President’s Message

**Galileo and Me – a cautionary tale**

*In questions of science, the authority of a thousand is not worth the humble reasoning of a single individual.* - Galileo Galilei

In 1632 a contrarian scientist named Galileo Galilei published a controversial paper titled “Dialogue Concerning the Two Chief World Systems,” a thinly veiled treatise supporting the Copernican Theory. The Copernican Theory, of course, was the heretical concept that the sun was at the center of the universe rather than the earth, and that the earth and other planets revolved around the sun.

When his old buddy Maffeo Barberini – who had become Pope Urban VIII – found out that Galileo had apparently broken his promise to never, ever, cross-my-heart, hope-to-die, promote the theory, he was not a happy cantor. Urban – no relation to Keith – summoned the recalcitrant Italian to Rome in 1633 to face an inquisition by the western world’s gate keepers of scientific knowledge.

Holy Torquemada!

Fortunately for our intrepid scientist, no racks or water boarding techniques were administered. However, it was under the threat of torture that Galileo eventually confessed, admitting that his publication was in truth meant to support the Copernican Theory – though privately he insisted he was right and it was the church’s scientists who were wrong.

So, what do you do with someone who refuses to go along with accepted science and – gasp – is willing to entertain alternate theories proposed by reputable scientists? Well, if you are Pope Urban VIII and the offender happens to be an old colleague, you make him shut up. By putting him under house arrest. For the rest of his life.

Right now you are probably thinking; thank goodness that can’t happen these days!

Whoa! Not so fast there, my friends. This is where the “me” part of the title comes into play. You see, as it turns out, I’m one to be one of those people who questions just about everything, especially the stuff I’m told I’m not
Alaska Uses Edgy Humor To Encourage Safe Sex

By John Silcox, CCPH

So what do you do when your state has some of the highest STD rates in the country and getting men to wear condoms is about as easy as winning the Iditarod sled dog race?

Well, in Alaska they decided it was time to try something different — something edgy.

Since it launched in 2013, the “Wrap it Up, Alaska” campaign has distributed condoms in red matchbooks with slogans like “You know barebacking isn’t safe, right?” and “No Freestyling.”

The condoms themselves have become a conversation starter and something of a collectible. They’ve been distributed at public health clinics, military bases, bars and hook-up spots across the state, and requests have even come in from the Lower 48 — at least 100,000 condoms and counting.

“They’ve gone like wildlife,” says Donna Cecere, STD Program Coordinator with the Alaska Department of Health and Social Services. “They are very popular…. We keep getting more and more orders in for condoms.”

For more than a decade, Alaska has had the highest or second-highest rates of chlamydia in the nation, and the problem is particularly acute among people in their late teens and 20s. A few years back the state also experienced an outbreak of gonorrhea and was also seeing an uptick in syphilis and HIV cases.

The problem got so bad that in 2012 Planned Parenthood of the Great Northwest was able to successfully lobby the legislature to appropriate $360,000 over three years to try to reduce the STD rates. About a third of the money went to the state lab for testing efforts, another third was designated for expedited partner therapy, and the rest went toward the Wrap it Up, Alaska effort. 

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The Alaska Department of Health and Social Services teamed up with its public health partners, including the Alaska Native Tribal Health Consortium (ANTHC) via iknowmine.org, but all the creative work was done in-house by the department’s publications team.

Early on, it was decided that the target audience would be teens and young adults ages 15-34, says Regina McConkey, who headed the marketing and social media effort.

Some messaging directed at the 17 and under crowd would push abstinence and healthy relationships; but the more risqué condom campaign would be aimed at men 18 and older. Glenn Harvey, the publication specialist who dreamed up the distinctive packaging, says it was a solution to an age-old problem: how to get guys to actually want to use a condom.

Harvey decided that making the packaging red would be a way to make them stand out, imagining men picking through a fishbowl of condoms to find them the way you might dig for the red M&Ms in a candy dish. It was also his “twisted’ mind that was most responsible for the slogan ideas.

While not all of his ideas made the cut with the committee (ask him about the original slogan for “Happy Landing” with the picture of a bush plane), the ones that did struck a chord.

So much so that after producing the first batch of condoms, some people were reluctant to use them because they wanted to keep the packaging (The condoms are now separate from the wrapper.)

There are now 24 different matchbook designs - picture an oil tower with the words “Drill safely” or a pair of rain boots above the line “Keep your rubbers handy.” Inside each package are instructions on how to safely wear a condom.

Besides the playful packaging, the campaign uses posters, social media Facebook and Internet radio ads to drive people to “Iknowmine.org,” ANTHC’s website dedicated to helping people live healthier lives, with an emphasis on STD prevention, McConkey says.

Once there, people can order condoms or free at-home STD test kits, as well as access all kinds of information about sexual health and healthy relationships.

The partnership has been fruitful for both agencies. The ads have doubled and even tripled traffic to the website at times, and the website has given the health department access to an audience and a distribution system that it could not have manufactured on its own.

Offering condoms and test kits by mail through the website has been a great way to reach Native Alaskans and rural youth who may not feel comfortable going into a village clinic where they may run into someone they know, McConkey says.

And although the site is largely focused on teens, it is clear from the web analytics that adult men were also clicking on the information about healthy relationships, McConkey says.

Alaskans have largely found the campaign clever and refreshing, and there has been little backlash, McConkey says. But that didn’t stop the legislature from defunding the program in Year 2 as part of across-the-board budget cuts.

ADHSS was able to find money to run more ads this year and has enough condoms in reserve to last awhile. But with the funding gone, it’s not clear how much longer the campaign will endure.

While the goal is to slow the spread of STDs and HIV, the question remains: have these clever condoms actually made a difference in behavior?

