

WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

A Monthly Newsletter Compiled By
THE CENTER FOR HEALTH PROMOTION
February 2006



NEWS

WHAT HAPPENS WHEN PUBLIC COVERAGE IS NO LONGER AVAILABLE?

This policy brief examines national data to determine the share of current enrollees of public health coverage programs who would have alternate coverage options if public coverage were no longer available. The authors estimate that no more than 9 percent of low-income adults would have access to an alternative source of insurance in the absence of public coverage. This research suggests that the vast majority of current enrollees affected by cutbacks in eligibility for public programs, particularly those with the lowest incomes, are likely to be left uninsured.

 [Issue Brief](#) (.pdf)

Information provided by the [Kaiser Commission on Medicaid and the Uninsured](#)
Publication Number: 7449
Publish Date: 2006-01-06

2005 NATIONAL HEALTHCARE QUALITY REPORT AND NATIONAL HEALTHCARE DISPARITIES REPORTS AVAILABLE

The 2005 NHQR and NHDR were recently released. The website address to access these reports is: <http://www.qualitytools.ahrq.gov/>

One of the main findings of the disparities report is that disparities are growing worse for Hispanics in both quality of healthcare and access to care.

MEDICARE DRUG BENEFIT ENROLLMENT: UPDATE AND NEW STATE-SPECIFIC DATA

The Kaiser Family Foundation issued an enrollment update that breaks down and explains the statistics related to enrollment under the new Medicare drug benefit and the separate low-income subsidy program that provides additional assistance. The update summarizes the latest enrollment figures released by the Centers for Medicare & Medicaid Services and the Social Security Administration and compares them with earlier enrollment projections. The enrollment update is [available online](#).

The Foundation's Kaiser Commission on Medicaid and the Uninsured also issued a separate document, "Dual Eligibles and Medicare Part D: An Implementation Update," that summarizes the early implementation of the Medicare drug benefit for the more than six million Medicare beneficiaries whose prescription drug coverage switched from Medicaid to Medicare plans on January 1. The update is [available online](#). In addition, statehealthfacts.org has added the latest state-by-state Medicare drug coverage data from the Centers for Medicare & Medicaid Services. This includes data, which can be sorted by state, on the percentage of Medicare beneficiaries with drug coverage through the new benefit as well as type of coverage.

MICHIGAN KIDS COUNT REPORT FOCUSES ON YOUTH AT RISK

Fewer Michigan teens are getting arrested, having babies, dropping out of school or dying, according to the latest Kids Count in Michigan report. The annual data book reviews indicators of child well-being in health, economic security and child safety for each of Michigan's 83 counties and the city of Detroit.

Arrest and high school dropout rates in the state plummeted by half, and teen deaths and births to teens dropped by almost one-third over the trend period. Nonetheless, roughly 12,600 teenagers, ages 15-19, had a baby in 2003, and national statistics show that only one-third of teen mothers complete their high school education.

In 2004 the rate of confirmed child victims of maltreatment was over 40 percent higher than in Fiscal Year 1995, and the rate of children going into foster care was up by 17 percent. Almost 30,000 children were confirmed victims of maltreatment in 2004, and roughly 17,000 were removed from their birth families and placed into foster care. Current foster care caseloads of 25 to 40 substantially exceeded the national recommended standard of 15 cases per worker, according to the report.

Measures of child health reflected mixed outcomes in Michigan. The child death rate dropped by almost 20 percent, and women receiving less than adequate prenatal care by 13 percent. Nonetheless roughly one of five women who gave birth in 2003 had not received adequate prenatal care, according to the Kessner Index. (Adequate care begins in the first or second trimester and occurs regularly throughout the pregnancy.)

Maternal and infant health stagnated over the eight-year trend period with infant mortality remaining at 8 deaths per 1,000 infants, and 8 percent of all babies born weighing less than five and one-half pounds. The roughly 11,000 babies born at low-birthweight face increased risk of developmental delay, chronic illness, and even death compared other infants.

One of every three children in the state lived in a poor or low-income family, according to the report, as evidenced by the rate of students eligible to receive free or reduced priced school lunch.

This year the annual data book also includes an analysis of indicators by county groups, divided by metropolitan and regional status, as well as policy options to improve key child and adolescent outcomes. The annual data book, which features profiles of child well-being for the state, its 83 counties and Detroit, is available from the Michigan League for Human Services and on the web at www.milhs.org <<http://www.milhs.org>> .

