



THE LAMPLIGHTER

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A Public Health Nurse Newsletter

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Christmas is a time of year for caring and sharing of your time, resources and self. In the season, remember that your gifts have been many to those who seek your care. When you give an immunization, you are giving a gift of health to that individual; in doing a home visit to a pregnant woman you give the gift of knowledge, of how her baby is growing and what to expect in the future.

There is just one thing left to do --- be sure to give yourself a gift, too. That could be as simple as a long walk on a wintry evening to enjoy decorations, or fixing a cup of hot cocoa and watching a Christmas Special. Whatever it is that you choose to give yourself this Christmas do it with as much care and concern as you give to others. Remember that you are important in someone else's eyes. Have a Merry Christmas and a Happy New Year.

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Below is what's new at the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR), regarding women's health-related information.

This service is provided by the CDC/ATSDR Office of Women's Health

1. Tobacco Use among Adults - United States, 2005

In 2005, approximately 20.9% of U.S. adults were current cigarette smokers, the same percentage as in 2004, suggesting that the 8-year decline in smoking prevalence among adults in the United States might be stalling. In addition, the findings indicated that, in 2005, an estimated 2.2% of U.S. adults were current cigar smokers, 2.3% used smokeless tobacco, and 42.5% of current cigarette smokers had stopped smoking for at least 1 day in the preceding 12 months because they were trying to quit. Current smoking was higher among men (23.9%) than women (18.1%).

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5542a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5542.pdf>

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r061026a.htm>

2. Chronic Fatigue Syndrome Awareness Campaign

The first national public awareness campaign on chronic fatigue syndrome is designed to educate the American public and health care professionals about who is at risk for CFS, the symptoms of the illness, treatment and management options, the importance of seeking diagnosis and treatment, and the impact of the illness on both patients and family members.

<http://www.cdc.gov/cfs/>

3. CDC's Advisory Committee Recommends "Shingles" Vaccination

The Advisory Committee on Immunization Practices, a federal panel of immunization experts, has recommended people age 60 and older receive a new vaccine to prevent herpes zoster, or shingles, a condition that often leads to debilitating chronic pain.

http://www.cdc.gov/nip/news/pr/pr_zoster_oct2006.pdf

4. Genomic Tests for Ovarian Cancer Detection & Management

A CDC-sponsored evidence report on Genomic Tests for Ovarian Cancer Detection & Management has been released by the Agency for Healthcare Research and Quality. Current strategies for the detection of ovarian cancer have not proven to be effective; consequently there is tremendous interest in investigating genomic, proteomic and other tests to aid in early detection and management.

<http://www.cdc.gov/genomics/gtesting/EGAPP/docs/announcement2006-10-26.htm>



Cycle 6 of the National Survey of Family Growth

This report presents national estimates of the percentage and number of persons in the U.S. population aged 15-44 who report behaviors that place them at increased risk for acquiring or transmitting human immunodeficiency virus, or HIV. The report also contains data on condom use and HIV testing by persons who report risk behaviors. In addition, estimates of self-reported risk for HIV from the Cycle 6 National Survey of Family Growth are compared with data from other recent national surveys. Overall, 8.9 percent of persons 15-44 years of age had engaged in sexual behaviors in the past year that put them at increased risk of HIV, and 1.5 percent had engaged in drug use behaviors that put them at risk. In all, an estimated 9.9 percent engaged in either drug use or sexual behavior that placed them at increased risk for HIV. Including those who were treated for a sexually transmitted disease in the past year, 11.9 percent of persons 15-44 years of age-13.0 percent males and 10.8 percent of females-were at risk of HIV in 2002.

<http://www.cdc.gov/nchs/data/ad/ad377.pdf>

6. STD-Prevention Counseling Practices and Human Papillomavirus Opinions among Clinicians with Adolescent Patients - United States, 2004

The results of this survey indicated that most of the clinicians assessed STD risk in their adolescent patients, addressed STD prevention, and recommended various STD-prevention methods; however, clinician opinions varied regarding the effectiveness of methods for preventing HPV infection and whether their patients would adopt these methods for the long term. Clinicians periodically should assess STD risk in their adolescent patients and provide STD counseling and education to reduce the incidence of STDs in this age group at high risk.