Cecere says it’s difficult to tease out what impact the campaign may be having on Alaska’s STD rates, which are subject to episodic spikes and dips.

But there is no doubt that the campaign has made safe sex a less taboo topic of conversation with Alaskans these days.
supposed to question, and especially when it comes to science. So, when I see that there is a movement afoot to criminalize people who question scientific theory and models, I become very concerned. The point of this message is to bring attention to the dangers — and simple wrong headedness — of shutting down scientific discussion and debate. It was wrong in 1633 and it is even more wrong today.

For those of you still following along, let me explain. In addition to bucking the 17th Century science authoritarians, Galileo is recognized for ushering in a new way of conducting science. Instead of just believing something was true based on accumulative knowledge, Galileo introduced the concept of conducting experiments to test hypotheses. In other words, scientists needed to do more than think something was true, they had to prove it.

That’s where my personal doubt about the science of global warming begins, even while accepting the fact that climate change is constant. Here’s the raw truth, folks; there is no proof that global warming is caused by man. Period. No scientist worth his sodium chloride will argue otherwise. Models are models, and while they may support a theory, they aren’t proof of anything. They are only as good as the data plugged into them by very fallible human beings and the very limited presumptions on which they are based. To put it another way, unless a scientist knows everything about everything there is to know about the earth and the sun, then every climate model ever created is suspect.

But try making that point to anyone who accepts anthropological global warming as holy canon and I can personally guarantee that you will discover that the concept of persecution for questioning the contemporary gatekeepers of science is alive and well. I have been mocked, ridiculed, chastised, laughed at, cursed, and even accused of associating with people who wear suits and ties. Galileo, I feel your pain. But this isn’t really about me.

The truth is, I almost didn’t write this message because I wasn’t sure it was worth it. I mean, I wouldn’t mind being taller, but who wants to spend quality time on the rack? During the past few months, however, new scientific findings have surfaced that prove my point. Chief among them is a study by the Institute of Catalysis and Environment in Lyon and the Leibniz Institute for Tropospheric Research showing that the oceans are producing unexpectedly large quantities of isoprene — a volatile organic compound known to have a cooling effect on climate.

Quick! Name the number of climate models that include this information. If you said zero, you are absolutely correct. So, doesn’t that mean that the old models are now suspect, new models must be created, and that the accepted science needs to be reconsidered? Well, to my logical mind it does. That’s my whole point here; how can the debate be over when we are still learning about the subject and new discoveries are being made?

If you still don’t think this is a big deal, then consider this; during the past calendar year leaders in both the governmental and scientific communities have advocated using the federal Racketeer Influenced and Corrupt Organizations (RICO) Act as a tool to silence skeptics of both global warming itself and global warming-driven public policy.

Think about that for a minute. If the RICO Act was applied in this way, I could be arrested for simply having written this message. Folks, we are one bad law enforcement decision away from returning to the Dark Ages. Sadly, that is not much of an exaggeration.

As author Michael Crichton once warned, there was another time in our history when a science issue that broadly affected public health was considered to be accepted science. “Its supporters included Theodore Roosevelt, Woodrow Wilson, and Winston Churchill. It was approved by Supreme Court justices Oliver Wendell Holmes and Louis Brandeis, who ruled in its favor. The famous names who supported it included Alexander Graham Bell, inventor of the telephone; activist Margaret Sanger; botanist Luther Burbank; Leland Stanford, founder of Stanford University;
the novelist H. G. Wells; the playwright George Bernard Shaw; and hundreds of others. Nobel Prize winners gave support. Research was backed by the Carnegie and Rockefeller Foundations. The Cold Springs Harbor Institute was built to carry out this research, but important work was also done at Harvard, Yale, Princeton, Stanford and Johns Hopkins. Legislation to address the crisis was passed in states from New York to California.”

That theory was eugenics.

As president of NPHIC I have thoroughly enjoyed writing these messages and truly hope I have furthered the cause public health communications. As the lead media advisors and communication experts for public health leaders across the nation, I submit to you that there are few — if any — issues you will be involved with that affect public health communication more than the freedom to debate science and allow for alternative points of views. After all, if debate over anthropologic global warming can be declared over, so can the debate over the science of Ebola, AIDS, childhood vaccinations, on and on and on. Is that really what we want?

Perhaps one of the lesser known stories about Galileo is that the middle finger of his right hand was removed in 1737 while his remains were being moved to a more prestigious section of the Basilica of Santa Croce. That finger now rests in a glass jar at the Museo Galileo in Florence. Given that it is displayed in a fully-extended and upright position, one can only presume that Galileo is sending a final message to all those who would suppress scientific discussion and debate.

Well played, Signore Galilei. Well played indeed.

[Author’s note: undoubtedly there will be people who read this message as some sort of anti-climate change piece and not for what it is; commentary about the dangers of suppressing discussion and debate in regard to science. Nobody questions climate change. The climate has been changing since the earth was formed and will continue to change until it no longer exists. The idea that there are some who would outlaw scientific debate is a far, far more serious matter, and one that should concern everyone. That said, the unfortunate truth is that some people will not be able to make this distinction. For that reason and for the sake of NPHIC and its membership, I feel obligated to say: The views expressed in this president’s messages are not necessarily those of NPHIC as an organization or its members — but probably should be.)

