WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

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

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NEWS

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FDA APPROVES NEW TREATMENT FOR CHEST PAIN

The Food and Drug Administration (FDA) announced today the approval of Ranexa (ranolazine), a new drug for the treatment of chronic angina. Ranexa, a new molecular entity (NME), is the first drug approved to treat chronic angina in over ten years. Although several pharmacological activities of ranolazine have been described, the precise way the drug works is not fully understood. Because Ranexa affects electrical conduction in the heart (prolong the QT interval), it should only be used by patients who have not responded to other anti-anginal (long-acting nitrates, calcium channel blockers and beta blockers) drugs.

Chronic angina is characterized by episodes of chest pain, pressure, or discomfort that occur during exercise because the heart muscle is not getting enough oxygen. The most common cause of angina is coronary heart disease, in which the coronary arteries that supply the heart with oxygen–rich blood become blocked with plaque deposits. According to the American Heart Association, approximately 6.8 million Americans are diagnosed with angina every year. While many of these patients respond to other treatments, including surgery and other approved drugs, some remain with angina despite receiving these treatments. Acute attacks of angina are treated with nitroglycerin placed under the tongue whereas treatments for chronic angina are given to increase the amount of exercise a person can do before angina occurs. This is usually tested by showing that people with angina can exercise longer on a treadmill or bicycle when they take the drug.

Ranexa was studied in patients with chronic angina who still had symptoms despite being treated with other anti-anginal drugs. Two clinical trials, ERICA (Efficacy of Ranolazine in Chronic Angina) and CARISA (Combination Assessment of Ranolazine In Stable Angina) were conducted. In ERICA, 565 patients who were experiencing about 4.5 angina attacks per week while taking a full dose of a calcium channel blocker were randomized to Ranexa or placebo for 6 weeks. Patients receiving Ranexa had a reduction in angina attacks of about 1 attack per week, compared with those in the placebo group.

In CARISA, 823 patients on either a calcium channel blocker or beta blocker (atenolol) were randomized to Ranexa or placebo and followed for 12 weeks using a formal exercise treadmill test. Patients in the Ranexa group had a mean exercise improvement similar to that seen with other anti-anginal therapies. In both studies, Ranexa appeared to be less effective in women than in men.

PHYSICAL ACTIVITY UPDATES

PROGRAM GETS TEENS OFF THE COUCH
DOCTOR-GUIDED INITIATE INCREASED EXERCISE RATES AND IMPROVED DIET

(HealthDay News) -- A combo of computers, doctors and telephone reminders can help teens improve their eating habits and exercise more, a new study finds.

The one-year study was conducted by researchers at the University of California, San Diego, and included 819 adolescents, aged 11 to 15. About half were assigned to take part in "Patient-Centered Assessment and Counseling for Exercise + Nutrition" (PACE+), while the others were put in a control group that received no special attention.

The program began with a computer screening and goal-setting tool completed in a primary-care doctor's office. After a three- to five-minute counseling session with the doctor, the adolescent and his or her parents are given educational materials to take home. Follow-up included a year of personalized mailings and brief phone calls from trained research staff.

After one year, the adolescents in the PACE+ group had reduced their "couch potato" behavior by an average of one hour per day, while those in the control group showed no change. Boys in the PACE+ group increased their number of active days per week and were more likely to meet the recommended level of one-hour-per-day of daily exercise. Girls in the PACE+ group were more likely than girls in the control group to meet the U.S. federal government's guidelines for maximum percentage of daily calories from saturated fat.

The study appears in the February issue of the *Archives of Pediatrics & Adolescent Medicine*.

HIV/AIDS UPDATES

MALE CIRCUMCISION MIGHT REDUCE RISK OF MALE-TO-FEMALE HIV TRANSMISSION, STUDY SAYS

Male circumcision might reduce the risk of HIV transmission from HIV-positive men to their female partners, according to a study presented Wednesday at the 13th Conference on Retroviruses and Opportunistic Infections in Denver, *Reuters* reports. Ronald Gray of Johns Hopkins University and colleagues examined the medical records of more than 300 couples in which the man infected the woman. The study demonstrates that male circumcision reduces the rate of HIV transmission to the women by 30%, with 299 women contracting HIV from uncircumcised partners and 44 women contracting HIV from circumcised partners (Fox, *Reuters*, 2/8).

