Short-term (exogenous) depression can be caused by loss or extreme trauma.
- Chronic or life-long (endogenous) depression is caused by trauma in childhood which includes: emotional, physical or sexual abuse; yelling or threats of abuse; neglect (even two parents working); criticism; inappropriate or unclear expectations; maternal separation; conflict in the family; divorce; family addiction; violence in the family, neighborhood or TV; racism and poverty.
- There may be a genetic basis to some depression, but even if there is that genetic propensity must be triggered by some traumatic or stressful event. The problem is structural more than chemical, although the latter is affected.
- Trauma prevents certain parts of the brain (hippocampus and frontal lobe, where decisions are made) from developing properly.
- Certain neurochemicals are also involved, such as a surplus of noradrenaline, perhaps as a result of the structural problem. Recent studies indicate that serotonin, which is targeted by most antidepressants (SSRIs), is not as much a factor in depression as the long-term presence of stress hormone cortisol.

- Physiological problems, plus learned beliefs and behaviors, make functional decisions difficult, and the results reinforce the depression in a vicious cycle.

This excerpt taken from *Uplift Program – Depression Facts and Stats* located at www.upliftprogram.com/depression_stats.html.

It is entirely normal to feel "blue" occasionally, or to feel down for a while after something bad happens. For teenagers with major depression however, feelings of sadness and hopelessness may last for weeks or months and can eventually dominate their lives. They lose interest in activities they used to enjoy, and relationships with family and friends can begin to suffer.

Depression can lead to poor school attendance and performance, running away, and feelings of worthlessness and hopelessness. Some teens try to make the pain of depression go away by drinking or taking drugs, which only makes the depression worse. Still others contemplate suicide.

Depression is not a sign of weakness—it is a real medical illness. The vast majority of teens with depression can be helped with treatment, which typically includes counseling and/or medication. Unfortunately, most teens with mental health problems do not get the help they need. And when depression isn't treated, it can get worse, last longer, and prevent teens from getting the most out of life. So, it is important to get help immediately if you think you or a friend may be suffering from depression.

How common is depression among teenagers?

Major depression strikes about 1 in 12 adolescents. In any given 6-month period, about 5 percent of 9- to 17-year-olds are estimated to be suffering from major depression.

What are the symptoms of major depression?

All too often, depression is left untreated because people fail to recognize the symptoms and believe that it is just normal sadness, a phase that a teen is going through, or a sign of weakness. This can be a terrible mistake. It is important to know the symptoms, so that you can distinguish depression from occasional normal sadness or moodiness.

Common symptoms of depression include:

- Sad or irritable mood
- Loss of interest in activities that were once enjoyable
- Large changes in appetite or weight
- Difficulty sleeping, or oversleeping
- Slow or agitated movement
- Loss of energy
- Feelings of worthlessness or guilt

- Difficulty concentrating
- Frequent thoughts of death or suicide

These excerpts taken from *National Youth Violence Prevention Resource Center – Depression* - located at http://www.safeyouth.org/scripts/teens/depression.asp.

Most teens experience some of these symptoms occasionally. But if a teen has a number of these symptoms for more than a few weeks, he or she is likely to have major depression, and may need professional help.

Teenagers often show depression in other ways as well.

Some other signs to watch for in teens include

- Frequent headaches, muscle aches, stomach aches or tiredness, without a medical cause
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Boredom, sulking
- Lack of interest in spending time with friends or family
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, hostility, or crying
- Reckless behavior
- Neglect of clothing and appearance
- Difficulty with relationships
- Changes in mood

If you suspect that you or a friend may be suffering from depression, talk to an adult you can trust—and get help.

These excerpts taken from *National Youth Violence Prevention Resource Center – Depression* - located at http://www.safeyouth.org/scripts/teens/depression.asp.

If you think you may be suffering from depression...

Find help. Being depressed can make you feel exhausted, worthless, helpless, and hopeless. It can make you believe that nothing you do will make a difference and that things cannot get better. It is important to realize that these negative views are part of the illness. Effective treatments are available that can help you feel better!
There are many people you can talk to in order to get the help you need:

- psychologist

- a psychiatrist
- your school counselor or nurse
- your parents or a trusted family member
- your family doctor
- your clergy
- a social worker
- a professional at a mental health center

Seek help immediately!

These excerpts taken from *National Youth Violence Prevention Resource Center – Depression* - located at http://www.safeyouth.org/scripts/teens/depression.asp.

Treatments

More than 80 percent of people with depressive disorders improve when they receive appropriate treatment. The first step to getting treatment is a physical examination by a physician to rule out other possible causes for the symptoms. Next, the physician should conduct a diagnostic evaluation for depression or refer the patient to a mental health professional for this evaluation.

What Treatments are Available for Depression?

Antidepressant medications are widely used, effective treatments for depression. Antidepressant drugs are known to influence the functioning of certain neurotransmitters (chemicals used by brain cells to communicate), primarily serotonin, norepinephrine, and dopamine, known as monoamines. Older medications – tricyclic anti depressants (TCAs) and monoamine oxidase Inhibitors (MAOIs) – affect the activity of all of these neurotransmitters simultaneously. Their disadvantage is that they can be difficult to tolerate due to side effects or, in the case of MAOIs, dietary and medication restrictions. Newer medications, such as the selective serotonin reuptake inhibitors (SSRIs), have fewer side effects than the older drugs, making it easier for patients to adhere to treatment. Both generations of medications are effective in relieving depression, although some people will respond to one type of drug, but not another. Medications that take entirely different approaches to treating depression are now in development.

Psychotherapy is also effective for treating depression. Certain types of psychotherapy, cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT), have been shown to be particularly useful. More than 80 percent of people with depression improve when they receive appropriate treatment with medication, psychotherapy, or the combination.

Recently there has been enormous interest in herbal remedies for various medical conditions including depression. One herbal supplement, hypericum or St. John's wort, has been promoted as having antidepressant properties. However, no carefully designed studies have determined the antidepressant efficacy of this supplement. NIMH is

currently enrolling patients in the first large-scale, multi-site, controlled study of St. John's wort conducted in the U.S. as a potential treatment for depression.

This excerpt taken from *Depression Fact Sheet*- located at http://library.adoption.com/General-Disabilities/Depression-Fact-Sheet/article/5262/1.html.

DEPRESSION FACTS AND STATS. Uplift Program – Updated January 15, 2005.

This website lists statistics, treatments, and causes of depression.

Online

http://www.upliftprogram.com/depression_stats.html

DEPRESSION. National Youth Violence Prevention Resource Center.

This website targets teen depression. It lists the symptoms and advises how to deal with depression.

Online

http://www.safeyouth.org/scripts/teens/depression.asp.

DEPRESSION FACT SHEET. Adoption Library. Adoption.com.

This website lists symptoms and treatments for depression.

Online

http://library.adoption.com/General-Disabilities/Depression-Fact-Sheet/article/5262/1.html.

SIX WAYS TO SAY NO TO A DRINK

At some point, your child will be offered alcohol. To resist such pressure, teens say they prefer quick "one-liners" that allow them to dodge a drink without making a big scene. It will probably work best for your teen to take the lead in thinking up comebacks to drink offers so that he or she will feel comfortable saying them. But to get the brainstorming started, here are some simple pressure-busters—from the mildest to the most assertive.

1 No thanks.

2 I don't feel like it—do you have any soda?

3 Alcohol's NOT my thing.

4 Are you talking to me? FORGET it.

5 Why do you keep pressuring me when I've said NO?

6 Back off!

This excerpt taken from *National Institute on Alcohol Abuse and Alcoholism Publication – Make a Difference* - located at http://niaaa.nih.gov/publications/makediff.htm.

HOW TO HOST A TEEN PARTY

Agree on a guest list—and don't admit party crashers.
Discuss ground rules with your child before the party.
Encourage your teen to plan the party with a responsible friend so that he or she will have support if problems arise.
Brainstorm fun activities for the party.
If a guest brings alcohol into your house, ask him or her to leave.
Serve plenty of snacks and non-alcoholic drinks.
Be visible and available—but don't join the party!

This excerpt taken from *National Institute on Alcohol Abuse and Alcoholism Publication – Make a Difference* - located at http://www.niaaa.nih.gov/publications/makediff.htm#TakingAction.

BRIGHT FUTURES. National Center For Education in Maternal and Child Health and Georgetown University; 2002. (Website).

Printable fact sheets for children nutrition from birth through the age of 21.

Online

www.brightfutures.org

NATIONAL DAIRY COUNCIL. National Dairy Council, 2004. (Website).

Printable fact sheets on Nutrition and Healthy weight; Sponsored by the National Dairy Council, the contents have been reviewed by the American Dietetic Association Fact Sheet Review Board.

Online

www.eatright.org

AMERICAN DAIRY ASSOCIATION & DAIRY COUNCIL MID EAST. National Dairy Council, 1996. (Website).

Printable fact sheet on Seven Ways To Size Up Your Servings to measure food portions so you know exactly how much food you're eating. The website contains the latest tools, recipes, and the latest science on dairy's role in weight management.

Online

www.healthyweightwithdairy.com

HEALTHY HOLIDAY TIPS. Nutrition Handouts, 2002. Pennington J. Bowes & Church's Food Values of Portions Commonly Used. 17th ed. Philadelphia: Lippincott Williams & Wilkins, 1998. (Website).

Printable handouts on health holiday tips on party and holiday meals, alcohol use.

Online

www.NutrtionHandouts.com

HEART HEALTHY TIPS FOR CELEBRATIONS. Dial-A-Dietitian Nutrition Information Society of B.C, October 6, 2003. (Website).

Printable handouts on heart healthy tips for celebrations in the category of dips, salad dressings and sauces, main course of the meal, and deserts.

Online

http://www.dialadietitian.org

5 A DAY.. THE DELICIOUS WAY TO A HEALTHIER LIFE. Lexington-Fayette Co. Health Dept., Nutrition and Health Education, 1993.

A handout on the importance of 5 A Day in the daily diet. Hints are given about Breakfast, Lunch, Snack and Desserts on a designed hard copy fact sheet. For more nutritional information in Lexington KY, call the Nutrition and Health Education Department @ The Lexington Fayette County Health Department, 606-288-2395.

WHY 5 A DAY THE COLOR WAY. 5 A Day, Better Health Foundation, Produce Marketing Association, 2004.

The information on this website gives reasons why eating 5 or more servings of colorful fruits and vegetables a day is part of an important plan for healthier living. Deeply hued fruits and vegetables provide the wide range of vitamins, minerals, fiber, and photochemical your body need to maintain good health and energy. Checkout this website to choose the colors of health.

Online

www.5aday.com

HOW MANY DAIRY SERVINGS DOES THE BODY NEED EACH DAY? Dairy Council Middle Atlantic; Midwest Dairy Council, 2000.

This site includes recipes, nutrition resources and the latest dairy news. The Midwest Diary Association serves consumers, health professionals, teachers, and food service professionals in the Midwest states.

Online

www.midwestdairy.com

GENERAL NUTRTION FACTS. Whitley County Health Department Nutrition and Physical Activity Program, Bunch Teresa, 2004.

General Nutrition facts that can be used for an oral presentation.

APRIL AND JUNE FUN FACTS. National Dairy Council. 2005

A website designed for educators, parents and kids that promotes good nutrition and healthy eating. The website provides recipes, fact sheets and health promotion curriculum to educators.

Online

www.NutritionExplorations.org/Kids

WALKING FOR A HEALTHY HEART. American Heart Association, Inc. 1999, 2002.

This website contains general information and facts on cardiovascular diseases and stroke, and activities of the American Heart Association.

Online

www.americanheart.org

THE KENTUCKY OBESITY EPIDEMIC 2004. University of Kentucky Prevention Research Center in collaboration with Kentucky Department of Public Health, Division of Adult and Child Health, Chronic Disease Prevention and Control Branch, Nutrition Services Branch, Obesity and Chronic Disease Prevention Program, 2004, (Website).

This report contains a message, which shows by statistics and grafts the alarming epidemic of overweight and obesity in the State of Kentucky. Statistics for adults and youth can be downloaded from the website. A copy of this report is included on CD Rom and book form with this toolkit.

Online

www.fitky.org

PHYSICAL FITNESS FOR TODDLERS & PRESCHOOL-AGE CHILDREN. Illinois State Board of Education, February 2004, (Website).

Physical Fitness guidelines for Toddlers and Preschool Age Children. The fact sheet discusses how children that live an inactive lifestyle will be at risk for obesity and health problems later in life.

Things to Do while You're Waiting Physical Activities. This fact sheet contains idea's to incorporate exercise with your children while waiting in traffic, at a clinic, and etc.

Online

http://illinoisearlylearning.org

EXERCISE (PHYSICAL ACTIVITY) AND CHILDREN. American Heart Association, Inc. 1999, 2002, (Website).

This information sheet discusses the importance of physical activity for children and the health problems that may be caused in the future due to inactivity. The article discusses the American Heart Association Scientific Position, and how regular physical activity in adulthood reduces the risk of heart disease, how much physical activity is needed for children, and guidelines for healthy physical activity.

Online

www.americanheart.org

OBESITY IN CHILDREN AND TEENS NO. (79). American Academy of Child & Adolescent Psychiatry, Facts for Families, 2004, (Website).

These fact sheets are designed to provide information on obesity in children and teens. Between 16 and 33 percent of children and adolescents are obese. The article defines obesity, causes and risks and complications of obesity.

Online

www.aacap.org

GET MOVING. Dietary Guidelines For Americans, Center for Nutrition Policy and Promotion, United States Department of Agriculture, October 2003, (Website).

This article answers many questions about physical activity, how much is needed, finding time for exercise. Benefits of exercise for adults and youth are discussed, and practical activities to get you started to move.

Online

www.cnpp.usda.gov

FIT FACTS. American Council on Exercise, 2001, (Website).

This website contains many fit fact sheets on health and fitness topics, which can be downloaded.

Online

www.acefitness.org

PHYSICAL FITNESS & NUTRITION FOR WORKSITES. Whitley County Health Department, Lay Katharine, 2004. (CD Rom).

Human resource managers and health educators into the worksite can incorporate physical fitness and nutrition activities.

TAKE 10,000 STEPS, WALK FOR HEALTHY, MIND AND BODY, AND EXERCISE BUDDY CONTRACT. Whitley County Health Department Nutrition and Physical Activity Program, Bunch, Teresa, 2003, 2004. (CD Rom).

Forms created to incorporate walking into the worksites. These forms can Copied from the CD Rom and reproduced for handouts to employees when starting these physical activities in the workplace.

NATIONAL HEALTH INFORMATION CENTER. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2004, (Website).

Health professionals, teachers, human resource managers, community groups, and others can use these special times to sponsor or focus on disease prevention. The 2004 National Health Information is included with this toolkit on CD Rom.

Online

www.healthfinder.gov

AMERICA ON THE MOVE. Health Enhancement Systems, 2005. (Website).

This website contains Dietary Guidelines for Americans, healthy eating, active living suggestions to get your worksite on the move.

Online

www.americaonthemove.org

MAKING YOUR WORPLACE SMOKE-FREE-A DECISION MAKER'S GUIDE
Costs and Other Consequences of Tobacco and provides the background information you need to make the decision to implement policies on secondhand smoke in the workplace.

Online

http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm

WALKING FOR A HEALTHY HEART. American Heart Association, Inc. 1999, 2002.

This website contains general information and facts on cardiovascular diseases and stroke, and activities of the American Heart Association.

Online

www.americanheart.org

THE KENTUCKY OBESITY EPIDEMIC 2004. University of Kentucky Prevention Research Center in collaboration with Kentucky Department of Public Health, Division of Adult and Child Health, Chronic Disease Prevention and Control Branch, Nutrition Services Branch, Obesity and Chronic Disease Prevention Program, 2004, (Website).

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Online

www.fitky.org

BUSINESS AND MANAGED CARE DIABETES AND HEALTH RESOURCE KIT.
Business and Managed Care Work Group of the National Diabetes Education Program, September 9, 1999, (Website).

This website provides a report, developed by the Business and Managed Care Work Group of the National Diabetes Education Program, is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. It provides information on the human and economic impact of diabetes and gives suggestions on how businesses can help employees with diabetes achieve improved glycemic control. The website provides worksites with planning guides, assessment tools, managing diabetes, lesson plans, resources, and many other useful tools.

Online

www.diabetesatwork.org

PHYSICAL FITNESS FOR TODDLERS & PRESCHOOL-AGE CHILDREN. Illinois State Board of Education, February 2004, (Website).

Physical Fitness guidelines for Toddlers and Preschool Age Children. The fact sheet discusses how children that live an inactive lifestyle will be at risk for obesity and health problems later in life.

Things to Do while You're Waiting Physical Activities. This fact sheet contains idea's to incorporate exercise with your children while waiting in traffic, at a clinic, and etc.

Online

http://illinoisearlylearning.org

EXERCISE (PHYSICAL ACTIVITY) AND CHILDREN. American Heart Association, Inc. 1999, 2002, (Website).

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Online

www.americanheart.org

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Online

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Online

www.acefitness.org

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TAKE 10,000 STEPS, WALK FOR HEALTHY, MIND AND BODY, AND EXERCISE BUDDY CONTRACT. Whitley County Health Department Nutrition and Physical Activity Program, Bunch, Teresa, 2003, 2004. (CD Rom).

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Online

www.healthfinder.gov

AMERICA ON THE MOVE. Health Enhancement Systems, 2005. (Website).

This website contains Dietary Guidelines for Americans, healthy eating, active living suggestions to get your worksite on the move.

Online

www.americaonthemove.org

CHILD ABUSE-NEGLECT Child Abuse

"More than 50, 000 children in Kentucky are reported as abused or neglected each year. That number amounts to 5 children abused per hour, every day! Many of them endure daily beatings, relentless criticism, sexual abuse, hunger, thirst or lack of medical care. One in four girls and one in seven boys experience some form of sexual abuse before age 18."("Imagine a world,"2004)

Why Does Child Abuse Happen?

There is no easy answer to this question. There are usually several factors involved such as:

- A lack of parenting knowledge
- Parents who have unmet emotional needs themselves
- Parents who feel socially isolated
- Drug or alcohol problems in the home
- When a parent regards their child as "different" or special
- There are other stressors like marital or financial problems
- Often the parents have been abused themselves

("What Everyone Should Know-Child Abuse,"2004)

Who is the Abuser?

The abuser can be anyone you know. It can be a parent, sibling, other relative, neighbor or a person in authority…. ANYONE. Child abuse crosses all economic, racial, ethnic, and religious boundaries.

What is Child Abuse?

Child Abuse is defined as an injury or pattern of injuries to a child that were not accidental. It includes physical injury, physical neglect, sexual abuse and emotional abuse. **CHILD ABUSE IS AGAINST THE LAW**!

Physical Abuse is any non-accidental injury to a child that causes or could cause serious injury. Often the abuser does not intend to hurt the child but their anger or frustrations carry them away and the child becomes the unintended victim.

Neglect is the failure of the parent or guardian to provide necessities such as food, shelter, clothing, medical care or supervision. Neglect is often the result of parents not having adequate knowledge about how to care for their children.

Sexual Abuse is any physical contact with a child by an adult or an older child, which is sexual in nature. The abuser has power over the child and often uses coercion or threats to force the child to participate.

Emotional Abuse is often a part of other types of abuse or it can occur alone. Sometimes a parent does not provide nurturing and understanding which are necessary for a child's healthy psychological development.

Verbal Abuse is the use of words to threaten, harshly criticize, ridicule, or harass a child.

("What Everyone Should Know-Child Abuse,"2004)

Indicators of Abuse in Children

The first step in helping abused or neglected children is to learn to recognize the signs. The presence of a single sign does not necessarily mean the children is being abused but if you notice signs repeatedly or combinations of signs, it may suggest you take a closer look at this child to determine if abuse is a possibility.

- Has unexplained burns, bruises, broken bones, black eyes especially if these occur after they have been absent from school
- Is afraid of physical contact; is always watchful, as though waiting for something bad to happen; shrinks at the approach of parents or caretaker.
- Lack of supervision; left unattended at home
- Is frequently late or absent from school
- Is overly compliant, passive, or withdrawn
- Begs or steals food or money
- Lacks medical or dental care, glasses, needed medicines
- Is consistently dirty, severe body odor
- Has difficulty walking, sitting, or urinating due to genital pain, itching or bleeding
- Reports nightmares or bedwetting
- Fears a particular person; does not want to be left alone with that person
- Has unusual interest or knowledge of sexual matters; may play with toys in a sexual way
- Is delayed physically or emotionally
- Has attempted suicide; or engages in self-mutilation
- Reports lack of feeling or attachment for parent; runs away from home

("Recognizing Child Abuse and Neglect,"2003)

Indicators in Parents that may suggest abusive behavior:

- The parent shows little concern for the child
- Sees the child as "bad, worthless or burdensome"
- Looks primarily to the child for care, attention, and satisfaction of emotional needs
- Offers unconvincing or conflicting explanations as to how the child got hurt
- Uses harsh discipline with the child
- The parent or caretaker themselves have been abused
- If the parent is abusing drugs or alcohol
- If the parent seems depressed, indifferent, or behaves in an irrational manner
- If the parent is secretive and isolated
- If the parent openly rejects the child or constantly blames, and belittles the child

("Recognizing Child Abuse and Neglect,"2003)

How can you PREVENT child abuse?

1. NEVER shake a baby, if the baby is crying, lay them down in their crib or another safe spot and go to another room for a few minutes. It won't hurt them to cry while you calm down. Do something physical to reduce stress like shake a rug, scrub a floor or walk around the house.
2. Take a deep breath. And another. Remember, you are the adult.
3. Press your lips together and count to 10.Better yet, to 20.
4. Put **YOURSELF** in a timeout chair. Think about why you are angry. Is it really your child you are angry with or are they just a convenient target?
5. Call a friend, neighbor, or a parent help line.
6. Do something for yourself: play music, exercise or take a bath.
7. Sit down, close your eyes and think of a pleasant memory for four minutes.
8. Close your eyes and imagine you're hearing what your child is about to hear.
9. Don't be afraid to ask for help; all parents need help sometimes. All parents need some FREE time, ask a relative or friend to baby-sit for you.
10. Physical activity such as exercise, housework, aerobics are an excellent way to blow off steam without anyone getting hurt.

("Handle Children With Care,"2004)

What to do if you SUSPECT abuse

If you suspect child abuse or neglect you must report. You should report abuse to local law enforcement, the abuse reporting hotline, or call the Department for Community Based Services office in your county.

KRS 620.030 states any person, with the exception of the attorney-client or clergy-penitent, who knows or has reasonable cause to believe that a child is dependant, neglected, or abused, shall immediately notify authorities, either the police or child protective services. Failure to report is a class B misdemeanor. KRS 620.050 reports anyone acting in good faith shall have immunity from any liability, civil or criminal action that might otherwise be imposed. What this means is: if you genuinely suspect that a child might be being abused, you must report it and you will not be held liable as long as you reported it with the best intentions, no matter if the abuse is substantiated or not. Confidentiality is preserved, you **do not** have to give your name or testify if you don't want to.

If the child is thought to have been sexually abused, they may be referred to a Children's Advocacy Center. These centers specialize in the care and examination of children who are suspected to have been the victim of sexual abuse. These centers provide a child-friendly environment in which professionals in this area can provide comprehensive examination and care for these children.

Parent Help line: 1-800-432-9251
Child Abuse Report Hotline: 1-800-752-6200

Department for Community Based Services listed by Counties on the following pages.
Children's Advocacy Centers listed on the following pages.

