



HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

HMHB Resource Watch

Improving the health status of Georgia's families.

Public Health News Thyroid Awareness Month

Volume 10, Issue 6
January 28, 2009

Inside this issue:

Public Health News	1
HMHB in the Community	2
Public Health News	3
News from National Healthy Mothers, Healthy Babies	4
News from National Healthy Mothers, Healthy Babies	5
Health Conferences and Observances	6

Thyroid Ideas from Edward Bauman The Metabolic Detective: A Look at Nutrition for Your Thyroid

By Mary Shomon, About.com December 14, 2003
About.com Health's Disease and Condition content is reviewed by our Medical Review Board

Edward Bauman, Ph.D. is founder and director of the Institute for Educational Therapy in Cotati, California. The Institute trains nutritionists and culinary arts professionals in how to identify and correctly use foods for their healing properties.

Doctor Bauman's philosophy focuses on the belief that a healthy lifestyle is a major key to both maintaining health and responding effectively to illness that occurs from the buildup of stress, toxins, trauma and malnutrition. According to Doctor Bauman, "I'm a nutritionist, but I'm also a metabolic detective. I'm looking for substances that alter thyroid function by either damaging the gland, or altering enzyme conversion."

Key points Dr. Bauman makes are...

- Avoid Aspartame, which may contribute to hyperthyroidism.
- Detoxify mercury and metals, specifically dental mercury.
- Stabilize adrenal function, especially people with allergies and stress
- Use Hormone-Free Meats
- Avoid Iodized salt. Replace it with Celtic salt, Japanese salt, or a good quality sea salt.
- Add seaweeds, chlorella and algae to your diet.
- Increase your consumption of coconut, whether the nut meat, oil, or milk.
- Eat more fish and flax seeds to increase fatty acids.
- Consider food's effects on antibody levels, and be very aware of potential food sensitivities that can disrupt the endocrine system.

<http://thyroid.about.com/cs/expertinterviews/a/bauman.htm>



HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

HMHB Resource Watch

Improving the health status of Georgia's families.

HMHB in the Community

University of Georgia - Griffin Campus	January 29, 2009 Annual Faith Leadership Summit 9:00 a.m. - 3:30 p.m.
Georgia State University - Central Presbyterian Church	February 3, 2009 Continuing Education Conference 8:30 a.m. - 2:00 p.m.
Healthy Mothers, Healthy Babies - Central Presbyterian Church	February 4, 2009 Annual Legislative Reception 5:30 p.m. - 8:00 p.m.
Sister to Sister Foundation - Americas Mart	February 7, 2009 Women's Heart Health Fair 9:00 a.m. - 2:00 p.m.
Association of Maternal and Child Health Programs - Conference Call	February 21-25, 2009 RSVP at http://www.zoomerang.com/Survey/survey.zgi?p=WEB228P547UC9C to receive conference call instructions

**Don't forget to utilize www.benevolink.com
for VALENTINE'S DAY!!!!**



HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

Registration is Underway

For Healthy Mothers, Healthy Babies Coalition of Georgia's

2009 Legislative Reception
Wednesday, February 4, 2009
5:30 p.m. - 8:00 p.m.

Central Presbyterian Church
201 Washington St. SW
Atlanta, GA. 30303

**Planning is underway for this educational and networking opportunity.
Registration and a complete agenda will be available on our website soon.**

For more information please contact HMHB at (770) 451-0020
RSVP at www.hmhbga.org



HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

HMHB Resource Watch

Improving the health status of Georgia's families.

Centers for Medicare and Medicaid Medical Dental Coverage Overview

Dental services under Title XIX of the Social Security Act, the Medicaid program, are an optional service for the adult population, individuals age 21 and older. However, dental services are a required service for most Medicaid-eligible individuals under the age of 21, as a required component of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Individuals under Age 21

EPSDT is Medicaid's comprehensive child health program. The programs' focus is on prevention, early diagnosis and treatment of medical conditions. EPSDT is a mandatory service required to be provided under a state's Medicaid program.

