



RESOURCE MANUAL

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Essential Numbers

Fill in important numbers and keep them handy for emergencies.

1. Poison Control -- This is a big one, folks. The main U.S. number is 1-800-222-1222. Open 24-7, they can answer any questions and connect you to your state's poison control center as well.

2. Doctor -- Instead of rummaging through your purse for a business/appointment card, have both your primary physician and your kiddo's pediatrician numbers handy and ready. _____

3. Pharmacist/Pharmacy -- How many times have you had to Google that info to call in an asthma inhaler refill? Plug it into your phone and put it on the fridge. _____

4. Your Kid's School -- I know, that's obvious, but do you have it in your phone? I don't.

5. Dentist -- If Junior gets his front tooth busted in the seventh inning, who are you going to call?

6. Neighbor and/or a friend (that has a key to your house) -- For when you are on the school field trip to the zoo and it dawns on you that you left the iron on ... and a myriad of other reasons. _____

7. Insurance/Medicaid hotlines -- Both your car and home insurance companies should have a hotline. This is one of the first numbers you need when an accident happens or when disaster strikes. You may not have access to your computer or paper files, so having this programmed in your phone is key. _____

8. A relative or friend who lives out of state -- If a disaster happens in your area, it's often easier to contact someone out of state or long-distance. Many family emergency plans suggest that everyone in the family know who that contact is to "check in." _____

9. Lost/stolen credit cards hotline -- Sure, they are on the back of your card, but that doesn't help much when your cards are gone. _____

10. Local locksmith -- I was locked out of my house when I was six months pregnant. In pajamas with no wallet and only my cell phone. I walked up and down Broadway looking for a locksmith for an hour. Would've been nice to have that info in my phone. _____

11. NHTSA auto safety hotline -- This is handy when you are traveling and have questions about car seats and car safety. Here it is: 1-888-327-4236.

12. Local towing service or AAA -- Again, you just never know when that battery is going to conk out. When it does, having this info handy will make the situation a little easier. _____

13. Animal control -- This is a good one, especially if you live in a rural area or if you are a scout leader. If you see a sick animal, foaming or otherwise, that critter needs to be reported. My sister used to live in Alaska, and they used the number whenever a moose or bear would wander into the cul-de-sac. _____



**American
Red Cross**

Adult First Aid/CPR/AED

READY REFERENCE



CHECKING AN INJURED OR ILL ADULT

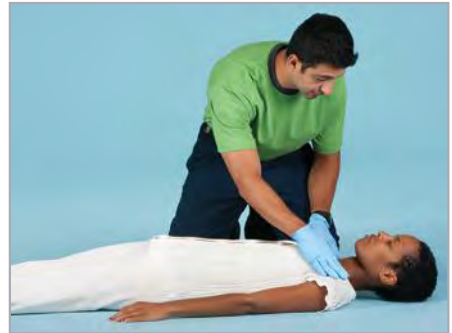
APPEARS TO BE UNCONSCIOUS

TIP: Use disposable gloves and other personal protective equipment and obtain consent whenever giving care.

AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE PERSON:

1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"



2 CALL 9-1-1

If **no** response, **CALL 9-1-1** or the local emergency number.

- If an unconscious person is face-down, roll face-up, supporting the head, neck and back in a straight line.

If the person responds, obtain consent and **CALL 9-1-1** or the local emergency number for any life-threatening conditions.

CHECK the person from head to toe and ask questions to find out what happened.

3 OPEN THE AIRWAY

Tilt head, lift chin.

4 CHECK FOR BREATHING

CHECK quickly for breathing for no more than **10** seconds.

- Occasional gasps are not breathing.



5 QUICKLY SCAN FOR SEVERE BLEEDING

WHAT TO DO NEXT

- Give **CARE** based on conditions found.
- IF NO BREATHING—Go to PANEL 6 or PANEL 7 (if an AED is immediately available).
- IF BREATHING—Maintain an open airway and monitor for any changes in condition.

CONSCIOUS CHOKING

CANNOT COUGH, SPEAK OR BREATHE

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT.

1 GIVE 5 BACK BLOWS

Give **5** back blows.

- Bend the person forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the person's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Person can cough forcefully or breathe.
- Person becomes unconscious.



WHAT TO DO NEXT

- IF THE PERSON BECOMES UNCONSCIOUS—**CALL 9-1-1**, if not already done, and give care for an unconscious choking adult, beginning with looking for an object (PANEL 5, Step 3).

UNCONSCIOUS CHOKING

CHEST DOES NOT RISE WITH RESCUE BREATHS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 GIVE RESCUE BREATHS

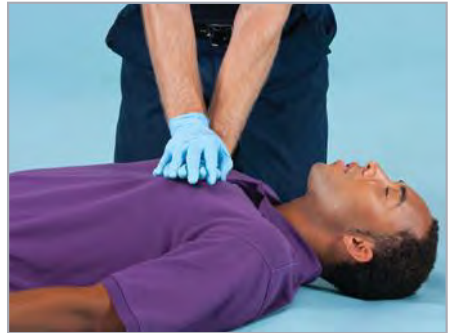
Retilt the head and give another rescue breath.



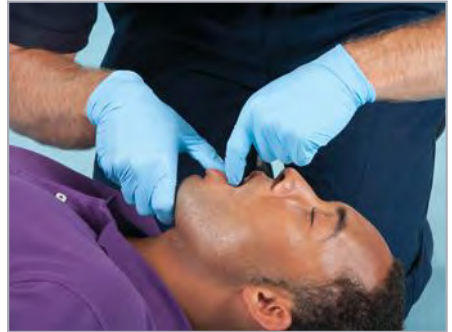
2 GIVE 30 CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

TIP: Person must be on firm, flat surface.
Remove CPR breathing barrier when giving chest compressions.



3 LOOK FOR AND REMOVE OBJECT IF SEEN



4 GIVE 2 RESCUE BREATHS

WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

CPR

NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest at least **2** inches deep and at least **100** compressions per minute

TIP: Person must be on firm, flat surface.



2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Pinch the nose shut then make a complete seal over the person's mouth.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.

Note: If chest does not rise with rescue breaths, retilt the head and give another rescue breath.



3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

WHAT TO DO NEXT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 7.
- IF BREATHS DO NOT MAKE THE CHEST RISE— AFTER RETILTING HEAD—Go to Unconscious choking, PANEL 5.

TIP: If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

AED—ADULT OR CHILD OLDER THAN 8 YEARS OR WEIGHING MORE THAN 55 POUNDS

NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

TIP: Do not use pediatric AED pads or equipment on an adult or child older than 8 years or weighing more than 55 pounds.

1 TURN ON AED

Follow the voice and/or visual prompts.



2 WIPE BARE CHEST DRY

TIP: Remove any medication patches with a gloved hand.

3 ATTACH PADS



4 PLUG IN CONNECTOR, IF NECESSARY



5 STAND CLEAR

Make sure no one, including you, is touching the person.

- Say, “EVERYONE, STAND CLEAR.”



6 ANALYZE HEART RHYTHM

Push the “analyze” button, if necessary. Let AED analyze the heart rhythm.

7 DELIVER SHOCK

If SHOCK IS ADVISED:

- Make sure no one, including you, is touching the person.
- Say, “EVERYONE, STAND CLEAR.”
- Push the “shock” button, if necessary.



8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- Perform about **2** minutes (or **5** cycles) of CPR.
- Continue to follow the prompts of the AED.

TIPS:

- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*
- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*

CONTROLLING EXTERNAL BLEEDING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 COVER THE WOUND

Cover the wound with a sterile dressing.

2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS



3 COVER THE DRESSING WITH BANDAGE

Check for circulation beyond the injury (check for feeling, warmth and color).



4 APPLY MORE PRESSURE AND CALL 9-1-1

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL 9-1-1** or the local emergency number if not already done.

TIP: Wash hands with soap and water after giving care.

BURNS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 REMOVE FROM SOURCE OF BURN

2 COOL THE BURN

Cool the burn with cold running water at least until pain is relieved.



3 COVER LOOSELY WITH STERILE DRESSING



4 CALL 9-1-1

CALL 9-1-1 or the local emergency number if the burn is severe or other life-threatening conditions are found.

5 CARE FOR SHOCK

POISONING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the person is unconscious or is not breathing, or if a change in the level of consciousness occurs), **CALL** 9-1-1 or the local emergency number.

OR

If the person is conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at **1-800-222-1222** and follow the advice given.

2 PROVIDE CARE

Give **CARE** based on the conditions found.

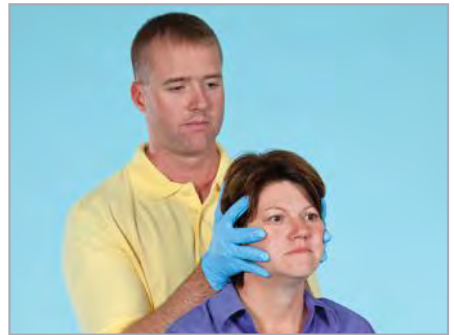
HEAD, NECK OR SPINAL INJURIES

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 CALL 9-1-1 OR THE LOCAL EMERGENCY NUMBER

2 MINIMIZE MOVEMENT

Minimize movement of the head, neck and spine.



3 STABILIZE HEAD

Manually stabilize the head in the position in which it was found.

- Provide support by placing your hands on both sides of the person's head.
- If head is sharply turned to one side, **DO NOT** move it.

STROKE

FOR A STROKE, THINK F.A.S.T.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 THINK F.A.S.T.

- Face**— Ask the person to smile. Does one side of face droop?
- Arm**— Ask the person to raise both arms. Does one arm drift downward?
- Speech**— Ask the person to repeat a simple sentence (such as, “The sky is blue.”). Is the speech slurred? Can the person repeat the sentence correctly?
- Time**— **CALL 9-1-1** immediately if you see any signals of a stroke. Try to determine the time when signals first appeared. Note the time of onset of signals and report it to the call taker or EMS personnel when they arrive.



2 PROVIDE CARE

Give **CARE** based on the conditions found.



**American
Red Cross**

Pediatric First Aid/CPR/AED

READY REFERENCE



CHECKING AN INJURED OR ILL CHILD OR INFANT APPEARS TO BE UNCONSCIOUS

TIPS:

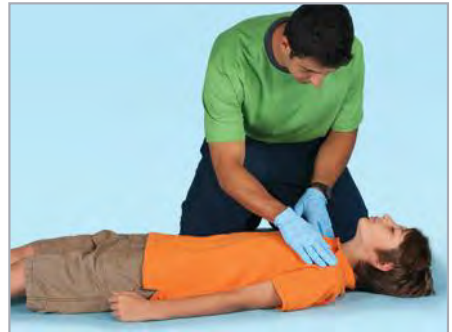
- Use disposable gloves and other personal protective equipment whenever giving care.
- Obtain consent from parent or guardian, if present.

AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE CHILD OR INFANT:

1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"

- For an infant, you may flick the bottom of the foot.



2 CALL 9-1-1

If **no** response, **CALL** 9-1-1 or the local emergency number.

- If an unconscious child or infant is face-down, roll face-up, supporting the head, neck and back in a straight line.

If **ALONE**—Give about **2** minutes of **CARE**, then **CALL** 9-1-1.

If the child or infant responds, **CALL** 9-1-1 or the local emergency number for any life-threatening conditions and obtain consent to give **CARE**. **CHECK** the child from head to toe and ask questions to find out what happened.

3 OPEN THE AIRWAY

Tilt head back slightly, lift chin.

4 CHECK FOR BREATHING

CHECK quickly for no more than **10** seconds.

- Occasional gasps are not breathing.
- Infants have periodic breathing, so changes in breathing pattern are normal for infants.



5 GIVE 2 RESCUE BREATHS

If no breathing, give **2** rescue breaths.

- Tilt the head back and lift the chin up.
- **Child:** Pinch the nose shut, then make a complete seal over child's mouth.
- **Infant:** Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



TIPS:

- If you witnessed the child or infant suddenly collapse, skip rescue breaths and start CPR (PANEL 7).
- If the chest does not rise with rescue breaths, retilt the head and give another rescue breath.



6 QUICKLY SCAN FOR SEVERE BLEEDING

WHAT TO DO NEXT

- IF THE CHEST STILL DOES NOT CLEARLY RISE AFTER RETILTING HEAD—Go to Unconscious Choking, PANEL 6.
- IF **NO** BREATHING—Go to CPR, PANEL 7 or AED, PANEL 8 (if AED is immediately available).
- IF BREATHING—Monitor breathing and for any changes in condition.

CONSCIOUS CHOKING—CHILD

CANNOT COUGH, SPEAK OR BREATHE

TIP: Stand or kneel behind the child, depending on his or her size.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Bend the child forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Child can cough forcefully or breathe.
- Child becomes unconscious.



WHAT TO DO NEXT

- IF CHILD BECOMES UNCONSCIOUS—**CALL 9-1-1**, if not already done. Carefully lower the child to the ground and give **CARE** for an unconscious choking child, beginning with looking for an object (PANEL 6, Step 3).

CONSCIOUS CHOKING—INFANT

CANNOT COUGH, CRY OR BREATHE

AFTER CHECKING THE SCENE AND THE INJURED OR ILL INFANT, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Give firm back blows with the heel of one hand between the infant's shoulder blades.



2 GIVE 5 CHEST THRUSTS

Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about 1½ inches.

TIP: Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** chest thrusts until the:

- Object is forced out.
- Infant can cough forcefully, cry or breathe.
- Infant becomes unconscious.

WHAT TO DO NEXT

- IF INFANT BECOMES UNCONSCIOUS—**CALL** 9-1-1, if not already done. Carefully lower the infant onto a firm, flat surface and give **CARE** for an unconscious choking infant, beginning with looking for an object (PANEL 6, Step 3).

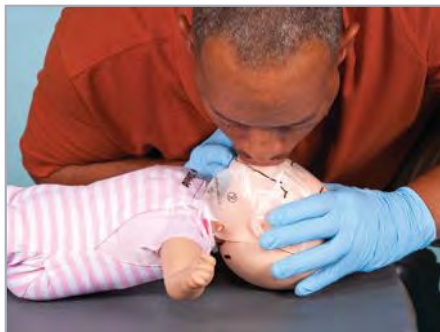
UNCONSCIOUS CHOKING—CHILD AND INFANT

CHEST DOES NOT RISE WITH RESCUE BREATHS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE RESCUE BREATHS

Retilt the head and give another rescue breath.



2 GIVE CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

TIP: Child or infant must be on firm, flat surface. Remove CPR breathing barrier when giving chest compressions.



3 LOOK FOR AND REMOVE OBJECT IF SEEN



4 GIVE 2 RESCUE BREATHS

WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

CPR—CHILD AND INFANT

NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest.

- Child: Push about **2** inches deep.
- Infant: Push about **1½** inches deep.
- Push fast, at least **100** compressions per minute.

TIP: Child or infant must be on firm, flat surface.



2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Child: Pinch the nose shut, then make a complete seal over child's mouth.
- Infant: Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

TIP: If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

WHAT TO DO NEXT FOR CHILD AND INFANT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 8.
- IF BREATHS DO NOT MAKE CHEST RISE—Give **CARE** for unconscious choking (PANEL 6).

AED—CHILD AND INFANT YOUNGER THAN AGE 8 OR WEIGHING LESS THAN 55 POUNDS

NO BREATHING

TIP: When available, use pediatric settings or pads when caring for children and infants. If pediatric equipment is not available, rescuers may use AEDs configured for adults.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 TURN ON AED

Follow the voice and/or visual prompts.



2 WIPE BARE CHEST DRY

3 ATTACH PADS

If pads risk touching each other, use front-to-back pad placement.



4 PLUG IN CONNECTOR, IF NECESSARY



5 STAND CLEAR

Make sure no one, including you, is touching the child or infant.

- Say, “EVERYONE, STAND CLEAR.”



6 ANALYZE HEART RHYTHM

Push the “analyze” button, if necessary. Let AED analyze the heart rhythm.

7 DELIVER SHOCK

IF A SHOCK IS ADVISED:

- Make sure no one, including you, is touching the child or infant.
- Say, “EVERYONE, STAND CLEAR.”
- Push the “shock” button, if necessary.



8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- Perform about **2** minutes (or **5** cycles) of CPR.
- Continue to follow the prompts of the AED.

TIPS:

- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*
- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

CONTROLLING EXTERNAL BLEEDING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 COVER THE WOUND

Cover the wound with a sterile dressing.

2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS



3 COVER THE DRESSING WITH BANDAGE

Check for circulation beyond the injury (check for feeling, warmth and color).



4 APPLY MORE PRESSURE AND CALL 9-1-1

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL 9-1-1** if not already done.

TIP: Wash hands with soap and water after giving care.

BURNS

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 REMOVE FROM SOURCE OF BURN

2 COOL THE BURN

Cool the burn with cold running water at least until pain is relieved.



3 COVER LOOSELY WITH STERILE DRESSING



4 CALL 9-1-1

CALL 9-1-1 or the local emergency number if the burn is severe or other life-threatening conditions are found.

5 CARE FOR SHOCK

POISONING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the child or infant is unconscious or is not breathing or if a change in the level of consciousness occurs), **CALL** 9-1-1 or the local emergency number.

OR

If conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at 1-800-222-1222 and follow the advice given.

2 PROVIDE CARE

Give **CARE** based on the conditions found.

SEIZURE

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 CALL OR HAVE SOMEONE CALL 9-1-1

2 REMOVE NEARBY OBJECTS

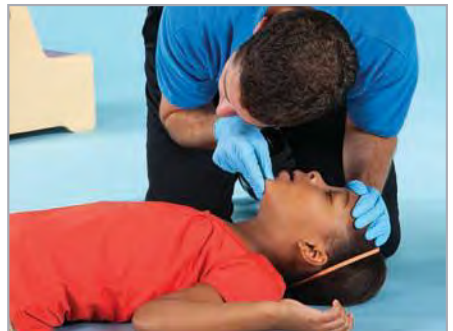
- DO NOT hold or restrain the child or infant.
- DO NOT place anything between the teeth or in the mouth.

3 AFTER SEIZURE PASSES

Monitor breathing and for changes in condition.

WHAT TO DO NEXT

- Comfort and reassure the child or infant. If fluids or vomit are present, roll the child or infant to one side to keep the airway clear.
- Provide **CARE** based on conditions found.



Balancing a Checkbook

After every month, your bank will send you a checking account statement. The statement is the bank's record of all activity that occurred with your checking account, including checks written, deposits, ATM withdrawals, fees, etc. Along with this statement you may receive the actual checks written or a copy of those checks.

Using this statement, and your checkbook, use the following steps to balance, or reconcile, your checkbook.

STEPS FOR RECONCILING

STEP 1

In your checkbook, make a checkmark in the appropriate box for each check returned or noted on your statement. In addition, also mark all ATM or other electronic transactions, and all deposits. This way, you will be able to identify all transactions recorded by the bank or financial institution handling your checking account.

STEP 2

Record in your check register any transactions listed on your bank statement that were not recorded in your register. This may include ATM or debit transactions, bank fees, etc.

STEP 3

The back of your bank's statement will usually have a checking reconciliation form. Use this form to reconcile your checking account. The form may vary, but usually includes the following steps:

- A. Write the ending balance shown on your bank statement.
- B. Add the total amount of deposits made that were after the ending date of the bank statement (outstanding), and therefore do not appear on the statement. The reconciliation form usually has a place where you can list and total these deposits.
- C. Subtract the total of any checks still outstanding (checks that you have written that do not show up on your bank statement). The reconciliation form should have a place where you can list and total all outstanding checks.

This amount should then equal the amount listed in your check register or checkbook. If not, you will need to check each of your transactions and also possibly need to check your math.

In summary:

Bank Account Statement Ending Balance

+ Deposits Outstanding

- Checks Outstanding

= Ending Balance in Checkbook Register

KEEPING YOUR ACCOUNT BALANCED

Every time you record a check, you should be sure to record the transaction in your check register. That way, you will always be sure of your account balance. Record in your check register any time you make a transaction including using an ATM. Also, be sure to keep a running account balance after each transaction.

ATM-Bank Machine		D-Deposit	DC-Debit Card	PC-Home Banking	PP-Pre-Authorized Payment	TD-Tax Deductible	SF-Servicing Fee	T-Transfer
CHECK NUMBER	DATE	DESCRIPTION OF TRANSACTION			PAYMENT, FEE OR WITHDRAWAL (H)	T	DEPOSIT OR INTEREST (H)	\$
								300.00
1297	2/12	Clothing store			48	12		251 88
	2/14	Deposit					120 00	371 88
	2/29	Interest					1 29	373 17

Health Insurance Application Assistance

Need help with your health insurance application? Enter your ZIP code below to find appointments with local application assisters.

Holl grove Market Farms
8301 Olive St.
Suite E
New Orleans, LA 70118
(504) 648-6828
Jefferson Co mmun ity Health Care Cente rs,
Inc.
1855 Ames Blvd
Marrero, LA 70072
(504) 371-8958
Marillac Commu nit y Health Centers Db a
Daught ers Of Cha rit y
3201 S. Carrollton Ave.
New Orleans, LA 70118
(504) 207-3060
Ochsner Health System
1514 Jefferson Highway
New Orleans, LA 70121
(866) 624-7637
Broadmor e Foodb ank
2021 Duore St.
Suite E
New Orleans, LA 70117
(504) 648-6828
Rosa F. Keller
4300 S. Broad Ave.
New Orleans, LA 70125
(504) 648-6826
NO/ AIDS Task Force Fa mily Care Services
Center
4640 S Carrollton Avenue, Suite 120
New Orleans, LA 70119
(504) 378-0427
JeffCar e - a prog ram of J efferson Parish
Human Service s Autho rit y
5001 West Bank Expressway, Suite 100
Marrero, LA 70072
(504) 349-8708
NO/ AIDS Task Force Cr escent Care Health
and Wellnes s Cente r
3308 Tulane Avenue
New Orleans, LA 70119
(504) 207-2273

Priorit y Health Care, Inc.
4700 Wichers Drive, Suite 300
Marrero, LA 70072
(504) 309-6057
Impact Beh avior Hea lth Services LLC
4700 Wischers Dr
Marrero., LA 70072
(504) 394-1774
Marillac Commu nit y Health Centers Db a
Daught ers Of Cha rit y
111 N. Causeway Blvd.
Metairie, LA 70001
(504) 207-3060
First Zion Bapt ist Church
1221 N. Causeway Blvd.
Metairie, LA 70001
(504) 648-6828
DECO
4413 Wichers Drive
Marrero, LA 70072
(888) 702-0690
Norma's B akery New Orleans
2925 Bienville St.
Suite E
New Orleans, LA 70119
(504) 648-6828
MQVN Commu nit y Development Corporation
4626 Alcee Fortier Blvd, Suite E
New Orleans, LA 70129
(504) 255-9170
Noela Commu nit y Health Center
4626 Alcee Fortier Blvd, Ste D
New Orleans, LA 70129
(504) 255-8665
Crescent Cit y Schoo l and Gaming
209 N. Broad St.
New Orleans, LA 70119
(504) 648-6826
Temple of Praise
1821 Commercial Dr.
Harvey, LA 70058
(504) 648-6828
Health Care For The Homeless
2222 Simon Bolivar Avenue 2Nd Floor
New Orleans, LA 70119
(504) 658-2785

Free & Discounted Dental Care

Good Samaritans Ministry (Slidell)

Call 985-641-6421 for an appointment. We refer selected people each month.

**Best time to call is the 1st day of the month because the patients are selected for treatment on a first-come, first-serve basis.

The New Orleans Council on Aging (NOCOA)

Call 504-586-7287 or 504-586-7288 to schedule an appointment.

Provide comprehensive dental services, health education, and oral hygiene counseling to ambulatory elderly for a low cost at the Central City Senior Center.

***Best time to call is Monday and Wednesday

E-mail: administration@nocoa.org

www.nocoa.org

LSU Health Science Center New Orleans Dental & Medical Primary Care Clinic

1100 Florida Avenue, New Orleans, LA 70119

Call 504-412-1680 to schedule an appointment.

Open Tuesday-Wednesday 8:30-4:30

United Cerebral Palsy of Greater N.O.

2200 Veterans Memorial Blvd., Suite 103, Kenner, LA 70062

Phone: (504) 461-4266 Fax: (504) 461-9976

E-mail: info@ucpgno.org

www.ucpgno.org

The Mobile Tooth Bus

*Appointment only. Call 504-342-7874 to schedule an appointment.

Located at: Children's Hospital

We provide dental care to people ages 21 and under at no cost for families that qualify. To qualify, a family must meet 350% of the federal poverty guidelines (Example: A household of four with an income of \$70,000/year would still qualify.) We do require that applicants who qualify for LaChip receiving treatment complete a LaChip application within 90 days of treatment. We visit nine specific locations by appointment only. We see emergencies the same day.

Hours: 8 a.m. – 5 p.m. Monday – Friday



PO Box 82464
Baton Rouge, LA 70884
225.926.8062
Toll Free: 800.946.6016
Fax: 225.926.1886
www.DentalLifeline.org

Board of Directors:
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Joey Lacoste, DDS
Laurie Moeller, DDS
L. Stephen Ortego, DDS

DONATED DENTAL SERVICES (DDS)

Dear Applicant:

The following pages are the Donated Dental Services (DDS) Program Application.

ELIGIBILITY:

Dentists in your state have volunteered to provide dental care. They do this for free to eligible applicants.

If you have a permanent disability, **or** over 65 years old, **or** medically compromised, and don't have enough money to pay for dental care, you may qualify for free treatment through the DDS program.

COST:

People who qualify usually pay nothing. Occasionally, people who can pay for part of their care may be asked to do so, especially if you need laboratory work.

DENTAL BENEFITS:

If you have dental insurance (including dental provided through Medicaid), you need to use that first.

APPLICATION PROCESS:

Step One

Complete entire application to the best of your ability.

Step Two

When we get your application, we will decide if you appear eligible for the program. If you appear eligible, we will put you on the waiting list in the order your application was received. If you are not eligible, we will send you a letter of denial. **Depending on where you live, the wait will be several months or can be over a year. We cannot return phone calls about where you are on the waiting list due to the volume of calls we receive.**

Step Three

When your application comes to the top of the waitlist, DDS will contact you. If the coordinator determines you are eligible, you will be referred to a volunteer. If a volunteer agrees to see you, you will schedule an appointment. **Final acceptance** into the program will be made only **after** the first appointment with the dentist.

We are sorry you are experiencing a dental problem and we hope the Donated Dental Services (DDS) program may be of some help.

Sincerely,

DDS Program Coordinator



Please keep this page for your records.

Frequently Asked Questions and Answers

1. I have questions about how to fill out the application; who can I call?

- Do your best to complete as much as you can. Remember to sign page 4 of the application.

2. How will I know if you received my application?

- A postcard will be mailed to you within a month of your application being received.

3. How can I find out where I am on the waitlist or how long do I have to wait?

- I am sorry we are unable to answer this question. The waitlist is based on the number of volunteers in your area and how many people are already waiting for services.

4. I have a dental emergency, can you help?

- We do not offer emergency treatment. When you become a patient of the program, it could take 4 weeks or longer to find you a dentist.

5. How far will I have to travel?

- We will try to send you to a volunteer who is close to where you live.

6. Where do I send my completed application?

- The mailing address and fax number are on page one at the top left corner.

7. Who pays the dentists?

- Dentists are not paid by anyone. They have agreed to donate their time to treat our patients.

8. What kind of dental work can I get through the DDS program?

- The dentist will come up with the treatment plan. The goal is to make sure you are pain-free and able to eat properly.

9. Is there an income limit to get help?

- The program is here to help people who cannot afford the treatment they need. Each application will be reviewed to decide whether you qualify for dental care. If you believe you cannot afford your dental care, please apply.

10. What should I write in the Referral Agency Section?

- Please give the name of the agency that gave you the application or the name of the agency that you go to for services.

11. Who can fill out the Medical Triage form?

- Please take the Medical Triage form to your treating physician or nurse.

12. Can I choose the dentist I go to?

- No. We match you with a dentist from the program who is located near where you live.

Greater New Orleans Community Health Centers

Low-cost, quality care regardless of your ability to pay

Name	Address	Phone
Jefferson Parish		
Primary Care and Behavioral Health Services		
Daughters of Charity-Metairie*	111 N Causeway Blvd. Metairie, LA 70001	(504) 482-0084
JeffCare- East Jefferson	3616 S I-10 Service Rd., Metairie, LA 70001	(504) 838-5257
JeffCare- West Jefferson	5001 Westbank Expressway, Marrero, LA 70072	(504) 349-8708
Jefferson Community Health Centers-Avondale*	3932 U.S. Hwy 90, Avondale, LA 70094	(504) 436-2223
Jefferson Community Health Centers-Lafitte*	5140 Church St. Lafitte, LA 70067	(504) 689-3300
Jefferson Community Health Centers-Marrero*	1855 Ames Blvd. Ste B, Marrero, LA 70072	(504) 371-8958
Jefferson Community Health Centers-River Ridge*	11312 Jefferson Hwy, River Ridge, LA 70123	(504) 463-3002
St. Charles Community Health Center*	200 W Esplanade Ave. Ste 305, Kenner, LA 70065	(504) 712-7800
Orleans Parish		
Primary Care Services		
Common Ground-Latino Health Outreach Project	Corner of MLK and S. Claiborne	(504) 377-7281
ILH-L.B. Landry Community Clinic	1200 L.B. Landry Ave, New Orleans, LA 70114	(504) 299-4770
ILH-Poydras Clinic	1400 Poydras St., FL 1, New Orleans, LA	(504) 903-2373
St. Anna's Medical Mission	1313 Esplanade Ave., New Orleans, LA 70116	(504) 947-2121
St. Thomas Community Health Center	3943 St. Bernard Ave., New Orleans, LA 70122	(504) 529-5558
St. Thomas Community Health Center	2405 Jackson Ave., Bldg B Ste 222, New Orleans, LA 70130	(504) 529-5558
St. Thomas Community Health Center	1020 St. Andrew St., New Orleans, LA 70130	(504) 529-5558
Primary Care and Behavioral Health Services		
Common Ground Health Clinic*	1400 Teche St, New Orleans, LA 70114	(504) 361-9800
CrescentCare Health & Wellness Center-Mid-City*	3308 Tulane Ave., New Orleans, LA 70119	(504) 207-2273
Daughters of Charity-Carrollton*	3201 S Carrollton Ave, New Orleans, LA 70118	(504) 207-3060
Daughters of Charity-St. Cecelia*	1030 Lesseps St, New Orleans, LA 70117	(504) 941-6041
Daughters of Charity-Dillard*	100 Warrington Dr, New Orleans, LA 70117	(504) 207-3060
Daughters of Charity-N.O. East*	5640 Read Blvd, Ste 520, New Orleans, LA 70127	(504) 248-5357
EXCELth Family Health Center-Gentilly*	2050 Caton St, New Orleans, LA 70122	(504) 620-9868
EXCELth Family Health Center-Algiers*	4422 Gen Meyer Ave, Ste 103, New Orleans, LA 70131	(504) 526-1179
EXCELth Family Health Center-N.O. East*	9900 Lake Forest Blvd, Ste F, New Orleans, LA 70127	(504) 620-0500
Health Care for the Homeless*	2222 Simon Bolivar Ave, FL 2, New Orleans, LA 70113	(504) 658-2785
Health Care for the Homeless VA-CRRC*	1530 Gravier St., New Orleans, LA 70112	(504) 658-2785
New Orleans Musicians' Clinic*	3700 St Charles Ave, New Orleans, LA 70115	(504) 412-1366
NOELA Community Health Center*	4626 Alcee Fortier Blvd, Suite D, New Orleans, LA 70129	(504) 255-8665
Ruth Fertel/Tulane Community Health Center*	711 N Broad St, New Orleans, LA 70119	(504) 609-3500
St. Thomas Community Health Center*	1936 Magazine St, New Orleans, LA 70130	(504) 529-5558
Tulane Drop-In Clinic at Covenant House*	611 N Rampart St, New Orleans, LA 70112	(504) 584-1112
Plaquemines Parish		
Primary Care Services		
Belle Chasse Community Health Center*	8200 Hwy 23, Belle Chasse, LA 70037	(504) 398-1100
St. Bernard Parish		
Primary Care and Behavioral Health Services		
St. Bernard Community Health Center*	8050 W Judge Perez Dr, Ste 1300 Chalmette, LA 70032	(504) 281-2800

All locations marked with an asterisk () have staff who can offer assistance enrolling in health insurance

Primary Care refers to services that are provided by your main doctor like wellness checks and screenings

Behavioral Care refers to services that improve mental and emotional well-being like counseling and substance abuse treatment

Are Health Center Services Affordable?

- You can visit any Community Health Center to receive basic and preventative services for free such as: annual check-ups, vaccinations and screenings.
- Costs for additional services will depend on your household income, the type of insurance you have (if any), and the type of services you need.
- Being enrolled in a Marketplace health insurance plan or Medicaid program will make your experience at the clinics easier and lower the cost of most services.

What Plan is Right for Me?

MEDICAID

Medicaid offers programs for individuals and families with low incomes and who are disabled, blind, pregnant, single parents of a child under 19, or children under 19. In Louisiana, Medicaid is called Bayou Health.

MARKETPLACE HEALTH INSURANCE

Health insurance through the Marketplace is best for those ages 18-64 who don't qualify for Medicaid or GNOCHC, have low to moderate incomes, and don't have insurance through an employer or spouse.

GNOCHC

GNOCHC is a program for individuals and families with low incomes ages 18-64 who are not eligible for Medicaid.

MEDICARE

Medicare is a program for adults age 65 and older.

What do I Need to Apply?

- Social Security number, U.S. passport, or Citizenship documentation of only those who need health insurance. You don't need the actual card — just the number.
- Income information (if any) such as wages, salary, tips, disability payments, unemployment compensation, retirement or pension income, etc. For accurate estimates, bringing any documentation can help.

Where can I go for Help?

To get help over the phone or to schedule an appointment call the Health Department at 311 or contact the assister below:

Jodi Dyer at jedyer@nola.gov or 504-658- 2563

New Orleans Health Department
1300 Perdido Street
Suite 8E18
New Orleans, LA 70112

Free & Low Cost STD Testing in New Orleans

- **Delgado STD Clinic — FREE STD testing**
Louisiana Department of Health and Hospitals,
Office of Public Health
504-658-2540
517 N Rampart St
New Orleans, Louisiana 70112
Conventional Blood HIV-Antibody Testing, Rapid
Blood HIV-Antibody Testing, STD Testing, Free HIV
Testing Services
Languages: English, Spanish
Hours: Mon.-Fri., 8am-4pm (You can walk in
between 7:30 and 3)
- **Orleans Women's Health Clinic**
504-561-1183
2111 Banks St
New Orleans, Louisiana 70112
Conventional Blood HIV-Antibody Testing, STD
Testing
Services available to women only. Sliding scale
pricing.
Hours: Tues.-Fri., 9am-1pm
- **Louisiana Department of Health and
Hospitals, Office for Addictive
Disorders, Metropolitan Human
Services**
504-568-2692
2025 Canal St Ste 300
New Orleans, Louisiana 70112
Conventional Blood HIV-Antibody Testing,
Conventional Oral HIV-Antibody Testing, STD
Testing
Languages: English, Spanish
Must be Orleans Parish resident.
Hours: Mon.-Fri., 8am-4:30pm. Clinic: Mon.-Thurs.,
8am-7:30pm; Fri., 8am-4:30pm
- **Louisiana Department of Health and
Hospitals, Office of Public Health, AIDS
Drug Reimbursement Program**
504-568-7474
234 Loyola Ave 5th Floor
New Orleans, Louisiana 70112
Public Health Department/Social Services
Department
Conventional Blood HIV-Antibody Testing, STD
Testing
Must meet income eligibility requirements.
Additional email: tafi@wonder.em.cdc.gov.
Hours: Mon.-Fri., 8am-4:30pm
- **Metropolitan Treatment Center**
504-486-6277
3604 Tulane Ave
New Orleans, Louisiana 70119
Conventional Oral HIV-Antibody Testing, STD
Testing
Hours: Mon.-Fri., 6am-2pm; Sat., 8am-12noon
- **Lower Ninth Ward Health Clinic**
504-309-0918
5228 St Claude Ave
New Orleans, Louisiana 70117
Conventional Blood HIV-Antibody Testing, STD
Testing
Services not denied because of inability to pay.
Hours: Mon., Wed., Thurs., Fri., 8am-4:30pm;
Tues., 10am-6pm
- **Planned Parenthood New Orleans**
4018 Magazine Street
New Orleans, LA 70115
p: 504.897.9200 | f: 504.897.9234 Toll Free Phone
#:800-230-7526
Languages: English, Russian, Spanish
STD Testing, Treatment & Vaccines. STD testing,
diagnosis and treatment, including:
bacterial vaginosis (BV), chlamydia, genital warts,
gonorrhea, herpes, HIV (testing and diagnosis only),
syphilis, trichomoniasis (trich)
Other STD testing, diagnosis and treatment services
are also available. Please ask our staff for more
information
Hours: Mon., 11am-6:30pm; Tues.-Fri., 9am-
4:30pm; Sat., 9am-1:30pm
- **Midtown Medical Women's Clinic**
3500 St. Charles Ave
New Orleans LA 70115
(504) 895-0990
Mon – Thu: 9:00 am – 5:00 am
Fri – Sat: 9:00 am – 2:00 am
Walk-in or appointment. Initial visit \$125.
Se habla español.
- **Memorial Medical Center, Baptist
Campus**
504-899-9311
2700 Napoleon Ave
New Orleans, Louisiana 70115
Hospital
Conventional Blood HIV-Antibody Testing, STD
Testing
Hours: 24 hrs.
- **US Department of Veterans Affairs,
Veterans Health Administration,
Veterans Integrated Service Network**
504-412-3700 Toll Free Phone #:800-935-8387
1601 Perdido St
New Orleans, Louisiana 70146
Conventional Blood HIV-Antibody Testing, STD
Testing
Services available to eligible veterans only.
Hours: Mon.-Fri., 7:30am-4pm
- **Ochsner Clinic Foundation, Ochsner
Clinic New Orleans**
1514 Jefferson Hwy
New Orleans, Louisiana 70121
504-842-3000 Toll Free Phone #:800-835-3989
Conventional Blood HIV-Antibody Testing, STD
Testing
Languages: English, Spanish
Hours: Mon.-Fri., 8am-5pm

Greater New Orleans Providers

A-1 Customized Companion Services

2100 Belle Chasse Hwy Gretna, LA 70053

Phone: (504) 361-5330

Fax: (504) 367-6601

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Vocational Training, Therapy, Counseling

Population served: Children, Adults

Languages spoken: English, Spanish

Acceptable Health Services

5640 Read Blvd, Ste.740 New Orleans, LA 70127

Phone: (504) 245-2440

Fax: (504) 245-4284

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Support Groups, Marriage/Family Counseling, Medication Management, Therapy

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

Addiction Recovery Resources, Inc.

1615 Canal Street, Ste. A-1 New Orleans, LA 70112

Phone: (504) 522-7754

Fax: (504) 308-3305

Categories: Housing, Substance Abuse

Services: Counseling, Therapy, Detox, Transitional Housing

Population served: Adults

Languages spoken: English

www.armo.org

Addictions Counseling and Educational Resources (ACER) –

Slidell 2238 First St Slidell, LA 70458

Phone: (504) 941-7580

Fax: (985) 690-6662

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Detox, Counseling, Therapy, Support Groups

Population served: Adolescents (Individual Counseling), Adults

Languages spoken: English

www.acerhelp.com

Addictions Counseling and Educational Resources (ACER) –

Metairie 2321 N Hullen St Metairie, LA 70001

Phone: (504) 941-7580

Fax: (985) 690-6662

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Detox, Counseling, Therapy, Support Groups

Population served: Adolescents (Individual Counseling), Adults

Languages spoken: English

www.acerhelp.com

Addictions Counseling and Educational Resources (ACER) –

Arabi 7532 W Judge Perez Dr Arabi, LA 70032

Phone: (504) 941-7580

Fax: (985) 690-6662

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Detox, Counseling, Therapy, Support Groups

Population served: Adolescents (Individual Counseling), Adults

Languages spoken: English

www.acerhelp.com

Akula Foundation: Grief Resource Center

1221 S Clearview Pkwy, 4th Floor Jefferson, LA 70121

Phone: 24 Hours: (504) 723-3628, (504) 881-0452

Fax: (504) 648-1299

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Therapy, Marriage/Family Counseling, Support Groups

Population served: Children, Youth, Adults, Seniors

Languages spoken: English

www.akulafamilyfoundation.com

Alcoholics Anonymous

638 Papworth Ave, Ste. A Metairie, LA 70005

Phone: (504) 838-3399

Categories: Substance Abuse, Youth Services

Services: Support Groups

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

www.aaneworleans.org

Algiers-Fischer Behavioral Health Center

4422 General Meyer Ave, Ste. 203 New Orleans, LA 70131

Categories: Mental Health Services, Substance Abuse

Services: Medication Management, Counseling, Crisis Counseling, Therapy

Population served: Adults

Languages spoken: English

Alternate Choices, Inc.

3100 Ridgelake Dr, Ste. 104 Metairie, LA 70002

Phone: (504) 830-3443

Fax: (504) 832-7947

Categories: Mental Health Services, Substance Abuse, Family Services

Services: Counseling, Marriage/Family Counseling, Therapy, Support Groups, Crisis Counseling

Population served: Adults, Families

Languages spoken: English

American Active Rehab, Inc.

401 Whitney Ave, Ste. 320 Gretna, LA 70056

Phone: (504) 263-1403

Fax: (504) 263-1423

Categories: Mental Health Services, Family Services, Youth Services

Services: Medication Management, Counseling, Support

Groups, Therapy, Marriage/Family Counseling

Population served: Children, Youth; Court-Mandated

Languages spoken: English

APEX Community Advancement, Inc.

2019 Simon Bolivar Ave New Orleans, LA 70113

Phone: (504) 358-2739 ext.2

Categories: Education, Youth Services

Services: Mentoring, Recreation, After School Programming,

Tutoring

Population served: Children, Youth, Adults

Languages spoken: English

www.apexyouthcenter.org

Art Spot Productions (iRoc)

609 Saint Ferdinand St New Orleans, LA 70117

Phone: (504) 826-7783

Categories: Education, Mental Health Services

Services: Therapy, Life Skills

Population served: Family

Languages spoken: English

www.artspotproductions.org

Assurance Care Provider - LaPlace

429 W Airline Hwy, Ste. I LaPlace, LA 70068

Phone: (985) 652-8222

Fax: (504) 472-0078

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Medication Management, Counseling, Support Groups, Life

Skills, Therapy

Population served: Children, Youth, Adults

Languages spoken: English

Assurance Care Provider - Kenner

2145 Reverand Richard Wilson Dr Kenner, LA 70062

Phone: (504) 472-0068

Fax: (504) 472-0078

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Medication Management, Counseling, Support Groups, Life

Skills, Therapy

Population served: Children, Youth, Adults

Languages spoken: English

ATLS Youth Foundation, Inc.

2439 Delachaise St New Orleans, LA 70115

Phone: (504) 452-0110

Categories: Youth Services, Education, Employment/Workforce Development

Services: Advocacy, Therapy, Job Training

Population served: Youth

Languages spoken: English

www.atlsyouthfoundation.org

Bayou District Foundation

320 Julia St New Orleans, LA 70130

Phone: (504) 272-0307

Categories: Education, Mental Health Services,

Employment/Workforce Development

Services: Advocacy, Therapy, Job Training, After School

Programming

Population served:

Languages spoken: English

www.bayoudistrictfoundation.org

Beacon Behavioral Health - New Orleans

14500 Hayne Blvd, Ste. 200 New Orleans, LA 70128

Phone: (504) 210-0460

Fax: (504) 210-0970

Categories: Mental Health Services

Services: Inpatient Treatment

Population served: Adults Age 30 and Older

Languages spoken: English, Spanish, Vietnamese

www.beaconbh.com

Beacon Behavioral Health - Metairie

3200 Ridgelake Dr, Ste. 100 Metairie, LA 70002

Phone: (504) 581-4333

Fax: (504) 581-2812

Categories: Mental Health Services

Services: Counseling, Therapy, Support Groups, Medication

Management

Population served: Adults

Languages spoken: English, Spanish, Others as Needed

www.beaconbh.com

Behavioral Health Group

417 S Johnson St New Orleans, LA 70112

Phone: (504) 524-7205

Fax: (504) 581-4702

Categories: Substance Abuse

Services: Counseling, Medication Management, Detox

Population served: Adults

Languages spoken: English

www.bhgrecovery.com

Belle Chase Community Health Center

8200 Hwy 23 Belle Chase, LA 70037

Phone: (504) 398-1100

Categories: Primary Care

Services: Primary Care

Population served:

Languages spoken:

www.bchasse.org

Belle Reve (HIV Supportive Services & Housing)

3029 Royal St New Orleans, LA 70117

Phone: (504) 945-9455

Fax: (504) 942-2661

Categories: Housing, Education, Substance Abuse

Services: Advocacy, HIV Counseling, Permanent Supportive

Housing, Transitional Housing, Life Skills, Therapy, Counseling

Population served: Adults with HIV/AIDS

Languages spoken: English

www.bellerevenola.org

Bethel Colony South Transformation Ministry

4114 Old Gentilly Rd New Orleans, LA 70126

Phone: (504) 943-0456

Fax: (504) 267-4737

Categories: Substance Abuse, Housing

Services: Therapy, Transitional Housing, Support Groups, Education

Population served: Adults

Languages spoken: English

www.wix.com/chrisharberart/bethel-colony-south#!

Boys Town LA

300 N Broad St, Ste. 106 New Orleans, LA

70119 Phone: Administration: (504) 293-7900

Assessment: (504) 392-4501

Categories: Mental Health Services, Family Services, Youth Services

Services: Therapy, Parenting Classes, Crisis Counseling, Life Skills,

Homeless Services, Advocacy, Shelter

Population served: Youth

Languages spoken: English

www.boystown.org/locations/louisiana

Bridge House

4150 Earhart Blvd New Orleans, LA 70125

Phone: (504) 522-4475, Intake: (504) 821-7120

Fax: (504) 821-7296

Categories: Substance Abuse

Services: Counseling, Transitional Housing, Support Groups, Therapy

Population served: Adult Men

Languages spoken: English

bridgehouse.org

Council on Alcohol and Drug Abuse (CADA)

2640 Canal St, 4th floor New Orleans, LA 70119

Phone: (504) 821-2232

Categories: Education, Substance Abuse, Reentry

Services: Advocacy, Counseling, Parenting Classes

Population served: Youth, Adults

Languages spoken: English

www.cadagno.org

Café Hope

1101 Barataria Blvd Marrero, LA 70072

Phone: (504) 756-4673

Categories: Youth Services, Employment/Workforce Development

Services: Advocacy, Life Skills, Job Training

Population served: Youth, Adults

Languages spoken: English

www.cafehope.org

Café Reconcile

1631 Oretha Castle Haley Blvd New Orleans, LA 70113

Phone: (504) 568-1157

Categories: Employment/Workforce Development, Youth Services

Services: Job Training, Life Skills, HiSET, Transportation Assistance

Population served: Youth, Adults

Languages spoken: English

www.cafereconcile.org

CASA New Orleans

1340 Poydras St, Ste. 2120 New Orleans, LA 70112

Phone: (504) 522-1962

Fax: (504) 522-1897

Categories: Youth Services, Legal Aid

Services: Advocacy, Mentoring

Population served: Youth

Languages spoken: English

www.casaneworleans.org

Celebration Hope Center/Healing Hearts for Community

Development 1901-B Airline Dr Metairie, LA 70001

Phone: (504) 833-4673

Fax: (504) 885-0400

Categories: Mental Health Services, Youth Services, Family Services,

Substance Abuse

Services: Counseling, Marriage/Family Counseling, Therapy, Support

Groups, Crisis Counseling

Population served: Children, Youth, Adults, Families

Languages spoken: English

www.healingheartsnola.org/chc

Center for Hope Children and Family Services

5630 Crowder Blvd, Ste. 208 New Orleans, LA 70127

Phone: (504) 241-6006

Fax: (504) 241-6007

Categories: Mental Health Services, Substance Abuse, Youth Services, Family Services

Services: Counseling, Marriage/Family Counseling, Support Groups, Life Skills, Medication Management, Crisis Counseling, Therapy

Population served: Children, Youth, Adults

Languages spoken: English

<http://centerforhopeservices.com/>

Central City Behavioral Health Center

2221 Philip St New Orleans, LA 70113

Phone: (504) 568-6650

Categories: Mental Health Services, Substance Abuse

Services: Medication Management, Counseling, Crisis Counseling, Therapy, Marriage/Family Counseling

Population served: Children, Youth, Adults, Families

Languages spoken: English

Chartres-Pontchartrain Behavioral Health Center

719 Elysian Fields Ave New Orleans, LA 70117

Phone: Adults: (504) 942-8101, Children: (504) 942-8123

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Medication Management, Counseling, Crisis Counseling, Therapy, Marriage/Family Counseling

Population served: Children, Youth, Adults, Families

Languages spoken: English, Spanish

Childhood & Family Learning Foundation

1700 Josephine St, Ste. 200 New Orleans, LA 70113

Phone: (504) 570-6952

Categories: Mental Health Services, Education, Family Services

Services: Therapy, Advocacy, Childcare

Population served: Children, Youth, Families

Languages spoken: English

www.childrenarewaiting.org

Children's Bureau of New Orleans

2626 Canal St, Ste. 201 New Orleans, LA 70119

Phone: (504) 525-2366 Afterhours Cope Line: (504) 269-2673

Fax: (504) 525-7525

Categories: Mental Health Services, Youth Services

Services: Counseling and Therapy, Crisis Counseling, Crisis Intervention, Family Counseling, GTI Groups in Schools, Mental Health Rehab, School-based Counseling

Population served: Children, Youth, Families

Languages spoken: English, Spanish

www.childrensbureauola.org

Clarke Community Services, LLC

3308 Tulane Ave, Ste. 407 New Orleans, LA 70119

Phone: (504) 821-6830

Fax: (504) 821-6837

Categories: Mental Health Services, Youth Services

Services: Counseling, Therapy, Medication Management

Population served: Children, Adults

Languages spoken: English

Cocaine Anonymous

Mailing: PO Box 872561 Metairie, LA 70187

Phone: 24-Hour Information Line: (504) 889-4357

Categories: Substance Abuse, Youth Services

Services: Support Groups

Population served: Adults, Youth

Languages spoken: English

www.no2caine.org

Columbia Parc Health Center

3943 St Bernard Ave New Orleans, LA 70122

Phone: (504) 529-5558

Fax: (504) 529-8840

Categories: Mental Health Services, Physical Health, Family Services, Youth Services

Services: Counseling, Therapy, Medication Management, Primary Care, HIV Counseling, Nutrition

Population served:

Languages spoken:

www.stthomaschc.org

Comcare Support Center, LLC.

3100 Ridgelake Dr, Ste. 201 Metairie, LA 70002

Phone: (504) 322-7328

Fax: (888) 977-2609

Categories: Mental Health Services, Youth Services

Services: Counseling, Therapy, Medication Management

Population served: Children, Adults

Languages spoken: English

www.comcarellc.com

Common Ground Health Clinic

1400 Teche St New Orleans, LA 70114

Phone: (504) 361-9800

Categories: Mental Health Services, Physical Health

Services: Counseling, Crisis Counseling, HIV Counseling, Marriage/Family Counseling, Primary Care, Medication Management

Population served: Adults, Families

Languages spoken: English, Spanish

www.commongroundhealthclinic.org

Communities In Schools

3400 Bienville St, Ste. B New Orleans, LA 70119

Phone: (504) 486-8002

Categories: Education, Mental Health Services, Youth Services

Services: Tutoring, Counseling, Mentoring

Population served: Children, Youth

Languages spoken: English

www.cisneworleans.org

Community Care Hospital

1421 General Taylor St New Orleans, LA 70115

Phone: (504) 899-2500

Fax: (504) 899-7127

Categories: Mental Health Services, Family Services

Services: Inpatient Treatment, Marriage/Family Counseling,

Counseling, Support Groups, Therapy, Medication Management

Population served: Adults, Geriatrics

Languages spoken: English, Spanish

www.communitycarehospital.com

Community Mediation Services

1333 Lowerline St New Orleans, LA 70118

Phone: (504) 606-2706

Categories: Legal Aid

Services: Advocacy

Population served:

Languages spoken: English

www.cmsnola.org

Community Service Center

4000 Magazine St New Orleans, LA 70115

Phone: (504) 897-6277

Categories: Reentry

Services: Support Groups, Job Training

Population served: Youth, Adults

Languages spoken: English

<https://s145498.gridserver.com/>

Community Works of LA

615 Barrone St, Ste. 201 New Orleans, LA 70113

Phone: (504) 522-2667

Categories: Education

Services: After School Programming

Population served:

Languages spoken: English

www.communityworksla.org

Counseling Solutions: Catholic Charities Archdiocese of New Orleans 1000 Howard Ave, Ste. 200 New Orleans, LA 70113

Phone: (504) 523-3755

Categories: Education, Mental Health Services

Services: Advocacy, Therapy, Job Training, Homeless Services

Population served: Children, Youth, Adults, Families

Languages spoken: English

www.ccano.org

Covenant House

611 N Rampart St New Orleans, LA 70112

Phone: (504) 584-1111

Categories: Housing, Mental Health Services, Emergency Assistance, Youth Services

Services: Therapy, Crisis Counseling, Shelter, Low-income Housing,

Permanent Supportive Housing, Childcare, Parenting Classes, Shelter

Population served: Children, Youth, Families

Languages spoken: English

www.covenanthouseno.org/

Crossroads Louisiana

3727 General DeGaulle Dr New Orleans, LA 70114

Phone: (504) 366-1828

Fax: (504) 366-1867

Categories: Mental Health Services

Services: Therapy

Population served: Adults

Languages spoken: English

www.crossroadsla.com

Daughters of Charity Services of New Orleans - Carrollton

3201 S Carrollton Ave New Orleans, LA 70118

Phone: (504) 207-3064

Fax: (504) 207-3067

Categories: Mental Health Services, Physical Health, Family Services, Youth Services

Services: Counseling, Primary Care, Medication Management,

Therapy, HIV Counseling, WIC, Nutrition

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

www.dcsno.org

Daughters of Charity Services of New Orleans - Metairie

111 N Causeway Blvd Metairie, LA 70001

Phone: (504) 482-0084

Fax: (504) 483-6018

Categories: Mental Health Services, Physical Health, Family Services, Youth Services

Services: Counseling, Medication Management, Therapy, HIV

Counseling, Nutrition, Primary Care

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

<http://www.dcsno.org>

Daughters of Charity Services of New Orleans - St. Cecilia

1030 Lesseps St New Orleans, LA 70117

Phone: (504) 941-6041

Fax: (504) 941-9991

Categories: Mental Health Services, Physical Health, Family Services, Youth Services

Services: Counseling, Medication Management, Therapy, HIV

Counseling, Nutrition, Primary Care

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

www.dcsno.org

Destined for a Change, Inc.

