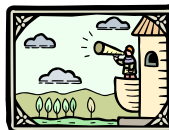


WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

A Monthly Newsletter Compiled By
THE CENTER FOR HEALTH PROMOTION
March 2007



ANNOUNCEMENTS

FDA AND VA TO SHARE INFORMATION ON THE SAFE USE OF MEDICAL PRODUCTS

The U.S. Food and Drug Administration (FDA) in the U.S. Department of Health and Human Services and the Veterans Health Administration (VHA) in the U.S. Department of Veterans Affairs (VA) announced today that they have signed a memorandum of understanding (MOU) to share information and expertise related to the review and use of FDA-regulated drugs, biologics and medical devices (medical products). This partnership is part of the ongoing drug and medical product safety initiatives detailed in a report released today by the FDA.

The goals of the collaboration are to explore ways to enhance postmarket medical product safety data collection and risk communication through more robust interagency activities. It will promote efficient use of tools and expertise for medical product risk identification, validation and analysis. Additionally, this effort will help build infrastructure and processes that meet the common needs for evaluating the safety, efficacy and use of medical products.

"Patient safety is our primary concern," said Andrew C. von Eschenbach, M.D., Commissioner of Food and Drugs. "This collaboration will benefit VHA, FDA and all Americans by enhancing our ability to fully understand the life cycle of a product. It will also better enable us to identify new risks and more fully understand known risks caused by specific medical products as well as to better communicate that information to health care practitioners and patients."

"This truly is a natural partnership," said Michael Kussman, M.D., Acting Under Secretary for Health for VHA. "VHA offers enrolled veterans the largest integrated health care system in the nation and leads the way in many areas of health care quality and safety. We are eager to continue to work with FDA to accomplish our shared mission of protecting public health."

By strengthening the process for postmarketing safety, VHA and FDA are continuing to improve the safe and effective use of medical products by using the best management approaches, the best information technology and the best quality systems and review processes. All personal health information exchanged under the agreement will be protected in accordance with federal law.

For a copy of the MOU, visit: www.fda.gov/oc/mous/domestic/225-07-4300.html.

WELFARE REFORM AND HEALTH OF IMMIGRANT WOMEN AND THEIR CHILDREN

- "[Welfare Reform and Health of Immigrant Women and Their Children](#)," *Journal of Immigrant and Minority Health*. The study -- by Neeraj Kaushal of Columbia University's [School of Social Work](#) and Robert Kaestner of the University of Illinois-Chicago's [Department of Economics](#) -- examined the association among the 1996 welfare reform and health insurance, use of medical care and the health of low-educated, foreign-born single mothers and their children living in the U.S. Using National Health Interview Surveys from 1992 to 2002, researchers found that welfare reform was associated with a 28% to 40% increase in the number of uninsured, low-educated foreign-born single mothers. The findings suggest the decline in welfare reform caseload since 1996 was associated with a 77% to 130% increase in the number of such individuals reporting delaying or abstaining from medical treatment because of cost and an 11% decline in health visits in the last year. However, researchers did not find a decline in the women's self-reported health but rather found that the women cited improvements. Researchers did not find any significant evidence that welfare reform affected children's access to health insurance and medical treatment or their overall health (Kaushal/Kaestner, *Journal of Immigrant and Minority Health*, April 2007).
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TODAY'S TOPICS IN HEALTH DISPARITIES – IS THE U.S. MAKING PROGRESS IN REDUCING DISPARITIES IN HEALTHCARE ACCESS AND QUALITY?

MARCH 2, 2007

Kaiser Family Foundation Broadcast Studio, Washington, D.C.

**** This LIVE webcast takes place at 1 p.m. ET on Friday, March 2, 2007. Videolinks will be posted approximately 30 minutes before the show. If you do not see links by that time, please refresh your Internet browser.**

**** Submit questions to panelists in advance or during the webcast by emailing Today'sTopics@kaisernetwork.org**

This discussion will provide an overview of key findings in the [2006 National Healthcare Disparities Report](#). Panelists will focus on evidence showing the areas in which racial and ethnic disparities in health care have narrowed and discuss interventions that may explain some of the gains achieved.