Dental services must be provided at intervals that meet reasonable standards of dental practice, as determined by the state after consultation with recognized dental organizations involved in child health, and at such other intervals, as indicated by medical necessity, to determine the existence of a suspected illness or condition. Services must include at a minimum, relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services for EPSDT recipients.

Oral screening may be part of a physical exam, but does not substitute for a dental examination performed by a dentist as a result of a direct referral to a dentist. A direct dental referral is required for every child in accordance with the periodicity schedule set by the state. The Centers for Medicare & Medicaid Services does not further define what specific dental services must be provided, however, EPSDT requires that all services coverable under the Medicaid program must be provided to EPSDT recipients if determined to be medically necessary. Under the Medicaid program, the state determines medical necessity.

If a condition requiring treatment is discovered during a screening, the state must provide the necessary services to treat that condition, whether or not such services are included in the state's Medicaid plan.

Individual age 21 and older

States may elect to provide dental services to their adult Medicaid-eligible population or elect not to provide dental services at all as part of its Medicaid program. While most states provide at least emergency dental services for adults, less than half of the states provide comprehensive dental care. There are no minimum requirements for adult dental coverage.

<http://www.cms.hhs.gov/MedicaidDentalCoverage/>

News From National Healthy Mothers, Healthy Babies— December 15, 2008

This Week:

- 1) Study: Fortification of Corn Masa Flour Could Increase Folic Acid Intake for Mexican American Women
- 2) Birth Rates After In Vitro Fertilization
- 3) Campaign Strives to End Childhood Hunger
- 4) January is Cervical Health Awareness Month
- 5) From FDA: Latest on Peanut Butter Salmonella Outbreak
- 6) Notes on the Immunization Schedule

MATERNAL-INFANT HEALTH NEWS

1) STUDY: FORTIFICATION OF CORN MASA FLOUR COULD INCREASE FOLIC ACID INTAKE FOR MEXICAN AMERICAN WOMEN A study in the January 2009 edition of the American Journal of Clinical Nutrition assessed the potential impact of fortifying corn masa flour with folic acid on Mexican American women and other segments of the US population. In "Predicted Contribution of Folic Acid Fortification of Corn Masa Flour to the Usual Folic Acid Intake for the US Population" a model was developed by using data from the National Health and Nutrition Examination Survey 2001–2004 to estimate the folic acid content in foods containing corn masa flour if fortified at a level of 140 µg folic acid/100 g corn masa flour. The study authors found that, had corn masa flour fortification occurred, Mexican American women aged 15–44 years could have increase their total usual daily folic acid intake by 19.9%, while non-Hispanic white women would have increased their intake by 4.2%. To access the study online, go to <http://www.ajcn.org/cgi/content/abstract/89/1/305>.

2) BIRTH RATES AFTER IN VITRO FERTILIZATION A study published in the January 15, 2009 edition of the New England Journal of Medicine examines the number of live births reported among patients undergoing in vitro fertilization (IVF). While outcomes of IVF treatment are typically reported as pregnancies per IVF cycle, most couples' primary concern is the chance of a live birth over the entire course of treatment. In "Cumulative Live Birth Rates after In Vitro Fertilization," study authors estimated cumulative live-birth rates among patients undergoing their first fresh-embryo, nondonor IVF cycle between 2000 and 2005 at one large center. Couples were followed until either discontinuation of treatment or delivery of a live-born infant. The study authors conclude by reporting that their results indicate that IVF may largely overcome infertility in younger women, but it does not reverse the age-dependent decline in fertility. To access the study online, go to <http://content.nejm.org/cgi/content/short/360/3/236>

CHILD, ADOLESCENT, FAMILY & COMMUNITY HEALTH NEWS

3) CAMPAIGN STRIVES TO END CHILDHOOD HUNGER Share Our Strength, in partnership with AT&T, has launched "Operation No Kid Hungry," a campaign to raise funds to help end childhood hunger and encourage Americans to hold food drives in their own communities. The campaign responds to President-Elect Barack Obama's call to action for corporations to serve our nation's communities and builds on his commitment to end childhood hunger by 2015. Share Our Strength is a national partnership of community groups, activists and food programs. Their goal is "to catch children at risk of hunger and surround them with nutritious food where they live, learn and play." In the US, over 12 million children go hungry every day, and an even larger number are "food insecure," uncertain from day to day where their next meal is coming from.