3420 Kabel Dr New Orleans, LA 70131

Phone: (504) 394-5937

Fax: (504) 394-8197

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Therapy, Counseling, Medication Management

Population served: Children, Adults

Languages spoken: English

www.dfacinc.org

Divine Intervention Rehabilitation, LLC.

3221 Behrman Pl, Ste. 201 New Orleans, LA 70114

Phone: (504) 263-2800

Fax: (504) 263-2821, (504) 263-2900

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Crisis Counseling, Marriage/Family Counseling, Therapy, Medication Management

Population served: Children(ages 5-17), Adults

Languages spoken: English

www.divineinterventionrehabilitation.com

Eden House

P.O. Box 750386 New Orleans, LA 70175

Phone: (504) 407-0943

Categories: Housing, Mental Health Services, Substance Abuse

Services: Advocacy, Homeless Services

Population served: Adult women who have been victims of human trafficking

Languages spoken: English

www.edenhousesnola.org/

Ekhaya Youth Project, Inc.

2601 Tulane Ave, Ste. 622 New Orleans, LA 70119

Phone: (504) 858-HOPE (4673)

Fax: (855) 662-4366

Categories: Mental Health Services, Youth Services, Family Services

Services: Counseling, Marriage/Family Counseling, Support Groups, Therapy, Medication Management

Population served: Youth Age 10 to 25

Languages spoken: English

www.ekhaya4youth.org

Elevate New Orleans

P.O. Box 6111 Metairie, LA 70009

Phone: (504) 914-2325

Categories: Education, Mental Health Services,

Employment/Workforce Development

Services: Advocacy, Therapy, Job Training, Nutrition

Population served:

Languages spoken: English

www.elevateusa.org

Enhanced Destiny Services

2740 Iberville St New Orleans, LA 70119

Phone: (504) 821-8184

Fax: (504) 821-8185

Categories: Mental Health Services

Services: Counseling, Support Groups, Life Skills

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

www.enhanceddestinyservices.org

Essential Care Services

3901 Ulloa St New Orleans, LA 70119

Phone: (504) 267-5712; 24-Hour Line: (504) 957-8982

Fax: (504) 267-5714

Categories: Mental Health Services, Youth Services

Services: Counseling, Therapy, Support Groups, Medication Management

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

www.essentialcarellc.com

EXCELth Family Health Center - Algiers

4422 General Meyer Ave, Ste. 103 New Orleans, LA 70131

Phone: (504) 526-1179

Fax: (504) 526-1200

Categories: Mental Health Services, Physical Health, Family Services, Youth Services

Services: Counseling, Therapy, Medication Management,

Marriage/Family Counseling, HIV Counseling, Nutrition, Primary Care

Population served: Children, Youth, Adults

Languages spoken: English, Arabic, Spanish, French

www.excelth.com

EXCELth Family Health Center - Gentilly

2050 Caton St New Orleans, LA 70122

Phone: (504) 620-9868

Fax: (504) 620-9888

Categories: Mental Health Services, Physical Health, Family Services, Youth Services

Services: Counseling, Therapy, Medication Management, Marriage/Family Counseling, HIV Counseling, Nutrition, Primary Care

Population served: Children, Youth, Adults

Languages spoken: English, Arabic, Spanish

www.excelth.com

EXCELth Family Health Center - New Orleans East

9900 Lake Forest Blvd, Ste. F New Orleans, LA

70127 Phone: (504) 620-0500

Categories: Mental Health Services, Physical Health, Family Services, Youth Services

Services: Counseling, Therapy, Medication Management, Marriage/Family Counseling, HIV Counseling, Nutrition, Primary Care

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

www.excelth.com

Exodus Houses

3000 LaSalle St New Orleans, LA 70115 ([Google Map](#))

Phone: (504) 287-3661

Categories: Housing, Mental Health Services, Substance Abuse, Reentry

Services: Therapy, Medication Management, Permanent Supportive Housing, Life Skills, Homeless Services, Low-income Housing, Transitional Housing

Population served: Youth, Adults

Languages spoken: English

www.exodushouseno.com

Family Care, Inc.

3520 General DeGaulle Dr New Orleans, LA 70114

Phone: (504) 363-7449

Fax: (504) 363-7077

Categories: Mental Health Services, Youth Services, Family Services

Services: Counseling, Medication Management, Therapy, Marriage/Family Counseling

Population served: Children, Adults

Languages spoken: English

Family Center of Hope

4422 St Charles Ave New Orleans, LA 70115

Phone: (504) 891-3264

Fax: (504) 891-1172

Categories: Education, Family Services, Mental Health Services, Youth Services

Services: Advocacy, Mentoring, Counseling, Therapy, Support Groups, Childcare

Population served: Children, Youth, Adults, Families

Languages spoken: English

<http://fch-nola.webs.com/>

Family Preservation Services

3801 Canal St, Ste. 220 New Orleans, LA 70119

Phone: (504) 482-2735

Fax: (504) 482-2737

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Medication Management, Therapy, Parenting Classes

Population served: Children, Adults

Languages spoken: English

Family Service GNO- East Jefferson

201 Evans Rd, Bldg. 3, Ste. 311 Harahan, LA 70123

Phone: (504) 733-4031

Fax: (504) 733-4033

Categories: Mental Health Services, Youth Services, Family Services, Substance Abuse

Services: Counseling, Marriage/Family Counseling, Support Groups, Therapy, Crisis Counseling

Population served: Children, Youth, Adults

Languages spoken: English

www.fsgno.org

Family Service GNO- Main Office

2515 Canal St, Ste. 201 New Orleans, LA 70119

Phone: (504) 822-0800

Fax: (504) 822-0831

Categories: Mental Health Services, Youth Services, Family Services, Substance Abuse

Services: Counseling, Marriage/Family Counseling, Support Groups, Therapy, Crisis Counseling

Population served: Children, Youth, Adults

Languages spoken: English, Spanish, Vietnamese

www.fsgno.org

Family Service GNO- St. Bernard

8352 Lafitte Ct Chalmette, LA 70043

Phone: (504) 271-3781

Fax: (504) 271-3793

Categories: Mental Health Services, Youth Services, Family Services,
Substance Abuse

Services: Counseling, Marriage/Family Counseling, Support Groups,
Therapy, Crisis Counseling

Population served: Children, Youth, Adults

Languages spoken: English

www.fsgno.org

Family Service GNO- Westbank

1799 Stumpf Blvd, Bldg. 5, Ste. 3B Gretna, LA 70056

Phone: (504) 361-0926

Fax: (504) 733-4033

Categories: Mental Health Services, Youth Services, Family Services,
Substance Abuse

Services: Counseling, Marriage/Family Counseling, Support Groups,
Therapy, Crisis Counseling

Population served: Children, Youth, Adults

Languages spoken: English

www.fsgno.org

Families and Friends of Louisiana's Incarcerated Children

(FFLIC) 1600 Oretha Castle Haley Blvd New Orleans, LA

70113 Phone: (504) 522-5437

Categories: Education, Family Services, Youth Services

Services: Advocacy, Parenting Classes

Population served: Youth

Languages spoken: English

www.fflic.org/

Fidelity Behavioral Health Services

4300 S I-10 Service Rd, Ste. 117 Metairie, LA 70001

Phone: (504) 841-0007

Fax: (504) 841-0023

Categories: Mental Health Services, Youth Services

Services: Counseling, Crisis Counseling, Medication Management,
Therapy

Population served: Children, Youth, Adults

Languages spoken: English

Gateway Recovery Program

4103 Lac Couture Dr Harvey, LA 70058

Phone: (504) 368-9935

Fax: (504) 368-9918

Categories: Mental Health Services, Substance Abuse

Services: Counseling, Therapy, Support Groups, Medication
Management

Population served: Adult Men

Languages spoken: English

www.gatewayrecovery.com

**Geriatric Behavioral Health Unit- East Jefferson General
Hospital**

4200 Houma Blvd Metairie, LA 70006

Phone: (504) 780-5890

Fax: (504) 780-5889

Categories: Mental Health Services

Services: Inpatient Treatment

Population served: Adults, Geriatrics

Languages spoken: English, Translation Line Available

www.ejgh.org

**God's Kingdom Builders (Timothy House/Mary Magdalene
House) 2229 Ursulines Ave New Orleans, LA 70119**

Phone: (504) 821-1151

Categories: Housing, Employment/Workforce Development,
Substance Abuse

Services: Job Training, Counseling, Transitional Housing

Population served: Adults

Languages spoken: English

www.godskingdombuilder.s5.com/

**Goodwill of Southern Louisiana and New Orleans Master Crafts
Guild 3400 Tulane Ave, Ste. 1000 New Orleans, LA 70119**

Phone: (504) 456-3914

Categories: Employment/Workforce Development, Education, Youth
Services, Reentry

Services: Advocacy, Job Training, Mentoring, Life Skills, Vocational
Training

Population served: Youth, Adults

Languages spoken: English

www.goodwillno.org

Grace Behavioral Health Center, LLC.

4323 Division St, Ste. 110 Metairie, LA 70002

Phone: (504) 883-8330; Crisis Line: (504) 444-4352

Fax: (504) 273-1513

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Support Groups, Marriage/Family Counseling,
Medication Management

Population served: Children

Languages spoken: English

www.gracebehavioral.com

Grace House

4150 Earhart Blvd New Orleans, LA 70125

Phone: (504) 522-4475, Intake: (504) 821-7120

Fax: (504) 821-7296

Categories: Substance Abuse

Services: Transitional Housing, Support Groups, Counseling

Population served: Adult Women

Languages spoken: English

www.bridgehouse.org

Grace Outreach Center

2533 LaSalle St New Orleans, LA 70113

Phone: (504) 304-9980

Fax: (504) 267-4062

Categories: Youth Services, Mental Health Services, Substance

Abuse, Family Services

Services: Support Groups, Medication Management, Crisis

Counseling, Marriage/Family Counseling, Counseling, Life Skills,

Therapy

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

Green Path International, Inc.

411 S Broad St New Orleans, LA 70119

Phone: (504) 827-2928

Fax: (504) 827-2926

Categories: Substance Abuse, Youth Services, Mental Health Services

Services: Therapy, Support Groups, Medication Management

Population served: Children, Youth, Adults

Languages spoken: English, Spanish

www.gpaddiction.org

Harris Infant Mental Health Program

3450 Chestnut St New Orleans, LA 70115

Phone: (504) 903-9213

Categories: Mental Health Services, Family Services

Services: Counseling, Marriage/Family Counseling, Therapy

Population served: Infants (0-5) and their caregivers

Languages spoken: English, Spanish

HIV Outpatient Program/HOP, Organization: Medical Center of Louisiana at New Orleans (MCLNO)

2235 Poydras St New Orleans, LA 70119

Phone: (504) 826-2179, (504) 826-2182

Fax: (504) 680-0249

Categories: Mental Health Services, Physical Health

Services: Counseling, Therapy, HIV Counseling, Medication

Management, Primary Care

Population served: Adults; HIV Positive

Languages spoken: English, Spanish

www.hopclinic.org

Holistic Educational Rehabilitation Center

2100 Belle Chasse Hwy Gretna, LA 70056

Phone: (504) 367-6630

Fax: (504) 367-6601

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Counseling, Therapy, Medication Management

Population served: Children, Adults

Languages spoken: English, ASL

www.mentalhealthcounselingla.com/

Institute of Behavioral Science

1316 S Roman St New Orleans, LA 70116

Phone: (504) 609-1490

Categories: Education, Substance Abuse, Mental Health Services,

Youth Services

Services: Advocacy, Therapy, Support Groups, Counseling, Crisis

Counseling

Population served: Youth, Adults

Languages spoken: English

Integrated Family Services

3604 Canal St New Orleans, LA 70119

Phone: (504) 822-4333

Fax: (504) 822-4339

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Crisis Counseling, Medication Management,

Marriage/Family Counseling, Therapy

Population served: Children, Youth, Ages 6-18

Languages spoken: English

Jefferson Community Healthcare Centers, Inc. - River Ridge

11312 Jefferson Hwy River Ridge, LA 70123

Phone: (504) 463-3002

Categories: Mental Health Services, Physical Health, Youth Services

Services: Counseling, Therapy, Medication Management, HIV

Counseling, Nutrition, Primary Care

Population served: Children, Adults

Languages spoken: English, Spanish, Vietnamese

www.jchcc.org

Jefferson Community Healthcare Centers, Inc.

3932 U.S. Hwy 90 Avondale, LA 70094

Phone: (504) 436-2223

Categories: Mental Health Services, Physical Health, Youth Services

Services: Counseling, Therapy, Medication Management, HIV

Counseling, Nutrition, Primary Care

Population served: Children, Adults

Languages spoken: English, Spanish, Vietnamese

www.jchcc.org

Jefferson Community Healthcare Centers, Inc. - Marrero

1855 Ames Blvd Marrero, LA 70072

Phone: (504) 371-8958

Categories: Mental Health Services, Physical Health, Youth Services

Services: Counseling, Therapy, Medication Management, HIV
Counseling, Nutrition, Primary Care
Population served: Children, Adults
Languages spoken: English, Spanish, Vietnamese
www.jhcc.org

Jefferson Neurobehavioral Group - Family Behavioral Health Center
2901 N I-10 Service Rd E, Ste. 300 Metairie, LA 70002
Phone: (504) 780-1702 (Central Appointment Line)
Fax: (504) 780-1705
Categories: Mental Health Services, Family Services, Youth Services
Services: Counseling, Marriage/Family Counseling
Population served: Children, Youth, Adults, Families
Languages spoken: English
www.jeffersonneuro.com

Jewish Family Service
3330 W Esplanade Ave, Ste. 600 Metairie, LA 70002
Phone: (504) 831-8475
Fax: (504) 831-1130
Categories: Mental Health Services, Family Services, Youth Services
Services: Counseling, Support Groups, Marriage/Family Counseling, Life Skills
Population served: Children, Youth, Adults, Families, Seniors
Languages spoken: English
www.jfsneworleans.org

Juvenile Justice Project of Louisiana (merged with LCCR)
2018 Oretha Castle Haley Blvd New Orleans, LA 70113
Phone: (504) 522-5437
Categories: Education, Youth Services, Legal Aid
Services: Advocacy, Support Groups, Legal Assistance
Population served: Youth
Languages spoken: English
www.laccr.org/jjpl/

JOB1
3400 Tulane Ave, 2nd floor New Orleans, LA 70119
Phone: (504) 658-4500
Categories: Employment/Workforce Development, Education, Youth Services
Services: Job Training, Advocacy, Mentoring, After School Programming, Job Placement
Population served: Youth, Adults
Languages spoken: English
www.nola.gov/economic-development/workforce-development/job1/

Justice & Accountability Center of LA
4035 Washington Ave New Orleans, LA 70125
Phone: (504) 322-4050

Categories: Legal Aid
Services: Expungement, Legal Aid
Population served: Youth, Adults
Languages spoken: English
www.jaclouisiana.org

Key Behavior Essentials LLC
701 Loyola Ave, Ste. 405 New Orleans, LA 70113
Phone: (504) 525-9404; Crisis/Referral: (504) 491-7732
Fax: (504) 525-5897
Categories: Mental Health Services, Youth Services
Services: Counseling, Medication Management, Support Groups, Therapy
Population served: Children, Adults
Languages spoken: English
www.kbela.com

Kindred Hospital: Geriatric Behavioral Health
3601 Coliseum St New Orleans, LA 70115
Phone: (504) 896-7200
Fax: (504) 762-5640
Categories: Mental Health Services, Family Services
Services: Inpatient Treatment, Counseling, Marriage/Family Counseling, Medication Management, Life Skills, Nutrition, Support Groups, Therapy
Population served: Geriatrics
Languages spoken: English, Spanish
www.kindredhospitalnola.com

Kingsley House
1600 Constance St New Orleans, LA 70130
Phone: (504) 523-6221
Fax: (504) 523-4450
Categories: Mental Health Services, Family Services, Youth Services
Services: Counseling, Marriage/Family Counseling, Support Groups, Crisis Counseling, Therapy
Population served: Children, Youth, Adults, Seniors, Families
Languages spoken: English, Vietnamese
www.kingsleyhouse.org

Kingsley House Community Counseling Center
5640 Read Blvd, Ste. 610 New Orleans, LA 70127
Phone: (504) 240-2264
Fax: (504) 240-2117
Categories: Mental Health Services, Family Services, Youth Services
Services: Counseling, Marriage/Family Counseling, Support Groups, Crisis Counseling, Therapy, Life Skills
Population served: Children, Youth, Adults, Seniors, Families
Languages spoken: English, Vietnamese
www.kingsleyhouse.org

Kingsley House Family Preservation

429 W Airline Hwy, Ste. Q-R LaPlace, LA 70068

Phone: (985) 651-7367

Fax: (985) 651-8967

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Marriage/Family Counseling, Support Groups,

Crisis Counseling, Therapy, Life Skills

Population served: Children, Youth, Adults, Seniors, Families

Languages spoken: English, Vietnamese

www.kingsleyhouse.org

Liberty's Kitchen, Inc.

300 N Broad St New Orleans, LA 70119

Phone: (504) 822-4011

Fax: (504) 822-4012

Categories: Employment/Workforce Development, Education, Youth

Services

Services: Advocacy, Job Training, Life Skills, Mentoring

Population served: Youth, Adults

Languages spoken: English

www.libertyskitchen.org/

Limitless Vistas

1215 Prytania St, Ste. 364 New Orleans, LA 70130

Phone: (504) 529-4301

Categories: Employment/Workforce Development, Youth Services

Services: Job Training, Vocational Training, Job Placement,

Transportation Assistance

Population served: Youth, Adults

Languages spoken: English

www.limitlessvistas.org/

Lindy's Place

2407 Baronne St New Orleans, LA 70113

Phone: (504) 269-0184

Categories: Housing, Employment/Workforce Development,

Education

Services: Homeless Services, Life Skills, Nutrition, Transitional

Housing, Job Training, Vocational Training, Shelter

Population served: Adult Women

Languages spoken: English

www.lindysplace.org/

Living Witness Ministries Church of God in Christ, Inc.

Community Social Service Nehemiah Restoration Program

1528 Oretha Castle Haley Blvd New Orleans, LA

70113 Phone: (504) 524-2959

Fax: (504) 524-6365

Categories: Housing, Substance Abuse

Services: Counseling, Transitional Housing

Population served: Adult Men

Languages spoken: English

www.lwcss.org

Louisiana Center for Children's Rights (merged with JJPL)

1820 St Charles Ave, Ste. 205 New Orleans, LA 70130

Phone: (504) 207-4577

Categories: Education, Family Services, Mental Health Services,

Youth Services, Legal Aid

Services: Advocacy, Counseling, Therapy, Legal Aid, Crisis

Counseling, Support Groups

Population served: Youth

Languages spoken: English

www.laccr.org/

Louisiana Green Corps

3616 Baudin St New Orleans, LA 70119

Phone: (504) 613-4661

Categories: Employment/Workforce Development, Education, Youth

Services

Services: Advocacy, Life Skills, Job training, Vocational Training,

Transportation Assistance

Population served: Youth, Adults

Languages spoken: English

www.lagreencorps.org/

Louisiana Support Services

4000 Bienville St, Ste. E New Orleans, LA 70119

Phone: (504) 488-1888

Fax: (504) 484-0555

Categories: Mental Health Services, Youth Services

Services: Counseling, Therapy

Population served: Children, Adults

Languages spoken: English

LSU Behavioral Health Service

1035 Calhoun St New Orleans, LA 70118

Phone: (504) 894-3572

Fax: (504) 894-3584

Categories: Mental Health Services, Family Services

Services: Inpatient Treatment, Support Groups, Recreation, Therapy,

Counseling

Population served: Adults

Languages spoken: English, Translation Line Available

www.mclno.org

LSU Healthcare Network Behavioral Science Center: LSU

Healthcare Network 3450 Chestnut St New Orleans, LA 70115

Phone: (504) 412-1580

Fax: (504) 412-1530

Categories: Mental Health Services, Youth Services
Services: Counseling, Therapy, Medication Management
Population served: Children, Youth, Adults
Languages spoken: English, Spanish

www.lsuhn.com

**LSUHSC Orleans Parish Permanency Infant and Preschool
Placement Program 3450 Chestnut St New Orleans, LA 70115**

Phone: (504) 458-0906
Fax: (504) 568-6006
Categories: Mental Health Services, Family Services, Youth Services
Services: Counseling, Marriage/Family Counseling
Population served: Children (0-5) in the Foster Care System,
Caregiver, Families in DCFS
Languages spoken: English

**LSU-HSCD School Based Health Center- At Eleanor McMain:
LSU Health Sciences Center New Orleans School Based Health
Center 5712 S Claiborne Ave New Orleans, LA 70125**

Phone: (504) 359-1120
Fax: (504) 861-1780
Categories: Mental Health Services, Substance Abuse, Physical
Health, Family Services, Youth Services
Services: Counseling, Crisis Counseling, Primary Care,
Marriage/Family Counseling, Support Groups
Population served: Youth; Serves School Students
Languages spoken: English

**LSU-HSCD School Based Health Center- At McDonogh 35
College Preparatory High School: LSU Health Sciences Center
New Orleans School Based Health Center 1331 Kerlerec St New
Orleans, LA 70116**

Phone: (504) 947-3065
Fax: (504) 945-4968
Categories: Mental Health Services, Substance Abuse, Physical
Health, Family Services, Youth Services
Services: Counseling, Crisis Counseling, Primary Care,
Marriage/Family Counseling, Support Groups
Population served: Youth; Serves School Students
Languages spoken: English

**LSU-HSCD School Based Health Center- At New Orleans
Charter Science and Math High School: LSU Health Sciences
Center New Orleans School Based Health Center
5625 Loyola Ave New Orleans, LA 70115**

Phone: (504) 613-5648
Categories: Mental Health Services, Substance Abuse, Physical
Health, Family Services, Youth Services
Services: Counseling, Crisis Counseling, Primary Care,
Marriage/Family Counseling, Support Groups
Population served: Youth; Serves School Students

Languages spoken: English

Luke's House

2023 Simon Bolivar Ave New Orleans, LA 70113

Phone: (504) 444-7879
Fax: (504) 754-7848

Categories: Mental Health Services, Physical Health
Services: Counseling, Medication Management, Primary Care
Population served: Adults
Languages spoken: English, Spanish
www.lukeshouseclinic.org

**Mary's Song Restoration Center for Women
5708 Airline Dr Metairie, LA 70003**

Phone: (504) 822-1341
Fax: (504) 821-7531

Categories: Substance Abuse, Housing
Services: Counseling, Support Groups, Transitional Housing,
Transportation Assistance
Population served: Adult Women
Languages spoken: English
www.marysong.net

**Mercy Family Center- Algiers Organization: Sisters of Mercy
Ministries 3221 Behrman Pl, Ste. 105 New Orleans, LA 70114**

Phone: (504) 376-2590
Fax: (877) 472-2158

Categories: Mental Health Services, Youth Services
Services: Counseling, Support Groups, Medication Management,
Therapy
Population served: Children, Youth, Adults
Languages spoken: English, Spanish
www.mercyfamilycenter.com

**Mercy Family Center- Metairie Organization: Sisters of Mercy
Ministries 110 Veterans Memorial Blvd, Ste. 425 Metairie, LA
70005**

Phone: (504) 838-8283
Fax: (877) 472-2158

Categories: Mental Health Services, Youth Services
Services: Counseling, Support Groups, Medication Management,
Therapy
Population served: Children, Youth, Adults
Languages spoken: English, Spanish
www.mercyfamilycenter.com

**MHERE Organization: LSU Interim University Hospital
2021 Perdido St New Orleans, LA 70112**

Phone: (504) 903-4020
Fax: (504) 903-4789

Categories: Mental Health Services, Emergency Assistance

Services: Emergency Department
Population served: Adults
Languages spoken: English, Translators for Foreign Languages

Metropolitan Human Services District (MHSD)

1010 Common St, Ste. 600 New Orleans, LA 70112

Phone: (504) 568-3130, Crisis line: (504) 826-2675

Categories: Mental Health Services, Substance Abuse, Physical Health, Emergency Assistance, Family Services, Domestic Violence, Youth Services

Services: Advocacy, Counseling, Therapy, Medication Management, Crisis Counseling

Population served: Children, Youth, Adults, Families

Languages spoken: English

www.mhsdla.org

MHSD Behavioral Health Court Center

2601 Tulane Ave, 8th Floor New Orleans, LA 70119

Phone: (504) 826-2004

Categories: Mental Health Services, Substance Abuse

Services: Medication Management, Counseling, Crisis Counseling, Therapy

Population served: Adults

Languages spoken: English

www.mhsdla.org

Milestones Mental Health Agency

4919 Canal St, Ste. 203 New Orleans, LA 70119

Phone: (504) 483-9883

Fax: (504) 483-9082

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Marriage/Family Counseling, Life Skills, Crisis Counseling, Support Groups, Medication Management, Therapy

Population served: Children, Youth with Severe Mental Illness

Languages spoken: English

www.milestonesmha.com

NAMI New Orleans - Garden District

1538 Louisiana Ave New Orleans, LA 70115

Phone: (504) 896-2345

Fax: (504) 896-2240

Categories: Mental Health Services

Services: Support Groups, Counseling, Therapy, Life Skills, Medication Management

Population served: Adults with Severe Mental Illness

Languages spoken: English

www.namineworleans.org

NAMI New Orleans - Harvey

2051 8th St Harvey, LA 70058

Phone: (504) 368-1944

Fax: (504) 368-9784

Categories: Mental Health Services

Services: Support Groups, Counseling, Therapy, Life Skills, Medication Management

Population served: Adults with Severe Mental Illness

Languages spoken: English

www.namineworleans.org

Narcotics Anonymous

P.O. Box 13801 New Orleans, LA 70185

Phone: (504) 899-6262

Fax: -

Categories: Substance Abuse, Youth Services

Services: Support Groups

Population served: Children, Youth, Adults

Languages spoken: English

www.noana.org

NET Charter School

1614 Oretha Castle Haley Blvd New Orleans, LA 70113

Phone: (504) 267-9060

Categories: Education, Youth Services

Services: GED, High School Diploma Recovery, Counseling, Job Training

Population served: Youth, Adults

Languages spoken: English

www.thenetnola.org

New Orleans Center for Hope and Change, Inc.

3929 Tulane Ave, Ste. 103 New Orleans, LA 70119

Phone: (318) 253-7888

Fax: (504) 267-7439

Categories: Mental Health Services, Youth Services

Services: Counseling

Population served: Children, Youth

Languages spoken: English

www.facebook.com/pages/New-Orleans-Center-for-Hope-and-Change/475031092623974

New Orleans Center for Mind-Body Health

536 Bienville St New Orleans, LA 70130

Phone: (504) 355-0509

Fax: (504) 355-0508

Categories: Mental Health Services, Substance Abuse

Services: Counseling, Medication Management, Therapy

Population served: Adults

Languages spoken: English

www.nocmbh.com

New Orleans Counseling Center

3616 1/2 Magazine St New Orleans, LA 70115

Phone: (504) 813-1457

Fax: (504) 662-9707

Categories: Mental Health Services, Family Services

Services: Counseling, Marriage/Family Counseling

Population served: Adults

Languages spoken: English

www.neworleanscounselingcenter.com

New Orleans East Behavioral Health

5640 Read Blvd, Ste. 810 New Orleans, LA 70127

Phone: (504) 568-3130

Categories: Mental Health Services, Substance Abuse

Services: Medication Management, Counseling, Crisis Counseling, Therapy

Population served: Children, Youth, Adults, Families

Languages spoken: English

www.mhsdla.org

New Orleans East LA (NOELA) Community Health Center

4626 Alcee Fortier Blvd, Ste. D New Orleans, LA

70129 Phone: (504) 255-8665

Fax: (504)254-6447

Categories: Mental Health Services, Physical Health

Services: Life Skills, Counseling, Primary Care, Therapy, Medication Management

Population served: Adults

Languages spoken: English, Spanish, Vietnamese

www.sites.google.com/site/noelacommunityhlctr/

New Orleans Family Justice Center

701 Loyola Ave New Orleans, LA 70113

Phone: (504) 592-4005

Categories: Housing, Mental Health Services, Family Services, Domestic Violence, Youth Services, Legal Aid

Services: Advocacy, Counseling, Support Groups, Life Skills, Shelter

Population served: Children, Youth, Adults, Families; Victims of Domestic Violence

Languages spoken: English, Spanish

www.nofjc.org/

New Orleans Job Corps

8825 Airline Hwy New Orleans, LA 70118

Phone: (504) 484-3501

Categories: Employment/Workforce Development, Education, Youth Services

Services: Job Training, Job Placement, Vocational Training, GED

Population served: Youth, Adults

Languages spoken: English

www.neworleans.jobcorps.gov/home.aspx

New Orleans Musician's Clinic

3700 St Charles Ave, 2nd Floor New Orleans, LA

70115 Phone: (504) 412-1366

Fax: (504) 412-1298

Categories: Mental Health Services, Physical Health

Services: Medication Management, Primary Care, Counseling

Population served: Adults, Musicians and Cultural Tradition Bearers

Languages spoken: English, French

www.neworleansmusiciansclinic.org

New Outlook Behavioral Health Center

200 S Broad St New Orleans, LA 70119

Phone: (504) 233-8182

Categories: Mental Health Services, Youth Services

Services: Counseling, Crisis Counseling, Life Skills, Mentoring, Support Groups

Population served: Children, Youth

Languages spoken: English

NO/AIDS Task Force

2601 Tulane Ave, Ste. 500 New Orleans, LA 70119

Phone: (504) 821-2601; After Hours: (504) 457-2711

Fax: (504) 821-2040

Categories: Mental Health Services, Substance Abuse, Physical Health, Family Services

Services: Counseling, Therapy, Marriage/Family Counseling, Support Groups, Medication Management, HIV Counseling, Primary Care

Population served: Adults; HIV Positive

Languages spoken: English, Spanish

www.noaidstaskforce.org

Northlake Behavioral Health System

23515 Hwy 190 Mandeville, LA 70448

Phone: (985) 626-6300

Fax: (985) 626-6490

Categories: Mental Health Services, Youth Services

Services: Inpatient Treatment, Counseling, Therapy, Medication Management

Population served: Youth, Adults

Languages spoken: English, Interpreter as Needed

www.northlakebehavioralhealth.com/

Obyke Health Care Services, LLC.

3028 Gentilly Blvd New Orleans, LA 70122

Phone: (504) 948-6080

Fax: (504) 948-6089

Categories: Mental Health Services, Youth Services

Services: Therapy, Counseling, Medication Management

Population served: Children, Adults

Languages spoken: English

www.obykehealth.com

Ochsner Medical Center

1514 Jefferson Hwy Jefferson, LA 70121

Phone: (504) 842-4470

Fax: (504) 842-6264

Categories: Mental Health Services, Substance Abuse

Services: Inpatient Treatment, Counseling, Medication Management, Therapy, Support Groups

Population served: Adults

Languages spoken: English, Spanish, Translation Line Available

www.ochsner.org

Ochsner Medical Center

1514 Jefferson Hwy Jefferson, LA 70121

Phone: (504) 842-4025

Fax: (504) 842-6264

Categories: Mental Health Services, Substance Abuse

Services: Counseling, Medication Management, Therapy, Support Groups

Population served: Adults

Languages spoken: English, Spanish, Translation Line Available

www.ochsner.org

Odyssey House

1125 N Tonti St New Orleans, LA 70119

Phone: Adult: (504) 821-9211; Adolescent: (504) 324-8288

Fax: Adult: (504) 324-8614; Adolescent: (504) 324-9765

Categories: Mental Health Services, Substance Abuse, Housing, Youth Services, Family Services

Services: Counseling, Marriage/Family Counseling, Detox, Inpatient Treatment, Life Skills, Therapy, Support Groups, Primary Care, Medication Management, Permanent Supportive Housing

Population served: Youth, Adults, Adult Women with Children

Languages spoken: English

www.ohlinc.org

Odyssey House Academy for Adolescents

4730 Washington Ave New Orleans, LA 70119

Phone: (504) 324-8288

Fax: (504) 324-8614

Categories: Substance Abuse, Youth Services, Mental Health Services

Services: Counseling

Population served: Youth Age 12-17

Languages spoken: English

www.ohlinc.org

Odyssey House - Medical Clinic

1125 N Tonti St New Orleans, LA 70119 ([Google Map](#))

Phone: Adult: (504) 821-9211

Fax: (504) 324-8614

Categories: Mental Health Services, Substance Abuse, Physical Health, Family Services

Services: Primary Care, Counseling, Medication Management, Nutrition, HIV Counseling

Population served: Youth, Adults

Languages spoken: English, Spanish, French

www.ohlinc.org

Orleans Public Defenders

2601 Tulane Ave, Ste. 700 New Orleans, LA 70119

Phone: (504) 821- 8101

Categories: Reentry, Legal Aid

Services: Legal Assistance, Legal Defense

Population served: Adults

Languages spoken: English, Spanish

www.opdla.org

Positive Living Treatment Center

3330 Canal St New Orleans, LA 70119

Phone: (504) 827-2701

Fax: (504) 827-2715

Categories: Mental Health Services, Youth Services

Services: Counseling, Medication Management, Therapy, Inpatient Treatment

Population served: Children, Adults

Languages spoken: English

Project Lazarus

2824 Dauphine St New Orleans, LA 70117

Phone: (504) 949-3609

Fax: (504) 944-7944

Categories: Housing, Mental Health Services, Substance Abuse

Services: Support Groups, Counseling, Medication Management, Permanent Supportive Housing, Transitional Housing, HIV Counseling, Therapy, Shelter

Population served: Adults with HIV/AIDS

Languages spoken: English

www.projectlazarus.net

Rapid Treatment Program at Children's Hospital

935 Calhoun St New Orleans, LA 70125

Phone: (504) 896-7200

Fax: (504) 896-7273

Categories: Mental Health Services, Youth Services

Services: Therapy

Population served: Children, Youth (Age 4-17)

Languages spoken: English, Spanish

Resources for Human Development Assertive Community Treatment 1901 Westbank Expy, Ste. 550 Harvey, LA 70058

Phone: (504) 247-9120

Fax: (504) 247-9125

Categories: Mental Health Services, Substance Abuse

Services: Counseling, Therapy, Medication Management, Crisis Counseling, Vocational Training, Support Groups

Population served: Adults

Languages spoken: English

www.rhd.org

Resources for Human Development Family House

112 Holmes Blvd, Bldg. B, Apt. 1 Terrytown, LA

70056 Phone: (504) 367-7600

Fax: (504) 367-7755

Categories: Substance Abuse, Housing, Family Services

Services: Counseling, Support Groups, Transitional Housing

Population served: Adult Women with Children

Languages spoken: English

www.rhd.org

Resources for Human Development WomanSpace

New Orleans, LA 70113

Phone: (504) 895-6600

Fax: (504) 895-6607

Categories: Mental Health Services, Substance Abuse, Housing

Services: Counseling, Homeless Services, Support Groups

Population served: Adult Single Women; Homeless

Languages spoken: English

www.rhd.org

Responsibility House

1799 Stumpf Blvd, Bldg. 1, Ste. 2 & 4, Bldg. 7 Terrytown, LA

70056 Phone: Main Office: (504) 367-4426; Outpatient: (504) 367-6265; Supportive Housing: (504) 366-6217

Fax: Main Office: (504) 367-4486; Outpatient: (504) 367-4237;

Supportive Housing: (504) 366-7642

Categories: Substance Abuse, Housing

Services: Counseling, Support Groups, Job Placement, Permanent Supportive Housing

Population served: Outpatient: Adults; Residential: Adult Men

Languages spoken: English

www.responsibilityhouse.org

River Oaks, Inc.

1525 River Oaks Rd W Jefferson, LA 70123

Phone: (504) 734-1740

Fax: (504) 733-3229

Categories: Mental Health Services, Substance Abuse, Youth Services
Services: Inpatient Treatment, Counseling, Medication Management, Detox, Therapy

Population served: Children, Adults, Elderly

Languages spoken: English, Spanish, Interpreter as needed

www.riveroakshospital.com/

River of Hope Mental Health Resource Center

1600 Alvar St New Orleans, LA 70117

Phone: (504) 943-0207

Categories: Mental Health Services, Youth Services, Family Services

Services: Counseling

Population served: Children, Youth, Adults, Families

Languages spoken: English

www.headwatersrelief.org

Ruth U. Fertel/Tulane Community Health Center: Access Health

711 N Broad St New Orleans, LA 70119

Phone: (504) 988-3000

Fax: (504) 988-3001

Categories: Mental Health Services, Physical Health, Family Services

Services: Primary Care, Counseling, Therapy, Medication Management, Nutrition, HIV Counseling

Population served: Children, Youth, Adults

Languages spoken: English, Spanish, Arabic

www.tuchc.org

Salvation Army Adult Rehabilitation Center

200 Jefferson Hwy Jefferson, LA 70121

Phone: (504) 835-7130

Fax: (504) 834-0184

Categories: Housing, Substance Abuse, Emergency Assistance

Services: Job Training, Support Groups, Transitional Housing, Therapy, Shelter

Population served: Adult Men

Languages spoken: English

www.uss.salvationarmy.org/uss/www_uss_greaterneworleans.nsf

Seaside Behavioral Health Center

4201 Woodland Dr Metairie, LA 70131

Phone: (504) 393-4223

Fax: (504) 267-5692

Categories: Mental Health Services

Services: Inpatient Treatment, Counseling, Therapy, Medication Management

Population served: Adults Age 30 and Older

Languages spoken: English

www.seasidehc.com/index.html

Seaside Outpatient Services - New Orleans East

8060 Crowder Blvd, Ste. A New Orleans, LA 70127

Phone: (504) 324-7892

Fax: (504) 324-7893

Categories: Mental Health Services

Services: Counseling, Therapy, Medication Management, Crisis

Counseling, Inpatient Treatment

Population served: Adults Age 30 and Older

Languages spoken: English

www.seasidehc.com/index.html

Seaside Outpatient Services - Northshore

350 N Causeway Blvd Mandeville, LA 70448

Phone: (985) 674-7694

Fax: (985) 674-7684

Categories: Mental Health Services

Services: Counseling, Therapy, Medication Management, Crisis

Counseling, Inpatient Treatment

Population served: Adults

Languages spoken: English

www.seasidehc.com/index.html

Seaside Outpatient Services - Westbank

229 Bellemeade Blvd Gretna, LA 70056

Phone: (504) 391-2440

Fax: (504) 398-4324

Categories: Mental Health Services

Services: Counseling, Therapy, Medication Management, Crisis

Counseling, Inpatient Treatment

Population served: Adults

Languages spoken: English

www.seasidehc.com/index.html

Seasons Grief and Loss Center

654 Brockenbraugh Ct Metairie, LA 70005

Phone: (504) 834-5957

Fax: (504) 834-1453

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Marriage/Family Counseling, Support Groups

Population served: Children, Youth, Adults

Languages spoken: English

www.seasonsgriefcenter.org

Silverback Society

401 Park Blvd New Orleans, LA 70114

Phone: (504) 975-1642

Categories: Education, Youth Services

Services: Mentoring, After School Programming

Population served: Youth

Languages spoken: English

www.silverbacksociety.com

Son of a Saint Foundation

3427 Palmyra St New Orleans, LA 70117

Phone: (504) 421-9144

Categories: Education, Youth Services

Services: Advocacy, Mentoring, After School Programming

Population served: Youth

Languages spoken: English

www.sonofasaint.org

Southeast Louisiana Veterans Healthcare System

1601 Perdido St New Orleans, LA 70112

Phone: 24-Hour Line: (1-800) 935-8387

Categories: Mental Health Services, Substance Abuse

Services: Therapy, Counseling, Homeless Services, Medication

Management, Support Groups

Population served: Veterans

Languages spoken: English

www.neworleans.va.gov

St. Thomas at Mahalia Jackson

2405 Jackson Ave, Bldg. B, Ste. 222 New Orleans, LA 70113

Phone: (504) 529-5558

Fax: (504) 529-8840

Categories: Mental Health Services, Physical Health, Family Services,

Youth Services

Services: Counseling, Therapy, Medication Management, Primary

Care, HIV Counseling, Nutrition

Population served:

Languages spoken:

www.stthomaschc.org

St. Thomas Community Health Center

1936 Magazine St New Orleans, LA 70130

Phone: (504) 529-5558

Fax: (504) 595-5056

Categories: Mental Health Services, Physical Health, Family Services,

Youth Services

Services: Counseling, Therapy, Medication Management, Primary

Care, HIV Counseling, Nutrition

Population served: Children, Youth, Adults

Languages spoken: English, Spanish, Vietnamese

www.stthomaschc.org

The Gathering Counseling Center

7265 St Claude Ave Arabi, LA 70032

Phone: (504) 264-5201

Fax: (504) 264-5167

Categories: Mental Health Services, Family Services, Youth Services

Services: Counseling, Marriage/Family Counseling, Therapy
Population served: Children, Adolescents, Adults, Families
Languages spoken: English
www.thegatheringcc.com

The Guidance Center - Jefferson Hwy
3805 Jefferson Hwy Jefferson, LA 70121

Phone: (504) 833-1180
Fax: (504) 833-1179
Categories: Mental Health Services, Youth Services
Services: Counseling, Crisis Counseling, Marriage/Family
Counseling, Therapy, Medication Management
Population served: Children (Age 3 and Older), Youth, Adults
Languages spoken: English, Spanish
www.guidance-center.com

The Guidance Center - St. Claude
330 N Jefferson Davis Pkwy New Orleans, LA 70119

Phone: (504) 948-6880
Fax: (504) 948-6885
Categories: Mental Health Services, Youth Services
Services: Counseling, Crisis Counseling, Medication Management
Population served: Children (Age 3 and Older), Youth, Adults
Languages spoken: English
www.guidance-center.com

The Guidance Center - Chalmette
2626 Charles Dr Chalmette, LA 70043

Phone: (504) 278-4006
Fax: (504) 278-4007
Categories: Mental Health Services, Youth Services
Services: Counseling, Crisis Counseling, Marriage/Family
Counseling, Therapy, Medication Management
Population served: Children (Age 3 and Older), Youth, Adults
Languages spoken: English
www.guidance-center.com

The Me God Sees, Inc.
2800 Manhattan Blvd, Ste. C New Orleans, LA 70114

Phone: (504) 366-5499
Fax: (504) 366-3741
Categories: Mental Health Services, Substance Abuse,
Employment/Workforce Development
Services: Job Training, Job Placement, Homeless Services, Support
Groups
Population served: Adults
Languages spoken: English, Spanish
www.themegodsees.com

Thomas E. Chambers Counseling and Training Center
Organization: Our Lady of Holy Cross College
4123 Woodland Dr New Orleans, LA 70131

Phone: (504) 398-2168
Fax: (504) 398-2115
Categories: Mental Health Services, Family Services, Youth Services
Services: Marriage/Family Counseling, Counseling, Therapy
Population served: Children, Youth, Adults
Languages spoken: English, Spanish
www.olhcc.edu

Total Community Action
1424 S Jefferson Davis Pkwy New Orleans, LA 70125

Phone: (504) 267-4298
Categories: Family Services, Housing, Emergency Assistance,
Reentry
Services: Childcare, Counseling, Workforce Development, Homeless
Services, Utility Assistance, Food Assistance, Transportation
Assistance
Population served: Children, Youth, Adults, Families
Languages spoken: English
www.tca-nola.org/

Townsend
3600 Prytania St, Ste. 72 New Orleans, LA 70115

Phone: (504) 897-5144, 24-Hour Line: (1-800) 504-1714
Fax: (504) 894-8744
Categories: Substance Abuse
Services: Detox, Support Groups, Medication Management,
Counseling, Therapy
Population served: Adults
Languages spoken: English, Spanish
www.townsendla.com

Trinity Counseling and Training Center
2108 Coliseum St New Orleans, LA 70130

Phone: (504) 522-7557
Fax: (504) 522-7668
Categories: Mental Health Services, Family Services, Youth Services
Services: Counseling, Marriage/Family Counseling, Therapy, Support
Groups
Population served: Children, Youth, Adults
Languages spoken: English
www.trinitycounselingnola.org

Tulane Behavioral Health Center - Tulane Medical Center
1415 Tulane Ave, 4th Floor of Hospital New Orleans, LA 70112

Phone: (504) 988-4794
Fax: (504) 988-4714
Categories: Mental Health Services, Youth Services

Services: Counseling, Medication Management, Therapy

Population served: Children, Youth, Adults

Languages spoken: English

www.tulanehealthcare.com

Tulane Drop-In Center

1428 N Rampart St New Orleans, LA 70116

Phone: (504) 266-5280

Fax: (504) 988-2557

Categories: Mental Health Services, Substance Abuse, Youth Services

Services: Counseling, Crisis Counseling, Marriage/Family

Counseling, Medication Management

Population served: Youth Age 13 to 24; Marginally Housed or

Homeless

Languages spoken: English

tulane.edu/som/dropin

Tulane Drop-In Clinic @ Covenant House

611 N Rampart St New Orleans, LA 70112

Phone: (504) 584-1112

Fax: (504) 584-1183

Categories: Mental Health Services, Substance Abuse, Physical

Health, Family Services, Youth Services

Services: Counseling, Crisis Counseling, Marriage/Family

Counseling, Medication Management, Primary Care, HIV Counseling,

Therapy

Population served: Youth; Age 13 to 24

Languages spoken: English

tulane.edu/som/dropin

Tulane New Orleans Children's Health Project (NOCHP):

Administrators of Tulane Educational Fund Mobile Site

Mobile Unit New Orleans, LA 70112

Phone: (504) 988-0545

Fax: (504) 988-2962

Categories: Physical Health, Youth Services

Services: Primary Care

Population served: Infants, Children, Youth

Languages spoken: English, Spanish

www.nolaresourceguide.org/listings/new-orleans-childrens-health-project-aka-the-blue-bus/

Urban League of Greater New Orleans

3232 N Galvez St New Orleans, LA 70117

Phone: (504) 324-4444

Categories: Education, Employment/Workforce Development,

Reentry, Youth Services

Services: GED, Job Training, Vocational Training, Advocacy

Population served: Children, Youth, Adults

Languages spoken: English

www.urbanleagueneuorleans.org/ul/

Vietnamese American Young Leaders Association

13235 Chef Hwy, Ste. A New Orleans, LA 70129

Phone: (504) 253-6000

Fax: (504) 754-7762

Categories: Education, Mental Health Services, Youth Services

Services: Support Groups, Life Skills, Advocacy

Population served: African American, Latino, and Vietnamese Youth

Languages spoken: English, Vietnamese

www.vayla-no.org

Vietnamese Initiatives in Economic Training (VIET)

13435 Granville Dr New Orleans, LA 70129

Phone: (504) 255-0400

Fax: (504) 255-0490

Categories: Employment/Workforce Development, Mental Health

Services, Youth Services

Services: Counseling, After School Programming, Therapy, Crisis

Counseling

Population served: Children, Youth, Adults, Seniors

Languages spoken: English, Vietnamese

www.vietno.org

Volunteers of America (VOA)- Mental Health Services

127 S Solomon St New Orleans, LA 70119

Phone: (504) 483-3550

Fax: (504) 483-3559

Categories: Housing, Mental Health Services, Emergency Assistance,

Family Services, Youth Services, Reentry

Services: Mentoring, Counseling, Therapy, Support Groups,

Permanent Supportive Housing

Population served: Youth, Adults, Homeless

Languages spoken: English

www.voagno.org

Youth Empowerment Project (YEP)

1604 Oretha Castle Haley Blvd New Orleans, LA

70113 Phone: (504) 658-9221

Categories: Education, Youth Services

Services: Mentoring, After School Programming, GED, Job Training,

Life Skills, Tutoring

Population served: Children, Youth, Adults

Languages spoken: English

www.youthempowermentproject.org

Ozanam Inn**843 Camp St New Orleans, LA 70130**

Phone: (504) 523-1184

Fax: (504) 523-1187

Categories: Housing, Employment/Workforce Development, Mental

Health Services, Physical Health, Emergency Assistance

Services: Shelter, Counseling, Homeless Services, Job Placement

Population served: Adults, Families

Languages spoken:

<http://www.ozanaminn.org/>**Nurse-Family Partnership****1450 Poydras St, Ste. 1245 New Orleans , LA 70112**

Phone: (504) 568-5926

Categories: Mental Health Services, Physical Health, Family Services

Services: Parenting Classes

Population served: Children, Youth, Adults, Families, Women

Languages spoken: English, Spanish

www.nursefamilypartnership.org/location/louisiana/find-a-local-agency**Holistic Educational Rehabilitation Center, Inc.****3601 Canal St, Ste. 201 New Orleans, LA 70126**

Phone: (504) 367-6630

Categories: Mental Health Services, Substance Abuse

Services: Crisis Counseling

Population served: Children, Youth, Adults, Families, Women, Men

Languages spoken: English, Spanish

www.lamen.ahealthcalhealthc.counselingla.com**Operation Spark****643 Magazine St, Ste. 206 New Orleans , LA 70130**

Phone: (504) 638-6767

Categories: Employment/Workforce Development, Education, Youth

Services

Services: After School Programming, Continuing Education, Job

Placement, Job Training, Life Skills, Mentoring

Population served: Youth, Adults

Languages spoken: English

<http://operationspark.org>

Information for Teens and Young Adults: Staying Healthy and Preventing STDs



If you choose to have sex, know how to protect yourself against sexually transmitted diseases (STDs).



What are sexually transmitted diseases (STDs)?

STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time, but they can still be harmful and passed on during sex.

How are STDs spread?

You can get an STD by having sex (vaginal, anal or oral) with someone who has an STD. Anyone who is sexually active can get an STD. You don't even have to "go all the way" (have anal or vaginal sex) to get an STD, since some STDs, like herpes and HPV, are spread by skin-to-skin contact.

How common are STDs?

STDs are common, especially among young people. There are about 20 million new cases of STDs each year in the United States, and about half of these are in people between the ages of 15 and 24. Young people are at greater risk of getting an STD for several reasons:

- Young women's bodies are biologically more susceptible to STDs.
- Some young people do not get the recommended STD tests.
- Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.
- Not having insurance or transportation can make it more difficult for young people to access STD testing.
- Some young people have more than one sex partner.

What can I do to protect myself?

- The surest way to protect yourself against STDs is to not have sex. That means not having any vaginal, anal, or oral sex ("abstinence"). There are many things to consider before having sex, and it's okay to say "no" if you don't want to have sex.
- If you do decide to have sex, you and your partner should get tested beforehand and make sure that you and your partner use a condom—every time you have oral, anal, or vaginal sex, from start to finish. Know where to get condoms and how to use them correctly. It is not safe to stop using condoms unless you've both been tested, know your status, and are in a mutually monogamous relationship.
- Mutual monogamy means that you and your partner both agree to only have sexual contact with each other. This can help protect against STDs, as long as you've both been tested and know you're STD-free.
- Before you have sex, talk with your partner about how you will prevent STDs and pregnancy. If you think you're ready to have sex, you need to be ready to protect your body and your future. You should also talk to your partner ahead of time about what you will and will not do sexually. Your partner should always respect your right to say no to anything that doesn't feel right.

- Make sure you get the health care you need. Ask a doctor or nurse about STD testing and about vaccines against HPV and hepatitis B.
- Girls and young women may have extra needs to protect their reproductive health. Talk to your doctor or nurse about regular cervical cancer screening and chlamydia testing. You may also want to discuss unintended pregnancy and birth control.
- Avoid using alcohol and drugs. If you use alcohol and drugs, you are more likely to take risks, like not using a condom or having sex with someone you normally wouldn't have sex with.

If I get an STD, how will I know?

Many STDs don't cause any symptoms that you would notice, so the only way to know for sure if you have an STD is to get tested. You can get an STD from having sex with someone who has no symptoms. Just like you, that person might not even know he or she has an STD.

Where can I get tested?

There are places that offer teen-friendly, confidential, and free STD tests. This means that no one has to find out you've been tested. Visit FindSTDTest.org to find an STD testing location near you.

Can STDs be treated?

Your doctor can prescribe medicines to cure some STDs, like chlamydia and gonorrhea. Other STDs, like herpes, can't be cured, but you can take medicine to help with the symptoms.

If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better before you finish it all. Ask the doctor or nurse about testing and treatment for your partner, too. You and your partner should avoid having sex until you've both been treated. Otherwise, you may continue to pass the STD back and forth. It is possible to get an STD again (after you've been treated), if you have sex with someone who has an STD.

What happens if I don't treat an STD?

Some curable STDs can be dangerous if they aren't treated. For example, if left untreated, chlamydia and gonorrhea can make it difficult—or even impossible—for a woman to get pregnant. You also increase your chances of getting HIV if you have an untreated STD. Some STDs, like HIV, can be fatal if left untreated.

