



# WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

A Monthly Newsletter Compiled By  
**THE CENTER FOR HEALTH PROMOTION**  
January 2007

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## ANNOUNCEMENTS

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### THE PUBLIC'S HEALTH CARE AGENDA FOR THE NEW CONGRESS AND PRESIDENTIAL CAMPAIGN

This Kaiser Family Foundation/Harvard School of Public Health National Survey looks at the public's priorities and views on health issues as a new Democratic majority takes the leadership of Congress and as the 2008 presidential campaign begins to take shape. It focuses, in particular, on differences and similarities among Democrats, Republicans, and those who identify themselves as Independents or something else.

The poll, conducted November 9-19, 2006, by the Kaiser Family Foundation and the Harvard School of Public Health, included a nationally representative sample of 1,867 adults, and was designed and analyzed by researchers at the Kaiser Family Foundation and Harvard School of Public Health.

 [News Release](#)

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### NEW YEAR-ROUND CONTRACEPTIVE PILL SAFE AND EFFECTIVE

(HealthDay News) -- A new year-round contraceptive pill called Lybrel, which eliminates menstrual cycles altogether, appears to be safe and effective, researchers report. Lybrel is not yet approved by the U.S. Food and Drug Administration, but a decision is expected next year. Currently, there are contraceptives available that reduce the number of menstrual periods to four a year, but this is the first study that shows it is safe to eliminate menstrual periods. The report is published in the December issue of *Contraception*.

"One advantage to using this pill is that you take one pill regularly with the expectation that you are not going to have a regular menstrual bleeding period," said lead researcher Dr. David F. Archer, a professor of obstetrics and gynecology at Eastern Virginia Medical School.

The downside is that some women who use this pill will have some bleeding or spotting, Archer said. "You get rid of the anticipated menstrual period, but you replace it with some erratic, unpredictable bleeding or spotting," he said. "So, this is a group of women who are going to be willing to put up with that type of nuisance bleeding."

This unpredictable bleeding and/or spotting affects about 20 percent of the women taking the pill after a year, and it can last up to six days, Archer said. "It's impossible to predict

which women will have bleeding and spotting," he added. However, it is the main reason that 18.5 percent of the women of the 8 percent who quit the study quit, he noted.

Another benefit to this pill is the elimination of menstrual cycle-related symptoms, such as mood changes, menstrual cramps and headaches, Archer said.

In the study, which was conducted at 92 sites in North America, Archer's group used a birth-control pill consisting of 20 micrograms of ethinyl estradiol and 90 micrograms of levonorgestrel. The pill was developed by Wyeth Pharmaceuticals. The researchers gave the pill to 2,134 sexually active women, aged 18 to 49. The women took a pill daily without any breaks. During the 18 months of the study, the number of days of bleeding decreased progressively. After one year, 79 percent of the women reported an absence of bleeding. Moreover, 58.7 percent of the women reported having no menstrual cycles. In addition, only about one woman out of a hundred will become pregnant while taking the pill, Archer said.

Davtyan thinks that to really test its efficacy, this new pill should be tested against the standard birth-control pill in a clinical trial. In addition, she said she is concerned that nothing is known about any side effects from the long-term use of this pill.

### **More information**

The U.S. Food and Drug Administration can tell you more about [birth control](#).

(SOURCES: David F. Archer, M.D., professor, obstetrics and gynecology, Eastern Virginia Medical School, Norfolk; Philip D. Darney, M.D., professor and chief, Obstetrics, Gynecology and Reproductive Sciences, San Francisco General Hospital, University of California, San Francisco; Camelia Davtyan, M.D., assistant professor, medicine, University of California, Los Angeles; December 2006, *Contraception*)

## **BROCHURE DELIVERS MESSAGE ABOUT OCD TO TEENS & PRE-TEENS**

OCF Chicago's *Got OCD?* brochure is designed specifically for teens and pre-teens. It provides an overview of the causes of this disorder, treatment, and how to talk about it. The brochure also includes stories of kids with OCD.

This publication was made possible by a grant from the William Blair Foundation.

[Download the PDF.](#)

Contact [info@ocfchicago.org](mailto:info@ocfchicago.org) to request a copy today. Provide your name and complete postal mailing address.

