

# WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

A Monthly Newsletter Compiled By  
**THE CENTER FOR HEALTH PROMOTION**  
January 2006

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## NEWS

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**As we begin a new year, we would be interested in feedback regarding the Center for Health Promotion Newsletter. This will be helpful to us in developing newsletters for the coming year. Please complete and return the survey located on the last page of this newsletter. Thank you.**

### **THE LATEST REPORTS IN HEALTH POLICY: RESEARCH HIGHLIGHTS, INSURANCE RATES FOR TEMPORARY WORKERS, RACIAL DISPARITIES, AND MEDICAID PHYSICIAN PARTICIPATION**

"[On the Fringe, The Substandard Benefits of Workers in Part-Time, Temporary and Contract Jobs](#)," [Commonwealth Fund](#): The report -- by Elaine Ditsler, Peter Fisher and Colin Gordon, all researchers at the [Iowa Policy Project](#) -- finds that 21% of part-time, temporary and contract workers have health insurance through their employer, compared with 74% of regular, full-time employees. The report also notes that about 24% of such nonstandard workers are uninsured, compared with 12% of standard workers (Commonwealth Fund release, 12/1).

[December Issue](#), [American Journal of Public Health](#): The December issue of the journal focuses on race, genetics and health disparities (*American Journal of Public Health*, December 2005).

"The Effects of Medicaid Reimbursement on the Access to Care of Medicaid Enrollees," *Medical Care Research and Review*: Although previous research has not demonstrated a connection between Medicaid physician payments and access to care, a new study, by Peter Cunningham of the [Center for Studying Health System Change](#) and Len Nichols of the [New America Foundation](#), says that beneficiaries are affected indirectly by reimbursement rates. The study results indicate that higher fee levels influenced physicians' decisions to accept Medicaid beneficiaries, but that Medicaid acceptance rates by physicians in a geographic region affects access to care more than fee levels. While high reimbursement rates increase the chances of a physician participating in Medicaid, there are other factors that affect a physician's participation, according to the report, including practice type, racial make-up of the physician and community and the extent of Medicaid enrollment in the area (Cunningham/Nichols, *Medical Care Research and Review*, December 2005).

## **NEW FINDINGS ON THE WILLINGNESS OF MINORITIES TO PARTICIPATE IN HEALTH RESEARCH**

New findings by researchers at the National Institutes of Health show that minorities participate in health research studies at the same rate as non-Hispanic whites when they are made aware of the study and meet the medical requirements. The findings counter the widely held notion that minorities are less willing to participate and lead the researchers to suggest that minority involvement is more a matter of access than attitude.

The study was led by researchers in the Department of Clinical Bioethics at the National Institutes of Health Clinical Center, the hospital at NIH. The work is published online December 6, 2005 in the medical journal *PLoS Medicine*, published by the Public Library of Science.

"I think it's going to surprise many people," says Ezekiel Emanuel, M.D., Ph.D., chair of the Department of Clinical Bioethics and an author of the report. According to the study, it is widely claimed that racial and ethnic minorities are less willing to participate in health research, and many people attribute it to a distrust traced to past research abuses., the most notable being the 1932-1972 Tuskegee syphilis study. In that study, which was funded by the Public Health Service, hundreds of poor African American men in Alabama were followed for decades without being told they had syphilis and were prevented from getting penicillin to treat their syphilis.

But the data from this new study finds that when minorities are given the opportunity to participate in health research, they do so at the same rate as non-Hispanic whites.

"The big take home message here is that the main barrier probably is not the attitudes of African Americans and other minorities," Emanuel says. "The main barrier is access, knowledge that these studies exist, eligibility criteria that ensure minorities can participate, and overcoming logistical barriers that exist," such as the location of the study or the need for child care.

The research team did a comprehensive search of the medical literature to identify published trials that reported consent rates by race and/or ethnicity. The team identified and reviewed 20 studies that involved more than 70,000 patients. Most of studies were conducted in the United States and most of participants from minority groups were African Americans or Hispanics. Given that research was based on the enrollment decisions of more than 70,000 people over two decades in a variety of different types of research studies, from epidemiology to drug to surgical studies, the authors say they believe their findings are robust.