What if my partner or I have an incurable STD?

Some STDs—like herpes and HIV—aren't curable, but a doctor can prescribe medicine to treat the symptoms.

If you are living with an STD, it's important to tell your partner before you have sex. Although it may be uncomfortable to talk about your STD, open and honest conversation can help your partner make informed decisions to protect his or her health.

If I have questions, who can answer them?

If you have questions, talk to a parent or other trusted adult. Don't be afraid to be open and honest with them about your concerns. If you're ever confused or need advice, they're the first place to start. Remember, they were young once, too.

Talking about sex with a parent or another adult doesn't need to be a one-time conversation. It's best to leave the door open for conversations in the future.

It's also important to talk honestly with a doctor or nurse. Ask which STD tests and vaccines they recommend for you.

Where can I get more information?

CDC
How You Can Prevent Sexually Transmitted Diseases
<http://www.cdc.gov/std/prevention/>

Teen Pregnancy
<http://www.cdc.gov/TeenPregnancy/Teens.html>

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)
Contact <http://www.cdc.gov/dcs/RequestForm.aspx>

HealthFinder.gov
STD Testing: Conversation Starters
<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters>

American Sexual Health Association
Sexual Health and You
<http://www.iwannaknow.org/teens/index.html>

Teens and Young Adults
<http://www.ashasexualhealth.org/sexual-health/teens-and-young-adults/>

References
Centers for Disease Control and Prevention. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States, <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>. Accessed October 14, 2014.

This document contains sexually graphic images and may not be suitable for some audiences.

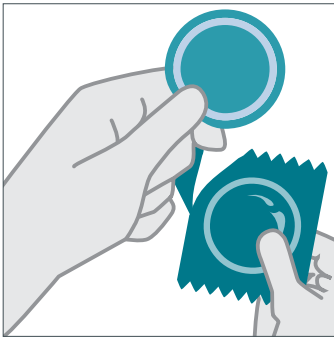


The Right Way To Use A Male Condom

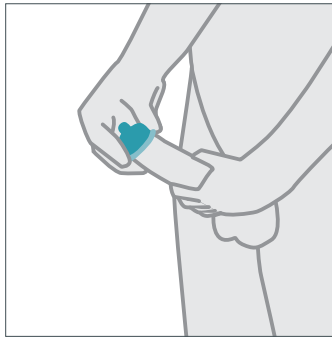
Condom Dos and Don'ts

- **DO** use a condom every time you have sex.
- **DO** put on a condom before having sex.
- **DO** read the package and check the expiration date.
- **DO** make sure there are no tears or defects.
- **DO** store condoms in a cool, dry place.
- **DO** use latex or polyurethane condoms.
- **DO** use water or silicone-based lubricant to prevent breakage.
- **DO** remember that condoms come in many sizes and thicknesses, so find a brand that works best for you and your partner.
- **DON'T** store condoms in a car or keep them in your wallet.
- **DON'T** use nonoxynol-9 (a spermicide), as this can cause irritation.
- **DON'T** use oil-based products like baby oil, lotion, petroleum jelly, or cooking oil because they will cause the condom to break.
- **DON'T** use more than one condom at a time.
- **DON'T** reuse a condom.
- **DON'T** flush condoms as they may clog the toilet.

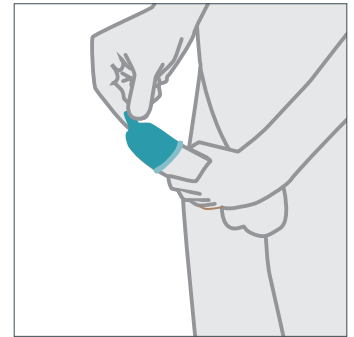
How To Put On and Take Off a Male Condom



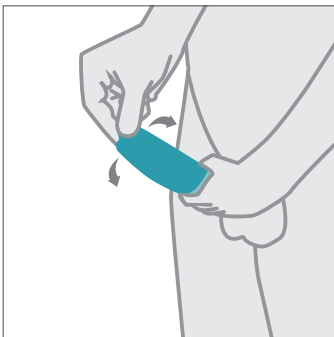
Carefully open and remove condom from wrapper.



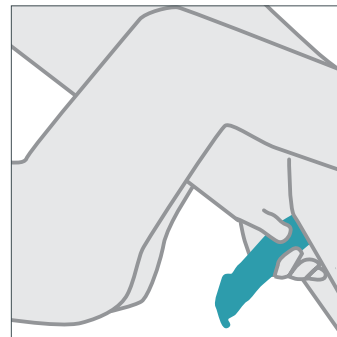
Place condom on the head of the erect, hard penis. If uncircumcised, pull back the foreskin first.



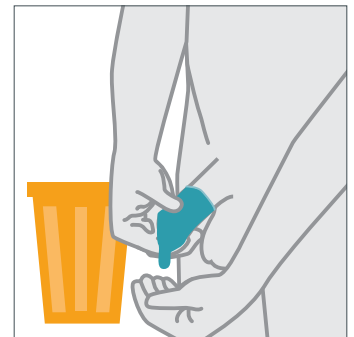
Pinch air out of the tip of the condom.



Unroll condom all the way down the penis.



After sex but before pulling out, hold the condom at the base and withdraw the penis.



Carefully remove the condom and throw it in the trash.

For more information please visit
www.cdc.gov/condomeffectiveness



STDs during Pregnancy - CDC Fact Sheet



If you are pregnant, you can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnant women should ask their doctors about getting tested for STDs, since some doctors do not routinely perform these tests).

A critical component of appropriate prenatal care is ensuring that pregnant patients are tested for STDs. Test your pregnant patients for STDs starting early in their pregnancy and repeat close to delivery, as needed. To ensure that the correct tests are being performed, we encourage you to have open, honest conversations with your pregnant patients and, when possible, their sex partners about symptoms they have experienced or are currently experiencing and any high-risk sexual behaviors in which they engage.

The following sections provide details on the effects of specific STDs during a woman's pregnancy with links to web pages with additional information

I'm pregnant. Can I get an STD?

Yes, you can. Women who are pregnant can become infected with the same STDs as women who are not pregnant. Pregnancy does not provide women or their babies any additional protection against STDs. Many STDs are 'silent,' or have no symptoms, so you may not know if you are infected. If you are pregnant, you should be tested for STDs, including HIV (the virus that causes AIDS), as a part of your medical care during pregnancy. The results of an STD can be more serious, even life-threatening, for you and your baby if you become infected while pregnant. It is important that you are aware of the harmful effects of STDs and how to protect yourself and your unborn baby against infection. If you are diagnosed with an STD while pregnant, your sex partner(s) should also be tested and treated.

How can STDs affect me and my unborn baby?

STDs can complicate your pregnancy and may have serious effects on both you and your developing baby. Some of these problems may be seen at birth; others may not be discovered until months or years later. In addition, it is well known that infection with an STD can make it easier for a person to get infected with HIV. Most of these problems can be prevented if you receive regular medical care during pregnancy. This includes tests for STDs starting early in pregnancy and repeated close to delivery, as needed.

Should I be tested for STDs during my pregnancy?

Yes. Testing and treating pregnant women for STDs is a vital way to prevent serious health complications to both mother and baby that may otherwise happen with infection. The sooner you begin receiving medical care during pregnancy, the better the health outcomes will be for you and your unborn baby. The Centers for Disease Control and Prevention's 2015 STD Treatment

Guidelines recommend screening pregnant women for STDs. The CDC screening recommendations that your health care provider should follow are incorporated into the table on the STDs during Pregnancy – Detailed CDC Fact Sheet <http://www.cdc.gov/std/pregnancy/stdfact-pregnancy-detailed.htm>.

Be sure to ask your doctor about getting tested for STDs. It is also important that you have an open, honest conversation with your provider and discuss any symptoms you are experiencing and any high-risk sexual behavior that you engage in, since some doctors do not routinely perform these tests. Even if you have been tested in the past, you should be tested again when you become pregnant.

Can I get treated for an STD while I'm pregnant?

It depends. STDs, such as chlamydia, gonorrhea, syphilis, trichomoniasis and BV can all be treated and cured with antibiotics that are safe to take during pregnancy. STDs that are caused by viruses, like genital herpes, hepatitis B, or HIV cannot be cured. However, in some cases these infections can be treated with antiviral medications or other preventive measures to reduce the risk of passing the infection to your baby. If you are pregnant or considering pregnancy, you should be tested so you can take steps to protect yourself and your baby.

How can I reduce my risk of getting an STD while pregnant?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex.

Related Content

Congenital Syphilis Fact Sheet
<http://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

Pregnancy and HIV, Viral Hepatitis, and STD Prevention
<http://www.cdc.gov/nchhstp/pregnancy/default.htm>

Sexually Transmitted Diseases - Information from CDC
<http://www.cdc.gov/std/>

Pelvic Inflammatory Disease (PID) - CDC Fact Sheet



Untreated sexually transmitted diseases (STDs) can cause pelvic inflammatory disease (PID), a serious condition, in women. 1 in 8 women with a history of PID experience difficulties getting pregnant. You can prevent PID if you know how to protect yourself.



What is PID?

Pelvic inflammatory disease is an infection of a woman's reproductive organs. It is a complication often caused by some STDs, like chlamydia and gonorrhea. Other infections that are not sexually transmitted can also cause PID.

How do I get PID?

You are more likely to get PID if you

- Have an STD and do not get treated;
- Have more than one sex partner;
- Have a sex partner who has sex partners other than you;
- Have had PID before;
- Are sexually active and are age 25 or younger;
- Douche;
- Use an intrauterine device (IUD) for birth control. However, the small increased risk is mostly limited to the first three weeks after the IUD is placed inside the uterus by a doctor.

How can I reduce my risk of getting PID?

The only way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting PID:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex.

How do I know if I have PID?

There are no tests for PID. A diagnosis is usually based on a combination of your medical history, physical exam, and other test results. You may not realize you have PID because your symptoms may be mild, or you may not experience any symptoms. However, if you do have symptoms, you may notice

- Pain in your lower abdomen;
- Fever;
- An unusual discharge with a bad odor from your vagina;
- Pain and/or bleeding when you have sex;
- Burning sensation when you urinate; or
- Bleeding between periods.

You should

- Be examined by your doctor if you notice any of these symptoms;
- Promptly see a doctor if you think you or your sex partner(s) have or were exposed to an STD;
- Promptly see a doctor if you have any genital symptoms such as an unusual sore, a smelly discharge, burning when peeing, or bleeding between periods;
- Get a test for chlamydia every year if you are sexually active and younger than 25 years of age;
- Have an honest and open talk with your health care provider if you are sexually active and ask whether you should be tested for other STDs.

Can PID be cured?

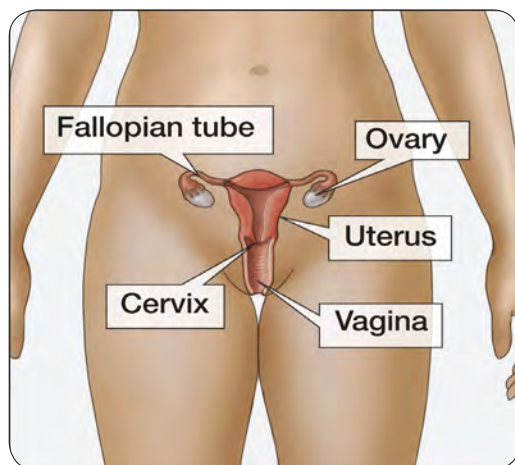
Yes, if PID is diagnosed early, it can be treated. However, treatment won't undo any damage that has already happened to your reproductive system. The longer you wait to get treated, the more likely it is that you will have complications from PID. While taking antibiotics, your symptoms may go away before the infection is cured. Even if symptoms go away, you should finish taking all of your medicine. Be sure to tell your recent sex partner(s), so they can get tested and treated for STDs, too. It is also very important that you and your partner both finish your treatment before having any kind of sex so that you don't re-infect each other.

You can get PID again if you get infected with an STD again. Also, if you have had PID before, you have a higher chance of getting it again.

What happens if I don't get treated?

If diagnosed and treated early, the complications of PID can be prevented. Some of the complications of PID are

- Formation of scar tissue both outside and inside the fallopian tubes that can lead to tubal blockage;
- Ectopic pregnancy (pregnancy outside the womb);
- Infertility (inability to get pregnant);
- Long-term pelvic/abdominal pain.



Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)

Contact <https://wwwn.cdc.gov/dcs/ContactUs/Form>

Resources:

CDC National Prevention Information Network (NPIN)
<https://npin.cdc.gov/disease/stds>
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)
<http://www.ashasexualhealth.org/stdsstis/>
P.O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877

Talking with Your Teens about Sex: Going Beyond “the Talk”



Parenting a teen is not always easy. Youth need adults who are there for them—especially parents* who will connect with them, communicate with them, spend time with them, and show a genuine interest in them. Talking with teens about sex-related topics, including healthy relationships and the prevention of HIV, other sexually transmitted diseases (STDs), and pregnancy, is a positive parenting practice that has been widely researched.¹ A number of programs in a variety of settings (e.g., schools, parents' worksites) have been shown to increase the amount and quality of communication between parents and their teens.²⁻⁴

This fact sheet offers practical actions for parents to help strengthen their efforts to engage positively with their teens and to have meaningful discussions with them about sex. This information complements other available parent resources (see selected list on page 3) by emphasizing the importance of talking with teens about sex *and* healthy relationships.

* In this fact sheet, “parent” refers to the adult primary caregiver(s) of an adolescent’s basic needs. These caregivers could include biological parents, other biological relatives, or non-biological parents.

Does talking with teens about sex make a difference?

- According to teens, the answer is “yes.” In national surveys conducted by The National Campaign to Prevent Teen and Unplanned Pregnancy, teens report that their parents have the greatest influence over their decisions about sex—more than friends, siblings, or the media. Most teens also say they share their parents’ values about sex, and making decisions about delaying sex would be easier if they could talk openly and honestly with their parents.⁵
- According to many researchers, the answer is “yes.” Studies have shown that teens who report talking with their parents about sex are more likely to delay having sex and to use condoms when they do have sex.⁶ Parents should be aware that the following important aspects of communication can have an impact on teen sexual behavior:⁷
 - what is said
 - how it is said
 - how often it is said
 - how much teens feel cared for, and understood by, their parents

What can parents do?

When parents communicate honestly and openly with their teenage son or daughter about sex, relationships, and the prevention of HIV, STDs, and pregnancy, they can help promote their teen's health and reduce the chances that their teen will engage in behaviors that place them at risk. Following are some actions and approaches parents might take to improve communication with their teen about these challenging, hard-to-discuss health concerns.

■ Stay informed about—

- Where your teen is getting information
- What health messages your teen is learning
- What health messages are factual and medically accurate

Your teen may be getting messages about sex, relationships, and the prevention of HIV, STDs, and pregnancy from a variety of sources, including teachers, friends, health care providers, television, and social media. Some of these messages may be more accurate than others. Don't assume that your teen's health education class includes the information you want your child to know—school-based curricula vary from state to state.

■ Identify unique opportunities to have conversations with your teen, such as

- In the car. The car is a private space where your teen doesn't have to look at you but can hear what you have to say.
- Immediately following a relevant TV show/movie. Characters on TV shows and movies model many behaviors, and certain storylines may provide the opportunity to reinforce positive behavior or discuss the consequences of risky behavior.
- Through text messaging, which may provide an easy, acceptable way to reinforce messages discussed in-person.

■ Have frequent conversations.

Although you may know that having “the talk” with your teen about sex and HIV, STD, and pregnancy prevention is important, having a series of discussions that begin early, happen often, and continue over time can make more of a difference than a single conversation.

■ Be relaxed and open.

Talking about sex, relationships, and the prevention of HIV, STDs, and pregnancy may not always be comfortable or easy, but you can encourage your teen to ask you questions and be prepared to give fair and honest answers. This will keep the door open for both of you to bring up the topic. It's OK to say you're feeling uncomfortable or that you don't have all the answers.

■ Avoid overreacting.

When your teen shares personal information with you, keep in mind that he or she may be asking for your input or wants to know how you feel. Let your teen know that you value his or her opinion, even if it is different from yours.

■ Provide opportunities for conversations between your teen and health care professionals.

By taking your teen to regular, preventive care appointments and allowing time alone with the provider, you create opportunities for your teen to talk confidentially with doctors or nurses about health issues that may be of concern, including HIV, STDs, and pregnancy. Be prepared to suggest that you step out of the room for a moment to allow for this special time, as not all health care providers will feel comfortable asking you to leave the room.

What topics should parents discuss with their teens?

It's important that your conversations with your teen not focus just on the consequences of risky sexual behaviors. Many teens receive these messages in health education class or elsewhere. As a parent, you have the opportunity to have discussions with your teen about other related topics. You can

- Talk about healthy, respectful relationships.
- Communicate your own expectations for your teen about relationships and sex.
- Provide factual information about ways to prevent HIV, STDs, and pregnancy (e.g., abstinence, condoms and contraception, and HIV/STD testing).
- Focus on the benefits of protecting oneself from HIV, STDs, and pregnancy.
- Provide information about where your teen can speak with a provider and receive sexual health services, such as HIV/STD testing.

How can parents improve their communication skills?

Various organizations have developed programs to help build parents' skills and improve parent-adolescent communication. These skill-building programs may be implemented in schools, health clinics, community-based settings, and even places where parents work (see Table 1 for selected examples). Parents, educators, health care providers, community-based staff, and employers can work together to promote positive communication between parents and adolescents about sex.

Where can parents get more information?

- Centers for Disease Control and Prevention. Positive Parenting Practices
www.cdc.gov/healthyouth/protective/positiveparenting/index.htm
- Centers for Disease Control and Prevention. Teen Pregnancy: Parent and Guardian Resources
www.cdc.gov/teenpregnancy/parents.htm
- Office of Adolescent Health. Talking with Teens. Teens and Parents Talking
www.hhs.gov/ash/oah/resources-and-publications/info/parents/get-started/quiz.html
- Advocates for Youth. Parent-child communication: Promoting sexually healthy youth
www.advocatesforyouth.org/the-facts-parent-child-communication
- The National Campaign to Prevent Teen and Unplanned Pregnancy. Parent-adolescent communication about sex in Latino families: a guide for practitioners
<https://thenationalcampaign.org/resource/parent-adolescent-communication-about-sex-latino-families>
- U.S. Department of Health and Human Services. Healthfinder.gov. Talk to Your Kids about Sex
www.healthfinder.gov/HealthTopics/Category/parenting/healthy-communication-and-relationships/talk-to-your-kids-about-sex

Table 1. Selected^a Programs for Parents to Improve Parent-Adolescent Communication about Sex

What is the program called?	Which parenting practices are addressed?	Who has participated?	Where has the program been implemented?
Parents Matter http://npin.cdc.gov/parentsmatter/	<ul style="list-style-type: none"> • General parent-teen communication • Parent-teen communication about sex • Parental monitoring^b 	<ul style="list-style-type: none"> • African American parents and/or guardians of pre-teens 9- to 12-years-old (4th and 5th graders) 	<ul style="list-style-type: none"> • Community-based organizations
Families Talking Together (Linking Lives) www.clafh.org/resources-for-parents/parent-materials/	<ul style="list-style-type: none"> • General parent-teen communication • Parent-teen communication about sex • Parental monitoring 	<ul style="list-style-type: none"> • Parents and/or guardians of African American or Latino youth 	<ul style="list-style-type: none"> • Pediatric clinics • Schools
Talking Parents, Healthy Teens www.childtrends.org/?programs=talking-parents-healthy-teens	<ul style="list-style-type: none"> • Communication (general and about sex) • Parental monitoring 	<ul style="list-style-type: none"> • Parents and/or guardians of 6th to 10th graders 	<ul style="list-style-type: none"> • Worksites

^a These programs have been evaluated and shown to improve parent-adolescent communication about sex.⁸⁻¹⁰ The selected examples illustrate different audiences of focus, including parents of elementary, middle, and high school students, as well as the variety of settings in which programs can be implemented, including community-based organizations, schools, and worksites.

^b Parental monitoring occurs when parents make a habit of knowing about their teens (e.g., what they are doing, whom they are with, and where they are), setting clear expectations for behavior, and regularly checking in with their teens to be sure these expectations are being met.

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What Gay, Bisexual and Other Men Who Have Sex with Men Need to Know About Sexually Transmitted Diseases



If you choose to have sex, you need to know how to protect yourself against sexually transmitted diseases (STDs).



What are sexually transmitted diseases?

Sexually transmitted diseases (STDs) are very common in the United States—half of all sexually active people will get an STD by age 25. These diseases can be passed from one person to another through intimate physical contact and sexual activity.

Am I at risk for STDs?

While anyone who has sex can get an STD, sexually active gay, bisexual and other men who have sex with men (MSM) are at greater risk. In addition to having higher rates of syphilis, more than half of all new HIV infections occur among MSM. Many factors contribute to the higher rates of STDs among MSM:

- Higher rates of HIV and STDs among MSM increase a person's risk of coming into contact with an infected partner and becoming infected themselves.
- Certain behaviors—such as not using condoms regularly and having anal sex—increase STD risk.
- Homophobia, stigma, and discrimination can negatively influence the health of gay, bisexual, and other men who have sex with men.

How are STDs spread?

STDs are spread through sexual contact with someone who has an STD. Sexual contact includes oral, anal, and vaginal sex, as well as genital skin-to-skin contact.

Some STDs—like HIV, chlamydia and gonorrhea—are spread through sexual fluids, like semen. Other STDs, including HIV and hepatitis B, are also spread through blood. Genital herpes, syphilis, and human papillomavirus (HPV) are most often spread through genital skin-to-skin contact.

How will I know if I have an STD?

Most STDs have no signs or symptoms, so you (or your partner) could be infected and not know it. The only way to know your STD status is to get tested (you can search for a clinic at <http://hivtest.cdc.gov/>). Having an STD such as herpes makes it easier to get HIV, so it's important to get tested to protect your health and the health of your partner. CDC recommends sexually active gay, bisexual and other MSM test for:

- HIV at least once a year;
- Syphilis;
- Hepatitis B and C;
- Chlamydia and gonorrhea of the rectum if you've had receptive anal sex, or been a "bottom" in the past year;
- Chlamydia and gonorrhea of the penis (urethra) if you have had insertive anal sex or received oral sex in the past year;
- Gonorrhea of the throat if you've performed oral sex (i.e., your mouth on your partner's penis, vagina, or anus) in the past year;
- And sometimes your healthcare provider may suggest a herpes test.

Your healthcare provider can offer you the best care if you discuss your sexual history openly. You should have a provider you are comfortable with. CDC's Lesbian, Gay, Bisexual and Transgender Health Services (<http://www.cdc.gov/lgbthealth/health-services.htm>) page will help you find health services that are gay-friendly.

Can STDs be treated?

Some STDs (like gonorrhea, chlamydia and syphilis) can be cured with medication. If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better. Your partner should be tested and treated, too. It is important to remember that you are at risk for the same or a new STD every time you have unprotected sex (not using a condom) and/or have sex with someone who has an STD.

Other STDs like herpes and HIV cannot be cured, but medicines can be prescribed to manage symptoms.

How can I protect myself?

For anyone, choosing to be sexually active means you are at risk for STDs. However, there are many things you can do to protect your health. You can learn about how STDs are spread and how you can reduce your risk of getting infected.

Get Vaccinated: Gay, bisexual and other MSM are at greater risk for hepatitis A, hepatitis B, and the human papillomavirus (HPV). For this reason, CDC recommends that you be vaccinated against hepatitis A and hepatitis B. The human papillomavirus (HPV) vaccine is also recommended for men up to age 26.

Be Safer: Getting tested regularly and getting vaccinated are both important, but there are other things you can do to reduce your risk for STDs.

- Get to know someone before having sex with them and talk honestly about STDs and getting tested—before you have sex.
- Use a condom correctly and use one every time you have sex.
- Think twice about mixing alcohol and/or recreational drugs with sex. They can reduce your ability to make good decisions and can lead to risky behavior—like having sex without a condom.
- Limit your number of partners. You can lower your risk for STDs if you only have sex with one person who only has sex with you.

Know Your Status: If you know your STD status, you can take steps to protect yourself and your partners.

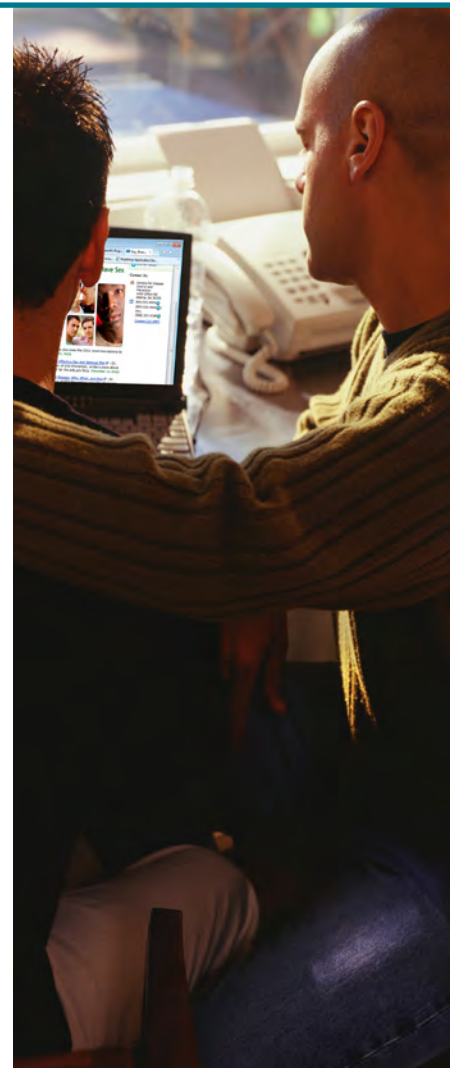
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Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010;59(No. RR-12). Accessed April 2, 2013. <http://www.cdc.gov/std/treatment/2010/>

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Where can I get more information?

CDC's Gay and Bisexual Men's Health page - Information for gay and bisexual men and other men who have sex with men <http://www.cdc.gov/msmhealth/>

Ten Things Gay Men Should Discuss with Their Healthcare Provider - Fact sheet from GLMA <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageID=690>

Fenway Health - Safer sex information from Fenway Health <http://www.fenwayhealth.org/>

The GLBT National Help Center - GLBT support and referrals <http://www.glnh.org/>

[AIDS.gov](http://www.aids.gov/) - HIV/AIDS information and resources from the U.S. Department of Health and Human Services

Bacterial Vaginosis – CDC Fact Sheet



Any woman can get bacterial vaginosis. Having bacterial vaginosis can increase your chance of getting an STD.



What is bacterial vaginosis?

Bacterial vaginosis (BV) is an infection caused when too much of certain bacteria change the normal balance of bacteria in the vagina.

How common is bacterial vaginosis?

Bacterial vaginosis is the most common vaginal infection in women ages 15-44.

How is bacterial vaginosis spread?

We do not know about the cause of BV or how some women get it. BV is linked to an imbalance of “good” and “harmful” bacteria that are normally found in a woman’s vagina.

We do know that having a new sex partner or multiple sex partners and douching can upset the balance of bacteria in the vagina and put women at increased risk for getting BV.

However, we do not know how sex contributes to BV. BV is not considered an STD, but having BV can increase your chances of getting an STD. BV may also affect women who have never had sex.

You cannot get BV from toilet seats, bedding, or swimming pools.

How can I avoid getting bacterial vaginosis?

Doctors and scientists do not completely understand how BV is spread, and there are no known best ways to prevent it.

The following basic prevention steps may help lower your risk of developing BV:

- Not having sex;
- Limiting your number of sex partners; and
- Not douching.

I’m pregnant. How does bacterial vaginosis affect my baby?

Pregnant women can get BV. Pregnant women with BV are more likely to have babies who are born premature (early) or with low birth weight than women who do not have BV while pregnant. Low birth weight means having a baby that weighs less than 5.5 pounds at birth.

Treatment is especially important for pregnant women.

How do I know if I have bacterial vaginosis?

Many women with BV do not have symptoms. If you do have symptoms, you may notice a thin white or gray vaginal discharge, odor, pain, itching, or burning in the vagina. Some women have a strong fish-like odor, especially after sex. You may also have burning when urinating; itching around the outside of the vagina, or both.

How will my doctor know if I have bacterial vaginosis?

A health care provider will look at your vagina for signs of BV and perform laboratory tests on a sample of vaginal fluid to determine if BV is present.

Can bacterial vaginosis be cured?

BV will sometimes go away without treatment. But if you have symptoms of BV you should be checked and treated. It is important that you take all of the medicine prescribed to you, even if your symptoms go away. A health care provider can treat BV with antibiotics, but BV can recur even after treatment. Treatment may also reduce the risk for STDs.

Male sex partners of women diagnosed with BV generally do not need to be treated. However, BV may be transferred between female sex partners.

What happens if I don't get treated?

BV can cause some serious health risks, including

- Increasing your chance of getting HIV if you have sex with someone who is infected with HIV;
- If you are HIV positive, increasing your chance of passing HIV to your sex partner;
- Making it more likely that you will deliver your baby too early if you have BV while pregnant;
- Increasing your chance of getting other STDs, such as chlamydia and gonorrhea. These bacteria can sometimes cause pelvic inflammatory disease (PID), which can make it difficult or impossible for you to have children.

Where can I get more information?

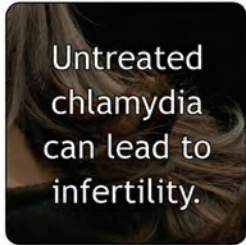
Division of STD Prevention
(DSTDP)
Centers for Disease Control and
Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Contact <https://wwwn.cdc.gov/dcs/ContactUs/Form>

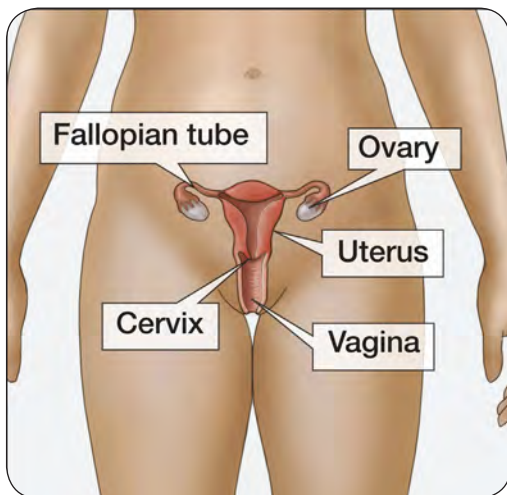
CDC National Prevention
Information Network (NPIN)
<https://npin.cdc.gov/disease/stds>
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health
Association (ASHA)
www.ashasexualhealth.org/stdsstis/
P.O. Box 13827
Research Triangle Park,
NC 27709-3827
1-800-783-9877

Chlamydia – CDC Fact Sheet



Chlamydia is a common sexually transmitted disease (STD) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to get pregnant.



What is chlamydia?

Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

How is chlamydia spread?

You can get chlamydia by having anal, vaginal, or oral sex with someone who has chlamydia.

If your sex partner is male you can still get chlamydia even if he does not ejaculate (cum).

If you've had chlamydia and were treated in the past, you can still get infected again if you have unprotected sex with someone who has chlamydia.

If you are pregnant, you can give chlamydia to your baby during childbirth.

How can I reduce my risk of getting chlamydia?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex.

Am I at risk for chlamydia?

Anyone who has sex can get chlamydia through unprotected anal, vaginal, or oral sex. However, sexually active young people are at a higher risk of getting chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since chlamydia can be spread through oral and anal sex.

Have an honest and open talk with your health care provider and ask whether you should be tested for chlamydia or other STDs. If you are a sexually active woman younger than 25 years, or an older woman with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection, you should get a test for chlamydia every year. Gay, bisexual, and men who have sex with men; as well as pregnant women should also be tested for chlamydia.

I'm pregnant. How does chlamydia affect my baby?

If you are pregnant and have chlamydia, you can pass the infection to your baby during delivery. This could cause an eye infection or pneumonia in your newborn. Having chlamydia may also make it more likely to deliver your baby too early.

If you are pregnant, you should be tested for chlamydia at your first prenatal visit. Testing and treatment are the best ways to prevent health problems.

How do I know if I have chlamydia?

Most people who have chlamydia have no symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner. Even when chlamydia causes no symptoms, it can damage your reproductive system.

Women with symptoms may notice

- An abnormal vaginal discharge;
- A burning sensation when urinating.

Symptoms in men can include

- A discharge from their penis;
- A burning sensation when urinating;
- Pain and swelling in one or both testicles (although this is less common).

Men and women can also get infected with chlamydia in their rectum, either by having receptive anal sex, or by spread from another infected site (such as the vagina). While these infections often cause no symptoms, they can cause

- Rectal pain;
- Discharge;
- Bleeding.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

How will my doctor know if I have chlamydia?

There are laboratory tests to diagnose chlamydia. Your health care provider may ask you to provide a urine sample or may use (or ask you to use) a cotton swab to get a sample from your vagina to test for chlamydia.

Can chlamydia be cured?

Yes, chlamydia can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. When taken properly it will stop the infection and could decrease your chances of having complications later on. Medication for chlamydia should not be shared with anyone.

Repeat infection with chlamydia is common. You should be tested again about three months after you are treated, even if your sex partner(s) was treated.

What happens if I don't get treated?

The initial damage that chlamydia causes often goes unnoticed. However, chlamydia can lead to serious health problems.

If you are a woman, untreated chlamydia can spread to your uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID often has no symptoms, however some women may have abdominal and pelvic pain. Even if it doesn't cause symptoms initially, PID can cause permanent damage to your reproductive system and lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

Men rarely have health problems linked to chlamydia. Infection sometimes spreads to the tube that carries sperm from the testicles, causing pain and fever. Rarely, chlamydia can prevent a man from being able to have children.

Untreated chlamydia may also increase your chances of getting or giving HIV – the virus that causes AIDS.



I was treated for chlamydia. When can I have sex again?

You should not have sex again until you and your sex partner(s) have completed treatment. If your doctor prescribes a single dose of medication, you should wait seven days after taking the medicine before having sex. If your doctor prescribes a medicine for you to take for seven days, you should wait until you have taken all of the doses before having sex.

Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention

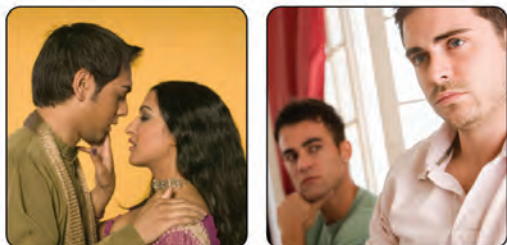
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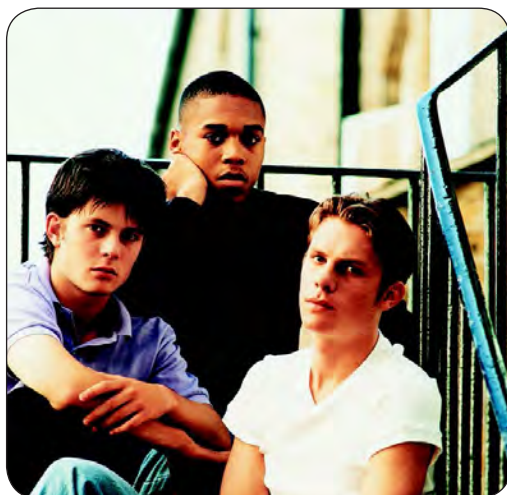
CDC National Prevention Information Network (NPIN)
<https://npin.cdc.gov/disease/stds>
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)
<http://www.ashasexualhealth.org/stdstis/>
P.O. Box 13827
Research Triangle Park,
NC 27709-3827
1-800-783-9877

Gonorrhea – CDC Fact Sheet



Anyone who is sexually active can get gonorrhea. Gonorrhea can cause very serious complications when not treated, but can be cured with the right medication.



What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

How is gonorrhea spread?

You can get gonorrhea by having anal, vaginal, or oral sex with someone who has gonorrhea.

A pregnant woman with gonorrhea can give the infection to her baby during childbirth.

How can I reduce my risk of getting gonorrhea?

The only way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting gonorrhea:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms and dental dams the right way every time you have sex.

Am I at risk for gonorrhea?

Any sexually active person can get gonorrhea through unprotected anal, vaginal, or oral sex.

If you are sexually active, have an honest and open talk with your health care provider and ask whether you should be tested for gonorrhea or other STDs. If you are a sexually active man who is gay, bisexual, or who has sex with men, you should be tested for gonorrhea every year. If you are a sexually active women younger than 25 years or an older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection, you should be tested for gonorrhea every year.

I'm pregnant. How does gonorrhea affect my baby?

If you are pregnant and have gonorrhea, you can give the infection to your baby during delivery. This can cause serious health problems for your baby. If you are pregnant, it is important that you talk to your health care provider so that you get the correct examination, testing, and treatment, as necessary. Treating gonorrhea as soon as possible will make health complications for your baby less likely.

How do I know if I have gonorrhea?

Some men with gonorrhea may have no symptoms at all. However, men who do have symptoms, may have:

- A burning sensation when urinating;
- A white, yellow, or green discharge from the penis;
- Painful or swollen testicles (although this is less common).

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for

a bladder or vaginal infection. Women with gonorrhea are at risk of developing serious complications from the infection, even if they don't have any symptoms.

Symptoms in women can include:

- Painful or burning sensation when urinating;
- Increased vaginal discharge;
- Vaginal bleeding between periods.

Rectal infections may either cause no symptoms or cause symptoms in both men and women that may include:

- Discharge;
- Anal itching;
- Soreness;
- Bleeding;
- Painful bowel movements.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

How will my doctor know if I have gonorrhea?

Most of the time, urine can be used to test for gonorrhea. However, if you have had oral and/or anal sex, swabs may be used to collect samples from your throat and/or rectum. In some cases, a swab may be used to collect a sample from a man's urethra (urine canal) or a woman's cervix (opening to the womb).

Can gonorrhea be cured?

Yes, gonorrhea can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not undo any permanent damage caused by the disease.

It is becoming harder to treat some gonorrhea, as drug-resistant strains of gonorrhea are increasing. If your symptoms continue for more than a few days after receiving treatment, you should return to a health care provider to be checked again.

I was treated for gonorrhea. When can I have sex again?

You should wait seven days after finishing all medications before having sex. To avoid getting infected with gonorrhea again or spreading gonorrhea to your partner(s), you and your sex partner(s) should avoid having sex until you have each completed treatment. If you've had gonorrhea and took medicine in the past, you can still get infected again if you have unprotected sex with a person who has gonorrhea.

What happens if I don't get treated?

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, untreated gonorrhea can cause pelvic inflammatory disease (PID). Some of the complications of PID are

- Formation of scar tissue that blocks fallopian tubes;
- Ectopic pregnancy (pregnancy outside the womb);
- Infertility (inability to get pregnant);
- Long-term pelvic/abdominal pain.

In men, gonorrhea can cause a painful condition in the tubes attached to the testicles. In rare cases, this may cause a man to be sterile, or prevent him from being able to father a child.

Rarely, untreated gonorrhea can also spread to your blood or joints. This condition can be life-threatening.

Untreated gonorrhea may also increase your chances of getting or giving HIV – the virus that causes AIDS.



Where can I get more information?

Division of STD Prevention
(DSTDP)

Centers for Disease Control and
Prevention

www.cdc.gov/std

CDC-INFO Contact Center

1-800-CDC-INFO

(1-800-232-4636) Contact

[https://wwwn.cdc.gov/
dcs/ContactUs/Form](https://wwwn.cdc.gov/dcs/ContactUs/Form)

HEPATITIS A

General Information

What is hepatitis?

“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

What is Hepatitis A?

Hepatitis A is a highly contagious liver infection caused by the Hepatitis A virus. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months.

Who is at risk?

Although anyone can get Hepatitis A, some people are at greater risk, such as those who:

- Travel to or live in countries where Hepatitis A is common
- Use recreational drugs, whether injected or not
- Have sexual contact with someone who has Hepatitis A
- Have clotting-factor disorders, such as hemophilia
- Are men who have sexual encounters with other men
- Are household members or caregivers of a person infected with Hepatitis A

How common is Hepatitis A?

Hepatitis A still occurs in the United States, although not as frequently as it once did. Over the last several decades, there has been more than a 90% decrease in Hepatitis A cases. New cases are now estimated to be around 3,000 each year. Many experts believe this decline is a result of the vaccination of children and people at risk for Hepatitis A. Many of the new cases, however, are from American travelers who got infected while traveling to parts of the world where Hepatitis A is common.



Hepatitis A can be prevented with a safe and effective vaccine.

How is Hepatitis A spread?

Hepatitis A is usually spread when a person ingests fecal matter—even in microscopic amounts—from contact with objects, food, or drinks contaminated by feces or stool from an infected person.

Hepatitis A can be spread when:

- An infected person does not wash his/her hands properly after going to the bathroom and then touches objects or food
- A caregiver does not properly wash his or her hands after changing diapers or cleaning up the stool of an infected person
- Someone engages in sexual activities with an infected person

Hepatitis A also can be spread through contaminated food or water. Contamination of food can happen at any point: growing, harvesting, processing, handling, and even after cooking. This most often occurs in countries where Hepatitis A is common.

Continued on next page



What are the symptoms of Hepatitis A?

Not everyone has symptoms. If symptoms develop, they usually appear 2 to 6 weeks after infection and can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Grey-colored stools
- Joint pain
- Jaundice

Symptoms are more likely to occur in adults than in children. They usually last less than 2 months, although some people can be ill for as long as 6 months.



People can spread Hepatitis A even if they don't look or feel sick. Many children and some adults have no symptoms.

How is Hepatitis A diagnosed and treated?

A doctor can determine if a person has Hepatitis A by discussing his or her symptoms and taking a blood sample. To treat Hepatitis A, doctors usually recommend rest, adequate nutrition, fluids, and medical monitoring. Some people will need to be hospitalized. It can take a few months before people begin to feel better.

How serious is Hepatitis A?

Most people who get Hepatitis A feel sick for several months, but they usually recover completely and do not have lasting liver damage. Sometimes Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in people older than 50 and people with other liver diseases.

Can Hepatitis A be prevented?

Yes. The best way to prevent Hepatitis A is by getting vaccinated. Experts recommend the vaccine for all children, and people with certain risk factors and medical conditions. The vaccine is also recommended for travelers to certain international countries, even if travel occurs for short times or on closed resorts. The Hepatitis A vaccine is safe and effective and given as 2 shots, 6 months apart. Both shots are needed for long-term protection. Ask if your health plan will cover travel related vaccines. You can get vaccinated at your doctor's office, as well as travel clinics and other locations. Lower cost vaccination may be available at certain pharmacies and your local health department.

Who should get vaccinated against Hepatitis A?

Vaccination is recommended for certain groups, including:

- All children at age 1 year
- Travelers to countries where Hepatitis A is common
- Family and caregivers of adoptees from countries where Hepatitis A is common
- Men who have sexual encounters with other men
- Users of recreational drugs, whether injected or not
- People with chronic or long-term liver disease, including Hepatitis B or Hepatitis C
- People with clotting-factor disorders

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis or www.cdc.gov/travel.

HEPATITIS B

General Information



Who is at risk?

Although anyone can get Hepatitis B, some people are at greater risk, such as those who:

- Have sexual contact with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual encounters with other men
- Inject drugs or share needles, syringes, or other injection equipment
- Live with a person who has Hepatitis B
- Are on hemodialysis
- Are exposed to blood on the job
- Are infants born to infected mothers

What is hepatitis?

“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

What is Hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an “acute” infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. **Acute** Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a “chronic,” or lifelong, illness. **Chronic** Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person’s body. Over time, the infection can cause serious health problems.

The best way to prevent Hepatitis B is to get vaccinated.

Is Hepatitis B common?

Yes. In the United States, approximately 1.2 million people have chronic Hepatitis B. Unfortunately, many people do not know they are infected. The number of new cases of Hepatitis B has decreased more than 80% over the last 20 years. An estimated 40,000 people now become infected each year. Many experts believe this decline is a result of widespread vaccination of children.

How is Hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other injection drug equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.



Can Hepatitis B be spread through sex?

Yes. In the United States, Hepatitis B is most commonly spread through sexual contact. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.



Who should get vaccinated against Hepatitis B?

Vaccination is recommended for certain groups, including:

- Anyone having sex with an infected partner
- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual encounters with other men
- People who inject drugs
- People who live with someone with Hepatitis B
- People with chronic liver disease, end stage renal disease, or HIV infection
- Healthcare and public safety workers exposed to blood
- Travelers to certain countries
- All infants at birth

What are the symptoms of acute Hepatitis B?

Not everyone has symptoms with acute Hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

- Fever
- Vomiting
- Dark urine
- Fatigue
- Abdominal pain
- Joint pain
- Loss of appetite
- Grey-colored stools
- Jaundice
- Nausea

What are the symptoms of chronic Hepatitis B?

Many people with chronic Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they are similar to acute infection and can be a sign of advanced liver disease.

How serious is Hepatitis B?

Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.

How is Hepatitis B diagnosed and treated?

Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams. For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

Division of Viral Hepatitis



www.cdc.gov/hepatitis

HEPATITIS B

Are you at risk?



Who should be tested for Hepatitis B?

Testing for Hepatitis B is recommended for certain groups of people, including:

- People born in Asia, Africa, and other regions with moderate or high rates of Hepatitis B (see map)
- Unvaccinated people whose parents are from regions with high rates of Hepatitis B
- Anyone having sex with a person infected with Hepatitis B
- People who live with someone with Hepatitis B
- Men who have sexual encounters with other men
- People who inject drugs
- All pregnant women
- People with HIV infection
- People on hemodialysis
- People who receive chemotherapy or other types of immunosuppressive therapy

What is Hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an “acute” infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. **Acute** Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a “chronic,” or lifelong, illness. **Chronic** Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person’s body. Over time, the infection can cause serious health problems.

How is Hepatitis B spread?

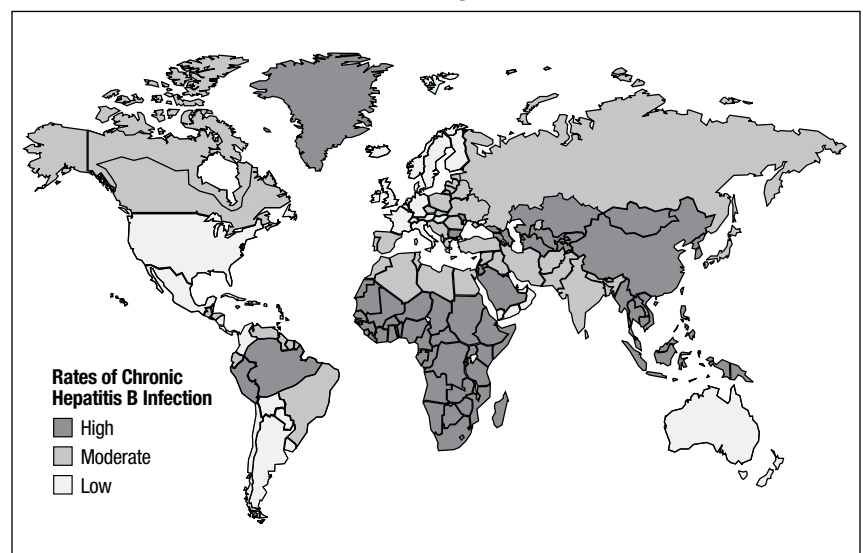
Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through having sex with an infected partner; sharing needles, syringes, or other injection drug equipment; or from direct contact with the blood or open sores of an infected person. Hepatitis B can also be passed from an infected mother to her baby at birth.

Approximately 1.2 million people in the United States and 350 million people worldwide have Hepatitis B. Most are unaware of their infection.

Is Hepatitis B common?

Yes. Hepatitis B is very common worldwide. Most people with Hepatitis B were infected with the virus at birth or during early childhood and developed a lifelong chronic infection. Many of those infected are unaware that they have Hepatitis B, especially since they may not have symptoms. As a result, they can unknowingly spread the disease to others, including people they live with, sexual partners, and—for women—their newborns.

Worldwide Rates of Chronic Hepatitis B





How is Hepatitis B treated?

For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized.

People with chronic infection should see a doctor experienced in treating Hepatitis B. He or she can determine the most appropriate medical care. People with chronic Hepatitis B need to be monitored on a regular basis, and some will benefit from medication. Several new treatments are available which can delay or reverse the effects of liver disease.

What can people with Hepatitis B do to take care of their liver?

People with chronic Hepatitis B should see a doctor regularly. They also should ask their health professional before taking any prescription or over-the-counter medications—including herbal supplements or vitamins—as they can potentially damage the liver. People with chronic Hepatitis B should also avoid alcohol since it can accelerate liver damage.

What are the symptoms of Hepatitis B?

Many people with Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood.

Symptoms of Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they often are a sign of advanced liver disease and can include fever, fatigue, abdominal pain, and jaundice.

How serious is Hepatitis B?

Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and even liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.

How is Hepatitis B diagnosed?

Doctors use one or more blood tests to diagnose Hepatitis B. These blood tests are not part of blood work typically done during regular physical exams.

Why is it important to get tested for Hepatitis B?

Testing is the best way to determine whether or not a person has Hepatitis B. Many people with Hepatitis B do not know they are infected since they do not look or feel sick. Learning if one is infected is key to diagnosing Hepatitis B early and getting appropriate medical care. Testing can also identify at-risk household members and sexual partners who, if uninfected, can then be vaccinated to protect them from getting Hepatitis B.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.



DEPARTMENT OF HEALTH & HUMAN SERVICES
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HEPATITIS B & SEXUAL HEALTH

What is Hepatitis B?

Hepatitis B is a liver disease that results from infection with the Hepatitis B virus. When first infected, people can develop an acute infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. **Acute** Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus.

For others, the infection remains and leads to a "chronic," or lifelong, infection. Over time, **chronic** Hepatitis B can cause serious health problems including liver damage, liver failure, and even liver cancer.

How is Hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person; sharing needles, syringes, or other equipment to inject drugs; or from an infected mother to her baby at birth.

Can Hepatitis B be spread through sex?

Yes. Hepatitis B is easily transmitted through sexual activity. In fact, sexual contact is the most common way Hepatitis B is spread in the United States. Hepatitis B is 50-100 times more infectious than HIV.

If you are sexually active, get vaccinated against Hepatitis B and talk to your health professional about your risk for STDs and HIV.



The best way to prevent Hepatitis B is to get vaccinated.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the vaccine is usually given as a series of 3 shots over a period of 6 months. The entire series of shots is needed for long-term protection.

There is also a combination vaccine that protects against both Hepatitis A and Hepatitis B. People should talk to their health professional about which vaccine is best for them.

Who should be vaccinated against Hepatitis B?

The vaccine is safe and effective and recommended for sexually active adults, especially:

- People with multiple sex partners
- Anyone with a sexually transmitted disease (STD)
- Men who have sexual encounters with other men
- Anyone having sex with an infected partner

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What are the symptoms of Hepatitis B?

Many people with Hepatitis B do not have symptoms and do not know they are infected. If symptoms occur with acute infection, they usually appear within 3 months of exposure and can last anywhere from 2–12 weeks.

People can live with chronic Hepatitis B for decades without symptoms or feeling sick. If symptoms do appear, they are similar for both acute and chronic Hepatitis B and can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Dark urine
- Grey-colored stools
- Joint pain
- Jaundice

How would someone know if they have Hepatitis B?

Since people often have no symptoms, a specific blood test is the only way to know if you have Hepatitis B. Not everyone needs to get tested, so ask your doctor if you should get tested for Hepatitis B.

How is Hepatitis B treated?

Doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring to treat acute Hepatitis B. Several new treatments are available for chronic Hepatitis B that can significantly improve health and delay or reverse the effects of liver disease.



For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

Protect Your Baby for Life

When a Pregnant Woman Has Hepatitis B



Why should pregnant women be concerned about Hepatitis B?

Hepatitis B is a serious liver disease that can be easily passed to others. It is important for a woman to find out if she has Hepatitis B, so she can get medical care. It is also possible for a pregnant woman with Hepatitis B to pass the virus to her baby at birth. Fortunately, there is a vaccine to prevent babies from getting Hepatitis B.

What is Hepatitis B?

“Hepatitis” means inflammation of the liver. Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When a person becomes infected, the Hepatitis B virus can stay in the person’s body for the rest of his or her life and cause serious liver problems.

Can Hepatitis B be spread to babies?

Yes. The Hepatitis B virus can be spread to a baby during childbirth. This can happen during a vaginal delivery or a c-section.

How else is Hepatitis B spread?

Hepatitis B can also be spread when blood, semen, or other bodily fluids from a person with the virus enter the body of someone who is not infected. The virus is very infectious and is passed easily through breaks in the skin or in soft tissues such as the nose, mouth, and eyes.

This can happen through direct contact with blood from an infected person, even in tiny amounts too small to see. Hepatitis B can also be spread through sex with an infected person.

CDC recommends that babies get the HBIG shot and the first dose of Hepatitis B vaccine within 12 hours of being born.

How serious is Hepatitis B?

When babies become infected with Hepatitis B, they have a 90% chance of developing a lifelong, chronic infection. As many as 1 in 4 people with chronic Hepatitis B develop serious health problems. Hepatitis B can cause liver damage, liver disease, and liver cancer.

How common is Hepatitis B?

About 350 million people worldwide and 1.2 million people in the United States are infected with Hepatitis B.

Can doctors prevent a baby from getting Hepatitis B?

Yes. Babies born to women with Hepatitis B get two shots soon after birth. One is the first dose of the Hepatitis B vaccine and the other shot is called HBIG. The two shots help prevent the baby from getting Hepatitis B. The shots work best when they are given within 12 hours after being born.



What is HBIG?

HBIG is a medicine that gives a baby’s body a “boost” or extra help to fight the virus as soon as he or she is born. The HBIG shot is only given to babies of mothers who have Hepatitis B.