DLIFE ENTERS SECOND SEASON ON CNBC WORLD'S FIRST MEDUTAINMENT PROGRAM HELPING DIABETES SUFFERERS

dLife, the world's first "medutainment" program, is set to enter its second season on CNBC. The show, which airs at 7 PM Eastern (4 PM Pacific) every Sunday evening is a cross section of life for those living with diabetes as well as their families. Topics range from workplace discrimination, nutrition, exercise, sexuality, family life to medical advice and the latest tools for managing the disease. It is hosted by Mother Love, Nicole Johnson Baker, Jim Turner and J. Anthony Brown and has featured such guests as Olympian Gary Hall Jr. and Patti LaBelle.

dLife provides not only the information necessary to do that, but more importantly, a support network and community that understands how hard it can be at times." The show has demonstrated an incredible level of success in its short run. It attracts over 435,000 viewers to each episode. Guests for the upcoming season include "Sopranos" actress Aida Torturro, "Grey's Anatomy" actress Sandra Oh, Pittsburgh Steeler Kendall Simmons, Detroit Tigers pitcher Jason Johnson, Rocker Bret Michaels, Ultramarathoner Missy Foy and many others.

According to the Center for Disease Control, the number of Americans suffering from diabetes has increased 14% since 2003 to 20.8 million. These recently released statistics indicate that 7% of the entire American population has diabetes and the epidemic is growing rapidly, despite the valiant efforts of the CDC to control the disease's spread. Short of a cure, the best possible treatment for diabetes is proper management. That management includes every aspect of a diabetes sufferer's life, including health, family, work and recreational activities. For more information please visit www.dlife.com.

HEALTHY AGING COMMON AMONG SENIORS

NEW YORK (Reuters Health) - Contrary to what some may think, many adults can and do maintain good health into their late senior years, according to the results of a new study.

"Despite very serious illnesses that come with age, such as dementias, our study emphasizes that many Americans are aging well into their 80s and beyond and are enjoying healthy "successful" aging," study author Dr. Kathleen A. Welsh-Bohmer, of Duke University in Durham, North Carolina, told Reuters Health. The current findings are based on data from the Cache County Memory Study, involving nearly all of the adults in that Utah county who were 65 years of age or older at the 1995 start of the study.

Welsh-Bohmer, principal investigator of that study, and her colleagues examined the seniors' aging along 10 dimensions of health: their self-reported overall health, living at home versus in an institution, vision and hearing, ability to perform activities of daily living, freedom from physical illness, mental status, mood, social support and participation, religious participation and spirituality, and their survival.

They found that most of the adults, even those aged 85 years and older, rated their overall health as "excellent" or "good," the investigators report in the Journal of the American Geriatrics Society. Nearly 90 percent or more of seniors in every age category lived at home and at least nine out of 10 seniors in every age group were free of depressive symptoms or otherwise considered to have a healthy mood.

Also, while about half of the oldest seniors had problems with their vision or hearing, more than 60 percent of 75- to 84-year old men and women reported having good or excellent vision and hearing. In fact, the study findings indicate, 80 percent to 90 percent of the 65 to 74-year-old seniors were healthy according to each of the areas examined in the study.

In general, older seniors were less healthy than the 65 to 74 year olds. Still, over two-thirds of women aged 85 years or older and more than three-quarters of men of similar ages were independent in all activities of daily living. Further, while dementia was more common among the oldest study participants, nearly 80 percent of men aged 85 years or older and 78 percent of women of the same age had normal cognition.

SOURCE: Journal of the American Geriatrics Society, February 2006.

PROTECT YOUR EARS: LIMIT Ipod USE

NEW YORK (Reuters Health) - The ever-popular earbuds used with many iPods and other MP3 players may be more stylish than the bigger and bulkier earmuff-type headphones, but they may also be more damaging to one's hearing, according to a Northwestern professor.

"No one really knows for sure" the levels at which iPod users listen to music, but "what we do know is that young people like their music loud and seldom worry about any decline in hearing ability," Dean Garstecki, chairman of Northwestern's communication sciences and disorders department, told Reuters Health.

