

PRO TEEN

Volume 17 | Number 2 | August 2008

About CAAH and Pro-Teen?

The Canadian Association for Adolescent Health (CAAH) is a non-profit organization that promotes the health and well-being of all Canadians adolescents between the ages of 12 and 19, regardless of race or social standing.

The CAAH was founded in 1993 by a group of Canadian paediatrician under the leadership of Dr Jean-Yves Frappier, paediatrician, head of adolescent medicine at CHU Sainte-Justine. The CAAH brings together professionals from various backgrounds are areas of expertise related to adolescent health and well-being. The CAAH team is based at CHU Sainte-Justine in Montreal, Québec, Canada.

Publisher: Canadian Association for Adolescent Health
 Editor in chief: Dr Jean-Yves Frappier
 Associates editors: Romaric Durand
 André Malo

CAAH
 Section médecine de l'adolescence
 CHU Sainte-Justine
 3175 côte Sainte-Catherine
 Montréal (Québec) H3T 1C5

Executive committee: Dr Jean-Yves Frappier, President
 Dr Eudice Goldberg, Vice-president
 Dr Marc Girard, Secretary-Treasurer
 Dr Roger Tonkin, Directors delegate

Boards of directors: Dr Jean-Yves Frappier, Montreal
 Dr Marc Girard, Montreal
 Dr Eudice Goldberg, Toronto
 Joanne Gusella, Halifax
 Faye Bebb, Vancouver
 Dr Roger Tonkin, Vancouver

Web sites: www.acsa-caah.ca
www.youngandhealthy.ca

E-mail: acsacaah@globetrotter.net



News

• McGill medicals students become Sexperts

December 18, 2007, Mark Cardwell

Following school funding cuts, group wanted youth to get necessary info

Two years ago, five first-year medical students at McGill University here got together to brainstorm about how they could right a wrong created by an educational reform that derailed the teaching of sex education to Quebec high school students. The result was Sexperts, an innovative health-care project aimed at curbing the rate of sexually transmitted infections among youth—and a concept that is spreading to medical and other health-science faculties across Quebec.

“We never thought it would become this big,” Marie-Renée Lajoie, one of the group’s co-founders, told the Medical Post. “It’s really been an amazing success story.”

According to Lajoie, she and her fellow medical students were worried by the impact of funding cuts for sex education courses at Quebec high schools contained in a provincial educational reform in 2004. Onus for the courses, which for years had been given by provincially paid school nurses and private sexologists, shifted to regular teachers—a move that was denounced by the latter’s union and led to both a decline in the frequency and content of sex-ed classes at many schools, and the abolition of classes in others.

Rise in STDs

“It didn’t make any sense,” recalled Lajoie. “Teenagers weren’t getting any more education (but) statistics showed that people in that age group were getting sicker.”

In addition to increases in teenage pregnancies, she said, some sexually transmitted diseases that had been in decline in Montreal for years—most notably syphilis—were again on the rise.

After finding and studying community-based sex-ed programs put together by medical students at other Canadian universities and at schools in several European countries—research facilitated by the International Federation of Medical Student Associations—the McGill group developed its own program. In particular, they built activities and course material that revolved around five themes: contraception, pregnancies, STIs, sexual orientation and relationships.

“Our idea wasn’t to replace the government (program),” explained Lajoie. “We just wanted to help out by engaging teenagers in dynamic and interactive presentations.”

Once she and her colleagues felt they were ready, Lajoie said they offered their services to the École secondaire Pierre-Dupuy in Hochelega-Maisonneuve, a high school in one of the most socially and economically disadvantaged neighbourhoods on the island of Montreal.

Reaction from the roughly 150 Grade 11 and 12 students who took the two hour-long classes the McGill med students gave at the school during the 2005/06 school year were “overwhelmingly positive,” said Lajoie. “We helped to clarify a lot of the information they see on the Internet,” she added. “And we debunked some myths (such as) there is a cure for AIDS.”