How can I make sure my family is protected from Hepatitis B?

Get everyone tested for Hepatitis B

Your baby's father and everyone else who lives in your house should go to the doctor or clinic to be tested. Testing your family members helps to tell if they have Hepatitis B. If they do not have Hepatitis B, the doctor will talk to them about getting the Hepatitis B vaccine to protect them from getting the infection.

Cover cuts and sores

Since Hepatitis B is spread through blood, people with Hepatitis B should be careful not to expose other people to things that could have their blood on them. It is important not to share personal items such as razors, nail clippers, toothbrushes, or glucose monitors. Cuts and sores should be covered while they are healing.

Do not chew food for your baby

Tiny amounts of blood can sometimes be in a person's mouth. Do not pre-chew food before you feed it to your baby.

How many Hepatitis B shots does my baby need?

Your baby will get 3 or 4 shots, depending on which brand of vaccine is used. After the first dose is given in the hospital, the next dose is given at 1-2 months of age. The last dose is usually given by the time your baby is one year old. Ask your doctor or nurse when your baby needs to come back for each shot.

Does my baby need all the shots?

All the Hepatitis B shots are necessary to help keep your baby from getting Hepatitis B.

**Prevent Hepatitis B.
Get your baby vaccinated.**

How do I know my baby is protected?

After getting all the Hepatitis B shots, your doctor will test your baby's blood. The blood test tells you and your doctor that your baby is protected and does not have Hepatitis B. The blood test is usually done 1-2 months after the last shot. Be sure to bring your baby back to your doctor for this important blood test.

Hepatitis B is not spread by:

Breastfeeding

It is safe for you to breastfeed your baby. You cannot give your baby Hepatitis B from breast milk.

Cooking and eating

It is safe for you to prepare and eat meals with your family. Hepatitis B is not spread by sharing dishes, cooking or eating utensils, or drinking glasses.

Hugging and kissing

You can hug and kiss your baby, family members, or others close to you. You cannot give anyone Hepatitis B from hugging and kissing them. Also, Hepatitis B is not spread through sneezing or coughing.



For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis



DEPARTMENT OF HEALTH & HUMAN SERVICES
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Protect Your Baby for Life

Hepatitis B and Your Baby



Why should pregnant women be concerned about Hepatitis B?

Hepatitis B is a contagious liver disease that can be easily passed from a pregnant woman to her baby at birth. Fortunately, there is a vaccine to prevent babies from getting Hepatitis B.

How is Hepatitis B spread?

Hepatitis B is spread when blood, semen, or other body fluids from a person with the Hepatitis B virus enter the body of someone who is not infected. The virus is very infectious and is easily spread to others. This can happen through:

- An infected mother passing it to her baby at birth
- Sex with an infected person
- Direct contact with blood from an infected person, even in tiny amounts too small to see

What is Hepatitis B?

“Hepatitis” means inflammation of the liver. Hepatitis B is a liver disease that results from infection with the Hepatitis B virus. Some people are able to fight the infection and clear the Hepatitis B virus. For others, the virus remains in their body and becomes a chronic, or lifelong, illness. Over time, Hepatitis B can cause serious health problems.

How serious is Hepatitis B?

As many as 1 in 4 people with Hepatitis B develop serious liver problems including liver damage, liver failure, and even liver cancer. Every year, approximately 3,000 people in the United States die from Hepatitis B-related liver disease.

**Prevent Hepatitis B.
Get your baby vaccinated.**

How common is Hepatitis B?

It is estimated that 350 million people worldwide and 1.2 million people in the United States are infected with Hepatitis B. For every 1,000 pregnant women that give birth each year, 1 to 2 of them have Hepatitis B.

Are babies at risk for Hepatitis B?

Yes. When a pregnant woman has Hepatitis B it can be spread easily to her baby. Babies and young children can also get Hepatitis B from close contact with family members or others who might be infected. Infants who become infected with Hepatitis B have a 90% chance of developing a lifelong, chronic infection.

Are pregnant women tested for Hepatitis B?

Yes. Many women do not know they are infected, since people with Hepatitis B often have no symptoms. As a result, all pregnant women are given a blood test for Hepatitis B as part of their prenatal care. The test is usually performed during the first prenatal visit. If a woman has not received prenatal care, then she will be tested at the hospital before she delivers her baby.

Why are women tested for Hepatitis B?

Pregnant women are routinely tested for Hepatitis B, along with other diseases. These tests are done to find health problems that can be prevented or treated in both a woman and her baby.





Can Hepatitis B be prevented?

Yes. A vaccine for Hepatitis B has been used for about 30 years. The vaccine has been recommended for infants beginning in 1991. Since then, experts believe that the vaccine has prevented more than half a million children in the United States from getting Hepatitis B.

When does my baby get the first dose of the Hepatitis B vaccine?

CDC recommends that the first dose of vaccine be given to your baby before leaving the hospital.

How many Hepatitis B doses does my baby need?

The vaccine is given as 3 or 4 shots, depending upon the brand of vaccine used. After the first shot is given in the hospital, the next shot is usually given at 1-2 months of age. The last shot is given between 6 months and 18 months of age. Ask your doctor when your baby needs to come back for the next shot in the series.



CDC recommends that babies get the first dose of the Hepatitis B vaccine before leaving the hospital.

Why are these shots important?

Vaccines are one of the most important and effective ways to prevent diseases. Millions of babies have received Hepatitis B shots in the U.S. Experts believe that this vaccine has helped to reduce the number of children getting Hepatitis B by more than 90% over the last 20 years.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

Division of Viral Hepatitis



HEPATITIS C

General Information

What is hepatitis?

“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C.



Most people who get infected with the Hepatitis C virus develop a chronic, or lifelong, infection.

What is Hepatitis C?

Hepatitis C is an infection of the liver that results from the Hepatitis C virus. **Acute** Hepatitis C refers to the first several months after someone is infected. Acute infection can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. For reasons that are not known, about 20% of people are able to clear, or get rid of, the virus without treatment in the first 6 months.

Unfortunately, most people who get infected are not able to clear the Hepatitis C virus and develop a chronic, or lifelong, infection. Over time, **chronic** Hepatitis C can cause serious health problems including liver disease, liver failure, and even liver cancer.

How is Hepatitis C spread?

Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with Hepatitis C by sharing needles, syringes, or any other equipment to inject drugs. Before widespread screening of the blood supply in 1992, Hepatitis C was also spread through blood transfusions and organ transplants. While uncommon, poor infection control has resulted in outbreaks in healthcare settings.

While rare, sexual transmission of Hepatitis C is possible. Having a sexually transmitted disease or HIV, sex with multiple partners, or rough sex appears to increase a person’s risk for Hepatitis C. Hepatitis C can also be spread when getting tattoos and body piercings in unlicensed facilities, informal settings, or with non-sterile instruments. Also, approximately 6% of infants born to infected mothers will get Hepatitis C. Still, some people don’t know how or when they got infected.

What are the symptoms of Hepatitis C?

Many people with Hepatitis C do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.

When do symptoms occur?

If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after infection. If symptoms occur with chronic Hepatitis C, they can take decades to develop. When symptoms appear with chronic Hepatitis C, they often are a sign of advanced liver disease.

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How would you know if you have Hepatitis C?

The only way to know if you have Hepatitis C is to get tested. Doctors use a blood test, called a Hepatitis C Antibody Test, which looks for antibodies to the Hepatitis C virus. Antibodies are chemicals released into the bloodstream when someone gets infected. Antibodies remain in the bloodstream, even if the person clears the virus.

A positive or reactive Hepatitis C Antibody Test means that a person has been infected with the Hepatitis C virus at some point in time. However, a positive antibody test **does not** necessarily mean a person still has Hepatitis C. An additional test called a RNA test is needed to determine if a person is currently infected with Hepatitis C.

Who should get tested for Hepatitis C?

Testing for Hepatitis C is recommended for certain groups, including people who:

- Were born from 1945 – 1965
- Received donated blood or organs before 1992
- Have ever injected drugs, even if it was just once or many years ago
- Have certain medical conditions, such as chronic liver disease and HIV or AIDS
- Have abnormal liver tests or liver disease
- Have been exposed to blood from a person who has Hepatitis C
- Are on hemodialysis
- Are born to a mother with Hepatitis C

Can Hepatitis C be treated?

Yes. However, treatment depends on many different factors, so it is important to see a doctor experienced in treating Hepatitis C. New and improved treatments are available that can cure Hepatitis C for many people.



Testing is the only way to know if you have Hepatitis C.

How can Hepatitis C be prevented?

Although there is currently no vaccine to prevent Hepatitis C, there are ways to reduce the risk of becoming infected with the Hepatitis C virus.

- Avoid sharing or reusing needles, syringes or any other equipment to prepare and inject drugs, steroids, hormones, or other substances.
- Do not use personal items that may have come into contact with an infected person's blood, even in amounts too small to see, such as razors, nail clippers, toothbrushes, or glucose monitors.
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

HEPATITIS C

Information on Testing & Diagnosis

What is Hepatitis C?

Hepatitis C is a serious liver disease that results from infection with the Hepatitis C virus. Hepatitis C has been called a silent disease because people can get infected and not know it. Some people who get infected with Hepatitis C are able to clear, or get rid of the virus, but most people who get infected develop a chronic, or lifelong, infection. Over time, chronic Hepatitis C can cause serious health problems including liver damage, liver failure, and even liver cancer.

How is Hepatitis C spread?

Hepatitis C is spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. This can happen through different ways including:

Injection drug use. Most people become infected with Hepatitis C by sharing needles or other equipment to inject drugs. It is possible to have gotten Hepatitis C from injecting drugs, even if it was just once or many years ago.

Blood transfusions and organ transplants. Before widespread screening of the blood supply began in 1992, Hepatitis C was spread through blood transfusions and organ transplants.

Outbreaks. While uncommon, poor infection control has resulted in outbreaks in health care facilities and residential care facilities.

While rare, spreading Hepatitis C through sex is possible. Having a sexually transmitted disease (STD) or HIV, sex with multiple partners, or rough sex appears to increase a person's risk for Hepatitis C. Hepatitis C can also be spread when getting tattoos and body piercings in informal settings or with non-sterile instruments. Some people don't know how or when they got infected.

Who should get tested for Hepatitis C?

- Anyone who has injected drugs, even just once or many years ago
- Anyone with certain medical conditions, such as chronic liver disease and HIV or AIDS
- Anyone who has received donated blood or organs before 1992
- Anyone born from 1945 through 1965
- Anyone with abnormal liver tests or liver disease
- Health and safety workers who have been exposed to blood on the job through a needlestick or injury with a sharp object
- Anyone on hemodialysis
- Anyone born to a mother with Hepatitis C

The only way to know if you have Hepatitis C is to get tested. Early detection can save lives.

Why is it important to get tested for Hepatitis C?

- Millions of Americans have Hepatitis C, but most don't know it.
- About 8 in 10 people who get infected with Hepatitis C develop a chronic, or lifelong, infection.
- People with Hepatitis C often have no symptoms. Many people can live with an infection for decades without feeling sick.
- Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants.
- New treatments are available for Hepatitis C that can get rid of the virus.

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Getting tested for Hepatitis C

Doctors use a blood test, called a Hepatitis C Antibody Test, to find out if a person has ever been infected with Hepatitis C. The Hepatitis C Antibody Test, sometimes called the Anti-HCV Test, looks for antibodies to the Hepatitis C virus. Antibodies are chemicals released into the bloodstream when someone gets infected.

Hepatitis C Antibody Test Results

When getting tested for Hepatitis C, ask your doctor when and how you will find out your results. The test results usually take anywhere from a few days to a few weeks to come back. A new rapid test is available in some health clinics.

Non-Reactive or Negative Hepatitis C Antibody Test

- A **non-reactive** or negative antibody test means that a person does not have Hepatitis C.
- However, if a person has been exposed to the Hepatitis C virus in the last 6 months, he or she will need to be tested again.

Reactive or Positive Hepatitis C Antibody Test

- A **reactive** or positive antibody test means that Hepatitis C antibodies were found in the blood and a person has been infected with the Hepatitis C virus at some point in time.
- Once people have been infected, they will always have antibodies in their blood. This is true if even if they have cleared the Hepatitis C virus.
- A reactive antibody test does not necessarily mean that you have Hepatitis C. A person will need an additional, follow-up test.



Diagnosing Hepatitis C

If the antibody test is reactive, an additional blood test is needed to determine if a person is currently infected with Hepatitis C. This test is called a RNA test. Another name used for this test is a PCR test. If the RNA test is negative, this means a person does not have Hepatitis C. If the RNA test is positive, this means a person currently has Hepatitis C and should talk to a doctor experienced in diagnosing and treating the disease.

For more information

Talk to your doctor, call your health department, or visit www.cdc.gov/hepatitis.

HEPATITIS C & INJECTION DRUG USE

What is Hepatitis C?

Hepatitis C is a serious liver disease caused by the Hepatitis C virus. About 80% of people who get infected develop a chronic, or lifelong, infection. Over time, chronic Hepatitis C can cause serious health problems including liver damage, liver failure, and even liver cancer. However, some people get only a short term, or acute, infection and are able to clear the virus without treatment. If someone clears the virus, this usually happens within 6 months after first infected.

What are the symptoms?

Symptoms of Hepatitis C can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes. However, many people who get Hepatitis C do not have symptoms and do not know they are infected. If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after infection. Symptoms of chronic Hepatitis C can take decades to develop, and when symptoms do appear, they often are a sign of advanced liver disease.

Should I get tested?

Yes. If you have ever injected drugs, you should get tested for Hepatitis C. If you are currently injecting, talk to your doctor about how often you should be tested.

The Hepatitis C Antibody Test is a blood test that looks for antibodies to the Hepatitis C virus. A reactive or positive Hepatitis C Antibody Test means that a person has been infected at some point in time. Unlike HIV, a reactive antibody test **does not** necessarily mean a person still has Hepatitis C. An additional blood test called a RNA test is needed to determine if a person is currently infected with Hepatitis C.



All equipment used to prepare and inject drugs can spread Hepatitis C when contaminated and shared.

How is Hepatitis C spread among people who inject drugs?

The Hepatitis C virus is very infectious and can easily spread when a person comes into contact with surfaces, equipment, or objects that are contaminated with infected blood, even in amounts too small to see. The virus can survive on equipment and surfaces for up to 3 weeks. People who inject drugs can get Hepatitis C from:

- **Needles & Syringes.** Sharing or reusing needles and syringes increases the chance of spreading the Hepatitis C virus. Syringes with detachable needles increase this risk even more because they can retain more blood after they are used than syringes with fixed-needles.
- **Preparation Equipment.** Any equipment, such as cookers, cottons, water, ties, and alcohol swabs, can easily become contaminated during the drug preparation process.
- **Fingers.** Fingers that come into contact with infected blood can spread Hepatitis C. Blood on fingers and hands can contaminate the injection site, cottons, cookers, ties, and swabs.
- **Surfaces.** Hepatitis C can spread when blood from an infected person contaminates a surface and then that surfaced is reused by another person.

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Are there other ways Hepatitis C can spread?

Hepatitis C can also spread when tattoo, piercing, or cutting equipment is contaminated with the Hepatitis C virus and used on another person. Although rare, Hepatitis C can be spread through sex. Hepatitis C seems to be more easily spread through sex when a person has HIV or an STD. People who have rough sex or numerous sex partners are at higher risk of getting Hepatitis C.

Can Hepatitis C be prevented?

Yes. The best way to prevent Hepatitis C is to stop injecting. Drug treatment, including methadone or buprenorphine, can lower your risk for Hepatitis C since there will no longer be a need to inject.

However, if you are unable or unwilling to stop injecting drugs, there are steps you can take to reduce the risk of becoming infected.

- **Always** use sterile needles, syringes *and* preparation equipment—cookers, cottons, water, ties, and alcohol swabs—for each injection.
- Set up a clean surface **before** placing down your injection equipment.
- **Do not** divide and share drug solution with equipment that has already been used.
- Avoid using syringes with detachable needles to reduce the amount of blood remaining in the syringe after injecting.
- Thoroughly wash hands with soap and water **before and after** injecting to remove blood or germs.
- Clean injection site with alcohol or soap-and-water **prior** to injecting.
- **Do not** inject another person.
- Apply pressure to injection site with a sterile pad to stop any bleeding after injecting.
- Only handle your own injection equipment. If you do inject with other people, separate your equipment from others to avoid accidental sharing.

Cleaning equipment does not kill the Hepatitis C virus.

Bleaching, boiling, burning, or using common cleaning fluids, alcohol, or peroxide will **not** kill the Hepatitis C virus. The Hepatitis C virus is difficult to kill. So although cleaning equipment may reduce the amount of virus, it does not eliminate it.

Can Hepatitis C be treated?

Yes. New and improved treatments are available that can cure Hepatitis C for most people. Most of the new treatments are taken as pills and do not require interferon injections. However, treatment for Hepatitis C depends on many different factors, so it is important to talk to a doctor about options.

Can someone get re-infected with Hepatitis C?

Yes. Someone who clears the virus, either on their own or from successful treatment, can become infected again.



People who inject drugs should get vaccinated for Hepatitis A and B.

Does injecting put you at risk for other types of hepatitis?

Yes. People who inject are more likely to get Hepatitis A and Hepatitis B. Getting vaccinated for Hepatitis A and B will prevent these types of hepatitis. There is currently no vaccine for Hepatitis C.

For More Information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

Genital Herpes – CDC Fact Sheet



You can get genital herpes even if your partner has no symptoms



Herpes is a common sexually transmitted disease (STD) that any sexually active person can get. Most people with the virus don't have symptoms. It is important to know that even without signs of the disease, it can still spread to sexual partners.



What is genital herpes?

Genital herpes is an STD caused by two types of viruses. The viruses are called herpes simplex type 1 and herpes simplex type 2.

How common is genital herpes?

Genital herpes is common in the United States. In the United States, about one out of every six people aged 14 to 49 years have genital herpes.

How is genital herpes spread?

You can get herpes by having oral, vaginal, or anal sex with someone who has the disease.

Fluids found in a herpes sore carry the virus, and contact with those fluids can cause infection. You can also get herpes from an infected sex partner who does not have a visible sore or who may not know he or she is infected because the virus can be released through your skin and spread the infection to your sex partner(s).

How can I reduce my risk of getting herpes?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting herpes:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex.

Herpes symptoms can occur in both male and female genital areas that are covered by a latex condom. However, outbreaks can also occur in areas that are not covered by a condom so condoms may not fully protect you from getting herpes.

I'm pregnant. How could genital herpes affect my baby?

If you are pregnant and have genital herpes, it is even more important for you to go to prenatal care visits. You need to tell your doctor if you have ever had symptoms of, been exposed to, or been diagnosed with genital herpes. Sometimes genital herpes infection can lead to miscarriage. It can also make it more likely for you to deliver your baby too early. Herpes infection can be passed from you to your unborn child and cause a potentially deadly infection (neonatal herpes). It is important that you avoid getting herpes during pregnancy.

If you are pregnant and have genital herpes, you may be offered herpes medicine towards the end of your pregnancy to reduce the risk of having any symptoms and passing the disease to your baby. At the time of delivery your doctor should carefully examine you for symptoms. If you have herpes symptoms at delivery, a 'C-section' is usually performed.

How do I know if I have genital herpes?

Most people who have herpes have no, or very mild symptoms. You may not notice mild symptoms or you may mistake them for another skin

condition, such as a pimple or ingrown hair. Because of this, most people who have herpes do not know it.

Genital herpes sores usually appear as one or more blisters on or around the genitals, rectum or mouth. The blisters break and leave painful sores that may take weeks to heal. These symptoms are sometimes called “having an outbreak.” The first time someone has an outbreak they may also have flu-like symptoms such as fever, body aches, or swollen glands.

Repeat outbreaks of genital herpes are common, especially during the first year after infection. Repeat outbreaks are usually shorter and less severe than the first outbreak. Although the infection can stay in the body for the rest of your life, the number of outbreaks tends to decrease over a period of years.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or, for women specifically, bleeding between periods.

How will my doctor know if I have herpes?

Often times, your healthcare provider can diagnose genital herpes by simply looking at your symptoms. Providers can also take a sample from the sore(s) and test it. Have an honest and open talk with your health care provider and ask whether you should be tested for herpes or other STDs.

Can herpes be cured?

There is no cure for herpes. However, there are medicines that can prevent or shorten outbreaks. One of these herpes medicines can be taken daily, and makes it less likely that you will pass the infection on to your sex partner(s).

What happens if I don't get treated?

Genital herpes can cause painful genital sores and can be severe in people with suppressed immune systems. If you touch your sores or the fluids from the sores, you may transfer herpes to another part of your body, such as your eyes. Do not touch the sores or fluids to avoid spreading herpes to another part of your body. If you touch the sores or fluids, immediately wash your hands thoroughly to help avoid spreading your infection.

Some people who get genital herpes have concerns about how it will impact their overall health, sex life, and relationships. It is best for you to talk to a health care provider about those concerns, but it also is important to recognize that while herpes is not curable, it can be managed. Since a genital herpes diagnosis may affect how you will feel about current or future sexual relationships, it is important to understand how to talk to sexual partners about STDs. You can find one resource here: GYT Campaign, <http://npin.cdc.gov/stdawareness/>

If you are pregnant, there can be problems for you and your unborn child. See “I’m pregnant. How could genital herpes affect my baby?” above for information about this.

Can I still have sex if I have herpes?

If you have herpes, you should tell your sex partner(s) and let him or her know that you do and the risk involved. Using condoms may help lower this risk but it will not get rid of the risk completely. Having sores or other symptoms of herpes can increase your risk of spreading the disease. Even if you do not have any symptoms, you can still infect your sex partners.

What is the link between genital herpes and HIV?

Genital herpes can cause sores or breaks in the skin or lining of the mouth, vagina, and rectum. The genital sores caused by herpes can bleed easily. When the sores come into contact with the mouth, vagina, or rectum during sex, they increase the risk of giving or getting HIV if you or your partner has HIV.



Where can I get more information?

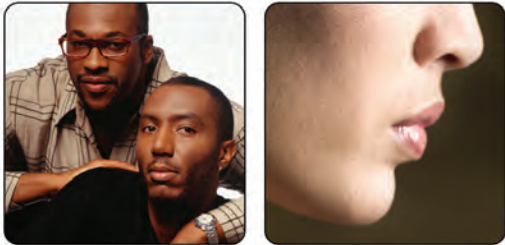
Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

Personal health inquiries and information about STDs:
CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Contact <https://wwwn.cdc.gov/dcs/ContactUs/Form>

Resources:
CDC National Prevention Information Network (NPIN)
<https://npin.cdc.gov/disease/stds>
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)
<http://www.ashasexualhealth.org/stdsstis/>
P.O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877

STDs and HIV – CDC Fact Sheet



People who have STDs are more likely to get HIV, when compared to people who do not have STDs.



Are some STDs associated with HIV?

Yes. In the United States, people who get syphilis, gonorrhea, and herpes often also have HIV, or are more likely to get HIV in the future.

Why does having an STD put me more at risk for getting HIV?

If you get an STD you are more likely to get HIV than someone who is STD-free. This is because the same behaviors and circumstances that may put you at risk for getting an STD can also put you at greater risk for getting HIV. In addition, having a sore or break in the skin from an STD may allow HIV to more easily enter your body.

What activities can put me at risk for both STDs and HIV?

- Having anal, vaginal, or oral sex without a condom;
- Having multiple sex partners;
- Having anonymous sex partners;
- Having sex while under the influence of drugs or alcohol can lower inhibitions and result in greater sexual risk-taking.

What can I do to prevent getting STDs and HIV?

The only way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting STDs and HIV:

- Choose less risky sexual behaviors.
- Use condoms consistently and correctly.
- Reduce the number of people with whom you have sex.
- Limit or eliminate drug and alcohol use before and during sex.
- Have an honest and open talk with your healthcare provider and ask whether you should be tested for STDs and HIV.
- Talk to your healthcare provider and find out if pre-exposure prophylaxis, or PrEP, is a good option for you to prevent HIV infection.

If I already have HIV, and then I get an STD, does that put my sex partner(s) at an increased risk for getting HIV?

It can. If you already have HIV, and then get another STD, it can put your HIV-negative partners at greater risk of getting HIV from you.

Your sex partners are less likely to get HIV from you if you

- Use antiretroviral therapy (ART). ART reduces the amount of virus (viral load) in your blood and body fluids. ART can keep you healthy for many years, and greatly reduce your chance of transmitting HIV to sex partners, if taken consistently.
- Choose less risky sexual behaviors.
- Use condoms consistently and correctly.

The risk of getting HIV may also be reduced if your partner takes pre-exposure prophylaxis, or PrEP, after discussing this option with his or her healthcare provider and determining whether it is appropriate.

Will treating STDs prevent me from getting HIV?

No. It's not enough.

If you get treated for an STD, this will help to prevent its complications, and prevent spreading STDs to your sex partners. Treatment for an STD other than HIV does not prevent the spread of HIV.

If you are diagnosed with an STD, talk to your doctor about ways to protect yourself and your partner(s) from getting reinfected with the same STD, or getting HIV.

Where can I get more information?

Sexually Transmitted Diseases
www.cdc.gov/std/

HIV/AIDS and STDs
www.cdc.gov/std/hiv/

PrEP
(pre-exposure prophylaxis)
www.cdc.gov/hiv/basics/prep.html

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)
TTY: (888) 232-6348
<https://www.cdc.gov/dcs/ContactUs/Form>

CDC National Prevention Information Network (NPIN)
npin.cdc.gov/disease/stds
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)
www.ashasexualhealth.org/stdsstis/

P. O. Box 13827
Research Triangle Park, NC
27709-3827
1-800-783-9877

Fast Facts

- People with HIV infection are disproportionately affected by viral hepatitis.
- About 80% of people with HIV who inject drugs also have hepatitis C virus (HCV).
- HIV coinfection more than triples the risk for liver disease, liver failure, and liver-related death from HCV.

Overview

Hepatitis means inflammation of the liver. This condition is most often caused by a virus. In the United States, the most common causes of viral hepatitis are hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV). HBV and HCV are common among people who are at risk for, or living with, HIV.

You can get some forms of viral hepatitis the same way you get HIV—through unprotected sexual contact and injection drug use. HAV, which causes a short-term but occasionally severe illness, is usually spread when the virus is ingested from contact with food, drinks, or objects (including injection drug equipment), contaminated by feces (or stool) of an infected person.

Coinfection

People with HIV infection are often affected by viral hepatitis; about one-third are coinfecting with either HBV or HCV, which can cause long-term illness and death. More people living with HIV have HCV than HBV. Viral hepatitis progresses faster and causes more liver-related health problems among people with HIV than among those who do not have HIV. Although drug therapy has extended the life expectancy of people with HIV, liver disease—much of which is related to HCV and HBV—has become the leading cause of non-AIDS-related deaths in this population.

People with HIV who are coinfecting with either HBV or HCV are at increased risk for serious, life-threatening complications. As a result, anyone living with HIV should be tested for HBV and HCV. Coinfection with hepatitis may also complicate the management of HIV infection. To prevent coinfection for those who are not already infected with HBV, the Advisory Committee on Immunization Practices recommends HAV and/or HBV vaccination of high-risk patients (including those who are gay, bisexual, and other men who have sex with men [MSM]^a; injection drug users;) with HIV infection or AIDS. Read more about the recommendation at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm?s_cid=rr5516a1_e.

The Numbers

- Of people with HIV in the United States, about 25% are coinfecting with HCV, and about 10% are coinfecting with HBV.
- About 80% of people with HIV who inject drugs also have HCV.
- HIV coinfection more than triples the risk for liver disease, liver failure, and liver-related death from HCV.
- About 20% of all new HBV infections and 10% of all new HAV infections in the United States are among MSM. In the United States, HCV is twice as prevalent among blacks as among whites.

Viral Hepatitis Transmission

People can be infected with the three most common types of hepatitis in these ways:

- **HAV:** Ingestion of contaminated fecal matter, even in tiny amounts, from close person-to-person contact with an infected person, sexual contact with an infected person, or contaminated food, drink, or objects, including injection equipment.
- **HBV:** Contact with infectious blood, semen, or other body fluids; sexual contact with an infected person; sharing of contaminated needles, syringes, or other injection drug equipment; and needlesticks or other sharp-instrument injuries. In addition, an infected woman can pass the virus to her newborn.
- **HCV:** Contact with blood of an infected person, primarily through sharing contaminated needles, syringes, or other injection drug equipment, and, less commonly, sexual contact with an infected person, birth to an infected mother, and needlesticks or other sharp-instrument injuries from an infected person.

^aThe term **men who have sex with men (MSM)** is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how men self-identify in terms of their sexuality.

- Chronic HCV is often “silent,” and many people can have the infection for decades without having symptoms or feeling sick. Compared with other age groups, people aged 46 to 64 are 4 to 5 times as likely to be infected with HCV.
- Any sexual activity with an infected person increases the risk of contracting hepatitis. In particular, unprotected anal sex increases the risk for both HBV and HIV among MSM, and direct anal-oral contact increases the risk for HAV.
- New data suggest that sexual transmission of HCV among MSM with HIV occurs more commonly than previously believed.

Viral Hepatitis Prevention

If you have HIV infection, you can lower your risk of contracting hepatitis and other bloodborne viruses by not sharing toothbrushes, razors, or other personal items that may come into contact with an infected person’s blood. Do not get tattoos or body piercings from an unlicensed facility or in an informal setting, which may use dirty needles or other instruments. Just as HIV-positive individuals would not want to engage in behaviors that would put them at risk for hepatitis, these same behaviors would also put others at risk for HIV.

- **HAV:** The best way to prevent HAV infection is to get vaccinated. The Centers for Disease Control and Prevention (CDC) recommends vaccination for HAV for people who are at risk for HIV infection, including MSM; users of recreational drugs, whether injected or not; and sex partners of infected people.
- **HBV:** The best way to prevent HBV infection is to get vaccinated. CDC recommends vaccination against HBV for people who have or are at risk for HIV infection, including MSM; people who inject drugs; sex partners of infected people; people with multiple sex partners; anyone with a sexually transmitted infection; and health care and public safety workers exposed to blood on the job.
- **HCV:** There is no vaccine for HCV. CDC estimates that people born during 1945 through 1965 account for nearly 75% of all HCV infections in the United States. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs if you currently do so by getting into and staying in a drug treatment program. If you continue injecting drugs, always use new, sterile syringes and never reuse or share syringes, needles, water, or other drug preparation equipment.

Testing and Treatment

Health care providers use blood tests to detect viral hepatitis in their patients. The virus can be detected even if a person has no symptoms. In the case of HBV, the test result can help determine if a person has been infected and, if not, whether he or she would benefit from vaccination. If an antibody test is positive for HCV, a follow-up test must be done to confirm current infection.

Treatment for viral hepatitis varies. There is no treatment for HAV infection, but almost all people who get HAV recover completely and do not have any lasting liver damage, although they may feel sick for months. Both chronic HBV and HCV can be treated with antiviral medications. For HBV, treatment can delay or limit the effects of liver damage. Many people infected with HCV experience clearance of the virus as a result of treatment. Newly approved treatments are shorter, have fewer side effects, and may be more effective.

Coinfection with viral hepatitis may also complicate the treatment and management of HIV infection. Because viral hepatitis infection is often serious in people with HIV infection and may lead to liver damage more quickly, CDC recommends that all people with HIV infection be tested for HBV and HCV, CDC also recommends that everyone born during 1945-1965 should be tested at least once for HCV.

HIV/HBV and HIV/HCV coinfections can be effectively treated in many people, but treatment is complex, and people with coinfection should look for health care providers with expertise in the management of both HIV infection and viral hepatitis.

A 5-minute online **Hepatitis Risk Assessment** tool at www.cdc.gov/hepatitis/riskassessment allows people to answer questions privately, in either their home or a health care setting, and get tailored recommendations based on CDC’s guidelines to discuss with their doctor. This tool can also determine viral hepatitis testing and vaccination recommendations.

Additional Resources

CDC-INFO

1-800-CDC-INFO (232-4636)

www.cdc.gov/info

Get answers to questions and find HIV testing sites.

CDC HIV Website

www.cdc.gov/hiv

National HIV and STD Testing Resources

<http://hivtest.cdc.gov>

CDC National Prevention Information Network (NPIN)

1-800-458-5231

www.cdcnpin.org

Technical assistance and resources.

Act Against AIDS

www.cdc.gov/actagainstaids

AIDSinfo

1-800-448-0440

www.aidsinfo.nih.gov

Treatment and clinical trials.

AIDS.gov

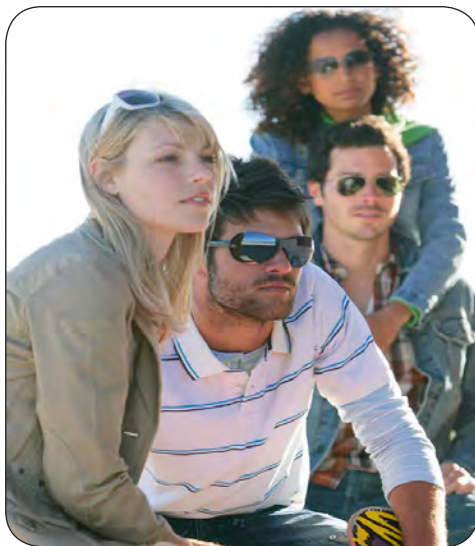
www.aids.gov

Comprehensive government HIV resources.

Genital HPV Infection – CDC Fact Sheet



Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. Some health effects caused by HPV can be prevented with vaccines.



What is HPV?

HPV is the most common sexually transmitted infection (STI). HPV is a different virus than HIV and HSV (herpes). HPV is so common that nearly all sexually active men and women get it at some point in their lives. There are many different types of HPV. Some types can cause health problems including genital warts and cancers. But there are vaccines that can stop these health problems from happening.

How is HPV spread?

You can get HPV by having oral, vaginal, or anal sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV can be passed even when an infected person has no signs or symptoms.

Anyone who is sexually active can get HPV, even if you have had sex with only one person. You also can develop symptoms years after you have sex with someone who is infected making it hard to know when you first became infected.

Does HPV cause health problems?

In most cases, HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems like genital warts and cancer.

Genital warts usually appear as a small bump or group of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower. A healthcare provider can usually diagnose warts by looking at the genital area.

Does HPV cause cancer?

HPV can cause cervical and other cancers including cancer of the vulva, vagina, penis, or anus. It can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer).

Cancer often takes years, even decades, to develop after a person gets HPV. The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.

There is no way to know which people who have HPV will develop cancer or other health problems. People with weak immune systems may be less able to fight off HPV and more likely to develop health problems from it, this includes people with HIV/AIDS.

How can I avoid HPV and the health problems it can cause?

You can do several things to lower your chances of getting HPV.

Get vaccinated. HPV vaccines are safe and effective. They can protect males and females against diseases (including cancers) caused by HPV when given in the recommended age groups (see “Who should get vaccinated?” below). HPV vaccines are given in three shots over six months; it is important to get all three doses.

Get screened for cervical cancer. Routine screening for women aged 21 to 65 years old can prevent cervical cancer.

If you are sexually active

- Use latex condoms the right way every time you have sex. This can lower your chances of getting HPV. But HPV can infect areas that are

not covered by a condom - so condoms may not give full protection against getting HPV;

- Be in a mutually monogamous relationship – or have sex only with someone who only has sex with you.

Who should get vaccinated?

All boys and girls ages 11 or 12 years should get vaccinated.

Catch-up vaccines are recommended for males through age 21 and for females through age 26, if they did not get vaccinated when they were younger.

The vaccine is also recommended for gay and bisexual men (or any man who has sex with a man) through age 26. It is also recommended for men and women with compromised immune systems (including people living with HIV/AIDS) through age 26, if they did not get fully vaccinated when they were younger.

How do I know if I have HPV?

There is no test to find out a person's "HPV status." Also, there is no approved HPV test to find HPV in the mouth or throat.

There are HPV tests that can be used to screen for cervical cancer. These tests are recommended for screening only in women aged 30 years and older. They are not recommended to screen men, adolescents, or women under the age of 30 years.

Most people with HPV do not know they are infected and never develop symptoms or health problems from it. Some people find out they have HPV when they get genital warts. Women may find out they have HPV when they get an abnormal Pap test result (during cervical cancer screening). Others may only find out once they've developed more serious problems from HPV, such as cancers.

How common is HPV and the health problems caused by HPV?

HPV (the virus): About 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that most sexually-active men and women will get at least one type of HPV at some point in their lives.

Health problems related to HPV include genital warts and cervical cancer.

Genital warts: About 360,000 people in the United States get genital warts each year.

Cervical cancer: More than 11,000 women in the United States get cervical cancer each year.

There are other conditions and cancers caused by HPV that occur in persons living in the United States.

I'm pregnant. Will having HPV affect my pregnancy?

If you are pregnant and have HPV, you can get genital warts or develop abnormal cell changes on your cervix. Abnormal cell changes can be found with routine cervical cancer screening. You should get routine cervical cancer screening even when you are pregnant.

Can I be treated for HPV or health problems caused by HPV?

There is no treatment for the virus itself. However, there are treatments for the health problems that HPV can cause:

1. Genital warts can be treated by you or your physician. If left untreated, genital warts may go away, stay the same, or grow in size or number.
2. Cervical precancer can be treated. Women who get routine Pap tests and follow up as needed can identify problems before cancer develops. Prevention is always better than treatment. For more information visit www.cancer.org.
3. Other HPV-related cancers are also more treatable when diagnosed and treated early. For more information visit www.cancer.org.

Where can I get more information?

STD information

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

HPV Information

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

HPV Vaccination

<http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Cancer Information

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

Cervical Cancer Screening

http://www.cdc.gov/cancer/cervical/basic_info/screening.htm

CDC's National Breast and Cervical Cancer Early Detection Program

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

CDC-INFO Contact Center

1-800-CDC-INFO

(1-800-232-4636) Contact

<https://www.cdc.gov/dcs/ContactUs/Form>

CDC National Prevention Information Network (NPIN)

<https://npin.cdc.gov/disease/stds>

P.O. Box 6003

Rockville, MD 20849-6003

E-mail: npin-info@cdc.gov

National HPV and Cervical Cancer Prevention Resource Center

American Sexual Health Association (ASHA)

<http://www.ashasexualhealth.org/stdstis/hpv/>

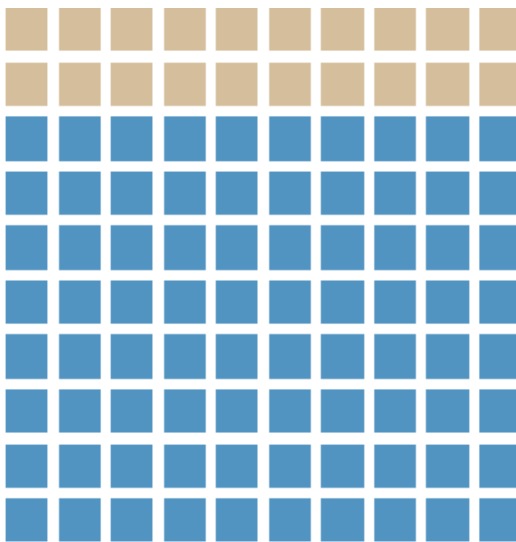
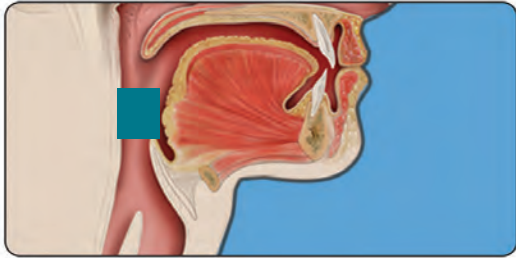
P.O. Box 13827

Research Triangle Park,

NC 27709-3827

1-800-783-9877

Human Papillomavirus (HPV) and Oropharyngeal Cancer – CDC



80%

of sexually active people ages 14-44 have had oral sex with an opposite sex partner

Human papillomavirus (HPV) can cause serious health problems, including genital warts and certain cancers. However, in most cases HPV goes away on its own before causing any health problems.

What is genital HPV?

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI) in the U.S. Most types of HPV are not harmful to people. There are more than 40 types of HPV that can infect the genital areas as well as the mouth and throat. Most people who become infected with HPV do not know that they are infected.

What is oral HPV?

The same types of HPV that infect the genital areas can infect the mouth and throat. HPV found in the mouth and throat is called “oral HPV.” Some types of oral HPV (known as “high risk types”) can cause cancers of the head and neck area. Other types of oral HPV (known as “low risk types”) can cause warts in the mouth or throat. In most cases, HPV infections of all types go away before they cause any health problems.

What head and neck cancers can be caused by HPV?

HPV can cause cancers in the back of the throat, most commonly in the base of the tongue and tonsils, in an area known as the “oropharynx.” These cancers are called “oropharyngeal cancers.”

How does HPV cause cancer?

HPV can cause normal cells in infected skin to turn abnormal. Most of the time, you cannot see or feel these cell changes. In most cases, the body fights off the HPV infection naturally and infected cells then go back to normal. But in cases when the body does not fight off this virus, HPV can cause visible changes and certain types of HPV can cause an oropharyngeal cancer. Cancer caused by HPV often takes years to develop after initially getting an HPV infection. It is unclear if having HPV alone is sufficient to cause oropharyngeal cancers, or if other factors (such as smoking or chewing tobacco) interact with HPV to cause these cancers. More research is needed to understand all the factors leading to oropharyngeal cancers.

What are the signs and symptoms of oropharyngeal cancer?

Signs and symptoms may include persistent sore throat, earaches, hoarseness, enlarged lymph nodes, pain when swallowing, and unexplained weight loss. Some persons have no signs or symptoms.

How common is oral HPV?

Studies in the U.S. have found that about 7% of people have oral HPV. But only 1% of people have the type of oral HPV that is found in oropharyngeal cancers (HPV type 16). Oral HPV is about three times more common in men than in women.

How common are cancers of the oropharynx?

Each year, in the U.S., about 9,000 people are diagnosed with cancers of the oropharynx that may be caused by HPV. Cancers of the oropharynx are about four times more common in men than women.

How do people get oral HPV?

Only a few studies have looked at how people get oral HPV, and some of these studies show conflicting results. Some studies suggest that oral HPV may be passed on during oral sex (from mouth-to-genital or mouth-to-anus contact) or open-mouthed (“French”) kissing, others have not. The likelihood of getting HPV from kissing or having oral sex with someone who has HPV is not known. We do know that partners who have been together a long time tend to share genital HPV—meaning they both may have it. More research is needed to understand exactly how people get and give oral HPV infections.

How can I lower my risk of giving or getting oral HPV?

At this time no studies have explored how oral HPV can be prevented. However, it is likely that condoms and dental dams, when used consistently and correctly, will lower the chances of giving or getting oral HPV during oral sex, since they serve as barriers, and can stop the transmission of HPV from person to person. More research is needed to understand how oral HPV is passed on, how it can be prevented, and who is most likely to develop health problems from an oral HPV infection.

Is there a test for me to find out if I have oral HPV?

There is no FDA-approved test to diagnose HPV in the mouth or throat. Medical and dental organizations do not recommend screening for oral HPV. More research is needed to find out if screening for oropharyngeal cancers will have health benefits. Talk to your dentist about any symptoms that could suggest early signs of oropharyngeal cancer.

Can HPV vaccines prevent oral HPV and oropharyngeal cancers?

HPV vaccines that are now on the market were developed to prevent cervical and other less common genital cancers. It is possible that HPV vaccines might also prevent oropharyngeal cancers, since the vaccines prevent an initial infection with HPV types that can cause oropharyngeal cancers, but studies have not yet been done to determine if HPV vaccines will prevent oropharyngeal cancers.

Where can I get more information?

STD information
<http://www.cdc.gov/std/>

HPV Information
<http://www.cdc.gov/hpv/>

HPV Vaccination
<http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Cancer Information
<http://www.cdc.gov/cancer/>

Cervical Cancer Screening
http://www.cdc.gov/cancer/cervical/basic_info/screening.htm

CDC’s National Breast and Cervical Cancer Early Detection Program
<http://www.cdc.gov/cancer/nbccedp/>

CDC National Prevention Information Network (NPIN)
<https://npin.cdc.gov/disease/stds>

P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

National HPV and Cervical Cancer Prevention Resource Center
American Sexual Health Association (ASHA)
<http://www.ashasexualhealth.org/stdsstis/hpv/>

P. O. Box 13827
Research Triangle Park, NC
27709-3827
1-800-783-9877

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
TTY: (888) 232-6348
Contact CDC-INFO
<https://www.cdc.gov/dcs/ContactUs/Form>

HPV and Men - CDC Fact Sheet



Nearly all sexually active people will get human papillomavirus (HPV) at some time in their life. Although most HPV infections go away on their own without causing problems, HPV can cause men to develop genital warts, or some kinds of cancer. Getting vaccinated against HPV can help prevent these health problems.

What is human papillomavirus (HPV)?

HPV is the most common sexually transmitted infection. HPV is a viral infection that can be spread from one person to another person through anal, vaginal, or oral sex, or through other close skin-to-skin touching during sexual activity. If you are sexually active you can get HPV, and nearly all sexually active people get infected with HPV at some point in their lives. It is important to understand that getting HPV is not the same thing as getting HIV or HSV (herpes).

How do men get HPV?

You can get HPV by having sex with someone who is infected with HPV. This disease is spread easily during anal or vaginal sex, and it can also be spread through oral sex or other close skin-to-skin touching during sex. HPV can be spread even when an infected person has no visible signs or symptoms.

Will HPV cause health problems for me?

Most of the time HPV infections completely go away and don't cause any health problems. However, if an infection does not go away on its own, it is possible to develop HPV symptoms months or years after getting infected. This makes it hard to know exactly when you became infected. Lasting HPV infection can cause genital warts or certain kinds of cancer. It is not known why some people develop health problems from HPV and others do not.

What are the symptoms of HPV?

Most men who get HPV never develop symptoms and the infection usually goes away completely by itself. However, if HPV does not go away, it can cause genital warts or certain kinds of cancer.

See your healthcare provider if you have questions about anything new or unusual such as warts, or unusual growths, lumps, or sores on your penis, scrotum, anus, mouth, or throat.

What are the symptoms of genital warts?

Genital warts usually appear as a small bump or group of bumps in the genital area around the penis or the anus. These warts might be small or large, raised or flat, or shaped like a cauliflower. The warts may go away, or stay the same, or grow in size or number. Usually, a healthcare provider can diagnose genital warts simply by looking at them. Genital warts can come back, even after treatment. The types of HPV that cause warts do not cause cancer.

Can HPV cause cancer?

Yes. HPV infection isn't cancer but can cause changes in the body that lead to cancer. HPV infections usually go away by themselves but having an HPV infection can cause certain kinds of cancer to develop. These include cervical cancer in women, penile cancer in men, and anal cancer in both women and men. HPV can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer). All of these cancers are caused by HPV infections that did not go away. Cancer develops very slowly and may not be diagnosed until years, or even decades, after a person initially gets infected with HPV. Currently, there is no way to know who will have only a temporary HPV infection, and who will develop cancer after getting HPV.

How common are HPV-related cancers in men?

Although HPV is the most common sexually transmitted infection, HPV-related cancers are not common in men.

Certain men are more likely to develop HPV-related cancers:

- Men with weak immune systems (including those with HIV) who get infected with HPV are more likely to develop HPV-related health problems.
- Men who receive anal sex are more likely to get anal HPV and develop anal cancer.

Can I get tested for HPV?

No, there is currently no approved test for HPV in men.

Routine testing (also called 'screening') to check for HPV or HPV-related disease before there are signs or symptom, is not recommended by the CDC for anal, penile, or throat cancers in men in the United States. However, some healthcare providers do offer anal Pap tests to men who may be at increased risk for anal cancer, including men with HIV or men who receive anal sex. If you have symptoms and are concerned about cancer, please see a healthcare provider.

Can I get treated for HPV or health problems caused by HPV?

There is no specific treatment for HPV, but there are treatments for health problems caused by HPV. Genital warts can be treated by your healthcare provider, or with prescription medication. HPV-related cancers are more treatable when diagnosed and treated promptly. For more information, visit www.cancer.org.

How can I lower my chance of getting HPV?

There are two steps you can take to lower your chances of getting HPV and HPV-related diseases:

- *Get vaccinated.* HPV vaccines are safe and effective. They can protect men against warts and certain cancers caused by HPV. Ideally, you should get vaccinated before ever having sex (see below for the recommended age groups). HPV vaccines are given in a series of three shots over a period of about six months.
- *Use condoms the correct way every time you have sex.* This can lower your chances of getting all STIs, including HPV. However, HPV can infect areas that are not covered by a condom, so condoms may not give full protection against getting HPV.

Can I get an HPV vaccine?

In the United States, HPV vaccines are recommended for the following men:

- All boys at age 11 or 12 years (or as young as 9 years).
- Older boys through age 21 years, if they did not get vaccinated when they were younger.
- Gay, bisexual, and other men who have sex with men through age 26 years, if they did not get vaccinated when they were younger.
- Men with HIV or weakened immune systems through age 26 years, if they did not get vaccinated when they were younger.

What does having HPV mean for me or my sex partner's health?

See a healthcare provider if you have questions about anything new or unusual (such as warts, growths, lumps, or sores) on your own or your partner's penis, scrotum, anus, mouth or throat. Even if you are healthy, you and your sex partner(s) may also want to get checked by a healthcare provider for other STIs.

If you or your partner have genital warts, you should avoid having sex until the warts are gone or removed. However, it is not known how long a person is able to spread HPV after warts are gone.

What does HPV mean for my relationship?

HPV infections are usually temporary. A person may have had HPV for many years before it causes health problems. If you or your partner are diagnosed with an HPV-related disease, there is no way to know how long you have had HPV, whether your partner gave you HPV, or whether you gave HPV to your partner. HPV is not necessarily a sign that one of you is having sex outside of your relationship. It is important that sex partners discuss their sexual health, and risk for all STIs, with each other.

Where can I get more information?

STD information
www.cdc.gov/std/

HPV Information
www.cdc.gov/std/hpv/

Gay and Bisexual Men's Health
www.cdc.gov/msmhealth/

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)
TTY: (888) 232-6348 Contact:
<https://wwwn.cdc.gov/dcs/ContactUs/Form>

CDC National Prevention Information Network (NPIN)
<https://npin.cdc.gov/disease/stds>
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)
www.ashasexualhealth.org/stdsstis/
P. O. Box 13827
Research Triangle Park, NC
27709-3827
1-800-783-9877

Syphilis - CDC Fact Sheet



Syphilis is a sexually transmitted disease (STD) that can have very serious complications when left untreated, but it is simple to cure with the right treatment.



What is syphilis?

Syphilis is an STD that can cause long-term complications if not treated correctly. Symptoms in adults are divided into stages. These stages are primary, secondary, latent, and late syphilis.

How is syphilis spread?

You can get syphilis by direct contact with a syphilis sore during anal, vaginal, or oral sex. Sores can be found on the penis, vagina, anus, in the rectum, or on the lips and in the mouth. Syphilis can also be spread from an infected mother to her unborn baby.

What does syphilis look like?

Syphilis has been called 'the great imitator' because it has so many possible symptoms, many of which look like symptoms from other diseases. The painless syphilis sore that you would get after you are first infected can be confused for an ingrown hair, zipper cut, or other seemingly harmless bump. The non-itchy body rash that develops during the second stage of syphilis can show up on the palms of your hands and soles of your feet, all over your body, or in just a few places. Syphilis can also affect the eye and can lead to permanent blindness. This is called ocular syphilis. You could also be infected with syphilis and have very mild symptoms or none at all.

How can I reduce my risk of getting syphilis?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting syphilis:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results; and
- Using latex condoms the right way every time you have sex.



Example of a primary syphilis sore.

Washing your genitals, urinating, or douching after sex will not protect you from getting syphilis.

Am I at risk for syphilis?

Any sexually active person can get syphilis through unprotected anal, vaginal, or oral sex. Have an honest and open talk with your health care provider and ask whether you should be tested for syphilis or other STDs. You should get tested regularly for syphilis if you are pregnant, are a man who has sex with men, have HIV infection, and/or have partner(s) who have tested positive for syphilis.

I'm pregnant. How does syphilis affect my baby?

If you are pregnant and have syphilis, you can give the infection to your unborn baby. Having syphilis can lead to a low birth weight baby. It can also make it more likely you will deliver your baby too early or stillborn (a baby born dead).

To protect your baby, **you should be tested for syphilis during your pregnancy and at delivery and receive immediate treatment if you test positive.**

An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die.

How do I know if I have syphilis?

Symptoms of syphilis in adults can be divided into stages:

Primary Stage

During the first (primary) stage of syphilis, you may notice a single sore, but there may be multiple sores. The sore is the location where syphilis entered your body. The sore is usually firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore lasts 3 to 6 weeks and heals regardless of whether or not you receive treatment. Even though the sore goes away, you must still receive treatment so your infection does not move to the secondary stage.



Secondary rash from syphilis on palms of hands.

Secondary Stage

During the secondary stage, you may have skin rashes and/or sores in your mouth, vagina, or anus (also called mucous membrane lesions). This stage usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of your hands and/or the bottoms of your feet. The rash usually won't itch and it is sometimes so faint that you won't notice it. Other symptoms you may have can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired). The symptoms from this stage will go away whether or not you receive treatment. Without the right treatment, your infection will move to the latent and possibly late stages of syphilis.

Latent and Late Stages

The latent stage of syphilis begins when all of the symptoms you had earlier disappear. If you do not receive treatment, you can continue to have syphilis in your body for years without any signs or symptoms. Most people with untreated syphilis do not develop late stage syphilis. However, when it does happen it is very serious and would occur 10–30 years after your infection began. Symptoms of the late stage of syphilis include difficulty coordinating your muscle movements, paralysis (not able to move certain parts of your body), numbness, blindness, and dementia (mental disorder). In the late stages of syphilis, the disease damages your internal organs and can result in death.