Text version -

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5541a1.htm?s_cid=mm5541a1_e

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5541.pdf>

7. Prophylaxis and Treatment of Pregnant Women for Emerging Infections and Bioterrorism Emergencies

Recent experiences with outbreaks of severe acute respiratory syndrome, monkeypox, and anthrax, as well as response planning for bioterrorism and pandemic influenza, illustrate the challenges of making recommendations about treatment and prophylaxis for pregnant women. Understanding the physiology of pregnancy, the factors that influence the teratogenic potential of medications and vaccines, and the infection control measures that may stop an outbreak will aid planners in making recommendations for care of pregnant women during large-scale infectious disease emergencies.

<http://www.cdc.gov/ncidod/eid/vol12no11/06-0618.htm>



8. Emerging Infections and Pregnancy

Pregnant women's altered response to infectious diseases should be considered when planning a response to emerging infectious disease threats.

<http://www.cdc.gov/ncidod/eid/vol12no11/06-0152.htm>

9. The Second International Conference on Women and Infectious Diseases, Conference Summary

Scientists, clinicians, researchers, women's health advocates, educators, policymakers, and representatives from nongovernmental organizations and community-based organizations gathered in Atlanta on March 16-18, 2006, for the second International Conference on Women and Infectious Diseases. The theme was "Progress in Science and Action."

<http://www.cdc.gov/ncidod/eid/vol12no11/06-1025.htm>

10. Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools

This compendium provides researchers and prevention specialists with a set of assessment tools with demonstrated reliability and validity for measuring the self-reported incidence and prevalence of Intimate Partner Violence victimization and perpetration. Although the compendium includes more than 20 scales, it is not intended to be an exhaustive listing of available measures. The information is presented to help researchers and practitioners make informed decisions when choosing scales to use in their work.

http://www.cdc.gov/ncipc/dvp/Compendium/Measuring_IPV_Victimization_and_Perpetration.htm

11. Monitoring Progress Toward Achieving Maternal and Infant Healthy People 2010 Objectives - 19 States, Pregnancy Risk Assessment Monitoring System (PRAMS), 2000-2003

PRAMS data indicate variability among states regarding progress toward achieving HP 2010 objectives in the area of maternal and child health. More progress has been made in achieving objectives focused on the period during and after pregnancy (e.g., smoking cessation and proper infant sleep position); less progress has been made in achieving objectives related to behaviors and experiences in the preconception period (e.g., pregnancy intention and multivitamin use).

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5509a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/ss/ss5509.pdf>



12. Health Behaviors of Adults: United States, 2002-04

This report presents selected prevalence estimates of alcohol use, cigarette smoking, leisure-time physical activity, body weight status, and sleep habits among U.S. adults, using data from the 2002-04 National Health Interview Surveys. Estimates are shown for several sociodemographic subgroups for both sexes combined and for men and women separately.

http://www.cdc.gov/nchs/data/series/sr_10/sr10_230.pdf

13. Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation - United States, 2003-2005

The findings indicated that an estimated 21.6% of the adult U.S. population (46.4 million persons) had doctor-diagnosed arthritis, and 8.3% (17.4 million) had arthritis-attributable activity limitations. In unadjusted analyses for 2003-2005, the prevalence of doctor-diagnosed arthritis among adults was estimated at 21.6%, or 46.4 million persons. Prevalence was higher among women (25.4%) compared with men (17.6%), older age groups (50% for persons aged >65 years and 29.3% for persons aged 45-64 years) compared with younger age groups (7.9% for persons aged 18-44 years), and non-Hispanic whites (24.3%) compared with non-Hispanic blacks (19.2%) and Hispanics (11.4%).

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5540a2.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5540.pdf>

Erratum - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5541a6.htm>

14. QuickStats: Percentage of Teens Aged 14-17 Years Who Used Indoor Tanning Devices During the Preceding 12 Months, by Sex and Age – United States, 2005

In 2005, 8.7% of teens aged 14-17 years used indoor tanning devices. Girls aged 14-17 years were seven times more likely to use these devices than boys in the same age group. The use of indoor tanning devices increased with age from 14 to 17 years.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5540a9.htm>

15. Breast Cancer Information

Find out where you can get a free or low-cost mammogram, facts about breast cancer, risk factors, symptoms, how to reduce risk, and more.

