



# Health and Health Care in Schools

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## AAP Takes Stand on Marketing to Children and Adolescents

In the first revision in 11 years of its position on marketing to children, the American Academy of Pediatrics (AAP) December 4 issued a comprehensive and strongly worded indictment of the advertising industry in the United States and its efforts to establish "brand name preference" in children as young as preschool.

Selling to children is simply "business as usual" in the United States, the report by the AAP's Committee on Communications notes, though many other countries forbid advertising on television to children younger than 12 years and at hours when children are expected to be watching.

The committee made clear that its interest in U.S. policies allowing almost unrestricted advertising to children stems from the fact that those ads have health effects. Specifically, the report cites:

- *Alcohol advertising.* The alcohol industry spends \$5.7 billion a year on advertising, and young people typically view 2000 beer and wine promotions annually, with most of the ads concentrated in sports programming.
- *Tobacco advertising.* Tobacco manufacturers spend \$30 million a day on advertising and promotion. "Exposure to tobacco advertising may be a bigger risk factor than having family members and peers who smoke and can even undermine the effect of strong parenting practices."
- *Drug advertising.* The "Just Say No" message to teenagers must compete with \$11 billion a year spent on cigarette advertising, \$5.7 billion a year on alcohol advertising, and nearly \$4 billion a year on prescription drug advertising.
- *Food advertising.* On TV, of the estimated 40,000 ads per year that young

people see, half are for food, especially sugared cereals and high-calorie snacks. Healthful foods are advertised less than 3 percent of the time. Fast food conglomerates use toy tie-ins with major motion pictures to attract young viewers.

- *Sex in advertising.* Young viewers see many advertisements for drugs for erectile dysfunction but none for birth control products or emergency contraception. "Research has definitively found that giving teenagers increased access to birth control through advertising does not make them sexually active at a younger age."
- *Advertising in schools.* Ads now appear on school buses, in gymnasiums, on book covers, and even in bathroom stalls. The educational TV Channel One consists of 10 minutes of current-events programming and 2 minutes of commercials. Channel One now plays in 25 percent of the nation's middle and high schools and generates profits estimated at \$100 million annually.

In a press conference before release of the policy statement, principal author Dr. Victor Strasburger noted that in the United States, virtually unlimited advertising to children has "commercialized childhood," with industries looking to ever-younger children to become consumers with brand-name loyalties. Strasburger suggested that children can, however, be "immunized" against advertising pitches if they and their parents are educated in the way media works and the motivations of advertisers.

In other recommendations, the Communications Committee suggested that pediatricians should take some actions themselves, such as subscribing only to magazines that are free of alcohol and tobacco advertising for their waiting rooms,

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strongly counseling parents on limiting screen time for children, and writing letters to advertisers when they see inappropriate ads and urging parents to do the same.

The committee also urged actions at the federal level, suggesting that Congress should be asked to:

- Implement a ban on cigarette and tobacco advertising in all media, including banners and logos in sports arenas;
- Restrict alcohol advertising to what is known as “tombstone advertising,” in which only the product is shown, not cartoon characters or attractive women;
- Implement a ban on junk-food advertising during programming that is viewed predominantly by young children;
- Convene a national task force on advertising under the auspices of the National Institute of Medicine, the National Institutes of Health, or the Federal Trade Commission, to discuss the nature of the current problem and propose solutions.

*The policy statement “Children, Adolescents, and Advertising” prepared by the AAP’s Committee on Communications, is published in the December 2006 issue of the journal Pediatrics.*

*See also:*

*May 2006 News Alert: Food Marketing to Children Linked to Obesity (5/4/06) [www.healthinschools.org/2006/may4b\\_alert.aasp](http://www.healthinschools.org/2006/may4b_alert.aasp) June/July 2006. HHCS: Food Marketing to Children. [www.healthinschools.org/ejournal/2006/worth04.htm](http://www.healthinschools.org/ejournal/2006/worth04.htm).*

## **A Revolution in Head Lice Treatment—It’s a Lot of Hot Air!**

A major study reported in this month’s issue of the journal *Pediatrics* contends there is a better way than chemical shampoos to control infestations of head lice in children. To prove their point, researchers from the Department of Biology at the University of Utah in Salt Lake City describe their experiences with the use of 30 minutes of hot air, directed at lice-infested heads from a hair dryer or from a simple device developed specifically for the purpose.