Secondary rash from syphilis on torso

A syphilis infection is called an 'early' case if a patient has been infected for a year or less, such as during the primary or secondary stages of syphilis. People who have 'early' syphilis infections can more easily spread the infection to their sex partners. The majority of early syphilis cases are currently found among men who have sex with men, but women and unborn children are also at risk of infection.

How will my doctor know if I have syphilis?

Most of the time, a blood test can be used to test for syphilis. Some health care providers will diagnose syphilis by testing fluid from a syphilis sore.



Darkfield micrograph of *Treponema pallidum*

Can syphilis be cured?

Yes, syphilis can be cured with the right antibiotics from your health care provider. However, treatment will not undo any damage that the infection has already done.

I've been treated. Can I get syphilis again?

Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be re-infected. Only laboratory tests can confirm whether you have syphilis. Follow-up testing by your health care provider is recommended to make sure that your treatment was successful.

Because syphilis sores can be hidden in the vagina, anus, under the foreskin of the penis, or in the mouth, it may not be obvious that a sex partner has syphilis. Unless you know that your sex partner(s) has been tested and treated, you may be at risk of getting syphilis again from an untreated sex partner.

Where can I get more information?

Sexually Transmitted Diseases

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

Syphilis

<http://www.cdc.gov/std/syphilis/>

Syphilis and MSM Fact Sheet

<http://www.cdc.gov/std/syphilis/STDFact-MSM-Syphilis.htm>

STDs and Pregnancy Fact Sheet

<http://www.cdc.gov/std/pregnancy/STDFact-Pregnancy.htm>

STD information and referrals to STD Clinics

CDC-INFO Contact Center

1-800-CDC-INFO (1-800-232-4636)

Contact [https://www.cdc.gov/](https://www.cdc.gov/dcs/ContactUs/Form)

[dcs/ContactUs/Form](https://www.cdc.gov/dcs/ContactUs/Form)

Syphilis & MSM (Men Who Have Sex With Men) - CDC Fact Sheet



Once nearly eliminated in the U.S., syphilis is increasing, especially among gay, bisexual, and other men who have sex with men (MSM).

What is syphilis?

Syphilis is a sexually-transmitted disease (STD) caused by a specific type of bacteria. If not treated promptly and correctly syphilis can cause long-term complications. Symptoms of syphilis in adults are divided into stages. The terms used for these stages are primary, secondary, latent, and late syphilis.

Should I be concerned about syphilis?

Syphilis continues to increase among gay, bisexual, and other men who have sex with men. Recent outbreaks among MSM have been marked by high rates of HIV coinfection and high-risk sexual behaviors (such as sex without a condom, new or multiple partners, and substance abuse). Cases of ocular syphilis have also been reported among MSM. Ocular syphilis occurs when syphilis affects the eye and can lead to permanent blindness. While the health problems caused by syphilis in adults are serious, it is also known that the genital sores caused by syphilis in adults also make it easier to get and give HIV infection sexually.

How could I get syphilis?

Any sexually-active person can get syphilis. Syphilis is passed from person to person through direct contact with a syphilis sore. In men, sores occur mainly on the external genitals, the anus, or in the rectum. Sores also can occur on the lips and in the mouth. As a gay or bisexual man, you should know that you can get infected with syphilis during anal or oral sex, as well as vaginal sex. Sometimes sores can occur in areas not covered by a condom, so you could still get syphilis from contact with these sores, even if you are wearing a condom. You cannot get syphilis through casual contact with objects such as toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.

What does syphilis look like?

Syphilis has been called 'the great imitator' because it has so many possible symptoms, many of which look like symptoms from other diseases. The painless syphilis sore that you would get after you are first infected can be confused for an ingrown hair, zipper cut, or other seemingly harmless bump. This is a symptom of the primary stage of syphilis. The non-itchy body rash that develops during the secondary stage of syphilis can show up on the palms of your hands and soles of your feet, all over your body, or in just a few places. You could also be infected with syphilis and have very mild symptoms, or no symptoms at all.

A detailed description of each stage of syphilis can be found on CDC's syphilis fact sheet <http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>.

How common is syphilis among MSM?

Between 2013 and 2014, the number of reported primary and secondary (P&S) cases increased by 15%. Most cases are among MSM. In 2014, 83% of the reported male P&S syphilis cases where sex of sex partner was known were among gay, bisexual, and other men who have sex with men.

How can I reduce my risk of getting syphilis?

The only way to avoid getting syphilis or other STDs is to not have anal, oral, or vaginal sex.

If you are sexually active, doing the following things will lower your chances of getting syphilis:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results.
- Using latex condoms the right way every time you have sex. Condoms prevent the spread of syphilis by preventing contact with a sore. Sometimes sores can occur in areas not covered by a condom, so you could still get syphilis from contact with these sores, even if you are wearing a condom.

How do I know if I have syphilis?

The only way to know is by getting tested. Many men who are infected with syphilis do not have any symptoms for years, yet they remain at risk for health problems later on if they are not treated. Additionally, the painless sores that show up during the early stages of a syphilis infection often go unrecognized by the person who has them. Individuals who are unaware of their infection may be spreading it to their sex partners.

How will my doctor know if I have syphilis?

Have an honest and open talk with your healthcare provider about your sexual history and ask whether you should be tested for syphilis or other STDs. Your doctor can do a blood test to determine if you have syphilis. Sometimes, healthcare providers will diagnose syphilis by testing fluid from a syphilis sore. If you are a man who has sex with men, has HIV infection, and/or has partner(s) who have tested positive for HIV, you should get tested regularly for syphilis.

What is the link between syphilis and HIV?

In the United States, people who get syphilis often also have HIV, or are more likely to get HIV in the future. This is because having a sore or break in the skin from an STD such as syphilis may allow HIV to more easily enter your body. You may also be more likely to get HIV because the same behaviors and circumstances that put you at risk for getting other STDs can also put you at greater risk for getting HIV.

Can syphilis be cured?

Yes, syphilis can be cured with the right medicine from your healthcare provider. However, treatment might not undo damage that the infection has already done.

I've been treated. Can I get syphilis again?

Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be reinfected. Only laboratory tests can confirm whether you have syphilis. Follow-up testing by your healthcare provider is recommended to make sure that your treatment was successful.

Because syphilis sores can be hidden in the vagina, anus, under the foreskin of the penis, or in the mouth, it may not be obvious that a sex partner has syphilis. Unless you know that all of your sex partner(s) have been tested and treated, you may be at risk of getting syphilis again from an untreated partner.

Where can I get more information?

Sexually Transmitted Diseases Home Page

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

Syphilis Topic Page

<http://www.cdc.gov/std/syphilis/default.htm>

Syphilis Fact Sheet

<http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>

CDC-INFO

1-800-CDC-INFO

(1-800-232-4636)

TTY: (888) 232-6348

In English, en Español

Resources:

CDC National Prevention Information Network (NPIN)

<https://npin.cdc.gov/disease/stds>

P.O. Box 6003

Rockville, MD 20849-6003

E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)

www.ashasexualhealth.org/stdsstis/

P. O. Box 13827

Research Triangle Park, NC

27709-3827

1-800-783-9877

Congenital Syphilis - CDC Fact Sheet



Recently, there has been a sharp increase in the number of babies born with syphilis in the United States. Protect your baby from congenital syphilis by getting tested for syphilis during your pregnancy.

What is congenital syphilis (CS)?

Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy. Learn more about syphilis (www.cdc.gov/std/syphilis/stdfact-syphilis.htm).

How can CS affect my baby?

CS can have major health impacts on your baby. How CS affects your baby's health depends on how long you had syphilis and if — or when — you got treatment for the infection.

CS can cause:

- Miscarriage (losing the baby during pregnancy),
- Stillbirth (a baby born dead), or
- Death shortly after birth.

Up to 40% of babies born to women with untreated syphilis may be stillborn, or die from the infection as a newborn.

Babies born with CS can have:

- Deformed bones,
- Severe anemia (low blood count),
- Enlarged liver and spleen,
- •aundice (yellowing of the skin or eyes),
- Nerve problems, like blindness or deafness,
- Meningitis, and
- Skin rashes.

Do all babies born with CS have signs or symptoms?

No. It is possible that a baby with CS won't have any symptoms at birth. But without treatment, the baby may develop serious problems. Usually, these health problems develop in the first few weeks after birth, but they can also happen years later.

Babies who do not get treatment for CS and develop symptoms later on can die from the infection. They may also be developmentally delayed or have seizures.

How common is CS?

After a steady decline from 2008–2012, data show a sharp increase in CS rates. In 2014, the number of CS cases was the highest it's been since 2001.

Public health professionals across the country are very concerned about the growing number of congenital syphilis cases in the United States. That's why it's so important to make sure you get tested for syphilis during your pregnancy.

I'm pregnant. Do I need to get tested for syphilis?

Yes. All pregnant women should be tested for syphilis at the first prenatal visit (the first time you see your doctor for health care during pregnancy). If you don't get tested at your first visit, make sure to ask your doctor about getting tested during a future checkup.

Keep in mind that you can have syphilis and not know it. Symptoms of syphilis may be very mild, or be similar to signs of other health problems. The only way to know for sure if you have syphilis is to get tested.

Is there treatment for syphilis?

Yes. Doctors can treat pregnant women who have syphilis with antibiotics. If you test positive for syphilis during pregnancy, be sure to get treatment right away.

If you are diagnosed with and treated for syphilis, your doctor should do follow-up testing for at least one year to make sure that your treatment is working. Ask your doctor about the number of syphilis cases in your area to determine if you need to get tested again at the beginning of the third trimester, and again when your baby is born.

How will my doctor know if my baby has CS?

Your doctor must consider several factors to determine if your baby has CS. These factors will include the results of your syphilis blood test and, if you were diagnosed with syphilis, whether you received treatment for syphilis during your pregnancy. Your doctor may also want to test your baby's blood, perform a physical exam of your baby, or do other tests, such as a spinal tap or an x-ray, to determine if your baby has CS.

CDC has specific recommendations for your healthcare provider (www.cdc.gov/std/tg2015/congenital.htm) on how to evaluate babies born to women who have positive syphilis tests during pregnancy.

My baby was born with CS. Is there a way to treat the infection?

Yes. There is treatment for CS. Babies who have CS need to be treated right away -- or they can develop serious health problems. Depending on the type of CS infection your baby has, it may receive antibiotics in a hospital for 10 days, or, in some cases, the infection can be cured with one injection of antibiotic.

It's also important that babies treated for CS get follow-up care to make sure that the treatment worked.

How can I reduce the risk of my baby getting CS or having health problems associated with CS?

Your baby will not get CS if you do not have syphilis. There are two important things you can do to protect your baby from getting CS and the health problems associated with the infection:

- Get a syphilis test at your first prenatal visit.
- Reduce your risk of getting syphilis before and during your pregnancy.

Talk with your doctor about your risk for syphilis. Have an open and honest conversation about your sexual history and STD testing. Your doctor can give you the best advice on any testing and treatment that you may need.

Get a syphilis test at your first prenatal visit

If you are pregnant, and infected with syphilis, you can still reduce your risk of CS complications in your unborn baby. Getting tested, and treated, for syphilis can prevent serious health complications that may otherwise result in infection to both mother and baby.

Prenatal care is essential to the overall health and wellness of you and your unborn child. The sooner you begin receiving medical care during pregnancy, the better the health outcomes will be for you and your unborn baby.

At your first prenatal visit, ask your doctor about getting tested for syphilis. It is important that you have an open and honest conversation with your doctor at this time. Discuss any new or unusual physical symptoms you may be experiencing, as well as any drugs you are using, and whether you have new or multiple sex partners. This information will allow your doctor to make the appropriate testing recommendations. Even if you have been tested for syphilis in the past, you should be tested again when you become pregnant.

If you test positive for syphilis, you will need to be treated right away. Do not wait for your next prenatal visit. It is also important that your sex partner(s) receive treatment. In addition, having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be reinfected. For this reason you must continue to take actions that will reduce your risk of getting a new infection.

Reduce your risk of getting syphilis before and during your pregnancy

Preventing syphilis in women and their sex partners is the best way to prevent CS.

If you are sexually active, you can do the following things to lower your chances of getting syphilis:

- Get into a long-term mutually monogamous relationship with a partner who has been tested and has received negative syphilis test results.
- Using latex condoms the right way every time you have sex. Although condoms can prevent transmission of syphilis by preventing contact with a sore, you should know that sometimes syphilis sores occur in areas not covered by a condom, and contact with these sores can still transmit syphilis.

Also, talk with your doctor about your risk for syphilis. Have an open and honest conversation with your doctor about your sexual history and about STD testing. Your doctor can give you the best advice on any testing and treatment that you may need.

Remember that it's possible to be infected with syphilis and not know it, because sometimes the infection causes only very mild symptoms, or symptoms that mimic other illnesses.

Where can I get more information?

STD information and referrals to STD Clinics

CDC-INFO

1-800-CDC-INFO

(1-800-232-4636)

TTY: 1-888-232-6348

In English, en Español

Email CDC-INFO

<https://wwwn.cdc.gov/dcs/>

Resources:

CDC National Prevention Information Network (NPIN)

<https://npin.cdc.gov/disease/stds>

P.O. Box 6003

Rockville, MD 20849-6003

E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)

www.ashasexualhealth.org/stdsstis/

P. O. Box 13827

Research Triangle Park, NC

27709-3827

1-800-783-9877

Trichomoniasis - CDC Fact Sheet



What is trichomoniasis?

Trichomoniasis (or “trich”) is a very common sexually transmitted disease (STD) that is caused by infection with a protozoan parasite called *Trichomonas vaginalis*. Although symptoms of the disease vary, most women and men who have the parasite cannot tell they are infected.



How common is trichomoniasis?

Trichomoniasis is considered the most common curable STD. In the United States, an estimated 3.7 million people have the infection, but only about 30% develop any symptoms of trichomoniasis. Infection is more common in women than in men, and older women are more likely than younger women to have been infected.

How do people get trichomoniasis?

The parasite is passed from an infected person to an uninfected person during sex. In women, the most commonly infected part of the body is the lower genital tract (vulva, vagina, or urethra), and in men, the most commonly infected body part is the inside of the penis (urethra). During sex, the parasite is usually transmitted from a penis to a vagina, or from a vagina to a penis, but it can also be passed from a vagina to another vagina. It is not common for the parasite to infect other body parts, like the hands, mouth, or anus. It is unclear why some people with the infection get symptoms while others do not, but it probably depends on factors like the person’s age and overall health. Infected people without symptoms can still pass the infection on to others.

What are the signs and symptoms of trichomoniasis?

About 70% of infected people do not have any signs or symptoms. When trichomoniasis does cause symptoms, they can range from mild irritation to severe inflammation. Some people with symptoms get them within 5 to 28 days after being infected, but others do not develop symptoms until much later. Symptoms can come and go.

Men with trichomoniasis may feel itching or irritation inside the penis, burning after urination or ejaculation, or some discharge from the penis.

Women with trichomoniasis may notice itching, burning, redness or soreness of the genitals, discomfort with urination, or a thin discharge with an unusual smell that can be clear, white, yellowish, or greenish.

Having trichomoniasis can make it feel unpleasant to have sex. Without treatment, the infection can last for months or even years.

What are the complications of trichomoniasis?

Trichomoniasis can increase the risk of getting or spreading other sexually transmitted infections. For example, trichomoniasis can cause genital inflammation that makes it easier to get infected with the HIV virus, or to pass the HIV virus on to a sex partner.

How does trichomoniasis affect a pregnant woman and her baby?

Pregnant women with trichomoniasis are more likely to have their babies too early (preterm delivery). Also, babies born to infected mothers are more likely to have an officially low birth weight (less than 5.5 pounds).



Two *Trichomonas vaginalis* parasites, magnified (seen under a microscope)

How is trichomoniasis diagnosed?

It is not possible to diagnose trichomoniasis based on symptoms alone. For both men and women, your primary care doctor or another trusted health care provider must do a check and a laboratory test to diagnose trichomoniasis.

What is the treatment for trichomoniasis?

Trichomoniasis can be cured with a single dose of prescription antibiotic medication (either metronidazole or tinidazole), pills which can be taken by mouth. It is okay for pregnant women to take this medication. Some people who drink alcohol within 24 hours after taking this kind of antibiotic can have uncomfortable side effects.

People who have been treated for trichomoniasis can get it again. About 1 in 5 people get infected again within 3 months after treatment. To avoid getting reinfected, make sure that all of your sex partners get treated too, and wait to have sex again until all of your symptoms go away (about a week). Get checked again if your symptoms come back.

How can trichomoniasis be prevented?

Using latex condoms correctly every time you have sex will help reduce the risk of getting or spreading trichomoniasis. However, condoms don't cover everything, and it is possible to get or spread this infection even when using a condom.

The only sure way to prevent sexually transmitted infections is to avoid having sex entirely. Another approach is to talk about these kinds of infections before you have sex with a new partner, so that you can make informed choices about the level of risk you are comfortable taking with your sex life.

If you or someone you know has questions about trichomoniasis or any other STD, especially with symptoms like unusual discharge, burning during urination, or a sore in the genital area, check in with a health care provider and get some answers.

Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Contact: <https://wwwn.cdc.gov/dcs/ContactUs/Form>



Resources

CDC National Prevention Information (NPIN)
P.O. Box 6003
Rockville, MD 20849-6003
E-mail: npin-info@cdc.gov
npin.cdc.gov/disease/stds

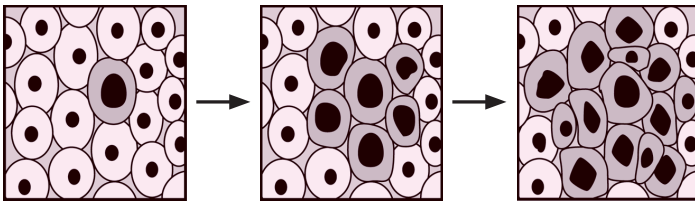
American Sexual Health Association (ASHA)
P. O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877
<http://www.ashasexualhealth.org/stdsstis/>

What is Breast Cancer?

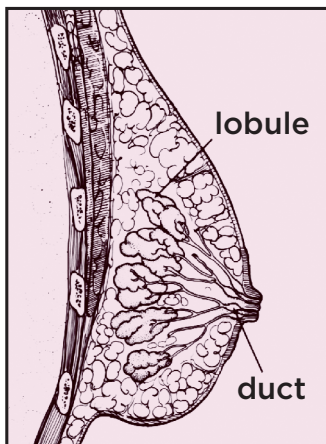
Every day, cells in your body divide, grow and die in an orderly manner. Breast cancer is a family of diseases where cells in the breast tissue grow and divide without normal control. This growth of cells forms a mass or lump called a tumor. Tumors are either benign (not cancerous) or malignant (cancerous).

Breast cancer growth

The light circles show normal breast cells. The grey-shaded circles represent cancerous breast cells. As the cancerous cells grow and multiply, they form a malignant tumor within the breast.



Breast cancer can begin in the ducts or lobules of the breast.



Tumors in the breast tend to grow slowly. By the time a lump is large enough to feel, it may have been growing for as long as 10 years.

Non-invasive breast cancer

Describes a cancer that has not spread beyond the ducts or lobules where it began. Ductal carcinoma in situ (DCIS) is a type of non-invasive breast cancer. DCIS occurs when abnormal cells grow inside the milk ducts, but have not spread to nearby tissue or beyond.

The term “in situ” means “in place.” Although the abnormal cells have not spread to tissues outside the ducts, they can develop into invasive breast cancer.

Invasive breast cancer

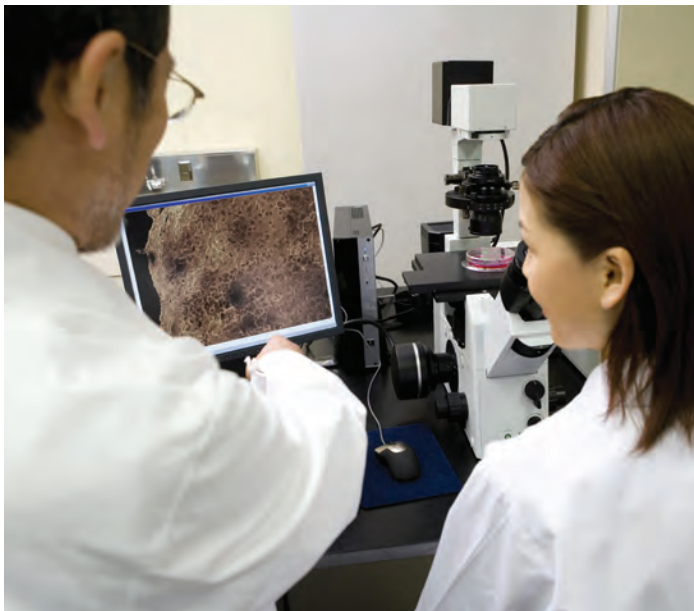
Occurs when abnormal cells from inside the milk ducts or lobules break out into nearby breast tissue. Cancer cells can travel from the breast to other parts of the body through the blood stream or the immune system. They may travel early in the process when the tumor is small or later when the tumor is large.

Metastatic Breast Cancer

Invasive breast cancer that spreads to other parts of the body is called metastatic breast cancer. These cancer cells can spread to other parts of the body, such as the liver, lungs, bones and brain. The cancer cells again divide and grow out of control and form new tumors. Even though the new tumors are growing in another part of the body, it is still breast cancer.

How can gene mutations affect breast cancer?

We all have genes that control the way our cells divide and grow. When a change (called a mutation) occurs, the genes do not work like they should. Mutations may be spontaneous (occur on their own) or inherited (passed on from your mother or father). Spontaneous mutations account for 90 to 95 percent of breast cancer cases in the U.S. Inherited mutations account for only about 5 to 10 percent of all breast cancer cases in women and about 5 to 20 percent of cases in men in the U.S. *BRCA1* and *BRCA2* (BREast CANcer genes 1 and 2) are the best-known genes linked to breast cancer risk.



Remember...

Cells can grow out of control before any symptoms of breast cancer appear. That is why breast cancer screening is important. Screening tests are used to find breast cancer before it causes signs or symptoms. Screening tests can find breast cancer early, when the chances of survival are highest. If you have a history of breast cancer in your family, talk with a doctor about your risk, when to start getting mammograms (or other tests) and how often to have them.

Know what is normal for you

The signs of breast cancer are not the same for all women. It is important to know how your breasts normally look and feel. If you notice any change, see a doctor.

Resources

Susan G. Komen®
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

American Cancer Society
1-800-ACS-2345
www.cancer.org

National Cancer Institute
1-800-4-CANCER
www.cancer.gov

Related fact sheets in this series:

- Ductal Carcinoma in Situ
- Genetics and Breast Cancer
- Types of Breast Cancer Tumors

The above list of resources is only a suggested resource and is not a complete listing of breast cancer materials or information. The information contained herein is not meant to be used for self-diagnosis or to replace the services of a medical professional. Komen does not endorse, recommend or make any warranties or representations regarding the accuracy, completeness, timeliness, quality or non-infringement of any of the materials, products or information provided by the organizations referenced herein.

Cervical Cancer

There are five main types of cancer that affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic (GY-neh-kuh-LAH-jik) cancer. (A sixth type of gynecologic cancer is the very rare fallopian tube cancer.)

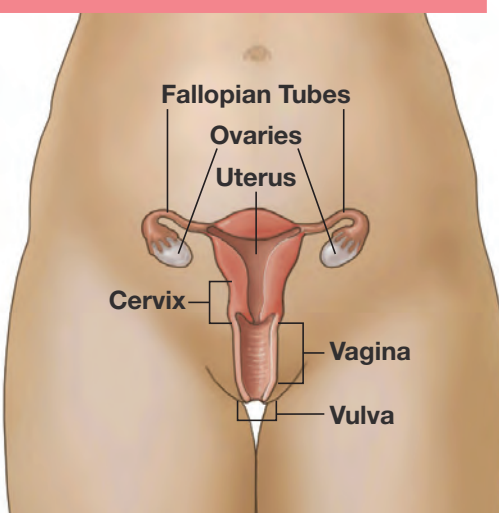
This fact sheet about cervical cancer is part of the Centers for Disease Control and Prevention's (CDC) *Inside Knowledge: Get the Facts About Gynecologic Cancer* campaign. The campaign helps women get the facts about gynecologic cancer, providing important "inside knowledge" about their bodies and health.



What is cervical cancer?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later.

When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the vagina (the birth canal) to the upper part of the uterus. The uterus (or womb) is where a baby grows when a woman is pregnant.



Cervical cancer is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It also is highly curable when found and treated early.

Who gets cervical cancer?

All women are at risk for cervical cancer. It occurs most often in women over age 30. Each year, approximately 12,000 women in the United States get cervical cancer.

The human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer.

What are the symptoms?

Early on, cervical cancer may not cause signs and symptoms. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex. If you have any of these signs, see your doctor. They may be caused by something other than cancer, but the only way to know is to see your doctor.

Are there tests that can prevent cervical cancer or find it early?

There are two tests that can either help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for precancers, cell changes, on the cervix that can be treated, so that cervical cancer is prevented. The Pap test also can find cervical cancer early, when treatment is most effective. The Pap test is recommended for women aged 21-65 years old.

The Pap test only screens for cervical cancer. It does not screen for any other gynecologic cancer.

- The HPV test looks for HPV—the virus that can cause precancerous cell changes and cervical cancer.

Inside Knowledge is an initiative that supports the Gynecologic Cancer Education and Awareness Act of 2005, or Johanna's Law, which was unanimously passed by the U.S. House and Senate in December of 2006, and signed into law in January 2007.

When should I get tested for cervical cancer?

The Pap test is one of the most reliable and effective cancer screening tests available. You should start getting regular Pap tests at age 21. If your Pap test results are normal, your doctor may say that you will not need another Pap test for three years.

The HPV test can be used to screen for cervical cancer along with the Pap test in women aged 30 years and older. It also is used to provide more information when women aged 21 years and older have unclear Pap test results.

If you are age 30 or older, you may choose to have an HPV test along with the Pap test. If the results are normal, your chance of getting cervical cancer in the next few years is very low. Your doctor may then say that you can wait up to five years for your next screening.

For women aged 21-65, it is important to continue getting a Pap test as directed by your doctor—even if you think you are too old to have a child or are not having sex anymore. However, your doctor may tell you that you do not need to have a Pap test if either of these is true for you:

- You are older than 65 and have had normal Pap test results for several years.
- You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.

What raises a woman's chance of getting cervical cancer?

Almost all cervical cancers are caused by HPV. You are more likely to get HPV if you started having sex at an early age, or if you or your partner have had sex with several others. However, any woman who has ever had sex is at risk for HPV.

There are many types of HPV. Usually HPV will go away on its own, but if it does not, it may cause cervical cancer over time.

In addition to having HPV, these things also can increase your risk of cervical cancer:

- Smoking.
- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- Using birth control pills for a long time (five or more years).
- Having given birth to three or more children.

How can I prevent cervical cancer?

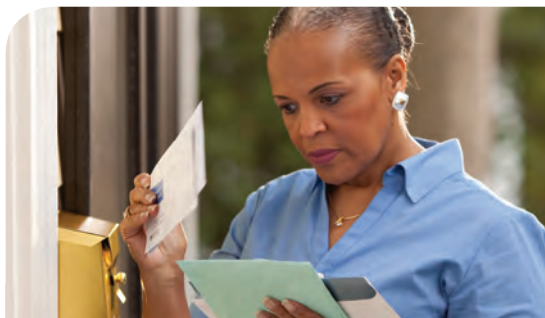
- Get the HPV vaccine. It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. It is given in a series of three shots. The vaccine is recommended for 11 and 12 year old girls. It is also recommended for girls and women aged 13 through 26 who did not get any or all of the shots when they were younger. (Note: The vaccine can be given to girls beginning at age 9.)
- See your doctor regularly for a Pap test that can find cervical precancers.
- Follow up with your doctor, if your Pap test results are not normal.
- Don't smoke.
- Use condoms during sex.*
- Limit your number of sexual partners.

What should I do if my doctor says I have cervical cancer?

If your doctor says that you have cervical cancer, ask to be referred to a gynecologic oncologist—a doctor who has been trained to treat cancers like this. This doctor will work with you to create a treatment plan.

Where can I find free or low-cost Pap tests?

If you have a low income or do not have insurance, you may be able to get a free or low-cost Pap test through the National Breast and Cervical Cancer Early Detection Program. To learn more, call 1-800-CDC-INFO or visit www.cdc.gov/cancer/nbccedp.



Where can I find more information about cervical and other gynecologic cancers?

Centers for Disease Control and Prevention: 1-800-CDC-INFO or www.cdc.gov/cancer

National Cancer Institute: 1-800-4-CANCER or www.cancer.gov

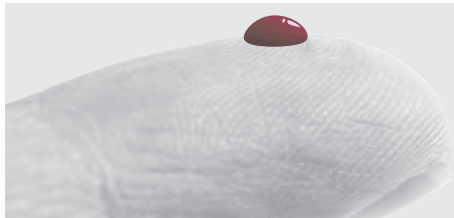
* HPV infection can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. While the effect of condoms in preventing HPV infection is unknown, condom use has been associated with a lower rate of cervical cancer.

CDC Publication #99-9123, Revised July 2012



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention





DIABETES

DIABETES IS ON THE RISE

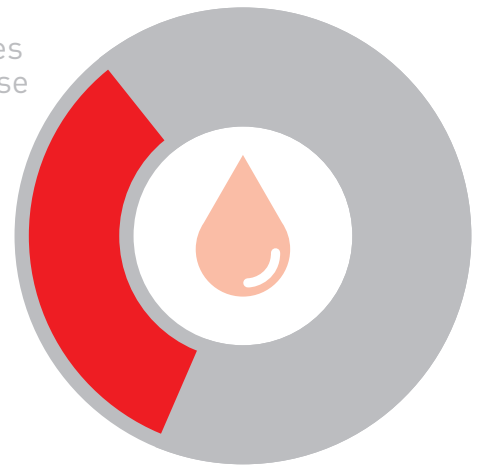


422 MILLION

adults have diabetes

3.7 MILLION
deaths due to diabetes
and high blood glucose

1.5 MILLION
deaths caused
by diabetes



THAT'S 1 PERSON IN 11



Main types of diabetes



TYPE 1 DIABETES

Body does not produce enough insulin



TYPE 2 DIABETES

Body produces insulin but can't use it well



GESTATIONAL DIABETES

A temporary condition in pregnancy

Consequences

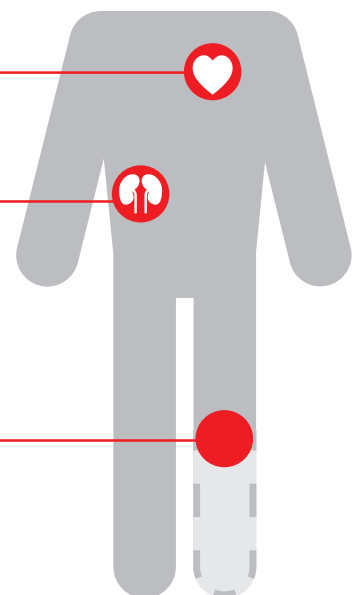
Diabetes can lead to complications in many parts of the body and increase the risk of dying prematurely.

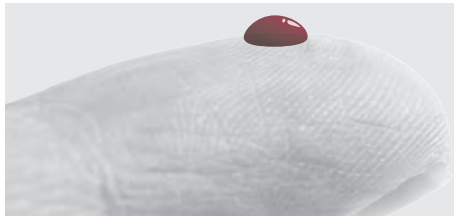
Stroke 
Blindness 

Heart attack 

Kidney failure 

Amputation 





DIABETES

Risk factors for type 2 diabetes

Genetics, age and family history of diabetes can increase the likelihood of becoming diabetic and cannot be changed. **But some behaviours that increase risk can:**



Unhealthy diet



1 in 3 is overweight








Physical inactivity



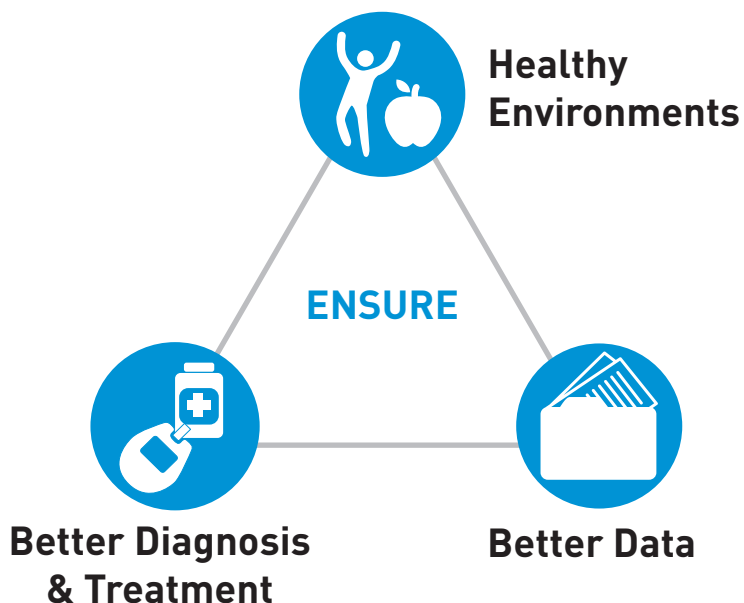
1 in 10 is obese

KEY ACTIONS

FOR EVERYONE

-  Eat healthily
-  Be physically active
-  Avoid excessive weight gain
-  Check blood glucose if in doubt
-  Follow medical advice

FOR GOVERNMENTS



Did You Have Gestational Diabetes When You Were Pregnant?

What You Need to Know.

Some women get diabetes when they are pregnant. Doctors call this gestational (jes-TAY-shun-al) diabetes. Most of the time, it goes away after your baby is born. Even if the diabetes goes away, you still have a greater chance of getting diabetes later in life. Your child may also have a greater chance of being obese and getting type 2 diabetes later in life. Use this tip sheet to learn what you can do for yourself and your child.

Action steps for you

Get tested for diabetes:

- ▶ Get tested for diabetes 6 to 12 weeks after your baby is born. If the test is normal, get tested every 3 years. If the test results show that your blood sugar (glucose) is higher than normal but not high enough to be diabetes, also called prediabetes, get tested for diabetes every year.
- ▶ Talk to your doctor about your test results and what you can do to stay healthy.
- ▶ If your test results show that you could get diabetes and you are overweight, ask your doctor about what changes you can make to lose weight and for help in making them. You may need to take medicine such as metformin to help prevent type 2 diabetes.



Change the foods you eat and be more active:

- ▶ Choose healthy foods such as:
 - fruits that are fresh, frozen, or canned in water
 - lean meats, chicken and turkey with the skin removed, and fish
 - skim or low-fat milk, cheese, and yogurt
 - vegetables, whole grains, dried beans, and peas
- ▶ Drink water instead of juice and regular soda.
- ▶ Eat smaller amounts of food to help you reach and stay at a healthy weight. For example, eat a 3-ounce hamburger instead of a 6-ounce hamburger. Three ounces is about the size of your fist or a deck of cards.
- ▶ Be more active each day. Try to get at least 30 minutes of activity, 5 days a week. It is okay to be active for 10 minutes at a time, 3 times a day. Walk with friends, swim, or garden to move more.
- ▶ Try to get back to a healthy weight. Talk to your health care team about a plan to help you lose weight slowly. Being at a healthy weight can help reduce your chances of getting type 2 diabetes.

Other action steps

- ▶ Tell your doctor or health care team if:
 - you had gestational diabetes
 - you want to get pregnant again
- ▶ Breastfeed your baby to help you lose weight and improve your child's health.
- ▶ Make sure your history of gestational diabetes is in your child's health record.



Action steps for the whole family

- ▶ Ask your doctor for an eating plan that will help your children grow and be at a healthy weight.
- ▶ Help your children make healthy food choices.
- ▶ Help your children be active for at least 60 minutes each day.
- ▶ Do things together as a family, such as making healthy meals or playing active games together.
- ▶ Limit your kids' play time in front of the computer, tablets, smartphones, and TV to 2 hours per day.
- ▶ Contact your local parks department or local health department to learn where you can find safe places to be active and get healthy foods.



Things to remember:

- ▶ Get tested for diabetes 6 to 12 weeks after your baby is born.
- ▶ Take steps to lower your chances of getting diabetes by being more active and making healthy food choices to get back to a healthy weight.
- ▶ Help your children be healthy and lower their chances of getting type 2 diabetes.

National Diabetes Education Program

1-888-693-NDEP (1-888-693-6337), TTY: 1-866-569-1162 • www.YourDiabetesInfo.org

Francine R. Kaufman, MD, Professor Emeritus of Pediatrics and Communications at the University of Southern California and attending physician at Children's Hospital Los Angeles reviewed this material for accuracy.

The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.



NIH Publication No. 14-6019 | NDEP-88

Revised April 2014

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How to Help Your Children Stay Healthy

Tips to Lower Their Chances of Getting Type 2 Diabetes

This tip sheet is for parents who have kids that are 8 to 12 years old. It tells you about type 2 diabetes and why some kids have more chance of getting diabetes. It also gives you great ideas about how you can help your kids be active and eat healthy foods.

What is type 2 diabetes?

Type 2 diabetes is a serious disease. It means that your blood sugar levels are too high. If your blood sugar levels stay too high for too long, it can damage your heart, eyes, kidneys, nerves, and even your teeth and gums. In the past, only adults got type 2 diabetes. Now some children and teens are also getting type 2 diabetes.

What makes some kids more likely to get type 2 diabetes than other kids?

- Having a mom, dad, sister, brother, or other family member with diabetes
- Being overweight
- Not being active
- Weighing 9 pounds or more at birth
- Being born to a mother who had diabetes during the pregnancy
- Being an American Indian, Alaska Native, African American, Asian American, Hispanic/Latino, or Pacific Islander



Help your kids be active.



Take your kids grocery shopping.



Find fun ways to be active.

What can you do?

- Help your children be active each day.
- Make meals and snacks that are healthy and taste good.
- Take your kids grocery shopping. Teach them how to read food labels to help find healthy foods.
- Limit portion sizes of foods high in fat, sugar, and salt.
- Limit your kids' play time in front of the computer, tablets, smartphones, and TV to 2 hours per day.
- Ask the doctor if your kids are at a healthy weight and if they have a greater chance of getting type 2 diabetes.
- Be a good role model. Eat healthy foods and be active with your kids.

What can kids do to be healthy?

- Be more active.
- Eat well.

How can your kids be active?

Ask your kids how they like to be active. What is fun for them? If they don't have ideas, you can suggest that they:

- Ride a bike
- Jump rope
- Dance
- Swim
- Shoot hoops
- Go for a walk or run with a parent or older family member
- Skateboard

How much activity should your kids get?

Your kids need about 60 minutes of activity a day. They don't have to do it all at once. For example, 20 minutes at a time, 3 times a day is fine.

Have your kids start out slow. Support them. Let them know the important thing is to just keep moving! They can add more activity each week.

How will being active help?

Being active can help your children:

- Build muscle and burn off extra fat.
- Grow strong bones and stay flexible.
- Feel good and sleep better.
- Be at a healthy weight.



Make healthy meals together.

How can your kids eat well?

They can:

- Make good food choices.
- Eat healthy snacks.
- Adopt healthy eating habits.

What are good food choices?

Talk with your kids about how they think they can eat healthier. Make a list together. Here are some tips you might want to include:

- Eat foods that are high in fiber such as whole grain breads and cereals, brown rice, lentils, beans, fruits, and vegetables.
- Eat foods low in saturated and *trans* fats such as lean meat, chicken without the skin, fish, and non-fat or low-fat milk, yogurt, and cheese.
- Eat baked, broiled, or grilled foods instead of fried foods.
- Eat foods that are low in salt such as fruits, vegetables, and whole grains. Do not add salt to your foods.
- Eat lots of vegetables. For example, make a salad with leafy greens, carrots, tomatoes, and peppers. Use 2 tablespoons or less of a low-fat dressing.
- Drink water instead of sugary drinks such as soda, sport drinks, and fruit juice.

What are healthy snacks?

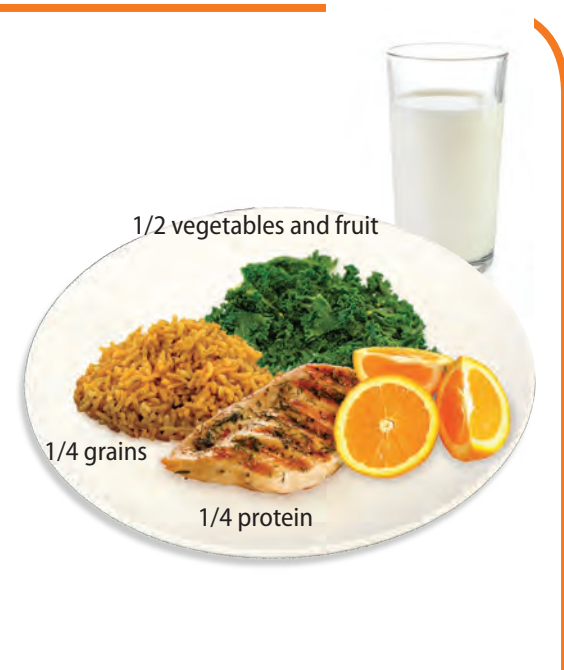
Here are some easy, healthy snacks:

- A piece of fruit such as an apple or banana
- A slice of toast with 1 tablespoon of peanut butter
- A cup of low-fat or non-fat yogurt
- Raw vegetables such as carrots or celery with salsa

What are healthy eating habits my family can try?

You can:

- Eat breakfast, lunch, and dinner every day.
- Limit portion sizes when eating a meal. Fill half of your plate with fruits and vegetables. Fill one quarter with a lean protein, such as chicken or turkey without the skin or beans. Fill one quarter with a whole grain, such as brown rice or whole wheat pasta. Drink a cup of low-fat or non-fat milk with your meal.
- Limit desserts such as cookies and ice cream to only 1 or 2 times a week.
- Turn the TV and other devices off during meals. Enjoy eating and talking with family members.



Limit portion sizes.

An easy snack recipe that parents can make with kids:



Fruit Smoothie

- 1/2 cup of low-fat or non-fat plain yogurt
- 1/2 cup to 1 cup of skim milk
- 1 cup of frozen fruit (try strawberries, blueberries, or peaches)
- 1 banana

Place yogurt, fruit, and milk into a blender. Mix until smooth. Pour into glasses to serve. Get creative and ask your kids to think of other fruits to add.

Things to Remember

- There are ways you can help your kids stay healthy and lower their chances of getting type 2 diabetes.
- Try the ideas in this tip sheet.
- Find out how your kids like to be active and support them in their efforts.
- Talk to your kids about how your family can eat healthy foods.

To learn more:

National Diabetes Education Program

Learn about diabetes and how to prevent it
www.YourDiabetesInfo.org
1-888-693-NDEP (1-888-693-6337)
TTY: 1-866-569-1162

Academy for Nutrition and Dietetics – Kids Eat Right

Nutrition information and resources for parents and caregivers
www.eatright.org/kids

BAM! Body and Mind

Health, fitness, and safety information for kids
www.cdc.gov/bam/

Choose My Plate

Tips on healthy eating
www.choosemyplate.gov/kids/

Youth Physical Activity Guidelines

Resources to help kids become active
www.cdc.gov/HealthyYouth/physicalactivity/guidelines.htm

We Can!

Ways to enhance children's activity and nutrition
wecan.nhlbi.nih.gov

WIN – Weight-control Information Network

Resources to help parents guide kids in making healthy food choices and becoming more active
www.win.niddk.nih.gov

www.YourDiabetesInfo.org

Francine R. Kaufman, M.D., Chief Medical Officer, Medtronic Diabetes and Emeritus Professor of Pediatrics, Keck School of Medicine, University of Southern California, and Children's Hospital Los Angeles, CA, reviewed this material for technical accuracy.

The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

Participants in research studies can play a more active role in improving their own health and help others by contributing to health-related research.

See www.clinicaltrials.gov and www.cdc.gov/diabetes/projects/index.htm.



Revised July 2014

NIH Publication No. 14-5295K

NDEP-98

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Choose More than 50 Ways to Prevent Type 2 Diabetes

Learn how to prevent or delay type 2 diabetes by losing a small amount of weight. To get started, use these tips to help you move more, make healthy food choices, and track your progress.

Reduce Portion Sizes

Portion size is the amount of food you eat, such as 1 cup of fruit or 6 ounces of meat. If you are trying to eat smaller portions, eat a half of a bagel instead of a whole bagel or have a 3-ounce hamburger instead of a 6-ounce hamburger. Three ounces is about the size of your fist or a deck of cards.



Put less on your plate, Nate.

1. Drink a large glass of water 10 minutes before your meal so you feel less hungry.
2. Keep meat, chicken, turkey, and fish portions to about 3 ounces.
3. Share one dessert.



How much should I eat?

Try filling your plate like this:



dairy (low-fat or skim milk)

1/4 grains

1/4 protein



1/2 vegetables and fruit

Eat a small meal, Lucille.

4. Use teaspoons, salad forks, or child-size forks, spoons, and knives to help you take smaller bites and eat less.
5. Make less food look like more by serving your meal on a salad or breakfast plate.
6. Eat slowly. It takes 20 minutes for your stomach to send a signal to your brain that you are full.
7. Listen to music while you eat instead of watching TV (people tend to eat more while watching TV).



Move More Each Day

Find ways to be more active each day. Try to be active for at least 30 minutes, 5 days a week. Walking is a great way to get started and you can do it almost anywhere at any time. Bike riding, swimming, and dancing are also good ways to move more.

If you are looking for a safe place to be active, contact your local parks department or health department to ask about walking maps, community centers, and nearby parks.



Dance it away, Faye.

8. Show your kids the dances you used to do when you were their age.
9. Turn up the music and jam while doing household chores.
10. Work out with a video that shows you how to get active.

Let's go, Flo.

11. Deliver a message in person to a co-worker instead of sending an e-mail.
12. Take the stairs to your office. Or take the stairs as far as you can, and then take the elevator the rest of the way.
13. Catch up with friends during a walk instead of by phone.
14. March in place while you watch TV.
15. Choose a place to walk that is safe, such as your local mall.
16. Get off of the bus one stop early and walk the rest of the way home or to work if it is safe.

Make Healthy Food Choices

Find ways to make healthy food choices. This can help you manage your weight and lower your chances of getting type 2 diabetes.

Choose to eat more vegetables, fruits, and whole grains. Cut back on high-fat foods like whole milk, cheeses, and fried foods. This will help you reduce the amount of fat and calories you take in each day.

Snack on a veggie, Reggie.

17. Buy a mix of vegetables when you go food shopping.
18. Choose veggie toppings like spinach, broccoli, and peppers for your pizza.
19. Try eating foods from other countries. Many of these dishes have more vegetables, whole grains, and beans.
20. Buy frozen and low-salt (sodium) canned vegetables. They may cost less and keep longer than fresh ones.
21. Serve your favorite vegetable and a salad with low-fat macaroni and cheese.





Cook with care, Claire.

22. Stir fry, broil, or bake with non-stick spray or low-salt broth. Cook with less oil and butter.

23. Try not to snack while cooking or cleaning the kitchen.

24. Cook with smaller amounts of cured meats (smoked turkey and turkey bacon). They are high in salt.

Cook in style, Kyle.

25. Cook with a mix of spices instead of salt.

26. Try different recipes for baking or broiling meat, chicken, and fish.

27. Choose foods with little or no added sugar to reduce calories.

28. Choose brown rice instead of white rice.



Eat healthy on the go, Jo.

29. Have a big vegetable salad with low-calorie salad dressing when eating out. Share your main dish with a friend or have the other half wrapped to go.

30. Make healthy choices at fast food restaurants. Try grilled chicken (with skin removed) instead of a cheeseburger.

31. Skip the fries and chips and choose a salad.

32. Order a fruit salad instead of ice cream or cake.



Rethink your drink, Linc.

33. Find a water bottle you really like (from a church or club event, favorite sports team, etc.) and drink water from it every day.

34. Peel and eat an orange instead of drinking orange juice.



35. If you drink whole milk, try changing to 2% milk. It has less fat than whole milk. Once you get used to 2% milk, try 1% or fat-free (skim) milk. This will help you reduce the amount of fat and calories you take in each day.

36. Drink water instead of juice and regular soda.

Eat smart, Bart.

37. Make at least half of your grains whole grains, such as whole grain breads and cereals, brown rice, and quinoa.

38. Use whole grain bread for toast and sandwiches.

39. Keep a healthy snack with you, such as fresh fruit, a handful of nuts, and whole grain crackers.

40. Slow down at snack time. Eating a bag of low-fat popcorn takes longer than eating a candy bar.

41. Share a bowl of fruit with family and friends.

42. Eat a healthy snack or meal before shopping for food. Do not shop on an empty stomach.

43. Shop at your local farmers market for fresh, local food.

Keep track, Jack.

44. Make a list of food you need to buy before you go to the store.

45. Keep a written record of what you eat for a week. It can help you see when you tend to overeat or eat foods high in fat or calories.

Read the label, Mabel.

46. Compare food labels on packages.

47. Choose foods lower in saturated fats, *trans* fats, cholesterol (ko-LESS-tuh-ruhl), calories, salt, and added sugars.



Take Care of Your Mind, Body, and Soul



You can exhale, Gail.

48. Take time to change the way you eat and get active. Try one new food or activity a week.

49. Find ways to relax. Try deep breathing, taking a walk, or listening to your favorite music.

50. Pamper yourself. Read a book, take a long bath, or meditate.

51. Think before you eat. Try not to eat when you are bored, upset, or unhappy.

Be Creative

Honor your health as your most precious gift. There are many more ways to prevent or delay type 2 diabetes by making healthy food choices and moving more. Discover your own and share them with your family, friends, and neighbors.

Make up your own, Tyrone or Simone.

52. _____

53. _____

54. _____

Track Your Progress

Visit www.YourDiabetesInfo.org or call 1-888-693-6337 / TTY: 1-866-569-1162 to get your free GAME PLAN to Prevent Type 2 Diabetes booklet. It has charts to help you track the foods you eat and how much you move each day.



Things to Remember:

- ▶ Talk to your doctor about your risk for getting type 2 diabetes and what you can do to lower your chances.
- ▶ Take steps to prevent diabetes by making healthy food choices, staying at a healthy weight, and moving more every day.
- ▶ Find ways to stay calm during your day. Being active and reading a good book can help you lower stress.
- ▶ Keep track of the many ways you are moving more and eating healthy by writing them down.

National Diabetes Education Program
1-888-693-NDEP (1-888-693-6337)
www.YourDiabetesInfo.org

Janet O. Brown-Friday, RN, MSN, MPH, Clinical Trials Manager, Diabetes Clinical Trials Unit, Albert Einstein College of Medicine reviewed this material for accuracy.

The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

By joining a research study, people can help improve their health and the health of others. See <http://www.niddk.nih.gov/health-information/clinical-trials> and www.cdc.gov/diabetes/projects/index.htm.



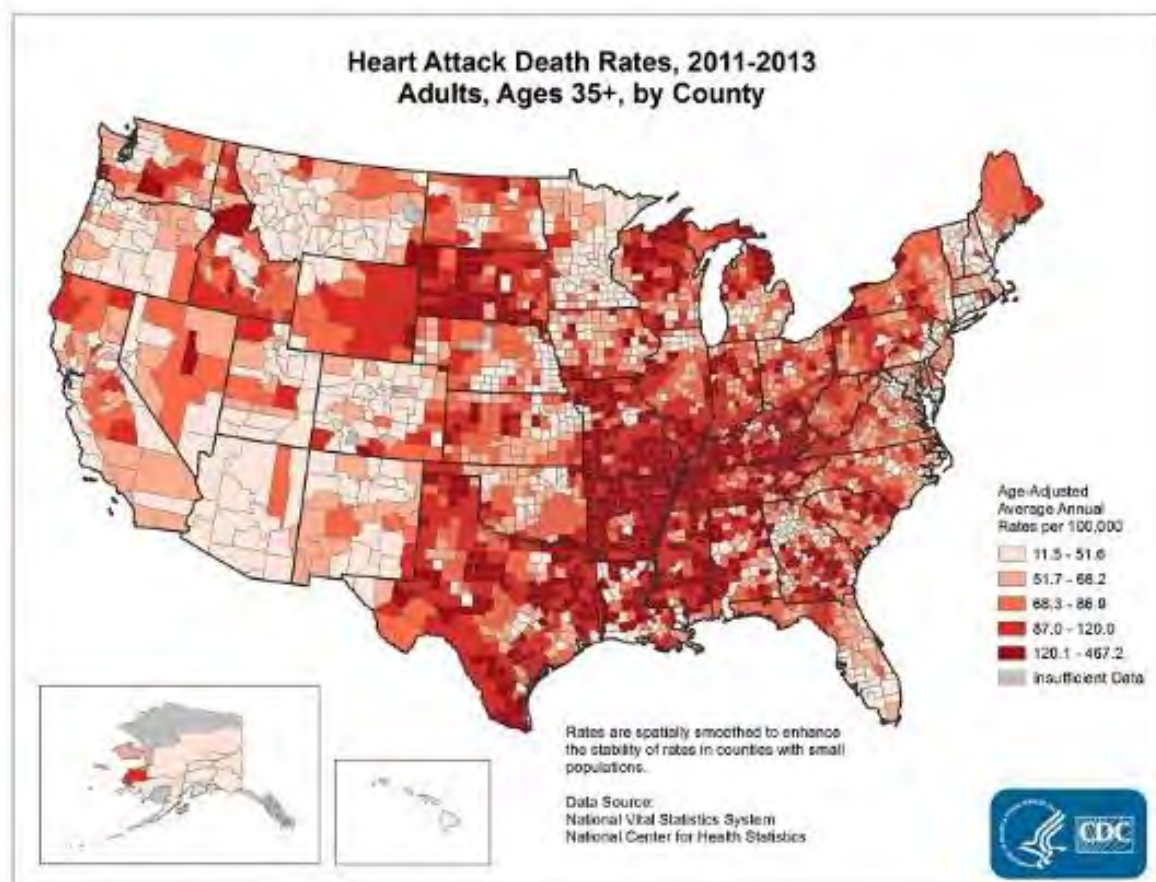
Revised September 2014
NIH Publication No. 12-5487
NDEP-71

The NIDDK prints on recycled paper with bio-based ink.
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Know the Signs and Symptoms of a Heart Attack

About Heart Attack

- A heart attack happens when the **blood supply** to the heart is **cut off**. Cells in the heart muscle that do not receive enough oxygen-carrying blood begin to die. The more time that passes without treatment to restore blood flow, the greater the damage to the heart.
- Every year about **735,000 Americans** have a heart attack. Of these, **525,000** are a first heart attack and **210,000** happen in people who have already had a heart attack.¹
- About **15%** of people who have a heart attack will die from it.¹
- **Almost half** of sudden cardiac deaths happen outside a hospital.²
- Having high blood pressure or high blood cholesterol, smoking, having had a previous heart attack or stroke, or having diabetes can increase your chance of developing heart disease and having a heart attack.
- It is important to recognize the signs of a heart attack and to **act immediately** by **calling 911**. A person's chance of surviving a heart attack increases if emergency treatment is administered as soon as possible.