<http://www.cdc.gov/cancer/breast/> <<http://www.cdc.gov/cancer/breast/>>



1997-2000 Breastfed, by Race/Ethnicity of Mother – United States

The percentage of infants ever breastfed increased from 55% among those born during 1990-1993 to 67% among those born during 1997-2000, bringing the levels of breastfeeding initiation closer to the Healthy People 2010 objective of 75% among mothers in all racial/ethnic groups.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5542a6.htm>

17. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings

These recommendations for human immunodeficiency virus (HIV) testing are intended for all health-care providers in the public and private sectors, including those working in hospital emergency departments, urgent care clinics, inpatient services, substance abuse treatment clinics, public health clinics, community clinics, correctional health-care facilities, and primary care settings. The recommendations address HIV testing in health-care settings only. They do not modify existing guidelines concerning HIV counseling, testing, and referral for persons at high risk for HIV who seek or receive HIV testing in nonclinical settings (e.g., community-based organizations, outreach settings, or mobile vans). The objectives of these recommendations are to increase HIV screening of patients, including pregnant women, in health-care settings; foster earlier detection of HIV infection; identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services; and further reduce perinatal transmission of HIV in the United States.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/rr/rr5514.pdf>

What Is A Performance Measure? – *Nursing Education*

Performance Measurement

Performance measurement is a simple concept without a simple definition. Essentially, performance measurement analyzes the success of a work group, program, or organization's efforts by comparing data on what actually happened to what was planned or intended.

A simple definition is:

Performance measurement is the regular collection and reporting of data to track work produced and results achieved. A performance measure measures something...usually progress toward an objective or goal.

So it doesn't matter if we call it a performance measure or a performance indicator or, in some cases, a performance standard. What matters is the concept:

A performance measure measures something.



What are the Key Attributes of a Performance Measure?

1. Validity...a valid measure is one that captures the essence of what it professes to measure.
2. Reliability...a reliable measure has a high likelihood of yielding the same results in repeated trials, so there are low levels of random error in measurement.
3. Responsiveness...a responsive measure should be able to detect change.
4. Functionality...a functional measure is directly related to objectives.
5. Credibility...a credible measure is supported by stakeholders.
6. Understandability...an understandable measure is easily understood by all, with minimal explanation.
7. Availability...an available measure is readily available through the means on hand.
8. Abuse-proof...an abuse proof measure is unlikely to be used against that which is, or those who are, measured.

Just look at Healthy People 2010 for perfect examples of Performance Measures.

Then what is a performance standard?

A Performance Standard is a generally accepted, objective standard of measurement such as a rule or guideline against which an organization's level of performance can be compared.

A performance standard establishes the level of performance expected. Standards can be descriptive or numerical.

A descriptive standard characterizes certain capacities or processes that are expected to be in place, i.e.,

“The local public health system is actively involved in the development and review of public health policies”.

A numeric standard establishes a quantifiable level of achievement, for example,
“At least 80% of immunization clients and their families will be satisfied with the immunization services received”.

According to the US Department of Health and Human Services **“Performance Measurement is needed as a management tool to clarify goals, document the contribution toward achieving those goals, and document the benefit received from the investment in each program”.**

This information was taken from “Turning Point – Collaborating for a New Century in Public Health” Guidebook for Performance Measurement.



NOW AVAILABLE!!!!

Respiratory Protection Program Guidance

Please be advised that a new CD containing tools which can be utilized in the development of a public health respiratory protection program is now available.

Nurses wishing to receive a copy of the CD should contact Rose Anne Michaels, Occupational Health Nurse Consultant for the Division of Threat Preparedness. Phone 558-6900 ext 2009 or e-mail roseannemichaels@wvdhhr.org.

THE MEDICATED GENERATION - *May be used to create patient education*


In Daily Health News, April 28, 2005, Jay S. Cohen, MD, author of "*What You Must Know About Statin Drugs and Their Natural Alternatives (Square One)*", talked about the cycle of drugs in which one drug creates side effects, so another drug is given and another and another. For example, heart medications and sleeping pills can cause depression that can lead to an antidepressant prescription, which can prompt sexual dysfunction and pills for erectile dysfunction, and so on. This drug cascade happens all too frequently in older people, who take multiple medications and may be more susceptible to side effects, observes Dr. Gurwitz. To counter this trend, he recommends that you exercise the following precautions...