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## **NEWS**

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## **PUBLIC HEALTH – ADOLESCENTS FROM ASIAN IMMIGRANT FAMILIES SEE IMPROVED HEALTH IN EACH GENERATION; LATINOS SHOW NO IMPROVEMENT OR DEVELOP LESS HEALTHY HABITS, ACCORDING TO RAND STUDY**

Each generation of Asian immigrant families improves its health habits, while their Latino counterparts either show no improvement or develop less healthy habits, according to a [RAND](#) study published online Tuesday in the *American Journal of Public Health*, the [Los Angeles Times](#) reports. The study analyzed a 2001 survey of nearly 6,000 adolescents ages 12 to 17 who represented at least three generations of Asian and Latino immigrant groups, which are the two largest immigrant groups in the country. Lead researcher Michele Allen, an assistant professor at the Program in Health Disparities Research at the [University of Minnesota](#), and colleagues looked at diet, exercise, television viewing and other habits of the adolescents. According to the study, Asian and Latino immigrant groups after they first arrived in the U.S. drank fewer sodas and ate more fruits and vegetables than whites. After two generations, the health habits of Asian youths either equaled or surpassed those of whites in additional areas, including more exercise and fewer hours of television viewing, the study found. Latino adolescents after two generations had less healthy diets than Asians and whites and were less likely to use seat belts, bicycle helmets or sunscreen, according to the study. The study "could help explain rising rates of obesity and diabetes among Latinos," the *Times* reports. Previous research has suggested that Latinos have relatively good health despite having low incomes, but the study indicates that Latinos' health could diminish over time. Allen said that if her findings are true, Latinos' better-than-expected health "is probably not going to hold out over generations." She also noted that poverty is not the singular cause of health disparities between the Latinos and other groups because the findings were consistent across economic groups -- except physical activity among higher-income Latino youths, which was comparable to exercise among whites. Allen said, "We know that Latinos are much more likely to be uninsured than any other groups. There is the possibility that they're not hearing the health messages because they don't have access to a regular source of health care" (Engel, *Los Angeles Times*, 12/6).

 An abstract of the study is available [online](#).

## COVERAGE & ACCESS – PATIENT-CENTERED CARE IMPORTANT IN EFFORTS TO MEASURE HEALTH CARE QUALITY, FORUM SPEAKERS SAY

Speakers at a forum hosted by the [Alliance for Health Reform](#) and the [Commonwealth Fund](#) on Monday said that "patient-centered care" is important in efforts to measure health care quality, [CO HealthBeat](#) reports. At the forum, speakers said that patient-centered care measures can include the level of patient involvement in their health care, the effectiveness of coordination of care among different providers, routine feedback to hospitals, clinical information systems that support high-quality care and publicly available information on patient-centered care. A report recently published in the *Joint Commission Journal on Quality Improvement* found that patients who received patient-centered care were less likely to experience complications and death than other patients, according to Commonwealth Fund President Karen Davis. Davis recommended that [CMS](#) include patient-centered care in efforts to link Medicare reimbursements with pay-for-performance measures. She said, "We need to make patient-centered care a central part of pay-for-performance" (Hopkins, *CQ HealthBeat*, 12/4).

📺 A webcast of the forum is available [online](#) at [kaisernetwork.org](http://kaisernetwork.org).

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## FAST FOOD INSIDE HOSPITALS FUELS CONCERN

(HealthDay News) -- Fast food restaurants set up inside many U.S. children's hospitals increase patient consumption of unhealthy meals and give some people the mistaken notion that the food is healthier than it is, a new study finds.

"At a time when obesity has become the most common, critical medical condition of childhood and consumption of fast food is widely considered to be a major contributor to this epidemic, the location of such restaurants in pediatric health care facilities promotes dietary choices that are contrary to the desired messages and established recommendations of our profession," lead researcher and pediatrician Dr. Hannah Sahud, of Allegheny General Hospital in Pittsburgh, said in a prepared statement.

Her team evaluated 200 pediatric hospitals and found that 59 of them had fast food restaurants on site. They also surveyed 386 adults with children making pediatric outpatient visits at three hospitals: one with an onsite McDonald's restaurant; one without an onsite McDonald's, but with an affiliation with a Ronald McDonald House; and one with neither a restaurant or branding.

Fast food consumption on the day of the survey was most common among those who were at the hospital with the McDonald's (56 percent vs. 33 percent for the hospital with no restaurant or McDonald's affiliation). The onsite McDonald's accounted for 95 percent of the fast food consumed by that hospital's respondents, and 83 percent of them bought food at the McDonald's in the hospital. Survey respondents at the hospital also rated McDonald's food as being healthier than respondents at the other two hospitals, the study said.