The researchers found only small differences in the willingness of minorities to participate compared to non-Hispanic whites. But the researchers found big differences when it came to who was asked to participate. In seven of the 17 clinical and surgical intervention studies, enrollment was discussed with relatively few people from minority groups.

The authors say efforts to increase minority enrollment in trials should focus on improving access rather than changing minority attitudes. The researchers offer a number of suggestions. They include: informing minority groups about specific trials; choosing study sites that minorities can easily access; partnering with community health clinics and other sites where a substantial number of minorities receive medical care; addressing logistics that could undermine minority participation such as the need for child care and reimbursement for travel expenses.



"Study participants should reflect our society as a whole to ensure that findings benefit the most people," says John I. Gallin, M.D., director of the NIH Clinical Center. "Identifying more ways to reach out to people who are willing to take part in research can advance medical science and improve the health of our nation."

This research was done in collaboration with researchers from the Office of Behavioral and Social Sciences Research at the National Institutes of Health, the Centers for Disease Control and Prevention and Yale University School of Medicine. Authors: David Wendler, Raynard Kington, Jennifer Madans, Gretchen

Van Wye, Heidi Christ-Schmidt, Laura A. Pratt, Otis W. Brawley, Cary P. Gross, Ezekiel Emanuel.

## CONSUMER-DRIVEN HEALTH BENEFITS

*Employee Benefit Research Institute Education and Research Fund and Commonwealth Fund, Washington, D.C.*

**View Webcast**  ( [video](#) )  ( [audio](#) )  ( [transcript](#) )

The [Employee Benefits Research Institute](#) and [Commonwealth Fund](#) release results from a [national survey](#) on the growth of consumer driven health plans and its impact on the behavior and attitudes of health care consumers. Reaction to the survey findings are provided by plan sponsors, insurers, providers and academia.

## THE TRANSFORMATION OF COMPETITION IN HEALTH CARE

*Center for Studying Health System Change, Health Affairs and Kaiser Permanente Institute for Health Policy, Washington, D.C.*

This conference sponsored by [Center for Studying Health System Change](#), [Health Affairs](#) and [Kaiser Permanente Institute for Health Policy](#) examines the health care market paradigm shift to consumers acting more on their own behalf.

**Welcome and Keynote Address:**  ( [video](#) )  ( [transcript](#) )



## PHYSICAL ACTIVITY UPDATES

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### PHYSICAL ACTIVITY AND HEALTH: A REPORT OF THE SURGEON GENERAL

#### NONE TO REPORT THIS MONTH.



## HIV/AIDS UPDATES

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### NIDA UNVEILS CAMPAIGN TO SEND TEENS THE MESSAGE ABOUT THE LINK BETWEEN DRUG ABUSE AND HIV

"*Drug Abuse and HIV: Learn the Link*" is the message of a new public awareness campaign announced November 29, 2005, by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health.

While research has shown that a large proportion of young people are not concerned about becoming infected with HIV, the reality is that there exists a very real danger for those engaged in risky behaviors. In addition, minority populations are disproportionately affected by the health consequences of drug abuse and HIV. For example, in 2004, black and Hispanic women represented about 25 percent of all U.S. women, yet they accounted for more than 80 percent of AIDS cases diagnosed in women that year. African-Americans, while they make up just 12 percent of the population, accounted for approximately half of the total AIDS cases diagnosed in 2004.

NIDA and partnering organizations — including the American Academy of Child and Adolescent Psychiatry (AACAP), the AIDS Alliance for Children, Youth & Families, and the United Negro College Fund Special Programs Corporation — are working together to get this important message about the link between drug abuse and HIV to teens and young adults.

In addition to public service announcements distributed to television stations across the country, NIDA has launched a website, [www.hiv.drugabuse.gov](http://www.hiv.drugabuse.gov) that provides the latest scientific findings on the relationship between drug abuse and HIV. One item on the Institute's new website is its recently released *HIV/AIDS Research Report* which provides an overview of the latest NIDA-supported research into the multiple ways in which drugs of abuse contribute to the spread of HIV.