The couples came from a Rakai, Uganda, study population of 12,000 people being monitored to track HIV transmission (JHU release, 2/9). The researchers said the reduced risk of transmission might be related to the structure of the foreskin, which can contain a concentration of the virus that is nine times the amount found in the outer layers of the penis (Towie, Nature.com, 2/8). Male circumcision also was found to reduce the rate of women's infection with trichomonas and bacterial vaginosis, the study says. The findings need to be confirmed by other trials before any recommendations can be made, Thomas Quinn, a professor of infectious diseases at JHU who presented the study at the conference, said. Researchers also presented further evidence at the conference that male circumcision reduces female-to-male HIV transmission (*Reuters*, 2/8). Male circumcision previously has been shown to protect men from HIV. According to a study published in the November 2005 issue of *PLoS Medicine*, male circumcision might reduce the risk of female-to-male transmission by about 60% (*Kaiser Daily HIV/AIDS Report*, 10/26/05).

A presentation of the study finding a reduced female-to-male risk of HIV transmission for circumcised men presented at the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment is available on kaisernetwork.org http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1460#transmission.

A press conference discussing the findings is also available http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1460#press726

FIRST NATIONAL WOMEN AND GIRLS HIV/AIDS AWARENESS DAY

More fact sheets on HIV/AIDS

March 10th, 2006 marks the first National Women and Girls HIV/AIDS Awareness Day aimed at raising awareness of the increasing impact of the HIV/AIDS epidemic on women and girls. In the United States, women represent a rising share of AIDS cases, increasing from only 8% of new AIDS diagnoses in 1985 to 27% by 2004. The impact of the epidemic on women of color, particularly African American women, is striking. In advance of National Women and Girls HIV/AIDS Awareness Day, the Kaiser Family Foundation has an updated fact sheet that provides the latest data on women and HIV/AIDS in the U.S.

CANCER UPDATES

NEW URINE TEST HELPS FIND BLADDER CANCER RECURRENCES

Summary: A simple urine test may help doctors find more relapses in people who have had bladder cancer, according to a new study. The test was used along with cystoscopy, a visual exam of the bladder using a long lighted tube. Together, the two tests found 99% of recurrences, researchers reported in the *Journal of the American Medical Association*.

Why it's important: People who have had bladder cancer are at very high risk of getting it again. There are about 500,000 bladder cancer survivors in the US, the researchers note. Most survivors have to be checked for a relapse every 3 to 6 months for the first few years after their initial treatment, and every year after that. Cystoscopy is the main way to look for recurrences, but it can't always find all of them. As a backup, doctors usually use urine cytology, a lab analysis that looks for cancer cells in urine. But this test also misses many cancers.

What's already known: The new urine test, called BladderChek, measures the protein NMP22. High levels may signal bladder cancer. On its own, the NMP22 test hasn't been very accurate at finding bladder cancers. But researchers thought it might be better than urine cytology at finding cancers that cystoscopy missed. BladderChek has several advantages over urine cytology and other urine tests that are used to look for bladder cancer relapses. It can be done in a doctor's office and usually gives results within 30 to 50 minutes. It is also less expensive and less complicated than urine cytology, which must be performed by trained specialists in a laboratory. It is already approved by the US Food and Drug Administration for helping diagnose bladder cancer and for helping find relapses. The test's manufacturer, Matritech, Inc., was involved in designing, funding, and reviewing the current study.

How this study was done: The researchers recruited 668 bladder cancer survivors who were being followed-up at 23 facilities across the US. Before having cystoscopy, each patient gave a urine sample. Part of that sample was used for the BladderChek test, and part was used for standard urine cytology. The researchers gauged the cancer detection rate of each of the 3 methods alone, and of each urine tests combined with cystoscopy.

What was found: Bladder cancer was diagnosed in 103 patients. Cystoscopy was the most accurate test, finding 94 of those cancers (91%) all by itself. The BladderChek test alone found only 51 cancers. But BladderChek combined with cystoscopy found 99% of the cancers. In fact, the BladderChek test found 8 of the 9 cancers that cystoscopy missed.