Last year, Sexperts were invited to a second school. This year, they have been invited to a half-dozen more schools. To keep up with demand, the group has attracted and trained several more med students from both



McGill and the University of Montreal, creating a unique collaborative bond between the city's two medical faculties.

By early December—when Sexperts gave HIV/AIDS awareness classes to more than 500 high school students during a two-week blitz in conjunction with the group's new partner, Médecins du Monde, to help mark International AIDS Day—the group counted 40 medical student member/trainers.

The concept has also now spread to the medical faculties at Sherbrooke, Trois-Rivières and Laval (Quebec City), where Lajoie said medical and other health-science students are putting together their own programs for local high schools.

The group's goal now, she added, is to refine and develop its training program in an effort to reach out to more faculties.

"We don't want or have to rely only on med students," said Lajoie, who is currently doing a clerkship in obstetrics at LaSalle Hospital here. "When it comes to sex education, the goal is getting the right info and getting the right people—teachers, nurses, parents, friends or whoever—to talk to teenagers at the right time."



CHU Sainte-Justine, 3175 côte Sainte-Catherine, Montréal, Québec, H3T 1C5
Tel./Tél. : 514 345-9959 Fax/Télec. : 514 345-4778 www.acsa-caah.ca



Scientific event

- **Childhood & Adolescent obesity 2008**

We are pleased to announce that the full brochure for the Childhood & Adolescent Obesity 2008 conference (October 2nd – 4th, 2008) in Vancouver, British Columbia has been finalized. This conference brings together an interdisciplinary group of professionals who work in the field of childhood and adolescent obesity or are confronted with this growing problem.

Register before the Early Bird Deadline of **September 8, 2008** to take advantage of the reduced rates. You can register by phone, fax, direct mail, or through our online registration website at:
http://www.interprofessional.ubc.ca/Obesity_Conference.htm

If you wish to obtain a printed copy of the brochure, they may be requested by contacting our office:

Telephone: (604) 822-7524

Toll-free within BC: 1-877-328-7744;

Fax: (604) 822-4835

E-mail: ipad@interchange.ubc.ca.

In the meantime, please do not hesitate to contact me if you have any questions/concerns regarding this conference.

Erica Li

Marketing and Advertising Assistant
University of British Columbia

Interprofessional Continuing Education

A Team Approach to Learning

Phone: (604) 822-7524

Fax: (604) 822-4835

Email: ipad@interchange.ubc.ca

Website: www.interprofessional.ubc.ca

- **Improving outcomes through research and discipline intergration**

ADHD Conference 2008, Toronto, September 27th & 28th.

As well as offering information on the latest research in brain imaging, genetics and addictions, our fourth annual CADDRA ADHD conference will be focusing on improving outcomes for the patient with ADHD through multidisciplinary treatments and interdisciplinary cooperation. Multiple workshops and consultation sessions will be offered for targeted audiences of psychologists and physicians at all knowledge levels.

At the close of the program, participants should be:

- * More cognizant of new research in the areas of ADHD brain imaging and genetics
- * More aware of ADHD and possible addictions and medication diversion
- * Better informed on the research and benefits of multidisciplinary treatment
- * More knowledgeable about treatment options for complex patients with ADHD

Website: www.caddra.ca



Articles

- **The Oral Cancer Foundation urges HPV vaccination for males**

October 24, 2007, **The Oral Cancer Foundation inc.**

On the heels of a study published this month in the journal *Cancer*, and recent supporting science related to HPV and oral cancer in the *New England Journal of Medicine*, the Oral Cancer Foundation is urging researchers to expedite investigations on the safety of human papillomavirus (HPV) vaccinations for males, and the FDA to fast track the approval once scientific due diligence has been accomplished.

"The study affirms what we have long believed, namely that the vaccine can reduce oral cancer rates if given to both males and females," says Brian Hill, Founder and Executive Director of the foundation.