The researchers tested six different treatment methods—a bonnet-style hair dryer, handheld blow dryers with both diffuse and directed heating, a wall-mounted dryer of the type found in public restrooms, and two applications of a custom-built device called the LouseBuster, which the researchers describe as “an institutionally based machine that can be operated by health care providers, school administrators, or trained parents and other volunteers.” All of the methods had high egg mortality (more than 88 percent) but varied in their ability to kill hatched lice. The most successful—the LouseBuster—resulted in nearly 100 percent mortality of eggs and 80 percent mortality of hatched lice.

The experiments were conducted on 169 elementary-school chil-

dren who had infestations ranging in size from a few lice to hundreds. Researchers carefully combed one side of each subject’s scalp until all living lice and eggs were removed, and then treated the entire scalp with hot air at temperatures the children found comfortable. After treatment, the other side of the scalp was combed for the same amount of time. Lice and eggs collected from both sides were brought to the laboratory within three hours of removal, and examined under a dissecting microscope. The researchers checked dead lice for up to 18 hours to watch for the “resurrection effect” that sometimes occurs when lice seem to have been killed with pediculicides but are not really dead. “This was never a problem: all of our dead lice remained that way,” the researchers commented.

The mechanism by which hot air kills lice is uncertain, the researchers said, but they believe desiccation is the most likely candidate. “Lice are highly susceptible to desiccation because their small size and flattened shape give them a high surface area/volume ratio.” They hope to determine the “exact proximal effect” of hot air on lice in the future, but in the meantime, they note that hot air treatments take just 30 minutes, compared with chemical shampoos or suffocation-based pediculicides, which require at least two and often three treatments a week apart. And it’s not likely that lice will become resistant to hot air, as they have to some chemicals, because that would require fundamental changes in their water physiology. “In summary,” the researchers said, “hot air is a significant improvement over other therapies used to treat head lice.”

While hot air, however applied, seemed to kill both lice and eggs, researchers found the specially designed LouseBuster to be the most effective method. To more rigorously test the device, they treated 11 subjects without preliminary combing, to see whether the method could eradicate entire infestations of head lice. “None of the 11 subjects indicated that the treatment was uncomfortably hot, and none asked to stop treatment. At the one-week follow-up, 10 (91 percent) of the 11 had no lice. The eleventh subject had a single live male louse, which is not a viable breeding population.”

The “LouseBuster” referred to in the report is described as “a custom-built, high-volume, hot-air blower with a molded hand piece that supports coarse teeth. The hand piece is pulled through the hair slowly while hot air blows opposite the direction of pulling. The combination of high temperature, high air flow, and the mechanical lifting of the hair leads to 98 percent of mortality of louse eggs and 80 percent mortality of hatched lice.” The description concludes that these mortality rates are sufficient to cure most subjects of head lice.

*The article, “An Effective Nonchemical Treatment for Head Lice: A Lot of Hot Air,” appears in the December 2006 issue of the journal Pediatrics. Correspondence should be addressed to [clayton@biology.utah.edu](mailto:clayton@biology.utah.edu).*

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*See also:*

September 2004. *News Alert: New Treatment for Head Lice* (9/9/04) [www.healthinschools.org/2004/Sept09\\_alert.asp](http://www.healthinschools.org/2004/Sept09_alert.asp)

## Surfing for Thinness: Where Adolescents Go for Eating Disorders Support

Anyone who works with adolescents with eating disorders needs to know that the young people have access to a wide range of Internet websites that promote anorexia and bulimia as acceptable and even desirable life styles, say researchers who surveyed the Internet viewing habits of individuals diagnosed with eating disorders.