Urine cytology also improved the performance of cystoscopy, but not by as much. It found only 3 of the 9 cancers cystoscopy missed. Together, the 2 tests found 94% of cancers, but that improvement was statistically no better than cytoscopy alone. Urine cytology alone found just 12 cancers. That's unusually poor performance for urine cytology, said Samuel Cohen, MD, PhD. He's a professor of oncology and chair of pathology and microbiology at the University of Nebraska Medical Center and a member of the panel that wrote the bladder cancer treatment guidelines for the National Comprehensive Cancer Network. He was not involved in the new study.

The bottom line: The results of this study suggest the BladderChek test could be a useful tool for improving detection of bladder cancer recurrences and reducing the cost of follow-up care, the researchers say. It also raises some intriguing questions about whether it might be possible to find these recurrences earlier, said Len Lichtenfeld, MD, deputy chief medical officer for the American Cancer Society. He was not involved in the study.

Citation: "Surveillance for Recurrent Bladder Cancer Using a Point-of-Care Proteomic Assay." Published in the Jan. 18, 2006, *Journal of the American Medical Association* (Vol. 295, No. 3: 299-305). First author: H. Barton Grossman, MD, University of Texas M.D. Anderson Cancer Center.

HIGH DAIRY DIET MAY UP OVARIAN CANCER RISK

NEW YORK (Reuters Health) - There is "some support" for an association between ovarian cancer and the consumption of milk products, Swedish researchers report in the International Journal of Cancer. Animal studies and ecological studies have suggested a positive relationship between dairy foods and ovarian cancer, but other studies have reported mixed results, Dr. Susanna C. Larsson and colleagues at the Karolinska Institute, Stockholm, explain in the report.

Using a statistical approach called meta-analysis, they combined data from three large cohort studies involving more than 180,000 subjects and found an association between ovarian cancer and a high consumption of milk products and lactose (milk sugar).

These large studies were consistent and indicated a significant positive association between total dairy food, low-fat milk and lactose levels and risk of ovarian cancer. However, combined data from 18 case-control studies involving more than 10,000 subjects do not appear to support ties between dairy foods and ovarian cancer.

The case-control findings varied widely, Larsson and colleagues report, and the only positive link that could be established was a 27 percent increased relative risk in the highest versus the lowest category of whole milk drinkers. Larsson's team concludes that there is "some support" for the dairy-ovarian cancer hypothesis. However, they suggest that future studies consider specific subtypes of ovarian cancer, and the interrelation between intakes of dairy foods and lactose, genetic variants and ovarian cancer risk.

SOURCE: International Journal of Cancer, January 15, 2006.

BLACK WOMEN LIVING IN LOW-INCOME NEIGHBORHOODS LESS LIKELY TO REGULARLY SCHEDULE CERVICAL CANCER SCREENINGS

Black women living in low-income neighborhoods are less likely to regularly schedule cervical cancer screenings, according to a study published in the Feb. 1 edition of the journal *Cancer*, *Reuters* reports. Geetanjali Datta from the Harvard School of Public Health and colleagues looked at the records of about 40,000 black women registered in the Black Women's Health Study (Wallace, *Reuters*, 2/7). Researchers determined the socio-economic status of the participants by looking at each person's occupation and educational attainment along with neighborhood census tracts and the percentage of individuals living in poverty in those neighborhoods. Researchers then looked at participants' answers to a 1995 BWHS questionnaire that asked, "When was your last Pap smear?" Possible answers were: "Never had one," "Less than one year ago," "One to two years ago," "Three to four years ago" and "Five or more years ago." At the time of the questionnaire, the 1989 Guide to Clinical Preventive Services recommended cervical cancer screening every one to three years. Researchers, however, defined regular screening as within the last two years (Datta et al., *Cancer*, 2/1).

The study finds that 8.3% of women in the survey had not undergone cervical cancer screening in the last two years. According to the results, high school or lower education, old age, obesity and smoking are strongly associated with no recent cervical cancer screenings. The study also shows that neighborhoods in which the poverty rate is 20% or higher are associated with low rates in recent cervical cancer screenings. Datta said, "We can only speculate that [the disparities] might be due to a lack of resources, such as transportation, day care or health centers in deprived areas," adding, "[T]here might be some benefit in neighborhood-level interventions focusing on high-poverty areas" as well as individual-level interventions. According to Datta, one of Healthy People 2010's goals is to reduce the proportion of black women not scheduling regular cervical cancer screenings from 17% to 10% (*Reuters*, 2/7).