## **GLOBAL CHALLENGES: WORLD BANK ANNOUNCES NEW STRATEGIC PLAN TO FIGHT HIV/AIDS**

The [World Bank](#) announced a [strategic plan](#) to combat HIV/AIDS worldwide with the aim of strengthening the bank's approach to the disease using no-interest lending, grants, analysis, technical support and advice on AIDS policy for developing countries, the [AP/Seattle Post-Intelligencer](#) reports. The plan will use the "Three Ones" approach for each country: one national HIV/AIDS authority, one national strategic plan and one system to track and assess the plan's success. It also will use reliable data to assess the risk, pattern and rate of spread of the virus and its effect on local areas ([AP/Seattle Post-Intelligencer](#), 11/30). The plan focuses attention on women, young people and high-risk populations ([Xinhuanet](#), 12/1). "The barriers that blunt our collective efforts to reverse the spread of HIV/AIDS are a mixture of long-standing, as well as newly emerging, challenges," World Bank President Paul Wolfowitz said, adding, "National HIV/AIDS strategic plans are for the most part not well-devised with clear priorities; prevention, care, and treatment efforts are still nowhere near equal to slowing down, or stopping, the virus; and progress continues to be eroded by pitfalls in management and implementation." The World Bank will continue to serve as a major funder of HIV/AIDS work in low- and middle-income countries, according to the plan.

## **CANCER UPDATES**




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### **CANCER SURVIVORS NEED BETTER LONG-TERM FOLLOW-UP: REPORT CALLS FOR A 'SURVIVORSHIP CARE PLAN', BETTER HEALTH INSURANCE**

The Institute of Medicine (IOM) is calling on health professionals, insurers, advocates, and the government to work together to improve follow-up care for the 10 million cancer survivors in the United States. In its recent report, [From Cancer Patient to Cancer Survivor: Lost in Transition](#), the IOM makes 10 specific recommendations for changing the way the US health care system addresses the long-term consequences of cancer and its treatments.

"This is very practical information intended to shift our thinking of what we need to do for cancer survivors," said Bonnie Teschendorf, PhD, one of the authors of the report and Director of Quality of Life Science for the American Cancer Society. "The focus has been on cure. Now we recognize that many survivors have late effects from treatment, second cancers, and related psychosocial problems. We hope the book will trigger some changes in practice, especially patient education, and influence policy."

One of the ways health care providers can improve care for cancer survivors is by giving them a comprehensive summary of their cancer care and a detailed plan for follow-up care. The doctor who provided most of their oncology treatment should write this "Survivorship Care Plan," the report says. It should include detailed information about diagnosis (type and stage of cancer, treatment types, schedules and dosages, side effects, etc.) as well as information on future screening practices and other precautions patients should take.

## **DISTANCE FROM FACILITY AFFECTS CANCER THERAPY**

NEW YORK (Reuters Health) - The distance a woman has to travel to reach a radiation therapy facility appears to influence whether she receives the recommended treatment for early-stage breast cancer, investigators report. Women who live farther away are also less likely to undergo breast-conserving surgery plus radiation as opposed to mastectomy.

Treatment guidelines recommend breast-conserving surgery plus radiation for early stage breast cancers. However, radiation treatment after surgery involves daily treatments for 5 to 6 consecutive weeks, Lydia Voti, at the University of Miami in Florida, and her colleagues explain.

To examine the factors that affect which treatment breast cancer patients receive, Voti and her associates used data from the Florida Cancer Data System and the Florida Agency for Health Care Administration to identify women with breast cancer treated between 1997 and 2000. Of 18,903 cases identified, 7,549 women underwent mastectomy and 11,354 had breast-conserving surgery plus radiation, the investigators report in the medical journal *Cancer*.

Voti's group observed that "the distance to the closest radiation therapy facility was negatively associated with breast-conserving surgery plus radiation." The odds of undergoing breast-conserving surgery plus radiation decreased by about 3 percent for every 5-mile increase in the distance to the treatment facility.

Other factors associated with an increased risk of undergoing mastectomy included older age at diagnosis, being black or Hispanic compared with being white non-Hispanic, being single or widowed compared with being married or separated or divorced, and being uninsured or covered under Medicaid as opposed to having private or Medicare coverage.