"We have demonstrated for the first time that the marketing of fast food restaurants in the setting of a children's hospital is associated with a substantial increase in the purchase of fast food by outpatients and their families and an elevated perception as to the healthiness of that food," Sahud said.

## ACROSS THE NATION – NOT-FOR-PROFIT GROUP IN DETROIT AIMS TO REACH ELDERLY WITH HIV PREVENTION MESSAGES USING PEER COUNSELORS

Detroit, Mich.-based [Urban Solutions](#) -- a not-for-profit group that aims to reduce HIV transmission among elderly Detroit residents -- is using peer counselors to educate people ages 50 and older about HIV transmission, the *Detroit News* reports. According to the *News*, the spread of HIV among seniors "remains a growing concern," and the number of AIDS cases among heterosexual women ages 50 and older is increasing. In addition, 11% to 15% of AIDS cases in the U.S. occur among people over age 50, the *News* reports. HIV often is more difficult to detect in seniors because symptoms associated with the disease -- including weight loss, skin rashes, dementia, swollen lymph nodes and fatigue -- also are associated with aging, according to the *News*. In addition, many seniors do not practice safer sex because they associate condom use with birth control, the *News* reports. To address this, Urban Solutions as part of its Senior Solution Project has trained 13 peer counselors to speak with seniors about contraception, sexual practices and HIV transmission routes. According to Nancy Allen, founder and director of the group, the mission of educating seniors is important "because sometimes they have two or three generations listening to them. If we get seniors to support this, we can get the message out" (Hayes Taylor, *Detroit News*, 12/5).

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## PHYSICAL ACTIVITY UPDATES

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## EXERCISE FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease (COPD) is a disease of the lungs that is usually caused by smoking. In COPD, lung damage gradually worsens over time. People with COPD are short of breath and sometimes cough and wheeze. Symptoms slowly get worse over time, but most patients also have intermittent bouts of worsening of symptoms. Lung infections, cold weather, and exertion may bring on these bouts. In addition to medications, treatment guidelines recommend high-intensity, continuous exercise to improve lung function. However, this type of exercise can be difficult for people with COPD to tolerate. Some believe that short intervals of exercise may also benefit patients with COPD and may be easier for them to accomplish, but high-quality studies comparing the 2 types of exercise have been unavailable.

98 patients with COPD in Switzerland were studied. The researchers randomly assigned patients to 12 to 15 supervised sessions of either continuous or intermittent high-intensity exercise over 3 weeks followed by unsupervised exercise at home. Patients used exercise cycles during the supervised exercise sessions. Patients assigned to continuous exercise warmed up for 2 minutes, pedaled at high intensity for 20 minutes (or until they needed to stop because of fatigue or other symptoms), and cooled down for 2 minutes. Patients in the intermittent exercise group warmed up for 2 minutes; pedaled for 20 minutes, alternating between 20 seconds at high intensity and 40 seconds at low intensity (or until they needed

to stop because of fatigue or other symptoms); and cooled down for 2 minutes. Patients completed a standard questionnaire to evaluate lung function at the start of the study and 5 weeks into the study. This questionnaire is called the Chronic Respiratory Questionnaire or CRQ. Scores on the questionnaire vary from 1 (most severe) to 7 (least severe). The researchers also collected information on the number of times patients had to take unplanned breaks during the supervised exercise sessions.

Both groups experienced similar improvements in CRQ scores. Nearly one half of the patients in the intermittent exercise group could exercise without unintended breaks compared with just less than one quarter of the patients in the continuous exercise group. The average number of breaks was 2 in the intermittent exercise group and 11 in the continuous exercise group. The study looked at patients only during the early weeks of starting a supervised exercise program. The researchers did not study unsupervised exercise or long-term outcomes. Patients considering exercise to improve COPD can select either continuous or intermittent exercise.

### **PHYSICAL EDUCATION PROGRAM BOOSTS GIRLS' FITNESS**

NEW YORK (Reuters Health) - Taking physical education (PE) class every school day for a full year improves high school girls' cardiovascular fitness, a new study shows.

But daily PE class has become a rarity at US schools, Dr. Deborah Rohm Young of the University of Maryland in College Park, the study's lead author, told Reuters Health. "More and more schools are getting rid of it," she said, noting that many require just a year or a single semester of PE throughout the four years of high school.

Young and her team tested a life-skills based approach to PE in a group of ninth-graders, which involved instructing kids on problem-solving skills and other techniques to help them add more physical activity to their lives. Classes themselves were designed so the girls spent more time being active, and less time standing in line waiting for a turn.