The earbuds commonly used by iPod listeners are placed directly into the ear and can boost the audio signal by as many as nine decibels -- comparable to the difference in sound intensity between an alarm clock and a lawn mower, Garstecki said. Yet, the earbuds do not always fit snugly in the ear, but often allow background noise to seep in, which causes listeners to crank up the volume. In turning up the volume to drown out background noise, however, people "don't realize they may be causing some damage" to their hearing, Garstecki said.

This danger is not confined to MP3 users, such as iPod owners. Earbuds are also used with compact disc players and Walkmans. Audiologists have cautioned about the potential risk of hearing loss associated with such devices since the 1980s. The longer battery life and the greater music storage capacity of MP3 players, in comparison to Walkmans and compact discs, however, encourage longer periods of uninterrupted music listening.

Various researchers have reported an increased risk of hearing loss associated with headphone use in the general population. Despite this, an MTV survey conducted earlier this year revealed that most teens and young adults do not think hearing loss from loud music is a big problem, even though over half of those surveyed said they experienced ringing in their ears after concerts. When told that the loud music may lead to lifelong hearing loss, however, most of the survey participants said they would consider protective measures in the future.

STROKES AFFECT THOUSANDS OF HISPANICS EACH YEAR – LEARN TO RECOGNIZE SYMPTOMS

More than 700,000 strokes occur in the U.S. every year. For older Hispanic Americans, stroke is the third leading cause of death after heart disease and cancer. Strokes also cause more serious long-term disabilities than any other disease.

Most often, a stroke occurs when blood flow to the brain is blocked by a clot. Brain cells are damaged or begin to die because they don't get the oxygen and nutrients they need. The brain then stops sending signals to other parts of the body that control things like speaking, thinking, and walking.

Learning more about stroke can help you act in time to save a family member or friend. New treatments greatly reduce the damage caused by a stroke, but you need to act quickly. Knowing the symptoms of a stroke, calling 911 immediately, and getting to a hospital are critical. And making lifestyle changes can help prevent a stroke. For example, it is important to stop smoking, eat a healthy diet, exercise regularly, and work to control high blood pressure and manage diabetes.

The National Institute on Aging (NIA) is offering a free fact sheet in Spanish with information on recognizing the warning signs of stroke, lowering risk factors, and finding resources for patients and their families. To order a free copy of *Accidente Cerebrovascular*, call 1-800-222-2225 weekdays between 8:30 a.m. and 5:00 p.m. Eastern time. A Spanish-speaking information specialist is available to respond to calls. You also can order this and other Spanish publications on healthy aging on the NIA website at www.niapublications.org.



PHYSICAL ACTIVITY UPDATES

CAN A SELF-DIRECTED WALKING PROGRAM HELP TO LIMIT THE RATE OF DECLINE IN PHYSICAL ABILITY AMONG PEOPLE WITH BLOCKED ARTERIES IN THE LEGS?

The summary below is from the full report titled "Physical Performance in Peripheral Arterial Disease: A Slower Rate of Decline in Patients Who Walk More." It is in the 3 January 2006 issue of **Annals of Internal Medicine** (volume 144, pages 10-20). The authors are M.M. McDermott, K. Liu, L. Ferrucci, M.H. Criqui, P. Greenland, J.M. Guralnik, L. Tian, J.R. Schneider, W.H. Pearce, J. Tan, and G.J. Martin.

People with hardening of the arteries in the legs, a condition known as peripheral arterial disease (PAD), often have pain when they walk. About 20% to 30% of older people have PAD. Research previously showed that PAD tends to worsen over time, but participation in a regular physical rehabilitation program that includes supervised treadmill walking at least 3 times per week has been shown to improve walking performance and slow the progression of the disease. Doctors have been advised that they should recommend a supervised

exercise program for their patients with PAD. One problem with this approach is that many patients with PAD have difficulty attending a supervised exercise program because it is expensive or because they cannot arrange for transportation. Doctors do not know if similar improvement can be achieved by having patients walk for exercise without professional supervision.

Participants in the study (417 patients with confirmed PAD) were questioned about which activities caused leg pain and the characteristics of the pain when it occurred. The researchers then tested participants' physical ability by measuring the distance they could walk in 6 minutes and by observing their ability to get up from a chair unassisted, how well they maintained balance in a standing position, and how fast they could walk over a short distance. The researchers also asked participants how often they walked for exercise and how long each walking session lasted. Participants were divided into 3 groups: those who walked for exercise at least 3 times per week, those who walked fewer than 3 times per week, and those who did no walking for exercise. Measurements of physical ability were repeated annually for an average of 3 years.