"Future efforts should target the uninsured, Hispanics, the elderly, and unmarried women to reduce disparities in the administration of breast-conserving surgery plus radiation for local breast carcinoma," the researchers conclude.

SOURCE: *Cancer*, January 1, 2006.

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## **LOW-DOSE ESTROGEN MAY FIGHT BREAST CANCER**

New York Times Syndicate

It sounds like a paradox, and it is: Even though estrogen can trigger the growth of breast cancer cells, small doses of the hormone can also help kill tumor cells.

In fact, low-dose estrogen may help breast cancer patients who've become resistant to therapies that work by blocking the hormone.

Now, researchers investigating this puzzle say they've discovered how estrogen kills these resistant tumor cells.

"It's all counterintuitive," says V. Craig Jordan, the Alfred G. Knudson Chair of Cancer Research at the Fox Chase Cancer Center in Philadelphia. Jordan is widely hailed as the

"father of tamoxifen" for his efforts in developing the estrogen-blocking drug that helps prevent breast cancer recurrence.

If estrogen is given at a specific time, he says, "instead of stimulating the growth (of breast cancer cells), it sees these dysfunctional aberrant cancer cells, and instead of telling them to grow, tells them to die." Jordan's team has published a series of papers in the scientific literature over the last few years showing that this is in fact the case.

"Now, we have found out the mechanism," he says.

Reporting in the Dec. 7 issue of *The Journal of the National Cancer Institute*, Jordan's team found that the form of estrogen called estradiol induces cell death, or apoptosis, by activating a specific chemical pathway. This pathway is controlled by proteins on the membrane of the cells called mitochondria.

The study was conducted using breast cancer cell lines resistant to estrogen withdrawal. These cells underwent cell death when treated with very small concentrations of estradiol. The estrogen was 100 percent effective in killing the cancer cells, Jordan says.

Kill rates were higher in cells treated with estradiol, compared to those treated with fulvestrant, an estrogen-blocker, or cells from an untreated control group. Jordan's team also injected estrogen-treated cancer cells into mice, resulting in complete tumor regression.

Typically, women with estrogen-receptor positive breast cancers are put on treatments that block estrogen, such as tamoxifen, fulvestrant or aromatase inhibitors. For some reason, women may become resistant to this long-term therapy, with some cells adapting and thriving -- even when deprived of estrogen.

Women with breast cancer who have undergone treatment and then are put on the estrogen-blocking therapies often stop responding, Jordan says. "About 50,000 women (in the U.S.) a year have this drug-resistance problem," he estimates. "We'd probably be able to help a third of those" with the estrogen treatment, he adds.

It wouldn't require big doses, Jordan says. He estimates that a dose of about 1.5 milligrams a day, given for eight to 12 weeks, might overcome the resistance and kill the cancer cells.

(The HealthDay Web site is at <http://www.HealthDay.com>.)



## CHILD HEALTH UPDATES

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### TOO MUCH SUGAR RAISES DIABETES RISK IN LATINO CHILDREN

NEW YORK (Reuters Health) - Overweight Latino children who eat lots of sugar and drink sugary drinks may show signs of poor beta cell function, which is associated with a higher risk of type 2 diabetes, according to the results of a new study.

Overweight individuals are known to have a higher risk of developing type 2 diabetes, and research shows that Latino children in the United States are more often overweight than are non-Latino white children. Even among overweight children, however, Latinos have been shown to have a higher risk for diabetes than their white peers. They are also more likely to be resistant to insulin, regardless of their weight status, according to previous research.

Investigators have previously reported that sugar consumption may be an important factor associated with diabetes risk and the action of insulin in the body, but most of those studies were conducted in white adults.

To determine if this is also true for Latino children, Goran and his colleagues studied 63 overweight children, ages 9 to 13 years, enrolled in the ongoing Study of Latinos at Risk Diabetes Project. They examined the children's eating habits by analyzing their self-reported three-day dietary records, analyzed the children's body composition, and tested their blood insulin levels before and after the children were given glucose.

All of the children had a family history of diabetes, meaning the condition was diagnosed in at least one parent, sibling or grandparent, but none of the children had been diagnosed with type 1 or type 2 diabetes.