Currently, the vaccine, which shields against HPV strains 6, 11, 16 and 18, is administered to girls and adolescent females to protect against cervical cancer.

Deaths from cervical cancer, which number about 3,700 annually, have steadily declined due to improved methods of early detection, and a population that knows the importance of annual screenings. Oral cancer also lends itself to early detection through a simple visual and tactile examination which could easily be implemented, but does not have a nationally adopted program of public awareness and compliant professionals engaged in such a screening process. In the US, 93 people per day will develop oral cancer, and one person will die from it every hour. This is more than double the death rate of cervical cancers, and is higher than that of many other cancers we commonly hear about. Because it is frequently painless and goes unnoticed in its early stages, the cancer is usually not found until late stages, when prognosis is poor. Opportunistic screenings like those done for cervical cancer could change this were they being done routinely.

In fact, oral cancer, which occurs in those very visible parts of the mouth that we all are familiar with, but also includes the tonsils, base of the tongue, soft palate, and side and back of the throat (oropharynx), is one of the few cancers on the rise in the United States, despite years of declining tobacco use. Tobacco use has been historically considered the most significant risk factor for the disease.

"Fewer people are using tobacco, but more people are getting oral cancer," Hill says. "What seems like a paradox actually illuminates the expanding role HPV-16 plays in acquiring this disease."

HPV is the most common sexually transmitted disease in the United States. About 20 million men and women currently have the disease, and close to 80 percent of sexually active adults will acquire the virus at some point in their lives. The virus can be transmitted either through genital or oral-genital contact.

HPV-16, one of the most destructive strains out of over 100 versions of the virus, was first linked to oral cancer more than a decade ago, but research since 2001 has removed any ambiguity about its role as a causative factor in oral cancer in both men and women "Widespread use of the vaccine for both males and females, even if just in relationship to cervical cancer, will reduce the reservoir of the virus in the US, and in slightly more than a decade we could begin to see the positive collateral benefits in the oral and head and neck cancer world. Hill says. Vaccinating males will also eliminate them as a vector for the virus.

On the other hand, the foundation cautions that while Pharma giants Merck and GlaxoSmithKline are doing studies on the current vaccines and males, delaying research and subsequent FDA approvals will likely come at a cost: As our society's sexual behaviors change, adolescents have engaged in oral-genital sex at younger



ages, and transmission of HPV will increase and the attendant risks for cancer of the mouth, cervix, vulva, vagina, anus and penis will increase exponentially. "Significant pre approval research was done on these vaccines and proper due diligence review conducted by the FDA prior to approvals. There is no scientific evidence that indicates that this virus behaves differently at the cellular level in males than in females," says Hill.

He further stated, "What we know about HPV-16 as a cancer-causer is just the tip of the iceberg." Hill says, "These vaccines are the first major breakthrough against a cause of cancer in decades. We must act now."

The Oral Cancer Foundation, founded in 2000, is a national IRS 501c3 non-profit based in California. The foundation advocates for better public understanding of the disease and engages the medical and scientific communities to develop more effective methods of early detection. The foundation conducts screenings across the country and maintains a Web site with information for patients, the public and health care providers at www.oralcancer.org

• HIV prevention program reaching Hispanic youths reduces risky sexual behaviors

In the first randomized controlled trial of a culturally tailored HIV risk reduction program for Hispanic adolescents, nurse scientists report long-term success in reducing risky sexual behavior among this group.

The study, which was funded by the National Institute of Nursing Research (NINR), a component of the National Institutes of Health (NIH), found that adolescents reported a lower frequency of sexual intercourse, fewer sexual partners, and an increased use of condoms during intercourse for up to 12 months after completing the program. These results also suggest there is a benefit to providing education on both abstinence and safe sex practices.

The results from this trial add to the growing body of research showing the importance of using culturally appropriate interventions with minority adolescents to help them avoid risky health behaviors and adopt positive health behaviors. The findings appear in the August 2006 issue of the "Archives of Pediatric and Adolescent Medicine".