Bill Furney

President’s Message, continued from page 4

New Membership Information

Melanie Adler, EDC, Mass.
Darlene Andes, Hunterdon County Division of Health, N.J.
Lisa Cargill, Desutel Hege, Wash.
Krista Dommer, San Joaquin County Public Health Services, Calif.
Laurel Eu, Food & Drug Administration, Calif.
April Finnen, Food & Drug Administration, Md.
Judi Godsey, Xavier University, Ohio
Hana Hayashi, Harvard T.H. Chan School of Public Health, N.Y.
Amory Lelake, Anchorage Dept. of Health & Human Svcs., Alaska
Erica Machea, no affiliation listed, Mass.
Theadora Nicolaus, Public Health Accreditation Board, Va.
Sheri Parr, no affiliation listed, Texas
Kara Ruge, Cerro Gordo County Dept. of Public Health, Iowa
Akwo Thompson, Health Consulting International, Texas
Allison Thrash, Santa Clara County Public Health Dept., Calif.
Molly Walker, Brunet-Garcia Advertising, Fla.
Chase Willhite, Kansas Health Foundation

These folks are the newest members of NPHIC. Now is the time to invite the communicators you know to join NPHIC, too. Let’s keep NPHIC growing!
Health Departments Lag In Targeted Social Media Use

By Brad Christensen

Overall, state and local health departments are lagging behind the public regarding social media use, and in using social media, they often fail to target their most pressing health issues, according to new research.

Regarding the importance of social media, a survey by Pew Research Center found that 64 percent of Americans owned a smartphone of some kind last December, up from 35 percent in 2011. Also, 62 percent of smartphone users have used their phone in the past year to look up information about a health condition. And those who rely most heavily on their smartphones are non-whites and those with relatively low income and educational attainment levels — groups with higher rates of diabetes, obesity, smoking, etc.

In another survey last year, Pew found Facebook, by a wide margin, to be the most popular social networking site, with 71 percent of online adults using it via a smartphone or any other device.

However, only 24 percent of the nation’s local health departments had Facebook accounts in 2013, according to a study published in the American Journal of Public Health. Another survey found that 34 state health departments (68%) had active Facebook accounts as of January, 2014.

Unfortunately, in using Facebook, those 34 state health departments often did not target their most pressing health problems, according to a CDC-funded study by researchers from the Harvard T.H. Chan School of Public Health and the CAMA Health Education and Research Institute.

That study compared the frequency of Facebook posts over a 200-day period that began in July, 2013 with each state’s major public health issues, as identified by the CDC’s Behavior Risk Factor Surveillance System.

Among that study’s findings:

- Several states where fewer than 45% of the adults exercised and/or fewer than 20% adhered to good nutrition were found to be inadequately focusing on these behavioral issues in their social media messages. Among these states, Kansas, Mississippi, Missouri, and Oklahoma offered just three posts each promoting good diet and exercise, and South Carolina failed to register a single post.

- Fourteen states reported child vaccination rates of less than 70% in 2012. Among those states, Arkansas had the most Facebook vaccination posts during the 2013 study period with 12, and Georgia, Hawaii, and Oklahoma had the fewest with just one apiece.

- Nine states had influenza vaccination rates of less than 40% in 2012, but only Mississippi promoted flu shots to any great extent.

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More than Half of Smartphone Owners Have Used Their Phone to get Health Information, do Online Banking

% of smartphone owners who have used their phone to do the following in the last year

- Get info about a health condition: 62%
- Do online banking: 57%
- Look up real estate listings or info about a place to live: 44%
- Look up info about a job: 43%
- Look up government services or info: 40%
- Take a class or get educational content: 30%
- Submit a job application: 18%


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extent with 15 Facebook posts. Arizona and Iowa posted just twice, and Georgia only once. (Missouri, with a flu vaccination rate of about 42%, led all states with 17 posts promoting flu shots.)

- Among 15 states where about 20% of adults were current smokers in 2012, only Arkansas and Montana registered at least 10 anti-tobacco posts on Facebook. On the opposite end, Georgia, Kansas, Louisiana and Missouri each posted just once.

- Adolescent health was rarely addressed, although the teen birth rate was greater than 40% for nine states in 2010 and the youth smoking rate was greater than 15% in 19 states in 2011. Arizona had the most adolescent posts with just four, followed by Alabama with three and Mississippi with two. No other state had more than one post.

- New York, with the lowest motor vehicle death rate in 2011, was the only state “to devote an appreciable number” of Facebook posts on that issue with 10 posts. North Dakota, with the highest motor vehicle death rate, offered just one post. Nine states had seat-belt-use rates of less than 80% in 2012. Among those states, Arkansas, Louisiana, Massachusetts, Missouri, Rhode Island and South Dakota did not post anything about road traffic accidents.

“Facebook (or any social media) presence or activity is by no means a measure of a state health department’s performance and efficiency,” according to the published study. “However, it is also beyond argument that social media is already a prime mode of communication, and it is up to the public health authorities and professionals to seize this as a great opportunity toward building healthy communities…”

“Our study attempts to highlight a factual situation, rather than proposing any opinions or hypotheses,” study authors added. “If we accept the fast-growing influence of social media platforms, it would only justify the public health cause to embrace them in a timely and efficient manner.”

The published study is here and its spreadsheets are here.
Understandable, Useful HAI Data Goal Of New Toolkit

By Andrea Alvarez

Have you ever tried to go online to look at ratings for different hospitals? Are you interested in whether one healthcare facility is doing a better job with patient safety than another, but all you see are columns of numbers that make no sense? And, worse yet, you check another site, and the numbers or conclusions are different?

Currently, multiple organizations and stakeholder groups publish healthcare-associated infection (HAI) data using various methods, time periods, and presentation strategies. These differences in data analysis and presentation techniques can lead to conflicting results and consumer confusion regarding how well hospitals are preventing HAIs.