Resources

National Clearinghouse on Child Abuse and Neglect Information. (2003, September). Recognizing Child Abuse and Neglect: Signs and Symptoms. Retrieved September 18, 2004 from http://nccanch.acf.hhs.gov
This article discusses signs and symptoms of abuse.

Prevent Child Abuse Kentucky. (2004). Handle Children With Care-Never Shake a Baby. Lexington, KY: Author
This pamphlet describes common injuries that can occur when a baby is shaken. It also discusses prevention strategies.

Prevent Child Abuse Kentucky. (2004). Imagine a World Without Child abuse…Together, We can make it happen! Lexington, KY: Author
This pamphlet provides statistics on child abuse.

Prevent Child Abuse Kentucky. (2004). What Everyone Should Know-Child Abuse. Lexington, KY: Author
This pamphlet defines the different types of abuse and describes indicators of abuse that might be seen in abused children.

Prevent Child Abuse Kentucky. (2004). What Everyone Should Know About Child S Sexual Abuse. Lexington, KY: Author
This pamphlet gives the definition of sexual abuse and describes the indicators of sexual abuse. It also explains how to report the suspected crime.

DEPARTMENT FOR COMMUNITY BASED SERVICES COUNTY OFFICES
Revised 3/31/04

- •Adair (270) 384-4731
- •Allen (270) 237-3101
- •Anderson (502) 839-5176
- •Ballard (270) 335-5173
- •Barren (270) 651-8396
- •Bath (606) 674-6308
- •Bell (606) 337-6171
- •Boone (859) 371-8832
- •Bourbon (859) 987-4655
- •Boyd (606) 920-2032
- •Boyle (859) 239-7105
- •Bracken (606) 735-2195
- •Breathitt (606) 666-7506
- •Breckinridge (270) 756-2196
- •Bullitt (502) 955-6591
- •Butler (270) 526-3833
- •Caldwell (270) 365-7275
- •Calloway (270) 753-5362
- •Campbell (859) 292-6733
- •Carlisle (270) 628-3434
- •Carroll (502) 732-6681
- •Carter (606) 474-6627
- •Casey (606) 787-8369
- •Christian (270) 889-6503
- •Clark (859) 737-7771
- •Clay (606) 598-2027
- •Clinton (606) 387-6655
- •Corbin (606) 528-4234
- •Crittenden (270) 965-5246
- •Cumberland (270) 864-3834
- •Daviess (270) 687-7491
- •Edmonson (270) 597-2163
- •Elliott (606) 738-5167
- •Estill (606) 723-5146
- •Fayette (606) 246-2282
- •Fleming (606) 845-2381
- •Floyd (606) 886-8192
- •Franklin (502) 564-5390
- •Fulton (270) 472-1850
- •Gallatin (859) 567-7381
- •Garrard (859) 792-2186
- •Grant (859) 824-3381
- •Graves (270) 247-4711
- •Grayson (270) 259-3184
- •Green (270) 932-7484
- •Greenup (606) 473-7366
- •Hancock (270) 927-8142
- •Hardin (270) 766-5099
- •Harlan (606) 573-4620
  (606) 573-6334
- •Harrison (859) 234-3884
- •Hart (270) 524-7111
- •Henderson (270) 826-6203
- •Henry (502) 845-2922
- •Hickman (270) 653-4335
- •Hopkins (270) 824-7566
- •Jackson (606) 287-7114
- •Jefferson (502) 595-4550
- •Jessamine (859) 885-9451
- •Johnson (606) 789-4373
- •Kenton (859) 292-6340
- •Knott (606) 785-3106
- •Knox (606) 546-5154
- •Larue (270) 358-4175
- •Laurel (606) 878-7060
  (606) 878-6608
- •Lawrence (606) 638-4360
- •Lee (606) 464-8801
- •Leslie (606) 672-2313
- •Letcher (606) 633-0191
- •Lewis (606) 796-2981
- •Lincoln (606) 365-3551
- •Livingston (270) 928-2158
- •Logan (270) 726-3516
- •Lyon (270) 388-2146
- •McCracken (270) 575-7105
- •McCreary (606) 376-5365
- •McLean (270) 273-3599
- •Madison (859) 986-8411
- •Magoffin (606) 349-3123
- •Marion (270) 692-3135
- •Marshall (270) 527-1354
- •Martin (606) 298-7633
- •Mason (606) 564-6818
- •Meade (270) 422-3942
- •Menifee (606) 768-2154
- •Mercer (859) 734-5448
- •Metcalfe (270) 432-2721
- •Monroe (270) 487-6701
- •Montgomery (859) 498-6312
- •Morgan (606) 743-3158
- •Muhlenberg (270) 338-3072
- •Nelson (502) 348-9048
- •Nicholas (606) 289-7123
- •Ohio (270) 274-8996
- •Oldham (502) 222-9472
- •Owen (502) 484-3937
- •Owsley (606) 593-5191
- •Pendleton (859) 654-3381
- •Perry (606) 435-6060
- •Pike (606) 433-7596
- •Powell (606) 663-2881
- •Pulaski (606) 677-4086
- •Robertson (606) 724-5413
- •Rockcastle (606) 256-2138
- •Rowan (606) 784-4178
- •Russell (270) 343-3512
- •Scott (502) 863-0565
- •Shelby (502) 633-1892
- •Simpson (270) 586-8266
- •Spencer (502) 477-8807
- •Taylor (270) 465-3549
- •Todd (270) 265-2543
- •Trigg (270) 522-3451
- •Trimble (502) 255-3236
- •Union (270) 389-2314
- •Warren (270) 746-7447
- •Washington (270) 336-9395
- •Wayne (606) 348-9361
- •Webster (270) 667-7043
- •Whitley (606) 528-4234
- •Williamsburg (606) 549-4505
- •Wolfe (606) 668-3101
- •Woodford (859) 873-8041

1

CHILDREN'S ADVOCACY CENTERS
2004

SANDY FELLOWS
Executive Director
Child Watch Children's Advocacy Center, Inc.
1118 Jefferson St.
P. O. Box 1262
Paducah, KY 42002-1262
Phone: (270) 443-1440
Fax: (270) 443-1486

BEVERLY S. SIVLEY
Executive Director
Pennyrile Children's Advocacy Center, Inc.
409 E. 7th St.
Hopkinsville, KY 42240
Phone: (270) 881-1111
Fax: (270) 881-1105

SOLVITA RENEGER
Executive Director
Redbanks Area Regional Children's Advocacy Center
537 S. Green St.
Henderson, KY 42420
Phone: (270) 830-8400
Fax: (270) 830-8262

DAWN LONG
Executive Director
Barren River Area Children's Advocacy Center
103 E. 12th St.
Bowling Green, KY 42101
Phone: (270) 783-4357
Fax: (270) 783-8865

LISA SAMPSON
Executive Director
Lincoln Trail Advocacy & Support Center, Inc.
890 Rineyville Rd.
Elizabethtown, KY 42701
Phone: (270) 234-0577
Fax: (270) 234-8367

REBECCA YOUNG
Executive Director
Family and Children First, Inc.
560-B S. 4th St.
Louisville, KY 40202
Phone: (502) 584-8505
Fax: (502) 584-6412

VICKIE HENDERSON
Director
Northern Kentucky Children's Advocacy Center, Inc.
103 Landmark Dr., Ste. 360
Bellevue, KY 41073
Phone: (859) 261-3441
Fax: (859) 261-9788

CHERYL A. LOVE
Executive Director
Buffalo Trace Children's Advocacy Center, Inc.
224 Limestone
P. O. Box 645
Maysville, KY 41056
Phone: (606) 563-0572
Fax: (606) 563-0958

BECKY COMBS
Executive Director
Hope's Place, Inc.
3142 Winchester Ave.
Ashland, KY 41105-0007
Phone: (606) 325-4737
Fax: (606) 329-1841

TRISH LEWIS
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Gateway Children's Advocacy Center, Inc.
310 E. Main St.
Morehead, KY 40351
Phone: (606) 780-7848
Fax: (606) 780-0648

TROY PRICE
Executive Director
Big Sandy Area Children's Advocacy Center, Inc.
(Judi's Place for Kids)
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Fax: (606) 432-0508

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Hazard, KY 41701
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Fax: (606) 487-1644

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Fax: (606) 864-0853

BRENDA HOUSTON
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Lake Cumberland Children's Advocacy Center, Inc.
427 South Main St.
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Jamestown, KY 42629
Phone: (270) 343-6922
Fax: (270) 343-6006

KELLY ROBERTS
Executive Director
Children's Advocacy Center of the Bluegrass, Inc.
183 Walton Ave.
Lexington, KY 40508-2315
Phone: (859) 225-5437
Fax: (859) 225-1102

Diabetes Overview

Diabetes is common. One in ten adults in Kentucky have diabetes. One –third of these do not know they have diabetes. One out of every two adults in Kentucky are at risk for developing diabetes largely due to risk factors such as being overweight, inactive or both. (Kentucky Diabetes Prevention and Control program [KDPCP], 2003) Diabetes is serious. Diabetes was the 5th leading cause of death by Kentuckians by a disease in 2002. Diabetes is costly. The direct cost (medical care) and indirect cost (lost of productivity and premature mortality) of diabetes in Kentucky totaled approximately $2.9 billion in 2002. ("Kentucky Diabetes Fact Sheet,"2005) Diabetes is controllable. Research indicates that complications and deaths related to diabetes can be reduced through quality care and aggressive treatment. (Kentucky Diabetes Prevention and Control Program [KDPCP], 2003)

Diabetes is a group of conditions that interfere with the way the body uses food for energy. After we eat, our bodies turn food into a sugar called glucose. The blood carries glucose to all the cells in our body. The cells then use this glucose for energy. Our pancreas, which is an organ inside our body, makes a hormone called insulin. Insulin's job is to help glucose get inside the cells where it can be "burned" for energy. When a person has diabetes, the pancreas makes little or no insulin as in Type 1 diabetes, or the cells don't use the insulin well as in Type 2 diabetes. In both cases, glucose builds up in the blood because it cannot get into the cells. As a result, the body does not get the fuel it needs and the blood sugar elevates. Over time, this high amount of glucose (sugar) in the blood can cause life threatening problems such as kidney damage, eye problems, nerve damage and poor circulation, just to name a few. ("About Diabetes," 2001)

Type 1 Diabetes

There are two main types of diabetes. Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's own immune system destroys pancreatic beta cells, the only cells in the body that can make the hormone insulin. This form of diabetes usually strikes children and young adults. About 5-10 % of all people with diabetes have Type l. The tendency for diabetes is present at birth, especially if there is a family history of the disease. Then it is not certain what triggers the onset of Type 1 diabetes. It is suspected that an environmental trigger such as the "flu virus" starts the autoimmune response in the body, which leads to the destruction of the beta cells. People with Type 1 diabetes must take insulin daily by injections or through an insulin pump to survive. The insulin helps control the disease but insulin does not cure the disease. ("Diabetes: Facts You Need To Know,"1990)

Type 2 Diabetes

Type 2 diabetes is the most common form of diabetes. Of all persons with diabetes, 90-95 % have Type 2. It was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult onset diabetes. It is important to note however, that Type 2 diabetes can develop at any age, even during childhood. Although a person with this type of diabetes can "make" at least some insulin, their body becomes resistant to the work that insulin does and there is less glucose moved from the blood into the cells of the

body. This causes the blood "sugar" to rise while the cells are being starved of energy. At first, the pancreas keeps up with the added demand by producing more insulin. In time, however, it loses the ability to secrete enough insulin in response to the food ingested at mealtime. This insulin deficiency leads to a fuel shortage in the body's cells and causes elevated amounts of sugar in the blood. ("Am I at Risk for Type 2 Diabetes?"2004) Type 2 diabetes has known risk factors. Some of these we can control such as obesity and lack of physical activity. Other risk factors such as age, family history of diabetes, history of gestational diabetes, and race or ethnicity are uncontrollable risk factors. Type 2 diabetes is also increasingly being diagnosed in children and adolescents. ("National Diabetes Fact Sheet,"2004) The Kentucky Youth Risk Behavior Survey (KRBS) says young people at particular risk are those who are overweight; do not get enough physical activity and those that have a family history of Type 2 diabetes. (2003). One in every 25 high school students said they had been diagnosed with diabetes by their health care professional (KYRB, 2003). National data indicate that in children ages 6-ll, the number of overweight has doubled in the last 20 years, while the number of overweight teenagers has tripled. Furthermore, the YRBS report that 79 % of public high school students did not get the recommended amount of physical exercise. The increase in Type 2 diabetes among our youth is very concerning because it was traditionally thought of as a disease that only affected adults. (KDPCP, 2003).

Gestational Diabetes

Another form of diabetes is gestational diabetes. It is a form of pre-diabetes diagnosed in some women during pregnancy. It is more common in obese women and those with a family history of diabetes. During the pregnancy, the woman with gestational diabetes requires treatment to normalize her blood sugar levels. If the blood sugar levels are not kept close to normal, the infant might experience complications. After the pregnancy is over, 5-10 % of these women are found to have Type 2 diabetes. But even in the women whose blood sugars initially return to "normal", will have up to a 50 % greater chance of developing diabetes in the next 5-10 years than a woman who did not have gestational diabetes. Hence, having gestational diabetes is a known risk factor for developing Type 2 diabetes. ("National Diabetes Fact Sheet,"2003)

Pre-Diabetes

Pre-diabetes is a term used to distinguish people who are at an increased risk of developing Type 2 diabetes. It may also be called impaired glucose intolerance or impaired fasting glucose. In people with pre-diabetes, the blood sugar level is elevated first thing in the morning (before a meal) or it may be diagnosed when the amount of "sugar" in the blood stays up too long after a meal has been eaten. In this condition, the blood sugars are higher than expected but not quite high enough to be labeled "Diabetes" yet. A person who has been told they have pre-diabetes needs to know they are at a very high risk for developing diabetes, the disease. ("National Diabetes Fact Sheet,"2003) It is estimated that 40 % of Kentuckians aged 40-74 have pre-diabetes. (KDPCP, 2003) Persons with pre-diabetes are at a higher risk of cardiovascular disease than people with normal blood sugar levels. Research shows that people with pre-diabetes can delay or prevent the onset of Type 2 diabetes through lifestyle changes. ("National Diabetes Fact Sheet,"2003)

Warning Signs of Diabetes

***Type l Diabetes Mellitus*:** These symptoms occur suddenly and must receive immediate medical attention.

- Frequent urination (in large quantities)
- Excessive thirst
- Extreme hunger
- Rapid weight loss
- Fatigue (weak and tired)
- Irritability and mood changes
- Nausea and vomiting
- High amounts of sugar in the blood and urine ("Warning Signs of Diabetes,"2004)
- Bedwetting in children (Diabetes Warning Signs,"2004)

***Type 2 Diabetes Mellitus*:** The symptoms occur more gradually but are no less important than those associated with Type 1 diabetes. Those with these symptoms should seek immediate medical attention, as well.

- Blurred vision
- Tingling or numbness in the legs, feet, or fingers
- Frequent infections of the skin
- Recurring skin, gum, or urinary tract infections
- Itching of the skin, genitals or both
- Drowsiness
- Slow healing of cuts and bruises
- Any of the symptoms previously listed under Type 1 DM ("Warning Signs of Diabetes,"2004)

How is diabetes diagnosed?

Dr. James Anderson, diabetologist, (personal communication on March 10, 2005) states that in order to determine whether or not a patient has pre-diabetes or diabetes, health care providers can conduct a Fasting Plasma Glucose Test (FPG) or an Oral Glucose Tolerance Test (OGTT). A Fasting Plasma Glucose (FPG) is performed when the patient has not eaten in at least 8-12 hours (usually overnight). A fasting blood glucose level between 100 and 125 mg/dl signals pre-diabetes. A person with two fasting blood glucose readings of 126 mg/dl or higher has diabetes.

An oral glucose tolerance test (OGTT) is when the person's blood is measured after a fast and then again two hours after drinking a sugary liquid. If the two-hour blood glucose level is between 141 and 199 mg/dl, the person tested has pre-diabetes. If the two-hour blood glucose level is at 200 mg/dl or higher, the person tested has diabetes.

Risk Factors for Developing Diabetes: A risk factor is anything that raises the chances of a person developing a disease.

- Age, the older a person becomes, the more likely they are to develop diabetes
- If you are overweight

- If you have a parent, brother or sister with diabetes
- If your family background is African American, American Indian, Asian American, Pacific Islander, Hispanic American or Latino.
- If you have had gestational diabetes or gave birth to a baby weighing more than 9 pounds
- If your blood pressure is 140/90 or higher, **or** you have been told you have high blood pressure.
- If you have a skin condition characterized by darkened skin patches known as acanthosis nigricans. The dark patches of skin are common in people whose body is not responding correctly to the insulin that they make (insulin resistance). This skin condition is often seen in those who have pre-diabetes or Type 2 diabetes.
- If your cholesterol levels are not normal. Specifically, if your HDL "good" cholesterol in 35 or less, or your triglycerides are 250 or more.
- If you are fairly inactive, exercise less than three times every week ("Am I at Risk for Type 2 Diabetes?"2004)

What can you do if you have risk factors for developing Type 2 diabetes?

Reach and maintain a reasonable weight

Obesity is a risk factor for developing Type 2 diabetes. Twenty-five percent of all Kentuckians are obese. (KDPCP, 2003). Dr. James Anderson, (personal communication on March 10,2005) said 80-85% of Type 2 diabetes is attributed to obesity. Furthermore, Dr. James Anderson (personal communication on March 10, 2005) said as a person's weight goes up, so does their risk of diabetes; a person who is 100 pounds or more overweight, has a 15 times greater risk of developing diabetes than a normal weight individual.

The Diabetes Prevention Program (DPP) showed that losing even a few pounds could help reduce your risk of developing diabetes because it helps your body use insulin more effectively. People who lost between 5 and 7 percent of their body weight significantly reduced their risk for Type 2 diabetes. For example, if you weigh 200 pounds, losing only 10 pounds could make a difference. ("Am I at Risk for Type 2 Diabetes?"2004)

Make good food choices most of the time.

- By making wise food choices, you can help control your body weight, blood pressure and cholesterol. Take a hard look at your serving sizes. Reduce serving sizes of main courses (such as meats), desserts, and foods high in fat. Increase fruits and vegetables.
- Limit your fat intake to about 25 % of your total calories. Remember, one gram of fat equals nine calories. For example, if you eat 2000 calories a day, try to eat no more than 56 grams of fat. Fifty-six grams of fat x 9 calories = 504 calories from fat. You must learn to read food labels to make wise choices. A doctor or dietician can help you, too.

- If you are overweight, you may also want to decrease the overall number of calories you consume daily by about 400-500 calories. For example, if you normally eat 2000 calories a day, try eating about 1600.
- Keep a food and exercise log. Write down what you eat and how much you exercise. It will help keep you on track.
- When you meet your goal, reward yourself with a nonfood item such as going to the movies, or bowling. ("Am I at Risk for Type 2 Diabetes?"2004)

Be physically active every day.

Regular exercise tackles several risk factors at once. It helps you lose weight, keeps your cholesterol and blood pressure under control, and helps your body use insulin better. People in the DPP research that were physically active 30 minutes per day 5 days a week reduced their risk by one-third for developing type 2 diabetes. ("Am I at Risk for Type 2 Diabetes?"2004) Exercise also increases the HDL or "good" cholesterol. Thirty percent of Kentuckians report no physical exercise in at lease one month. ("Kentucky Diabetes Fact Sheet,"2005) Dr. James Anderson (personal communication on March 10, 2005) recommends persons older than 35 who have not been physically active, get a physical exam and a stress test prior to starting an exercise program.

How is Diabetes Managed

Diabetes is a self-managed disease. It is not curable but it is controllable. A person with diabetes must take care of themselves daily and strive to keep their blood glucose levels as near normal range at all times. Type 1 diabetes needs daily injections of insulin because their body does not make any. Their treatment plan usually involves a calculated diet plan, planned physical activity, self-testing of blood glucose and several injections of insulin per day. The insulin may also be delivered to the body through an insulin pump devise implanted under the skin. ("National Diabetes Fact Sheet,"2004)

Those with Type 2 diabetes may produce some insulin themselves. Type 2 diabetes treatment plan may include diet therapy without diabetic medications, or oral medications, or insulin shots or a combination of both oral and injectable insulin. Type 2 diabetics must also watch their diet, exercise and monitor their blood sugar levels often. Many people with diabetes also need to take medications to control their cholesterol and blood pressure. ("National Diabetes Fact Sheet,"2004)

According to Jennifer Raley, R. D., diabetics may need to reduce their intake of alcohol. Alcohol does not require insulin if consumed in moderation, no more than 1-2 drinks per day, but alcohol inhibits the body's ability to make glycogen in the event of a low blood sugar episode. Without the influence of alcohol, the glycogen could be converted into glucose (which would raise the blood sugar but with alcohol, this process may be halted leading to a more serious or even fatal hypoglycemic emergency. (Personal communication on March 10,2005)

Foot Care is another important part of diabetes self-care. It is important for those with diabetes to check their feet daily. Prompt medical attention should be sought if there is cuts, blisters, calluses, wounds that don't heal, or any signs of infection. To prevent foot problems, keep your feet clean, dry, always wear shoes and socks, cut toenails straight across, and avoid burns to the feet from the sun or hot bath water. Avoid trying to

"fix" corns, calluses or ingrown toenails yourself. Also, check your shoes for irregular areas inside the shoe, shoes that are too tight or rub.

If you are diabetic there are some tests that you should get on a regular basis:

Blood pressure

Untreated or undetected high blood pressure can contribute to cardiovascular (heart disease and stroke) disease and can also contribute to damage in the small vessel of the eyes, kidneys, and nerves. Smoking also increases the person's risk for large and small vessel disease. ("National Diabetes Fact Sheet,"n.d.)

Hemoglobin Alc

The Hemoglobin A-1-C is a blood test the doctor orders which measures the average blood glucose over the past 3 months. It gives a picture of how well the person is doing at controlling their blood sugars on average. It is also a predictor of complications. A higher A1c number means the blood sugars are less well controlled putting the person at a greater risk of developing diabetic complications. The goal is to have your Alc less than 7 %. ("Diabetes and Cardiovascular (Heart) Disease,"2005)

Blood glucose

The closer a person's blood glucose readings are to normal, the less chance for all complications associated with diabetes. The American Diabetes Association recommends the pre-meal blood glucose reading be 80-120 mg/dl in a non-pregnant diabetic.

Cholesterol and lipid profile tests

The American Diabetes Association (2005) has set the following goals for blood lipids:

- LDL, low- density lipoprotein cholesterol should be below 100 mg/dl. LDL is often referred to as the "bad" cholesterol because it deposits in the inside of artery walls, contributing to cardiovascular disease.
- HDL, high- density lipoprotein cholesterol should be greater than 50 mg/dl in women and 40 mg/dl in men. This is often referred to as the "good" cholesterol because it takes extra cholesterol from the blood to the liver for removal.
- Triglyceride levels should be less than 150 mg/dl.

Other tests as ordered by your doctor

The doctor may order periodic urine or kidney tests to check for kidney functioning. ("National Diabetes Fact Sheet,"n.d.)

Prevention of Diabetes Complications

People with diabetes have to keep these three "hypers" under control:

Hypertension (high blood pressure)

- Blood pressure control can reduce cardiovascular (heart disease and stroke) by approximately 33-50 %, and can reduce micro (small) vascular disease in the eyes, kidneys, and nerves by approximately 33 %. Salt consumption is a known contributor to high blood pressure so it is generally recommended that diabetics follow a low sodium diet.