HIV and AIDS disproportionately affect Hispanic adolescents, with the incidence of AIDS for adult and adolescent Hispanics in 2001 more than 3 times higher than among their non-Hispanic white counterparts.

The Centers for Disease Control and Prevention (CDC) reported that in 2001 HIV infection ranked as the fourth leading cause of death for Hispanics aged 25 to 44. Also, Hispanics were identified as one of the population subgroups with the highest rates of death from HIV/AIDS in 2001 (6.2 deaths per 100,000).

Untreated HIV (human immunodeficiency virus) disease, characterized by a gradual deterioration of immune function, can make a person particularly vulnerable to the opportunistic infections that typify AIDS, the end stage of HIV disease.

Heterosexual contact has been shown to be the major mode of HIV transmission among Hispanic adolescents. In addition, data from a national Youth Risk Behavior Surveillance System has shown that the incidence of sexual intercourse before the age of 13, and of having a history of multiple sexual partners, is higher among Hispanic youth than among whites, while related studies have consistently documented lower condom use among Hispanic adolescents compared to black or white adolescents.

The research program involved 553 adolescents (249 males and 304 females) self-identified as Hispanic and recruited from three Northeast Philadelphia high schools and community-based neighborhood organizations.



Over 85 percent of the participants were Puerto Rican, with nearly half born outside the mainland US. Participants averaged 14.9 years of age, and 87 percent were students in grades 8 through 11. Over 40 percent reported having engaged in sexual intercourse at least once, with an average age at first intercourse of 13.5 years.

Students participating in this study, called "¡Cuidate! (Take Care of Yourself) The Hispanic Youth Health Promotion Program," were randomly assigned to one of two interventions: the HIV prevention program and a general health promotion program. Both programs presented Hispanic cultural values as an important context that supports positive health behaviors.

The HIV prevention program, based on several behavioral theories, emphasized abstinence and condom use as culturally accepted and effective methods to prevent sexually transmitted diseases (STDs), such as HIV.

The second intervention, which focused on general health promotion issues, addressed improving diet, exercise, and physical activity, and reducing the use of cigarettes, alcohol, and drugs.

Both interventions were similar in length and format, consisting of six 50-minute modules delivered on consecutive Saturdays to small, mixed gender groups in English or Spanish. The modules included group discussion, videos, interactive exercises, and skill-building activities. Most of the program facilitators were Puerto Rican

In follow-up surveys up to a year after these programs, adolescents in the HIV intervention group were less likely to report engaging in sexual intercourse, having multiple partners, or having episodes of unprotected intercourse. For example, adolescents in the HIV risk-reduction group were 34 percent less likely to report having had sexual intercourse in the past 3 months over the follow-up period than were those in the control intervention. Similarly, adolescents in the HIV risk-reduction group were 47 percent less likely to report having multiple partners across the follow-up time points as compared with adolescents in the health promotion control group. In addition, adolescents assigned to the HIV risk-reduction group, and who were sexually inexperienced at the beginning of the study, reported fewer days of unprotected sex while Spanish speakers were more than five times more likely to have used a condom at last intercourse and had a greater proportion of protected sex compared to similar adolescents in the health promotion control group.

The investigators report that these results support the efficacy of this HIV intervention in decreasing sexual activity and increasing condom use among Hispanic adolescents. "This study is an important contribution in assisting Latino adolescents to decrease HIV sexual risk behavior," said principal investigator Dr. Antonia M. Villarruel, Professor, University of Michigan School of Nursing, Ann Arbor. "It is an important effort in providing an evidence base for practitioners from which to guide and support adolescents in sexual decision-making. Much more research is needed with Latino adolescents to address the health disparity in HIV/AIDS," she concluded. Dr. Loretta S. Jemmott, University of Pennsylvania School of Nursing, and Dr. John B. Jemmott III, Professor, University of Pennsylvania Annenberg School of Communication, also contributed to the study.