Source: [Interactive Atlas of Heart Disease and Stroke](#)

Symptoms of a Heart Attack

The **National Heart Attack Alert Program** notes these major signs of a heart attack:

Chest pain or discomfort. Most heart attacks involve discomfort in the center or left side of the chest that lasts for more than a few minutes, or that goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain.

Discomfort in other areas of the upper body. Can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.

Shortness of breath. Often comes along with chest discomfort. But it also can occur before chest discomfort.

Other symptoms. May include breaking out in a cold sweat, nausea, or light-headedness.

If you think that you or someone you know is having a heart attack, you should **call 911 immediately**.

CDC's Public Health Efforts

- [State Public Health Actions to Prevent and Control Chronic Diseases](#)
- [Million Hearts®](#)

For More Information

For more information on heart disease, visit our Web site at www.cdc.gov/heartdisease/ and the Web sites of the following CDC partners:

- [American Heart Association](#)
- [National Heart, Lung, and Blood Institute](#)
- [National Heart Attack Alert Program](#)

References

1. Mozzafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics – 2015 Update: a report from the American Heart Association. *Circulation*. 2015;131:e29-e322.
2. Zheng ZJ, Croft JB, Giles WH, Ayala CI, Greenlund KJ, Keenan NL, Neff L, Wattigney WA, Mensah GA. [State Specific Mortality from Sudden Cardiac Death: United States, 1999](http://wwwdev.cdc.gov/mmwr/preview/mmwrhtml/mm5106a3.htm)(<http://wwwdev.cdc.gov/mmwr/preview/mmwrhtml/mm5106a3.htm>). *MMWR* 2002;51(6):123–126.

KNOW THE FACTS ABOUT

Heart Disease



What is heart disease?

Heart disease is the leading cause of death in the United States. More than 600,000 Americans die of heart disease each year. That's one in every four deaths in this country.¹

The term “heart disease” refers to several types of heart conditions. The most common type is coronary artery disease, which can cause heart attack. Other kinds of heart disease may involve the valves in the heart, or the heart may not pump well and cause heart failure. Some people are born with heart disease.

Are you at risk?

Anyone, including children, can develop heart disease. It occurs when a substance called plaque builds up in your arteries. When this happens, your arteries can narrow over time, reducing blood flow to the heart.

Smoking, eating an unhealthy diet, and not getting enough exercise all increase your risk for having heart disease.

Having high cholesterol, high blood pressure, or diabetes also can increase your risk for heart disease. Ask your doctor about preventing or treating these medical conditions.

What are the signs and symptoms?

The symptoms vary depending on the type of heart disease. For many people, chest discomfort or a heart attack is the first sign.

Someone having a heart attack may experience several symptoms, including:

- Chest pain or discomfort that doesn't go away after a few minutes.
- Pain or discomfort in the jaw, neck, or back.
- Weakness, light-headedness, nausea (feeling sick to your stomach), or a cold sweat.
- Pain or discomfort in the arms or shoulder.
- Shortness of breath.

If you think that you or someone you know is having a heart attack, call 9-1-1 immediately.



¹ CDC: Deaths: Final Data for 2009. www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf

KNOW THE FACTS ABOUT

Heart Disease

How is heart disease diagnosed?

Your doctor can perform several tests to diagnose heart disease, including chest X-rays, coronary angiograms, electrocardiograms (ECG or EKG), and exercise stress tests. Ask your doctor about what tests may be right for you.

Can it be prevented?

You can take several steps to reduce your risk for heart disease:

- Don't smoke. CDC's Office on Smoking and Health Web site has information on quitting smoking.

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

- Maintain a healthy weight. CDC's Healthy Weight Web site includes information and tools to help you lose weight.

<http://www.cdc.gov/healthyweight/index.html>

- Eat a healthy diet. Tips on reducing saturated fat in your diet are available on the Web site for CDC's Division for Nutrition, Physical Activity, and Obesity.

<http://www.cdc.gov/nutrition/everyone/basics/fat/saturatedfat.html>

- Exercise regularly. Visit CDC's Physical Activity Web site for more information on being active.

<http://www.cdc.gov/physicalactivity/index.html>

- Prevent or treat your other health conditions, especially high blood pressure, high cholesterol, and diabetes.

How is it treated?

If you have heart disease, lifestyle changes, like those just listed, can help lower your risk for complications. Your doctor also may prescribe medication to treat the disease. Talk with your doctor about the best ways to reduce your heart disease risk.

For More Information:

Learn more at the following Web sites.

- Centers for Disease Control and Prevention's Division for Heart Disease and Stroke Prevention:

<http://www.cdc.gov/dhdsp/index.htm>

- Centers for Disease Control and Prevention's National Center on Birth Defects & Developmental Disabilities:

<http://www.cdc.gov/ncbddd/birthdefects/default.htm>

- American Heart Association:

<http://www.americanheart.org>

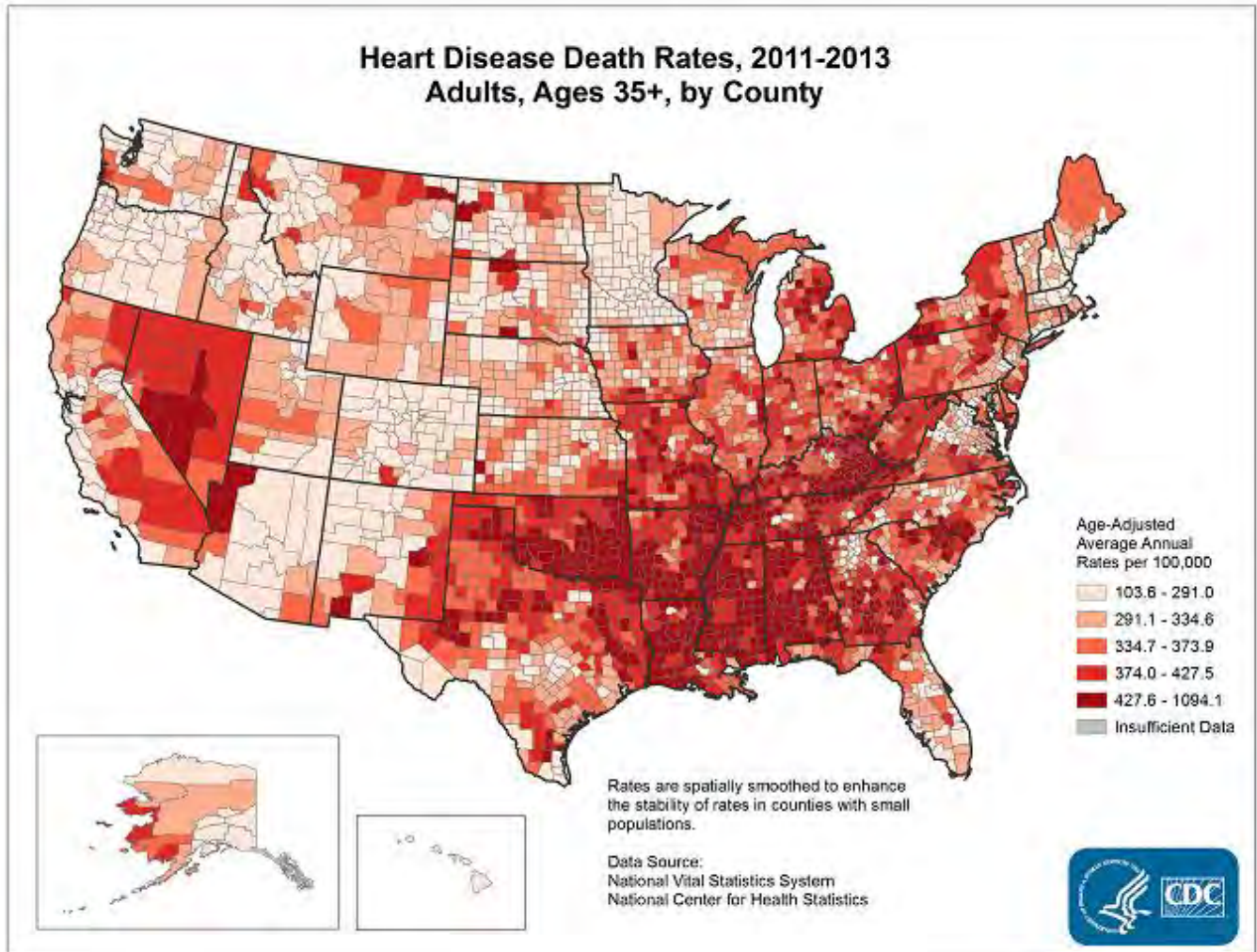
- National Heart, Lung, and Blood Institute:

<http://www.nhlbi.nih.gov>





Heart Disease Fact Sheet



Source: [Interactive Atlas of Heart Disease and Stroke](#)

Heart Disease Facts

- Heart disease is the **leading cause** of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.¹
- About **610,000 Americans** die from heart disease each year—that's **1 in every 4 deaths**.¹
- Coronary heart disease is the most common type of heart disease, killing more than **370,000 people** annually.¹
- In the United States, someone has a heart attack **every 43 seconds**. Each minute, someone in the United States dies from a heart disease-related event.²

- Heart disease is the **leading cause** of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics, and whites. For Asian Americans or Pacific Islanders and American Indians or Alaska Natives, heart disease is second only to cancer.³
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.⁴ This total includes the cost of health care services, medications, and lost productivity.

Risk Factors

High blood pressure, high LDL cholesterol, and smoking are key heart disease risk factors for heart disease. About **half of Americans** (49%) have at least one of these three risk factors.⁵

Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

CDC's Public Health Efforts

- [State Public Health Actions to Prevent and Control Chronic Diseases](#)
- [Million Hearts®](#)
- [WISEWOMAN](#)

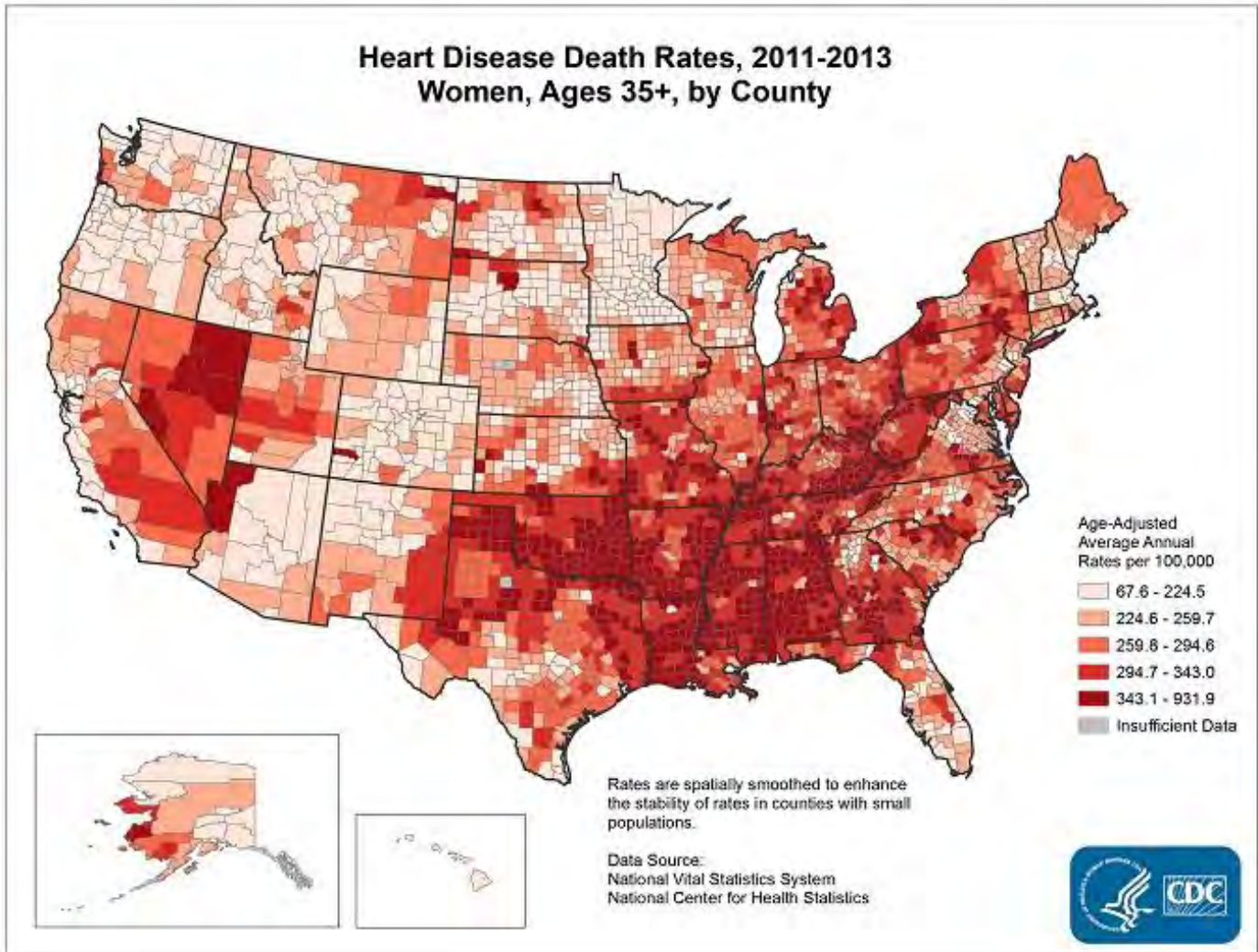
For More Information

For more information on heart disease, visit the following Web sites.

- [Centers for Disease Control and Prevention](#)
- [American Heart Association*](#)
- [National Heart, Lung, and Blood Institute](#)

References

1. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program: <http://wonder.cdc.gov/ucd-icd10.html>. Accessed on Feb 3, 2015.
2. Mozafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics – 2015 Update: a report from the American Heart Association. *Circulation*. 2015;131:e29-e322.



Source: [Interactive Atlas of Heart Disease](#)

Facts on Women and Heart Disease

- Heart disease is the leading cause of death for women in the United States, killing 292,188 women in 2009—that's 1 in every 4 female deaths.¹
- Although heart disease is sometimes thought of as a "man's disease," around the same number of women and men die each year of heart disease in the United States. Despite increases in awareness over the past decade, only 54% of women recognize that heart disease is their number 1 killer.²
- Heart disease is the leading cause of death for African American and white women in the United States. Among Hispanic women, heart disease and cancer cause roughly the same number of deaths each year. For American Indian or Alaska Native and Asian or Pacific Islander women, heart disease is second only to cancer.³
- About 5.8% of all white women, 7.6% of black women, and 5.6% of Mexican American women have coronary heart disease.⁴
- Almost two-thirds (64%) of women who die suddenly of coronary heart disease have no previous symptoms.⁴ Even if you have no symptoms, you may still be at risk for heart disease.

Symptoms

While some women have no symptoms, others experience angina (dull, heavy to sharp chest pain or discomfort), pain in the neck/jaw/throat or pain in the upper abdomen or back. These may occur during rest, begin during physical activity, or be triggered by mental stress.⁶

Women are more likely to describe chest pain that is sharp, burning and more frequently have pain in the neck, jaw, throat, abdomen or back.⁶

Sometimes heart disease may be silent and not diagnosed until a woman experiences signs or symptoms of a heart attack, heart failure, an arrhythmia,⁶ or stroke.

These symptoms may include

- Heart Attack: Chest pain or discomfort, upper back pain, indigestion, heartburn, nausea/vomiting, extreme fatigue, upper body discomfort, and shortness of breath.
- Arrhythmia: Fluttering feelings in the chest (palpitations).⁶
- Heart Failure: Shortness of breath, fatigue, swelling of the feet/ankles/legs/abdomen.
- Stroke: Sudden weakness, paralysis (inability to move) or numbness of the face/arms/legs, especially on one side of the body. Other symptoms may include: confusion, trouble speaking or understanding speech, difficulty seeing in one or both eyes, shortness of breath, dizziness, loss of balance or coordination, loss of consciousness, or sudden and severe headache.⁷

Risk Factors

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of Americans (49%) have at least one of these three risk factors.⁵

Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

Screening

To reduce your chances of getting heart disease it's important to⁸

- Know your blood pressure. Having uncontrolled blood pressure can result in heart disease. High blood pressure has no symptoms so it's important to have your blood pressure checked regularly.
- Talk to your healthcare provider about whether you should be tested for diabetes. Having uncontrolled diabetes raises your chances of heart disease.
- Quit smoking.
- Discuss checking your cholesterol and triglycerides with your healthcare provider.
- Make healthy food choices. Being overweight and obese raises your risk of heart disease.
- Limit alcohol intake to one drink a day.
- Lower your stress level and find healthy ways to cope with stress.

CDC's Public Health Efforts

- [State Public Health Actions to Prevent and Control Chronic Diseases](#)
- [Million Hearts®](#)
- [WISEWOMAN](#)

Heart-healthy Eating

Heart-healthy eating is an important way to lower your risk for heart disease and stroke. Heart disease is the number one cause of death for American women. Stroke is the number three cause of death. To get the most benefit for your heart, you should choose more fruits, vegetables and foods with whole grains and healthy proteins. You also should eat less food with added sugar, calories, and unhealthy fats.

Q: What foods should I eat to help lower my risk for heart disease and stroke?

A: You should choose these foods most of the time:

- **Fruits and vegetables.** At least half of your plate should be fruits and vegetables.
- **Grains.** At least half of your grains should be whole grains.
- **Fat-free or low-fat dairy products.** These include milk, calcium-fortified soy drinks (soy milk), cheese, yogurt, and other milk products.
- **Seafood, skinless poultry, lean meats, beans, eggs, and unsalted nuts.**

Q: What foods should I limit to lower my risk of heart disease and stroke?

A: You should limit:

- **Saturated fats.** These fats are found in foods such as pizza, ice cream, fried chicken, many cakes and cookies, bacon, and hamburgers. Check the Nutrition Facts label for saturated fat. Less than 10% of your daily calories should be from saturated fats.
- **Trans fats.** These fats are found mainly in commercially prepared baked goods, snack foods,

fried foods, and margarine. The Food and Drug Administration is taking action to remove artificial trans fats from our food supply because of their risk to heart health. Check the Nutrition Facts label and choose foods with no trans fats as much as possible.

- **Cholesterol.** Cholesterol is found in foods made from animals, such as bacon, whole milk, cheese made from whole milk, ice cream, full-fat frozen yogurt, and eggs. Fruits and vegetables do not contain cholesterol. You should eat less than 300 milligrams of cholesterol per day. Check the Nutrition Facts label for cholesterol. Foods with 20% or more of the “Daily Value” of cholesterol are high in cholesterol.
- **Sodium.** Sodium is found in salt, but most of the sodium we eat is not from salt that we add while cooking or at the table. Most of our sodium comes from breads and rolls, cold cuts, pizza, hot dogs, cheese, pasta dishes, and condiments (like ketchup and mustard). Limit your daily sodium to less than 2,300 milligrams (equal to a teaspoon), unless your doctor says something else. Check the Nutrition Facts label for sodium. Foods with 20% or more of the “Daily Value” of sodium are high in sodium.
- **Added sugars.** Foods like fruit and dairy products naturally contain sugar. But you should limit foods that contain added sugars. These foods include sodas, sports drinks, cakes, candy, and ice cream. Check the Nutrition Facts label for added sugars and limit how much food you eat with added sugars.

Q: How can I tell what is in the foods I eat?

A: The Nutrition Facts label on most packaged foods has information about how many calories and how much saturated fat, trans fat, cholesterol, sodium, and added sugars are in each serving.

For food that does not have a Nutrition Facts label, such as fresh salmon or a raw apple, you can use the MyPlate SuperTracker “Food-a-pedia” tool at www.supertracker.usda.gov/logout.aspx. By comparing different foods, you can get an idea whether a food is high or low in cholesterol, saturated fat, or sodium.

Q: What tools can help me choose foods that are good for my heart?

A: The following resources can help you choose heart-healthy foods:

- **ChooseMyPlate** (choosemyplate.gov). This resource is based on the *Dietary Guidelines for Americans*. You can use the SuperTracker tool to create a personal daily food plan based on your goals.
- **Dietary Approaches to Stop Hypertension (DASH) eating plan** (www.nhlbi.nih.gov/health/health-topics/topics/dash/). The DASH diet is for people with hypertension to help them lower their blood pressure. But it can also be used to help prevent heart disease.
- **Therapeutic Lifestyle Changes (TLC) diet** (www.nhlbi.nih.gov/health/public/heart/cho/cho_tlc.pdf, PDF file, 1.7 MB). The TLC diet helps people with unhealthy cholesterol levels.

For more information...

For more information on heart-healthy eating, call the OWH Helpline at 800-994-9662 or contact the following organizations:

ChooseMyPlate

www.choosemyplate.gov

National Heart, Lung, and Blood Institute (NHLBI)

Phone: 301-592-8573 • www.nhlbi.nih.gov

Nutrition.gov

www.nutrition.gov

American Heart Association

Phone: 800-242-8721 (English) or 888-474-8183 (Spanish) • www.heart.org

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Content last reviewed: June 30, 2014.

Content last updated: August 18, 2014.



www.facebook.com/HHSOWH



www.twitter.com/WomensHealth



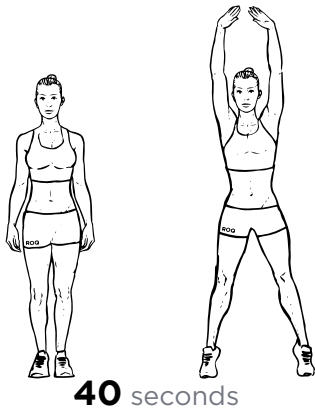
www.youtube.com/WomensHealthgov

www.womenshealth.gov | 800-994-9662

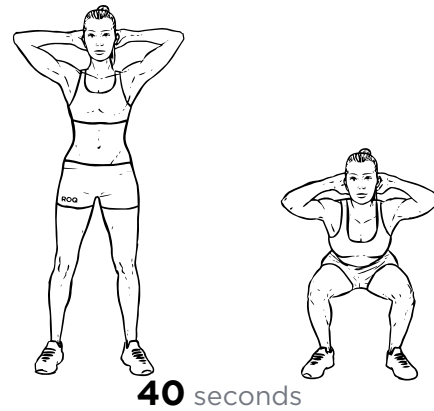


7-Minute Enhanced Scientific Workout

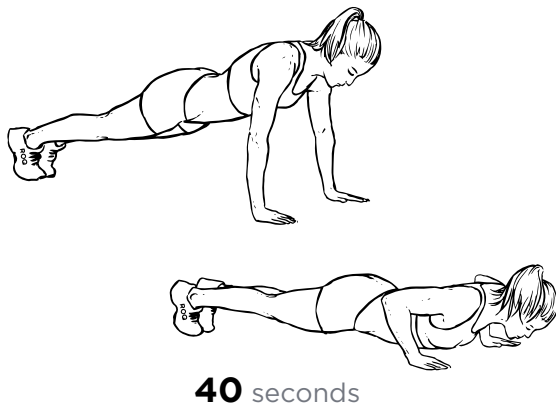
Jumping Jacks / Star Jumps



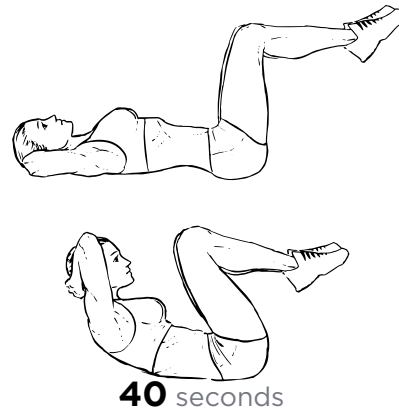
Bodyweight Squat



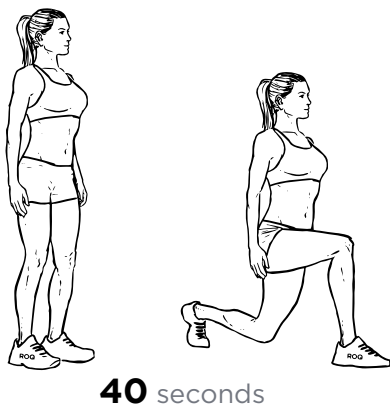
Push-up



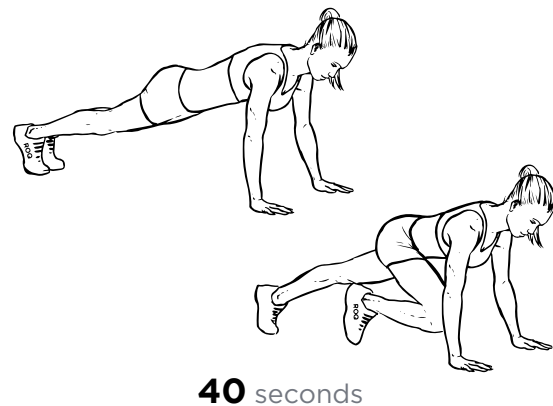
Double Crunch



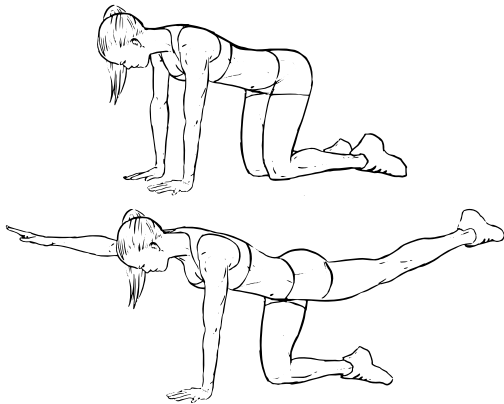
Bodyweight Walking Lunge



Mountain Climbers / Alternating Knee-ins

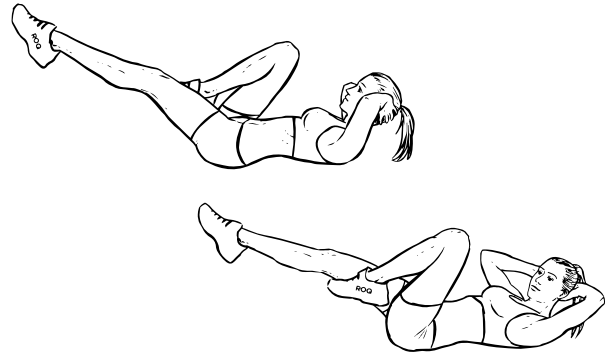


Bird Dogs / Alternating Reach & Kickback



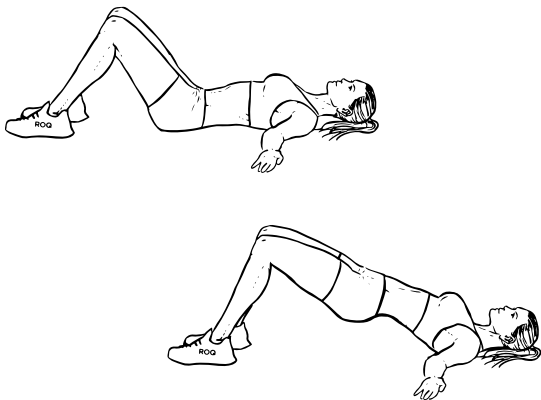
40 seconds

Bicycles / Elbow-to-Knee Crunches / Cross-body Crunch



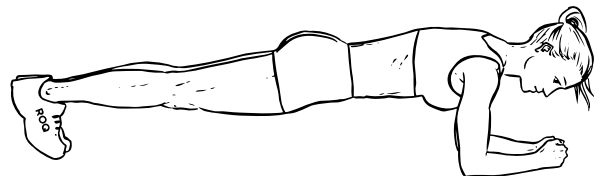
40 seconds

Hip Raise / Butt Lift / Bridge



40 seconds

Plank



40 seconds

Post-Workout Stretches

Kick start muscle recovery, maximize gains and prevent injury by performing these stretches after your strength training workout. Using an interval timer (our favorite is *Repeat Timer Pro* for iOS) hold each stretch for 30 seconds, taking 5 seconds to get into the next position.



Neck × 2



Shoulders × 2



Chest



Quadriceps × 2



Calves × 2



Back



Hamstrings × 2



Lower Back × 2



Abdominals Skip if you have back problems

Mental Health Facts IN AMERICA

Fact: 43.8 million adults experience mental illness in a given year.



1 in 5 adults in America experience a mental illness.

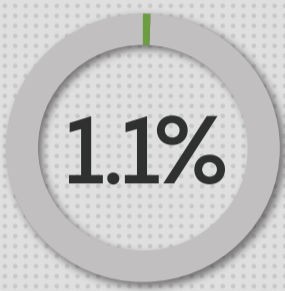


Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.

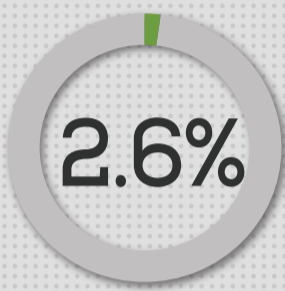


One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

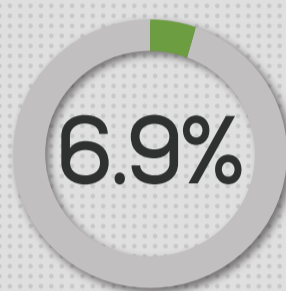
Prevalence of Mental Illness by Diagnosis



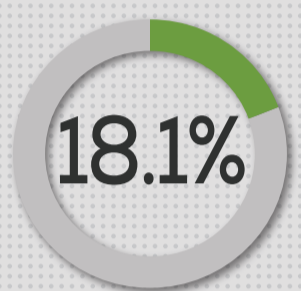
1 in 100 (2.4 million) American adults live with schizophrenia.¹



2.6% (6.1 million) of American adults live with bipolar disorder.¹



6.9% (16 million) of American adults live with major depression.¹



18.1% (42 million) of American adults live with anxiety disorders.¹

Consequences



10.2m

Approximately 10.2 million adults have **co-occurring** mental health and addiction disorders.¹



26%

Approximately 26% of **homeless** adults staying in shelters live with serious mental illness.¹



24%

Approximately 24% of **state prisoners** have "a recent history of a mental health condition".²

Impact



1st

Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.¹



-\$193b

Serious mental illness costs America \$193.2 billion in lost earning every year.³



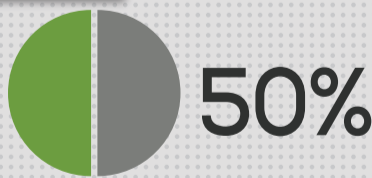
90%

90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.³

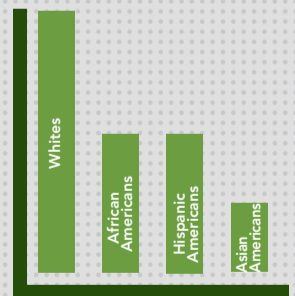
Treatment in America



Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year.⁴



Nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.¹



African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.¹

Ways to Get Help



Talk with your doctor



Connect with other individuals and families



Learn more about mental illness



Visit NAMI.org

¹ This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov
² Statistics provided by Department of Justice.
³ American Journal of Psychiatry and U.S. Surgeon General's Report, 1999.
⁴ Substance Abuse and Mental Health Services Administration

Taking Charge of Your Mental Health

FIND THE RIGHT SPECIALIST



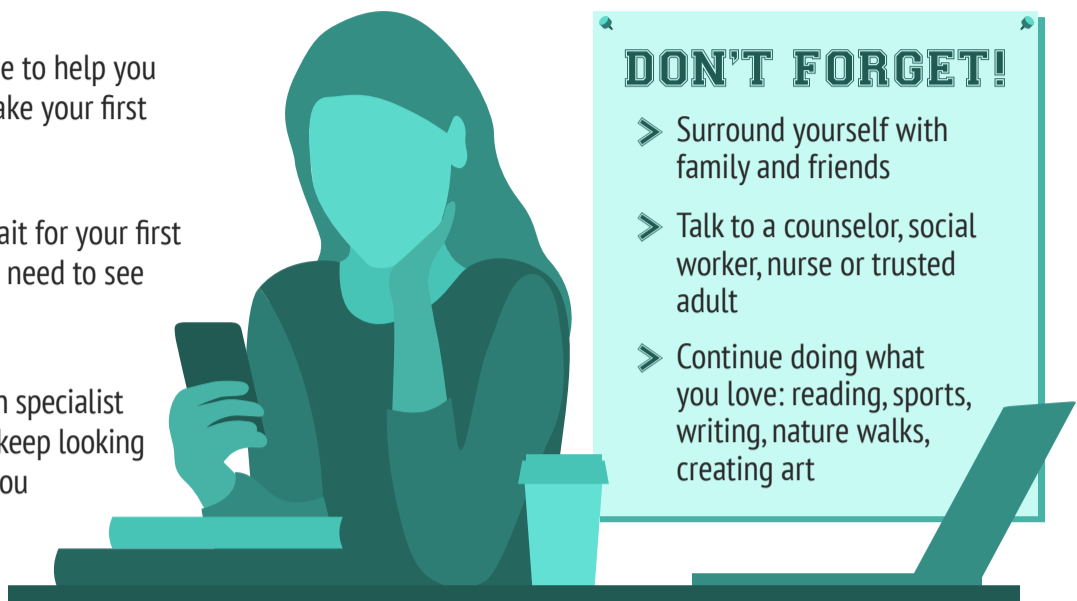
Ask your doctor or nurse to help you find a specialist and make your first appointment



There may be a long wait for your first visit, so speak up if you need to see someone right away



If the first mental health specialist you see isn't a good fit, keep looking for one who works for you



DON'T FORGET!

- > Surround yourself with family and friends
- > Talk to a counselor, social worker, nurse or trusted adult
- > Continue doing what you love: reading, sports, writing, nature walks, creating art

MAKE YOUR FIRST APPOINTMENT COUNT



Be ready to talk about your health history and what you're experiencing



You may be asked to fill out a questionnaire describing your mental health experience



Be clear about what you want and need to get better

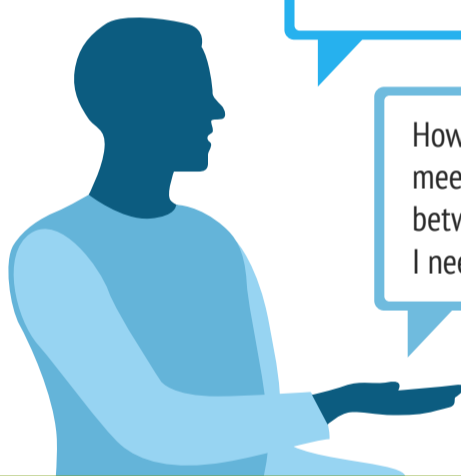


Ask the mental health specialist to explain treatment options so you understand the plan and what you need to do

NAVIGATING YOUR INSURANCE

- 📍 Involve someone with experience to help you
- 📍 Call your insurance company to ask what mental health benefits are covered
- 📍 To find a provider, visit your insurer's website or call the number on your insurance card

ASK QUESTIONS



If I have thoughts that scare me what should I do?

How often should we meet? What can I do between appointments if I need help?

Do I have to take medication? What does it help with? What are the side effects?

How long will it take for me to feel better, a few days, weeks or months?



STAY INVOLVED



Keep a wellness log and monitor your progress



Ask for changes if your treatment plan is not working for you



Stick with it; most therapies and medications take time to work



Your treatment plan may change, so be an active partner in this process

LIVE WELL

- ☀ Remember that you have control over living well
- ☀ Find a routine that works for you that includes a healthy diet, exercise and regular sleep patterns
- ☀ Stay close to your support network. Engage family, friends, teammates and your faith community. Think about joining an online community
- ☀ Be realistic and mindful of your needs and know your limits



GETTING THROUGH IT

- > Try staying away from drugs and alcohol. This is not always easy, so find strategies that work. Using drugs or alcohol to feel better is harmful to you.
- > If you use alcohol or drugs, be honest and tell your therapist or doctor because it affects your care plan.
- > Stay positive. Surround yourself with positive messages, people and activities. This will help you to feel better.

Follow Us!



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HelpLine: 800-950-6264

Attention deficit hyperactivity disorder (ADHD) is characterized by inattention, hyperactivity and impulsivity. ADHD is most commonly diagnosed in young people, according to the Center for Disease Control and Prevention (CDC). An estimated 9% of children between ages 3–17 have ADHD. While ADHD is usually diagnosed in childhood, it does not only affect children. An estimated 4% of adults have ADHD.

Symptoms

While some behaviors associated with ADHD are normal, someone with ADHD will have trouble controlling these behaviors and will show them much more frequently.

Signs of inattention:

- Becoming easily distracted and jumping from activity to activity
- Becoming bored with a task quickly
- Difficulty focusing attention or completing a single task or activity
- Trouble completing or turning in homework assignments
- Losing things such as school supplies or toys
- Not listening or paying attention when spoken to
- Daydreaming or wandering with lack of motivation
- Difficulty processing information quickly
- Struggling to follow directions

Signs of hyperactivity:

- Fidgeting and squirming, having trouble sitting still
- Non-stop talking
- Touching or playing with everything
- Difficulty doing quiet tasks or activities

Signs of impulsivity:

- Impatience
- Acting without regard for consequences, blurting things out
- Difficulty taking turns, waiting or sharing
- Interrupting others

Causes

There are several factors believed to contribute to ADHD:

- **Genetics.** Research shows that a person's genetics may cause a high risk of developing ADHD which often runs in families and some trends in specific brain areas that contribute to attention.
- **Environmental factors.** Studies show a link between a mother's cigarette smoking and alcohol use during pregnancy and children who have ADHD. Exposure to lead as a child has also been shown to increase the likelihood of ADHD in children.

Diagnosis

ADHD occurs in both children and adults, but is most often seen and diagnosed in childhood. Getting a diagnosis can sometimes be difficult because the symptoms are similar to typical behavior in most young children.

Teachers are often the first to notice symptoms because they see children in a learning environment with peers every day. There is no one single test that can diagnose a child with ADHD, so meet with a doctor or mental health professional. The goal is to rule out any outside causes for symptoms, such as environmental changes, difficulty in school, medical problems and ensure that a child is otherwise healthy.

Treatment

A treatment plan is most effective if it is uniquely tailored to an individual's needs, and if it is implemented early on. Treatment plans should take into consideration learning style and potentially include medication that can be prescribed by a pediatrician, general practitioner or mental health professional.

Commonly prescribed medications include both stimulants and non-stimulants. While stimulants are usually the first choice for treating ADHD, antidepressants might be something a doctor suggests especially if someone is living with ADHD in addition to depression. If effective, medications can improve attention span, the ability to deal with frustration and ultimately lead to better relationships with teachers, family members and peers.


A doctor or mental health professional may also want to incorporate behavioral therapy into the treatment course. Having structure and routine, as well as clear expectations of what is allowed and not allowed in terms of behavior and outbursts can help a child learn and feel more in control of their own life. Behavior therapy can also help improve social skills of people living with ADHD, such as sharing and interacting with peers.

Complementary Health Approaches

- **Elimination diets** are based on the theory that people are sensitive to sugar and artificially added colors, flavors and preservatives, and that eliminating these substances from the diet could improve learning and behavioral problems.
- **Nutritional supplements**, such as omega-3s, are thought to help the deficiency of fatty acids that are sometimes associated with ADHD.
- **Neurofeedback (EEG biofeedback)** teaches individuals how to increase arousal levels in the frontal areas of the brain. This is because people living with ADHD show low levels of arousal in these areas, which results in an impaired ability to focus.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/ADHD>

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Everyone experiences anxiety. However, when feelings of intense fear and distress are overwhelming and prevent us from doing everyday things, an anxiety disorder may be the cause. Anxiety disorders are the most common mental health concern in the United States. An estimated 40 million adults in the U.S., or 18%, have an anxiety disorder. Approximately 8% of children and teenagers experience the negative impact of an anxiety disorder at school and at home.

Symptoms

Just like with any mental illness, people with anxiety disorders experience symptoms differently. But for most people, anxiety changes how they function day-to-day. People can experience one or more of the following symptoms:

Emotional symptoms:

- Feelings of apprehension or dread
- Feeling tense and jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

Physical symptoms:

- Pounding or racing heart and shortness of breath
- Upset stomach
- Sweating, tremors and twitches
- Headaches, fatigue and insomnia
- Upset stomach, frequent urination or diarrhea

Types of Anxiety Disorders

Different anxiety disorders have various symptoms. This also means that each type of anxiety disorder has its own treatment plan. The most common anxiety disorders include:

- **Panic Disorder.** Characterized by panic attacks—sudden feelings of terror—sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful, physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset.
- **Phobias.** Most people with specific phobias have several triggers. To avoid panicking, someone with specific phobias will work hard to avoid their triggers. Depending on the type and number of triggers, this fear and the attempt to control it can seem to take over a person's life.
- **Generalized Anxiety Disorder (GAD).** GAD produces chronic, exaggerated worrying about everyday life. This can consume hours each day, making it hard to concentrate or finish routine daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension or nausea.
- **Social Anxiety Disorder.** Unlike shyness, this disorder causes intense fear, often driven by irrational worries about social humiliation—"saying something stupid," or "not knowing what to say." Someone with social anxiety disorder may not

participate in conversations, contribute to class discussions, or offer their ideas, and may become isolated. Panic attack symptoms are a common reaction.

Causes

Scientists believe that many factors combine to cause anxiety disorders:

- **Genetics.** Some families will have a higher than average numbers of members experiencing anxiety issues, and studies support the evidence that anxiety disorders run in families. This can be a factor in someone developing an anxiety disorder.
- **Stress.** A stressful or traumatic situation such as abuse, death of a loved one, violence or prolonged illness is often linked to the development of an anxiety disorder.

Diagnosis

The physical symptoms of an anxiety disorder can be easily confused with other medical conditions like heart disease or hyperthyroidism. Therefore, a doctor will likely perform a carefully evaluate involving a physical examination, an interview and ordering lab tests. After ruling out a medical illness, the doctor may recommend a person see a mental health professional to make a diagnosis.

Treatment

As each anxiety disorder has a different set of symptoms, the types of treatment that a mental health professional may suggest also can vary. But there are common types of treatment that are used:

- Psychotherapy, including cognitive behavioral therapy (CBT)
- Medications, including anti-anxiety medications and antidepressants
- Complementary health approaches, including stress and relaxation techniques.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders>

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Depression is more than just feeling sad or going through a rough patch. It's a serious mental health condition that requires understanding and medical care. Left untreated, depression can be devastating for the people who have it and for their families. Fortunately, with early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and lifestyle choices, many people do get better.

Some people have only one episode in a lifetime, but for most people depression recurs. Without treatment, episodes may last a few months to several years.

An estimated 16 million American adults—almost 7% of the population—had at least one major depressive episode in the past year. People of all ages and all racial, ethnic and socioeconomic backgrounds experience depression, but it does affect some groups of people more than others. Women are 70% more likely than men to experience depression, and young adults aged 18–25 are 60% more likely to have depression than people aged 50 or older.

Symptoms

Just like with any mental illness, people with depression experience symptoms differently. But for most people, depression changes how they function day-to-day. Common symptoms of depression include:

- Changes in sleep
- Changes in appetite
- Lack of concentration
- Loss of energy
- Lack of interest
- Low self esteem
- Hopelessness
- Changes in movement
- Physical aches and pains

Causes

Depression does not have a single cause. It can be triggered, or it may occur spontaneously without being associated with a life crisis, physical illness or other risk. Scientists believe several factors contribute to cause depression:

- **Trauma.** When people experience trauma at an early age, it can cause long-term changes in how their brains respond to fear and stress. These brain changes may explain why people who have a history of childhood trauma are more likely to experience depression.
- **Genetics.** Mood disorders and risk of suicide tend to run in families, but genetic inheritance is only one factor.
- **Life circumstances.** Marital status, financial standing and where a person lives have an effect on whether a person develops depression, but it can be a case of “the chicken or the egg.”

- **Brain structure.** Imaging studies have shown that the frontal lobe of the brain becomes less active when a person is depressed. Depression is also associated with changes in how the pituitary gland and hypothalamus respond to hormone stimulation.
- **Other medical conditions.** People who have a history of sleep disturbances, medical illness, chronic pain, anxiety, and attention-deficit hyperactivity disorder (ADHD) are more likely to develop depression.
- **Drug and alcohol abuse.** Approximately 30% of people with substance abuse problems also have depression.

Diagnosis

To be diagnosed with depression, a person must have experienced a major depressive episode that has lasted longer than two weeks. The symptoms of a major depressive episode include:

- Loss of interest or loss of pleasure in all activities
- Change in appetite or weight
- Sleep disturbances
- Feeling agitated or feeling slowed down
- Fatigue
- Feelings of low self-worth, guilt or shortcomings
- Difficulty concentrating or making decisions
- Suicidal thoughts or intentions

Treatments

Although depression can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and a treatment plan. Treatment can include any one or combination of:

- **Medications** including antidepressants, mood stabilizers and antipsychotic medications
- **Psychotherapy** including cognitive behavioral therapy, family-focused therapy and interpersonal therapy
- **Brain stimulation therapies** including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- **Light therapy**, which uses a light box to expose a person to full spectrum light and regulate the hormone melatonin
- **Exercise**
- **Alternative therapies** including acupuncture, meditation, and nutrition
- **Self-management strategies and education**
- **Mind/body/spirit approaches** such as meditation, faith, and prayer

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression>

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Traumatic events, such as military combat, assault, an accident or a natural disaster, can have long-lasting negative effects. Sometimes our biological responses and instincts, which can be life-saving during a crisis, leave people with ongoing psychological symptoms because they are not integrated into consciousness.

PTSD affects 3.5% of the U.S. adult population—about 7.7 million Americans—but women are more likely to develop the condition than men. About 37% of those cases are classified as severe. While PTSD can occur at any age, the average age of onset is in a person's early 20s.

Symptoms

The symptoms of PTSD fall into the following categories:

- Intrusive Memories, which can include flashbacks of reliving the moment of trauma, bad dreams and scary thoughts.
- Avoidance, which can include staying away from certain places or objects that are reminders of the traumatic event. A person may also feel numb, guilty, worried or depressed or having trouble remembering the traumatic event.
- Dissociation, which can include out-of-body experiences or feeling that the world is "not real" (derealization).
- Hypervigilance, which can include being startled very easily, feeling tense, trouble sleeping or outbursts of anger.

Over the last 5 years, research on 1–6 year olds found that young children can develop PTSD, and the symptoms are quite different from those of adults. These findings also saw an increase in PTSD diagnoses in young children by more than 8 times when using the newer criteria. Symptoms in young children can include:

- Acting out scary events during playtime.
- Forgetting how/being unable to talk.
- Being excessively clingy with adults.
- Extreme temper tantrums, as well as overly aggressive behavior.

Diagnosis

Symptoms of PTSD usually begin within 3 months after a traumatic event, but occasionally emerge years afterward. Symptoms must last more than a month to be considered PTSD. PTSD is often accompanied by depression, substance abuse or another anxiety disorder. Because young children have emerging abstract cognitive and limited verbal expression, research indicates that diagnostic criteria needs to be more behaviorally anchored and developmentally sensitive to detect PTSD in preschool children.

Treatment

Medications. There is no one medication that will treat all cases of PTSD. The effective combination of psychotherapy and medication should be used together to reduce its

symptoms. Given the common co-occurrence of depression, related anxiety disorders, aggression and impulsivity, selecting medications that address these related problems is recommended. Common categories of medications include antidepressants, antipsychotics and mood stabilizers.

Psychotherapy. People with PTSD respond better to select, structured interventions than to unstructured, supportive psychotherapy. In addition to the following therapies, research is being conducted on dream revision therapy, also known as Imagery Rehearsal Therapy (IRT).

- **Cognitive behavioral therapy (CBT)** helps change the negative thinking and behavior associated with depression. The goal of this therapy is to recognize negative thoughts and replace them with positive thoughts, which leads to more effective behavior.
- **Eye Movement Desensitization and Reprocessing (EMDR)** is an eclectic psychotherapy intervention designed for trauma that employs exposure to traumatic memories with alternating stimuli (eye movements are one of several options) in structured sessions with an individual certified to perform EMDR.
- **Exposure therapy** helps people safely face what they find frightening so that they can learn to cope with it effectively. For example, virtual reality programs allow a person to experience the situation in which he or she experienced trauma.

Other forms of therapy include the use of service dogs and support groups.

Complementary and Alternative Methods

Recently, many health care professionals have begun to include alternative treatments into their regimens. Some methods that have been used for PTSD include:

- Yoga
- Aqua therapy, such as floatation chambers and surfing
- Acupuncture
- Mindfulness and meditation

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Posttraumatic-Stress-Disorder>

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People often keep their habit a secret, but the urge to self-harm isn't uncommon, especially in adolescents and young adults. Many overcome it with treatment.

Whether a person has recently started hurting his or herself or has been doing it for a while, there is an opportunity to improve health and reduce behaviors. Talking to a doctor or a trusted friend or family member is the first step towards understanding your behavior and finding relief.

What is Self-harm?

Self-harm or self-injury means hurting yourself on purpose. One common method is cutting yourself with a knife. Some people feel an impulse to burn themselves, pull out hair or pick at wounds to prevent healing. Extreme injuries can result in broken bones.

Hurting yourself—or thinking about hurting yourself—is a sign of emotional distress. These uncomfortable emotions may grow more intense if a person continues to use self-harm as a coping mechanism. Learning other ways to tolerate the mental pain will make you stronger in the long term.

Self-harm also causes feelings of shame. The scars caused by frequent cutting or burning can be permanent. Drinking alcohol or doing drugs while hurting yourself increases the risk of a more severe injury than intended. And, it takes time and energy away from other things you value. Skipping classes to change bandages or avoiding social occasions to prevent people from seeing your scars is a sign that your habit is negatively affecting work and relationships.

Why People Self-harm

Self-harm is not a mental illness, but a behavior that indicates a lack of coping skills. Several illnesses are associated with it, including borderline personality disorder, depression, eating disorders, anxiety or posttraumatic distress disorder.

Self-harm occurs most often during the teenage and young adult years, though it can also happen later in life. Those at the most risk are people who have experienced trauma, neglect or abuse.

The urge to hurt yourself may start with overwhelming anger, frustration or pain. When a person is not sure how to deal with emotions, or learned as a child to hide emotions, self-harm may feel like a release.

Sometimes, injuring yourself stimulates the body's endorphins or pain-killing hormones and can temporarily improve their mood. Or if someone doesn't feel many emotions, a person might cause himself pain in order to feel something "real" to replace emotional numbness.

Once a person injures herself, she may experience shame and guilt. If the shame leads to intense negative feelings, that person may hurt herself again. As a result, the behavior can become a dangerous cycle and a long-time habit. Some people even create rituals around it.

Self-harm isn't the same as attempting suicide. However, it is a symptom of emotional pain that should be taken seriously. If someone is hurting herself, she may be at an increased risk of feeling suicidal. It's important to find treatment for the underlying emotions.

Treatment and Coping

There are effective treatments for self-harm that can allow a person to feel in control again. Psychotherapy is important to any treatment plan. Self-harm may feel necessary to manage emotions, so a person will need to learn new coping mechanisms.

The first step in getting help is talking to a trusted adult, friend or medical professional who is familiar with the subject, ideally a psychiatrist. The more information that person can give, the better the treatment plan will be.

Depending on any underlying illness, a doctor may prescribe medication to help with difficult emotions. For someone with depression, for instance, an antidepressant may lessen harmful urges.

What to Do When Someone Self-harms

Perhaps you have noticed a friend or family member with frequent bruises or bandages. If someone is wearing long sleeves and pants even in hot weather, they may be trying to hide injuries or scarring.

If you're worried a family member or friend might be hurting herself, ask her how she's doing and be prepared to listen to the answer, even if it makes you uncomfortable. This may be a hard subject to understand. One of the best things is tell them that while you may not fully understand, you'll be there to help. Don't dismiss emotions or try to turn it into a joke.

Gently encourage someone to get treatment by stating that self-harm isn't uncommon and doctors and therapists can help. If possible, offer to help find treatment. But don't go on the offensive and don't try to make the person promise to stop, as it takes more than willpower to quit.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Self-harm>

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Many people experience problems sleeping including not getting enough sleep, not feeling rested and not sleeping well. This problem can lead to difficulties functioning during the daytime and have unpleasant effects on your work, social and family life. Problems sleeping can be secondary to a medical illness such as sleep apnea, or a mental health condition like depression.

Sleep issues can be a sign of an impending condition such as bipolar disorder. In addition to affecting sleep itself, many medical and mental health conditions can be worsened by sleep-related problems.