FAMILY DOCTORS PROVIDE APPROPRIATE FOLLOW-UP CARE FOR EARLY BREAST CANCER

Summary

A large randomized trial of women who had completed treatment for early-stage breast cancer found that primary care physicians and cancer specialists provide follow-up care of equal quality. The findings suggest that, in general, women who prefer to see their family doctor for follow-up care do not have to worry about decreased quality of life or an increased risk of a serious clinical event due to an undetected recurrence.

Source

Journal of Clinical Oncology, published online Jan. 17, 2006; in print February 20, 2006 (see the journal abstract).
(J Clin Oncol. 2006 Jan 17; [Epub ahead of print])

Background

After treatment for early-stage breast cancer, women need regular follow-up visits to monitor their health and check for a recurrence. Follow-up care in most Western countries has traditionally been provided by cancer specialists (oncologists).

However, preliminary studies have suggested that patient satisfaction increases when follow-up care is handled by a primary care physician, with no reduction in quality of life or increase in time to diagnosis of recurrence. The authors designed the current study to address this question more definitively.

The Study

Nine hundred and sixty-eight women who had completed chemotherapy or radiation therapy after surgery for early-stage breast cancer participated in the study at six regional cancer centers in Ontario, Canada. The women were randomly assigned to receive follow-up care from either a cancer center doctor or from their own family doctor.

Participating family doctors received one-page guidelines that recommended the timing for follow-up visits and required tests. The investigators measured the incidence of recurrence-related serious clinical events in both groups and assessed health-related quality of life.

The study's lead author is Eva Grunfeld, M.D., D. Phil., of the Dalhousie University Division of Medical Oncology in Halifax, Nova Scotia, Canada.

Results

Participating women were followed for a median of 4.5 years after diagnosis, the period in which most relapses occur. No statistically significant differences were found between the two groups in either the quality of life issues or the number of serious clinical events (for example, uncontrolled local recurrence or spinal cord compression).

Comments

In an accompanying editorial, James Khatcheressian, M.D., and Thomas Smith, M.D., of the Massey Cancer Center of Virginia Commonwealth University in Richmond, Va., write that the study "shows conclusively that the health outcomes for women after primary treatment of breast cancer are the same if they are followed by their family physicians or cancer center specialists."

The study's authors note that reliance on family doctors for follow-up breast cancer care is "likely to be more convenient…and potentially less costly" to the patient. However, they emphasize that if family doctors do assume more responsibility for follow-up care, the oncology community must make an effort to keep them informed about the most up-to-date standards of treatment.

This sentiment is seconded by Jo Anne Zujewski, M.D., a medical oncologist and breast cancer specialist with the National Cancer Institute's Cancer Therapy Evaluation Program: "If changes in practice do occur, the information needs to go out to primary physicians."

CHILD HEALTH UPDATES

NEW 'TOOLKIT' HELPS SCHOOLS GET THE LEAD OUT
REMOVING LEAD FROM WATER SUPPLIES CAN ENSURE CHILDREN'S HEALTH

(HealthDay News) -- Experts at the U.S. Environmental Protection Agency are offering schools and child-care facilities a new "toolkit" to help reduce lead in their drinking water. The kit includes materials to help schools and child-care facilities to implement a voluntary training, and "testing and telling" strategy. "Our drinking water tools for schools teach lead prevention through action and awareness. This new and improved guidance will help students, teachers and parents have confidence in the quality of their school's tap water," Benjamin H. Grumbles, EPA's assistant administrator for water, said in a prepared statement.

The kit explains how to test for lead in drinking water; report results to parents, students, staff and others; take action to correct problems. It also includes an update to a 1994 EPA technical guidance to help schools design and implement testing programs. The steps include:

- collecting information on school drinking water and identifying assistance to implement a school lead control program.
- developing a plumbing profile.
- developing a drinking water testing plan.
- testing a facility's drinking water for lead.
- correcting problems when elevated lead levels are found.
- communicating with the school community about a school lead-control program.