The Council of State and Territorial Epidemiologists (CSTE) and the CDC created a workgroup that has published “best practices” in the presentation and analysis of HAI data. The HAI Data Analysis and Standardization Presentation Toolkit helps state health departments and other organizations share HAI data more consistently and understandably with healthcare providers and consumers. The goal? To improve transparency of HAI data and give patients the information they need to make informed healthcare decisions.

The toolkit recommends that state health departments that share HAI data create two different reports — one targeted to healthcare providers and those who are more “data savvy” and the other targeted to healthcare consumers, many of whom may not be familiar with HAI measures or how to interpret the data. The toolkit provides templates and technical resources to assist health departments or other organizations in creating a tailored report to a targeted audience.

Health department public information officers and communications staff have a key role in ensuring HAI reports reach their intended audience effectively. The toolkit features a chapter on dissemination strategies with ideas for promotion of HAI reports via traditional and social media. That chapter was drafted by communication experts and members of NPHIC. Their expertise was essential to the creation of the toolkit and contributed significantly to the extensive and thorough resources available within the toolkit.

NPHIC members are encouraged to reach out to their state HAI programs to review the toolkit’s recommendations together and discuss potential ways to enhance existing methods for analyzing, presenting, and disseminating HAI data.

To access the toolkit, please go to: [http://cste.site-ym.com/?HAIToolkit](http://cste.site-ym.com/?HAIToolkit)
The Public Health Message Got Lost — Part 2

By Norm Hartman

It happens somewhere every day. At a news conference to introduce an important initiative, the focus shifts to something else. Perhaps a reporter asks about another issue or has a different agenda. Suddenly, the key message — and the purpose of the news conference — is lost.

What can you do to maintain control? In the first article (published in the Sept.-Nov. issue) we discussed how to make our statements compelling and quotable. We noted that reporters are not necessarily looking for the most important things we say — they use what they find most interesting. The reporter’s job is to create an interesting story. Sometimes your public health issue doesn’t suit the reporter’s agenda.

Four simple steps will help to keep things on track. First, have a compelling, quotable message. Second, deliver it. Third, once is not enough. And fourth, don’t be distracted.

Let’s take these one at a time:

What makes a good media message?

Above all, it must be simple, easy to understand and relevant to the audience. Avoid jargon and technical or medical terms. Keep it short. The average television sound bite and a typical print media quote are about 21 words or ten seconds — sometimes less. That’s become a standard in on-line communication as well.

Discussions about what your agency is doing may not resonate with the reporter. Most people really don’t care. They want to know what will help or hurt them. They are worried about themselves, their family and friends.

How do I deliver it?

In my media training, I urge spokespersons to create compelling quotes and sound bites before the interview begins. Focus on verbs, adjectives and colorful (action) words, delivered with energy and enthusiasm. One client, a health director in a large state, locked her office door and turned off the phone for 30 minutes before media interviews. She wanted to concentrate on the message and think about how to handle tough questions. Those thirty minutes, she believed, could save serious embarrassment — or even a call from the Governor’s Office — when the story came out.

If you wait until just before the news interview, you’re risking trouble. Know your messages and how you’re going to handle tough and off-the-wall questions before you start.

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What else can I do to get the message out?
Repetition, repetition, repetition. In day-to-day conversation, saying something once probably is enough. But interviews are not conversations. Only one or two of your sentences may wind up in the story, and if it doesn’t include your message, what have you accomplished? Do a media interview with one objective (message) in mind and go back to it over and over. (You may say it better the second or third time.) Make it easy for a busy reporter to find your key point.

What if the reporter wants to change the subject?
Tell the reporter that you’re going to deal with just one issue today. Then bridge to your message with phrases such as, “It’s important for people to understand . . .” or “The key point here is . . .” If the reporter tries to steer you to another subject, direct the interview back to its original purpose. One if my public health clients brought the focus back with the line, “That’s a good subject for another day, but today I’m here to talk about . . .”

Reporters may cover several stories in a day. Typically, they have little time to spend writing and editing the story after the interview. Former CNN reporter Candy Crowley is said to have acknowledged that she seldom got to see her own stories on the air because by the time they aired, she was busy working on the next story. Reporters have difficult jobs, their competition is tough, their deadlines not forgiving and they may have little or no expertise in public health.

You can make their job easier if you offer simple, brief, colorful answers — answers that may resonate with the audience, and perhaps even change peoples’ public health behaviors. And isn’t that what it’s all about?

[Norm Hartman is a former television journalist. He directed public affairs for the California Department of Health Services for four years and was a founding member of NPHIC. He now conducts media and crisis communication training for public health organizations nationwide. — Ed.]
Reasons To Get The Flu Shot Extend Beyond The Flu

By Brad Christensen

Not interested in having a stroke this Christmas? Or being rushed to the ER with a heart attack? Well then, you’d better get that flu shot, multiple studies suggest.

Prevention of the flu is reason enough to get the shot, of course, for there are between 3,000 and 49,000 influenza-related deaths each year, according to CDC. But research is showing that the flu vaccine does more than just prevent the flu — it also may reduce your risk of a stroke or serious heart problem.

The most recent such study came in October from a team of scientists at the University of Lincoln in the United Kingdom. That study, published in the journal *Vaccine,* associated the flu shot with a reduced risk for stroke by about one-fifth over two months following the vaccination. It found an immediate 55 percent plunge in stroke risk over the first three days following vaccination, with the stroke-risk reduction gradually falling to 17 percent lower between days 29 and 59. The study involved an assessment of how the flu vaccine affected the risk of stroke over time in almost 18,000 cases.

“The main surprise about the finding is that the flu vaccination is given every year to prevent respiratory complications of flu like pneumonia, rather than to prevent stroke,” said study author Dr. Niro Siriwardena, professor of primary and pre-hospital health care at the University of Lincoln.