Insomnia

One of the major sleep disorders that people face is insomnia. Insomnia is an inability to get the amount of sleep needed to function efficiently during the daytime. Over one-third of Americans report difficulty sleeping. Insomnia is caused by difficulty falling asleep, difficulty staying asleep or waking up too early in the morning.

Insomnia is rarely an isolated medical or mental illness but rather a symptom of another illness to be investigated by a person and their medical doctors. In other people, insomnia can be a result of a person's lifestyle or work schedule.

Sometimes insomnia or other sleep problems can be caused by sleep apnea, which is a separate medical condition that affects a person's ability to breathe while sleeping. A doctor or sleep specialist can diagnose sleep apnea and provide treatment to improve sleep.

Short-term insomnia is very common and has many causes such as stress, travel or other life events. It can generally be relieved by simple sleep hygiene interventions such as exercise, a hot bath, warm milk or changing your bedroom environment. Long-term insomnia lasts for more than three weeks and should be investigated by a physician with a potential referral to a sleep disorder specialist, which includes psychiatrists, neurologists and pulmonologists who have expertise in sleep disorders.

Cause and Effect

More than one-half of insomnia cases are related to depression, anxiety or psychological stress. Often the qualities of a person's insomnia and their other symptoms can be helpful in determining the role of a mental health condition in a person's inability to sleep. Early morning wakefulness can be a sign of depression, along with low energy, inability to concentrate, sadness and a change in appetite or weight. On the other hand, a sudden dramatic decrease in sleep which is accompanied by increase in energy, or the lack of need for sleep may be a sign of mania.

Many anxiety disorders are associated with difficulties sleeping. Obsessive-compulsive disorder (OCD) is frequently associated with poor sleep. Panic attacks during sleep may suggest a panic

disorder. Poor sleep resulting from nightmares may be associated with posttraumatic stress disorder (PTSD).

Substance abuse can also cause problems with sleep. While alcohol is sedating in limited quantities, intoxication with alcohol can make you wake up numerous times in the night and disturbs your sleep patterns. Drugs such as LSD, ecstasy, Molly and marijuana are also associated with disturbances in sleep. Some sedative medications may cause sleepiness during intoxication but can disturb sleep and cause serious problems sleeping in people who are addicted to or withdrawing from these medications.

Poor sleep has been shown to significantly worsen the symptoms of many mental health issues. Severe sleep problems can decrease the effectiveness of certain treatments. Treatment of sleep disorders has also been studied in relationship to schizophrenia, ADHD and other mental health conditions. All of the scientific data shows the connection between medical and mental illnesses: good sleep is necessary for recovery—or prevention—in both types of conditions.

Treatment

The first-line treatment for insomnia is good sleeping habits and taking care of any underlying conditions that may be causing the problems with sleeping. But when these are not enough, other treatment options can be considered. Treatment options could include relaxation techniques, medication, exercise, light therapy or cognitive behavioral therapy.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Sleep-Disorders>

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<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

Stress and Your Health

Q: What is stress?

A: Stress is a feeling you get when faced with a challenge. In small doses, stress can be good for you because it makes you more alert and gives you a burst of energy. For instance, if you start to cross the street and see a car about to run you over, that jolt you feel helps you to jump out of the way before you get hit. But feeling stressed for a long time can take a toll on your mental and physical health. Even though it may seem hard to find ways to de-stress with all the things you have to do, it's important to find those ways. Your health depends on it.

Q: What are the most common causes of stress?

A: Stress happens when people feel like they don't have the tools to manage all of the demands in their lives. Stress can be short-term or long-term. Missing the bus or arguing with your spouse or partner can cause short-term stress. Money problems or trouble at work can cause long-term stress. Even happy events, like having a baby or getting married can cause stress. Some of the most common stressful life events include:

- Death of a spouse
- Death of a close family member
- Divorce
- Losing your job
- Major personal illness or injury
- Marital separation
- Marriage
- Pregnancy



I have two full-time jobs — I'm a customer service center manager and a mom of two young kids. I see myself as a happy person and a hard worker. But last month, the commute to work, my job, the

chores around the house, and trying to spend enough time with my kids was really stressing me out. I have to get up really early in the morning to get the kids ready for school. Then it takes me so long to get to work that I'm in a bad mood by the time I get there. My office is short-staffed and we had a lot of deadlines to meet so I was working overtime. My home life suf-

fered — traffic going home didn't help my mood, and when I got there, I was just so tired I didn't want to do anything! But I was faced with making dinner and doing laundry. My kids need my attention too!

I wanted to handle my stress before it got the best of me. I talked with my boss about working later hours so I don't run into so much traffic and am in a better mood when I get there and get home. I asked my husband to pick up the kids from school, and he has offered to help more with dinner and the laundry. When he cooks, I go for a bike ride with my kids. I also started setting five minutes aside in the morning and in the afternoon at work for me to relax and take a deep breath. These small changes have made a big difference in my life!



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- Retirement
- Spending time in jail

Q: What are some common signs of stress?

A: Everyone responds to stress a little differently. Your symptoms may be different from someone else's. Here are some of the signs to look for:

- Not eating or eating too much
- Feeling like you have no control
- Needing to have too much control
- Forgetfulness
- Headaches
- Lack of energy
- Lack of focus
- Trouble getting things done
- Poor self-esteem
- Short temper
- Trouble sleeping
- Upset stomach
- Back pain
- General aches and pains

These symptoms may also be signs of depression or anxiety, which can be caused by long-term stress.

Q: Do women react to stress differently than men?

A: One recent survey found that women were more likely to experience physical symptoms of stress than men. But we don't have enough proof to say that this applies to all women. We do know that women often cope with stress in different ways than men. Women "tend and befriend," taking care of those closest to them, but also drawing support from

friends and family. Men are more likely to have the "fight or flight" response. They cope by "escaping" into a relaxing activity or other distraction.

Q: Can stress affect my health?

A: The body responds to stress by releasing stress hormones. These hormones make blood pressure, heart rate, and blood sugar levels go up. Long-term stress can help cause a variety of health problems, including:

- Mental health disorders, like depression and anxiety
- Obesity
- Heart disease
- High blood pressure
- Abnormal heart beats
- Menstrual problems
- Acne and other skin problems

Q: Does stress cause ulcers?

A: No, stress doesn't cause ulcers, but it can make them worse. Most ulcers are caused by a germ called *H. pylori*. Researchers think people might get it through food or water. Most ulcers can be cured by taking a combination of antibiotics and other drugs.

Q: What is post-traumatic stress disorder (PTSD)?

A: Post-traumatic stress disorder (PTSD) is a type of anxiety disorder that can occur after living through or seeing a dangerous event. It can also occur after a sudden traumatic event. This can include:

- Being a victim of or seeing violence
- Being a victim of sexual or physical abuse or assault



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- The death or serious illness of a loved one
- Fighting in a war
- A severe car crash or a plane crash
- Hurricanes, tornadoes, and fires

You can start having PTSD symptoms right after the event. Or symptoms can develop months or even years later.

Symptoms may include:

- Nightmares
- Flashbacks, or feeling like the event is happening again
- Staying away from places and things that remind you of what happened
- Being irritable, angry, or jumpy
- Feeling strong guilt, depression, or worry
- Trouble sleeping
- Feeling “numb”
- Having trouble remembering the event

Women are 2 to 3 times more likely to develop PTSD than men. Also, people with ongoing stress in their lives are more likely to develop PTSD after a dangerous event.

Q: How can I help handle my stress?

A: Everyone has to deal with stress. There are steps you can take to help you handle stress in a positive way and keep it from making you sick. Try these tips to keep stress in check:

Develop a new attitude

- **Become a problem solver.** Make a list of the things that cause you stress. From your list, figure out which problems you can solve now

and which are beyond your control for the moment. From your list of problems that you can solve now, start with the little ones. Learn how to calmly look at a problem, think of possible solutions, and take action to solve the problem. Being able to solve small problems will give you confidence to tackle the big ones. And feeling confident that you can solve problems will go a long way to helping you feel less stressed.

- **Be flexible.** Sometimes, it's not worth the stress to argue. Give in once in awhile or meet people half-way.
- **Get organized.** Think ahead about how you're going to spend your time. Write a to-do list. Figure out what's most important to do and do those things first.
- **Set limits.** When it comes to things like work and family, figure out what you can really do. There are only so many hours in the day. Set limits for yourself and others. Don't be afraid to say NO to requests for your time and energy.

Relax

- **Take deep breaths.** If you're feeling stressed, taking a few deep breaths makes you breathe slower and helps your muscles relax.
- **Stretch.** Stretching can also help relax your muscles and make you feel less tense.
- **Massage tense muscles.** Having someone massage the muscles in the back of your neck and upper back can help you feel less tense.
- **Take time to do something you want to do.** We all have lots of



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things that we have to do. But often we don't take the time to do the things that we really want to do. It could be listening to music, reading a good book, or going to a movie. Think of this as an order from your doctor, so you won't feel guilty!

Take care of your body

- **Get enough sleep.** Getting enough sleep helps you recover from the stresses of the day. Also, being well-rested helps you think better so that you are prepared to handle problems as they come up. Most adults need 7 to 9 hours of sleep a night to feel rested.
- **Eat right.** Try to fuel up with fruits, vegetables, beans, and whole grains. Don't be fooled by the jolt you get from caffeine or high-sugar snack foods. Your energy will wear off, and you could wind up feeling more tired than you did before.
- **Get moving.** Getting physical activity can not only help relax your tense muscles but improve your mood. Research shows that physical activity can help relieve symptoms of depression and anxiety.

- **Don't deal with stress in unhealthy ways.** This includes drinking too much alcohol, using drugs, smoking, or overeating.

Connect with others

- **Share your stress.** Talking about your problems with friends or family members can sometimes help you feel better. They might also help you see your problems in a new way and suggest solutions that you hadn't thought of.
- **Get help from a professional if you need it.** If you feel that you can no longer cope, talk to your doctor. She or he may suggest counseling to help you learn better ways to deal with stress. Your doctor may also prescribe medicines, such as antidepressants or sleep aids.
- **Help others.** Volunteering in your community can help you make new friends and feel better about yourself. ■



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For more information

For more information on stress and your health, please call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

National Institute of Mental Health

Phone: (301) 443-4513; Toll-Free: (866) 615-6464

Internet Address: <http://www.nimh.nih.gov>

American Psychiatric Association

Phone: (703) 907-7300; Toll-Free: 1-888-35-PSYCH (77924)

Internet Address: <http://www.psych.org>

National Mental Health Consumers' Self-Help Clearinghouse

Phone: (215) 751-1810; Toll-Free: (800) 553-4539

Internet Address: <http://www.mhselfhelp.org>

American Psychological Association

Phone: (202) 336-5500; Toll-Free: (800) 374-2721

Internet Address: <http://www.apa.org>

National Mental Health Information Center

Phone: (800) 789-2647

Internet Address: <http://www.mental-health.org>

National Center for Post Traumatic Stress Disorder

Phone: (802) 296-6300

Internet Address: <http://ncptsd.va.gov/ncmain/>

American Institute of Stress

Phone: (914) 963-1200

Internet Address: <http://www.stress.org>

Mental Health America

Phone: (800) 969-6642

Internet Address: <http://www.nmha.org>

This FAQ was reviewed by:

Catherine Roca, M.D.,

Office for Special Populations

National Institute of Mental Health, National Institutes of Health

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Content last updated March 17, 2010.

If you or someone you know is in an emergency, call The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or call 911 immediately.

Each year more than 34,000 individuals take their own life, leaving behind thousands of friends and family members to navigate the tragedy of their loss. Suicide is the 10th leading cause of death among adults in the U.S. and the 3rd leading cause of death among adolescents.

Suicidal thoughts or behaviors are both damaging and dangerous and are therefore considered a psychiatric emergency. Someone experiencing these thoughts should seek immediate assistance from a health or mental health care provider.

Know the Warning Signs

Identifying the suicide warning signs is the first step towards protecting your loved one.

- Threats or comments about killing themselves, also known as suicidal ideation, can begin with seemingly harmless thoughts like “I wish I wasn’t here” but can become more overt and dangerous
- Increased alcohol and drug use
- Aggressive behavior. A person who’s feeling suicidal may experience higher levels of aggression and rage than they are used to.
- Social withdrawal from friends, family and the community.
- Dramatic mood swings indicate that your loved one is not feeling stable and may feel suicidal.
- Preoccupation with talking, writing or thinking about death.
- Impulsive or reckless behavior.

Is There Imminent Danger?

Any person exhibiting these behaviors should get care immediately: They are putting their affairs in order and giving away their possessions They are saying goodbye to friends and family Their mood shifts from despair to calm They start planning, possibly by looking around to buy, steal or borrow the tools they need to commit suicide such as a firearm or prescription medication A licensed mental health professional can help assess risk.

Who is at Risk for Suicide?

Research has found that about 90% of individuals who die by suicide experience mental illness. Oftentimes it is undiagnosed or untreated. Experiencing a mental illness is the number one risk factor for suicide.

A number of things may put a person at risk of suicide:

- **Substance abuse**, which can cause mental highs and lows that exacerbate suicidal thoughts
- **Intoxication** (more than one in three people who die from suicide are found to be intoxicated)
- **Access to firearms** (the majority of completed suicides involve the use of a firearm)
- **Chronic medical illness**
- **Gender** (though more women than men attempt suicide, men are 4 times more likely to die by suicide)
- **History of trauma**
- **Isolation**
- **Age** (people under age 24 or above age 65 are at a higher risk for suicide)
- **Recent tragedy or loss**
- **Agitation and sleep deprivation**

Can Thoughts of Suicide Be Prevented?

Psychotherapy such as cognitive behavioral therapy and dialectical behavior therapy, can help a person with thoughts of suicide recognize unhealthy patterns of thinking and behavior, validate troubling feelings, and learn coping skills.

Medication can be used if necessary to treat underlying depression and anxiety and can lower a person's risk of hurting themselves. Depending on the person's mental health diagnosis, other medications can be used to alleviate symptoms.

See more at: <https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Risk-of-Suicide>

Updated March 2015

NAMI
3803 N. Fairfax Drive, Suite 100
Arlington, VA 22203
www.nami.org
NAMI HelpLine: 800-950-NAMI (6264)
 NAMI |  namicomunicate

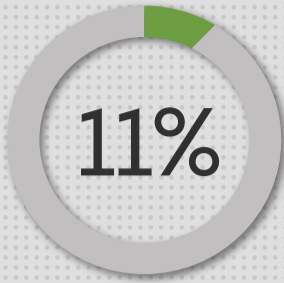
Mental Health Facts

CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.



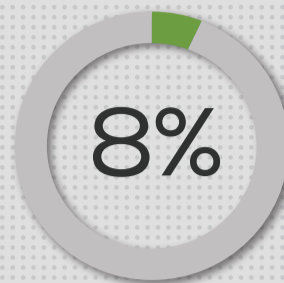
20% of youth ages 13-18 live with a mental health condition



11% of youth have a mood disorder



10% of youth have a behavior or conduct disorder



8% of youth have an anxiety disorder

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.

50%



Approximately 50% of students age 14 and older with a mental illness drop out of high school.

70%



70% of youth in state and local juvenile justice systems have a mental illness.

Suicide

2nd



Suicide is the 2nd leading cause of death in youth ages 15 - 24.



90%

90% of those who died by suicide had an underlying mental illness.

Warning Signs

- Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated).
- Trying to harm or kill oneself or making plans to do so.
- Out-of-control, risk-taking behaviors that can cause harm to self or others.
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.
- Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.
- Severe mood swings that cause problems in relationships.
- Repeated use of drugs or alcohol.
- Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).
- Extreme difficulty in concentrating or staying still that can lead to failure in school.
- Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

4 Things Parents Can Do



Talk with your pediatrician



Get a referral to a mental health specialist



Work with the school



Connect with other families

This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov
This document cites statistics provided by the Centers for Disease Control and Prevention. www.cdc.gov

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Do's and Don'ts

PRINT-AND-GO GUIDE

Eat this. Don't eat that. Do this. Don't do that. Pregnant women are bombarded with Do's and Don'ts. It's tough to keep it all straight. Pregnancy Do's are listed below. The next page has a list of pregnancy Don'ts.

Pregnancy Do's

- See your doctor regularly. Prenatal care can help keep you and your baby healthy and spot problems if they occur.
- Continue taking folic acid throughout your pregnancy. All women capable of pregnancy should get 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day. Getting enough folic acid lowers the risk of some birth defects. Taking a vitamin with folic acid will help you to be sure you are getting enough.
- Eat a variety of healthy foods. Include fruits, vegetables, whole grains, calcium-rich foods, lean meats, and a variety of cooked seafood.
- Get all essential nutrients, including iron, every day. Getting enough iron prevents anemia, which is linked to preterm birth and low-birth weight babies. Ask your doctor about taking a daily prenatal vitamin or iron supplement.
- Drink extra fluids, especially water.
- Get moving! Unless your doctor tells you otherwise, physical activity is good for you and your baby.
- Gain a healthy amount of weight. Gaining more than the recommended amount during pregnancy increases a woman's risk for pregnancy complications. It also makes it harder to lose the extra pounds after childbirth. Check with your doctor to find out how much weight you should gain during pregnancy.

after childbirth. Check with your doctor to find out how much weight you should gain during pregnancy.

- Wash hands, especially after handling raw meat or using the bathroom.
- Get enough sleep. Aim for 7 to 9 hours every night. Resting on your left side helps blood flow to you and your baby and prevents swelling. Using pillows between your legs and under your belly will help you get comfortable.
- Set limits. If you can, control the stress in your life and set limits. Don't be afraid to say "no" to requests for your time and energy. Ask for help from others.
- Make sure health problems are treated and kept under control. If you have diabetes, control your blood sugar levels. If you have high blood pressure, monitor it closely.
- Ask your doctor before stopping any medicines you take or taking any new medicines. Prescription, over-the-counter, and herbal medicine all can harm your baby.
- Get a flu shot. Pregnant women can get very sick from the flu and may need hospital care. Ask your doctor about the flu vaccine.
- Always wear a seatbelt. The lap strap should go under your belly, across your hips. The shoulder strap should go between your breasts and to the side of your belly. Make sure it fits snugly.
- Join a childbirth or parenting class.

page 1



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Steer clear of these pregnancy no-nos to help keep you and your baby safe and healthy.

Pregnancy Don'ts

- Don't smoke tobacco. Quitting is hard, but you can do it! Ask your doctor for help. Smoking during pregnancy passes nicotine and cancer-causing drugs to your baby. Smoking also keeps your baby from getting needed nourishment and raises the risk of miscarriage, preterm birth, and infant death.
- Avoid exposure to toxic substances and chemicals, such as cleaning solvents, lead and mercury, some insecticides, and paint. Pregnant women should avoid exposure to paint fumes.
- Protect yourself and your baby from food-borne illness, which can cause serious health problems and even death. Handle, clean, cook, eat, and store food properly.
- Don't drink alcohol. There is no known safe amount of alcohol a woman can drink while pregnant. Both drinking every day and drinking a lot of alcohol once in a while during pregnancy can harm the baby.
- Don't use illegal drugs. Tell your doctor if you are using drugs. Marijuana, cocaine, heroin, speed (amphetamines), barbiturates, and LSD are very dangerous for you and your baby.
- Don't clean or change a cat's litter box. This could put you at risk for toxoplasmosis, an infection that can be very harmful to the fetus.
- Don't eat swordfish, king mackerel, shark, and tilefish, which are high in mercury.
- Avoid contact with rodents and with their urine, droppings, or nesting material. This includes household pests and pet rodents, such as guinea pigs and hamsters. Rodents can carry a virus that can be harmful or even deadly to your unborn baby.
- Don't take very hot baths or use hot tubs or saunas. High temperatures can be harmful to the fetus, or cause you to faint.
- Don't use scented feminine hygiene products. Pregnant women should avoid scented sprays, sanitary napkins, and bubble bath. These products might irritate your vaginal area, and increase your risk of a urinary tract infection or yeast infection.
- Don't douche. Douching can irritate the vagina, force air into the birth canal and increase the risk of infection.
- Avoid x-rays. If you must have dental work or diagnostic tests, tell your dentist or physician that you are pregnant so that extra care can be taken.

Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

Language/Communication

- Coos, makes gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly | 1-800-CDC-INFO



Learn the Signs. Act Early.

Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

Movement/Physical Development

- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah", "eh", "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Baby at 9 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

Language/Communication

- Understands "no"
- Makes a lot of different sounds like "mamamama" and "bababababa"
- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

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Learn the Signs. Act Early.

Your Child at 1 Year



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

Movement/Physical Development

- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture ("cruising")
- May take a few steps without holding on
- May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide.
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 18 Months (1½ Yrs)



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't point to show things to others
- Can't walk
- Doesn't know what familiar things are for
- Doesn't copy others
- Doesn't gain new words
- Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 2 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run

- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't use 2-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 3 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what "two" means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 4 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what she likes and what she is interested in

Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of "same" and "different"
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow 3-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Your Child at 5 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Is aware of gender
- Can tell what's real and what's make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

Language/Communication

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, "Grandma will be here."
- Says name and address

Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

Movement/Physical Development

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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Learn the Signs. Act Early.

Tips for Baby Development

BIRTH-3 MONTHS

- Help baby's motor development by engaging in Tummy Time every day
- Give baby plenty of cuddle time and body massages
- Encourage baby's responses by presenting objects with bright colors and faces
- Talk to baby every day to show that language is used to communicate

4-6 MONTHS

- Encourage baby to practice Tummy Time, roll over, and reach for objects while playing
- Offer toys that allow two-handed exploration and play
- Talk to baby to encourage language development, baby may begin to babble
- Communicate with baby; imitate baby's noises and praise them when they imitate yours

7-9 MONTHS

- Place toys in front of baby to encourage movement
- Play cause and effect games like peek-a-boo
- Name and describe objects for baby during everyday activities
- Introduce "junior" and soft foods around 8 months

10-12 MONTHS

- Place cushions on floor to encourage baby to crawl over and between
- While baby is standing at sofa set a toy slightly out of reach to encourage walking using furniture as support
- Use picture books to work on communication and bonding
- Encourage two-way communication by responding to baby's giggles and coos

13-15 MONTHS

- Provide push and pull toys for baby to use as they learn how to walk
- Encourage baby to stack blocks and then knock them down
- Establish consistency with routines like mealtimes and bedtimes
- Sing, play music for, and read to your child regularly
- Ask your child questions to help stimulate decision making process



About Pathways.org

The mission of Pathways.org, since 1985, is to empower parents and health professionals with FREE tools and resources to maximize a child's motor, sensory, and communication development. The Pathways.org Medical Roundtable is instrumental in achieving this mission through strategic and supportive direction.

Pathways.org Medical Roundtable

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Michael E. Msall, MD, FAAP, FAACPDM and John F. Sarwark, MD, FAAP, FAACPDM, FAOS

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 Lori Walsh, MD
 Rosemary White-Traut, PhD, RN, FAAN
 Nina Aliprandi, MA, Parent
 Shirley Welsh Ryan



Questions?

Please call our "parent-answered" toll-free number, or email us. We will send you more information and refer you to therapists in your area.



800-955-CHILD (2445)
friends@pathways.org
www.pathways.org



This message endorsed by the American Academy of Pediatrics, the National Association of Pediatric Nurse Practitioners, American College of Osteopathic Pediatricians and Pediatric Section of the American Physical Therapy Association.

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ASSURE THE BEST!

Baby's Physical Development



FREE tools to maximize child development

Pathways.org is a 501(c)(3) not-for-profit organization.

What Every Parent Should Know

Pathways.org's *unique chart* allows you to track your child's physical, play, and speech development. Remember to **trust your instincts**. You know your child best. If you feel your baby is developing at a different pace, seek help.

Early Detection is the Best Prevention!

Important Parent Ideas:

- Keep a **notebook** of your concerns and observations.
- Review **this chart** and check the signs you see in your baby.**
- Share your concerns**, this chart, and your **notebook** with your **child's doctor or health provider**.

**It is okay to check boxes in both areas of Typical Development and Signs To Watch For columns.



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BY
3
MONTHS

BY
6
MONTHS

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MONTHS

BY
12
MONTHS

BY
15
MONTHS

TYPICAL Speech DEVELOPMENT*

- Sucks and swallows well during feeding
- Quiets or smiles in response to sound or voice
- Coos or vocalizes other than crying
- Turns head toward direction of sound

- Begins to use consonant sounds in babbling, e.g. "dada"
- Uses babbling to get attention
- Begins to eat cereals and pureed foods

- Increases variety of sounds and syllable combinations in babbling
- Looks at familiar objects and people when named
- Begins to eat junior and mashed table foods

- Meaningfully uses "mama" or "dada"
- Responds to simple commands, e.g. "come here"
- Produces long strings of gibberish (jargoning) in social communication
- Begins to use an open cup

- Vocabulary consists of 5 - 10 words
- Imitates new, less familiar words
- Understands 50 words
- Increases variety of coarsely chopped table foods

TYPICAL Play DEVELOPMENT*

- While lying on their back...*
- Visually tracks a moving toy from side to side
 - Attempts to reach for a rattle held above their chest
 - Keeps head in the middle to watch faces or toys

- Reaches for a nearby toy while on their tummy
- While lying on their back...*
- Transfers a toy from one hand to the other
 - Reaches both hands to play with feet

- In a high chair, holds and drinks from a bottle
- Explores and examines an object using both hands
- Turns several pages of a chunky (board) book at once
- In simple play imitates others

- Finger feeds self
- Releases objects into a container with a large opening
- Uses thumb and pointer finger to pick up tiny objects

- Stacks two objects or blocks
- Helps with getting undressed
- Holds and drinks from a cup

TYPICAL Physical DEVELOPMENT*



While lying on their tummy...

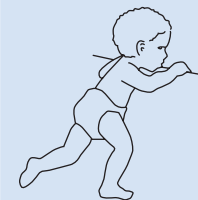
- Pushes up on arms
- Lifts and holds head up



- Uses hands to support self in sitting
- Rolls from back to tummy
- While standing with support, accepts entire weight with legs



- Sits and reaches for toys without falling
- Moves from tummy or back to sitting
- Creeps on hands and knees with alternate arm and leg movement



- Pulls to stand and cruises along furniture
- Stands alone and takes several independent steps



- Walks independently and seldom falls
- Squats to pick up toy

SIGNS TO WATCH FOR IN Physical DEVELOPMENT*



- Difficulty lifting head
- Stiff legs with little or no movement



- Pushes back with head
- Keeps hands fisted and lacks arm movement



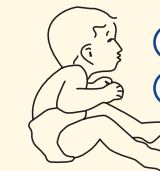
- Rounded back
- Unable to lift head up
- Poor head control



- Difficult to bring arms forward to reach out
- Arches back and stiffens legs



- Arms held back
- Stiff legs



- Uses one hand predominately
- Rounded back
- Poor use of arms in sitting



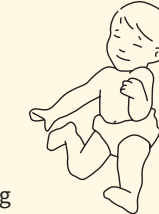
- Difficulty crawling
- Uses only one side of body to move



- Inability to straighten back
- Cannot take weight on legs



- Difficulty getting to stand because of stiff legs and pointed toes
- Only uses arms to pull up to standing



- Sits with weight to one side
- Strongly flexed or stiffly extended arms
- Needs to use hand to maintain sitting



- Unable to take steps independently
- Poor standing balance, falls frequently
- Walks on toes

*Remember to correct your child's age for prematurity.

Please visit www.Pathways.org to find more FREE resources on child development.

Field Trip & Outing Ideas in Greater New Orleans Area

ART / HISTORY / MUSIC

Blaine Kern's Mardi Gras World

1380 Port of New Orleans Place, (504) 361-7821; www.mardigrasworld.com; All ages

On a tour of the legendary float-making business, see Mardi Gras floats up close and learn about the artistry and technology involved in staging a Carnival parade. The guided tour includes the screening of an exclusive Mardi Gras video and a refreshment break with king cake. The facility also includes a restaurant with a view of the Mississippi River. Open 9:30 a.m. to 4:30 p.m. daily. (Closed Christmas, Thanksgiving, Easter and Mardi Gras). Admission \$19.95 adults, \$15.95 seniors, \$12.95 children 2-12 years old, children 2 and younger are free.

The Cabildo, Louisiana State Museum

701 Chartres St., (504) 568-6968; www.crt.state.la.us/museum/properties/cabildo.aspx; All ages

Built in the late 1700s for the municipal government, this National Historic Landmark was the site of the Louisiana Purchase transfer in 1803 — the table used for the occasion is on display — and the Louisiana Supreme Court issued the landmark Plessy v. Ferguson decision while housed there. The Marquis de Lafayette lived at the Cabildo when he visited the city in 1825, and the building at one time served as a prison. It now houses a comprehensive exhibit about Louisiana's early history. Open 10 a.m. to 4:30 p.m. Tuesday through Sunday. Closed holidays. Admission is \$6 adults; \$5 seniors, students and active military personnel; free for children 12 and younger.

French QuarTour Kids

(504) 975-5355; www.frenchquartourkids.com; Ages 6-15

The company provides hourlong walking tours in the French Quarter designed for kids. The Port, the Pirates & All the Rest! retraces Louisiana's history and the role its location and geography played. Historian Jill Dresser leads the Creole Kids Tour exploring 1830s New Orleans, including how children lived, what people wore, etiquette of the time and more. The tour includes a visit to the courtyard of the Hermann-Grima House. Admission to the adjoining museum is available at a discount. Tours are offered Saturdays, Sundays and holidays. Admission is \$12 per person (cash only), free for children 5 and younger. Children must be accompanied by an adult (one per four kids).

Jean Lafitte National Historic Park and Preserve Laura C. Hudson Visitor Center

419 Decatur St., (504) 589-3882; www.nps.gov; All ages

The visitor center in the French Quarter houses exhibits and murals illustrating the importance waterways such as the Mississippi River have played in the formation of Louisiana and its culture. Other exhibits and interactive displays focus on flora and fauna in the area, food, culture and festivals. Ranger-led walking tours of the French Quarter start at 9:30 a.m. Open 9 a.m. to 5 p.m. daily (except Christmas and Mardi Gras). Free admission.

National World War II Museum

945 Magazine St., (504) 528-1944; www.nationalww2museum.org; All ages

The internationally renowned museum has everything children love: tanks, planes, guns, love stories, movies, fashions, video-taped stories, the Stage Door Canteen's song and dance venue, dining options and more. Open 9 a.m. to 5 p.m. daily. Admission \$21 adults; \$18 seniors; \$12 children 5-12 years old, students, active military with ID; free children 5 and younger, military personnel in uniform and WWII veterans.

New Orleans Museum of Art

City Park, 1 Collins C. Diboll Circle, (504) 658-4100; www.noma.org; All ages

In addition to permanent and changing exhibitions of paintings, drawings, photographs, sculptures, Faberge eggs and more, the museum hosts programs for children and families including the monthly Story Quest at NOMA, in which professional authors, actors and artists read stories cued to a theme, followed by family activities. Where Y'Art (5 p.m. to 9 p.m. Fridays) features a variety of performances, art activities and more. The programs are free with regular museum admission. Open 10 a.m.-5 p.m. Tuesday through Sunday, 10 a.m. to 9 p.m. Friday. Admission \$10 adults; \$8 seniors, active military personnel, university students with ID; \$6 children 7-17 years old; free for children 6 and younger. Admission is free for everyone on Wednesdays.

Old U.S. Mint

400 Esplanade Ave., (504) 568-6993; www.crt.state.la.us/museum; All ages

This building began producing coins in 1838 and continued (with some lapses) until 1909. It now houses the Louisiana State Museums New Orleans Jazz Club Collections, the Louisiana Historical Center and a performing arts center. Check the website for events such as music and yoga classes. Open 10 a.m. to 4:30 p.m. Tuesday through Sunday. Closed holidays. Admission is \$6 adults; \$5 seniors, students and active military personnel; free for children 12 and younger.

The Presbytere, Louisiana State Museum

Jackson Square, 751 Chartres St., (504) 568-6968; www.crt.state.la.us/museum/properties/presbytere; All ages

Mardi Gras is always exciting for children, and the permanent exhibit Mardi Gras: It's Carnival Time in Louisiana provides eye candy and fun, tracing New Orleans' parades and Carnival balls from their beginnings to today. Hours are 10 a.m. to 4:30 p.m. Tuesday through Sunday. Closed holidays. Admission is \$6 adults; \$5 seniors, students and active military personnel; free for children 12 and younger. Admission includes other exhibits in the museum.

Preservation Hall

726 St. Peter St., (504) 522-2841; www.preservationhall.com; All ages

Policies barring drinking and smoking make this legendary traditional jazz club kid-friendly and gives youngsters a rare glimpse of jazz being performed where it began: in the music halls and parlors of the French Quarter. Open 8 p.m. daily (shows start at 8:15 p.m.). Admission \$15.

Sydney and Walda Besthoff Sculpture Garden

1 Colin Diboll Circle, City Park; www.noma.org/sgarden

All ages Stroll through a five-acre garden with walking paths, pedestrian bridges and reflecting pools. Help your child find the 60 sculptures by European, American, Israeli and Japanese artists that are on display throughout the garden. A free audio tour is available. Open 10 a.m. to 4:45 p.m. daily and 10 a.m. to 8:45 p.m. Friday. Free admission.

AMUSEMENTS / RIDES / GAMES

Carousel Gardens Amusement Park

City Park, 1 Palm Drive, (504) 483-9383; All ages

Home to one of only 100 wooden carousels remaining in the U.S., the amusement park is open seasonally and a variety of rides, including a 40-foot slide, a Ferris wheel, bumper cars, Tilt-A-Whirl, a miniature train and kiddie rides. Minimum height requirement for rides is 3 feet. Admission \$3, free for children under 3 feet; ride tickets are \$3 each or \$20 per person for unlimited rides. Check website for open dates and times.

NOLA Motorsports

11075 Nicolle Blvd., Avondale, (504) 302-4875; www.nolamotor.com

Minors must be accompanied by an adult This new complex for riding go-carts, motorcycles and race cars has miles of tracks in a variety of configurations, a 7-acre paddock, state-of-the-art safety features, dining facilities and soon will offer villas for rent. Open 10 a.m. to 9 p.m. Sunday through Thursday, 10 a.m. to 11 p.m. Friday and Saturday. Call for admission information.

Horseback riding

Pony Tales

156 Bertucci Lane, St. Rose, (504) 469-0148; www.ponytalesbirthdays.com; Ages 5-12

The stable offers lessons and equestrian camps during the summer and holidays including Halloween, Thanksgiving, Christmas, Mardi Gras and Easter.

Lessons include learning all about horses, how to care for them and how to ride them using English and Western riding disciplines. Private and group lessons are available from 8 a.m. to 7 p.m. weekdays, by appointment only.

Equest Farms

1001 Filmore Ave., (504) 483-9398; www.equestfarm.com;

Ages 4 and older The equestrian center at City Park offers riding lessons, camps and field trips and hosts birthday parties. Show riders train at Equest, which also boards privately owned horses. Group rides are available by appointment. Hours are 8 a.m. to 7 p.m. Tuesday through Sunday. Contact the stables for prices.

INDOOR PLAYGROUNDS / ATTRACTIONS

Audubon Aquarium of the Americas/ Entergy IMAX Theater

1 Canal St., (504) 581-4629; www.auduboninstitute.org; All ages

This state-of-the-art indoor aquarium includes a stunning walk-through arch aquarium and houses about 600 species of sea creatures, including sharks, penguins, alligators, frogs and lots of fish, and a special parakeet exhibit. There also is a petting tank, demonstrations, and play spaces. Open 10 a.m. to 5 p.m. daily. Admission is \$21 adults, \$17 seniors and high school and college students with a valid ID, \$14 children 2-12, children under 2 are free. The Entergy IMAX Theater adjacent to the aquarium has a five-and-a-half-story-high screen and shows films about nature and other topics. Open 10 a.m. to 5 p.m. daily, with films starting every hour. Admission \$10.50 adults, \$9.50 seniors and high school and university students with an ID, \$7.50 children 2-12 years old, children under 2 are free.

Audubon Butterfly Garden and Insectarium

U.S. Custom House, 423 Canal St., (504) 581-4629; www.auduboninstitute.org; All ages

The intriguing world of butterflies and insects is explored through bigger than life displays and interactive exhibits. There's also a restaurant featuring taste treats made with bugs and an enclosed walk-through butterfly garden. Open 10 a.m. to 5 p.m. daily. Admission \$16 adults, \$13 seniors and high school and college students with ID, \$11 children ages 2-12, children under 2 are free

Bookoo Bounce

5604 Blessey St, Harahan, (504) 835-6424; www.bookoobounce.com; Ages 2 to 11 years old

This 8,300-square-foot indoor playground filled with inflatable equipment, obstacle courses, bouncing rooms, slides and more provides lots of options for children ages 2 to 11. The facility will be closed on Mondays after Labor Day (Sept. 3), and often is booked for parties and special events on weekends (call for availability), but walk-in play generally is available 11 a.m. to 6 p.m. weekdays. There's a concession area and high-definition TVs broadcasting sports events for adults accompanying children. Admission is \$8 for 90 minutes.

Louisiana Children's Museum

420 Julia St., (504) 523-1357; www.lcm.org; All ages

This fun-filled educational facility features interactive exhibits that turn learning into playtime. Some attractions include a bubble station, miniature grocery store, transportation display, an exhibit about the body, a new literacy project and more. Open 9:30 a.m. to 5 p.m. Monday through Saturday, noon to 5 p.m. Sunday (the museum closes on Monday during the fall). Admission \$8 per person, children under 1 year are free.

The Monkey Room Indoor Playground

1501 Religious St., Suite C, (504) 301-2695; www.monkeyroom.net; Toddlers to pre-teens

Kids can play full-out on a tube slide, punching bags, three-lane speed slide, ball room, crawl-through bridge, climbing structures, foam rollers and more. There's also a toddlers-only play area and a snack bar. Children must wear socks to enter the playground. The Monkey Room is closed Tuesdays, but other days it's open 10 a.m. to 6 p.m., unless there's a special event (check the calendar on the website). Admission is \$9, \$7 for the toddlers area only; adults are free.

Playmakers Indoor Sports

800 Windward Drive, Covington, (985) 898-2809; 6124 Jefferson Hwy., Harahan, (504) 305-6078;

www.playmakersindoor.com

All ages The indoor turf facility organizes leagues in soccer, lacrosse, flag football and more, as well as developmental sports programs for kids as young as 18 months. Call for a schedule. Annual membership is \$25 family, \$20 adults, \$15 youth.

RC Racing Station

1401 Fulton St., Kenner, (504) 858-3577; www.rcracingstation.com

The indoor racetrack for remote-control cars has pit space and a hobby shop on location. Call for hours and admission.

OUTDOOR PARKS & ACTIVITIES

Audubon Zoo

6500 Magazine St., (800) 774-7394; www.auduboninstitute.org; All ages

Children can see (and sometimes touch) animals indigenous to Louisiana as well as exotic animals from all over the world. The zoo has a miniature railroad that runs through the zoo, a splash park (admission is extra), innovative natural habitats for the animals, special education programs, play stops, the Monkey Hill play area, a dinosaur exhibit and more. Open 10 a.m. to 5 p.m. Monday through Friday, 10 a.m. to 6 p.m. Saturday and Sunday. Admission \$16 adults, \$13 seniors and high school and college students with an ID, \$11 children 2-12 years old, children under 2 are free.

Bayou Kayaks

(504) 814-0551; www.bayoukayaks.com; Ages depends on skills

This kayak rental company launches on Bayou St. John near the corner of Moss Street and Florida Avenue. Rentals are available 9 a.m. to 7 p.m. Friday through Monday, with sessions starting at 9 a.m., noon, 3 p.m. and 5 p.m. Rentals are \$20 for a single-rider kayak, and \$40 for a tandem kayak.

Botanical Gardens

City Park, 1 Palm Terrace, (504) 483-9386; www.neworleanscitypark.com; All ages

Walking paths take visitors through lush gardens of flowers, trees, indigenous plants and other foliage designed around fountains statues and benches. There's a goldfish pond, a conservatory with a "Living Fossil" section, a simulated rainforest and other educational features. Watch for special children's programming. Open 10 a.m. to 4:30 p.m. Tuesday through Saturday, noon to 5 p.m. Sunday. Admission \$5 adults and children 13 and older, \$2 children 5 to 12 years old, children under 5 are free.

Cool Zoo

Audubon Zoo, 6500 Magazine St., (800) 774-7394; www.auduboninstitute.org; Toddler to pre-teen

Open through Labor Day, the splash park offers waterspouts, an alligator water slide, a spider monkey soaker and more in three splash zones and an area just for toddlers and younger children. Admission \$7, \$5 for Audubon Institute members. Splash park tickets are not included in regular zoo admission.

Disc Golf at City Park

City Park, 1 Palm Drive, (504) 482-4888; www.neworleanscitypark.com; All ages

The 18-hole disc golf course opened in 2010 and is open to the public. Tee times aren't normally required (unless there's a tournament). Free admission. Open daily.

Disc Golf at Lafreniere Park

Lafreniere Park, 3000 Downs Blvd., Metairie, (504) 895-7512 or (504) 456-1851; www.jeffparish.net or www.lafrenierepark.org; All ages

There are 24 holes on the disc golf course on the north and east sides of the park. The course is open to the public, and admission is free. Park gates are open 5 a.m. to 10 p.m.

Global Wildlife Center

26389 Hwy 40, Folsom, (985) 796-3585; www.globalwildlife.com; All ages

The more than 4,000 exotic, threatened and endangered animals from around the globe who are housed on the wildlife preserve are allowed to roam freely in the natural environment. The preserve is open daily. Call for tour schedules. Admission is \$17 adults, \$15 seniors 62 and older, \$11 children 2 to 11 years old, children younger than 2 are free. Private tours are \$35 per person.

Jean Lafitte Swamp Tours

6601 Leo Kerner Lafitte Pkwy., Marrero, (504) 689-4186; www.jeanlafitteswamptour.com

All ages Tour a swamp in a Cajun-style flat boat or on an air boat and see the Spanish moss and other flora natural to south Louisiana swamps as well as wildlife including alligators, snakes, egrets, deer, mink, nutria and more. Tours are scheduled from 10 a.m. to 3:45 p.m. daily. Admission \$25 adults, \$12 children 3-12 years old. Airboat rentals are \$54-\$70.

Kayak-Iti-Yat

(985) 778-5034 or (512) 964-9499; www.kayakitiyat.com; Age depends on skills

The company offers kayaking tours along Bayou St. John to Lake Pontchartrain and guides point out the sights, wildlife, fauna and history of the area. They provide the kayak, safety jacket and wet bag. The four-hour Paddle Pontchartrain tour is \$60 per person, and the two-hour Lazy Twilight Tour is \$40 per person.

Lagoon, Lafreniere Park

Lafreniere Park, 3000 Downs Blvd., Metairie, (504) 838-4389; www.jeffparish.net or www.lafrenierepark.org; All ages

The 20-acre lagoon stretches through various areas of the park, and has turtles and several species of fish as well as ducks and geese. Free admission. Park gates are open 5 a.m. to 10 p.m.

Longue Vue House and Gardens

7 Bamboo Road, (504) 488-5488; www.longuevue.com; All ages

Children can roam through the 8 acres of gardens designed by renowned 20th-century landscape architects. The Classical Revival-style mansion, which is open for tours, illustrates life as it was long ago. Longue Vue's Lucy C. Roussel Discovery Garden provides children with a place to dig and learn about gardening and nature. Check the website for special programming. Open 10 a.m. to 5 p.m. Tuesday through Saturday, 1 p.m. to 5 p.m. Sunday. Admission starts at \$7 adults, \$4 children 3 and older, children 2 and younger are free

Marsh Island

Lafreniere Park, 3000 Downs Blvd., Metairie; www.jeffparish.net or www.lafrenierepark.org; All ages

All of Lafreniere Park is a dedicated bird sanctuary, but Marsh Island also is bountiful in Louisiana's indigenous vegetation and animal life. It's a favorite spot for feeding the swans, ducks and geese that live there. An elevated walkway leads to a gazebo. Free admission.

The Paddlewheeler Creole Queen

Riverwalk Marketplace, 1 Poydras St., (504) 529-4567; www.creolequeen.com; All ages

An authentic paddlewheeler, the Creole Queen offers the nostalgia of times past and the comforts of the modern world, featuring a climate-controlled interior with plush decor and outer decks clad with wrought-iron trims. There's a dance floor, music, private rooms, dining options and more. Tours include the Chalmette Battlefield cruise from 2 p.m. to 4:30 p.m. daily and a three-hour dinner jazz cruise from 7 p.m. to 10 p.m. (check for cruise dates). Chalmette Battlefield cruise tickets \$25 adults, \$13 children 6-12 years old, children 5 and younger are free. Jazz cruise tickets start at \$40 adults, \$20 children 6 to 12 years old, \$10 children 3-5 years (with dinner), and children 3 and younger are free.

Picnic Island & Waterfall

Lafreniere Park, 3000 Downs Blvd., Metairie, (504) 838-4389; www.jeffparish.net or www.lafrenierepark.org; All ages

Take a lunch or snack to Picnic Island and eat with a backdrop of a lovely man-made waterfall. There are picnic tables, and shelters can be reserved.

Spray Park

Lafreniere Park, 3000 Downs Blvd., Metairie, (504) 838-4389; www.jeffparish.net or www.lafrenierepark.org; Ages 10 and younger

Opened July 13, the new Spray Park adjacent to the carousel features in-ground and above-ground water spray attractions and three water cannons in about 4,000 square feet of space. The water park is open noon to 7 p.m. daily. Admission is \$5 per person (exact cash only) for 45 minutes, with sessions starting on the hour. There is a 75-person capacity.

Steamboat Natchez

1 Toulouse St., (504) 586-8777; www.steamboatnatchez.com; All ages

A classic Mississippi River steamboat, the Natchez offers daytime jazz tours, leaving from the French Quarter daily for a two-hour cruise around the port. Most cruises include a calliope concert or jazz music, and Creole lunch fare is available. Boarding is 11 a.m. and 2 p.m. Tickets \$25 adults, \$12.25 children 6 to 12 years old, children five and younger free.

Storyland

City Park, 1 Palm Drive, (504) 483-9383; www.neworleanscitypark.com; Toddler to pre-teen

Children will see their favorite fairy tales represented in brightly colored sculptures designed for whimsical play, climbing and exploring. There are more than 26 storybook exhibits including Captain Hook's pirate ship from Peter Pan, Pinocchio, Jack and Jill, Little Miss Muffet, Cinderella and more. Open 10 a.m. to 5 p.m. Monday through Friday, 10 a.m. to 6 p.m. Saturday and Sunday. Admission \$3 per person, children under 3 feet tall are free.

Zephyrs Baseball

6000 Airline Drive, Metairie, (504) 734-5155; www.zephyrsbaseball.com; All ages

This family-friendly baseball club's facility includes a swimming pool for fans to stay cool during hot games, lots of dining choices and a host of special activities for children at halftime, fireworks displays and more. Check website for scheduled dates. Admissions starts at \$6.

SPECIAL PROGRAMS / CLASSES

Charmed Etiquette

www.charmednola.com; Age groups range from 3-18 years old

Emily Post Institute etiquette classes and seminars are available for age groups 3-6, 7-11, 12-15 and 16-18. The classes use fun techniques to teach boys and girls manners and instill confidence and leadership and social skills.

City Park Movement & Art

4300 Dumaine St., 390-7482 (movement), 333-3449 (art); www.cityparkmovementandart.com

Movement classes include ballet, yoga, acrobatics, creative movement, jazz, tap and more. Children also can take art classes, have art parties, attend kids' night at the studio or have a birthday party there.

Gymboree Play & Music

1876 N. Causeway Blvd., Mandeville, (985) 773-3992; www.gymboreeclases.com; Ages birth to 5 years

Classes are offered in music, play, art, sports, school skills and more. Curricula are created by national experts to help children hone cognitive, physical and social skills as they play. Call for schedules and prices.

Tips for Pregnant Moms

Making healthy food choices along with regular physical activity will help fuel your baby's growth and keep you healthy during pregnancy.

What's on Your Plate?

Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, fat-free or low-fat dairy products, and lean protein foods.

Making Healthy Food Choices

- **Make half your plate fruits and vegetables.** Choose a variety, including dark-green and red and orange vegetables and beans and peas.
- **Make at least half your grains whole.** Choose whole grains in place of refined grains.
- **Switch to skim or 1% milk.** Choose fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages.
- **Vary your protein food choices.** Choose seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- **Use oils to replace solid fats where possible.**
- **Make choices that are low in "empty calories."**

What are "empty calories"? They are calories from added sugars and solid fats in foods. Some foods with empty calories:

- Candy
- Desserts
- Fried foods
- Ice cream
- Sugar-sweetened fruit drinks/tea
- Sweetened cereals
- Biscuits
- Hot dogs
- Soft drinks/soda



Visit Your Doctor Regularly — Doctors Recommend



- Pregnant women and women who may become pregnant should avoid alcohol, smoking, and drug use.
- Take a prenatal vitamin and mineral supplement every day in addition to eating a healthy diet.
- Feed your baby only breast milk for the first 6 months.

How Much Weight Should I Gain?

The total amount of weight gained depends on your weight when you become pregnant. If your weight was in the healthy range, you should gain between 25 and 35 pounds. If you were overweight or underweight before becoming pregnant, the advice is different. Check with your doctor to find the total amount that is right for you.

You should gain weight gradually—1 to 4 pounds **total** during the first 3 months and 2 to 4 pounds **per month** during the 4th to 9th months.

Daily Meal Plan

The Plan shows slightly more amounts of food during the 2nd and 3rd trimesters because you have changing nutritional needs. This is a general Plan. You may need more or less than the Plan.*

Food Group	1st Trimester	2nd and 3rd Trimesters	What counts as 1 cup or 1 ounce?
Eat this amount from each group daily.*			
Vegetables	2½ cups	3 cups	1 cup raw or cooked vegetables or 100% juice 2 cups raw leafy vegetables
Fruits	2 cups	2 cups	1 cup fruit or 100% juice ½ cup dried fruit
Grains	6 ounces	8 ounces	1 slice bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal
Dairy	3 cups	3 cups	1 cup milk 8 ounces yogurt 1½ ounces natural cheese 2 ounces processed cheese
Protein Foods	5½ ounces	6½ ounces	1 ounce lean meat, poultry, or seafood ¼ cup cooked beans ½ ounce nuts or 1 egg 1 tablespoon peanut butter

* If you are not gaining weight or gaining too slowly, you may need to eat a little more from each food group. If you are gaining weight too fast, you may need to cut back by decreasing the amount of “empty calories” you are eating.

Get a Daily Plan for Moms designed just for you.
Go to www.ChooseMyPlate.gov for your Plan and more.
Click on “Pregnant & Breastfeeding Women.”



Being Physically Active

Unless your doctor advises you not to be physically active, include 2½ hours each week of physical activity such as brisk walking, dancing, gardening, or swimming.

The activity should be done at least 10 minutes at a time, and preferably spread throughout the week. Avoid activities with a high risk of falling or injury.

Seafood Can Be a Part of a Healthy Diet.

Omega-3 fats in seafood have important health benefits for you and your unborn child. Salmon, sardines, and trout are some choices higher in Omega-3 fats.

- Eat 8 to 12 ounces of seafood each week.
- Eat all types of tuna, but limit white (albacore) tuna to 6 ounces each week.
- Do not eat tilefish, shark, swordfish, and king mackerel since they have high levels of mercury.

Tips for Breastfeeding Moms

Making healthy food choices with regular physical activity will keep you healthy.

What's on Your Plate?

Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, fat-free or low-fat dairy products, and lean protein foods.

Making Healthy Food Choices

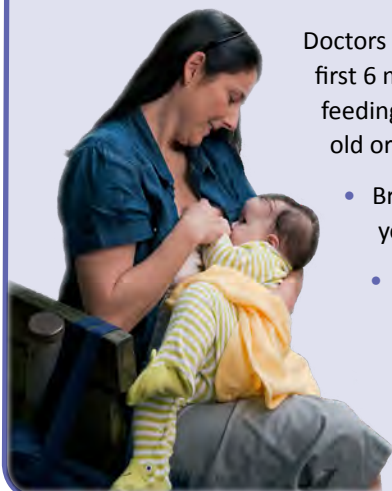
- **Make half your plate fruits and vegetables.** Choose a variety, including dark-green and red and orange vegetables and beans and peas.
- **Make at least half your grains whole.** Choose whole grains in place of refined grains.
- **Switch to skim or 1% milk.** Choose fat-free or low-fat milk and milk products such as milk, yogurt, cheese, or fortified soy beverages.
- **Vary your protein food choices.** Choose seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- **Use oils to replace solid fats where possible.**
- **Make choices that are low in "empty calories."**



What are "empty calories"? They are calories from added sugars and solid fats in foods. Some foods with empty calories:

- Candy
- Desserts
- Fried foods
- Ice cream
- Sugar-sweetened fruit drinks/tea
- Sweetened cereals
- Biscuits
- Hot dogs
- Soft drinks/soda

Breast Milk: Your Baby's First Food



Doctors recommend feeding only breast milk for the first 6 months. Continue breastfeeding in addition to feeding solid foods until your baby is at least 1 year old or older.

- Breastfeeding helps form a special bond with your baby.
- Breast milk helps protect your baby from illness.
- Breastfeeding is also good for you. It lowers your risk for breast cancer and type 2 diabetes.

What About Alcohol?

Be very cautious about drinking alcohol, if you choose to drink at all. You may consume a single alcoholic drink if your baby's breastfeeding behavior is well established—no earlier than 3 months old. Then wait at least 4 hours before breastfeeding. Or, you may express breast milk before drinking and feed the expressed milk to your baby later.