"This demonstration of an effective curriculum to reduce HIV sexual risk behavior among a vulnerable minority population, namely, adolescent Hispanics, personifies NINR's ongoing commitment to eliminating health disparities, said Dr. Patricia A. Grady, Director, NINR. "The findings from this study advance our goal of ensuring the wellbeing of all individuals," she added.

The primary mission of the NINR, one of 27 Institutes and Centers at the National Institutes of Health, is to support clinical and basic research and establish a scientific basis for the care of individuals across the life span. For additional information, visit the NINR web site at <http://ninr.nih.gov>.

The National Institutes of Health (NIH) -- "The Nation's Medical Research Agency" -- includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal



agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

This NIH News Release is available online at:
<http://www.nih.gov/news/pr/aug2006/ninr-07.htm>

• Prevention programs for young rural teens can reduce methamphetamine abuse years later

New research supported in part by the National Institute on Drug Abuse (NIDA), National Institutes of Health, shows that prevention programs conducted in middle school can reduce methamphetamine abuse among rural adolescents years later. Because methamphetamine addiction leads to problems with social interactions and a wide range of medical conditions, research into early interventions such as this is critical to protecting the nation's youth. The paper is published in the September issue of "Archives of Pediatrics and Adolescent Medicine."

"We now have evidence that prevention programs can be important tools to protect adolescents from the devastating effects of methamphetamine use, and we will continue to explore the effectiveness of other drug abuse prevention programs," says Dr. Elias A. Zerhouni, director of the National Institutes of Health. "These findings are part of our ongoing effort to support scientific research that can have practical applications in community settings."

"Previous preventive interventions have shown effects in reducing adolescents' abuse of alcohol, tobacco, and marijuana, but this is the first study to examine the effects of a preventive intervention on methamphetamine abuse among youth," says NIDA Director Dr. Nora D. Volkow. "The results of this research indicate the effectiveness of prevention programs on lifetime or annual methamphetamine abuse."

The research assessed the effects of two randomized, controlled, prevention trials on methamphetamine abuse among middle and high school students. In the first study, 667 families of rural Iowa 6th-graders were randomly assigned to participate in one of two family-focused interventions, the "Iowa Strengthening Families Project" (ISFP) or the "Preparing for the Drug Free Years" (PDFY) program, or act as controls. A total of 457 families participated in the 12th-grade follow-up.

In the second study, 679 families of rural Iowa 7th-graders were randomly recruited for the "Life Skills Training" (LST) program (a school-based intervention) combined with the "Strengthening Family Program for Parents and Youth 10-14" (SFP10-14 -- modified from the ISFP), the LST program only, or a minimal-contact control group. A total of 588 families participated in the 11th-grade follow-up and 597 families participated in the 12th-grade follow-up.

In the first study, none of the ISFP 12th-graders had abused methamphetamine in the past year compared to 3.6 percent of the PDFY 12th-graders and 3.2 percent of the controls. In the second study, the combined SFP 10-14 + LST intervention showed significant effects on both lifetime and past year methamphetamine abuse. Only 0.5 percent of this group had abused methamphetamine during the past year, compared with 2.5 percent for LST-alone and 4.2 percent of the controls. At the 12th-grade follow-up, lifetime abuse of the drug was significantly lower in both the SFP 10-14 + LST and the LST-alone groups (2.4-2.6 percent) versus the control group (7.6 percent).

"Adolescents who participated in both programs showed a relative reduction in lifetime methamphetamine abuse of 65 percent compared with the controls," says Dr. Richard Spoth, of Iowa State University and lead author of the study. "This means that for every 100 adolescents in the general population who reported



methamphetamine abuse, there would be only 35 in the intervention population reporting abuse during the same period."

The "Iowa Strengthening Families Project" and "Strengthening Family Program for Parents and Youth" target the enhancement of family protective factors and the reduction of family risk processes. The Preparing for the Drug Free Years program is designed to enhance parent-child interactions and to reduce children's risk for early substance abuse. The "Life Skills Training" program is a school-based intervention designed to foster general life skills as well as teach students tactics for resisting pressure to use drugs.