Hyperlipidemia (high blood fats)

- Improved control of cholesterol and lipids (for example, HDL, LDL, and triglycerides) can reduce cardiovascular complications by 20-50 %. Low fat diets are generally recommended for those with high blood fats. Medications to help lower blood fats may be indicated in some individuals who cannot achieve normal values with diet alone.

Hyperglycemia (high blood glucose)

- Research studies in the United States and abroad have found that improved blood sugar control benefits people with Type l and Type 2 diabetes. In general, for every l point reduction in A1c, the risk of developing micro vascular diabetic complications (eye, kidney, and nerve disease) is reduced by up to 40 %. ("National Diabetes Fact Sheet,"n.d.)

Complications of Diabetes in the United States

Heart Disease and Stroke

- Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes. Smoking will also increase the risk of cardiovascular disease.
- The risk for stroke is 2 to 4 times higher among those with diabetes.
- About 65 % of deaths among people with diabetes are due to heart disease and stroke.

High Blood Pressure

- About 73 % of adults with diabetes have blood pressure greater than or equal to 130/80 mmHg or use prescription medicine for high blood pressure.

Blindness

- Diabetes is the leading cause of new cases of blindness among adults 20-74 years old.
- Diabetic retinopathy causes from 12, 000 to 24, 000 new cases of blindness each year.
- It is essential all persons with diabetes receive a yearly-dilated eye exam.

Kidney Disease

- Diabetes is the leading cause of treated end-stage renal disease, accounting for 43 % of new cases.
- In 2000, 41, 046 people with diabetes began treatment for end-stage renal disease.

- In 2000, a total of 129, 183 people with diabetes underwent dialysis or kidney transplantation.

Nervous System Disease

- About 60 –70 % of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include impaired sensation or pain in the feet or hands, slowed digestion of food in the stomach, carpal tunnel syndrome, and other nerve problems.
- Severe forms of diabetic nerve diseases are a major contributing cause of lower-extremity amputations.

Amputations

- More than 60 % of non-traumatic lower-limb amputations in the United States occur among people with diabetes.
- From 2000 to 2001, about 82,000 non-traumatic lower-limb amputations were performed each year among people with diabetes.
- It is essential that all persons with diabetes perform a daily examination of their feet to spot any blisters, redness, sores, and seek medical attention at the first sign of trouble.

Dental Disease

- Periodontal or gum diseases are more common among people with diabetes than among people without diabetes. Young adult diabetics have twice the risk for this condition than non-diabetics.
- Almost one-third of people with diabetes have severe periodontal diseases with loss of attachment of the gums to the teeth measuring 5 millimeters or more.

Complications of Pregnancy

- Poorly controlled diabetes before conception and during the first trimester of pregnancy can cause major birth defects in 5-10 % of pregnancies and spontaneous abortions (miscarriages) in 15-20 % of pregnancies.
- Poorly controlled diabetes during the second and third trimesters of pregnancy can result in excessively large babies, posing a risk to the mother and the child.

Other Complications

- Uncontrolled diabetes often leads to biochemical imbalances that can cause acute life-threatening events, such as diabetic ketoacidosis and hyperosmolar (nonketotic) coma.
- People with diabetes are more susceptible to many other illnesses and, once they acquire these illnesses, often have worse prognoses than people without diabetes. For example, they are more likely to dies with pneumonia or influenza that people that do not have diabetes. (“National Diabetes Fact Sheet,”n.d.)

Resources

American Diabetes Association. (2005). Are You At Risk? [On-line]. Retrieved March 2, 2005. Available: http://www.diabetes.org/utils/printhispage.jsp?PageID=ALLABOUTDIABETES_253276
This web page discussed recommended blood lipids for diabetics. It states that most diabetics die from heart disease and that most diabetics have trouble with their one or more of their cholesterol values, contributing to early heart disease.

American Diabetic Association. (2005). Diabetes and Cardiovascular (Heart) Disease. [On-line]. Retrieved March 2, 2005. Available: h http://www.diabetes.org/utils/printhispage.jsp? PageID=STATISTICS_233190
This web page explains the link between diabetes and cardiovascular disease.

American Diabetes Association. (1990). Diabetes: Facts You Need to Know. [Brochure]. Alexandria, VA: Author.
This brochure explains what diabetes is and defines Type 1 and Type 2 diabetes.

American Diabetes Association. (n.d.). Diabetes Statistics. [On-line]. Retrieved March 2, 2005. Available: http://www.diabetes.org/diabetes-statistics.jsp.htm
This web page gives diabetes specific statistics related to populations, complications, and costs of diabetes care.

American Diabetes Association. (2005). Frequently Asked Questions About Pre-Diabetes. [On-line]. Retrieved March 2, 2005. Available: http://www.diabetes.org/utils/printhispage.jsp?PageID=ALLABOUTDIABETES_233175.htm
This is an easy to read question and answer page about pre-diabetes.

American Diabetes Association. (n.d.). National Diabetes Fact Sheet. [On-line]. Retrieved March 2, 2005. Available: http://diabetes.org/utils/printthispage.jsp?PageID=STATISTICS_233193.htm

Channing L. Bete Co, Inc. (2001). About Diabetes. [Brochure]. South Deerfield, MA: Author
This is an easy to read pamphlet on the basics of diabetes.

Children with Diabetes. (2004). Diabetes Warning Signs. [On-line]. Retrieved August, l5, 2004. Available: www.childrenwithdiabetes.com/clinic/signs.htm
This web page details the signs and symptoms of Type 1 and Type 2 diabetes in children.

Defeat Diabetes Foundation, Inc. (2004). Warning Signs Of Diabetes. [On-line]. Retrieved August 15, 2004. Available: http://www.defeatdiaetes.org/warningsigns.htm
This website details the warning signs of diabetes in adults, both Type 1 and Type 2.

Kentucky Department for Public Health. (2003). Kentucky Diabetes Prevention And Control Program. [Brochure]. Frankfort, KY: Author [On-line] Http://chs.state.ky.us/publichealth/diabetes.htm
This pamphlet gives diabetes statistics for Kentucky and lists health departments within Kentucky that offer diabetes programs.

Kentucky Diabetes Prevention and Control Group. (2005). Kentucky Diabetes Fact Sheet. [On-line]. Retrieved March 3,2005.Available: http://www.cdc.gov/diabetes/pubs/factsheet.htm
This article contains the latest diabetes statistics for Kentucky.

National Center for Chronic Disease Prevention and Health Promotion. (2003). National Diabetes Fact Sheet. [On-line]. Retrieved February 12, 2005. Available: http://www.cdc.gov/diabets/pubs/general.htm
This article contains general information about what diabetes is and differentiates between the types. It also explores treatment of diabetes and gives information on how to prevent diabetes complications.

United States Department of Health and Human Services National Institutes of Health. (2004). Am I at Risk for Type 2 Diabetes? [Brochure]. Bethesda, MD: Author
This brochure is an informative guide into risk factors and prevention strategies specifically related to Type 2 diabetes.

Could You Have Diabetes and Not Know It?

American Diabetes Association®

Take the Test. Know the Score.

Sixteen million Americans have diabetes – and millions of them don't even know it! Take this test to see if you are at risk for having diabetes. Diabetes is more common in African Americans, Hispanics/Latinos, and American Indians. If you are a member of one of these ethnic groups, you need to pay special attention to this test.

To find out if you are at risk, write in the points next to each statement that is *true* for you. If a statement is *not true*, put a zero. Add your total score.

1. My weight is equal to or above that listed in the chart.	**Yes**	**5**	_____
2. I am under 65 years of age **and** I get little or no exercise during a usual day.	**Yes**	**5**	_____
3. I am between 45 and 64 years of age.	**Yes**	**5**	_____
4. I am 65 years old or older.	**Yes**	**9**	_____
5. I am a woman who has had a baby weighing more than nine pounds at birth.	**Yes**	**1**	_____
6. I have a sister or a brother with diabetes.	**Yes**	**1**	_____
7. I have a parent with diabetes.	**Yes**	**1**	_____
		TOTAL	

Scoring 3-9 points

You are probably at low risk for having diabetes **now**. But don't just forget about it—especially if you are Hispanic, African American, American Indian, Asian American, or Pacific Islander. You may be at higher risk in the future. **New guidelines recommend everyone age 45 and over should consider being tested for the disease every three years. However, people at high risk should consider being tested at a younger age.**

Scoring 10 or more points

You are at high risk for having diabetes. Only a doctor can determine if you have diabetes. See a doctor soon and find out for sure.

At-Risk Weight Chart

Height (feet/inches without shoes)	Weight (pounds without clothing)
4' 10"	129
4' 11"	133
5' 0"	138
5' 1"	143
5' 2"	147
5' 3"	152
5' 4"	157
5' 5"	162
5' 6"	167
5' 7"	172
5' 8"	177
5' 9"	182
5' 10"	188
5' 11"	193
6' 0"	199
6' 1"	204
6' 2"	210
6' 3"	216
6' 4"	221

If you weigh the same or more than the amount listed for your height, you may be at risk for diabetes. This chart is based on a measure called the Body Mass Index (BMI). The chart shows unhealthy weights for men and women age **35 or older** at the listed heights. At-risk weights are lower for individuals under age 35.

Diabetes Facts You Should Know

Diabetes is a serious disease that can lead to blindness, heart attacks, strokes, kidney failure, and amputations. It kills more than 187,000 people each year.

Some people with diabetes have symptoms. If you have any of the following symptoms, contact your doctor:

extreme thirst • frequent urination • unexplained weight loss

For more information on diabetes, call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383)

DIABETES CAN KILL!

There Is NO Such Thing As Borderline Diabetes!

Myths of Diabetes

I have a touch of sugar. THE TRUTH IS there is no such thing as a *touch of sugar*. You cannot have a *touch* of diabetes any more than you can be a touch pregnant. Having *sugar* means having diabetes. Treat it seriously to decrease your chances of developing serious complications!

My diabetes is only borderline. THE TRUTH IS there is no such thing as borderline diabetes! You either have diabetes or you do not! However, current research has shown before people develop blood sugars high enough to be diagnosed with type 2 diabetes, they have a condition called "pre-diabetes". The range of blood sugars in "pre-diabetes" are not normal and may lead to blood vessel diseases causing a heart attack or stroke. A diagnosis of "pre-diabetes" is giving someone a warning and a tremendous opportunity to change his/her lifestyle so that (s)he can prevent or delay the onset of diabetes! Lifestyle changes include healthy eating to lose 5-7% of body weight (if overweight) and increasing activity to at least 30 minutes 5 days a week.

I have sugar in my eye. THE TRUTH IS uncontrolled diabetes can cause problems with vision, including blindness. If you have diabetes, it is important to learn to control the disease to prevent or delay complications such as blindness. See your health care specialist regularly and get a dilated eye exam every year!

Insulin is a cure for diabetes. THE TRUTH IS insulin is no cure for diabetes. At this point, there is no cure for diabetes, only medicine and behaviors that help to control blood sugars. Insulin helps to control diabetes by keeping the body's sugar *(glucose)* from building up in the bloodstream.

It's called sugar diabetes, so it comes from the sugar I eat. THE TRUTH IS when you eat food, the body turns it into a form of energy called glucose, also known as *blood sugar*. If a person's insulin is working properly, the body should be able to keep blood sugar levels in the blood *normal* no matter what is eaten. When the body's own insulin level is low, or does not work right, the glucose *(blood sugar)* builds up in the bloodstream.

If I'm not taking insulin or diabetes pills for diabetes, my diabetes must not be as serious. THE TRUTH IS not everyone who has diabetes needs to take insulin, but diabetes is always serious. If blood glucose *(sugar)* levels are high, a person is at risk for serious life threatening diabetes complications!

By drinking water, I can wash away the extra sugar in my blood and cure diabetes. THE TRUTH IS although you can wash away spilled sugar from a table; the body's own glucose cannot be washed away by drinking water. However, you can control your diabetes by eating a healthy diet, seeing your health care provider regularly, taking medications as prescribed, and monitoring your blood sugar regularly.

I have diabetes and I've seen its affect on family members. I know there is nothing I can do about it. THE TRUTH IS diabetes is serious, common, costly, but CONTROLLABLE. There are many things people with diabetes can do to live a full life, while preventing or delaying complications. You can control your diabetes by eating a healthy diet, staying physically active, losing weight, seeing your health care provider regularly, taking medications as prescribed, and monitoring your blood sugar regularly.

Adapted from: the National Diabetes Education Program: A Diabetes Community Partnership Guide, p. 5
By: Janice Haile, RN, BSN, CDE, Kentucky Diabetes Prevention Control Program (KDPCP) of the Green River District Health Department (GRDHD)

KDN

Get Serious About Your Diabetes!

Control your diabetes. For life.

Diabetes in Kentucky
A problem urgently needing action!!!

The Centers for Disease Control says, Diabetes is an EPIDEMIC and is expected to get worse. *(Quote from Dr. Vinicor, CDC, 2000)*

There is a direct correlation between Obesity and the rates of Diabetes!

- Over 395,867 (12.75%) adult Kentuckians have diabetes, one third of whom are undiagnosed.
- In Kentucky, four percent of high school students surveyed report they were told they have diabetes. Thirteen percent report they were told they were at risk for developing diabetes.
- The Kentucky Diabetes Prevention & Control Program (KDPCP) estimates that 553,286 (36.3%) adult Kentuckians age 40-74 have pre diabetes --- a major risk factor for diabetes, heart attack, and stroke.
- Diabetes is the leading cause of new cases of blindness, kidney failure, and amputation
- One in every seven to ten health care dollars is spent on someone who has diabetes and its complications.
- The direct cost *(medical care)* and indirect costs *(lost productivity and premature mortality)* of diabetes in Kentucky totals about 2.4 billion annually.
- Kentucky Medicaid spends $298 million *(12% of Medicaid budget)* on individuals who have diabetes (1997).

The challenge....

Reduce the economic and social costs associated with obesity to improve the health of all Kentuckians and to reduce the risks of chronic disease such as diabetes.

Kentucky Diabetes Fact Sheet

2005

DIABETES IS COMMON IN KENTUCKY

- In 2003, an estimated **8.5%** of the adult population in Kentucky has been diagnosed with diabetes. This means that an estimated 267,000 adults in Kentucky have diagnosed diabetes, based on the 2003 Census population estimate. It is estimated that 29% of diabetes cases are undiagnosed, which means that an additional 109,100 Kentucky adults may have undiagnosed diabetes. Based on these estimates, approximately 376,100 (about 12%, or 1 in 8) adult Kentuckians have diagnosed or undiagnosed diabetes.

- Kentucky ranks 7th (tied with two other states) in the nation for the highest percentage of the adult population diagnosed with diabetes. (2003)

Kentucky Adults with Diagnosed Diabetes, by Gender and by Race, 2003

Gender	Percent
Males	9.9%
Females	7.3%

Race	Percent
Black	13.4%
White	8.3%

*The number of respondents who indicated a race other than White or Black was too few to be analyzed separately. Hispanic ethnicity was not analyzed separately.

Kentucky Adults with Diagnosed Diabetes, by Age, 2003

Age	Percent
<45	2.7%
45-54	9.8%
55-64	17.2%
65+	17.5%

Adults with Diagnosed Diabetes, by Area Development District, 2003

ADD	Percent	ADD	Percent
Barren River	5.4%	Kentucky River	11.2%
Big Sandy	12.5%	KIPDA	7.3%
Bluegrass	8.6%	Lake Cumberland	9.8%
Buffalo Trace	8.0%	Lincoln Trail	7.9%
Cumberland Valley	10.1%	Northern Kentucky	9.1%
FIVCO	10.1%	Pennyrile	9.1%
Gateway	8.8%	Purchase	9.3%
Green River	6.6%		

AT RISK FOR DIABETES

- An estimated **611,000** (**40.1%**) Kentuckians aged 40-74 have **pre-diabetes** (elevated blood sugar levels but not high enough to be classified as diabetes) and are at **very high risk** for developing the disease.

  - **30.6%** of adult Kentuckians report that they **did not participate in any physical activity** in the past month. Kentucky has the highest percentage of any state for lack of physical activity. (2003)

  - **25.6%** of adult Kentuckians (**about 1 in every 4**) are **obese**, based on reported height and weight. Kentucky ranks 5th among the states for highest prevalence of obesity. (2003)

DIABETES IS A SERIOUS DISEASE IN KENTUCKY

- Diabetes is the 6th leading cause of death in Kentucky and the 5th leading cause of death by disease. (2002)
- There were 96,320 diabetes-related hospitalizations in Kentucky in 2002, accounting for 16.5% of the total hospitalizations. During 2002:
  - 2,639 hospitalizations due directly to diabetic ketoacidosis
  - 1,180 hospitalizations for lower extremity amputations due to diabetes
  - 3,096 hospitalizations due to cerebrovascular disease with diabetes
  - 11,017 hospitalizations due to ischemic heart disease with diabetes
  - 562 new cases of end-stage renal disease related to diabetes
- Among persons with diabetes
  - 26% report that diabetes affects their eyes or have retinopathy (2003)
  - 13% report that they had foot ulcers that took more than four weeks to heal (2003)

DIABETES IS A COSTLY DISEASE IN KENTUCKY

- The cost of diabetes in Kentucky is staggering. The direct cost (medical care) and indirect cost (lost of productivity and premature mortality) of diabetes in Kentucky totaled approximately **$2.9 billion** in 2002.

DIABETES IS A CONTROLLABLE DISEASE

- Much of the sickness and death associated with diabetes can be eliminated through treatment approaches including normalization of blood glucose levels, routine physician visits, self-management training, a yearly dilated eye exam, routine foot exams, and A1C checks.
- Reported preventive care practices among adults with diabetes in Kentucky and the nation are shown in the table below.

Reported Preventive Care Practices Among Adults with Diabetes, Kentucky and US

Preventive Care Practice	Kentucky				US
	2000	2001	2002	2003	2003
Saw a health professional for diabetes ≥ 1 time in the past year	94%	95%	94%	94%	90%
Ever taken a course or class in how to manage diabetes	46%	47%	46%	43%	51%
Checked blood glucose ≥ 1 time per day	55%	58%	64%	64%	57%
Received a dilated eye exam in the past year	76%	71%	75%	66%	67%
Received a foot exam ≥ 1 time in the past year	63%	64%	62%	64%	69%
Received a flu vaccination in last year*	--	52%	52%	57%	56%
Ever received a pneumonia vaccine*	--	40%	39%	48%	48%
Had A1C checked ≥ 1 time in the past year	62%	67%	72%	75%	76%
"Don't Know" or "Never Heard of A1C"	25%	23%	21%	15%	14%

Source: Behavioral Risk Factor Surveillance System
*Question not included in 2000 survey

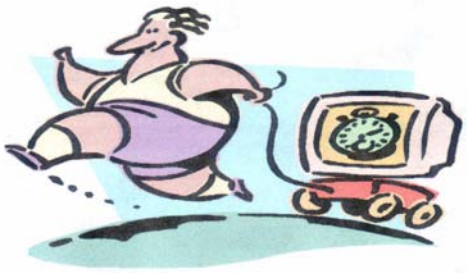
*Diabetes is a **common, serious, costly,** and **controllable** disease that affects thousands of individuals in Kentucky and poses a major public health problem.*

Data Sources: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC); undiagnosed diabetes estimation based on prevalence in the general population, CDC, *MMWR* 52(35):833-837; pre-diabetes estimate based on national estimate, CDC, National Diabetes Fact Sheet; mortality data from Surveillance and Health Data Branch, KY Department for Public Health; Hospitalization Claims Data, Health Policy Analysis Branch, KY Department for Public Health; ESRD data from The Renal Network, Inc.; diabetes cost from Diabetes Care Quality Improvement: a Resource Guide for State Action.

Kentucky Facts: Obesity • Nutrition • Physical Activity

KENTUCKY ADULTS

- Almost 40% of adults are overweight and an additional 24% are obese.
- 70% of men are overweight or obese.
- 55% of women are overweight or obese.
- Overweight and obesity are highest among those with lower levels of education and lower incomes.
- Only 29% of adults get the recommended amounts of physical activity.
- Physical activity is lowest among those with lower levels of education and lower incomes.
- Only 22% of adults eat the recommended 5-9 servings of fruits and vegetable each day.
- Eating enough fruits and vegetables is lowest among men, those with lower levels of education and those with lower incomes.



KENTUCKY YOUTH & CHILDREN

- Almost 15% of high school students are seriously overweight, and an additional 15% are heavy enough to be considered "at risk" of becoming overweight.
- Almost 20% of high school boys are seriously overweight compared to 10% of girls.
- Slightly over 20% of middle school boys and 12% of girls are seriously overweight, and an additional 18% are heavy enough to be considered "at risk" of becoming overweight.
- Almost 17% of children ages 2 to 4 served by the WIC Program are already seriously overweight and another 18% are at risk for continued problems with weight.
- 31% of high school students watch 3 or more hours of TV each day – an indicator of physical inactivity.
- Only 13% of high school students eat the recommended 5-9 servings of fruits and vegetables each day.
- 55% of High School students buy at least one sugared soft drink from school vending machines on a typical day.
- Only 56% of infants are breastfed at birth, compared to 70% in the US overall.
- Only 25% of infants are breastfed at 6 months compared to 33% in the US overall.

HEALTH & ECONOMIC CONSEQUENCES OF OBESITY

- Being overweight or obese substantially raise the risk of:
  - Diabetes
  - Stroke
  - Arthritis
  - Heart Attack
  - Cancer of the colon, prostate and breast

- Regions of Kentucky that have the highest rates of overweight of chronic disease such as those listed above
- Kentuckians who are overweight or obese rate their health more poorly than normal weight Kentuckians, and also report more days of poor physical or mental health each month.
- Obesity costs Kentucky more than $1 BILLION dollars each year in increased health care services.

Diabetes in Children and Adolescents

2004

- According to national data, an estimated 206,000 individuals less than 20 years old have diabetes. This represents 0.25% of people in this age group. Applying this percentage to Kentucky's population under 20 (Census 2000) suggests that **approximately 2,800 children and adolescents may have diabetes**.
- Studies indicate type 2 diabetes is becoming more common among youth. This **increase in type 2 diabetes** at young ages is very concerning because it is a disease usually diagnosed in adults.
- According to the Kentucky Youth Risk Behavior Survey (YRBS), which is conducted in a representative sample of public high schools, 4.1% of students, or about **1 in every 25**, reported having been told by a health care professional that they had diabetes. (2003)

AT RISK FOR DIABETES: Overweight, sedentary lifestyle, and family history are risk factors for the onset of type 2 diabetes.

- According to the YRBS, **13.3%** of public high school students reported they had been told by a health care professional that they were at risk for developing diabetes.
- National data indicate that the prevalence of **overweight among youth has been increasing**. In children (ages 6-11) the prevalence of overweight has more than doubled from 6.5% (1976-1980) to 15.3% (1999-2000). In adolescents (ages 12-19) the prevalence has tripled from 5.0% (1976-1980) to 15.5% (1999-2000).
- 15% of high school students reported a height and weight that indicates being overweight. (YRBS 2003)
- The national prevalence of overweight even in very young children (ages 2-5) has increased from 10.7% in 1993 to 14.3% in 2002. In Kentucky the prevalence of overweight among 2-5 year-olds was 16.8% in 2002, higher than the national prevalence.

Percent of overweight children 2-5 years old, by county, 2002

- Sedentary lifestyle is common among Kentucky's youth. According to the YRBS, 79% of public high school students did not participate in sufficient moderate physical activity.