The researchers randomly assigned 221 girls at a Baltimore school to the life-skills based class or a standard PE class. Girls spent 30.5 percent of the regular class in moderate to vigorous activity, compared with nearly half of the time in the special class.

After eight months, both groups showed significant improvements in cardiorespiratory fitness, according to the report, published in the Archives of Pediatrics and Adolescent Medicine. They also showed improvements in waist-hip ratio, blood pressure, and HDL or "good" cholesterol levels.

The percentage of girls who spent three hours a day watching TV dropped from 22.3 percent to 17.0 percent for those in the life-skills class, but did not change for the girls who attended the standard gym class.

Young noted that the life-skills approach is considered the state-of-the-art for physical education instruction, although it is still not widely used. "There seems to be a disconnect in how some teachers are trained in that model," she said. "We're seeing that it can be effective in increasing physical activity among these kids, but the message is not getting back to all the teacher training...programs to make that a focus."

SOURCE: Archives of Pediatrics and Adolescent Medicine, December 2006.

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## **HIV/AIDS UPDATES**

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### **EXPANDED HIV SCREENING IN THE UNITED STATES: EFFECT ON CLINICAL OUTCOMES, HIV TRANSMISSION, AND COSTS**

Screening for HIV infection should identify HIV-infected persons who do not know that they are infected. Early detection is important because persons who know they have HIV can avoid doing things that put others at risk for becoming infected. Moreover, their doctors can monitor them for declining immune function and start antiviral treatment before trouble with infections occurs. Experts have long debated about who should receive HIV screening. Until recently, the most influential recommendation was to screen people who were at especially high risk for getting HIV infection.

This study was performed to determine who should receive HIV screening. The researchers suspected that screening everyone would be valuable even when only a few people had unsuspected HIV infection. Simulated patient populations with low to moderate frequency of HIV infection were studied. The patient samples included those seen in a typical primary care practice.

The authors developed a mathematical model that simulated the events that occur in an HIV-infected person, including medical expenses, detection, treatment, transmitting the disease to other people, and death. The model calculated the additional costs because of screening and the additional length of life because of earlier detection. It also calculated the shortening of life as a result of becoming infected with HIV. With this information, the model can calculate the cost per extra year of life gained (cost-effectiveness) after screening. The researchers can then decide whether HIV screening provides good value by comparing its cost-effectiveness with the cost-effectiveness of other tests and treatments that doctors use routinely in daily practice.

The study found that screening for HIV is cost-effective even when the frequency of HIV infection is very low. In fact, screening is cost-effective for all adults, not just for those who are at extra high risk for HIV.

A mathematical model is an imperfect substitute for real life and is only as good as the information used in it. Information was limited about some important things, such as the effect of HIV screening on the risk for transmitting HIV to a sexual partner. The study supports the new recommendations to screen routinely for HIV infection in all adults in all health care settings. In fact, the people who developed the new recommendations used this study to help them decide what to recommend.

Annals 2006 145: 797-806. (in ) [\[Abstract\]](#) [\[Summary\]](#) [\[Full Text\]](#)

## **YOUNG AFRICAN AMERICAN ADULTS AT HIGH RISK FOR HIV, STDS EVEN IN ABSENCE OF HIGH-RISK BEHAVIORS**

Results of a new study supported by the National Institute on Drug Abuse (NIDA), National Institutes of Health, suggest that young African American adults — but not young white adults — are at high risk for HIV and other sexually transmitted diseases (STDs) even when their relative level of risky behaviors is low. The findings imply that the marked racial disparities in the prevalence of these diseases are not exclusively affected by individual risk behaviors. The paper can be viewed online in the *American Journal of Public Health*.

Environmental, institutional, and contextual influences, such as differences in social and dating patterns, are among the many factors identified by the researchers that may play a role in one's risk for HIV. The authors recognize that research that seeks to address racial disparities in STD and HIV infection must proceed with sensitivity and involve dialogue and consensus among all community groups.

The scientists stratified the participants into 15 behavioral patterns ranging in risk level from relatively low (e.g., having few sexual partners and low alcohol, tobacco, or drug use) to high (e.g., intravenous drug abusers). The researchers observed that the STD/HIV prevalence among young African American adults was high for all 15 defined behavior patterns regardless of risk level, whereas among young white adults, the STD/HIV infection prevalence was only high for the four most risky behavior patterns — exchanging sex for money, intravenous drug abuse, men having sex with men, and abusing marijuana and other drugs.