They found that pro-eating-disorder site usage was prevalent among teenagers, especially in the 13-to-19-years age range, a time at which many adolescents turn to the Internet for information about health. Half of the information-seekers are looking for ways to lose weight, and one-quarter are seeking information about eating disorders.

Web sites that respond to this search for information often promote eating disorders as a life-style choice, but some discuss it as an illness. In either case, the researchers found, the sites tend to share similar content, including “thinspiration” (images of thin women), poetry, weight-loss advice, methods for avoiding detection by family and health care providers, forums, merchandise, and links to related sites.

How much influence these sites have on adolescent behavior is not well known, though some studies have shown them to be more supportive than face-to-face therapy. In any case, the researchers said, we need to know more about the sites themselves and how they are being used.

Among their findings:

- Use of the sites is prevalent among teenagers, but parents often have very little knowledge of their children’s viewing;
- Adolescents don’t need to be directed to the sites; most find them by chance;
- Many teens report learning about new weight loss or purging techniques from the sites, and many then use the new methods;
- Use of pro-eating disorders web sites was associated with longer disease duration and less time devoted to school-related activity.

The researchers, who were supported by the Pediatric Research Fund at Stanford University School of Medicine, say their study was intended as “a preliminary foray into the world of pro-ED web sites” and was designed to understand better the profiles of their adolescent users and to probe associations between their

use and outcomes. The study, which required parental consent, was handicapped by a low response rate: the researchers note that “patients with ED are a notoriously difficult population to capture because of the nature of the illness.”

*The full text of the article “Surfing for Thinness: A Pilot Study of Pro-Eating Disorder Web Site Usage in Adolescents with Eating Disorders” is published in the December 2006 issue of the journal Pediatrics. Correspondence should be addressed to [rpeebles@stanford.edu](mailto:rpeebles@stanford.edu).*

*See also:*

January 2003. *HHCS. Identifying and Treating Eating Disorders.* [www.healthinschools.org/ejournal/2003/jan03\\_3.htm](http://www.healthinschools.org/ejournal/2003/jan03_3.htm)

## Thoughts on a Nursing Shortage

Currently, the United States is short an estimated 150,000 nurses, according to an article in the November 8 issue of the journal *Health Affairs*, and the shortage is expected to increase over the next decade, possibly rising to 800,000 by the year 2020.

Many factors are causing this situation, a conference on the future of nursing was told earlier this year, but it’s important to keep in mind seven “myths” that need to be debunked if things are to get better. Here are misconceptions about nursing put forward at the meeting:

*Myth: We can continue to “muddle through” the present and possible future shortages of nurses without serious consequences.*

*Fact: Lack of nurses has substantial impacts on emergency access to needed health care services, quality of care, patient safety, access to need health care services particularly for vulnerable populations, and economic growth.*

*Myth: Not enough Americans want to be nurses.*

*Fact: Many thousands of qualified nursing school applicants are turned away because U.S. nursing schools lack educational capacity, particularly faculty.*

*Myth: The U.S. nursing shortage can be solved by opening our borders to nurses from other countries.*

*Fact: The shortage is too large to be solved by immigration. And the shortage isn’t confined to the U.S.—it’s global. Taking nurses from other countries would simply bankrupt the international supply and would affect health worldwide.*

*Myth: The U.S. nurse shortage can be solved by substituting unskilled labor.*

*Fact: Research indicates that substituting licensed practical nurses or aides for registered nurses in hospitals results in higher mortality rates and worse patient outcomes.*

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**Myth:** *Practicing physicians oppose expanding the roles of nurses or increasing the supply.*

**Fact:** Because of factors such as the changing demography of the physician workforce, regulation of hours, and increasing demand for services, doctors need nurses to be able to “work upstream” in the medical division of labor.

**Myth:** *Care will increasingly shift to out-of-hospital settings, reducing the need for nurses*

**Fact:** Although inpatient days are falling, people in hospitals are sicker, and there are more chronic illnesses, both requiring intensive services.