Self-directed walking for exercise at least 3 times a week was associated with a slower decline in ability to perform physical activities over the years of observation. Participants with the worst PAD at the start of the study were the ones most likely to benefit from a regular self-directed walking program. Because participants in this study were not asked to change any of their habits, the researchers could not be certain that walking for exercise was the only factor that was responsible for differences in exercise abilities among the groups. People with PAD may benefit significantly from regular walking for exercise even if they cannot take part in a supervised exercise program.



HIV/AIDS UPDATES

SAN FRANCISCO CHRONICLE EXAMINES PARTNER NOTIFICATION AS HIV PREVENTION METHOD

The [San Francisco Chronicle](#) examined the increasing role of partner notification in the battle against HIV/AIDS in California and across the U.S. Partner notification, which emerged from the contact tracing method used since the 1940s to curb the spread of syphilis, notifies the sexual partners of people who test positive for HIV and is "a more efficient and focused way to test for HIV," according to the *Chronicle*. The HIV-prevalence rate among sexual partners of those who have tested positive for HIV nationwide is estimated at around 20%, and most partner-notification programs are aimed at people who are unaware of their HIV status. According to [Disclosure Assistance and Partner Services](#), a partner-notification program working on behalf of the [San Francisco Department of Public Health](#), encouraging newly diagnosed clients to provide a list of sexual partners is "among the most sensitive tasks for team members," and all disclosures therefore are voluntary, the *Chronicle* reports. The DAPS program, which advises partners who have been exposed to HIV to access the city's free testing services, does not reveal the name of the HIV-positive client. Since 1985, when an HIV antibody test became available, it has been recommended that HIV-positive individuals be counseled to notify their sexual partners. Despite such recommendations, a [University of Washington](#) survey finds that only 30% of HIV-positive people nationwide reported receiving such counseling. To reduce the estimated 40,000 new HIV cases that occur annually in the U.S., [CDC](#) in April 2003 issued a redesigned federal HIV prevention strategy highlighting partner notification. Although some opponents of partner notification say that the method infringes on privacy rights, programs are being expanded statewide in California, as well as nationwide. In 2004, one year after San Francisco increased partner notification efforts, a report published in the *New England Journal of Medicine* finds that 112 partners of 136 clients newly diagnosed with HIV were notified through the DAPS program, resulting in the detection of 10 new HIV cases (Russell, *San Francisco Chronicle*, 1/9).



NCI ISSUES CLINICAL ANNOUNCEMENT FOR PREFERRED METHOD OF TREATMENT FOR ADVANCED OVARIAN CANCER

The National Cancer Institute (NCI), part of the National Institutes of Health, issued an announcement encouraging treatment with anticancer drugs via two methods, after surgery, for women with advanced ovarian cancer. The combined methods, which deliver drugs into a vein and directly into the abdomen, extend overall survival for women with advanced ovarian cancer by about a year.

The clinical announcement to surgeons and other medical professionals who treat women with ovarian cancer was made with the support of six professional societies and advocacy groups. The announcement coincides with publication in the *New England Journal of Medicine** of the results of a large clinical trial by Deborah Armstrong, M.D., medical oncologist and an associate professor at Johns Hopkins Kimmel Cancer Center in Baltimore, MD, and her colleagues in an NCI-supported research network known as the Gynecologic Oncology Group (GOG). This is the eighth trial evaluating the use of chemotherapy delivered into the abdomen for ovarian cancer. Together, these trials show a significant improvement in survival for women with advanced ovarian cancer.

The 205 women treated via the IP route fared better, even though most of them received fewer than the six planned treatments. Complications associated with the abdominal catheter used to deliver the IP chemotherapy were the main reason only 86 of the women completed all six IP treatments. Women who received IP chemotherapy had more side effects than those treated with IV chemotherapy alone, but most side effects were temporary and easily managed. One year after treatment, women in both study groups had the same reported quality of life.