The study authors recommend continuing a proactive strategy to reach all African American young adults, including universal screening and expanding information, testing and treatment services to non-traditional venues, such as churches, beauty salons and barber shops, colleges, prisons and jails.

The researchers analyzed 2001-2002 population-based data from 6,257 young white adults and 2,449 young African American adults nationwide 18 to 26 years old. They were participants in The National Longitudinal Study of Adolescent Health and had completed initial surveys when they were in 7th to 12th grades in 1994-1995. In this assessment, participants used computer assisted self-interviewing technology to respond to sensitive questions about sexual and substance abuse history. Following the interview, participants were tested for STDs and HIV.

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## CANCER UPDATES



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### 100 YEARS OF ADVANCES AGAINST CANCER – FACT SHEETS

The past 100 years have seen many remarkable advances against cancer, a disease known to mankind for thousands of years. The accomplishments of the last 30 years in particular, such as the development of monoclonal antibodies and other targeted therapies, the identification of cancer-associated genes, the introduction of computer-assisted imaging, and the decline in cancer deaths since the mid-1990s, have all built on knowledge gained in earlier decades.

#### In This Section

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**CANCER SURVIVORS: WATCH WEIGHT, EAT RIGHT, EXERCISE**  
**ACS Releases New Nutrition and Activity Advice for Survivors**

Getting to a healthy weight, exercising, and eating lots of fruits and vegetables are just as important for cancer survivors as for people who've never had the disease, according to a new guide released by the American Cancer Society.

"Nutrition and Physical Activity During and After Cancer Treatment" is designed to help survivors make smart food and activity choices so they can feel better during treatment and perhaps reduce their risk of the cancer coming back.

"Living a healthy lifestyle is especially important for cancer survivors because they may be at increased risk for other cancers, heart disease, and diabetes," said Colleen Doyle, MS, RD, director of nutrition and physical activity at ACS and first author of the new guide. "These recommendations provide survivors with the most up-to-date information on how eating well, being active, and maintaining a healthy weight can not only improve their health, but their quality of life as well."

**Citation:** ["Nutrition and Physical Activity During and After Cancer Treatment: An American Cancer Society Guide for Informed Choices."](#) Published in the Nov./Dec. 2006 *CA: A Cancer Journal for Clinicians* (Vol. 56, No. 6: 323-353). First author: Colleen Doyle, MS, RD, American Cancer Society.

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**CHILD HEALTH UPDATES**

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**THE POCKET GUIDE TO GOOD HEALTH FOR CHILDREN**



# The Pocket Guide to



# Good Health for Children

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To print, select [PDF File](#) (320 KB). [PDF Help](#).

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**WOMENS' HEALTH UPDATES**

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**NONE TO REPORT THIS MONTH**



**CONFERENCES**

**2<sup>nd</sup> National Conference on Methamphetamine, HIV, and Hepatitis: Science and Response: 2007**

Salt Lake City Utah

February 1-3, 2007

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

**MNRS Annual Research Conference – Innovative Technology: Pioneering Pathways to Health**

Omaha, Nebraska

March 23-26, 2007

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

**International Union for Health Promotion and Education Conference**

June 6-9, 2007

Seattle, Washington

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

**Society for Public Health Education Annual Meeting: Health Promotion Comes of Age – Research, Policy & Practice for the 21<sup>st</sup> Century**

October 31-November 3, 2007

Washington, DC

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

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## CALENDAR OF EVENTS

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### January 2007

**1 - 31**

#### **Cervical Health Awareness Month**

National Cervical Cancer Coalition  
6520 Platt Avenue, #693  
West Hills, CA 91307  
(818) 909-3849  
(818) 780-8199 Fax  
[info@nccc-online.org](mailto:info@nccc-online.org)  
[www.nccc-online.org/awareness.php](http://www.nccc-online.org/awareness.php)  
Materials available  
Contact: None designated

**1 - 31**

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

AABB (formerly the American Association of  
Blood Banks)  
8101 Glenbrook Road  
Bethesda, MD 20814  
(301) 215-6526  
(301) 907-6895 Fax  
[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: Bryan Campbell

**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  
(847) 843-8458 Fax  
[info@preventblindness.org](mailto:info@preventblindness.org)  
[www.preventblindness.org](http://www.preventblindness.org)  
Materials available  
Contact: PBA Consumer and Patient Hotline

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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/>

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