These trends indicate a continued rise in diabetes prevalence and other associated health problems unless drastic changes are made in the nutrition and exercise habits of children and adolescents.

Data Sources: Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2003; Kentucky Department for Education. Youth Risk Behavior Survey, 2003; National Center for Health Statistics. Health, United States, 2003; Centers for Disease Control and Prevention. Pediatric Nutrition Surveillance 2002 Report.

*Diabetes is a **common, serious, costly,** and **controllable** disease that affects thousands of individuals in Kentucky and poses a major public health problem.*

DIABETES IN KENTUCKY'S SENIOR CITIZENS

2004

DIABETES IS A COMMON DISEASE

- Although diabetes affects all age groups, it becomes more common with age. Of Kentucky's population age 65 and older, an estimated **17.5%** have been diagnosed with diabetes, compared with 6.7% for Kentuckians under age 65. (2003)

Kentucky Adults with Diagnosed Diabetes, by Age, 2003

Age	18-45	45-54	55-64	65+
Percent	2.7%	9.8%	17.2%	17.5%

DIABETES IS A CONTROLLABLE DISEASE

- Much of the sickness and death associated with diabetes can be eliminated through aggressive treatment approaches to normalize blood glucose levels including routine physician visits, self-management training, dilated eye exams, foot exams, and A1C checks.

- The table below shows the behavioral practices reported by individuals with diabetes in the older and younger age groups, compared with the statewide average. People in the older age group are more likely than their younger counterparts to have a dilated eye exam in the past year, and have flu and pneumonia vaccinations; however, the older age group is less likely to have taken a self-management course and to check blood glucose at least once a day and have an A1C blood check at least once in the past year. When asked whether they had an A1C check, a much higher percentage of older age group responded that they either did not know or had never heard of A1C compared with the younger age group.

Reported Self-Care Practices Among Adults with Diabetes, Kentucky 2000-2003

Self-Care Practices	Statewide		Age <65		Age 65+	
	2000 2001	2002 2003	2000 2001	2002 2003	2000 2001	2002 2003
Saw a health professional for diabetes ≥ 1 time in the past year	95%	94%	94%	93%	93%	91%
Ever taken a course or class in how to manage diabetes	46%	44%	50%	47%	33%	25%
Checked blood glucose ≥ 1 time per day	56%	64%	57%	65%	45%	48%
Received a dilated eye exam in the past year	73%	70%	60%	66%	77%	77%
Received a foot exam ≥ 1 time in the past year	63%	63%	62%	62%	57%	56%
Received a flu vaccination in last year*	52%	55%	41%	44%	73%	79%
Ever received a pneumonia vaccine*	40%	44%	27%	31%	79%	65%
Had A1C checked ≥ 1 time in the past year	65%	74%	70%	77%	55%	49%
"Don't Know" or "Never Heard of A1C"	24%	18%	18%	13%	29%	41%

*Question not included in 2000 survey

Data Sources: Kentucky Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

*Diabetes is a **common, serious, costly,** and **controllable** disease that affects thousands of individuals in Kentucky and poses a major public health problem.*

DIABETES IN APPALACHIA KENTUCKY

2004

DIABETES IS A COMMON DISEASE

- Of the adults residing in the Appalachian counties in Kentucky, **10.4%** have been diagnosed with diabetes. In comparison, 7.8% of the non-Appalachian Kentucky population has been diagnosed with diabetes. (2003)

- Residents of Appalachian counties had a slightly higher percentage of hospitalizations due to diabetes than in non-Appalachian residents: 18.1% and 15.8%, respectively. (2002)

DIABETES IS A CONTROLLABLE DISEASE

- Much of the sickness and death associated with diabetes can be eliminated through aggressive treatment approaches to normalize blood glucose levels including routine physician visits, self-management training, routine dilated eye exams, foot exams, and A1C checks.

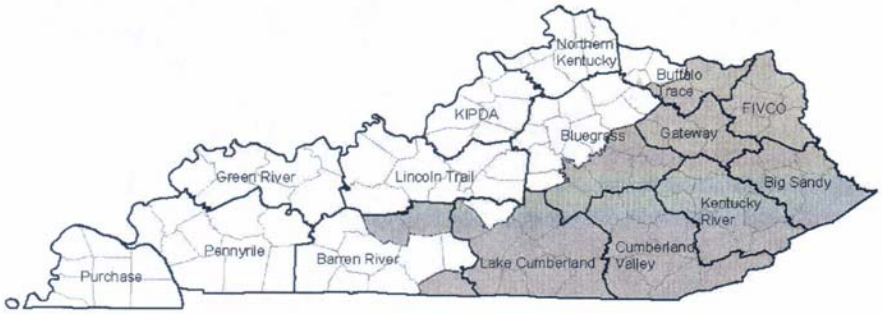
- The table below shows the self-care practices of individuals with diabetes in the Appalachian region and non-Appalachian region compared to Kentucky statewide. The residents of Appalachia are less likely their non-Appalachian counterparts to have taken a self-management course and to have received a dilated eye exam, flu vaccination, pneumonia vaccination and an A1C check. When asked whether they had an A1C blood check in the past year, a higher percentage of Appalachian residents responded that they either did not know or had never heard of A1C compared with the non-Appalachian residents, although the percentages for both groups improved from 2000-2001 to 2002-2003.

Reported Self-Care Practices Among Adults with Diabetes, Kentucky 2000-2003

Self-Care Practices	Statewide		Non-Appalachia		Appalachia	
	2000 2001	2002 2003	2000 2001	2002 2003	2000 2001	2002 2003
Saw a health professional for diabetes ≥ 1 time in the past year	95%	94%	95%	94%	94%	94%
Ever taken a course or class in how to manage diabetes	46%	44%	51%	48%	36%	38%
Checked blood glucose ≥ 1 time per day	56%	64%	56%	65%	58%	61%
Received a dilated eye exam in the past year	73%	70%	74%	76%	72%	59%
Received a foot exam ≥ 1 time in the past year	63%	63%	65%	64%	61%	61%
Received a flu vaccination in last year*	52%	55%	55%	59%	45%	48%
Ever received a pneumonia vaccine*	40%	44%	43%	47%	35%	37%
Had A1C checked ≥ 1 time in the past year	65%	74%	68%	76%	59%	68%
"Don't Know" or "Never Heard of A1C"	24%	18%	21%	16%	29%	22%

*Question not included in 2000 survey

Map of Kentucky with Appalachia shaded



Data Sources: Kentucky Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention; Hospitalization Claims Data, Health Policy Analysis Branch, KY Department for Public Health

*Diabetes is a **common, serious, costly,** and **controllable** disease that affects thousands of individuals in Kentucky and poses a major public health problem.*

The American Medical Association states that Domestic violence, which is also called spouse abuse, intimate partner abuse, battering, and partner violence, is when a person that he or she knows in some way hurts that individual. These hurts may involve physical harm such as hitting, shoving or choking. Some acts of Domestic Violence may involve sexual abuse such as when a person is forced to participate in a sexual situation against his or her will. Psychological or emotional abuse is when a person is threatened, intimidated, humiliated, blamed, called "stupid" and made to feel inferior. It may involve a combination of more than one of these ways. Domestic Violence usually continues over a long period of time and gets more frequent and more severe over time. ("Domestic Violence,"2004)

Facts About Domestic Violence and Sexual Assault

"October is Domestic Violence Month and it is unfortunate that we must designate a month to highlight this problem but statistics on Domestic Violence do not seem to be going away. In 1998, 11 % of all murders were the result of intimate partner violence. It is estimated a woman is the victim of a violent crime by a partner every 36 seconds. In the United States, one-third of all women killed, were killed by their partners. One in nine Kentucky women will experience forcible rape in her lifetime. Intimate partner abuse happens to men, too, but women usually sustain more severe injuries as a result of the abuse. Forty percent of women seeking treatment in emergency departments were harmed in a domestic violence situation. Domestic Violence crosses all racial and ethnic boundaries. Women ages 16 to 24 experience the highest rates of domestic violence and pregnant women are often targets. In the fiscal year 2002, Kentucky's 17 domestic violence shelters received 41,583 domestic violence related calls and in 2001, the Kentucky State Police reported that 29, 779 Emergency Protective Orders and 15, 444 Domestic Violence orders were issued in Kentucky courts." (Whitehead, 2004)

The abuser can be anyone who has a relationship to the victim. It often is husbands, boyfriends, same –sex partners, girlfriends or roommates. Often, the abuser was exposed to family violence as a child. Male children, in particular, who witnessed domestic violence growing up, often repeat the pattern as an adult. Most children that witness DV will suffer secondary psychological effects in aggressive behavior and depression. The cycle of abuse suggests that those who grew up in abusive households or were abused themselves tend to repeat the pattern. ("Domestic Violence,"2004)

Laura Wetzel (personal communication, 2000), a counselor at A Woman's Place, reports men who batter have characteristics in common. These are some of the common characteristics:

l. Jealously. These men often imagine their partner is having an affair
2. They often try to isolate their partner
3. Try to control wife or partner
4. Have Jekyll and Hyde personalities
5. May have other problems with the law
6. Explosive temper; flies into a rage without provocation
7. Tells wife it is all her fault; projects own faults onto wife or partner

8. Verbal assault in addition to physical assault
9. Come from families where violence was practiced
10. May be more violent when wife is pregnant or soon after giving birth
11. Deny the beatings or their severity; seem not to remember
12. Will do whatever it takes to drive wife away, then whatever it takes to get her back: grab the kids—or apologize profusely, send flowers, cry real tears, promise anything she wants to hear—" I'll go to church, I'll go to counseling, I'll stop drinking, I'll never hit you again", etc)
13. Once wife returns, the performance is repeated: whatever it takes to drive her away, followed by whatever it takes to get her back…

Effects of Domestic Violence on the Victim

The damage caused by domestic violence is not limited to the physical bruises or emotional scars of the most recent incident. Individuals who have been victims of domestic violence can suffer many long-term effects of the abuse. Some examples are:

- Self-neglect or self-injury
- Depression, anxiety, panic attacks and sleep disorders
- Alcohol and other drug abuse
- Aggression toward themselves and others
- Chronic pain
- Eating disorders
- Sexual dysfunctions
- Suicide attempts ("Domestic Violence,"2004)

Effects of Domestic Violence on Children

Physical Problems:

- Accident Proneness
- Poor Health and Increased susceptibility to disease
- Effects of physical abuse
- Stress Related Ailments
- Sleeping Difficulties
- Developmental Delays

Mental and Emotional Problems:

- Inability to concentrate
- Poor attention span
- Anxiety and fear
- Confusion
- Lack of Trust
- Depression and Guilt
- Low self-esteem
- Poor self-concept
- Suicidal risk
- Bedwetting or bowel movement accidents

Communication Problems:

- Failure to identify and differentiate feelings
- Withdrawal
- Timidity/shyness
- Speech Disorders

Behavior Problems:

- Aggressiveness
- Passiveness
- Substance Abuse
- Juvenile delinquent behaviors
- Sexual acting out
- Teen Pregnancy

School Problems:

- Learning problems
- School failure
- School discipline problems
- School truancy
- School drop out ("Domestic Violence,"2004)

Mary Krueger, PH.D. (personal communication, 2000) Encourages young women in particular to look for these signs of a potential abuser in the men they date: **One in every eight** adolescents will be involved in some type of dating violence and the number is even higher in college aged girls.

Dating Violence: Indicators of a Potential abuser

- History of domestic violence in his family
- Low self esteem
- An explosive temper; has hit former girlfriends
- Blows up over minor frustrations like being jostled in a crowd or having to stand in line
- Breaks or throws things when angry
- Expresses anger frequently (puts fist through wall, peels out in car, verbally lashes out)
- Has difficulty with impulse control (takes dares, succumbs to peer pressure, wants his sexual needs satisfied immediately)
- Blames his failures and disappointments on other people
- Is extremely competitive, hates to lose at anything
- Often moody and tense
- Believes that women were born to serve men, gives girlfriend or mother "orders", makes sexist jokes or remarks
- Overkills girlfriend with charm (sends flowers, gifts, cards)
- Does not "allow" his girlfriend to make any decisions

- Consistently dates girls or women younger than him
- Fights with other boys or men over past girlfriends
- Is extremely suspicious and jealous of his girlfriend
- Dislikes all his girlfriend's friends
- Regularly uses pornography
- Has few if any deep, committed friendships
- Appears to have two personalities (Jekyll/ Mr. Hyde syndrome)
- Threatens to commit suicide if girlfriend breaks up with him

The Dating "Bill of Rights": Every person in a dating relationship should be aware of these rights.

I have the right:

- To ask for a date.
- To refuse a date.
- To suggest activities.
- To refuse any activities, even if my date is excited about them.
- To have my own feelings and be able to express them.
- To say I think my friend's information is wrong or her/his actions are unfair or inappropriate.
- To tell someone not to interrupt me.
- To have my limits and my values respected.
- To tell my partner when I need affection.
- To be heard.
- To refuse to lend money.
- To refuse affection.
- To refuse sex with anyone just because they took me out on an expensive date.
- To refuse sex anytime for any reason.
- To have friends and space aside from my partner.

I have the responsibility:

- To determine my limits and values.
- To respect/not violate the limits of others.
- To communicate clearly and honestly.
- To ask for help when I need it.
- To be considerate.
- To check my actions/decisions to determine if they are good for me or bad for me.
- To set high goals for myself in my dating relationships.

("Dating Bill of Rights,"n.d.)

The damage Domestic Violence can cause can last a lifetime. The abused individual may suffer depression, eating disorders, suicidal thoughts or actions, and may become dependent on drugs or alcohol. And as we have just learned, the victim may become an abuser in the future. The American Bar Association Commission on Domestic Violence reports the following Myths:

Myth: Victims of domestic violence like to be beaten.

Fact: Victims of domestic violence desperately want the abuse to end, and engage in various survival strategies, including calling the police or seeking help from family members. Silence may be a survival strategy in some cases or the adult may "take " a beating to protect the children if he or she feels they may be next.

Myth: Victims of DV have psychological disorders.

Fact: Most victims of DV are not mentally ill. But some do suffer psychological effects, such as post-traumatic stress disorder or depression, as a result of being abused.

Myth: Low self-esteem causes victims to get involved in abusive relationships.

Fact: Studies have demonstrated since the victims come from all walks of life, there really is not much similarity like "low self-esteem". What they have in common is that they are victims of abuse.

Myth: Victims of DV never leave their abusers, or if they do, they get involved in another abusive relationship

Fact: Most victims leave their abusers but often it takes several attempts to permantley leave. The abusers may use threats about the children, financial control, or violence to make the victim stay.

Myth: Abusers abuse their victims because of drug or alcohol abuse

Fact: Substance abuse does not "cause" domestic violence. Substance abuse may increase the frequency or severity of violent episodes in some cases.

Myth: The abuser is often under a lot of stress or unemployed

Fact: Since DV cuts across all socioeconomic lines, Domestic abuse cannot be blamed on poverty or unemployment.

Myth: Law enforcement and judicial responses, such as arresting batterers or issuing civil protection orders, are useless.

Fact: There has been much debate about the efficiency of particular actions by law enforcement or the judiciary system. But the bottom line is, we must report DV and send the message that DV will NOT be tolerated, and that the criminal justice and law enforcement systems will be involved until the violence ceases.

Myth: Children are not affected when one parent abuses the other.

Fact: Studies show that in 50-70% of households where a parent is abused, the children are also physically abused. Children also suffer emotional, cognitive, behavioral, and developmental impairments as a result of witnessing domestic violence. Often, the children, especially boys, grow up to repeat the cycle of abuse, as well.

Myth: Domestic violence is irrelevant to parental fitness.

Fact: Because children often suffer physical and emotional harm from living in a home with domestic violence, it is very relevant to parental fitness. The child may be used as a

pawn to control the victim as well. Courts should consider the effects of the abuser's behavior on the children when determining custody and visitation arrangements.
Myth: We don't need to train our employees at the workplace about Domestic violence because it is a personal issue.
Fact: There are direct and indirect effects of domestic violence that affect employers such as medical costs, lost wages and absenteeism.
Myth: If a victim of domestic violence wants help, we have Human Resource staff available. All the battered worker has to do is ask.
Fact: Research shows the victim does not disclose abuse at home for fear of job loss or retribution. Also, her job may represent her only independence from the abuser.
Myth: All we can do if offer help. Beyond that, we don't have any financial liability.
Fact: Current jury awards to victims, coworkers have ranged from $25,000 to several million dollars, paid by employers who failed to properly and adequately address domestic violence in the workplace. ("Myths and Facts about Domestic Violence,"n.d.)

Screening Tool for Domestic Violence

Is your loved one hurting you? Answer these three questions:

1. Does your partner put you down, humiliate you or call you names?
2. Has your partner isolated you from family and friends?
3. Has your partner physically hurt your or threatened to take away your children?

If you answered, "yes" to these questions, you may be in an abusive relationship. You are not alone. Nearly 1/3 of all American women report being physically abused by a husband or boyfriend at some point in their lives, according to a 1998 Commonwealth Fund survey. There is help and support available to your and your family. ("Domestic Violence,"2004)

WHAT TO DO IF IT HAPPENS TO YOU

If your partner is abusive, develop a safety plan. Teach your children not to get involved in the violence between you and your partner. Teach them to call 911! Preparing ahead of time will help in your time of need. The Violence Against Women Office of the U.S. Department of Justice in Washington, D.C., recommends the following six tips:

1. Explore all escape routes. Know how to get out of your home quickly if you need to. During violent episodes, avoid rooms with no exits (bathrooms) or rooms with weapons (kitchen).
2. Decide where to go in an emergency. Find a friend or relative to stay with. Or you may prefer a motel or shelter. Establish a "code word" or "sign" so that family, friends, teachers or co-workers know when to call for help.
3. Create a survival kit. Include money, keys, a change of clothes, passports, birth certificates, medications, credit cards, health care information, legal and insurance

documents, your checkbook, address book and valuable jewelry. When your kit is complete, give it to a trusted friend or relative.

4. Start saving money. Begin by opening your own savings account. Have the statements sent to your trusted friend or relative.
5. Memorize the phone number for the National Domestic Violence Hotline: (800) 799-SAFE. This 24-hour hotline can provide you with counseling, information and local referrals.
6. Update your plan monthly. Learn about domestic violence laws and know your rights. ("Domestic Violence,"2004)

DOMESTIC VIOLENCE IS A CHOICE AND A CRIME!

- **Anytime you are in immediate danger, call the police!**

Domestic Violence Protective Orders

What is the legal definition of "domestic violence"? It is physical injury, serious physical injury, sexual abuse, assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault-between "family members" or " members of an unmarried couple" KRS 403.720(1)

Protective Orders Can be issued against a family member or member of an unmarried couple. KRS 403.720(2,3). Emergency Protective Orders can be issued around the clock.

Who may request a Protective Order? Any family member or member of an unmarried couple who is a resident of this state or one who has fled to this state to escape domestic violence and abuse. KRS 403.725(1)

In What County May It Be Requested? In the county where the victim usually resides or the county where they have fled to.

- If a perpetrator violates an Emergency Protective Order or Domestic Violence Order, they can be arrested for a Class A misdemeanor, or be held in contempt of court. In either case, they may serve jail time. KRS 403.760and .763.

IMPORTANT PHONE NUMBERS

Adult or Child Abuse Reporting Hotline (KY)
1-800-752-6200

Battered Women's Justice Project
1-800-903-0111

Governor's office of Child Abuse and Domestic Violence (legal counsel)
1-502-564-2611

Health Resource Center on Domestic Violence (Family Violence Prevention Fund)
1-800-313-1310

Kentucky Association of Sexual Assault Programs
1-502-226-2704

Kentucky Domestic Violence Association
1-502-209-KDVA (5382) or 502-875-4132

Kentucky State Police
1-800-222-5555

National Domestic Violence Hotline
1-800-799-SAFE (7233) or 1-800-787-3224 TDD

National Resource Center on Domestic Violence
1-800-537-2238

National Sexual Assault Hotline
1-800-656-HOPE (4673)

Resource Center on Child Protection and Custody
1-800-527-3223

Resources

American Bar Association. (n.d.) Myths and Facts about Domestic Violence. Retrieved August 16, 2004, from http://www.abanet.org/domviol/myths.html
This article discusses common myths about domestic violence and presents the facts for each myth.

American Medical Association. (1999) Domestic Violence. Retrieved August 16, 2004, from http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZREOLRWAC&sub
This article explores the cycle of abuse and gives examples of the types of abuse.

The Bridge Over Troubled Waters, Inc., Texas Council on Family Violence. (n.d.) Dating Bill of Rights. Retrieved February 21, 2005, from: http://www.clotheslineproject.org/Dating_Bill_of_Rights.htm
This website explores the rights and responsibilities associated with dating.

WebMD Health. (2004). Domestic Violence. Retrieved September 5, 2004, From: http://my.webmd.com/content/article/3/3232_547?src=Inktomi&condition=Humana
This article has screening questions to screen for domestic violence and supplies tips on how to develop a safety plan.

Whitehead, Don .(2004, Oc0tober 17) .October is Domestic Violence Month. The Commonwealth Journal, D2. .
This newspaper article discussed the prevalence of Domestic Violence.