Individuals can donate \$5 to Share Our Strength by text messaging "SHARE" to 20222. AT&T will match all text donations up to \$100,000. To learn more, go to the Share Our Strength Web site at <http://www.strength.org/>.

5) FROM FDA: LATEST UPDATES ON PEANUT BUTTER SALMONELLA OUTBREAK The Food and Drug Administration (FDA) is investigating the source of a salmonella outbreak in peanut products, and has traced one potential source of the contamination to a plant owned by Peanut Corporation of America (PCA). PCA manufactures both peanut butter that is served in institutional settings such as long-term care facilities and cafeterias, and peanut paste, a concentrated product distributed to food manufacturers to be used as an ingredient in products including cakes, cookies, crackers, candies, cereals and ice cream. The FDA is asking consumers to avoid eating all commercially-prepared or manufactured peanut butter-containing products and institutionally-served peanut butter under more information becomes available about which products may be affected. FDA is also recommending that consumers avoid eating products that have been recalled and discard any that they have at home. For more detailed information, including a list of recalled products, go to the FDA Web site at <http://www.fda.gov/oc/opacom/hottopics/salmonellatyph.html>.

6) NOTES ON THE IMMUNIZATION SCHEDULE

An article in the January 6, 2009 edition of the Annals of Internal Medicine outlines changes that were made in finalizing the 2009 adult immunization schedule. No new vaccines were added to the schedule, but there updates to vaccination guidelines for varicella, meningococcal vaccine, hepatitis A and B and several others. This schedule was approved by the Advisory Committee on Immunization Practices (ACIP) in October 2008. To access this information online, go to <http://www.annals.org/cgi/content/full/150/1/40>. In addition, an article in the January 2009 edition of the American Academy of Pediatrics (AAP) News includes information regarding the development of the childhood vaccine schedule and the rationale behind it. The article answers questions including, why is the vaccine schedule one size fits all, why so many vaccines, why start so early, why not spread out the schedule? To read the full article online, go to http://www.cispimmunize.org/fam/schedule_whysomany.html

Sources:

<http://content.nejm.org/cgi/content/short/360/3/236>
<http://www.ajcn.org/cgi/content/abstract/89/1/305>
<http://www.annals.org/cgi/content/full/150/1/40>
<http://www.cdc.gov/vaccines/vpd-vac/hpv/default.htm>
<http://www.chop.edu/consumer/jsp/division/generic.jspid=84544>
http://www.cispimmunize.org/fam/schedule_whysomany.html
<http://www.fda.gov/oc/opacom/hottopics/salmonellatyph.html>
<http://www.nccc-online.org/awareness.html>
<http://www.parentdish.com>
<http://www.strength.org/>

Information is reported as provided and does not necessarily represent the view of or the endorsement by the National Healthy Mothers, Healthy Babies Coalition. A complete copy of HMHB's disclaimer is available on the HMHB Web site at <http://www.hmhb.org/disclaimer.html>

News From National Healthy Mothers, Healthy Babies— December 8, 2008

This Week:

- 1) Folic Acid Resources from CDC
- 2) Repeat Cesareans and Neonatal Outcomes
- 3) New Children's Product Safety Laws to Take Effect in February
- 4) Article Discusses Concerns Re: Alternative Vaccine Schedule
- 5) Report on Key Child Data from Children's Defense Fund
- 6) 2009 Standard Mileage Rates from the IRS

MATERNAL-INFANT HEALTH NEWS

1) FOLIC ACID RESOURCES FROM CDC

Consuming 400 micrograms of folic acid daily before and during early pregnancy can help reduce a woman's risk of having a pregnancy affected by a serious birth defect of the spine or brain. The Centers for Disease Control and Prevention (CDC) has developed a series of promotional tools to educate the public on this issue. They include a feature article, "Women Need 400 Micrograms of Folic Acid Every Day," available at <http://www.cdc.gov/features/folicacid/>; eCards in English and Spanish, available at <http://www2a.cdc.gov/eCards/message/message.asp?cardid=241> and <http://www2a.cdc.gov/eCards/spanish/>; and Podcasts, available in English and Spanish at <http://www2a.cdc.gov/podcasts/player.asp?f=7552>.