Daily Meal Plan

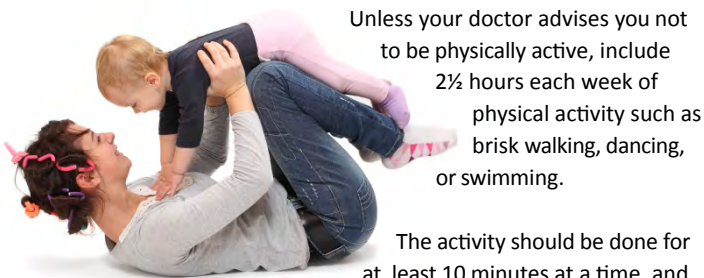
The Plan shows different amounts of food depending on how much of your baby's diet is breast milk. Moms who feed only breast milk to their baby need slightly more food. This is a general Plan. You may need more or less than the Plan.*

Food Group	Breastfeeding only	Breastfeeding plus formula	What counts as 1 cup or 1 ounce?
Eat this amount from each group daily.*			
Vegetables	3 cups	2½ cups	1 cup raw or cooked vegetables or 100% juice 2 cups raw leafy vegetables
Fruits	2 cups	2 cups	1 cup fruit or 100% juice ½ cup dried fruit
Grains	8 ounces	6 ounces	1 slice bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal
Dairy	3 cups	3 cups	1 cup milk 8 ounces yogurt 1½ ounces natural cheese 2 ounces processed cheese
Protein Foods	6½ ounces	5½ ounces	1 ounce lean meat, poultry, or seafood ¼ cup cooked beans ½ ounce nuts or 1 egg 1 tablespoon peanut butter

* If you are not losing weight you gained in pregnancy, you may need to cut back by decreasing the amount of "empty calories" you are eating.

Get a Daily Plan for Moms designed just for you.
Go to www.ChooseMyPlate.gov for your Plan and more.
Click on "Pregnant & Breastfeeding Women."

Being Physically Active



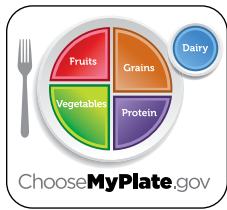
Unless your doctor advises you not to be physically active, include 2½ hours each week of physical activity such as brisk walking, dancing, or swimming.

The activity should be done for at least 10 minutes at a time, and preferably spread throughout the week.

Also...

- **Your need for fluids increases while you are breastfeeding.** You may notice that you are thirstier than usual. Drink enough water and other fluids to quench your thirst.
- **Seafood can be part of a healthy diet.** Omega-3 fats in seafood have important health benefits for you and your baby. Salmon, sardines, and trout are some of the choices higher in Omega-3 fats.
 - Eat 8 to 12 ounces of seafood each week.
 - Eat all types of tuna, but limit white (albacore) tuna to 6 ounces each week.
 - Do not eat tilefish, shark, swordfish, and king mackerel since they have high levels of mercury.

Learn about other nutrition assistance programs:
<http://www.benefits.gov/>








MyPlate Daily Checklist

Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—and *making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—“**MyWins**”—to make healthier choices you can enjoy.

Food Group Amounts for 2,400 Calories a Day

				
<p>2 cups</p>	<p>3 cups</p>	<p>8 ounces</p>	<p>6 1/2 ounces</p>	<p>3 cups</p>
<p>Focus on whole fruits</p> <p>Focus on whole fruits that are fresh, frozen, canned, or dried.</p>	<p>Vary your veggies</p> <p>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.</p>	<p>Make half your grains whole grains</p> <p>Find whole-grain foods by reading the Nutrition Facts label and ingredients list.</p>	<p>Vary your protein routine</p> <p>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.</p>	<p>Move to low-fat or fat-free milk or yogurt</p> <p>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat.</p>



Limit Drink and eat less sodium, saturated fat, and added sugars. **Limit:**

- Sodium to **2,300 milligrams** a day.
- Saturated fat to **27 grams** a day.
- Added sugars to **60 grams** a day.








Be active your way: Children 6 to 17 years old should move **60 minutes** every day. Adults should be physically active at least **2 1/2 hours** per week.

Use SuperTracker to create a personal plan based on your age, sex, height, weight, and physical activity level.

SuperTracker.usda.gov

MyPlate Daily Checklist

Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 2,400 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 2 cups 1 cup of fruits counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Limit:</p> <ul style="list-style-type: none"> • Sodium to 2,300 milligrams a day. • Saturated fat to 27 grams a day. • Added sugars to 60 grams a day. <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Vegetables 3 cups 1 cup vegetables counts as</p> <ul style="list-style-type: none"> • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Grains 8 ounce equivalents 1 ounce of grains counts as</p> <ul style="list-style-type: none"> • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	 <p>Be active your way:</p> <p>Adults:</p> <ul style="list-style-type: none"> • Be physically active at least 2 1/2 hours per week. <p>Children 6 to 17 years old:</p> <ul style="list-style-type: none"> • Move at least 60 minutes every day. <input type="checkbox"/> Y <input type="checkbox"/> N
 <p>Protein 6 1/2 ounce equivalents 1 ounce of protein counts as</p> <ul style="list-style-type: none"> • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
 <p>Dairy 3 cups 1 cup of dairy counts as</p> <ul style="list-style-type: none"> • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese. 	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>* This 2,400 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.</p>



Track your MyPlate, MyWins

be a healthy role model for children

10 tips for setting good examples



You are the most important influence on your child. You can do many things to help your children develop healthy eating habits for life. Offering a variety of foods helps children get the nutrients they need from every food group. They will also be more likely to try new foods and to like more foods. When children develop a taste for many types of foods, it's easier to plan family meals. Cook together, eat together, talk together, and make mealtime a family time!

1 show by example

Eat vegetables, fruits, and whole grains with meals or as snacks. Let your child see that you like to munch on raw vegetables.

2 go food shopping together



Grocery shopping can teach your child about food and nutrition. Discuss where vegetables, fruits, grains, dairy, and protein foods come from. Let your children make healthy choices.

3 get creative in the kitchen

Cut food into fun and easy shapes with cookie cutters. Name a food your child helps make. Serve “Janie’s Salad” or “Jackie’s Sweet Potatoes” for dinner. Encourage your child to invent new snacks. Make your own trail mixes from dry whole-grain, low-sugar cereal and dried fruit.

4 offer the same foods for everyone

Stop being a “short-order cook” by making different dishes to please children. It’s easier to plan family meals when everyone eats the same foods.



5 reward with attention, not food

Show your love with hugs and kisses. Comfort with hugs and talks. Choose not to offer sweets as rewards. It lets your child think sweets or dessert foods are better than other foods. When meals are not eaten, kids do not need “extras”—such as candy or cookies—as replacement foods.

6 focus on each other at the table

Talk about fun and happy things at mealtime. Turn off the television. Take phone calls later. Try to make eating meals a stress-free time.



7 listen to your child

If your child says he or she is hungry, offer a small, healthy snack—even if it is not a scheduled time to eat. Offer choices. Ask “Which would you like for dinner: broccoli or cauliflower?” instead of “Do you want broccoli for dinner?”

8 limit screen time

Allow no more than 2 hours a day of screen time like TV and computer games. Get up and move during commercials to get some physical activity.

9 encourage physical activity

Make physical activity fun for the whole family. Involve your children in the planning. Walk, run, and play with your child—instead of sitting on the sidelines. Set an example by being physically active and using safety gear, like bike helmets.

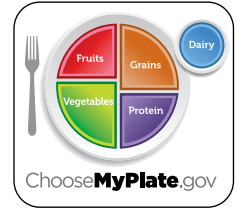


10 be a good food role model

Try new foods yourself. Describe its taste, texture, and smell. Offer one new food at a time. Serve something your child likes along with the new food. Offer new foods at the beginning of a meal, when your child is very hungry. Avoid lecturing or forcing your child to eat.

10 tips
Nutrition
Education Series

build healthy mealtime habits



10 tips for preschoolers

Preschoolers love to copy what their parents do. They mimic your table manners, your willingness to try new foods, and your preferences. Take a break from the TV or phone and build healthy mealtime habits together.

1 plan meals and snacks

Make time for three meals and one or two snacks every day. Offer choices from each food group—fruits, vegetables, whole grains, low-fat dairy, and protein foods—throughout the day so your preschooler gets the nutrition he or she needs.

2 make meals enjoyable

Eat meals with your children whenever possible. Let them help you prepare the meal. Make conversation about something that made them laugh. Keep mealtime upbeat and stress free.



3 try to get two food groups in a snack

Pair sliced tomato with low-fat cheese or add nut butter to a 100% whole-wheat mini bagel.

4 keep things positive

Talk about the color, feel, or flavor of foods so they sound appealing to your preschooler. Discourage others from making negative comments about foods during meals.



5 develop taste buds

When preschoolers develop a taste for many foods, it's easier to plan meals. Keep in mind that it may take a dozen tries for a child to accept a new food.

6 visit the market

Shopping can teach your preschooler about food and healthy eating—talk about where foods come from and how they grow.

7 let children practice serving themselves

Include smaller cuts of fish or meat and offer small serving utensils so they get just enough during meals. Encourage them to ask for more if they are still hungry.

8 beverages are important, too

Water helps to quench your preschooler's thirst, and milk provides nutrients for growth. Offer water or fat-free or low-fat milk as beverage choices instead of sugary drinks.



9 help them know when they are full

Encourage your child to stop eating when he or she is full rather than when the plate is clean. When your child is not interested in the meal, excuse him or her from the table.

10 reward with attention, not treats

Rewarding children with sweet desserts or snacks may encourage them to think that treats are better than other foods. Comfort and reward with care and praise, not food.

vary your protein routine



10 tips for choosing protein

Protein foods include both animal (meat, poultry, seafood, and eggs) and plant (beans, peas, soy products, nuts, and seeds) sources. We all need protein—but most Americans eat enough, and some eat more than they need. How much is enough? Most people, ages 9 and older, should eat 5 to 7 ounces* of protein foods each day depending on overall calorie needs.

1 vary your protein food choices

Eat a variety of foods from the Protein Foods Group each week. Experiment with main dishes made with beans or peas, nuts, soy, and seafood.

2 choose seafood twice a week

Eat seafood in place of meat or poultry twice a week. Select a variety of seafood—include some that are higher in oils and low in mercury, such as salmon, trout, and herring.



3 make meat and poultry lean or low fat

Choose lean or low-fat cuts of meat like round or sirloin and ground beef that is at least 90% lean. Trim or drain fat from meat and remove poultry skin.

4 have an egg

One egg a day, on average, doesn't increase risk for heart disease, so make eggs part of your weekly choices. Only the egg yolk contains saturated fat, so have as many egg whites as you want.

5 eat plant protein foods more often

Try beans and peas (kidney, pinto, black, or white beans; split peas; chickpeas; hummus), soy products (tofu, tempeh, veggie burgers), nuts, and seeds. They are naturally low in saturated fat and high in fiber.



6 nuts and seeds

Choose unsalted nuts or seeds as a snack, on salads, or in main dishes to replace meat or poultry. Nuts and seeds are a concentrated source of calories, so eat small portions to keep calories in check.

7 keep it tasty and healthy

Try grilling, broiling, roasting, or baking—they don't add extra fat. Some lean meats need slow, moist cooking to be tender—try a slow cooker for them. Avoid breading meat or poultry, which adds calories.

8 make a healthy sandwich

Choose turkey, roast beef, canned tuna or salmon, or peanut butter for sandwiches. Many deli meats, such as regular bologna or salami, are high in fat and sodium—make them occasional treats only.



9 think small when it comes to meat portions

Get the flavor you crave but in a smaller portion. Make or order a small turkey burger or a "petite" size steak.

10 check the sodium

Check the Nutrition Facts label to limit sodium. Salt is added to many canned foods—including soups, vegetables, beans, and meats. Many processed meats—such as ham, sausage, and hot dogs—are high in sodium. Some fresh chicken, turkey, and pork are brined in a salt solution for flavor and tenderness.

* What counts as an ounce of protein foods? 1 ounce lean meat, poultry, or seafood; 1 egg; ¼ cup cooked beans or peas; ½ ounce nuts or seeds; or 1 tablespoon peanut butter.

eating better on a budget



10 tips to help you stretch your food dollars

Get the most for your food budget! There are many ways to save money on the foods that you eat. The three main steps are planning before you shop, purchasing the items at the best price, and preparing meals that stretch your food dollars.

1 plan, plan, plan!

Before you head to the grocery store, plan your meals for the week. Include meals like stews, casseroles, or stir-fries, which “stretch” expensive items into more portions. Check to see what foods you already have and make a list for what you need to buy.



2 get the best price

Check the local newspaper, online, and at the store for sales and coupons. Ask about a loyalty card for extra savings at stores where you shop. Look for specials or sales on meat and seafood—often the most expensive items on your list.

3 compare and contrast

Locate the “Unit Price” on the shelf directly below the product. Use it to compare different brands and different sizes of the same brand to determine which is more economical.

4 buy in bulk

It is almost always cheaper to buy foods in bulk. Smart choices are family packs of chicken, steak, or fish and larger bags of potatoes and frozen vegetables. Before you shop, remember to check if you have enough freezer space.

5 buy in season

Buying fruits and vegetables in season can lower the cost and add to the freshness! If you are not going to use them all right away, buy some that still need time to ripen.

6 convenience costs... go back to the basics

Convenience foods like frozen dinners, pre-cut vegetables, and instant rice, oatmeal, or grits will cost you more than if you were to make them from scratch. Take the time to prepare your own—and save!

7 easy on your wallet

Certain foods are typically low-cost options all year round. Try beans for a less expensive protein food. For vegetables, buy carrots, greens, or potatoes. As for fruits, apples and bananas are good choices.



8 cook once...eat all week!

Prepare a large batch of favorite recipes on your day off (double or triple the recipe). Freeze in individual containers. Use them throughout the week and you won't have to spend money on take-out meals.

9 get your creative juices flowing

Spice up your leftovers—use them in new ways. For example, try leftover chicken in a stir-fry or over a garden salad, or to make chicken chili. Remember, throwing away food is throwing away your money!

10 eating out

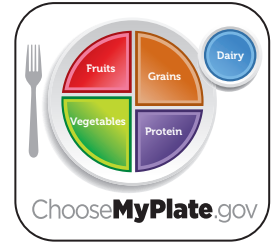
Restaurants can be expensive. Save money by getting the early bird special, going out for lunch instead of dinner, or looking for “2 for 1” deals. Stick to water instead of ordering other beverages, which add to the bill.

10 tips

be food safe

Nutrition
Education Series

10 tips to reduce the risk of foodborne illness



A critical part of healthy eating is keeping foods safe. Individuals in their own homes can reduce contaminants and keep food safe to eat by following safe food handling practices. Four basic food safety principles work together to reduce the risk of foodborne illness—**Clean, Separate, Cook, and Chill**. These four principles are the cornerstones of Fight BAC!®, a national public education campaign to promote food safety to consumers and educate them on how to handle and prepare food safely.

CLEAN

1 wash hands with soap and water

Wet hands with clean running water and apply soap. Use warm water if it is available. Rub hands together to make a lather and scrub all parts of the hand for 20 seconds. Rinse hands thoroughly and dry using a clean paper towel. If possible, use a paper towel to turn off the faucet.

2 sanitize surfaces

Surfaces should be washed with hot, soapy water. A solution of 1 tablespoon of unscented, liquid chlorine bleach per gallon of water can be used to sanitize surfaces.

3 clean sweep refrigerated foods once a week

At least once a week, throw out refrigerated foods that should no longer be eaten. Cooked leftovers should be discarded after 4 days; raw poultry and ground meats, 1 to 2 days.

4 keep appliances clean

Clean the inside and the outside of appliances. Pay particular attention to buttons and handles where cross-contamination to hands can occur.

5 rinse produce

Rinse fresh vegetables and fruits under running water just before eating, cutting, or cooking. Even if you plan to peel or cut the produce before eating, it is important to thoroughly rinse it first to prevent microbes from transferring from the outside to the inside of the produce.



SEPARATE

6 separate foods when shopping

Place raw seafood, meat, and poultry in plastic bags. Store them below ready-to-eat foods in your refrigerator.

7 separate foods when preparing and serving

Always use a clean cutting board for fresh produce and a separate one for raw seafood, meat, and poultry. Never place cooked food back on the same plate or cutting board that previously held raw food.

COOK AND CHILL

8 use a food thermometer when cooking

A food thermometer should be used to ensure that food is safely cooked and that cooked food is held at safe temperatures until eaten.



9 cook food to safe internal temperatures

One effective way to prevent illness is to check the internal temperature of seafood, meat, poultry, and egg dishes. Cook all raw beef, pork, lamb, and veal steaks, chops, and roasts to a safe minimum internal temperature of 145 °F. For safety and quality, allow meat to rest for at least 3 minutes before carving or eating. Cook all raw ground beef, pork, lamb, and veal to an internal temperature of 160 °F. Cook all poultry, including ground turkey and chicken, to an internal temperature of 165 °F (www.isitdoneyet.gov).

10 keep foods at safe temperatures

Hold cold foods at 40 °F or below. Keep hot foods at 140 °F or above. Foods are no longer safe to eat when they have been in the danger zone between 40-140 °F for more than 2 hours (1 hour if the temperature was above 90 °F).

MyPlate snack tips for parents



10 tips for healthy snacking

Snacks can help children get the nutrients needed to grow and maintain a healthy weight. Prepare single-serving snacks for younger children to help them get just enough to satisfy their hunger. Let older kids make their own snacks by keeping healthy foods in the kitchen. Visit ChooseMyPlate.gov to help you and your kids select a satisfying snack.

1 save time by slicing veggies

Store sliced vegetables in the refrigerator and serve with dips like hummus or low-calorie dressing. Top half a whole-wheat English muffin with spaghetti sauce, chopped vegetables, and low-fat shredded mozzarella and melt in the microwave.

2 mix it up

For older school-age kids, mix dried fruit, unsalted nuts, and popcorn in a snack-size bag for a quick trail mix. Blend plain fat-free or low-fat yogurt with 100% fruit juice and frozen peaches for a tasty smoothie.



3 grab a glass of milk

A cup of low-fat or fat-free milk or milk alternative (soy milk) is an easy way to drink a healthy snack.

4 go for great whole grains

Offer whole-wheat breads, popcorn, and whole-oat cereals that are high in fiber and low in added sugars, saturated fat, and sodium. Limit refined-grain products such as snack bars, cakes, and sweetened cereals.



5 nibble on protein foods

Choose lean protein foods such as low-sodium deli meats or unsalted nuts. Wrap sliced, low-sodium deli turkey around an apple wedge. Store hard-cooked (boiled) eggs in the refrigerator for kids to enjoy any time.

6 keep an eye on the size

Snacks shouldn't replace a meal, so look for ways to help your kids understand how much is enough. Store snack-size bags in the cupboard and use them to control serving sizes.

7 fruits are quick and easy

Fresh, frozen, dried, or canned fruits can be easy "grab-and-go" options that need little preparation. Offer whole fruit and limit the amount of 100% juice served.



8 consider convenience

A single-serving container of low-fat or fat-free yogurt or individually wrapped string cheese can be just enough for an after-school snack.



9 swap out the sugar

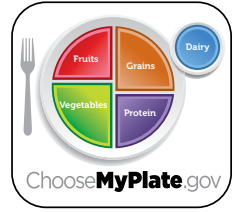
Keep healthier foods handy so kids avoid cookies, pastries, or candies between meals. Add seltzer water to a ½ cup of 100% fruit juice instead of offering soda.

10 prepare homemade goodies

For homemade sweets, add dried fruits like apricots or raisins and reduce the amount of sugar in the recipe. Adjust recipes that include fats like butter or shortening by using unsweetened applesauce or prune puree for half the amount of fat.

10
tips
Nutrition
Education Series

make healthier holiday choices



10 tips for a healthier holiday

The holidays are often filled with time-honored traditions that include some of our favorite meals and foods. As you celebrate, think of little changes you can make this holiday season to create healthier meals and active days.

1 create MyPlate makeovers

Makeover your favorite holiday dishes. Use My Recipe on SuperTracker to improve holiday recipes and get healthier results. Go to <https://www.supertracker.usda.gov/myrecipe.aspx>.



6 tweak the sweet

For dessert, try baked apples with cinnamon and a sprinkle of sugar instead of apple pie. Invite your guests to make their own parfait with colorful sliced fruit and low-fat yogurt.



2 enjoy all the food groups at your celebration

Prepare whole-grain crackers with hummus as an appetizer; add unsalted nuts and black beans to a green-leaf salad; include fresh fruit at the dessert table; use low-fat milk instead of heavy cream in your casseroles. Share healthier options during your holiday meal.

7 be the life of the party

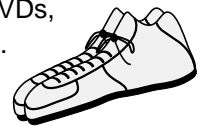
Laugh, mingle, dance, and play games. Focus on fun and enjoy the company of others.

3 make sure your protein is lean

Turkey; roast beef; fresh ham; beans; and some types of fish, such as cod or flounder, are lean protein choices. Trim fat before cooking meats. Go easy on the sauces and gravies—they can be high in saturated fat and sodium.

8 make exercise a part of the fun

Make being active part of your holiday tradition. Have fun walking and talking with family and friends after a holiday meal. Give gifts that encourage others to practice healthy habits such as workout DVDs, running shoes, and reusable water bottles.



4 cheers to good health

Quench your thirst with low-calorie options. Drink water with lemon or lime slices. Offer seltzer water with a splash of 100% fruit juice.



9 enjoy leftovers

Create delicious new meals with your leftovers. Add turkey to soups or salads. Use extra veggies in omelets, sandwiches, or stews. The possibilities are endless!

5 bake healthier

Use recipes with unsweetened applesauce or mashed ripe bananas instead of butter. Try cutting the amount of sugar listed in recipes in half. Use spices to add flavor such as cinnamon, allspice, or nutmeg instead of salt.



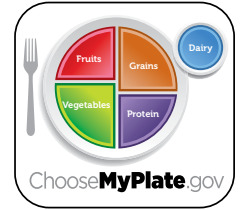
10 give to others

Spend time providing foods or preparing meals for those who may need a little help. Give food to a local food bank or volunteer to serve meals at a shelter during the holiday season.





make better food choices



10 tips for women's health

Make yourself a priority and take time to care for yourself. ChooseMyPlate.gov helps you choose the types and amounts of food and beverages you need. And, make time to be physically active, so you can do the things you want to do.

1 find out what you need

Get personalized nutrition information based on your age, gender, height, weight, and physical activity level.

SuperTracker provides your calorie level, shows foods and beverages you need, and tracks progress toward your goals. Learn more at www.SuperTracker.usda.gov.



2 enjoy your food but eat less

Use a smaller plate at meals to help control the amount of food and calories you eat. Take time to enjoy smaller amounts of food.

3 strengthen your bones

Choose foods like fat-free and low-fat milk, cheese, yogurt, and fortified soymilk to help strengthen bones. Be sure your morning coffee includes fat-free or low-fat milk.



4 make half your plate fruits and vegetables

Add fruit to meals as part of main or side dishes. Choose red, orange, or dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for meals.



5 drink water

Sip water or other drinks with few or no calories to help maintain a healthy weight. Keep a water bottle in your bag or at your desk to satisfy your thirst throughout the day.

6 eat whole grains more often

Choose whole grains like brown rice and whole-grain pastas and breads more often. Foods with a high-fiber content can help give you a feeling of fullness and also provide key nutrients.



7 learn what is in foods

Use both ingredient and Nutrition Facts labels to discover what various foods contain. SuperTracker's **Food-A-Pedia** makes it easy to compare nutrition information for more than 8,000 foods.

8 cut back on some foods

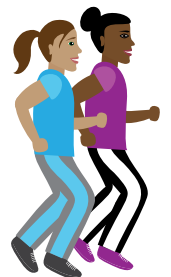
Cut calories by cutting out foods high in solid fats and added sugar. Limit fatty meats like ribs, bacon, and hot dogs. Choose cakes, cookies, candies, and ice cream as just occasional treats.

9 be a better cook

Try out healthier recipes that use less solid fat, salt, and sugar. Eat at home more often so you can control what you are eating. If you eat out, check and compare nutrition information. Choose healthier options such as baked chicken instead of fried chicken.

10 be active whenever you can

Set a goal to fit in at least 2½ hours of moderate physical activity in your week. Being active 10 minutes at a time also adds to your weekly total. Ask your friends or family to keep you company as you bike, jog, walk, or dance. Don't forget to do some muscle strengthening activities twice a week.





10 tips
Nutrition
Education Series

save more at the grocery store



10 MyPlate tips to stretch your food dollar

Using coupons and looking for the best price are great ways to save money at the grocery store. Knowing how to find them is the first step to cutting costs on food. Use the MyPlate coupon tips to stretch your budget.

1 find deals right under your nose
Look for coupons with your receipt, as peel-offs on items, and on signs along aisle shelves.

2 search for coupons
Many stores still send ads and coupons for promotion, so don't overlook that so-called "junk mail." You can also do a Web search for "coupons." Go through your coupons at least once a month and toss out any expired ones.



3 look for savings in newspaper
Brand name coupons are found as inserts in the paper every Sunday—except on holiday weekends. Some stores will double the value of brand name coupons on certain days.

4 join your store's loyalty program
Signup is usually free and you can receive savings and electronic coupons when you provide your email address.

5 buy when foods are on sale
Maximize your savings by using coupons on sale items. You may find huge deals such as "buy one get one free."

6 find out if the store will match competitors' coupons
Many stores will accept coupons, as long as they are for the same item. Check with the customer service desk for further details.

7 stay organized so coupons are easy to find
Sort your coupons either by item or in alphabetical order. Develop a system that's easiest for you and make finding coupons quick and hassle-free. Ideas for coupon storage include 3-ring binders, accordion-style organizers, or plain envelopes.



8 find a coupon buddy
Swap coupons you won't use with a friend. You can get rid of clutter and discover additional discounts.

9 compare brands
Store brands can be less expensive than some of the name brand foods. Compare the items to find better prices.

10 stick to the list
Make a shopping list for all the items you need. Keep a running list on your phone, on the refrigerator, or in a wallet. When you're in the store, do your best to buy only the items on your list.



Superfoods

For Powerful Daily Nutrition

Superfoods are packed with superior nutrients to help meet the demands of living in today's fast-paced, stressful environment. They provide beneficial antioxidants and immune boosting nutrients, along with vitamins, minerals, fiber and protein. **Including superfoods in your diet can help you stay energized.***

Greens & Veggies

Mom was right when she told you to eat your veggies, Popeye wouldn't be Popeye without his spinach. Nutrient-dense vegetables combined with carotenoid-rich vegetables create a full spectrum blend of red, green and yellow vegetables that are not only all alkalizing foods but also provide you with more nutrition than you could ever possibly get from today's Western diet. They also discourage mucous build up and promote health digestion*. Spinach, beets, broccoli, carrots and tomato work wonders when combined as a full 'stoplight' blend of nutrient goodness. Kelp, spirulina and chlorella are rich in protein, antioxidants, vitamins and minerals, and contain all twenty-two amino acids including the essential amines the body cannot produce on it's own.



Grains & Sprouts

Grains and sprouts are best when harvested in their young stage of growth, when they are packed with more proteins, vitamins, minerals, enzymes and bioflavonoids than found in the mature form. Fermented sprouts are more easily digested for optimal absorption. Key grains and sprouts to include in your diet are: Barley grass juice, Oat grass juice, Wheat grass juice, Amaranth sprouts and Quinoa sprouts.



Superfruits

It's no surprise that exotic super fruits have become more and more popular as word of their super-powered benefits spread over the globe. Super fruits are known to contain very high levels of antioxidants to protect the body from the damaging effect of free radicals. When combined they provide a synergistic combination of nutrients that support vitality and the overall health of the entire body system.* Some of the best super fruits to incorporate into your diet include: Pomegranate, Acai, Strawberry, Tart Cherry, Blackberry, Blueberry, Raspberry and Acerola Berry.



Mushrooms

Mushrooms are a natural source of beta-glucans, known to play a key role in regulating the immune system. Our bodies do not make beta-glucans, so they must come from outside sources. Mushrooms have been clinically studied and show to support a healthy inflammatory response and promote energy and anti-aging benefits.* Add these nutritious mushrooms to your diet when possible: Cordyceps, Reishi, Blazer, Lions Mane, Maitake and Shiitake.



Visit www.BlessedHerbs.com to learn more.

Eat more fruit and vegies

Fruit and vegies taste great. They're also packed with vitamins, minerals and fibre to help you stay fit and healthy.

Everyone should eat fruit and vegies every day. How much you need depends on your age – so check out the chart below and find out how much you should be eating.

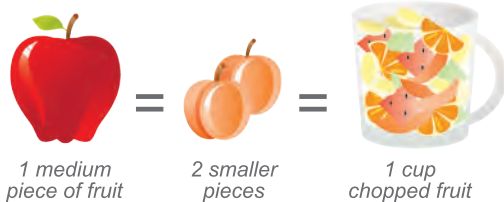
Of course, you can always eat more if you want!

Age (years)	Fruit (serves/day)	Vegies (serves/day)
2-3	1	2½
4-8	1½	4½
9-11	2	5
12-18	2	5(girls) 5½(boys)

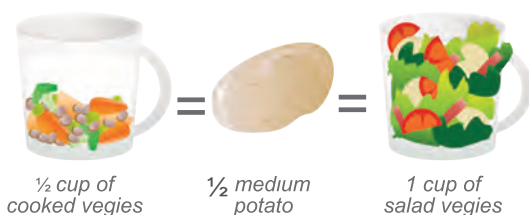


How much is a serve?

One serve of fruit is equal to 1 medium piece of fruit, 2 smaller pieces of fruit or 1 cup of chopped fruit.



One serve of vegies is equal to ½ cup of cooked vegies ½ medium potato or 1 cup of salad vegies



Tips to help you eat more fruit and vegies

To help you eat enough fruit and vegies, try to include some in every meal, and choose fruit and vegies if you have a snack.

Different coloured fruit and vegies have different health benefits, so try and make sure you have as many different colours as you can. Below are some examples.

Orange/Yellow

- oranges
- mangoes
- apricots
- carrots
- pumpkin
- sweet corn



continues over the page ►

Red

strawberries
cranberries
tomatoes
red capsicums
rhubarb
red grapes



Blue/Purple

blueberries
plums
beetroot
blackcurrants
eggplant



Green

lettuce
broccoli
spinach
pears
zucchinis
peas
green capsicums



White

cauliflower
potatoes
parsnips
mushrooms
bananas



Fruit and vegies can be served raw, steamed, boiled, baked, grated or diced.

You can also eat them dried, frozen and canned (in natural or unsweetened juice), or combine them with other ingredients such as meat, fish, eggs, rice, noodles or pasta.

Eating fresh fruit is much better for you than drinking fruit juice, which has very little fibre. Water is the best drink to quench your thirst.

For recipe ideas visit
www.healthykids.nsw.gov.au/recipes.aspx

“Fruit and vegies can be served raw, steamed, boiled, baked, grated or diced. “

Choose water as a drink

Drinking water is the best way to quench your thirst. Even better, it doesn't have all the extra sugar found in fruit drinks and juices, soft drinks, sports drinks and flavoured mineral waters.

It's okay to have sweetened drinks sometimes – but not every day.

Did you know that 250ml of fruit juice or soft drink contains the equivalent of approximately **6 teaspoons of sugar**? Add it up: if one teaspoon contains 4 grams of sugar, just one drink a day puts almost an extra **9 kilograms of sugar** into your system every year!



Why drink water?

- ★ It helps prevent decay and holes in your teeth.
- ★ The fluoride found in tap water in most areas helps you develop strong teeth.
- ★ Tap water costs a whole lot less than other drinks.

Often we don't feel thirsty, even when our bodies need fluid. That's why it's a good idea to drink water regularly during the day, and especially when it's hot.

It's also important to make sure you drink water before you play sport or games. Drink plenty afterwards too so that you make up for what you've lost through sweating.

"About two-thirds of the human body is made up of water."

Water and your body

- ★ About two-thirds of the human body is made up of water.
- ★ Water helps control your body temperature, carries nutrients and oxygen to cells, cushions joints, protects organs and helps to remove wastes.
- ★ Water is lost from the body through sweating, breathing and going to the toilet.
- ★ Dehydration – or not having enough fluid in your body – can cause headaches, tiredness, crankiness and poor concentration.

How much should I drink each day?

All children 4-8 years - 1.2 litres per day or about 5 glasses

Boys 9-13 years - 1.6 litres per day or about 6 glasses

Girls 9-13 years - 1.4 litres per day or about 5-6 glasses

Remember, you need to drink extra water on hot days and during moderate or vigorous activity.

baked pork chops

Prep time: 10 minutes
Cook time: 35 minutes

you can really sink your chops into these—they're made spicy and moist with egg whites, evaporated milk, and a lively blend of herbs

- 6 lean center-cut pork chops, ½-inch thick*
- 1 egg white (or substitute liquid egg white)
- 1 C fat-free evaporated milk
- ¾ C cornflake crumbs
- ¼ C breadcrumbs
- 4 tsp paprika
- 2 tsp oregano
- ¾ tsp chili powder
- ½ tsp garlic powder
- ½ tsp ground black pepper
- ⅛ tsp cayenne pepper
- ⅛ tsp dry mustard
- ½ tsp salt
- Cooking spray

- 1 Preheat oven to 375 °F.
- 2 Trim fat from pork chops.
- 3 Beat together egg white and evaporated milk. Place pork chops in milk mixture, and let stand for 5 minutes, turning once.
- 4 Meanwhile, mix cornflake crumbs, breadcrumbs, spices, and salt.
- 5 Spray cooking spray on 13- by 9-inch baking pan.
- 6 Remove pork chops from milk mixture, and coat thoroughly with crumb mixture.
- 7 Place pork chops in pan, and bake at 375 °F for 20 minutes. Turn chops and bake for an additional 15 minutes until pork is fully cooked (to a minimum internal temperature of 160 °F).
- 8 Serve immediately.

Tip: Try with baked potatoes and **Roasted Beets With Orange Sauce** (on page 109).

* Also try this recipe with boneless, skinless chicken or turkey parts, or fish—bake for just 20 minutes.



yield:

6 servings

serving size:

1 pork chop

each serving provides:

calories	216	total fiber	1 g
total fat	8 g	protein	25 g
saturated fat	3 g	carbohydrates	10 g
cholesterol	62 mg	potassium	414 mg
sodium	346 mg		

quick beef casserole

Prep time: 10 minutes

Cook time: 45 minutes

lean beef, vegetables, and rice are tossed together in this quick and easy casserole

- ½ lb** lean ground beef
- 1 C** onion, chopped
- 1 C** celery, rinsed and chopped
- 1 C** green bell pepper, rinsed, seeded, and cubed
- 3½ C** tomatoes, rinsed and diced
- ¼ tsp** salt
- ½ tsp** ground black pepper
- ¼ tsp** paprika
- 1 C** frozen peas
- 2** small carrots, rinsed, peeled, and diced
- 1 C** uncooked rice
- 1½ C** water

- 1** In a sauté pan, brown the ground beef.
- 2** Drain off the extra fat by tilting the sauté pan over a disposable cup in the sink to collect the fat. Use the lid to shield the meat from falling out. After the fat has turned solid, discard the cup in the trash.
- 3** Add the rest of the ingredients to the sauté pan, and mix well.
- 4** Cover sauté pan with lid, and cook over medium heat until boiling.
- 5** Reduce to low heat and simmer for 35 minutes. Serve hot.

Tip: To save time, use no-salt-added canned tomatoes and frozen chopped peppers and carrots.



yield:

8 servings

serving size:

1½ C casserole

each serving provides:

calories	201	total fiber	3 g
total fat	5 g	protein	9 g
saturated fat	2 g	carbohydrates	31 g
cholesterol	16 mg	potassium	449 mg
sodium	164 mg		

beef steak with carrots and mint

Prep time: 15 minutes

Cook time: 15 minutes

a winning combination—a cool, crisp salad with a hot, juicy steak

For steak:

4 beef top sirloin steaks, lean (3 oz each)

¼ tsp salt

¼ tsp ground black pepper

½ Tbsp olive oil

For salad:

1 C carrots, rinsed and grated

1 C cucumber, rinsed, peeled, and sliced

1 Tbsp olive oil

2 Tbsp fresh mint, rinsed, dried, and shredded (or ½ Tbsp dried)

¼ tsp salt

¼ tsp ground black pepper

½ C orange juice

- 1 For the steaks, preheat grill pan or oven broiler (with the rack 3 inches from heat source) on high temperature.
- 2 For the salad, combine all the ingredients in a bowl, and mix gently. Marinate salad for at least 5–10 minutes to blend flavors before serving. (Salad can be made up to 3 hours in advance and refrigerated.)
- 3 Season the steaks with salt and pepper, and lightly coat with oil.
- 4 Grill or broil 2–3 minutes on each side, or to your desired doneness (to a minimum internal temperature of 145 °F).
- 5 Remove from the heat and let cool for 5 minutes.
- 6 Serve one 3-ounce steak with ½ cup salad on the side.

Tip: Try serving with [Couscous With Carrots, Walnuts, and Raisins](#) (on page 117).



yield:

4 servings

serving size

3 oz steak, ½ C salad

each serving provides:

calories	191	total fiber	1 g
total fat	9 g	protein	19 g
saturated fat	2 g	carbohydrates	9 g
cholesterol	35 mg	potassium	451 mg
sodium	359 mg		

heavenly chicken with angel hair pasta

Prep time: 15 minutes

Cook time: 15 minutes

a mildly spicy sauce complements this simple, but heavenly, chicken and pasta dish

- 1 C onion, finely chopped
 - 1 Tbsp garlic, minced or pressed (about 2–3 cloves)
 - 4 C broccoli florets, rinsed (about 1 lb)
 - 1 Tbsp olive oil
 - 8 oz very thinly sliced chicken breast, cut into ½-inch strips
 - 1 jar (26 oz) no-salt-added pasta sauce
 - ¼ tsp ground cayenne pepper
 - ½ tsp salt
 - 8 oz whole-wheat angel hair pasta
- Cooking spray

- 1 In a 4-quart saucepan, bring 3 quarts of water to a boil over high heat.
- 2 While the water heats, chop onion, mince garlic, and cut broccoli into tiny florets. Set aside.
- 3 In a large nonstick pan, heat olive oil until very hot. Add the chicken. Cook and stir until lightly browned on both sides, about 5–8 minutes. Place chicken on a clean plate, and cover to keep warm.
- 4 Coat pan with cooking spray. Over medium heat, cook and stir the onion for about 3 minutes. Add the garlic and broccoli. Cook and stir for 2 more minutes.
- 5 Return the chicken to the pan. Add entire jar of pasta sauce, cayenne pepper, and salt. Gently mix to blend ingredients. Cover. Simmer until chicken and vegetables are warmed through, about 4 minutes.
- 6 Drop pasta into boiling water. Cook according to package directions for the shortest recommended time, about 2 minutes. Drain.
- 7 Divide pasta among four dinner plates (about 1 cup each). Top each with one-fourth of the chicken and sauce mixture. Serve immediately.

main dishes

pastas



yield:

4 servings

serving size:

about 2 C pasta and chicken

each serving provides:

calories	452	total fiber	13 g
total fat	10 g	protein	31 g
saturated fat	1 g	carbohydrates	66 g
cholesterol	48 mg	potassium	569 mg
sodium	412 mg		

chicken quesadillas with red and green salsa

Prep time: 30 minutes
Cook time: 10 minutes

this delicious finger food can be served as an appetizer or main-dish meal

For salsa:

- 4 medium tomatoes, rinsed and diced (about 2 C)
- ½ C red onion, diced
- 1 medium Jalapeno chili pepper, rinsed and split lengthwise—remove seeds and white membrane, and mince (about 2 Tbsp); for less spice, use a green bell pepper
- 2 Tbsp lime juice (or about 4 limes)
- 2 Tbsp fresh cilantro, rinsed, dried, and chopped (or substitute 2 tsp dried coriander)
- 1 tsp ground cumin

For quesadillas:

- 12 oz boneless, skinless chicken breast, cut into thin strips
- 4 (10-inch) whole-wheat tortillas
- ¼ tsp salt
- ½ tsp chili sauce
- 2 oz pepper jack cheese, shredded (about ½ C)
- 1 Tbsp pine nuts, toasted (optional)

Cooking spray

- 1 Preheat oven broiler on high temperature, with the rack 3 inches from heat source.
- 2 For salsa, combine all ingredients and toss well. Chill in refrigerator for at least 15 minutes. (Salsa can be made up to 1 day in advance and refrigerated.)
- 3 Cut chicken into thin strips, and place them on a baking sheet coated with cooking spray. Broil for 8–10 minutes.
- 4 To assemble the quesadillas, place four whole-wheat tortillas on the countertop or table. Top each with one-quarter of the sliced cooked chicken, salt, chili sauce, cheese, and pine nuts (optional).
- 5 Fold tortillas in half to close, and carefully transfer each to a baking sheet lined with parchment or wax paper.
- 6 Bake quesadillas at 350 °F for 5–10 minutes or until the cheese is melted.
- 7 Serve one quesadilla with ½ cup salsa on the side.

Tip: Delicious with a side of fresh grilled corn-on-the-cob.



yield:

4 servings

serving size:

1 quesadilla, ½ C salsa

each serving provides:

calories	339	total fiber	4 g
total fat	11 g	protein	26 g
saturated fat	3 g	carbohydrates	32 g
cholesterol	62 mg	potassium	454 mg
sodium	453 mg		

oven-crusted chicken breast

a healthy way to fry chicken

Prep time: 20 minutes
Cook time: 20 minutes

For chicken:

- 4 boneless, skinless chicken breasts (3 oz each)
- 1 egg white (or substitute liquid egg white)
- 1 C fat-free evaporated milk
- 1 C breadcrumbs
- ¼ C rolled oats, crushed; pulse a few times in the food processor or crush between fingers to make smaller pieces
- 1 C whole-wheat flour
- 2 Tbsp olive oil or vegetable oil

For salad:

- 2 Tbsp lemon juice
- ½ Tbsp olive oil
- 4 C red leaf lettuce, rinsed and dried
- 1 C cherry tomatoes, rinsed and halved
- ¼ tsp salt
- ¼ tsp ground black pepper

Tip: Try serving with a side of oven-roasted potatoes.

- 1 Preheat oven to 350 °F.
- 2 Place chicken in a freezer bag with the air squeezed out, and pound each breast down to ½-inch thickness.
- 3 Combine the egg white and evaporated milk in a bowl, and mix well. In a separate bowl, combine the breadcrumbs and crushed oats, and mix well.
- 4 Coat the chicken breasts in flour, and shake off the excess. Dip the chicken breasts in the egg and milk mixture, and drain off the excess. Then dip the chicken breasts in the breadcrumb mixture to coat, and shake off the excess. After all chicken breasts have been coated, discard any leftover breading mixture.
- 5 Heat oil in a large sauté pan. Stir fry the chicken over medium-high heat on one side until golden brown, about 2–3 minutes. Turn carefully, and pan fry the second side for an additional 2–3 minutes or until golden brown. Remove from the pan, and place on paper towels to soak up excess oil. Place on baking sheet, and finish cooking in a 350 °F oven for about 5–8 minutes (to a minimum internal temperature of 165 °F).
- 6 For the salad, combine lemon juice and olive oil, and mix well to make a dressing. Toss the lettuce leaves and cherry tomatoes with the dressing, salt, and pepper.
- 7 Serve 1 cup salad with one piece of chicken.



yield:

4 servings

serving size:

3 oz chicken breast, 1 C salad

each serving provides:

calories	264	total fiber	3 g
total fat	11 g	protein	24 g
saturated fat	2 g	carbohydrates	18 g
cholesterol	49 mg	potassium	553 mg
sodium	263 mg		

sweet-and-sour chicken

Prep time: 15 minutes
Cook time: 15 minutes

sweet and sour flavors make a winning combination in this healthier version of a popular Chinese dish

- 1 bag (12 oz) frozen vegetable stir-fry
- 1 Tbsp peanut oil or vegetable oil
- 1 Tbsp ginger, minced
- 1 Tbsp garlic, minced (about 2–3 cloves)
- 1 Tbsp fresh scallions (green onions), minced
- 2 Tbsp rice vinegar
- 1 Tbsp Asian hot chili sauce
- 2 Tbsp brown sugar
- 1 Tbsp cornstarch
- 1 C low-sodium chicken broth
- 12 oz boneless, skinless chicken breast, cut into thin strips
- 1 Tbsp lite soy sauce

- 1 Thaw frozen vegetables in the microwave (or place entire bag in a bowl of hot water for about 10 minutes). Set aside until step 6.
- 2 Heat oil in a large wok or sauté pan on medium heat. Add ginger, garlic, and scallions, and stir fry until cooked, but not brown, about 2–3 minutes.
- 3 Add the rice vinegar, chili sauce, and brown sugar to the pan, and bring to a simmer.
- 4 In a bowl, mix cornstarch with chicken broth, and add to the pan. Bring to a boil over high heat, stirring constantly. Lower temperature to a gentle simmer.
- 5 Add chicken, and stir continually for 5–8 minutes.
- 6 Add vegetables, and mix gently. Simmer with lid on to reheat, about 2 minutes.
- 7 Add soy sauce, and mix gently.
- 8 Divide into four even portions, and serve.

Tip: Try serving with a side of steamed rice.



yield:

4 servings

serving size:

3 oz chicken, 1 C vegetables

each serving provides:

calories	221	total fiber	3 g
total fat	6 g	protein	23 g
saturated fat	1 g	carbohydrates	21 g
cholesterol	51 mg	potassium	460 mg
sodium	287 mg		

turkey club burger

Prep time: 20 minutes
Cook time: 20 minutes

lighten up your traditional hamburger with lean ground turkey—less saturated fat, without less flavor

For turkey burger:

- 12 oz 99 percent fat-free ground turkey
- ½ C scallions (green onions), rinsed and sliced
- ¼ tsp ground black pepper
- 1 large egg
- 1 Tbsp olive oil

For spread:

- 2 Tbsp light mayonnaise
- 1 Tbsp Dijon mustard

For toppings:

- 4 oz spinach or arugula, rinsed and dried
- 4 oz portabella mushroom, rinsed, grilled or broiled, and sliced (optional)
- 4 whole-wheat hamburger buns

- 1 Preheat oven broiler on high temperature (with the rack 3 inches from heat source) or grill on medium-high heat.
- 2 To prepare burgers, combine ground turkey, scallions, pepper, and egg, and mix well. Form into ½- to ¾-inch thick patties, and coat each lightly with olive oil.
- 3 Broil or grill burgers for about 7–9 minutes on each side (to a minimum internal temperature of 160 °F).
- 4 Combine mayonnaise and mustard to make a spread.
- 5 Assemble ¾ tablespoon spread, 1 ounce spinach or arugula, several slices of grilled portabella mushroom (optional), and one burger on each bun.

Tip: Try it with a side of **Grilled Romaine Lettuce With Caesar Dressing** (on page 105).

Hint: To grill portabella mushrooms, scrape off the gills from underneath the mushroom caps. Lightly coat with olive oil, and grill or broil for 2–3 minutes on each side or until tender. Slice and set aside until burgers are ready.



yield:

4 servings

serving size:

1 burger with toppings

each serving provides:

calories	299	total fiber	5 g
total fat	11 g	protein	29 g
saturated fat	2 g	carbohydrates	26 g
cholesterol	89 mg	potassium	424 mg
sodium	393 mg		

teriyaki-glazed salmon with stir-fried vegetables

Prep time: 20 minutes
Cook time: 15 minutes

a fresh and flavorful Asian-style dish that is as easy to make as it is colorful

For salmon:

- 2 Tbsp light teriyaki sauce
- ¼ C mirin (or sweet rice wine)
- 2 Tbsp rice vinegar
- 2 Tbsp scallions (green onions), rinsed and minced
- 1½ Tbsp ginger, minced (or 1 tsp ground)
- 12 oz salmon fillets, cut into 4 portions (3 oz each)

For vegetables:

- 1 bag (12 oz) frozen vegetable stir-fry
- ½ Tbsp peanut oil or vegetable oil
- ½ Tbsp garlic, minced (about 1 clove)
- 1 Tbsp ginger, minced (or 1 tsp ground)
- 1 Tbsp scallions (green onions), rinsed and minced
- 1 Tbsp lite soy sauce

- 1 Thaw frozen vegetables in the microwave (or place entire bag in a bowl of hot water for about 10 minutes). Set aside until step 7.
- 2 Preheat oven to 350 °F.
- 3 Combine teriyaki sauce, mirin, rice vinegar, scallions, and ginger. Mix well. Pour over salmon, and marinate for 10–15 minutes.
- 4 Remove salmon from the marinade, and discard unused portion.
- 5 Place salmon on a baking sheet, and bake for 10–15 minutes or until fish flakes easily with a fork in the thickest part (to a minimum internal temperature of 145 °F).
- 6 Meanwhile, heat oil in a large wok or sauté pan. Add garlic, ginger, and scallions, and cook gently but do not brown, about 30 seconds to 1 minute.
- 7 Add vegetables, and continue to stir fry for 2–3 minutes or until heated through. Add soy sauce.
- 8 Serve one piece of salmon with 1 cup of vegetables.

Tip: Try serving with steamed rice or Asian-style noodles (soba or udon).



yield:

4 servings

serving size:

3 oz salmon, 1 C vegetables

each serving provides:

calories	253	total fiber	3 g
total fat	11 g	protein	21 g
saturated fat	2 g	carbohydrates	16 g
cholesterol	50 mg	potassium	584 mg
sodium	202 mg		

baja-style salmon tacos

Prep time: 20 minutes
Cook time: 15 minutes

fun finger food for a hot summer night

- 12 oz salmon fillet, cut into 4 portions (3 oz each)
- 4 (8-inch) whole-wheat tortillas

For taco filling:

- 1 C green cabbage (about ¼ head), rinsed and shredded
- 1 tsp lime juice
- 1 tsp honey
- ½ C red onion, thinly sliced (or substitute white onion)
- 1 medium jalapeno chili pepper, rinsed and split lengthwise—remove seeds and white membrane, and mince (about 2 Tbsp); for less spice, use green bell pepper
- 1 tsp fresh cilantro, minced (or substitute ½ tsp ground coriander)

For marinade:

- ½ Tbsp corn oil or other vegetable oil
- 1 Tbsp lime juice
- 2 tsp chili powder
- ½ tsp ground cumin
- ½ tsp ground coriander
- ¼ tsp salt

Tip: Try serving with a tomato cucumber salad drizzled with light vinaigrette.

- 1 Preheat grill or oven broiler (with the rack 3 inches from heat source) on high temperature.
- 2 Prepare taco filling by combining all ingredients. Let stand for 10–15 minutes to blend the flavors.
- 3 To prepare the marinade, combine the oil, lime juice, chili powder, cumin, coriander, and salt in a bowl.
- 4 Place salmon fillets in a flat dish with sides. Pour marinade evenly over fillets.
- 5 Place salmon fillets on grill or broiler. Cook for 3–4 minutes on each side, until fish flakes easily with a fork in the thickest part (to a minimum internal temperature of 145 °F). Remove from the heat and set aside for 2–3 minutes. Cut into strips.
- 6 To make each taco, fill one tortilla with ¾ cup filling and one salmon fillet.



yield:

4 servings

serving size:

1 taco

each serving provides:

calories	325	total fiber	4 g
total fat	11 g	protein	24 g
saturated fat	1 g	carbohydrates	29 g
cholesterol	54 mg	potassium	614 mg
sodium	395 mg		

classic macaroni and cheese

Prep time: 5 minutes

Cook time: 40 minutes

this recipe proves you don't have to give up your favorite dishes to eat heart healthy meals—here's a lower fat version of a true classic

- 2 C macaroni
- ½ C onion, chopped
- ½ C fat-free evaporated milk
- 1 medium egg, lightly beaten
- ¼ tsp ground black pepper
- 1¼ C (4 oz) low-fat sharp cheddar cheese, finely shredded

Cooking spray

- 1 Cook macaroni according to package directions—but do not add salt to the cooking water. Drain and set aside.
- 2 Spray a casserole dish with nonstick cooking spray.
- 3 Preheat oven to 350 °F.
- 4 Lightly spray a saucepan with nonstick cooking spray. Add onion to saucepan and sauté for about 3 minutes over medium heat.
- 5 In a bowl, combine macaroni, onion, and the remaining ingredients, and mix thoroughly.
- 6 Transfer mixture into casserole dish.
- 7 Bake for 25 minutes or until bubbly. Let stand for 10 minutes before serving.

Tip: Pairs nicely with steamed broccoli and garlic.



yield:

8 servings

serving size:

1 C pasta

each serving provides:

calories	200	total fiber	1 g
total fat	4 g	protein	11 g
saturated fat	2 g	carbohydrates	29 g
cholesterol	34 mg	potassium	119 mg
sodium	120 mg		

parmesan rice and pasta pilaf

Prep time: 10 minutes
Cook time: 25 minutes

this unique pasta and pilaf combination is a tasty side dish that goes well with most main dishes

- 2 Tbsp olive oil
- ½ C thin spaghetti (vermicelli), finely broken, uncooked
- 2 Tbsp onion, diced
- 1 C long-grain white rice, uncooked
- 1¼ C chicken broth, hot
- 1¼ C water, hot
- ¼ tsp ground white pepper
- 1 bay leaf
- 2 Tbsp shredded parmesan cheese

- 1 In a large sauté pan, heat the oil. Sauté vermicelli and onion until golden brown (for about 2–4 minutes) over medium-high heat. Drain off oil.
- 2 Add rice, chicken broth, water, pepper, and bay leaf. Cover and simmer for 15–20 minutes. Fluff with fork. Cover and let stand for 5 minutes. Remove bay leaf.
- 3 Sprinkle with shredded parmesan cheese, and serve immediately.



yield:

6 servings

serving size:

⅔ C pilaf

each serving provides:

calories	208	total fiber	1 g
total fat	6 g	protein	5 g
saturated fat	1 g	carbohydrates	33 g
cholesterol	2 mg	potassium	90 mg
sodium	140 mg		