Other studies have associated the flu shot — and its prevention of the flu — with a reduced risk of heart attacks and other cardiovascular problems.

An Australian study published in the journal *Heart* in 2013 indicated that influenza vaccination in the study year was significantly protective against acute myocardial infarction (AMI). Unvaccinated hospital patients in that study were found to be almost twice as likely as vaccinated patients to suffer an AMI.

“Our data should inform vaccination policy, and cardiologists should be aware of missed opportunities to vaccinate individuals with ischaemic heart disease against influenza,” concluded that study, led by researchers from the School of Public Health and Community Medicine at the University of New South Wales.

A more comprehensive study was conducted in Canada and published in *JAMA,* the Journal of the American Medical Association, in 2013. It involved the compilation of data from six separate studies, or randomized clinical trials (RCTs), and it concluded that the “use of influenza vaccine was associated with a lower risk of major adverse cardiovascular events.”

The six RTCs involved a total 6,735 patients with a mean age of 67 and a mean follow-up time of nearly eight months. Of those patients, 3,238 had received the flu vaccine, and 3,231 did not. Only 2.9% of those who received the vaccine developed a major adverse cardiovascular event during the follow-up time, compared with 4.7% of those who did not get the shot.

Researchers pulled out a subgroup of 789 patients with previous coronary disease and found that over the course of the followup, 10.3% of those who received the flu vaccine suffered a heart attack or other serious coronary problem, compared with 23.1% of those who hadn’t been vaccinated against the flu.
Becoming ‘Baby Friendly’ In Washington State

By Phyllis Bell-Davis

According to Baby-Friendly USA (BFUSA), 300 U.S. hospitals and birthing centers in 47 states and the District of Columbia hold the designation of being Baby-Friendly; however, one would think that all hospitals and birthing centers should be baby-friendly.

Being baby-friendly and being designated as a Baby-Friendly institution are two different paradigms with the latter having to do with an institution taking part in the Baby-Friendly Hospital Initiative (BFHI), a global program that was launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991. This initiative is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based, maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. The initiative is predicated on the fact that human milk fed through the mother’s own breast is the normal way for infants to be nourished.

The Washington State Department of Health, in partnership with that state’s hospital association, has put in place the Breastfeeding-Friendly Washington (BFWA) Hospitals Program, to encourage hospitals and health systems to promote and support breastfeeding through changes in their policies and procedures. The program launched in August.

“The Centers for Disease Control and Prevention found that without hospital support, one in three mothers stops breastfeeding by the time the infant is six months old,” says Daisye Orr, with the Washington State DOH’s Prevention and Community Health Division. “We recognized that hospitals play a vital role in support of breastfeeding and knew that some of the hospitals in the state system already had been working on the initiative for years to become baby-friendly hospitals.”

Out of the 65 birthing hospitals in the Washington State system, Orr said there were five existing agencies that were already baby-friendly, and that the BFUSA designation was awarded them for recognition for going through the process. Orr explained, “It’s a big job to change hospital policies. But several birthing institutions went through the process and submitted documentation that demonstrated the institutions had completed the 10 steps that BFUSA requires. We wanted recognition that would be meaningful because it takes a lot of behind-the-scenes work to effect policy change.”

In order to receive a Baby-Friendly designation, birthing facilities must implement the Ten Steps to Successful Breastfeeding and comply with the International Code of Marketing of Breast-Milk Substitutes. The WHO and UNICEF administer the program internationally, but appoint a national authority in each country to confer the Baby-Friendly designation in their country. Baby-Friendly USA, Inc. is the national authority for the Baby-Friendly Hospital Initiative in the U.S.

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To date, more than 20,000 maternity facilities in 150 countries have earned the Baby-Friendly designation.

There are three tiers of recognition – Bronze, Silver and Gold – and depending on where the facility is in the process of implementing policy change denotes the recognition. In Washington, five facilities have been awarded a Gold designation. They are the University of Washington Medical Center (Seattle); Jefferson Healthcare (Port Townsend); Legacy Salmon Creek Medical Center (Vancouver); Three Rivers Hospital (Brewster); and, Evergreen Health (Kirkland).

Each institution received a plaque, awarded by state Secretary of Health John Wiesman, at the program launch ceremony, and a window cling promoting it as being breastfeeding-friendly. “Hospitals that encourage and support breastfeeding are helping to raise the healthiest next generation,” Wiesman said in a news release. “Expectant parents will soon have an easier time finding out how breastfeeding-friendly their local hospital is thanks to the Breastfeeding-Friendly Hospitals program.”

Breastfeeding is a key element in the state’s Healthiest Next Generation Initiative with its goal to help children maintain a healthy weight, enjoy active lives, and eat well in places where they spend the most time — including early-learning settings and schools.

The CDC reports that breastfeeding for nine months reduces a baby’s risk of becoming overweight and the risk of Sudden Infant Death Syndrome (SIDS). Breastfeeding protects babies from such illnesses as diarrhea, ear infections, asthma, and pneumonia. It also helps mothers decrease their risk of breast and ovarian cancers, Type 2 diabetes, and post-partum depression.

“We want to continue our collaboration and conversation with birthing hospitals but also reach out to other early learning agencies, clinics and worksites to help them understand what it means to be a Baby-Friendly institution, and to educate them about breastfeeding,” states Orr. “We learned that 90% of mothers start breastfeeding their newborn, which shows us that families are interested; however, by six months of the baby’s age, only 20% are being breastfed. Lots of things can impact stopping the breastfeeding process and we know it takes a lot of support from the community. By becoming a breastfeeding-friendly state, this could help mothers and families better understand the benefits.”