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SPOUSE ABUSE SHELTERS
2004

ANN PERKINS
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P. O. Box 2163
Ashland, KY 41105-2163
Phone: (606) 329-9304
Fax: (606) 324-6855

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Bowling Green, KY 42102-1941
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Fax: (270) 782-3278

LISA HOLMES
SpringHaven, Inc.
P. O. Box 2047
Elizabethtown, KY 42702
Phone: (270) 765-4057
Fax: (270) 766-1081

Bluegrass Domestic Violence Program
P. O. Box 1685
Lexington, KY 40588-1685
Phone: (859) 233-0657
Fax: (859) 252-6341

LOIS VALENTINE
LKLP Safe House
P. O. Box 1867
Hazard, KY 41702
Phone: (606) 439-3961
Fax: (606) 436-0940

HELEN KINTON
Sanctuary, Inc.
P. O. Box 1165
Hopkinsville, KY 42240
Phone: (270) 885-4572
Fax: (270) 885-6396

LIN PATTERSON
The Caring Place, Inc.
P. O. Box 945
Lebanon, KY 40033
Phone: (270) 692-9300
Fax: (270) 692-9206

The Center for Women and Families
P. O. Box 2048
Louisville, KY 40201-2048
Phone: (502) 581-7200
Fax: (502) 581-7204

PHYLLIS KONERMAN
Women's Crisis Center
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KIMBERLEY ADAMS
Women's Crisis Center
835 Madison Ave.
Covington, KY 41011
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DONNA OVERBEE
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Phone: (606) 784-6880
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BECKY HAGAN
Owensboro Area Shelter and Information Services
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Phone: (270) 685-0260
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KATHEY JONES
Women Aware
P. O. Box 98
Paducah, KY 42002
Phone: (270) 443-6001
Fax: (270) 443-9146

JUDY WEBB
Big Sandy Family Abuse Center
P. O. Box 1297
Prestonsburg, KY 41653
Phone: (606) 285-9079
Fax: (606) 285-3203

PEGGY HANCOCK
Christian Appalachian Project
Family Life Abuse Center
P. O. Box 674
Mt. Vernon, KY 40456
Phone: (606) 256-9511
Fax: (606) 256-1910

CHARLOTTE TRIBBLE
Bethany House Abuse Shelter, Inc.
P. O. Box 864
Somerset, KY 42502
Phone: (606) 679-1553
Fax: (606) 676-8775

Kentucky's Domestic Violence Programs

A. Ashland
Safe Harbor/FIVCO
Toll-Free: 1-800-926-2150

B. Bowling Green
Barren River Area Safe Space
Toll-Free: 1-800-928-1183

C. Elizabethtown
SpringHaven, inc.
Toll-Free: 1-800-767-5838

D. Hazard
LKLP Safe House
Toll-Free: 1-800-928-3131

E. Hopkinsville
Sanctuary
Toll-Free: 1-800-766-0000

F. Lebanon
The Caring Place, Inc.
Toll-Free: 1-800-692-9394

G. Lexington
YWCA Spouse Abuse Center
Toll-Free: 1-800-544-2022

H. Louisville
The Center for Women and Families
Toll-Free: 1-877-803-7577

I. Maysville
Women's Crisis Center
Toll-Free: 1-800-928-6708

J. Morehead
D.O.V.E.S.
Toll-Free: 1-800-221-4361

K. Mount Vernon
Family Life Abuse Center
Toll-Free: 1-800-755-5348

L. Northern Kentucky
Women's Crisis Center
Toll-Free: 1-800-928-3335

M. Owensboro
O.A.S.I.S.
Toll-Free: 1-800-882-2873

N. Paducah
Women Aware
Toll-Free: 1-800-585-2686

O. Prestonsburg
Big Sandy Family Abuse Center
Toll-Free: 1-800-649-6605

P. Somerset
Bethany House Abuse Shelter
Toll-Free: 1-800-755-2017

RAPE CRISIS CENTERS
2004

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Program Director
Pathways, Inc.
201 - 22nd St.
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Fax: (606) 325-8606

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Fax: (859) 655-2655

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Lincoln Trail Advocacy and Support Center, Inc.
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Elizabethtown, KY 42701
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Hopkinsville, KY 42241
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Fax: (270) 885-6396

Director, Kentucky Programs
Center for Women and Families
Rape Crisis Programs
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Louisville, KY 40201-2048
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Fax: (502) 581-7204

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Rape Crisis Center
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Fax: (270) 534-4409

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Regional Victim Services Program
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Somerset, KY 42501
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Fax: (606) 677-1862

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Executive Director
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913 Broadway Ave.
Bowling Green, KY 42101
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Fax: (270) 782-5042

BETTY JORDAN
Program Director
Cumberland River Comprehensive Care, Inc.
P. O. Box 568
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Fax: (606) 528-5401

BRENDA HUGHES
Program Director
Kentucky River Community Care, Inc.
465 Cedar St.
Hazard, KY 41701
Phone: (606) 435-0849
Fax: (606) 487-1644
E-mail: krccbhughes@mail.com

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Executive Director
Bluegrass Rape Crisis Center, Inc.
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Lexington, KY 40588
Phone: (859) 253-2615
Fax: (859) 253-0282

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New Beginnings
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KENTUCKY ASSOCIATION OF SEXUAL ASSAULT PROGRAMS
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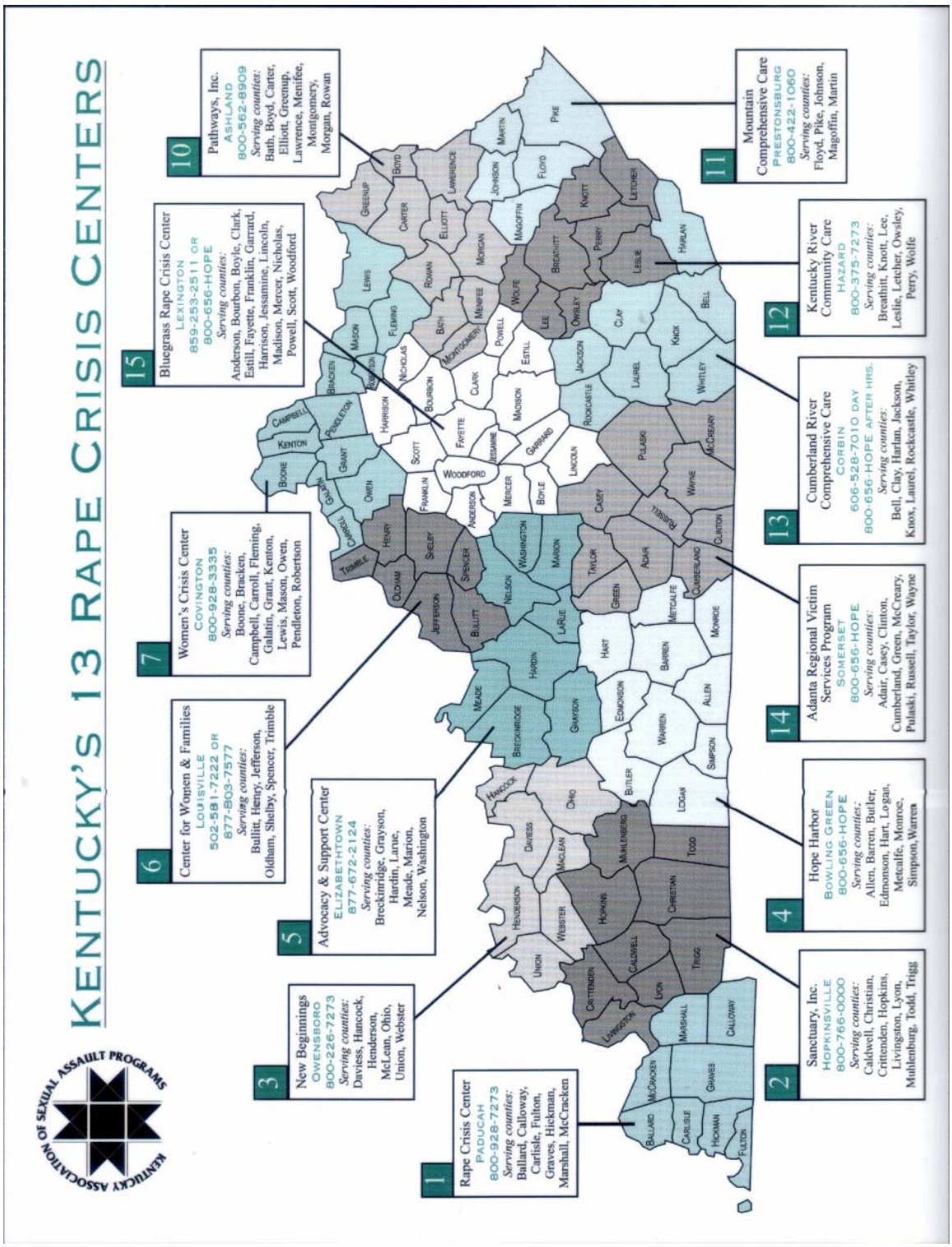
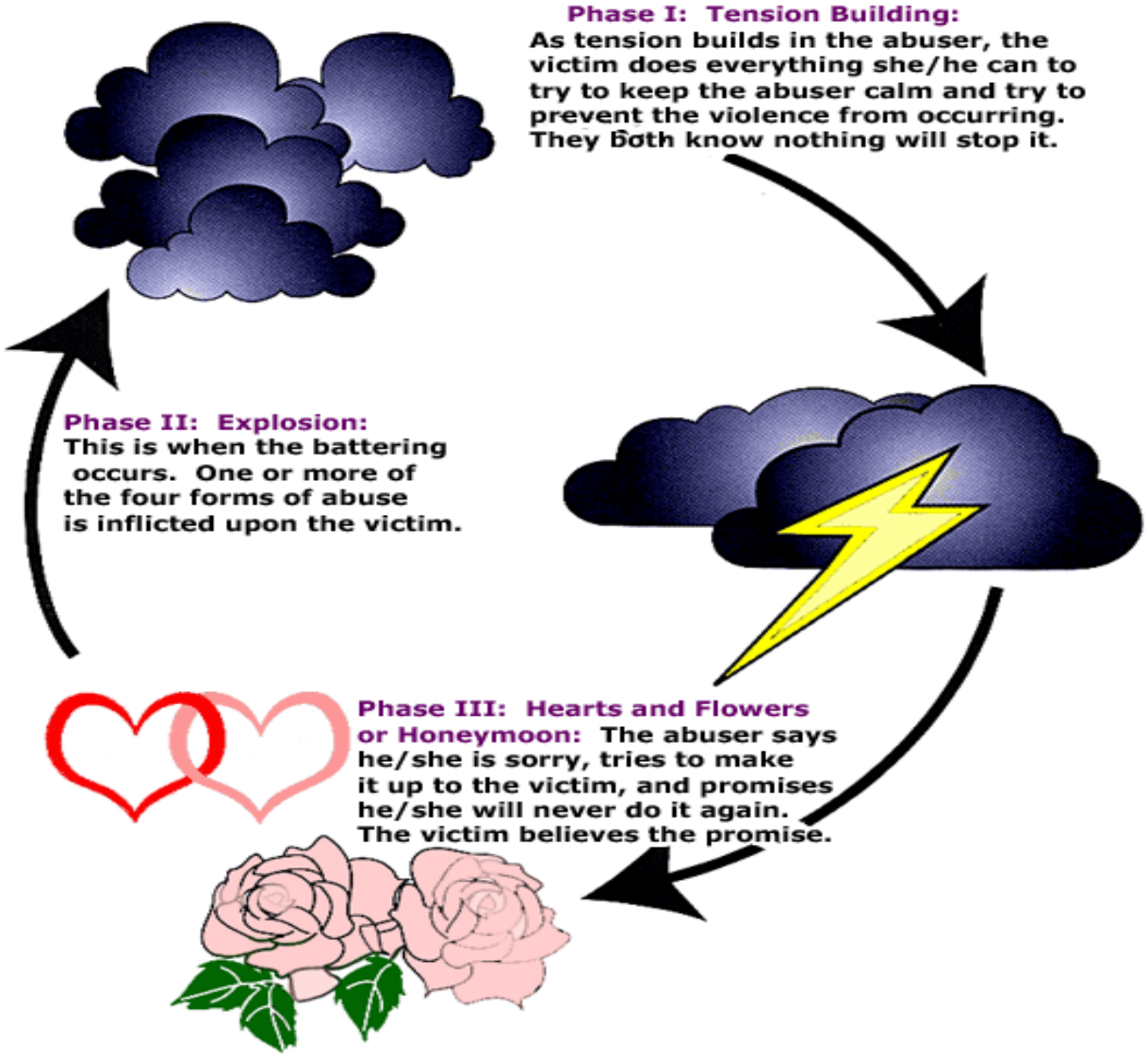
Frankfort, KY 40604
Phone: (502) 226-2704
Fax: (502) 226-2725


KENTUCKY'S 13 RAPE CRISIS CENTERS
KENTUCKY ASSOCIATION OF SEXUAL ASSAULT PROGRAMS
1 Rape Crisis Center PADUCAH 800-928-7273 Serving counties: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, McCracken
2 Sanctuary, Inc. HOPKINSVILLE 800-766-0000 Serving counties: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenburg, Todd, Trigg
3 New Beginnings OWENSBORO 800-226-7273 Serving counties: Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster
4 Hope Harbor BOWLING GREEN 800-656-HOPE Serving counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren
5 Advocacy & Support Center ELIZABETHTOWN 877-672-2124 Serving counties: Breckinridge, Grayson, Hardin, Larue, Meade, Marion, Nelson, Washington
6 Center for Women & Families LOUISVILLE 502-581-7222 OR 877-803-7577 Serving counties: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble
7 Women's Crisis Center COVINGTON 800-928-3335 Serving counties: Boone, Bracken, Campbell, Carroll, Fleming, Gallatin, Grant, Kenton, Lewis, Mason, Owen, Pendleton, Robertson
10 Pathways, Inc. ASHLAND 800-562-8909 Serving counties: Bath, Boyd, Carter, Elliott, Greenup, Lawrence, Menifee, Montgomery, Morgan, Rowan
11 Mountain Comprehensive Care PRESTONSBURG 800-422-1060 Serving counties: Floyd, Pike, Johnson, Magoffin, Martin
12 Kentucky River Community Care HAZARD 800-375-7273 Serving counties: Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe
13 Cumberland River Comprehensive Care CORBIN 606-528-7010 DAY 800-656-HOPE AFTER HRS. Serving counties: Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley
14 Adanta Regional Victim Services Program SOMERSET 800-656-HOPE Serving counties: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
15 Bluegrass Rape Crisis Center LEXINGTON 859-253-2511 OR 800-656-HOPE Serving counties: Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford

Cycles of Violence



Helping Your Teenager Make Healthy Food Choices

(11–21 Years)

Teenagers are spending more time and eating more meals away from home. Here are answers to important questions you may have about your teenager's nutrition.

How can our family eat healthy meals together when we are so busy?

- Make food preparation and cooking a family activity.
- Eat different meals together. For example, eat breakfast together one day and lunch or dinner the next.
- Buy healthy ready-to-eat foods from the store or healthy take-out foods from a restaurant.

How can I help my teenager get enough calcium?

- Serve foods that are rich in calcium, such as low-fat milk, cheese, yogurt, tofu processed with calcium sulfate, broccoli, and collard and turnip greens.
- Serve flavored milk, such as chocolate or strawberry.
- Use low-fat dairy products in recipes, such as in puddings, milkshakes, soups, and casseroles.
- Serve unusual dairy products, such as new flavors of yogurt.
- If your teenager's digestive system cannot handle milk and other dairy products (she is lactose intolerant), try these suggestions:
  - Serve small portions of these foods throughout the day.
  - Serve these foods along with nondairy foods.
  - Serve lactose-free dairy products, yogurt, and aged hard cheeses, such as Cheddar, Colby, Swiss, and Parmesan, that are low in lactose.
  - Give your teenager lactase tablets before she eats dairy products containing lactose.

- Serve foods, such as orange juice and cereal products, with added calcium (calcium-fortified).
- If these ideas do not work, talk to a health professional about giving your teenager a calcium supplement.

How can I get my teenager to eat breakfast?

- Provide foods that are fast and convenient, such as bagels, low-fat granola bars, fruits, 100% fruit juice, and yogurt.
- Serve foods other than the usual breakfast foods (for example, sandwiches, baked potatoes, and leftovers such as chicken or pasta).
- Help your teenager get organized so that he has time to eat in the morning.
- Make breakfast the night before.
- If your teenager is in a hurry, offer him foods, such as fruits or trail mix, to eat at school.

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How can I teach my teenager to eat healthy foods away from home?

- Encourage your teenager to buy healthy foods at school, stores, and restaurants, and from vending machines.
- Look at school and restaurant menus with your teenager, and discuss healthy food choices and appropriate portions. Find foods that are low in fat, sugar, and calories.
- Encourage your teenager to eat salads with low-calorie dressings and broiled or baked meats.
- Encourage your teenager to avoid eating fried foods or to reduce serving sizes. For example, suggest that she split an order of French fries with a friend.
- Teach your teenager to ask for changes to make foods healthier, such as asking the server to "hold the mayonnaise."

How can I help my teenager like his body?

- Teenagers are very sensitive about how they look. Do not criticize your teenager about his size or shape.
- Focus on traits other than appearance when talking to your teenager.
- Talk to your teenager about how the media affects his body image.
- Be a good role model—don't criticize your own size or shape or that of others.

How can I help my teenager be more active?

- Limit the time your teenager spends watching TV and videotapes and playing computer games to 1 or 2 hours per day.
- Encourage your teenager to take a 10-minute physical activity break for every hour she watches TV and videotapes, or plays computer games.
- Make physical activity a part of your teenager's daily life. For example, use the stairs instead of taking an elevator or escalator, and walk or ride a bike instead of riding in or driving a car.
- Encourage your teenager to enroll in planned physical activities, such as swimming, martial arts, or dancing.
- Participate in physical activity together, such as going biking, dancing, or skating. It is a great way to spend time with your teenager.
- Be a good role model—participate in regular physical activity yourself.

What are common symptoms of eating disorders?

If you notice any of these symptoms, talk to a health professional about your concerns.

Anorexia Nervosa

- Excessive weight loss in a short period of time
- Continuation of dieting although thin
- Dissatisfaction with appearance; belief that body is fat, even though thin
- Loss of menstrual period
- Obsession with physical activity
- Eating in secret
- Depression

Bulimia Nervosa

- Binge-eating with no noticeable weight gain
- Obsession with physical activity
- Disappearance into bathroom for long periods of time (for example, to induce vomiting)
- Vomiting or laxative use
- Unusual interest in certain foods and development of unusual eating rituals
- Depression

Notes

Resources

American Anorexia Bulimia Association
Phone: (212) 575-6200
Web site: http://aabainc.org/home.html

American Dietetic Association
Phone: (800) 366-1655
Web site: http://www.eatright.org

USDA Food and Nutrition Information Center
Phone: (703) 305-2554
Web site: http://www.nal.usda.gov/fnic

This fact sheet contains general information and is not a substitute for talking with your teenager's health professional about your par-

Helping Your Child Make Healthy Food Choices

(8–10 Years)

Children are learning that healthy foods can have a positive effect on their health and growth. Here are answers to important questions you may have about your child's nutrition.

How can our family eat healthy meals together when we are so busy?

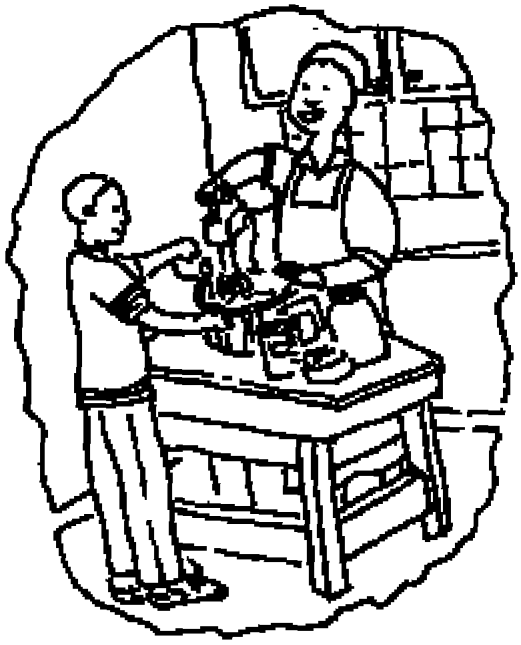
- Make food preparation and cooking a family activity.
- Eat different meals together. For example, eat breakfast together one day and lunch or dinner the next.
- Buy healthy ready-to-eat foods from the store or healthy take-out foods from a restaurant.

How can I get my child to eat breakfast?

- Provide foods that are fast and convenient, such as bagels, low-fat granola bars, fruits, 100% fruit juice, and yogurt.
- Serve foods other than the usual breakfast foods (for example, sandwiches, baked potatoes, and leftovers such as chicken or pasta).
- Help your child get organized so that she has time to eat in the morning.
- Make breakfast the night before.
- If your child is in a hurry, offer her foods such as fruits or trail mix to eat at school.

How can I help my child get enough calcium?

- Serve foods that are rich in calcium, such as low-fat milk, cheese, yogurt, tofu processed with calcium sulfate, broccoli, and collard and turnip greens.
- Serve flavored milk, such as chocolate or strawberry.



- Use low-fat dairy products in recipes, such as in puddings, milkshakes, soups, and casseroles.
- Serve unusual dairy products, such as new flavors of yogurt.
- If your child's digestive system cannot handle milk and other dairy products (he is lactose intolerant), try these suggestions:
  - Serve small portions of these foods throughout the day.
  - Serve these foods along with non-dairy foods.
  - Serve lactose-free dairy products, yogurt, and aged hard cheeses, such as Cheddar, Colby, Swiss, and Parmesan, that are low in lactose.
  - Give your child lactase tablets before he eats dairy products containing lactose.

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- Serve foods, such as orange juice and cereal products, with added calcium (calcium-fortified).
- If these ideas do not work, talk to a health professional about giving your child a calcium supplement.

My child snacks on chips and candy . What should I do?

- Serve healthy foods, such as pretzels, baked potato chips, low-fat granola bars, popcorn, 100% fruit juice, fruits, apple sauce, vegetables, and yogurt.
- Wash and cut up fruits and vegetables and keep them in the refrigerator, along with low-fat dip or salsa. Use a clear container so that the fruits and vegetables can be seen easily.
- Offer fruits (including 100% fruit juice) and vegetables for your child to eat at school.

How can I help my child maintain a healthy weight?

- If your child is growing, eats healthy foods, and is physically active, you do not need to worry about her weight.
- Serve healthy meals and snacks at scheduled times, but allow for flexibility.
- Limit foods that are high in fat, such as potato chips that are fried, and foods that are high in sugar, such as candy and soft drinks.
- Do not forbid sweets and desserts. Serve them in moderation.
- Focus on gradually changing the entire family's eating behaviors and physical activity practices.
- Plan family activities that everyone enjoys, such as hiking, biking, or swimming.
- Be a good role model—practice healthy eating behaviors and participate in regular physical activity yourself.
- Never place your child on a diet to lose weight, unless a health professional recommends one for medical reasons and supervises it.

How can I help my child like her body?

- Children are very sensitive about how they look. Do not criticize your child about his size or shape.
- Focus on traits other than appearance when talking to your child.
- Talk to your child about how the media affects his body image.
- Be a good role model—don't criticize your own size or shape or that of others.

How can I help my child be more active?

- Encourage active, spur-of-the-moment physical activity, such as dancing to music.
- Limit the time your child spends watching TV and videotapes and playing computer games to 1 or 2 hours per day.
- Give your child chores, such as raking leaves or walking the dog.
- Make physical activity a part of your child's daily life. For example, use the stairs instead of taking an elevator or escalator, and walk or ride a bike instead of riding in a car.
- Participate in physical activity together, such as playing ball or going biking or skating. It is a great way to spend time with your child.
- Enroll your child in planned physical activities, such as swimming, martial arts, or dancing.
- Work with your community to make sure that your child has safe places for being physically active, such as walking and biking paths, playgrounds, and parks.

Notes

Resources

American Dietetic Association
Phone: (800) 366-1655
Web site: http://www.eatright.org

USDA Food and Nutrition Information Center
Phone: (703) 305-2554
Web site: http://www.nal.usda.gov/fnic

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Helping Your Child Eat Healthy Foods and Be Ready to Learn

(5–7 Years)

Children need to eat a variety of healthy foods each day to help them do their very best at school. Here are answers to important questions you may have about your child's nutrition.

How can our family eat healthy meals together when we are so busy?

- Make food preparation and cooking a family activity.
- Eat different meals together. For example, eat breakfast together one day and lunch or dinner the next.
- Buy healthy ready-to-eat foods from the store or healthy take-out foods from a restaurant.

How can I get my child to eat breakfast?

- Provide foods that are fast and convenient, such as bagels, low-fat granola bars, fruits, 100% fruit juice, and yogurt.
- Serve foods other than the usual breakfast foods (for example, sandwiches, baked potatoes, and leftovers such as chicken or pasta).
- Help your child get organized so that she has time to eat in the morning.
- Make breakfast the night before.
- If your child is in a hurry, offer her foods such as fruits or trail mix to eat at school.

How can I get my child to eat more fruits and vegetables?

- Keep a variety of fruits and vegetables at home.
- Keep 100% fruit juice in the refrigerator.
- Wash and cut up fruits and vegetables and keep them in the refrigerator, along with low-fat dip or salsa. Use a clear container so that the fruits and vegetables can be seen easily.

- Serve two or more vegetables with dinner, including at least one your child likes. Serve a salad with a choice of low-fat dressing.
- Pack fruits (including 100% fruit juice) and vegetables in your child's bag to eat at school.
- Be a good role model—eat more fruits and vegetables yourself.