In addition to continued research to improve ovarian cancer treatment, NCI is funding studies to identify disease markers and develop improved screening techniques, enabling earlier detection and treatment of the disease. An estimated 22,220 women in the United States were diagnosed with ovarian cancer in 2005. It causes more deaths in the United States than any other cancer of the female reproductive system, with an estimated 16,210 women dying from the disease in 2005. The most recent statistics show that only 45 percent of women survive five years after being diagnosed with ovarian cancer; the rate increases to 94 percent when the disease is diagnosed before it has spread. However, women with ovarian cancer frequently have no symptoms or only mild symptoms until the disease is advanced. As a result, only 19 percent of all cases are detected at that early, localized stage.

For Questions and Answers about IP treatment for advanced ovarian cancer, after 5 p.m. EST on Jan. 4, 2006, please go to <http://www.cancer.gov/newscenter/pressreleases/IntraperitonealQandA>.

CHILD HEALTH UPDATES



CHRONIC ABDOMINAL PAIN PUTS A CRAMP IN KIDS' QUALITY OF LIFE

According to the International Foundation for Functional Gastrointestinal Disorders, chronic abdominal pain, sometimes referred to as functional abdominal pain (FAP), occurs because of sensitivity to nerve impulses in the gut. But kids with this disorder tend to experience more than just belly pain - they may also miss more schooldays, suffer social withdrawal, and feel [anxious](#) and depressed about their condition. Researchers from Goryeb Children's Hospital/Atlantic Health System in Morristown, New Jersey, examined the extent to which functional abdominal pain affects kids and families.

Sixty-five 5- to 18-year-old children answered questions about how FAP affected their physical, emotional, and social life and their ability to function at school. Their parents also answered questions about how functional abdominal pain affected their child's quality of life. Later, researchers compared the results of children with FAP with the survey results of healthy children and children with other types of gastrointestinal disorders, such as inflammatory bowel disease (IBD) and [gastroesophageal reflux disease](#) (GERD).

Kids with FAP reported having a quality of life similar to those of kids with other chronic gastrointestinal conditions, such as IBD and GERD. Children with FAP scored lower on the quality of life index compared with healthy kids. Parents rated the quality of life of their children with FAP even lower than the children themselves did.

What This Means to You: The results of this study suggest that both children and parents feel that functional abdominal pain worsens a child's overall quality of life. Other studies have indicated that kids with FAP may be less likely to participate in sports and school activities and are more likely to consider their lives a failure, compared with kids with no abdominal pain. If your child has chronic abdominal pain, talk to your child's doctor about how the condition has affected your child's life. The doctor may be able to make suggestions about treatments or strategies for helping your child feel more comfortable at home and at school.

Source: Nader N. Youssef, MD; Thomas G. Murphy, MD; Annette L. Langseder, RN; Joel R. Rosh, MD; *Pediatrics*, January 2006.



WOMENS' HEALTH UPDATES

NONE TO REPORT THIS MONTH

CONFERENCES



6TH ANNUAL ART & SCIENCE OF HEALTH PROMOTION CONFERENCE **"Creating Opportunities for Innovation and Growth"**

March 20-24, 2006 |

Las Vegas, Nevada, Las Vegas Convention Center

Website: www.healthpromotionconference.org

U.S. PUBLIC HEALTH PROFESSIONAL CONFERENCE

May 1-4, 2006

Denver, Colorado, United States

Website: <http://www.coausphsconference.org>

Contact name: Tim O'Neill

2006 CDC DIABETES AND OBESITY CONFERENCE

May 16-19, 2006

Adams Mark Hotel

1550 Court Place

Denver, CO

Telephone: 303-893-3333 or 800-444-ADAM

Webiste: <http://www.psava.com>

IOF WORLD CONGRESS ON OSTEOPOROSIS

June 2-6, 2006

Toronto, ONTARIO, Canada

Website: <http://www.osteofound.org>

Contact name: Patricia CHANAVAT

6TH INTERNATIONAL CONFERENCE ON PRIORITIES IN HEALTH CARE

September 20-22, 2006

Toronto, Ontario, Canada

Website: <http://www.healthcarepriorities.org>

Contact name: Carolyn Farrell



CALENDAR OF EVENTS

February 2006

1 - 28

Heart Month

American Heart Association

7272 Greenville Avenue

Dallas, TX 75231

(800) 242-8721

inquire@americanheart.org

www.americanheart.org

Materials available

Contact: Program departments or local chapters

1 - 28

AMD/Low Vision Awareness Month

Prevent Blindness America

211 West Wacker Drive, Suite 1700

Chicago, IL 60606

(800) 331-2020

info@preventblindness.org

www.preventblindness.org

Materials available

Contact: PBA Consumer and Patient Hotline

1 - 28**National Children's Dental Health Month**

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
(312) 440-2500

publicinfo@ada.orgwww.ada.org

Materials available

Contact: Department of Public Information

1 - 28**Kids E.N.T. (Ears, Nose, Throat) Health Month**

American Academy of Otolaryngology
Academy of Otolaryngology—Head and Neck
Surgery
Head and Neck Surgery, Inc.