**Myth:** *We don't know how to solve the nursing shortage.*

**Fact:** More federal investment in nurse education is needed, hospitals and other employers need to support the education of new nurses and increase nurse efficiency, partly by seeing to it that nurses actually do nursing. There need to be innovative educational pathways to bachelor and graduate degrees in nursing and incentives for faculty recruitment. And everybody needs to recognize the impact of nursing care on health care quality and safety, and be prepared to pay for it.

The information in this article is drawn from a presentation by Linda Aiken at a September 2006 meeting sponsored by Health Affairs, the Robert Wood Johnson Foundation, and the John A. Hartford Foundation. The entry is posted at <http://healthaffairs.org/blog/2006/11/08/nurses-mythbusting-the-nursing-shortage>.

*See also:*

*January 2003. News alert: Nursing Enrollments Do Not Meet Demand for New Nurses.* [www.healthinschools.org/2003/jan23-alert.asp](http://www.healthinschools.org/2003/jan23-alert.asp)

## WORTH NOTING

### Effects of Activity Limitations on Asthmatic Children

Exercise is a common trigger for asthma in children, and this leads many parents and children to try to control asthma by avoiding physical activity. In a study of children aged 7 to 14 years who attended outpatient clinics, researchers confirmed that children with asthma were significantly less active than children with a variety of other outpatient medical conditions, including skin and upper respiratory problems. They also found that the children with asthma had higher body mass index—more than half of the asthmatic children were overweight and more than 20 percent were in the obese category, findings the researchers said were independent of gender or sociodemographic status. Children in the asthma group also had higher levels of emotional disturbance compared with children with other outpatient conditions. Researchers concluded that the study “highlights the importance of barriers to exercise within pediatric asthma care and identifies

the need for effective interventions to promote physical activity.” The research report, “Asthma as a Barrier to Children’s Physical Activity: Implications for Body Mass Index and Mental Health,” appears in the December 2006 issue of the journal *Pediatrics*.

### Beginning to Begin on Obesity

In 2005, 42 states passed or considered some type of legislation on nutrition. Numerous school districts have changed their policies to help eliminate low-nutrient foods from cafeterias and other school areas. But these local efforts are not being matched at the federal level, says a report in the December 2006 issue of the *American Journal of Public Health*. The report cites as examples objections by the sugar industry to a World Health Organization statement that sugar consumption should be limited to 10 percent of calories and failure of the federal Food and Drug Administration (FDA) to require that amounts of added sugar be listed on food labels. The report identifies schools as “a leading focus for the antiobesity fight,” noting that 21 states passed legislation on nutritional standards in schools in 2005 and 9 state boards of education gave school districts new rules or recommendations. Leading school initiatives include banning or limiting sales of foods outside the regular meal program or vending machine sales, and the most frequent aim of new school policies is to eliminate or cut down on sugar-laden sodas and other sugary drinks.

### When ‘Don’t Smoke’ Means Do

Televised tobacco company-funded advertising urging young people not to smoke may be having exactly the opposite effect, according to a research report published in the December 2006 issue of the *American Journal of Public Health*. That may be because the fuzzy-warm commercials generate favorable feelings for the tobacco industry and its products, or it may be that telling young people not to smoke because they are young may be exactly the sort of messages that make many teenagers feel like lighting up, researchers speculated. Using sophisticated analytical techniques, the researchers collected data from 75 U.S. media markets to determine youth exposure to smoking prevention advertising and merged those data with nationally representative school-based survey data on youth smoking. They found “little relationship” between youth’s exposure to youth-targeted anti-smoking ads and the decision of young people to smoke now or in the future, and one group of ads—those targeted at parents, urging them to talk to their children about smoking—were actually counter-productive, especially with students in grades 10 to 12. The report quotes an analysis of the tobacco industry’s advertising tactics by a federal judge who noted that the campaigns are not so much intended to stop youth smoking as to avoid a government crackdown, and that the ads generally ignore strategies that have been found to be effective in preventing youth smoking, such as stressing the addictive effects of smoking.

## November News Alerts

The following information appeared during the month of November 2006 in the News Alerts section of the website of the Center for Health and Health Care in Schools at [www.healthinschools.org](http://www.healthinschools.org).