For a complete list of facilities, or for more information on the Baby-Friendly guidelines and criteria, visit http://www.babyfriendlyusa.org/ or the Washington State Health Department at http://www.doh.wa.gov/

The Ten Steps to Successful Breastfeeding are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.
Prescription Opioid Abuse Prompts Action

By Polly Carver-Kimm

Last month, President Obama announced a focused effort to curb prescription drug and heroin use problems. The President called for increased training for prescribers and improved access to treatment.

More Americans now die every year from drug overdoses than they do in motor vehicle crashes, and the majority of those overdoses involve prescription medications. Health care providers wrote 259 million prescriptions for opioid pain medications in 2012 — enough for every American adult to have a bottle of pills. Opioids are a class of prescription pain medications that includes hydrocodone, oxycodone, morphine, and methadone. Heroin belongs to the same class of drugs and four in five heroin users started out by misusing prescription opioid pain medications.

As in many other states, Massachusetts continues to see spikes in unintentional opioid overdose deaths. The number of confirmed cases of unintentional opioid overdose deaths for 2014 (1,089) represents a 63 percent increase over 2012 (668) and a 20 percent increase over cases for 2013 (911). Preliminary data for the first six months of 2015 suggests the upward trend will continue.

To combat this growing public health problem, the Massachusetts Department of Health & Human Services “Stop Addiction in its Tracks” campaign focuses on opioid addiction. The state launched an $800,000 TV, online and social media campaign in June to raise awareness among parents about the problem of prescription opioid addiction, with a follow-up campaign this fall. In addition, the Governor’s Opioid Working Group released an Action Plan aimed at curbing the opioid epidemic. The short and long-term recommendations focus on Prevention, Intervention, Treatment and Recovery Support.

Massachusetts plans to release opioid data quarterly. “One critical instrument we have to combat this deadly disease is information,” said Dr. Monica Bharel, Commissioner of the Department of Public Health. “We know that this epidemic remains a deadly reality for too many, and our treatment of it must remain a top priority across all sectors of government, including public health, healthcare, public safety, and education.”

As part of the President’s call for increased training for prescribers, a free, evidence-based, online training program that provides CME credits regarding pain medications is available.
Compelling Youth Tobacco Videos Earn Awards

By Brad Christensen

Health departments in Arizona and California each captured a NPHIC Excellence in Communication Award in the Special Audio/Visual category for videos focused on youth tobacco prevention.

The Arizona Department of Health Services struck gold with a “Voyage Trekkers” web video series, and the California Department of Public Health earned a bronze for its “Kids and the Tobacco Predator” video.

The Voyage Trekkers series consisted of 10 videos (called “webisodes”) featuring the same inept crew roaming the galaxy. The webisodes primarily targeted Arizona teens 12-14. Each was about 60 seconds long, based on a humorous script, and ended with the line, “Don’t use tobacco. Take a stand.” For example, a teenage girl, who is writing a homework assignment on the dangers of tobacco, asks a robot to identify the cancer-causing chemicals in cigarettes. As the robot churns out an incredibly long ticker-tape list, the girl responds, “I’ll just check the Internet.” All 10 webisodes can be viewed here.

California’s “Kids and the Tobacco Predator” effort consists of a 73-second informational video, plus a 30-second TV commercial that was pulled from the video footage. The video shows a group of small children examining a pile of various tobacco products and e-cigarettes. Talking among themselves, the children are obviously impressed. Their comments include: “This one looks super cool.” “It smells like strawberry.” “This is pretty.” “Do we get to keep any?” Meantime, an adult voice-over says, “The tobacco industry spends nearly $1 million an hour marketing its addictive and deadly products. With brightly colored packaging and fruit and candy flavors that kids love, who do you think they’re targeting?” Watch the video here.

Both states conducted research before creating their videos. Arizona relied on information garnered over two years from focus groups of children ages 12-17. That research indicated that humorous online videos presented on mobile devices would be the most consumed and shared content for youths. California conducted four focus groups with diverse, lower-income parents in 2013. That research uncovered a low level of awareness about the potential impact on youth from the advertising and pervasive presence of flavored tobacco products in neighborhood stores. Once the California video was developed, it was tested in an online survey of 400 respondents.

The Voyage Trekkers series was distributed and promoted on owned-media and social-media channels every Wednesday and Friday from Jan. 23 to Feb. 11 of this year. California used local health department partners to push out and spread the use of its Kids and the Tobacco Predator video. It was shown during community presentations, shared on Facebook pages, posted on websites and widely disseminated to other local youth, parent and school advocacy organizations.

The cost of the Voyage Trekkers series was $15,000 for production and $215,000 for media placement. The campaign achieved more than 43,000 views on YouTube, a 15 percent boost in Twitter followers, a more than doubling of the number of Facebook comments, and the delivery of more than 3.5 million impressions.

Kids and the Tobacco Predator cost $17,000 to produce, plus an additional $5,000 to develop the 30-second ad from the video. The video has been viewed by more than 30,000 people on tobaccoFreeCA.com and YouTube/TobaccoFreeCA. It also was shared on many social media sites, including Facebook and Twitter.
Don't let holiday hazards ruin your celebration

By Phyllis Bell-Davis

The holiday season is a great time for family celebrations, partying merrily, and the introduction of new foods and cooking techniques. Unfortunately the season can also prove hazardous to your health and safety. The following tips can help you to make it to next year, ensuring a safer holiday season for all.

Food: The CDC estimates that each year roughly one in six Americans (or 48 million) get sick, 128,000 are hospitalized, and 3,000 die of food poisoning. Food poisoning is common and costly, but preventable by following these few simple tips.