"While some of these results are very promising, further research needs to be done to investigate the applicability of these particular programs to nonrural populations, rural populations in other parts of the country, and populations with different ethnic compositions," says Dr. Spoth.

"It is important to note that methamphetamine abuse is also linked to risky sexual behaviors, which increase the risk for transmission of infectious diseases, including HIV," Dr. Volkow adds. "It is increasingly important that young people "learn the link" between drug abuse and HIV/AIDS." "Learn the Link" is the focus of NIDA's current public service campaign, designed especially for young people. Hispanic versions of the public service announcement will be available in October.

The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug abuse and addiction. The Institute carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found on the NIDA home page at <http://www.drugabuse.gov>.

The National Institutes of Health (NIH) -- "The Nation's Medical Research Agency" -- includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

This NIH News Release is available online at:
<http://www.nih.gov/news/pr/sep2006/nida-04.htm>

• Gender, age and behavior differences in early adolescent worry

Brown SL, Teufel JA, Birch DA, et al. 2006.
Journal of School Health 76(8):430-437.

"Consistently, early adolescents worry more as they age. They also appear more likely to keep worries to themselves as they go through this stage of development," state the authors of an article published in the October 2006 issue of the Journal of School Health. Research has shown that adolescent worry has been associated with several important behavioral and health outcomes. Additionally, studies have shown that adolescents exhibit age- and gender-related patterns with regard to the type and number of reported worries, that the types of worries reported by adolescents vary across time, and that certain worries seem to remain stable and highly ranked by adolescents. The article presents findings from a study to examine the issues early adolescents worry about most frequently and whether gender or age predicts early adolescents' worries. Findings from this study are compared to those of other studies focusing on school, friends, family, appearance, and the future. The study did not address fear or the processes associated with stress; the focus was on perceived situational demands as sources of worry or stress. Data were collected from 1,004

adolescents (ages 9-13) who attended programs at 10 health-education centers in seven states (Illinois, Indiana, Michigan, North Carolina, Ohio, Pennsylvania, and Wisconsin). Students were asked to respond to two demographic questions (age and gender), eight questions asking how often they experience various worries, and two questions about their behaviors and their preferred information sources when worried. Individual data were obtained via computer systems that combine data from multiple students responding with individual, electronic keypads. The analysis calculated proportions for each demographic, worry behavior, and worries experience; evaluated differences in frequency of each worry by gender and age; and calculated the number of frequent worries. The analysis also examined associations between predictor variables (gender, age, and worry behaviors) and risk for frequent worry.

The authors found that :

- Adolescents worried weekly most about school grades and least about their friends' problems. There were no significant age or gender differences for total weekly worrying.
- Compared to boys, girls worried weekly more about fitting in at school and about being out of shape or overweight, whereas boys were more likely than girls to have weekly worries about their futures.
- Older students had more weekly worries than younger students about looks or appearance and about being out of shape or overweight. Compared to the youngest students (age 9), the oldest students (age 13) also were more likely to worry about problems at home and about their friends.
- Adolescents who primarily talk to a parent when they are worried were significantly less likely to worry about being liked or fitting in. Those who said they usually keep their worries to themselves were at greater risk than the referent category for weekly worries about grades.
- Compared to those who turn to parents, those who turn to friends were more likely to have weekly worries about their friends and about being a failure or disappointing loved ones. Those who preferred the Internet for information about what is worrying them were at greater risk for weekly worries about their future but were less likely to worry weekly about grades than those who turned to parents.

The authors conclude that "this study highlights the need to pay more attention to the ways students attempt to cope with their worries . . . [and] points to an opportunity to investigate the link between types of adolescent worries and primary sources of worry information utilized by early adolescents."