Overall, the children's sugar consumption was the only dietary component associated with insulin dynamics, the researchers report in the American Journal of Clinical Nutrition. Sugary foods and drinks accounted for more than 40 percent of the total carbohydrates consumed by these children, the report indicates, and almost half of their sugar consumption was in the form of sugary drinks. On average, children drank 2.5 daily servings of drinks with added sugar.

This high sugar intake was associated with lower beta cell function -- a measure of the pancreas' ability to produce insulin -- and a lower acute insulin response -- how much insulin beta cells produce in response to glucose, study findings indicate, and this association remained true regardless of the children's sex, age and body composition, the researchers note.

Parents can help reduce their child's sugar intake and teens can cut down on their own sugar consumption by adding water to their fruit juices, replacing sodas with water, switching to high fiber cereals and breads, and eating more fruits and vegetables instead of sweets, Goran said.

SOURCE: American Journal of Clinical Nutrition

## **HEAVY, POORLY POSITIONED BACKPACKS HARD ON KIDS**

NEW YORK (Reuters Health) - The average backpack load of a typical U.S. middle-schooler is too heavy and should be reduced for comfort and safety, a University of California, San Diego School of Medicine-based team concludes in a report released today.

The researchers warn that excessive pressure on the shoulder from weighty backpacks may lead to shoulder pain, and an uneven backpack load may lead to low back pain.

Brandon Macias, a principal investigator for the study, told Reuters Health: "Based on this study and recent unpublished data, we have four recommendations -- backpacks should be positioned high on the back, backpack straps should be over both shoulders, weight in the backpacks should be minimized, and backpacks should have wide straps."

The Consumer Product Safety Commission estimates that nearly 7,500 school children are seen in emergency rooms each year due to injuries related to backpacks or book bags, the team reports in the Archives of Pediatrics and Adolescent Medicine.

With the help of ten 13-year-old students (five girls and five boys), Macias and his colleagues looked at backpack weight and how it is distributed with regard to shoulder and back pain. They fitted each child's backpack with pressure sensors on the shoulder straps. The children wore standard identical backpacks first carrying 10 percent of their body weight, then 20 percent and finally 30 percent of their body weight.

The researchers noted an increase in pain levels with an increase in backpack weight. Specifically, pressures exerted on the shoulder at backpack loads of 20 percent body weight were enough to reduce normal skin and muscle blood flow in that area. Children commonly carry backpack loads equal to 22 percent of their body weight.

The researchers also hope that their findings will encourage backpack designers and engineers to build better backpacks with wider straps to help spread the load.

SOURCE: Archives of Pediatrics and Adolescent Medicine, December 2005

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## **RAPID WEIGHT CHANGES FOUND RISKY FOR YOUNG ATHLETES**

CHICAGO (Reuters) - Doctors should be aware of the health risks posed to teenage athletes who quickly slim down by forcing themselves to vomit or by avoiding fluids, or who bulk up by overeating, a report said on Monday.

Teenagers who rapidly gain or lose weight are more susceptible than adults to dehydration, heat illness and eating disorders because their bodies produce more heat relative to body mass while their immature sweat glands are less able to acclimate, according to a report by the American Academy of Pediatrics published in the journal Pediatrics.

Many wrestlers, runners, swimmers, skaters, and gymnasts are encouraged to lose weight and develop lean muscle, and some must meet weight restrictions to qualify. Football and basketball players and weight lifters can feel pressure to gain weight and strength.

"Weight loss accomplished by overexercising; using rubber suits, steam baths, or saunas; prolonged fasting; fluid reduction; vomiting; or using anorexic drugs, laxatives, diuretics, diet pills, insulin, stimulants, nutritional supplements, or other legal or illegal drugs and/or

nicotine should be prohibited at all ages," according to the report by a committee of pediatricians.

Similarly, young athletes who want to gain weight should consult a physician and a dietitian to ensure the weight is put on gradually. Supplements or excessive weight gain can increase the likelihood of heat illness and complications from obesity, it said.

The report urged physicians to determine young athletes' weight history and dietary habits, and be able to recognize eating disorders.

SOURCE: Pediatrics, December 5, 2005.