* Know the name of every medication you take and the reason you're taking it. While this is very basic, the fact of the matter is that most people -- whatever their ages -- don't have this information, says Dr. Gurwitz. Don't take a drug without understanding why it is necessary. Ask your doctor. Do not leave the office without a full explanation for every prescription you are given, advises Dr. Gurwitz. If you can't get an explanation that you understand, it's time to change doctors.

* Start all medications at the lowest dose appropriate for your specific condition and slowly increase as necessary. Older people are often more susceptible to side effects because their liver and kidneys are slower to clear drugs, explains Dr. Gurwitz.

* Consider any symptom in an older patient a side effect until proven otherwise. Too often a change in energy, mood, concentration or memory is attributed to "old age," when it is actually a side effect of a medication, warns Dr. Gurwitz. Read the accompanying contraindications/warnings that come with all prescriptions so that you are familiar with potential side effects. If you suspect that a drug is causing side effects, notify your doctor and ask him/her if drug therapy is absolutely necessary. If not, ask about alternatives.

* Schedule a brown bag check-up. Often older people have a number of specialists, and take different medications prescribed by different doctors. As a safety precaution, once a year gather all your medicines -- both prescription and over-the-counter, including vitamins and supplements -- and bring them to your primary care provider's office. He/she can check for unnecessary overmedication, drug interactions and side effects.



* Give each physician you visit a list of all medications you take, both prescription and over-the-counter. One doctor may not know what the others are prescribing. Let each doctor know what you are taking. If your doctor isn't familiar with any of the drugs you are taking have him/her get familiar with them. (According to Dr. Rubman, if you are taking vitamins and other natural supplements it makes sense to have a naturopathic physician on your team, too.)

* Fill all your prescriptions at the same pharmacy. This is another safeguard against any unnecessary duplication of therapy. Additionally, Dr. Gurwitz points out that pharmacists are very knowledgeable, and may be more familiar with drug side effects than doctors.

* Take all medicines exactly as prescribed by your physician. This may sound basic, but according to Dr. Gurwitz, many people skip doses because they are wary of side effects or because they lose track or try to save on drug costs. There are many types of pill organizers available that can help you keep track of your medications and ensure proper dispensing. Note: Again, if you notice side effects, contact your doctor immediately.

* Put a support system in place. According to the American Psychiatric Association up to one-quarter of older people experience symptoms of mental illness such as anxiety, depression, or psychosis. If these symptoms result in skipping important medication -- such as heart or diabetes drugs -- a stroke, heart attack or diabetic coma may ensue. In such situations, a family member or home health aide is essential to ensure that older people take medications on schedule and refill prescriptions on a timely basis.