My child snacks on chips and candy. What should I do?

- Limit foods that are high in fat, such as potato chips that are fried, and foods that are high in sugar, such as candy and soft drinks.
- Serve healthy foods, such as pretzels, baked potato chips, low-fat granola bars, popcorn, 100% fruit juice, fruits, apple sauce, vegetables, and yogurt.
- Keep a bowl of fruit on the kitchen table or counter.

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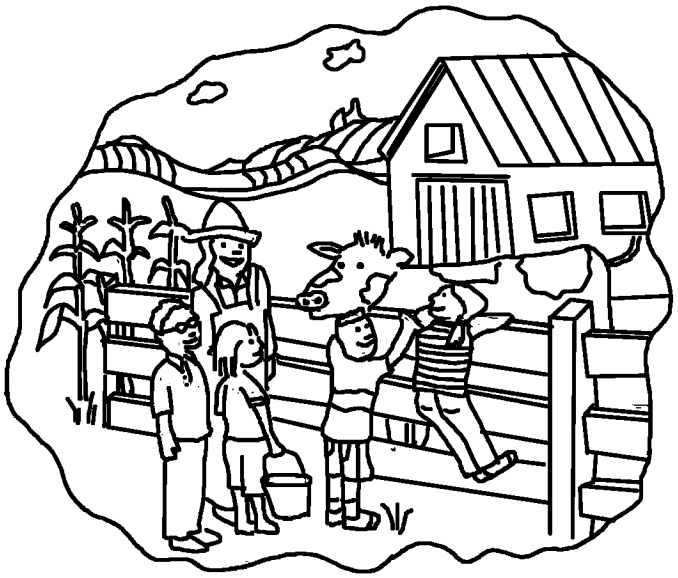
How can I help my child get enough calcium?

- Serve foods that are rich in calcium, such as low-fat milk, cheese, yogurt, tofu processed with calcium sulfate, broccoli, and collard and turnip greens.
- Serve flavored milk, such as chocolate or strawberry.
- Use low-fat dairy products in recipes, such as in puddings, milkshakes, soups, and casseroles.
- Serve unusual dairy products, such as new flavors of yogurt.
- If your child's digestive system cannot handle milk and other dairy products (he is lactose intolerant), try these suggestions:
  - Serve small portions of these foods throughout the day.
  - Serve these foods along with non-dairy foods.
  - Serve lactose-free dairy products, yogurt, and aged hard cheeses, such as Cheddar, Colby, Swiss, and Parmesan, that are low in lactose.
  - Give your child lactase tablets before he eats dairy products containing lactose.
  - Add lactose drops to your child's milk.
  - Serve foods, such as orange juice and cereal products, with added calcium (calcium-fortified).
- If these ideas do not work, ask a health professional about giving your child a calcium supplement.

How can I help my child be more active?

- Encourage active, spur-of-the-moment physical activity, such as playing tag or hide and seek.



- Limit the time your child spends watching TV and videotapes and playing computer games to 1 or 2 hours per day.
- Give your child chores, such as raking leaves or walking the dog.
- Make physical activity a part of your child's daily life. For example, use the stairs instead of taking an elevator or escalator.
- Participate in physical activity together, such as playing ball or going biking or skating. It is a great way to spend time with your child.
- Enroll your child in planned physical activities, such as swimming, martial arts, or dancing.
- Work with your community to make sure that your child has safe places for being physically active, such as walking and biking paths, playgrounds, and parks.
- Be a good role model—participate in regular physical activity yourself.

Notes

Resources

American Dietetic Association
Phone: (800) 366-1655
Web site: http://www.eatright.org

USDA Food and Nutrition Information Center
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Teaching Your Child About Food

(3–4 Years)

Children are curious about food, although they still may be reluctant to try new foods. Here are answers to important questions you may have about your child's nutrition.

What can I expect my child to do as she grows?

At 3 to 4 years of age, your child will

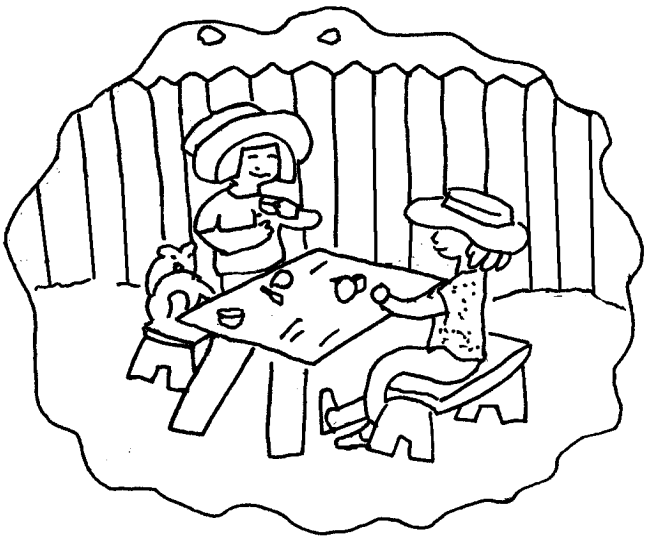
- Be able to use a fork.
- Be able to hold a cup by its handle.
- Be able to pour liquids from a small pitcher.
- Request favorite foods.
- Like foods in various shapes and colors.
- Like to imitate the cook.
- Have an increased interest in foods.
- Be influenced by TV.

At 4 years of age, your child will

- Be able to use a knife and fork.
- Be able to use a cup well.
- Be able to feed herself.
- Be more interested in talking than in eating.
- Continue to have food jags (when she only wants to eat a particular food).
- Like to help prepare food.
- Be more influenced by her peers.

How can I teach my child healthy eating behaviors?

- Eat meals together as a family.
- Keep in mind that you are responsible for what, when, and where your child eats. Let him decide whether to eat and how much.
- Offer a variety of healthy foods, and encourage your child to try different ones.



- Let your child help with food shopping and preparation.
- Do not use food to reward, bribe, or punish your child.
- Be a positive role model—practice healthy eating behaviors yourself.

How can I make mealtimes enjoyable?

- Serve healthy foods for meals and snacks at scheduled times, but allow for flexibility.
- Be patient and understanding when your child makes a mess while she learns to feed herself—this is normal.
- Use your child's favorite plate, bowl, cup, and eating utensils.
- Praise your child for trying new foods and for practicing appropriate behavior at the table.

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- Create a relaxed setting for meals (for example, turn off the TV).
- Let your child leave the table when she has finished eating.

How much should my child eat?

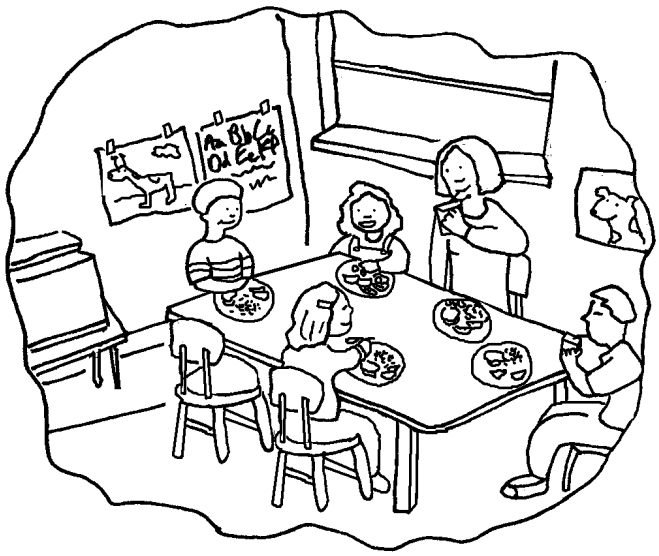
- Children who are 3 years old may need smaller serving sizes (about 2/3 of a serving) than children who are 4 years old.
- Children who are 4 years old can eat serving sizes similar to those eaten by older family members: 1 slice of bread, 1/2 cup of fruits or vegetables, 3/4 cup of juice, and 2 to 3 ounces of cooked lean meat, poultry, or fish.
- Children who are 3 and 4 years old need two servings of milk, yogurt, or cheese per day.

What should my child drink?

- Your child should drink about 2 cups (16 ounces) of milk per day. Drinking more than this can reduce your child's appetite for other healthy foods.
- Offer your child about 1/2 to 3/4 cup (4 to 6 ounces) of 100% fruit juice per day. Drinking more than this can reduce your child's appetite for other healthy foods.
- Serve juice in a cup, not a bottle. Juice served in a bottle can cover your child's teeth with sugar for long periods of time and contribute to tooth decay (early childhood caries).
- Your child may not tell you when he is thirsty. Make sure he drinks plenty of water throughout the day, especially between meals and snacks.

How can I prevent my child from choking?

- Children may need to have certain foods modified to make them safer to eat. For example, cut hot dogs in quarters lengthwise and then into small pieces, cut whole grapes in half lengthwise, chop nuts finely, chop raw carrots finely or into thin strips, and spread peanut butter thinly on crackers or bread.
- Have your child sit while eating. Eating while walking or running may cause her to choke.
- Keep things calm at meal and snack times. If your child becomes overexcited, she may choke.
- Do not let your child eat in a moving car. If she chokes while you are driving, you will not be able to help her.



How can I encourage my child to be physically active?

- Encourage active, spur-of-the-moment play, such as jumping, skipping, and climbing.
- Limit the time your child spends watching TV and videotapes and playing computer games to 1 to 2 hours per day.
- Play together (for example, play ball, chase, tag, or hopscotch). It is a great way to spend time with your child.
- Be a positive role model—participate in regular physical activity yourself.

Notes

Resources

American Dietetic Association
Phone: (800) 366-1655
Web site: http://www.eatright.org

USDA Food and Nutrition Information Center
Phone: (703) 305-2554
Web site: http://www.nal.usda.gov/fnic

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Helping Your Toddler Learn About Food

(1–2 Years)

Toddlers are unpredictable. The foods they like one day may be different the next. Here are answers to important questions you may have about your toddler's nutrition.

What can I expect my child to do as he grows?

At 1 to 1-1/2 years of age, your child will

- Grasp and release foods with his fingers.
- Be able to hold a spoon (but will not be able to use it very well).
- Be able to use a cup (but will have difficulty letting go of it).
- Want foods that others are eating.

At 1-1/2 to 2 years old your child will

- Eat less than babies and children 2 years and older.
- Like to eat with his hands.
- Have favorite foods.
- Get distracted easily.

At 2 years of age, your child will

- Be able to hold a cup.
- Be able to chew more foods.
- Have definite likes and dislikes.

How can I make mealtimes enjoyable?

- Be patient and understanding when your child makes a mess while she learns to feed herself—this is normal.
- Serve healthy foods for meals and snacks at scheduled times, but allow for flexibility.
- Use your child's favorite plate, bowl, cup, and eating utensils.

- Create a relaxed setting for meals (for example, turn off the TV).

I am struggling with my child over food. Is this normal?

- Your child may struggle with you over food in an attempt to make his own decisions and become independent. Struggling over food may make him even more determined.
- Keep in mind that you are responsible for what, when, and where your child eats. Let your child decide whether to eat and how much.
- Continue to serve a new food even if your child has rejected it. It may take several times before your child accepts the food.

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What should my child eat?

- At mealtime, offer small portions of what the rest of your family is eating (for example, bread, pasta, or rice; fruits and vegetables; cheese or yogurt; and cooked lean meat, poultry, fish, or eggs).
- Children under 2 usually eat small portions. Offer small portions (for example, 1 or 2 tablespoons) and let your child ask for more if she is still hungry.
- Offer your child food every 2 to 3 hours for a meal or snack.

What should my child drink?

- Your child should drink about 2 cups (16 ounces) of whole milk per day. Drinking more than this can reduce your child's appetite for other healthy foods.
- Until age 2, do not give your child low-fat or fat-free milk. He needs the extra fat in whole milk for growth and development.
- Offer 100% fruit juice in small amounts, about 4 to 6 ounces per day. Drinking more than this can reduce your child's appetite for other healthy foods.
- Serve juice in a cup, not a bottle. Juice served in a bottle can cover your child's teeth with sugar for long periods of time and contribute to tooth decay (early childhood caries).
- Your child may not tell you when he is thirsty. Make sure he drinks plenty of water throughout the day, especially between meals and snacks.

How can I prevent my child from choking?

- For children younger than 3, avoid foods that may cause choking, such as hard candy, mini-marshmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.

- Children ages 3 to 5 years may eat these foods if they are prepared to make them safer. For example, cut hot dogs in quarters lengthwise and then into small pieces, cut whole grapes in half lengthwise, chop nuts finely, chop raw carrots finely or into thin strips, and spread peanut butter thinly on crackers or bread.
- Have your child sit while eating. Eating while walking or running may cause her to choke.
- Keep things calm at meal and snack times. If your child becomes overexcited, she may choke.
- Do not let your child eat in a moving car. If she chokes while you are driving, you will not be able to help her.

How can I encourage my child to be physically active?

- Encourage active, spur-of-the-moment play, such as jumping and skipping.
- Play together (for example, play hide and seek or kick a ball). It is a great way to spend time with your child.
- Limit the time your child spends watching TV and videotapes to 1 to 2 hours per day.

Notes

Resources

American Dietetic Association
Phone: (800) 366-1655
Web site: http://www.eatright.org

USDA Food and Nutrition Information Center
Phone: (703) 305-2554
Web site: http://www.nal.usda.gov/fnic

This fact sheet contains general information and is not a substitute for talking with your child's health professional about your particular concerns about your child.

Helping Your Baby Grow

(6 –11 Months)

As babies grow, they eat more food and a greater variety of foods. Here are answers to important questions you may have about your baby's nutrition.

What can I expect my baby to do as she grows?

At about 4 to 6 months of age, your baby will

- Begin to eat solid foods, such as iron-fortified infant cereal and pureed or strained fruits and vegetables.
- Bring objects to her mouth.
- Explore foods with her mouth.

At 7 to 9 months of age, your baby will

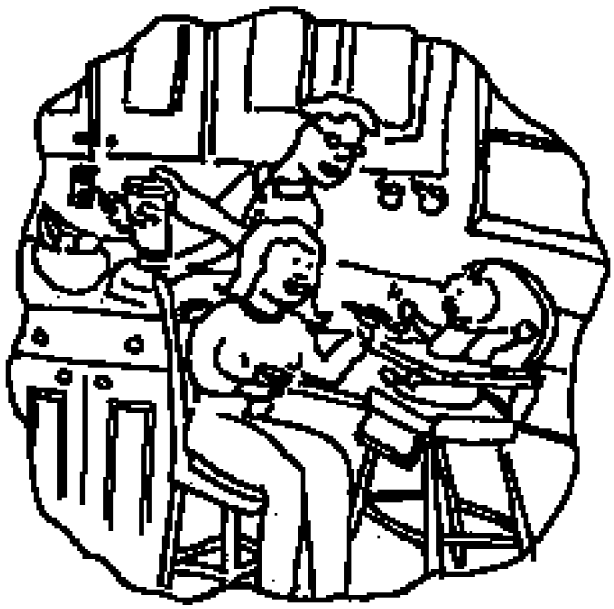
- Try to grasp foods, such as toast, crackers, and teething biscuits, with all fingers and pull them toward her palm.
- Move food from one hand to the other.

At 9 to 11 months of age, your baby will

- Reach for pieces of food and pick them up between her thumb and forefinger.
- Try to hold a cup.
- Pick up and chew soft pieces of food.

When and how should I introduce solid foods?

- Introduce solid foods when your baby can sit with support and has good head and neck control.
- Offer iron-fortified rice cereal as the first solid food, because it is least likely to cause an allergic reaction, such as a rash. Offer a small amount (for example, 1 or 2 teaspoons) of one new food at a time. Wait 7 days or more to see how your baby tolerates the new food before introducing the next new food.



- Introduce solid foods in this order: iron-fortified infant cereal, fruits and vegetables, and meats.
- Do not add honey to food, water, or infant formula because it can be a source of spores that cause botulism, which can poison your baby.
- Do not add cereal to bottles, and do not use "baby food nurser kits" (which let solid food filter through the bottle nipple along with the liquid).

When should I give my baby cow's milk?

- Continue to feed your baby breastmilk or iron-fortified infant formula for the first year.
- Cow's milk, goat's milk, and soy milk are not recommended until after your baby's first birthday.

NCEMCH National Center for Education in Maternal and Child Health Georgetown University

How can I protect my baby's teeth from tooth decay?

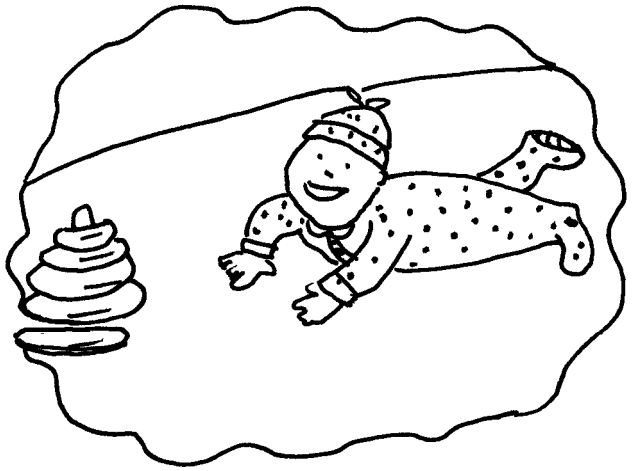
- Serve 100% fruit juice in a cup in small amounts, about 4 ounces per day.
- Do not serve juice in a bottle. Juice served in a bottle can cover your baby's teeth with sugar for long periods of time and contribute to tooth decay (early childhood caries).
- Do not put your baby to bed with a bottle or allow him to have a bottle whenever he wants.
- Clean your baby's gums and teeth twice a day. Use a clean, moist washcloth to wipe his gums. Use a small, soft toothbrush (without toothpaste) and water to clean his teeth.

When should I wean my baby from the bottle?

- As your baby begins to eat more solid foods and drink from a cup, she can be weaned from the bottle.
- Begin to wean your baby gradually, at about 9 to 10 months. By 12 to 14 months, most babies can drink from a cup.

How can I prevent my baby from choking?

- Avoid foods that may cause choking, such as hard candy, mini-marshmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.
- Do not add cereal to your baby's bottle.



Should I give my baby sweets?

- Do not give your baby sweets, such as candy, cake, or cookies, during the first 12 months. He needs to eat healthy foods for growth and development.

Notes

Resources

American Dietetic Association
Phone: (800) 366-1655
Web site: http://www.eatright.org

La Leche League International
Phone: (800) 525-3243
Web site: http://www.lalecheleague.org

USDA Food and Nutrition Information Center
Phone: (703) 305-2554
Web site: http://www.nal.usda.gov/fnic

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Giving Your Baby the Very Best Nutrition

(Birth –5 Months)

Babies grow so quickly, and their needs constantly change. Here are answers to important questions you may have about your baby's nutrition.

What can I expect my baby to do as he grows?

From birth to 1 month of age, your baby will

- Begin to develop the ability to start and stop sucking.
- Wake up and fall asleep easily.

At about 3 to 4 months of age, your baby will

- Drool more.
- Put his hand in his mouth a lot.

At 4 to 6 months of age, your baby will

- Bring objects to his mouth.
- Begin to eat solid foods, such as iron-fortified infant cereal and pureed or strained fruits and vegetables.
- Explore foods with his mouth.

What should I feed my baby?

- Breastmilk is the ideal food for babies, and breastfeeding offers many benefits to both mother and baby. Breastfeeding helps mother and baby form a special bond, and it helps the baby resist colds, ear infections, allergies, and other illnesses.
- It is best to breastfeed for the first 6 months of life, but breastfeeding even for just a few months or weeks is beneficial.
- If you think you may not be able to breastfeed (for example, you have conflicts with school or work or a medical condition), or you are worried about not producing enough breastmilk, talk to a health professional, breastfeeding specialist, or breastfeeding support group. They can answer your questions and help you come up with solutions. Your family and friends are also sources of support.
- If you decide to feed your baby infant formula, a health professional can help you choose the right kind and answer your questions about feeding.
- Cow's milk, goat's milk, and soy milk are not recommended until after your baby's first birthday.

How do I know if I am feeding my baby enough breastmilk?

- Your baby may show she is still hungry by sucking, putting her hands in her mouth, opening

National Center for Education in Maternal and Child Health
Georgetown University

and closing her mouth, or looking for the nipple. She may show she is full by falling asleep.

- Your baby will usually have five to eight wet diapers and three or four stools per day by the time she is 5 to 7 days old.
- Your baby will be gaining weight. She should gain 5 to 7 ounces per week and should double her birthweight by 4 to 6 months of age.

When and how should I introduce solid foods?

- Introduce solid foods when your baby can sit with support and has good head and neck control.
- Offer iron-fortified rice cereal as the first solid food, because it is least likely to cause an allergic reaction, such as a rash. Offer a small amount (for example, 1 or 2 teaspoons) of one new food at a time. Wait 7 days or more to see how your baby tolerates the new food before introducing the next new food.
- Introduce solid foods in this order: iron-fortified infant cereal, fruits and vegetables, and meats.
- Avoid foods that may cause choking, such as hard candy, mini-marshmallows, popcorn, pretzels, chips, spoonfuls of peanut butter, nuts, seeds, large chunks of meat, hot dogs, raw carrots, raisins and other dried fruits, and whole grapes.
- Do not add honey to food, water, or infant formula because it can be a source of spores that cause botulism, which can poison your baby.
- Do not add cereal to bottles, and do not use "baby food nurser kits" (which let solid foods filter through the bottle nipple along with the liquid). Your child may choke on the cereal.

How do I avoid feeding my baby too much?

- Learn how your baby shows he is hungry, and feed him when he is hungry.
- Feed your baby slowly. Do not enlarge the hole in the bottle nipple to make expressed breastmilk or infant formula come out faster.
- Do not add cereal to the bottle—this may cause your baby to eat more than he needs.
- Comfort your baby by talking to him and by cuddling, rocking, and walking him—not by feeding him. Using food to comfort your baby may teach him to use food as a source of comfort as he gets older.
- Feed your baby until he is full. It takes about 20 minutes for your baby to feel full. Do not force him to finish a bottle or other foods.

Notes

Resources

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IDEA'S TO INCORPORATE FITNESS _____Physical Activity INTO YOUR WORKSITE..

Meetings

- Icebreakers in Meetings to promote exercise, example to learn about the other person, which introduces him or her by walking around the room.
- Chair Aerobics-consisting of leg lifts while sitting on the edge of the chair incorporated with various arm motions at the same time with music.
- Walking meetings – planning meetings to generate ideas by walking at a designated place inside or outside to walk. Bring a tape recorder to record ideas.
- Company meetings have small presentations from health department, hospitals on physical activity.
-

Worksite Picnics and Potlucks

- Picnics to incorporate exercise, (races or walking).
- Provide incentives to promote exercise, example: A day off

Grid off parking lot for walking

- Grid off a path around the parking lot to promote physical fitness
- Start a walking program and provide incentives (pedometers, tee-shirts).

Promote Physical Activity

- Use the Sheet included in this kit to identify community resources for working and fitness.
- Negotiate with a fitness center or gym for a corporate rate to promote physical fitness.
- Walking Program with a daily activity log and have a contest for employees.
- Manufacturing sites form walking teams and have buddy contests to see which line walks the most and provide incentives.
- 10,000 steps per day contest, which is 5 miles. Provide pedometers to employees that wish to participate. The employee with the most steps daily, weekly or monthly wins an incentive: donations from stores that are in your area, small money incentive, plague, company t-shirts, hats or a day off with pay.
- Take The Stairs instead of the elevator signs are included on CD ROM in this toolkit.