One Prince Street

Alexandria, VA 22314-3357

(703) 836-4444

Kids@entnet.orgwww.entnet.org/KidsENT

Materials available

Contact: Desiree Voinche

3**Give Kids A Smile Day**

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
(312) 440-2500

publicinfo@ada.orgwww.ada.org

Materials available

Contact: Dept. of Public Information

3**National Wear Red Day 2006**

National Heart, Lung, and Blood Institute Health
Information Center

Attention: The Heart Truth

P.O. Box 30105

Bethesda, MD 20824-0105

(301) 592-8573

(240) 629-3255 TTY

(240) 629-3246 Fax

nhlbiinfo@nhlbi.nih.govwww.nhlbi.nih.gov/health/hearttruth

Materials available

Contact: Information Center

5 - 11**National Burn Awareness Week**

Shriners International Headquarters

P.O. Box 31356

Tampa, FL 33631

(813) 281-0300

www.shrinershq.org

Materials available

Contact: Public Relations

7 - 14**Congenital Heart Defect Awareness Week**

Congenital Heart Information Network

1561 Clark Drive

Yardley, PA 19067

(215) 493-3068

mb@tchin.orgwww.tchin.org/aware

Materials available

Contact: Mona Barmash

11 - 18**Cardiac Rehabilitation Week**

American Association of Cardiovascular and
Pulmonary Rehabilitation

401 North Michigan Avenue, Suite 2200

Chicago, IL 60611

(312) 321-5146

aacvpr@smithbucklin.comwww.aacvpr.org

Materials available

Contact: none available

12 - 18**Children of Alcoholics Week**

National Association for Children of Alcoholics

11426 Rockville Pike, Suite 100

Rockville, MD 20852

(888) 554-2627

nacoa@nacoa.orgwww.nacoa.org

Materials available

Contact: none available

13 - 18**National Condom Week**

American Social Health Association
 P.O. Box 13827
 Research Triangle Park, NC 27709
 (919) 361-8400

lescun@ashastd.org

www.ashastd.org

Materials available

Contact: ASHA Media Relations Office

13 - 17**Duchenne MD Awareness Week**

Parent Project Muscular Dystrophy
 1012 North University Boulevard
 Middletown, OH 45042
 (800) 714-5437

Kimberly@parentprojectmd.org

www.parentprojectmd.org

Materials available

Contact: Kimberly Galberaith

14**National Donor Day**

Division of Transplantation, OSP, HRSA
 U.S. Department of Health and Human Services
 Parklawn Building, Room 16C-17
 5600 Fishers Lane
 Rockville, MD 20857
 (301) 443-7577

ask@hrsa.gov

www.organdonor.gov

Materials available

Contact: none available

17**National Women's Heart Day**

Sister to Sister: Everyone Has A Heart
 Foundation, Inc.

4701 Williard Avenue, Suite 223
 Chevy Chase, MD 20815
 (301) 718-8033
 (301) 718-8620 Fax

info@sistertosister.org

www.womansheartday.org

Materials available

Contact: none available

8 - 25**National Porphyria Week**

The American Porphyria Foundation
 4900 Woodway, Suite 780
 Houston, TX 77056
 (713) 266-9617

porphyrus@aol.com

www.porphyrifoundation.com

Materials available

Contact: Yvette Strange

26 - March 4**National Eating Disorders Awareness Week**

National Eating Disorders Association
 603 Stewart Street, Suite 803
 Seattle, WA 98101
 (206) 382-3587

(206) 829-8501 Fax

info@nationaleatingdisorders.org

www.nationaleatingdisorders.org

Materials available

Contact: Tania Brown

We welcome your participation. If you have news to share about publications, workshops, conferences, or know of others that would like to join the network, please e-mail

Irene Felicetti (ilf@umich.edu).
 The Center for Health Promotion
<http://www.nursing.umich.edu/chp/>