The U.S. Department of Education will help promote and distribute the drinking water toolkit to schools.

WOMENS' HEALTH UPDATES

WISE STUDY OF WOMEN AND HEART DISEASE YIELDS IMPORTANT FINDINGS ON FREQUENTLY UNDIAGNOSED CORONARY SYNDROME

In as many as 3 million U.S. women with coronary heart disease, cholesterol plaque may not build up into major blockages, but instead spreads evenly throughout the artery wall. As a result, diagnostic coronary angiography reveals that these women have "clear" arteries — no blockages — incorrectly indicating low risk. Despite this, many of these women have a high risk for heart attack, according to newly published research from the National Institutes of Health.

In women with this condition, called coronary microvascular syndrome, plaque accumulates in very small arteries of the heart, causing narrowing, reduced oxygen flow to the heart, and pain that can be similar to that of people with blocked arteries, but the plaque does not show up when physicians use standard tests. As a result, many women go undiagnosed, according to findings from the National Heart, Lung, and Blood Institute's (NHLBI) Women's Ischemia Syndrome Evaluation (WISE) study. Insights from the study are published in a special supplement to the February 6 issue of the *Journal of the American College of Cardiology*, available online January 31.

The National Institutes of Health initiated WISE in 1996 to increase scientific knowledge about ischemic heart disease in women. WISE aimed to develop accurate diagnostic approaches for ischemic heart disease detection in women, to better understand the ways in which heart disease develops in women including the significance of ischemia without coronary blockages in women, and to evaluate the influence of hormones, on ischemic heart disease development and diagnosis.

WISE investigators found that the majority of women with "clear" angiography who are not diagnosed will continue to have symptoms, a declining quality of life, and repeated hospitalizations and tests.

Authors of six review papers providing insight on WISE conclude that the study has provided the groundwork for additional controlled clinical studies of diagnostic tools and treatments in women with ischemic heart disease.

Additional study conclusions from WISE appear in the same *JACC* edition:

- *Identifying Candidates for Exercise Stress Testing*: Using the evaluative tool Duke Activity Status Index (DASI) in women with heart disease symptoms prior to stress testing can help determine who would be eligible for an exercise stress test versus a stress test using intravenous medications to increase the heart load instead of exercise. Current guidelines offer physicians little guidance on how to identify women who would not be able to sufficiently complete the exercise test. The DASI has been previously validated as a useful tool for determining functional capacity.

- *Low Coronary Flow and Scores on Function Test Indicate Poor Outcomes*: Women who have low DASI scores also have lower coronary flow velocity, a combination which may explain the poor outcomes seen for women with heart disease but no blocked arteries.

- *Role of Pre-menopausal Hypertension in Disease Risk*: Women who have high blood pressure before menopause, especially high systolic blood pressure, should be considered at a higher risk and treated accordingly.

Resources:

- For information on women and heart disease, see www.hearttruth.gov.

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CONFERENCES

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

March 20-24, 2006 |

U.S. PUBLIC HEALTH PROFESSIONAL CONFERENCE

May 1-4, 2006
Denver, Colorado, United States

2006 CDC DIABETES AND OBESITY CONFERENCE

May 16–19, 2006

IOF WORLD CONGRESS ON OSTEOPOROSIS

June 2-6, 2006

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CALENDAR OF EVENTS

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March 2006

1 - 31
National Colorectal Cancer Awareness Month
Cancer Research and Prevention Foundation
1600 Duke Street, Suite 500
Alexandria, VA 22314
(800) 227-2732
(877) 35-COLON Materials Ordering
(703) 836-4413 Fax
Andrea.Untrojb@preventcancer.org
www.preventcancer.org/colorectal
Materials available
Contact: Andrea Untrojb

1 - 31
National Eye Donor Month
Eye Bank Association of America
1015 18th Street, NW, Suite 1010
Washington, DC 20036
(202) 775-4999
info@restoresight.org
www.restoresight.org
Materials available
Contact: Rusty Kelly

1 - 31
National Kidney Month
National Kidney Foundation
30 East 33rd Street
New York, NY 10016
(800) 622-9010
(212) 889-2310 Fax
info@kidney.org
www.kidney.org
Materials available
Contact: Verena Huetteneder