Meetings

- Provide fruit, vegetables, water and healthy foods for meetings instead of chips and high fat foods.
- Company meetings have small presentations from health department, hospitals on nutrition.

Worksite Picnics and Potlucks

- Healthy potlucks for picnics and work, especially during the holiday seasons.

Vending Machine Vendors

- List of Low-fat foods for vendors to place in vending machines

Nutritional ideas for the worksite

- Low-fat choices for different fast food restaurants, which are found on the web.
- Provide a rack to place fast food nutrition guides for employees
- Company provides a fruit for employees out of petty cash.
- Provide healthy cooking demonstrations from extension office in your area.
- Offer on-site weight management/maintenance programs at a convenient time for employees. (Contact your health department to see if service is available).

Worksite Wellness In Six Steps

1. **Win the support of your employers and the supervisors**. Help your employers and supervisors understand that a wellness program can save the company money by reducing health benefits costs, increase productivity, and raise employee job satisfaction. The employer should appoint a committee of employees to be company wellness coordinators.

2. **The committee will identify the needs of the company and the employees**. The committee will decide on a plan of action, make realistic goals that are attainable, and don't expect to see reductions in health care costs or absenteeism immediately. This process takes a period of time to produce measurable results. It's important to realize that you will not have 100% participation in worksite wellness programs.

3. **Get employees involved in promoting employees' participation in health programs?** Offer employees a chance to complete a survey to determine their area of interest in health promotion. Publish the results and make sure that initial program addresses employee's requests. Increase employee awareness of programs with flyers, emails, payroll stuffers, posters, etc. To introduce a wellness program to your worksite have a health fair and/or health screenings, and use incentives to get employees involved. Make the wellness program fun for everyone.

4. **Take action**. Using a survey, determine what interests and health problems employees identify. Provide training for volunteer employees who will be working on program presentations and activities. Order materials which will be needed to provide health education or for activities. Call your local health department, health educator, to provide educational training on specific health problems and assist you with the Health Promotion Resource Guide. Programs that are offered on work time increase participation.

5. **Cultivate change**. Once a worksite wellness programs starts, the interest of the program needs to be maintained. New volunteers should be recruited periodically to allow more employees to participate in the planning process. Awards can be given to recognize employees who participate in the programs at set intervals such as every four to six months. Increase the awareness of activities by using different types of media, start a newsletter for the employees. Provide healthier foods in vending machines with lower calories or fat choices.

6. **Plan evaluation**. Some programs are more successful than others. Increasing awareness must occur before people can take action and maintain a change. Plan ways to evaluate the program, so improvements can be made, and the progress of the employees toward becoming healthier can be recorded. Refer to "101 Ways to Wellness" provided by the Wellness Councils of America 2001, "Linking health promotion objectives to business outcomes". The Wellness Councils of America is dedicated to help the nation's employees lead healthier lives. Tips and strategies outlined in "101 Ways to Wellness" are offered as means to assist you in creating a healthier workplace. www.welcoa.org. The American Cancer Society also provides a Wellness Starter Kit, called "Working Well" a workplace wellness opportunity. The manual will provide a planning guide to help your worksite develop a wellness plan, evaluate programs, and supply survey information. Call 1-800-ACS-2345 or visit www.cancer.org

April Fun Facts

got milk?®

Healthy Can Be Fun!

Quick tips for busy families:

- Run, jog or walk on a family treasure hunt.
- Have kids create and teach you how to play a new outdoor game.
- Walk or bike with your child instead of driving for short errands.
- Invite children to help with spring yard clean up.
- Looking ahead - Cinco de Mayo, a fun Mexican holiday, is just around the corner on May 5! Plan and prepare a taco buffet. Use lean meat, beans, plenty of fresh vegetables, and tasty shredded cheeses.
- Serve 3-a-day of milk, cheese or yogurt for the calcium your family needs. And have fun doing it…see *Food Fun!* Ideas.

Make Meal Time Family Time

Eating together as a family promotes good eating habits and overall good nutrition. Involve kids in planning and preparing meals or setting the table. It teaches them that mealtime is important family time.

Hey Kids... Up For a Challenge?

Play Arianna's Food Force One. Travel the world with Arianna and Marcus gathering vital foods. So fun, you'll forget it's educational. Coming in May at: **www.NutritionExplorations.org/Kids.**

Food Fun!

Stir up some good nutrition and serve it with smiles!

- Serve unsweetened cereal with chocolate, strawberry or vanilla flavored milk
- Make a dip with plain yogurt and taco seasoning for breads, crackers and vegetables
- Let kids paint graham crackers with fruit flavored yogurt for a snack
- Make polka dot milk – add ice cubes made from strawberry, chocolate or orange flavored milk
- Serve a straw with cereal so children can sip up the milk when they're done
- Melt Cheddar or American cheese on open-face tuna sandwiches

Find more activities at:
www.NutritionExplorations.org/Kids/Activities-main.asp

Nutrition Bookshelf – Activity Edition

Check out these wonderful books…

Clifford's Sports Day by Norman Bridwell
A day of outdoor races and games for kids takes on a new dimension of fun when Clifford, the Big Red Dog, joins them. This is a perfect book for inspiring children to organize a neighborhood or family sports day. Also available in Spanish…
El Día Deportivo De Clifford.

The Busy Body Book: A Kid's Guide to Fitness
by Lizzy Rockwell
This delightful book explains how bones and muscles, heart and lungs, nerves and the brain all work together to keep children on the go.

Visit the Nutrition Bookshelf at
www.NutritionExplorations.org/Bookshelf
for more titles.

Thank You!

Special thanks to all who participated in "Bravo for Breakfast," National School Breakfast Week 2005. You deserve a standing ovation! And just a reminder, school breakfast is still playing!

June Fun Facts

got milk?®

Healthy Eating on Vacation!

Everything about vacation is usually different from the normal routine. It's usually harder to keep meals and snacks on a regular schedule when traveling. If you're not camping or staying at a vacation home, most meals are eaten out. Kids tend to drink more soft drinks and less milk, and also eat fewer fruits and veggies. Kids, like vacationing adults, are faced with more food choices. Plan ahead for healthy eating on your vacation.

Travel Snack Basket:

Bananas, apples and oranges all have their own protective packages and can be stored at room temperature for whenever they are needed.

Miniature carrots, cucumber slices and cherry tomatoes - finger foods for munching. Bring along small containers of soft cheese or lowfat dressing for dipping.

Take plenty of grains: whole-grain crackers, popcorn, dry cereals, bagels and pita bread. Throw in some peanut butter and honey, both of which keep at room temperature.

Pack plenty of single-serving yogurt, cheese, pudding, and sandwich fixings such as lean meats and cheeses.

A cooler packed with plenty of ice or frozen gel packs is a must for trips longer than 30 minutes. Small insulated bags are great for travel bags.

Healthy Tips for Travel:

Decide in advance that you're going to stick to a mealtime schedule, and stick to it.

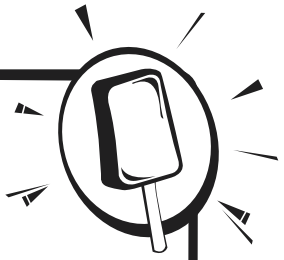
For an all-day hike, plan and pack a lunch and enough snacks to get you through the day.

If you're traveling by train or plane, have plenty of nutritious snacks such as cheese and whole-grain crackers, peanut butter and jelly sandwiches, small bags of dry cereal and fresh fruit in your travel bag.

Have a well-stocked car for road trips and replenish it as needed.

When traveling, think about three things - nutrition, food safety and convenience.

Creamy Orangesicles



This recipe also makes delightful smoothies. Just place two frozen servings in the blender with a half-cup of 1% lowfat milk. Try making it using other fruit-flavored gelatin.

1 package orange gelatin powder
3/4 cup 1% lowfat milk
1 8-ounce container vanilla yogurt
1/2 cup boiling water

Place gelatin mix in a medium-size bowl. Add boiling water. Stir until gelatin mix is completely dissolved. After mixture cools slightly, add milk and yogurt. Stir until all ingredients are blended.

Spoon into freezer-pop molds or 5-ounce paper cups. If using paper cups, cover with foil and insert a wooden frozen pop stick. Freeze for several hours until firm. Makes 6 frozen pops

For more recipes visit
www.nutritionexplorations.org

Nutrition fact sheet

Eating Better Together

A Family Guide for a Healthier Lifestyle

The hectic lifestyles of both parents and kids often make it difficult for everyone to sit down for a family dinner at home. With homework, after-school activities and parents' work and family-related responsibilities, families have little time to shop for, prepare and sit down to meals at home. As a result, quick-serve dining not only has become a solution for busy lives, but also an integral part of family life.

Mealtime Is Important Family Time

The most important part of family mealtime is simple—it's the family. Eating meals as a family can actually improve children's food habits. Kids tend to eat more fruits, vegetables and dairy foods at meals shared with their parents.

Shared meals have more subtle and long-lasting effects, too. Children learn by modeling themselves after their parents. Eating together lets parents show their children by example how to choose nutritious foods, know when they are full, and how to try new tastes. They also learn valuable social skills like table manners and conversation. Family mealtime can be an important time for talking about the day's events and staying connected with each other.

Follow the Dietary Guidelines

The suggestions below will help you follow the Dietary Guidelines for Americans, a set of recommendations from the U.S. Departments of Agriculture and Health and Human Services, designed to help Americans choose the foods they need to support good health.

Choose a variety of foods from among the basic food groups while staying within calorie needs. It takes a wide variety of foods to provide all the nutrients we need to stay strong and healthy. The tricky part is getting variety without overeating. That means choosing foods packed with vitamins and minerals at each and every meal. When eating out, balance your meal by choosing from the main food groups: meat, dairy, fruits, vegetables and grains.

Control calorie intake to manage body weight. Don't eat more calories than you burn because excess calories are stored as body fat. Choose portion sizes that are right for you, and balance out your food intake with physical activity throughout the day.

Be physically active every day. Regular physical activity helps reduce your risk of chronic disease and can help you control your weight. Children need at least 60 minutes of moderate-to-vigorous physical activity on most days to maintain good health

Information

American Dietetic Association Knowledge Center

For food and nutrition information or for a referral to a nutrition professional in your area call:

800/366-1655

or visit:
www.eatright.org

Visit the Wendy's Web site:

www.wendys.com

American Dietetic Association
Your link to nutrition and health℠
120 South Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995

and fitness. To increase physical activity, plan activities the whole family can enjoy, like nature walks, bicycling or practicing soccer drills.

Eat more fruits and vegetables. Fruits and vegetables are packed with essential vitamins, minerals, fiber and other compounds that contribute to good health. Get more fruit into your child's diet by ordering a side of fruit such as mandarin oranges. Look for salads with dark, leafy greens as their base. These colorful greens are an excellent source of B vitamins and fiber.

Eat more whole grains and choose more nonfat or low-fat milk or milk products—preferably three servings of each per day. A whole grain is the entire edible part of any grain such as wheat, oats, barley, rice and corn. Whole grains contain fiber and other beneficial nutrients.

Dairy foods are an excellent source of calcium, protein and other vitamins and minerals important for children's growth and development. Calcium is important at all ages but, especially, for growing bones! Adults and kids need three servings of calcium-rich foods every day.

Choose fats wisely. Fat is a nutrient, too, but some fats are better than others. Choose lean meat, chicken and fish and nonfat or low-fat dairy foods. Try to eat more of the good fats like those found in fish and olive oil.

Choose carbohydrates wisely. Carbohydrate foods like grains, beans, fruits and some vegetables provide the fuel we need to power us throughout the day. But be smart about your choices. Make sure most of the carbohydrates you eat have plenty of fiber, vitamins and minerals.

Choose and prepare foods with little salt. Although it's difficult to control the amount of salt used to prepare foods you eat outside your home, you can minimize your salt intake by not adding more at the table.

Meeting Special Dietary Needs

Family members with special dietary concerns, such as food allergies or diabetes, can still enjoy quick-service meals—just do some homework first. Visit the Web sites of your favorite quick-service restaurants to learn about choices for people with special dietary needs.

Tips for Choosing a Restaurant When On the Go

- Foods should be freshly prepared all day long. Items prepared ahead and stored under a heat lamp lose nutrients as well as quality.
- Similarly, salad items that stand exposed to air and light will lose nutrients and quality. Look for a restaurant that prepares your salad from fresh ingredients.
- Look for menu entrées that are grilled—it generally means that the food was prepared with little or no added fat.
- Be sure to choose a restaurant that offers you a wide range of choices: low-fat dressings, nutritious side dishes, and items that are baked or grilled.
- Ask for nutrition information at your quick-service restaurant. Take advantage of online Web sites that provide complete nutrition information for all menu items.
- Make sure your favorite restaurant offers children's portions. Children's menus provide smaller portion sizes and have been designed to provide ample nourishment for smaller bodies.
- Select colorful fruits and vegetables like spinach, tomatoes and mandarin oranges. The pigments that give these foods their color also have important health benefits.

Between 16 and 33 percent of children and adolescents are obese. Overweight children are much more likely to become overweight adults unless they adopt and maintain healthier patterns of eating and exercise. Obesity is one of the easiest medical conditions to recognize but one of the most difficult to treat. Unhealthy weight gain due to poor diet and lack of exercise is responsible for over 300,000 deaths each year!

What is obesity?

A child is not generally considered obese until the weight is at least ten percent higher than what is recommended for the height and body type of the individual. Therefore, a few extra pounds do not suggest obesity, but may indicate a tendency to gain weight easily and there may be a need for changes in diet and/or exercise program. Obesity most commonly begins in childhood between the ages of 5 and 6 and continues thru adolescence. Studies show there is an 80% chance of becoming an obese adult for those children who become obese between the ages of 10 and 13.

What causes obesity?

What causes obesity is complex and includes genetics, biological factors, behavioral factors, and cultural factors. Obesity occurs when a person eats more calories than the body burns. If one parent is obese there is a 50% chance that the children will also be obese. When both parents are obese the children then have an 80% chance of being obese. There are certain medical disorders that can lead to obesity but less than 1% of all obesity is caused by physical problems. Here are some things that are related to childhood and adolescent obesity.

- Poor eating habits
- Overeating or binge eating
- Lack of exercise
- Family history of obesity
- Medical illnesses (endocrine, neurological problems)
- Medications (steroids, some psychiatric medications)
- Stressful life events or changes (separations, divorce, moves, deaths, abuse)
- Family and peer problems
- Low self-esteem
- Depression or other emotional problems

What are risks and complications of obesity?

Child and adolescent obesity is associated with an increase risk of emotional problems. Teens that have weight problems tend to have a much lower self-esteem and less popular

with their peers. Depression, anxiety, and obsessive-compulsive disorder can occur. Risks and complications with obesity are common. Some of the physical consequences include:

- Increased risk of heart disease
- High blood pressure
- Diabetes
- Breathing problems
- Trouble sleeping

How can obesity be managed and treated?

A thorough medical evaluation by a pediatrician or family physician is needed to consider the possibility of a physical cause of an obese child. In the absence of a physical disorder, the only way to lose weight is to reduce the umber of calories being eaten and to increase the level of physical activity for the child or adolescent. Lasting weight loss can occur only when self-motivation is present. Making healthy eating and regular exercise a family activity can improve the chances of successful weight control for the child or adolescent because obesity often affects more than one family member.

Ways to manage obesity in children and adolescents include:

Obesity is frequently becomes a lifelong issue because most obese adolescents gain their lost pounds back after they have reached their goal due to returning to their old habits of eating and exercising. Therefore, an obese adolescent must learn to eat and enjoy healthy foods in moderate amounts and to exercise regularly to maintain the desired weight. By emphasizing the child's strengths and positive, rather than focusing only on their weight problem, qualities a parent can improve the self-esteem of their obese child.
Here are some ways to manage obesity:

- Start a weight-management program
- Change eating habits (eat slowly, develop a routine)
- Plan meals and make better food selections (eat less fatty foods, avoid junk and fast foods)
- Control portions and consume less calories
- Increase physical activity (especially walking) and have a more active lifestyle
- Know what your child eats at school
- Eat meals as a family instead of while watching television or at the computer
- Do not use food as a reward
- Limit snacking
- Attend a support group (weight watchers, overeaters anonymous)

Tips to help children be active:

The amount of physical activity needed will vary depending on many factors such as age, weight, eating habits, and lifestyle. Children who suffer from obesity should have an increase in physical activity. Children and adolescents benefit from this activity. Here are some tips to help children want to be active.

- Set a good example. Arrange active family events in which everyone takes part. Join your children's activities – then everyone wins.
- Encourage your children to be active by jumping rope, playing tag, riding a bike, or dancing.
- Support your children's participation in school or community sports or classes, as well as individual sports.
- Limit television watching, computer games, and other inactive forms or play by alternating them with periods of activity.

Physical activity and nutrition

Physical activity and nutrition work together for better health. Being active increases the amount of calories an individual burns. As people age their metabolism slows, so we have to move more an eat less to maintain our energy balance. Here are some types of physical activity that are especially beneficial:

- **Aerobic activities –** speed up your heart rate and breathing. They improve heart and lung fitness. Brisk walking, jogging, and swimming are some aerobic activities.
- **Resistance, strength building, and weight bearing activities –** work your bones and muscles against gravity. Carrying a child, lifting weights, and walking are all weight bearing activities. They help to build and maintain your muscles and bones.
- **Balance and stretching activities –** enhance your physical stability and reduce your risk of injuries. Gentle stretching, dancing, yoga, martial arts, and T'ai Chi can increase both balance and flexibility and help you relax.

BRIGHT FUTURES. National Center For Education in Maternal and Child Health and Georgetown University; 2002. (Website).

Printable fact sheets for children nutrition from birth through the age of 21.

Online

www.brightfutures.org

NATIONAL DAIRY COUNCIL. National Dairy Council, 2004. (Website).

Printable fact sheets on Nutrition and Healthy weight; Sponsored by the National Dairy Council, the contents have been reviewed by the American Dietetic Association Fact Sheet Review Board.

Online

www.eatright.org

AMERICAN DAIRY ASSOCIATION & DAIRY COUNCIL MID EAST. National Dairy Council, 1996. (Website).

Printable fact sheet on Seven Ways To Size Up Your Servings to measure food portions so you know exactly how much food you're eating. The website contains the latest tools, recipes, and the latest science on dairy's role in weight management.

Online

www.healthyweightwithdairy.com

HEALTHY HOLIDAY TIPS. Nutrition Handouts, 2002. Pennington J. Bowes & Church's Food Values of Portions Commonly Used. 17th ed. Philadelphia: Lippincott Williams & Wilkins, 1998. (Website).

Printable handouts on health holiday tips on party and holiday meals, alcohol use.

Online

www.NutritionHandouts.com

HEART HEALTHY TIPS FOR CELEBRATIONS. Dial-A-Dietitian Nutrition Information Society of B.C, October 6, 2003. (Website).

Printable handouts on heart healthy tips for celebrations in the category of dips, salad dressings and sauces, main course of the meal, and deserts.

Online

http://www.dialadietitian.org

5 A DAY.. THE DELICIOUS WAY TO A HEALTHIER LIFE. Lexington-Fayette Co. Health Dept., Nutrition and Health Education, 1993.

A handout on the importance of 5 A Day in the daily diet. Hints are given about Breakfast, Lunch, Snack and Desserts on a designed hard copy fact sheet. For more nutritional information in Lexington KY, call the Nutrition and Health Education Department @ The Lexington Fayette County Health Department, 606-288-2395.

WHY 5 A DAY THE COLOR WAY. 5 A Day, Better Health Foundation, Produce Marketing Association, 2004.

The information on this website gives reasons why eating 5 or more servings of colorful fruits and vegetables a day is part of an important plan for healthier living. Deeply hued fruits and vegetables provide the wide range of vitamins, minerals, fiber, and photochemical your body need to maintain good health and energy. Checkout this website to choose the colors of health.

Online

www.5aday.com

HOW MANY DAIRY SERVINGS DOES THE BODY NEED EACH DAY? Dairy Council Middle Atlantic; Midwest Dairy Council, 2000.

This site includes recipes, nutrition resources and the latest dairy news. The Midwest Diary Association serves consumers, health professionals, teachers, and food service professionals in the Midwest states.

Online

www.midwestdairy.com

GENERAL NUTRTION FACTS. Whitley County Health Department Nutrition and Physical Activity Program, Bunch Teresa, 2004.

General Nutrition facts that can be used for an oral presentation.

DIETARY GUIDELINES FOR AMERICANS 2005. Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). 2005.

Dietary Guidelines for Americans is published jointly every 5 years by the Department of Health and Human Services and the Department of Agriculture. The guidelines provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. Download the Dietary Guidelines from this website.

Online

www.healthierus.gov/dietaryguidelines/index.html

Physical Activity Facts

Kentucky Adults:

- Those whom acquire levels of lower education and lower incomes in eastern and south-central Kentucky have the lowest level of physical activity.
- Those living in eastern Kentucky and among lower levels of education and lower incomes have the highest rate of obesity and overweight.
- Less then 25% of adults eat the daily-recommended amounts of fruits and vegetables.
- Eating enough fruits and vegetables is the lowest in eastern Kentucky, among men, and those with lower levels of education and lower incomes.
- 24% of adults are obese and nearly 40% more are overweight.
- 70% of men are obese or overweight.
- 55%of women are obese or overweight.
- Less then 30% of adults get the recommended amounts of physical activity, compared with the 45% of adults in the U.S. population.
- 35% of adults in Kentucky are physically inactive compared with 27% of adults in the United States.

Kentucky Youth & Children:

- Only 56% of infants in Kentucky are breastfed at birth as compared to 70% in the US overall.
- Nearly 17% of children between the ages of 2 and 4 whom are served by the WIC Program are already seriously overweight and an additional 18% are at risk for continued problems with weight throughout their lives.
- Over 20% of middle school boys and 12% of girl are seriously overweight, and an additional 18% are heavy enough to be considered “at risk” of becoming overweight adults.
- Nearly 20% of high school boys are seriously overweight compared to 10% of girls.
- 31% of high school students watch 3 or more hours of TV each day – an indicator of physical inactivity.
- Only 13% of high school students get the daily-recommended amounts of fruits and vegetables.
- Nearly 15% of high school students are seriously overweight, and an additional 15% are heavy enough to be considered “at risk” of becoming overweight adults.
- Only about 35% of Kentucky high school students are enrolled in a physical education class, compared with over 51% in the U.S.

Health & Economic Consequences of Obesity:

- Being obese or overweight raises the risk of:
    - Diabetes
    - Stroke

    - Arthritis
    - Heart Attack
    - Cancer of the colon, prostate and breast
- Areas of Kentucky that have the highest rates of overweight and obesity also have the highest rates of chronic disease such as those listed above.
- Obesity costs Kentucky over $1 BILLION dollars each year in increased health care.
- Those Kentuckians who are overweight or obese rate their health more poorly than normal weight Kentuckians, and also report more days of poor physical or mental health each month.

The Kentucky Obesity Epidemic Report 2004. University of Kentucky Prevention Research Center in Collaboration with the Kentucky Department of Public Health, Division of Adult and Child Health, Chronic Disease Prevention and Control Branch, Nutrition Services Branch, Obesity and Chronic Disease Prevention Program, 2004.

Website and Report can be accessed from CD Rom included with this resource kit.

April Fun Facts

got milk?®

Healthy Can Be Fun!