2) REPEAT CESAREANS AND NEONATAL OUTCOMES A study published in the January 8, 2009 edition of the *New England Journal of Medicine* examines associations between elective cesarean delivery at term (37 weeks or longer) but before 39 weeks of gestation, and neonatal outcomes. In "Timing of Elective Repeat Cesarean Delivery at Term and Neonatal Outcomes," researchers studied a cohort of patients undergoing repeat cesarean sections from 1999 through 2002. They found that elective repeat cesarean delivery before 39 weeks of gestation is common and is associated with respiratory and other adverse neonatal outcomes. To access the article online, go to <http://content.nejm.org/cgi/content/short/360/2/111>.

CHILD, ADOLESCENT, FAMILY & COMMUNITY HEALTH NEWS

3) NEW CHILDREN'S PRODUCT SAFETY LAWS TO TAKE EFFECT IN FEBRUARY

In February 2009, new requirements of the Consumer Product Safety Improvement Act (CPSIA) will take effect, expecting manufacturers, importers and retailers to comply with new Congressionally-mandated laws. Beginning February 10, 2009, children's products cannot be sold if they contain more than 600 parts per million (ppm) total lead. The new law requires that domestic manufacturers and importers certify that children's products made after February 10 meet all the new safety standards and the lead ban. Sellers of used children's products, such as thrift stores and consignment stores, are not required to certify that those products meet the new lead limits, phthalates standards or new toy standards. The new safety law does not require resellers to test children's products in inventory for compliance with the lead limit before they are sold. However, resellers cannot sell children's products that exceed the lead limit and therefore should avoid products that are likely to have lead content, unless they have testing or other information to indicate the products being sold have less than the new limit. Those resellers that do sell products in violation of the new limits could face civil and/or criminal penalties. For more information, go to the Consumer Product Safety Commission (CPSC) Web site at <http://cpsc.gov/cpscpub/prerel/prhtml09/09086.html>. Some smaller companies and individuals manufacturing toys and children's products have objected to some of the requirements of the CPSIA. For more information, go to the Handmade Toy Alliance Web site at <http://www.handmadetoyalliance.org/>

4) ARTICLE DISCUSSES CONCERNS RE: ALTERNATIVE VACCINE SCHEDULE

In October 2007, Dr. Robert Sears published "The Vaccine Book: Making the Right Decision for Your Child," largely in response to growing parental concerns about the safety of vaccines. The book is popular among consumers, and includes "Dr. Bob's Alternative Vaccine Schedule," a formula by which parents can delay, withhold, separate or space out vaccines. An article in the January 2009 edition of the *Journal of Pediatrics* examines the reasons for the popularity of Sears book, deconstructs the logic and rationale behind its recommendations, and describes how misrepresentation of vaccine science misinforms parents trying to make the right decisions for their children. Currently, pediatricians encounter many parents who insist that their children receive vaccines according to Sears' schedule, rather than the schedule recommended by the American Academy of Pediatrics, the Centers for Disease Control and Prevention and the American Academy of Family Physicians. To access the article online, go to <http://pediatrics.aappublications.org/cgi/content/full/123/1/e164>.

5) REPORT ON KEY CHILD DATA FROM CHILDREN'S DEFENSE FUND

The Children's Defense Fund has released its "State of America's Children 2008" report, a compilation of national and state-by-state data on poverty, health, child welfare, youth at risk, early child development, education, nutrition and housing. The report is a statistical compendium of key child data showing large numbers of children at risk. "State of America's Children 2008" also includes comparisons of selected child statistics from the US and other industrialized countries. To access a press release, highlights and a full copy of the report online, go to http://www.childrensdefense.org/site/PageServer?pagename=policyareas_stateamericaschildren_2008.