### November 3, 2006 FDA Advises on Salmonella Illness

Saying that investigation is continuing into the source of Salmonella bacteria that caused a number of illnesses in September, the federal Food and Drug Administration (FDA) November 2 gave advice to consumers on how to reduce the risk of foodborne illness, including Salmonella, from fresh produce. Conceding that it doesn't yet know for sure if produce was the source of the recent outbreaks, the FDA said it's a good idea for consumers to keep some precautions in mind when buying and storing fresh produce, including choosing only unbruised or undamaged produce, selecting cut items such as half watermelons or bagged salad mixes only when those products are refrigerated or surrounded by ice, and keeping fresh fruits and vegetables separate from meats and poultry on the way home from the supermarket. The FDA also offers tips on preparing produce for serving. The advice to consumers and a description of the symptoms of salmonella-related illness are online at <http://www.fda.gov>.

### November 3, 2006 CDC Says Meningococcal Vaccine Now Available

After a production shortage earlier this year, supplies of the conjugate vaccine against meningococcal disease are now available and children should be immunized when they are 11 to 12 years old or at high school entry, the Centers for Disease Control and Prevention (CDC) announced today. The vaccine, produced by Sanofi Pasteur and marketed as Menactra, protects against most types of the bacteria that cause meningococcal disease, the most severe form of meningitis. The CDC urges that providers who postponed vaccinating young patients during the shortage should now recall those who missed immunization. The conjugate vaccine is licensed for use in persons 11 to 55 years of age, with special emphasis on groups where the sometimes fatal disease is most often seen—adolescents in primary and secondary schools and college freshmen living in dormitories. (For a fuller discussion of meningococcal disease, see the journal *Health and Health Care in Schools*, November 2006, at <http://healthinschools.org>.) Information about ordering the vaccine is available from Sanofi Pasteur at <http://www.vaccineshoppe.com>.

### November 6, 2006 School Bus Injuries Underestimated, Researchers Say

The number of children injured each year in school bus-related accidents of all kinds is underestimated in most current reports,

according to researchers who looked at the treatment of children in hospital emergency rooms following school bus incidents, including falls or motor vehicle crashes. Most accidents of all kinds—whether while riding in the bus or entering or leaving the vehicle—happen to children 10 to 14 years of age, probably because they are the age group most likely to be riding the school bus. The current safety device used in most school buses relies on high seat backs and seats placed close together to keep children in place during an accident. Researchers found, however, that the youngest children—under age 10—are prone to head injuries in vehicle impact or rollover in such buses, probably because young children tend to topple head first during a fall because of their high center of gravity. The researchers noted that the American Academy of Pediatrics and others have urged that school buses be equipped with seat belts for all children, instead of relying on “compartmentalization” to protect young riders. The article, “School Bus-Related Injuries Among Children and Teenagers in the United States, 2001-2003,” is published in the November 2006 issue of the journal *Pediatrics*.

### November 8, 2006 Campaign Aims to Increase Awareness of Early Childhood Development

In cooperation with a coalition of national partners, the federal Centers for Disease Control and Prevention (CDC) is launching a campaign to alert child care providers to the importance of tracking a child's social and emotional development, including the potential early warning signs of autism and other developmental disabilities. “More than 8.7 million children younger than five years of age in the United States are in some type of child care arrangement,” said Alison Johnson, acting director of the CDC's National Center on Birth Defects and Developmental Disabilities. “Child care providers and preschool teachers are in a special position to watch for delays and to promote early identification and action when a delay is suspected.” A resource kit of materials on child development will be available free to day care providers and teachers to use with parents of children in their care. Information about the campaign “Learn the Signs: Act Early” and how to order the resource kit is available online at <http://www.cdc.gov/actearly>.