Quick tips for busy families:

- Run, jog or walk on a family treasure hunt.
- Have kids create and teach you how to play a new outdoor game.
- Walk or bike with your child instead of driving for short errands.
- Invite children to help with spring yard clean up.
- Looking ahead - Cinco de Mayo, a fun Mexican holiday, is just around the corner on May 5! Plan and prepare a taco buffet. Use lean meat, beans, plenty of fresh vegetables, and tasty shredded cheeses.
- Serve 3-a-day of milk, cheese or yogurt for the calcium your family needs. And have fun doing it…see *Food Fun!* Ideas.

Make Meal Time Family Time

Eating together as a family promotes good eating habits and overall good nutrition. Involve kids in planning and preparing meals or setting the table. It teaches them that mealtime is important family time.

Hey Kids... Up For a Challenge?

Play Arianna's Food Force One. Travel the world with Arianna and Marcus gathering vital foods. So fun, you'll forget it's educational. Coming in May at: **www.NutritionExplorations.org/Kids.**

Food Fun!

Stir up some good nutrition and serve it with smiles!

- Serve unsweetened cereal with chocolate, strawberry or vanilla flavored milk
- Make a dip with plain yogurt and taco seasoning for breads, crackers and vegetables
- Let kids paint graham crackers with fruit flavored yogurt for a snack
- Make polka dot milk – add ice cubes made from strawberry, chocolate or orange flavored milk
- Serve a straw with cereal so children can sip up the milk when they're done
- Melt Cheddar or American cheese on open-face tuna sandwiches

Find more activities at:
www.NutritionExplorations.org/Kids/Activities-main.asp

Nutrition Bookshelf – Activity Edition

Check out these wonderful books…

Clifford's Sports Day by Norman Bridwell
A day of outdoor races and games for kids takes on a new dimension of fun when Clifford, the Big Red Dog, joins them. This is a perfect book for inspiring children to organize a neighborhood or family sports day. Also available in Spanish…
El Día Deportivo De Clifford.

The Busy Body Book: A Kid's Guide to Fitness
by Lizzy Rockwell
This delightful book explains how bones and muscles, heart and lungs, nerves and the brain all work together to keep children on the go.

Visit the Nutrition Bookshelf at
www.NutritionExplorations.org/Bookshelf
for more titles.

Thank You!

Special thanks to all who participated in "Bravo for Breakfast," National School Breakfast Week 2005. You deserve a standing ovation! And just a reminder, school breakfast is still playing!

List of Places to do Physical Fitness in your Community

_____County Walking and Exercise Resources
2005-2006

Walk Able Areas	**Location**	**Phone**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gyms and Fitness Centers	**Location**	**Phone**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Local Free Facilities	**Location**	**Phone**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical activities that can be expected of a toddler (ages 1 ½ to 3):
General Guideline

By 18 Months	> Walk well (even backwards)
Most children can:	> Go downstairs backwards on hands and knees
	> Roll objects on the floor
By age 2	> Run
Most children can:	> Push a chair in position to obtain out-of-reach objects
	> Turn handles to open and close doors
By age 3	> Go up and down stairs by alternating their feet
Most children can:	> Jump
	> Throw overhand

What to do at home or in childcare to help a toddler be physically fit:

- Offer toys that encourage toddlers to use their muscles. Try providing building toys, riding toys, climbers, balls and beanbags. Eliminate the TV, VCR, and computer, toddlers should not sit in one place or lie down for more tan an hour at a time with the exception of sleeping.
- Be a good example for your toddler. Let them see you walk, run, bike, build, dance, climb, or play ball.
- Provide plenty of time for active free play and find ways to make exercise fun.
- Toddlers need more than 60 minutes of unstructured physical play in a safe place every morning, afternoon, and evening as well as 60 minutes of structured physical activities each day. Do this by leading them in creative movement, make an obstacle course indoors or out, bounce sway or dance to music, or try to exercise together.
- Share books about people who lead active lives such as stories of athletes, dancers, astronauts, farmers, and other physically fit people to show the importance of exercise.
- If you have any questions or concerns about your toddler's physical activities you may want to check with your health care provider.

The Benefits of Walking:

Walking can be an aerobic exercise that conditions your heart and lungs. It's best to walk at vigorous intensity for 30-60 minutes on most days of the week. Even moderate intensity walking can have both short and long-term benefits. If done daily, you can help lower your risk of heart disease.

Physical inactivity is a risk factor for heart disease. Combined with overeating, lack of exercise may lead to high blood cholesterol, obesity, high blood pressure and even diabetes, which are risk factors for heart disease.

To lose weight, you can eat your usual amount of calories, but exercise more. An example would be a 200-pound person who eats the same amount of calories but walks briskly each day for one and a half miles could lose 14 pounds in one year. Besides helping you control your weight, walking may:

- Help avoid cigarette smoking
- Help control blood pressure and raise your HDL ("good cholesterol") level.

Aerobic exercise may not prevent or cure heart disease, but is a positive step toward a healthier life. Beside cardiovascular benefits, regular physical activity such as walking can help you:

- Feel better
    - Gives you more energy
    - Improves your self-image
    - Increases resistance to fatigue
    - Increases resistance to fatigue
    - Helps you to relax and feel less tense
    - Improves the ability to fall asleep quickly and sleep well
- Look Better
    - Burns off calories to help lose extra pounds or helps you stay at your desirable weight
    - Helps control your appetite
    - Tones your muscles

Getting Started:

When you have decided that you are ready to start a regular, vigorous walking program, you may consider consulting a doctor if:

- Your doctor said you have a heart condition and recommended only medically supervised physical activity.
- During or right after exercise you frequently have pains or pressure in the left or mid-chest area, left neck, shoulder, or arm
- You have developed chest pain within the last month.
- You tend to lose consciousness or fall over due to dizziness.
- You feel extremely breathless after mild exertion.

- Your doctor recommended you take medicine for your blood pressure or a heart condition.
- Your doctor said you have bone or joint problems that could be made worse by the proposed physical activity.
- You have a medical condition or other physical reason not mentioned here that might need special attention in an exercise program.
- You are middle-aged or older, have not been physically active, and plan a relatively vigorous exercise program.

Choose a Time of Day:

For a successful walking program, choose a time that works best for you, and then stick with a specific time. Think about when you have the most energy. Some people walk in the morning to get ready for the day, others walk during lunch hour, and some walk toward the end of the day to relieve tension and relax.
Not all people have a full 30-60 minutes to walk and that's okay. Research suggests that three 10 minute or two 15 minute periods provide about the same benefit as one 30 minute period. Try to accumulate a full 30-60 minutes by doing some combination of any of the following:

- 10-15 minute walk during your breaks
- 10-15 minute walk after meals

It is okay to walk alone but some people feel that a companion will make the experience more enjoyable and help maintain a schedule. Your walking partner should be able to keep the same schedule and walk the same pace as you.

Finding the Right Place to Walk:

A good exercise program should be maintained year-round. Therefore, it is best to choose a place where exercising can happen all the time. For outdoor walking, find a course with a smooth, soft surface that does not intersect with traffic. If weather prevents outdoor walking, try to walk around an indoor track at a school or recreation center. Some people even put on their walking shoes and walk around the shopping malls.

Make Sure You Warm Up:

Warming up before exercising is very important. Start by walking slowly for about five minutes followed by a few stretching exercises. This will limber up your body and prepare it for more strenuous exercise. You can also do moderate exercises such as jumping rope.
Stretching exercises include but are not limited to:

- Wall Push – Stand 1 ½ feet away from a wall. Lean forward pushing against the wall with your hands, keeping your heels flat on the ground. Hold it for 10 seconds, then relax and repeat.
- Palm Touch – Bend your knees slightly and try to touch the floor by bending from the waist. Don't bounce. Hold the position for 10 seconds and repeat 1-2 times. If you have lower back problems, do the same thing, but with your legs crossed.

- Toe Touch – Place your right leg on a chair or railing, making a 90^{o} angle with the other leg. Keep the left leg straight and lean forward, touching the toes of the right leg. Again, do not bounce. Switch legs and do the same thing. Repeat the entire exercise 1-2 times.

WWW.ACEFITNESS.ORG FOR FACT SHEETS ON WALKING

Definition: "Suicide is the act of deliberately taking one's own life. Suicidal behavior is any deliberate action with potentially life-threatening consequences, such as taking a drug overdose or deliberately crashing a car." ("Medical Encyclopedia,"2003)

Causes: Suicidal behavior can occur in people with emotional disturbances such as depression or mental illnesses such as bipolar (manic-depression) disorder or schizophrenia. More than 90% of suicides are related to a mood disorder or a mental illness. Other causes may be a response to a situation that the person feels is "overwhelming", such as the death of a loved one, serious physical illness, loss of employment, guilt feelings, or alcohol or drug dependence. ("Medical Encyclopedia,"2003)

Incidence: In the United States, 1 % of all deaths each year have been due to suicide. The highest rate is among the elderly, but there has been a steady increase in the rate among adolescents. Suicide is now the third leading cause of death for those 15 to 19 years old. ("Medical Enclopedia,"2003) Suicide is the 8th leading cause of death for all U.S. men. ("Suicide Fact Sheet,"2004) Suicide is the 10th leading cause of death for all persons (men, women, and children) in the United States. Kentucky's suicide death rates have consistently been higher than the national rate since 1989. ("Ky Suicide Prevention Group,"2005).

Adults

Women report that they have "attempted" suicide three times as often as men. But Men are four times more likely to DIE from suicide than females. ("Suicide Fact Sheet,"2004) The methods of suicide vary from relatively nonviolent methods (such as poisoning or overdose) to violent methods (such as shooting oneself). Males tend to choose violent methods. ("Medical Encyclopedia,"2003)

Youth

In 2001, Suicide was the third leading cause of death among those 15-24. Adolescents and young adults often experience stress, confusion, and depression from situations occurring in their families, schools, and communities. Such feelings can be overwhelming and lead them to think suicide might be a "solution" to their problems. Of all suicides in the age range 15 to 24, 86 % were males and females committed 14 %. Firearms were used in 54% of these. ("Suicide Fact Sheet,"2004)

Elderly

In 2001, 5,393 Americans over the age of 65 committed suicide. Suicide rates increase, as seniors get older. Those 65 and older are more likely to commit suicide, often as a result of physical illness or losing a spouse due to death or divorce. In many instances, their health care provider had recently diagnosed these elder adults with depression. Of the elderly who commit suicide, 85 % were male and 15 % female. Firearms were used in 73 % of suicides committed in the older population. ("Suicide Fact Sheet,"2004)

Prevention

Many people talk about suicide before they attempt it. If someone talks about suicide, they should be taken seriously. A nonjudgmental, sympathetic person to talk to may make the difference in whether they follow through with an attempt at their life or not. Hotline suicide prevention centers are often very helpful. ("Medical Encyclopedia,"2003)

Recognizing Signs of Suicide

The first step in preventing a suicide is to recognize factors that might increase the chances that people will harm themselves. Some risk factors may include:

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- Family history of child abuse
- Feeling hopeless
- Impulsive or aggressive behavior
- Lack of money, resources to seek mental health treatment
- Feelings of loss (death, loss of job, divorce, etc)
- Physical illness or terminal diagnosis
- Easy access to lethal weapons (guns in the house, etc.)
- Unwilling to seek help. Afraid of the stigma of being "mentally ill" or drug dependant; May not want others to know they think about suicide
- Local epidemics of suicide
- Isolation, a feeling of being "cut off " from others ("Suicide Fact Sheet,"2004)

Early signs of Suicidal behavior

- Depression
- Statements or expressions of guilt feelings
- Tension or anxiety
- Nervousness
- Impulsiveness ("Medical Encyclopedia,"2003)

Critical signs of suicidal behavior

- Sudden change in behavior (especially calmness after a period of anxiety)
- Giving away belongings, attempts to "get one's affairs in order"
- Direct or indirect threats to commit suicide
- Direct attempts to commit suicide (like overdosing, etc)("Medical Encyclopedia,"2003)

Treatment: There are far greater a number of attempted suicides than those who are successful with their attempt. Those attempting suicide may require emergency measures such as CPR, or mouth-to-mouth resuscitation if they attempt suicide. Hospitalization is often needed, both to treat the current actions, as well as to have mental health treatment to prevent future attempts. A suicide attempt is often a cry for help. ("Medical Encyclopedia,"2003)

ALL SUICIDE ATTEMPTS MUST BE TAKEN SERIOUSLY. Never ignore suicide behavior as "attention seeking". Of the people who have attempted suicide, l/3 will repeat the attempt within a year and 10% will eventually be successful in killing themselves. ("Medical Encyclopedia,"2003)

Relatives of people who seriously attempt or complete suicide often blame themselves or may even become angry at the person for committing such a "selfish" act. However, when people are suicidal, they often mistakenly think they are "doing everyone a favor" when they attempt suicide. ("Medical Encyclopedia,"2003)

If you or someone you know is considering suicide, please call 1-800-273-TALK or 1-800-273-8255. ("KY Suicide Prevention Group,"2005)

Resources

Ky Cabinet for Health Services Department for Mental Health and Mental Retardation. (2005, January). Kentucky Suicide Prevention Group. Retrieved January 14, 2005, from http://mhmr.ky.gov/MH/Suicideprev.asp
This article states Kentucky is developing a statewide suicide prevention plan in response to the fact that Kentucky's suicide death rates have been consistently higher than the national rate since 1989.

Medline Plus. (2003, January). Medical Encyclopedia: Suicide and suicidal behavior. Retrieved August 16, 2004, from http://nlm.nih.gov/medlineplus/print/ency/article/001554.htm
This article defines suicide and explores causes, incidences, risk factors, and symptoms of suicide.

National Center for Injury Prevention and Control. (2004, July). Suicide: Fact Sheet. Retrieved August 14, 2004, from http://www.cdc.gov/ncipc/factsheets/suifacts.htm
This article explores groups of people at risk for suicide.

Table Of Contents
Health Promotion Resource Toolkit

HEALTHY VENDING MACHINE SNACKS

HEALTHIEST	HEALTHIER	EXCLUDED
Animal crackers, graham crackers	Granola bars, whole-grain fruit bars	Cookies (including low fat)
	Baked Chips, corn nuts, rice cakes, cereal/nut mix	Regular chips, cheese-flavored crackers, cracker sandwiches
Nuts and seeds—plain or with spices	Nuts with light sugar covering: honey roasted	Candy- or yogurt-coated nuts
Trail mix-plain	Popcorn/nut mix	Trail mix with chocolate, yogurt or candy
Fresh, canned or individually packed fruit—light syrup or natural juices only		Canned or aseptic-packed fruit in heavy syrup
Dried fruit—raisins, dried cranberries: fruit leather	Fruit-flavored snacks	Candy-or sugar-coated dried fruit
	Pretzels- any flavor	Candy- or Yogurt-coated pretzels
Fat-free popcorn	Light Popcorn	Popcorn- butter, butter lovers, movie style
Beef jerky—95% fat free		Sausages, pork rinds
Yogurt, preferably non-fat, low-fat or light		
	Sugar-free gelatin; fat-free pudding	

BEVERAGES

HEALTHIEST	HEALTHIER	EXCLUDED
Milk, any flavor- preferably non-fat or low fat (1%)		
Juice—Fruit or vegetable that contains at least 50% juice		
Water, pure	Flavored or vitamin-enhanced fitness water, sparkling water	
	Low-calorie, diet sodas; low-calorie iced tea; low-calorie coffee	Regular soft drinks, sports drinks

- The guidelines were followed, but there are food items that were a close fit that were included to increase the variety of products.

Rationale for Guidelines
Snacks

Healthiest—must meet both criteria

- **3 grams of Total Fat or fewer per serving** (Nuts and seeds exempt from restrictions.)
- **30 grams of Carbohydrates or fewer per serving (All candies are considered unhealthy**. Fruit in any form is permitted, regardless of carbohydrate count.)

Healthier—must meet both criteria

- **5 grams of Total Fat or fewer per serving** (Nuts and seeds exempt from restrictions.)
- **30 grams of Carbohydrates or fewer per serving** (All candies are considered unhealthy. Fruit in any form is permitted regardless of the carbohydrate count.)

Portion Size—Portion size is not defined for any items, but smaller portion sizes are preferred.

Rationale

Fat: It was determined not to differentiate saturated fat from unsaturated fat. When total fat is considered, saturated fat tends to be low.

Nuts and Seeds: Nuts and Seeds are exempt from the fat guidelines, because they are high in monounsaturated fat, which can help lower "bad" LDL cholesterol and maintain "good" HDL cholesterol. Nuts and seeds have been shown in many studies to reduce the risk of having a heart attack.

Carbohydrates: The level of carbohydrates was set at 30 grams per serving to include more food items. All candies are considered unhealthy, regardless of carbohydrate content.

Fruit: Fruit in any form (canned, fresh, dried) was not restricted by carbohydrate standards because it provides vitamins, minerals, and anti-oxidants and dietary fiber that are beneficial to an overall balanced diet**.**

Portion size: Portion size is not defined, because there is variability among products. However, the preference is for smaller-portioned products.

Rationale for Guidelines
Beverages

Healthiest

- Milk – Low fat (1%) or Nonfat preferred, any flavor
- Water – Pure
- Juice – At least 50 % fruit or vegetable juice

Healthier

- Water – flavored or vitamin enhanced
- Low-Calorie Beverage – (≤ 50 calories per 12 oz serving)

Rationale

Milk: Milk in any form provides vitamins and minerals, but the low-fat and non-fat versions are preferred. Flavored milks are permitted.

Water: Pure water is preferred, but water that is flavored maybe more attractive to someone who doesn't drink plain water. The vitamin-enhanced waters may benefit people with such nutritional needs, although pure water is the healthiest choice.

Juice: Fruit and vegetable juices should contain at least 50-percent juice.

Carbonation and caffeine: Carbonation and caffeine in moderation do not have a significant effect on nutrition. Carbonated low-calorie beverages may be another option for people who don't like milk or plain water.

Low-Calorie: Beverages containing 50 calories or fewer per 12 oz serving were deemed healthier options. Artificially sweetened drinks are not as healthy as pure water, but may be a healthy alternative for people trying to watch their weight or manage their diabetes.

WALK FOR HEALTHY HEART, MIND AND BODY

NAME OF COMPANY OR HEALTH DEPARTMENT
WALKING PROGRAM REGISTRATION

Name: _____ Date: _____
(Please print)
Address: _____

_____

_____

Phone Number: _____

Please read and sign below:

RELEASE OF RESPONSIBILITY

I understand that any type of exercise program may be strenuous and that I should not exercise without the advice of a physician. By signing this form, I am agreeing to release all organizing and sponsoring parties of responsibility in the event of any medical event, injury, or accidental occurrence.

_____ _____
(Participant) (Witness)

_____
(Date)

Please sign and leave this release with the staff in the office. If we do not have this signed when you return your log sheet, you will not receive your incentive gift.

Thanks for your cooperation and participation.

Your signature

WALK FOR HEALTHY HEARTS, MIND AND BODIES
LOG SHEET

The overall objective is to walk a minimum of 30 minutes per day at least three days per week over an eight-week period. After participants register for the program, the log sheet below is to track your time walked. Participants who complete the eight-week program and return their log sheets are eligible for incentives.

Name: _____

Address: _____

_____

Home Phone: _____ Work Phone: _____

Log sheets must be turned in by ***date when program ends*** to ***place to be turned in_***

Week	Dates	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours
Example	9/29-10/3	1.0 Hours	1.0 Hours	.5 Hours	.5 Hours	0 Hours	.5 Hours	0 Hours	3.5 Hours
Week 1									
Week 2									
Week 3									
Week 4									
Week 5									
Week 6									
Week 7									
Week 8									
Total									**Total**

Walk or jog 3 times per week for 8- weeks. Remember that I should not exercise without the advice of a physician, especially if I have not been doing any physical activity in a while. Total your hours per week. At the end of the 8-week period total the weekly totals for the 8- week grand total. Turn in log sheets to collect incentive.

Kentucky Public Health Leadership Institute

Health Promotion Resource Tool Kit

Designed by the Wellness Riders: Judy Solomon, Katharine Lay and Tammie Muse

Change Master Project
KPHLI Class 2004-2005

Acknowledgments

Keep away from people who try to belittle your ambitions. Small people always do that, but the really great make you feel that you, too, can become great! —Mark Twain

Special thanks to our mentors, who inspired us and made us feel we could do anything.

Dr. David Dunn
Susie Hamm

Deepest appreciation and gratitude to ***Cynthia Lamberth***, who cultivated us as seeds, and watched us, grow into flowering Leaders.

Too see things in the seed, that is genius. –Lao-tzu

Terri Fox, thank you for providing assistance, support, and being there for us through thick and thin.

The Wellness Riders wish to say thank you to:

Lake Cumberland Valley District Health Department
Whitley County Health Department
Kentucky Department of Public Health
Teresa Bunch (Whitley County Health Department)

KPHLI Class 2004-2005
WELLNESS RIDERS

CD ROM RESOURCES

Health Promotion Resource Tool Kit
KPHLI Class 2004-2005

- ✓ The Kentucky Obesity Epidemic 2004 Statistics
- ✓ Direct Links to Websites for fact sheets
- ✓ Take the Stair Signs
- ✓ Walking Program Registration Form & 10,000 steps per day, and Exercise Buddy Forms.
- ✓ Places in your Community for Physical Fitness (tailor for your community)
- ✓ 2004 National Observances
- ✓ Vendor Snack Machine Checklist
- ✓ Making Your Workplace Smoke-free – A Decision Maker's Guide Website address for downloadable Guide.
- ✓ Food Guide Pyramid for foldable table toppers
- ✓ 5 A Day and 3 A Day Food Pyramid website links
- ✓ Power point presentations for Stress, Depression, Cancer, Physical Activity, Nutrition, Tobacco, Spit Tobacco, Secondhand Smoke, Diabetes, Child Abuse, Domestic Violence, and Drugs.
- ✓ Health Promotion Resource Tool Kit

To access most of the information on the CD ROM your computer must have Internet and Acrobat 5.0. The CD ROM will enable you to go directly to websites for resource information.

Dear Worksite:

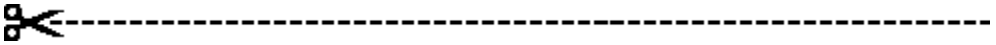
The Health Promotion Resource Tool Kit provides statistics, facts, power points slides and presentation material that will enable you to provide health promotion and education in your workplace.

Since the topic of Worksite Wellness is so broad, the Health Promotion Resource Tool Kit is a starting point to provide general health information on topics such as, Tobacco, Secondhand Smoke, Diabetes, Suicide, Domestic Violence, Stress, Depression, Child Abuse, Drug Abuse, Physical Activity, Nutrition, and a CD ROM with additional website links to enhance onsite health promotion and education with your employees.

Most local health departments have a health educator or tobacco coordinator that could provide assistance while implementing this Tool Kit. Please fill out the questionnaire at the bottom of this page and return it to the address provided below. Thank You!

Sincerely,

The Wellness Riders
Katharine Lay, Whitley County Health Department
Judy Solomon, Kentucky Department of Public Health
Tammie Muse, Lake Cumberland District Health Department



1. Was the Health Promotion Resource Tool Kit helpful?

2. Was the Tool Kit easy to use?

3. Have you used it? If so, was it useful?

4. What part was the most beneficial to you?

5. Were the PowerPoint presentations useful?

6. Who in your facility will be using the Health Promotion Resource Tool Kit?

7. What additional health topics would you like to see included?

8. Do you have any suggestions for improvement?

Completed forms should be returned to:
Judy Solomon
Department for Public Health
275 E. Main St. – HS1WC

Frankfort, KY 40601