## **WOMENS' HEALTH UPDATES**

### **VAGINAL BIRTH NOT ASSOCIATED WITH INCONTINENCE LATER IN LIFE**

**Washington, DC** -- Contrary to the belief held by some, vaginal birth does not appear to be associated with incontinence later in life, a new study has found. The study, published in the [December issue of \*Obstetrics & Gynecology\*](#), found that incontinence was more strongly related with family history.

An estimated 30-50% of adult women suffer from urinary incontinence, and vaginal delivery is often considered to be the major risk factor for stress urinary incontinence. While 62% of urogynecologists previously surveyed would support performing elective cesarean deliveries to prevent incontinence in the long term, the benefit of this practice has not been proven. Risk factors for incontinence include body mass index, hypertension, and integrity of the pelvic floor, all of which tend to run in families.

Researchers from the University of Rochester Medical Center in New York studied 143 pairs of biological sisters. All of the women were at least 45 years old and postmenopausal. All but two pairs of sisters were Caucasian. However, one sister of each pair was nulliparous (no deliveries) and one was parous (at least one vaginal delivery). The women answered questionnaires and underwent clinical testing to measure incontinence.

The researchers found that the rate of incontinence was 47.6% for nulliparous women and 49.7% for parous women, a statistically insignificant difference. They did discover, however, that 63% of the pairs shared continence status (i.e. either both were continent or both were incontinent). The researchers say that their findings run contrary to the conventional wisdom that nulliparity protects against incontinence and are similar to findings from their earlier study of nuns who had never given birth and yet still had high rates of postmenopausal incontinence.

## **MANY PREGNANCY-RELATED DEATHS MAY BE PREVENTABLE**

NEW YORK (Reuters Health) - The overall maternal death rate in the US is not as low as it could be, according to a review of pregnancy-related deaths in North Carolina, which suggests that about four out of every 10 pregnancy-related deaths are potentially preventable. "Despite the decline in pregnancy-related mortality rates, almost one half of these deaths could potentially be prevented, mainly through improved quality of medical care," investigators note in the December issue of *Obstetrics and Gynecology*.

The fact that several other developed countries have maternal mortality ratios lower than that of the US, and that some racial and ethnic groups have higher risks of pregnancy-related death, led lead investigator Dr. Cynthia J. Berg and her colleagues to theorize that maternal mortality rates could be lower than they are.

The North Carolina State Center for Health Statistics combed through four computerized databases to identify 108 pregnancy-related deaths that occurred between 1995 and 1999. Berg and her team evaluated these cases and concluded, based on the cause of death, that 41 cases could have been prevented.

Their analysis showed that 90 percent of deaths due to hemorrhage and chronic diseases could have been prevented, as could a substantial proportion of those caused by enlargement of the heart or other cardiac condition, pregnancy-induced high blood pressure, infection, and choriocarcinoma (cancer arising from fetal tissue).

The authors attribute 22 cases of preventable death to poor quality medical care and four cases to "nonoptimal organization of the health care system," such as failure to plan for follow-up or transfer of the patient.

Lack of preconception care, during which patients should have been advised about the risks associated with serious medical conditions, was responsible for eight deaths. Patient actions, such as failure to adhere to medical advice or to seek care in a timely fashion, were involved in 14 deaths.

"In-depth review of pregnancy-related deaths can help determine strategies needed to continue making pregnancy safer," Berg and her associates conclude.

SOURCE: *Obstetrics and Gynecology*, December 1, 2005.

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## CONFERENCES

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### **EPIDEMICS IN OUR COMMUNITIES, HARM REDUCTION, AIDS, AND RELATED ISSUES**

**February 1-2, 2006**

Regina, Saskatchewan, Canada

**Website:** <http://aidsresourcesask.ca>

**Contact name:** Chris Smith

Organized by: AIDS Programs South Saskatchewan Inc.

### **27TH ANNUAL MINORITY HEALTH CONFERENCE**

**February 24, 2006**

Chapel Hill, NC, United States

**Website:** <http://www.minority.unc.edu/sph/minconf/2006/>

Title: Community Based Research and Practice: How do we make it work for everyone?