1 - 31
National Nutrition Month®
American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
(800) 877-1600 x4771
nnm@eatright.org
www.eatright.org
Materials available
Contact: Knowledge Center

1 - 31
Workplace Eye Health and Safety 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 - 31
Save Your Vision Month
American Optometric Association
243 North Lindbergh Boulevard
St. Louis, MO 63141
(314) 991-4100
(314) 991-4101 Fax
slthomas@aoa.org
www.aoa.org
Materials available
Contact: Susan Thomas

1 - 31
National Brain Injury Awareness Month
Brain Injury Association of America
105 North Alfred Street
Alexandria, VA 22314
(703) 761-0750
publicrelations@biausa.org
www.biausa.org
Materials available
Contact: Communications Coordinator

1 - 31
National Multiple Sclerosis Education and Awareness Month
Multiple Sclerosis Foundation
6350 North Andrews Avenue
Fort Lauderdale, FL 33309
(800) 225-6495
toni@msfocus.org
www.msfocus.org
Materials available
Contact: Toni Somma

5 - 11
National Patient Safety Awareness Week
National Patient Safety Foundation
1120 MASS MoCA Way
North Adams, MA 01247
(413) 663-8900
(413) 663-8905 Fax
info@npsf.org
www.npsf.org
Materials available
Contact: none available

6 - 12
National Problem Gambling Awareness Week
National Council on Problem Gambling
216 G Street, NE, Suite 200
Washington, DC 20002
(202) 547-9204
(202) 547-9206 Fax
ncpg@ncpgambling.org
www.npgaw.org
Materials available
Contact: Keith Whyte

6 - 10
National School Breakfast Week
School Nutrition Association
700 South Washington Street, Suite 300
Alexandria, VA 22314-4287
(800) 877-8822
(703) 739-3900
(703) 739-3915 Fax
servicecenter@schoolnutrition.org
www.schoolnutrition.org
Materials available
Contact: Andrew Steele

13 - 19
Brain Awareness Week
Dana Alliance for Brain Initiatives
745 Fifth Avenue, Suite 900
New York, NY 10151
(212) 401-1680
bawinfo@dana.org
www.dana.org/brainweek
Materials available
Contact: Kathleen Roina

13 - 17
Multiple Sclerosis Awareness Week
National Multiple Sclerosis Society
733 Third Avenue
New York, NY 10017
(800) 344-4867
(212) 986-3240
Becca.kornfeld@nmss.org
www.nationalmssociety.org
Materials available
Contact: Annie Hammel

19 - 25
National Inhalants and Poisons Awareness Week
National Inhalant Prevention Coalition
322-A Thompson Street
Chattanooga, TN 37405
(800) 269-4237
(423) 265-4889 Fax
nipc@io.com
www.inhalants.org
Materials available
Contact: Harvey Weiss

19 - 25
National Poison Prevention Week
Poison Prevention Week Council
P.O. Box 1543
Washington, DC 20013
(301) 504-7058
(301) 504-0862 Fax
kdulic@cpsc.gov
www.poisonprevention.org
Materials available
Contact: Kim Dulic

24
World Tuberculosis Day 2006
Pan American Health Organization
Regional Office for the Americas of the World Health Organization
Communicable Disease Unit
525 23rd Street, NW
Washington, DC 20037-2895
(202) 974-3848
(202) 974-3656 Fax
tb@paho.org
www.who.int/gtb/index.htm
Materials available
Contact: Dr. Pilar Ramon-Pardo

27 - April 2
National Sleep Awareness Week
National Sleep Foundation
1522 K Street, NW, Suite 500
Washington, DC 20005
(202) 347-3471
(202) 347-3472 Fax
nsf@sleepfoundation.org
www.sleepfoundation.org
Materials available
Contact: none available

28
American Diabetes Alert Day
American Diabetes Association
1701 North Beauregard Street
Alexandria, VA 22311
(800) DIABETES
askada@diabetes.org
www.diabetes.org/communityprograms-and-localevents/americandiabetesalert.jsp
Materials available
Contact: Local Chapters or National Office

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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).
The Center for Health Promotion
http://www.nursing.umich.edu/chp/