• Do not thaw food at room temperature; this allows for bacterial growth. Thaw frozen food in the refrigerator.

• Separate raw chicken and meats from other foods.

• Wash work areas, utensils and hands after contact with uncooked meat.

• Cook food carefully as to prevent food poisoning. The CDC suggests cooking food thoroughly to a safe minimum internal temperature of 165°F.

• Refrigerate leftovers separately after the meal; room temperature is not sufficient. Use leftover turkey, stuffing and gravy within three days of cooking.

Decorations: Parents should avoid using sharp, breakable decorations that resemble candy or food, as these may be confusing to a small child who could mistake them for something to eat. Other decorating tips to consider are:

• Antique ornaments might have hidden hazards including lead paint or poisonous liquids. Bubble lights may contain methylene chloride which is toxic if the liquid is swallowed.

• Although they are not fatal, poinsettias if consumed, can cause stomach upset and vomiting. Be sure to keep small children and pets away from poinsettias. Some other beautiful holiday plants that are potentially poisonous: mistletoe, holly, Christmas rose, and Jerusalem cherry.

• The use of artificial snow can cause respiratory problems if not used in a well-ventilated area.

• Angel hair, made of spun glass, is irritating to the eyes and skin. Be mindful of icicles or tinsel, as both can be a choking hazard.

• Artificial tree scents often contain alcohol and other irritants, and can be dangerous if swallowed or sprayed into the eyes. Tree preservatives, which may have dangerous levels of electrolytes and chemicals, should be kept away from children and pets.

Fires: Every year, more than 50,000 home fires are started by electrical problems, according to the National Fire Protection Association, and an average of 240 home fires begin with Christmas trees. FEMA notes that one in every three home Christmas tree fires is caused by electrical problems. Follow these tips for a fire-resistant holiday.

• Connect no more than three strands of light sets, and no more than 50 bulbs for screw-in light sets.

• If using a live tree, make sure your tree is at least three feet away from heat sources like fireplaces, radiators, space heaters, candles or heat vents. If you purchase an artificial tree, make sure it is flame-resistant.

• Leave lights unplugged while uncoiling and arranging them. Check last season’s lights carefully and discard them if wires are frayed, cracked, or otherwise damaged, or if they have loose connections or broken sockets.

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Never deep-fry a frozen turkey. Place the deep fryer in an open area away from walls, fences, or other structures. If a fire occurs, call 911 immediately; do not use water to extinguish the fire.

**Alcoholic beverages:**
According to Mothers Against Drunk Driving, deaths from drinking and driving spike around the holidays, with alcohol being blamed for more than 50% of fatal collisions. Take steps to protect yourself and others by following a few simple rules:

- If you drink, don’t drive no matter how little you think you’ve had.
- Don’t let someone you know get behind the wheel if they’ve been drinking.
- Avoid driving during early and late evening hours.
- If you must drive, be cautious and watch for the erratic movements of drunken drivers and immediately report suspected drunk drivers to the police.
- Keep your eyes on the road. Let passengers enjoy the scenery and chat on the phone.
- After a party, clean up immediately so that alcohol and other potentially harmful items are not within reach of children who may imitate adult behavior.
- A small amount of alcohol can cause a child’s blood sugar to drop to a dangerously low level. Sleepiness, seizures and breathing difficulties can occur when a child swallows alcohol.
- Store all alcoholic beverages in a locked cabinet or up and out of reach and sight of children.

**Slips, trips and falls:** More than 5,000 people are injured in decorating-related falls each holiday season. NEVER use a chair or anything else to stand on that may become unstable. To make sure you’re not a holiday statistic, use these tips when decking the halls.

- Check that the ladder is on secure and level ground.
- Space the ladder at least one foot away from the wall for every four feet high it reaches.
- Stay centered between rails and do not overreach.
- Don’t step on the top two rungs.
- For roof access, extend the ladder at least three feet above the roof.
- Keep the top and the bottom of the ladder clear of obstacles.
- Make sure the ladder is locked open.
Pursuing Health, Native Americans Complete Alcatraz Swim

By Pete Verral

In September 2003, Lakota Sioux Richard Iron Cloud and Armando Black Bear, novice swimmers from the Pine Ridge Indian Reservation near the Badlands of South Dakota, swam from Alcatraz Island to the San Francisco shore in the first PATHSTAR Alcatraz swim.

Asked why they braved the treacherous currents and frigid temperature of the San Francisco Bay, Iron Cloud replied, “Zuya,” a Lakota phrase that once meant to “go on a war party.” For the two men, the crossing was a symbolic 1.5-mile war party to fight diabetes and inspire healthier lifestyles among Pine Ridge and other Native Americans.

That tradition continued on Oct. 19, 2015 when Native Americans made the crossing from the “Rock” to San Francisco to conclude this year’s 13th annual PATHSTAR Alcatraz Swim Week. The eight-day event is a component of a year-round program to encourage healthy eating and a stay-active lifestyle among Native Americans who have the highest rates of Type 2 diabetes in the U.S., according to the Indian Health Service (IHS).

“I remember dreaming about being part of a team to encourage Native Americans to reclaim healthy lives of meaning and purpose. It’s been incredible to see the dream manifest and flourish, from our first swim week in the infancy of PATHSTAR to this year’s robust and dynamic program, with 13 participants, spanning 5 decades in age and representing Native communities in South Dakota, Washington, and California,” acknowledged Dr. Nancy Iverson, founder and director of PATHSTAR.

Many swim week participants regard the Alcatraz crossing next to impossible prior to completing a series of training swims led by experienced open-water swimmers from the South End Rowing Club (SERC), San Francisco.