### November 9, 2006 Rules for Milk Substitutes in School Food Programs

In a proposed rule published today, the federal Food and Nutrition Service (FNS) detailed nutritional standards for nondairy alternatives to fluid milk in federally subsidized school lunches, breakfasts, or after-school snacks. By law, schools are required to provide substitutes for fluid milk to children who are unable to drink milk because they have disabilities or special dietary needs, and a 2004 reauthorization of the National School Lunch Act called for guidelines

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“to make certain that students who consume nondairy beverage alternates receive important nutrients found in whole milk.” The proposed rule notes the nutrients in milk that must be present in any substitutes, including protein; vitamins A, D, and B-12; magnesium; phosphorus; potassium, and riboflavin. Schools can choose which alternatives to milk they want to offer but must be sure that the substitutes meet the nutritional standards. The proposed regulation is published in the Federal Register for November 9 and can be accessed online at <http://origin.www.gpoaccess.gov/fr/>

### **November 13, 2006** **Influenza Week Set to Boost Vaccinations**

Noting that interest in getting a flu vaccination traditionally tapers off after Thanksgiving, the federal Centers for Disease Control and Prevention (CDC) said today that the week after Thanksgiving this year has been officially designated as National Influenza Vaccination Week. CDC Director Julie Gerberding noted that 77 million doses of flu vaccine have already been distributed and more are in the pipeline, with an expected 115 million doses due before the end of the year. This year, the CDC is recommending that children between two years and five years of age be vaccinated, since they are considered at high risk of developing complications of the flu. Others with special vaccination need are persons over the age of 50, those with severe chronic illnesses, pregnant women, and health care workers. The CDC points out, however, that vaccination is recommended “for anyone who wants to decrease the risk of influenza.” The CDC also recommends that shots be offered throughout the flu season, which does not peak until February, and even after flu has appeared in a community.

### **November 15, 2006** **Ad Industry Revises Guidelines for Advertising to Children**

Major American advertisers yesterday revised 32-year-old guidelines for advertising directed to children younger than 12 and announced that 10 food and beverage companies have agreed to devote at least half their advertising to promoting more healthful dietary or lifestyle choices to children. J. Michael McGinnis, who chaired an Institute of Medicine committee on marketing to children, called the advertisers’ action “a move in the right direction and a pretty substantial change,” but advocacy groups such as the Center for Science in the Public Interest pointed out that under the new guidelines companies will continue to be able to market junk food to children and will promote foods identified by the Food and Drug Administration as “healthy,” which doesn’t bar the advertising of foods high in sugar, such as sugary breakfast cereals. Among other pledges, the advertisers agreed not to advertise their products in elementary schools; they also agreed to distinguish between advertising and program content on television and to act against companies that engage in marketing practices such as promoting 900 numbers to children. Advertising

to children has become a \$15 billion a year industry in the past three decades, at the same time that rates of childhood obesity and related ailments have doubled. The 10 companies that have signed up to advertising changes account for two-thirds of television food and beverage ads directed to children; they are Cadbury Schweppes, Campbell Soup, Kraft Foods, Unilever, McDonalds, Coca-Cola, Pepsi, Hershey, General Mills, and Kellogg.

### **November 21, 2006** **Statistics Show Drop in Teen Births in 2005**

Preliminary data on births in the United States in 2005 show the birth rate for teens aged 15 to 19 was 40.4 births per 1,000 teenagers, a 35 percent decrease from a peak of 61.8 births per 1,000 in 1991. This is the lowest level ever recorded, according to the National Center for Health Statistics. The decline in teenage childbearing was documented across all race and ethnic populations but was most impressive among non-Hispanic black teens ages 15 to 17, where the birth rate is down 59 percent since 1991. Other data from the annual survey:

- In total, there were 421,123 births to females under age 20 in 2005;
- There was another increase in unmarried childbearing-- 36.8 percent of all births were to unmarried mothers in 2005;
- The total number of U.S. births increased 1 percent in 2005, to 4,140,419;
- The percentage of preterm births (infants delivered at fewer than 37 weeks of gestation) and the percentage of babies born at low birth weight increased in 2005; these figures have been increasing since the 1980s.

The statistical report, “Preliminary Birth Data for 2005,” is available at [www.cdc.gov/nchs](http://www.cdc.gov/nchs).