More information about adolescent mental health is available from the Bright Futures Web site at <http://www.brightfutures.org/mentalhealth/index.html>; and from the MCHLibrary's knowledge path at http://www.mchlibrary.info/KnowledgePaths/kp_mentalhealth.html





Publications, web sites

- **Stats & facts, a new on-line service of the Canadian Council on Social development**

It provides accessible and accurate statistical information. This site is intended for anyone with an interest in timely data on social and economic indicators.

Website: <http://www.ccsd.ca/factsheets/>

- **Reframing school dropout as a public health issue**

Good education predicts good health, and disparities in health and in educational achievement are closely linked. Despite these connections, public health professionals rarely make reducing the number of students who drop out of school a priority, although nearly one-third of all students in the United States and half of black, Latino, and American Indian students do not graduate from high school on time. In this article, we summarize knowledge on the health benefits of high school graduation and discuss the pathways by which graduating from high school contributes to good health. We examine strategies for reducing school dropout rates with a focus on interventions that improve school completion rates by improving students' health. Finally, we recommend actions health professionals can take to reframe the school dropout rate as a public health issue and to improve school completion rates in the United States.

Full report: http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm

- **Emerging adulthood: a new stage in the life course**

The purpose of this study is to propose a reflection on the definition of youth and of its relevance in policy development. Our analysis will focus on young adulthood, the period that straddles adolescence and adulthood and that researchers refer to as a new life stage.

Stéphanie Gaudet, discussion Paper. December 2007. Gouvernement of Canada

To consult the document: http://policyresearch.gc.ca/doclib/Gaudet%20Youth_e_web.pdf

- **Health of the nation: a population health perspective**

The Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information is pleased to provide you with a copy of Health of the Nation: A Population Health Perspective. This e-newsletter is broadly distributed to policy- and decision-makers, researchers and advocates throughout Canada. Our aim in producing this newsletter is to expand pan-Canadian understanding of population health research, policy and knowledge exchange by promoting CPHI activities across the country with broad national application.

This report is available, free of charge, at http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=cphi_e



• **Factsheets on youth and experience of Stigma**

The Adolescent Health Survey III has been included in an international study exploring enacted stigma and its link to drug abuse and risky sexual behaviours. The purpose of the study is to explore the behaviors and environments in schools that target teens and tell them they are stigmatized. This study is taking place in 3 different countries (Canada, New Zealand, and the US) and looks at three separate ethnic groups: indigenous youth, Asian-heritage youth, and European-heritage youth in each of the countries.

Website: http://www.mcs.bc.ca/rs_ahs.htm

• **Adolescent health curriculum launched to enhance public health training**

National Adolescent Health Information Center Public Policy Analysis and Education Center for Middle Childhood, Adolescent & Young Adult Health University of California, San Francisco

The RESOURCE Project Web site provides a range of tools for faculty from a variety of disciplines to use in enhancing the adolescent health training of public health students. The RESOURCE Project is a collaborative effort of the Public Policy Analysis and Education Center for Middle Childhood, Adolescent and Young Adult Health and the Association of Teachers of Maternal and Child Health. The Web site contains a 12-unit curriculum, which addresses the following topics: adolescent development, use of data to shape adolescent health policy, sexuality, adolescent pregnancy, sexually transmitted infections, mental health and suicide, substance abuse, violence, unintentional injuries, nutrition and physical activity, youth with special health care needs, health care services, school interventions, and community interventions.

Each unit includes a sample syllabus, recommended readings, data sources, suggested assignments, case studies, sample presentations, and links to other resources.

More information is available at <http://policy.ucsf.edu/resources>

• **Alberta centre for active living 2007**

According to the centre's 2007 Alberta Survey on Physical Activity, the proportion of active Albertans has increased to 62.40% (from 60.20% in 2005). The survey includes results from Edmonton, Calgary and other parts of Alberta. The 2007 Alberta Physical Activity Survey includes an executive summary (a three-page summary of the survey results) and the complete survey.

For more information, visit: <http://www.centre4activeliving.ca/publications/surveys.html>