Eloy Martinez, (Southern Ute), a member of the band of Native Americans who occupied Alcatraz in November, 1969 and remained for 19 months before they were removed by federal authorities, offered a sage blessing and prayer for a safe swim.

“What these people are doing is very important. I lost a son to diabetes,” Martinez said following the prayer. “It takes a lot of courage to swim Alcatraz and it carries a powerful message about the importance of exercise to help prevent diabetes.”

While the Alcatraz swim is the iconic cornerstone of the swim week program, the participants (aged 17-59), were immersed in an intensive week of communal living focused on good nutrition, fitness activities and educational opportunities with an emphasis on authentic traditions and healing. Activities ranged from gardening workshops and visits to farmer’s markets, to kayak/paddleboard outings, sessions with lifestyle and health/fitness coaches, and yoga and Pilates sessions.

It was the seventh swim week for Pine Ridge Oglala Sioux participant Nakina Mills. “I continue to learn more about healthy nutrition. I really enjoyed doing our own food measurements and being able to prepare the healthy meals,” she said.

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Mills’s daughter, Matagi I’atala, and Red Cloud High School friend, Jacob Cousin, were first-time swim week participants. “I liked being able to bring them with me as we need to start with young people about the importance of eating healthy and exercising,” Mills said.

Since returning home, Mills said she has noticed that Matagi and Jacob are paying attention to their daily sugar intake and sharing this with their peers. And her plan to have healthy snacks at her four-year old-son Shaidiem’s day care center paid off. On Halloween, the youngsters received oranges that looked like pumpkins and bananas that resembled ghosts.

Theresa Bessette, a Type 2 diabetic, received the Starfish award in recognition of her outstanding lifestyle changes. She quit smoking, improved her diet and has lost 189 pounds since first participating in the program in 2013.

Swim week participants make a yearlong commitment as ambassadors for healthy change, sharing their experience and successes with their family, friends and tribal communities.

Fifth-time participant Shelli Martinez (Colville Confederated Tribes), Omak, Wash., is the founding member of the Colville Tribes swim week team. “This year we got some really good in-depth composting lessons at master gardener Avis Licht’s garden in Woodacre (Calif.) and I want to implement a composting program in the Colville Tribes community gardens next spring” she said.

Martinez’s teammate and second-time swim week member

Elizabeth Best, Spokane Valley, Wash., hopes to work with the YMCA to start a diabetes prevention group for American Indians and Alaska Natives in the Spokane area.

Chapa –De swim team member Shawna Jackson (Hoopa tribe) planned to cut her hair after completing her first-time swim: “I wanted to do this to symbolize the start of a new, healthier life,” she said.

Jackson plans on teaching gardening at the Hoopa reservation near Eureka, Calif., and showing people some of the Pilates exercises she learned during the swim week. A diabetic, she also wants to start a pre-diabetic program on the reservation.

American Indians have a long history of helping others. Sarah Duffy, visiting from County Mayo, Ireland, was on the shore to greet the Native participants at the finish of their Alcatraz swim. She acknowledged the Choctaw people of Oklahoma’s incredible act of kindness in 1847, when they donated $170 to aid Irish people starving to death during the potato famine, and she congratulated the PATHSTAR Alcatraz Swim Week participants for their dedication to inspire a healthier lifestyle in their communities.

“Both the kindness of the Choctaw people who had such meager resources of their own and the amazing and inspiring accomplishments of the swim week participants shows that anything is possible when you put your mind to it.” Duffy said.
‘Fresh from Florida’ Healthy Food Challenge

By Agata Wlodarczyk

The Florida Department of Health, in partnership with the Florida Department of Agriculture and Consumer Services (FDACS), hosted the “Healthy, Fast, ‘Fresh From Florida’ Challenge” in November as part of the World Food Championship in Kissimmee, Florida.

The department and FDACS have an ongoing partnership on a variety of projects, but this is the first time it has been able to partner with the World Food Championship to host this type of challenge. In years past, the World Food Championship has taken place in Las Vegas, and the move to Kissimmee has provided Florida the opportunity to get involved and highlight healthy options in the “Sunshine State.”

The Challenge had two phases, the initial recipe submission phase and the live cooking competition, which took place on Friday, Nov. 6 at the World Food Championship. Each recipe entered in the competition was required to be less than 500 calories, include at least three colors, be low in sodium, contain at least two “Fresh From Florida” fruits or vegetables, one source of protein and to take no more than five minutes to cook. All submissions were also required to be original.

To make this event come together, the department rallied a team, which included staff from the Healthiest Weight Florida initiative, the Division of Community Health Promotion, the Office of Communications and our partners who included FDACS and MMA Creative, the group behind the World Food Championship.

To promote the event, Florida issued a series of media advisories and press releases. They announced the competition and the opening of the recipe submission window; introduced the three finalists; gave details about the event; and proclaimed the final winners of the competition. Traditionally, Florida sticks to reporters and outlets with a health beat, but for this event it branched out to lifestyle writers, food critics and food bloggers to share the messaging.

The Health Department leaned on its internal programs and external partners to share the information with groups including the Florida Public Health Association, the Florida Parks and Rec

Association, Visit Florida, the Florida State University Student Dietetic Association Executive Board and the Florida Restaurant and Lodging Organization. Additionally, the event was promoted through social media, including Facebook and Twitter, and through our local health offices across the state. On the day of the event, we invited local media through email and followed up calls.

This project gave us the opportunity to grow our partnership with FDACS and allowed us to step outside our usual beat to get Floridians engaged and highlight the importance of a healthy diet. We are still wrapping up the after event data, but we are encouraged by the positive response we’ve had to this challenge and hope to continue this new partnership in future years and build on our success.

For highlights from the event check out this video.