Keynote Speaker: Meredith Minkler, Professor of Health and Social Behavior, University of California, Berkley

Organized by: UNC School of Public Health

### **THE 2006 NATIONAL CONFERENCE ON AFRICAN-AMERICANS AND AIDS**

**February 27-28, 2006**

Philadelphia, Pennsylvania, United States

**Website:** <http://www.minority-healthcare.com>

**Contact name:** Maggie Boyle

The objectives are to familiarize participants with the epidemiology of HIV in the United States, current guidelines and cutting edge clinical modalities for the management of HIV. Many other clinical topics!

Organized by: Minority Health Care Communications Inc.

## 11<sup>TH</sup> WORLD CONGRESS ON PUBLIC HEALTH

**August 21-25, 2006**

Rio de Janeiro, Brazil, Brazil

**Website:** <http://www.saudecoletiva2006.com.br/>

**Contact name:** Multiple people attending this email address

WFPHA and ABRASCO invite the public health leadership from all parts to discuss the theme "Public Health in a Globalized World: Breaking down Political, Social and Economic Barriers".

Organized by: World Federation for Public Health Associations (WFPHA) and Brazilian Association of Collective Health (ABRASCO)

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## CALENDAR OF EVENTS

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### January 2006

**1 - 31**

#### **National Birth Defects Prevention Month**

March of Dimes Birth Defects Foundation

1275 Mamaroneck Avenue

White Plains, NY 10605

(888) MODIMES (663-4637)

[askus@marchofdimes.com](mailto:askus@marchofdimes.com)

[www.marchofdimes.com](http://www.marchofdimes.com)

Materials available

Contact: Pregnancy and Newborn Health Education Center

**1 - 31**

#### **National Glaucoma Awareness Month**

Prevent Blindness America

211 West Wacker Drive, Suite 1700

Chicago, IL 60606

(800) 331-2020

[info@preventblindness.org](mailto:info@preventblindness.org)

[www.preventblindness.org](http://www.preventblindness.org)

Materials available

Contact: PBA Consumer and Patient Hotline

**1 - 31**

#### **National Blood Donor Month**

American Association of Blood Banks (AABB)

8101 Glenbrook Road

Bethesda, MD 20814

(301) 215-6526

[publicrelations@aabb.org](mailto:publicrelations@aabb.org)

[www.aabb.org](http://www.aabb.org)

Materials available

Contact: Jennifer Garfinkel

**1 - 31**

#### **Thyroid Awareness Month**

American Association of Clinical Endocrinologists

1000 Riverside Avenue, Suite 205

Jacksonville, FL 32204

(904) 353-7878

(904) 353-8185 Fax

[info@aace.com](mailto:info@aace.com)

[www.aace.com](http://www.aace.com)

Materials available

Contact: Sissy Horn

**9 - 15**  
**National Folic Acid Awareness Week**  
National Council on Folic Acid  
121 North Washington Street, Suite 300  
Alexandria, VA 22314  
(703) 836-6110  
(703) 836-3470 Fax  
[info@folicacidinfo.org](mailto:info@folicacidinfo.org)  
[www.folicacidinfo.org/campaign/](http://www.folicacidinfo.org/campaign/)  
Materials available  
Contact: none available

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



**CENTER FOR HEALTH PROMOTION NEWSLETTER SURVEY**

Are you:

\_\_\_\_\_ UM Faculty

\_\_\_\_\_ UM Staff

\_\_\_\_\_ Community member(Specify)\_\_\_\_\_

What is most helpful to you about the newsletter? (e.g. information about specific diseases, short research reports, funding opportunities, conference announcements)

What type of information would you like to see more of?

What is least helpful to you?

Would you please suggest items/columns for future editions (include any pertinent websites that would be helpful in preparing the newsletter).

Do you know of other individuals who might benefit from receiving the newsletter? If so, please forward this e-mail to them with a request so we can put them on our list-serve.

Would you like to be excluded from the newsletter email list? If so, please provide your email address below.

Please return this form via email to Irene Felicetti.

**THANK YOU FOR YOUR COMMENTS AND SUGGESTIONS. WE LOOK FORWARD TO WORKING WITH YOU THIS COMING YEAR.**