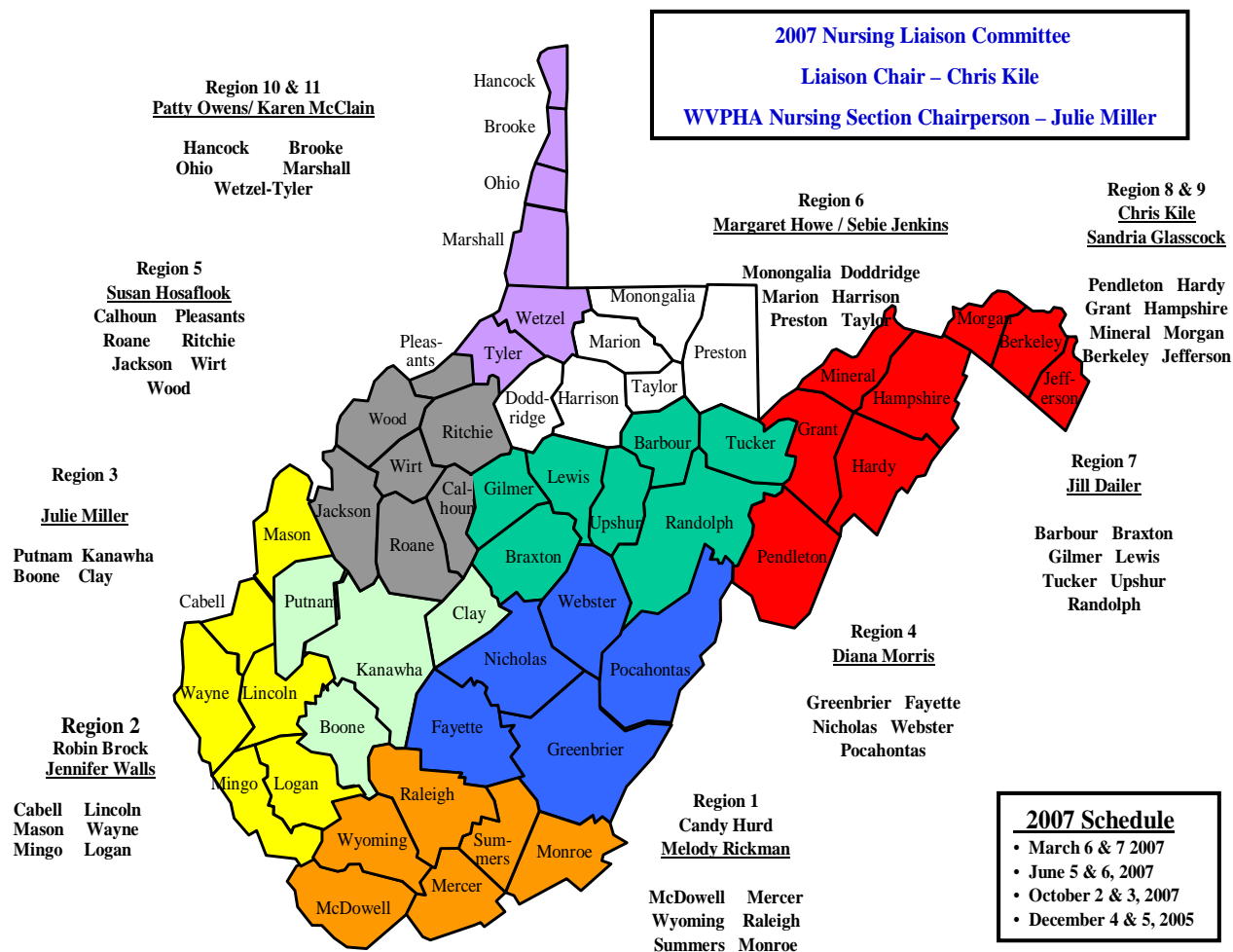
* Whenever possible, take generic drugs, with your physician's consent. Generics are usually lower-priced than more expensive brand-name products and are just as safe and effective, explains Dr. Gurwitz. Also, consider tried-and-true drugs instead of the newest brand-name drugs, since many newer drugs don't have the same track record for safety as do well-established drugs.

* Avoid drug samples. In the long run, samples will not serve an older person well, notes Dr. Gurwitz. You might get by for a few months on free samples, but then you are stuck with a higher-priced medication.

DON'T NEGLECT LIFESTYLE CONSIDERATIONS

Of course, pills alone are not the answer. Sometimes they're required. Sometimes, they are the "easy way out." However, it's likewise essential to follow a healthful diet, maintain a normal weight, engage in regular exercise, control stress and keep a positive attitude. Perhaps you can avoid a medication by limiting what you eat, getting more exercise and losing a few pounds.

Nurse Liaison Regional Map



Revised kcs 12/14/06

Spring Teaching

Be sure to save the dates for the 2007 Spring Teaching Days. Spring Teaching will be held at Stonewall Jackson Resort March 29th – 30th. CPR Training will be held the evening of March 28th for those who need to re-certify. Be sure to watch your e-mail and Lamplighters for further updates as they unfold.

Did you know that January is...

National hot tea month? Not only that but also prune breakfast, oatmeal soup, gourmet coffee, bread machine baking and wheat bread month! Of course it is also Fat Free Living month, which is appropriate after the holidays, don't you think?

January 6th is National Bean day and you may want to spend it alone, if you get my drift. Just enjoy new foods and experiences this year and look for ways to re-create old dishes to spice up your diet.

Printing out the health calendar takes too much room in this message so to save time and space in this document you can go to the web address below to make your own Health Observances Calendar: www.healthfinder.gov/library/nho/