NON-PROFIT MANAGEMENT

6) 2009 STANDARD MILEAGE RATES FROM THE IRS The Internal Revenue Service (IRS) has issued the 2009 optional standard mileage rates used to calculate the deductible costs of operating an automobile for business, charitable, medical or moving purposes. As of January 1, 2009 the standard mileage rates for the use of a car (also vans, pickups or panel trucks) will be: 55 cents per mile for business miles driven; 24 cents per mile driven for medical or moving purposes; and 14 cents per mile driven in service of charitable organizations. The new rates for business, medical and moving purposes are slightly lower than rates for the second half of 2008 that were raised by a special adjustment mid-year in response to a spike in gasoline prices. The rate for charitable purposes is set by law and is unchanged from 2008. For more information, go to the IRS Web site at <http://www.irs.gov/newsroom/article/0,,id=200505,00.html>.

Sources:

<http://content.nejm.org/cgi/content/short/360/2/111>
<http://cpsc.gov/cpscpub/prerel/prhtml09/09086.html>
<http://pediatrics.aappublications.org/cgi/content/full/123/1/e164>
<http://www.cdc.gov/features/folicacid/>
http://www.childrensdefense.org/site/PageServer?pagename=policyareas_stateamericaschildren_2008
<http://www.handmadetoyalliance.org/>
<http://www.irs.gov/newsroom/article/0,,id=200505,00.html>
<http://www2a.cdc.gov/eCards/message/message.asp?cardid=241>
<http://www2a.cdc.gov/eCards/spanish/>
<http://www2a.cdc.gov/podcasts/player.asp?f=7552>

Information is reported as provided and does not necessarily represent the view of or the endorsement by the National Healthy Mothers, Healthy Babies Coalition. A complete copy of HMHB's disclaimer is available on the HMHB Web site at <http://www.hmhb.org/disclaimer.html>

Public Health Conferences and Events

8th Annual New Partners for Smart Growth Conference: Building Safe, Healthy and Livable Communities - (Local Government Commission (LGC)) - January 22-24, 2009, Albuquerque, NM

Health and Human Rights in 2009: Global Problems, Local Solution - (Physicians for Human Rights) - January 31 - February, 1, Providence, RI

Preventive Medicine 2009 - (American College of Preventive Medicine (ACPM)) - February 11-14, 2009, Los Angeles, CA

Public Health Preparedness Summit 2009 - February 18-20, 2009, San Diego, CA

12th Annual Health Education Advocacy Summit - (Society for Public Health Education (SOPHE)) - February 21-23, 2009, Washington, DC

National Conference on Chronic Disease Prevention and Control: Cultivating Healthy Communities - (Centers for Disease Control and Prevention (CDC)) - February 23-25, 2009, Washington, DC

Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health - (Department of Health and Human Services (HHS) U.S.) - February 25-27, 2009, National Harbor, MD

January Health Observances

1-31
Cervical Health Awareness Month
National Cervical Cancer Coalition (NCCC)
www.nccc-online.org/awareness.html

1-31
Glaucoma Awareness Month
Prevent Blindness America
www.aamds.org

1-31
National Birth Defects Prevention Month
March of Dimes
www.npdnp.org/current/resources/bdpm2009.html

1-31
National Blood Donor Prevention Month
AABB (formerly the American Association of Blood Banks)
www.aabb.org

1-31
Thyroid Awareness Month
American Association of Clinical Endocrinologists
www.thyroidawareness.com



HEALTHY MOTHERS, HEALTHY BABIES *Coalition of Georgia*

*Improving the health status of
Georgia's families.*

Healthy Mothers, Healthy Babies Coalition of
Georgia, Inc.
2300 Henderson Mill Road, Suite 410
Atlanta, GA. 303045
www.hmhbga.org

Phone: 770-451-0020
The Powerline: 770-451-5501 or 800-822-2539
Fax: 770-451-2466
E-mail: thecoalition@hmhbga.org

This newsletter is being distributed to HMHB Coalition Members. Please submit your questions or comments about this newsletter and or its content to Kayla Holmes at kayla.holmes@hmhbga.org.

Information is reported as provided and does not necessarily represent the view of or the endorsement by the Healthy Mothers, Healthy Babies Coalition of Georgia, Inc. A complete copy of HMHB's disclaimer is available on the HMHB Web site at <http://www.hmhb.org/disclaimer.html>.