NEWS



ABOUT THE NATIONAL ACTION AGENDA TO END HEALTH DISPARITIES FOR RACIAL AND ETHNIC MINORITY POPULATIONS

Mission

The mission of the National Action Agenda to End Health Disparities for Racial and Ethnic Minority Populations is to work with individuals and organizations across the country to create a Nation free of health disparities, with quality health outcomes for all.

What is the National Action Agenda?

The National Leadership Summit brought 2,000 health experts and community leaders to Washington , D.C. , in January 2006. [The National Action Agenda is the next step.](#)

Signup for newsletters about the National Action Agenda by sending an email to naainfo@omhrc.gov

WOMEN'S HEALTH INSURANCE COVERAGE FACT SHEET (2007)


As the cost of health insurance continues to rise, women in particular may face difficult challenges affording coverage because they are disproportionately low-income and can have poorer access to employer-based insurance. This fact sheet describes the major sources of health insurance coverage for women ages 18-64, including employer-sponsored insurance and Medicaid. It provides information on the more than 17 million women who are uninsured and summarizes the major policy challenges facing women in the health insurance sector.

 [Fact Sheet: February 2007](#) (.pdf)

CDC RELEASES NATIONAL CARDIOVASCULAR DISEASE RATES AMONG MINORITIES/STATES

Asians have the lowest rate of heart disease, while American Indians/Alaska Natives have the highest rate, according to state-specific data on U.S. residents with cardiovascular disease released Thursday by [CDC](#), [HealthDay/Washington Post](#) reports. The results, which are published in the Feb. 16 issue of CDC's *Morbidity and Mortality Weekly Report*, were based on an analysis of 2005 data collected through the [Behavioral Risk Factor Surveillance System](#), a random phone survey of adults conducted by state and territorial health departments. According to the report, 4.7% of Asians have heart disease, compared with 11.2% of American Indians/Alaska Natives, 6.9% of whites, 6.2% of blacks and 6.2% of Hispanics. Colorado, the District of Columbia, Hawaii and Montana were among the states

with the lowest rates, while Alabama, Arizona, Florida, Kentucky and Louisiana were among the highest. Jonathan Neyer, lead author of the study and a CDC epidemiologist, in a statement said, "We hope this report will help states and U.S. territories better tailor their heart disease prevention efforts" (*HealthDay/Washington Post*, 2/15).

 The report is available [online](#).

2007 FEDERAL HEALTH INFORMATION CENTERS AND CLEARINGHOUSES

The Federal Government operates many health clearinghouses and information centers that focus on specific topics. Their services include distributing publications, providing referrals, and answering inquiries. Many offer Web sites or toll-free numbers. Unless otherwise stated, numbers can be reached within the continental United States, Monday through Friday, during normal business hours, eastern time, except on Federal holidays. The clearinghouses are listed first by keyword and then alphabetically.

This document is compiled annually by the National Health Information Center, which is a service of the Office of Disease Prevention and Health Promotion (ODPHP), Office of Public Health and Science, U.S. Department of Health and Human Services. Updates to this document are available on the Internet at www.health.gov/NHIC/Pubs/. To order printed copies of this publication, contact the ODPHP Communication Support Center, P.O. Box 37366, Washington, DC 20013-7366; fax (301) 468-3028.



PHYSICAL ACTIVITY UPDATES

CAMPAIGN FOR WOMEN WITH PHYSICAL LIMITATIONS HAS BEEN INCREDIBLY SUCCESSFUL

The Center for Research on Women with Disabilities is nearing the end of its health promotion campaign for women with disabilities, funded by the Houston Endowment, Inc. As a result of this campaign we have created this website, developed materials on health promotion topics of interest to women with disabilities, participated in health fairs throughout the Houston area, and reached 15,000 members of our intended audiences-- women with physical disabilities and those who care about them.



Here is a list of materials in English and Spanish that have been produced by CROWD faculty and staff about health promotion for women with physical disabilities as part of our series called "Removing Health Disparities for Women with Physical Disabilities"/"Removiendo Desigualdades de las Mujeres con Discapacidades dentro de la Salud".

These materials are available in text-only versions on this web site plus links to full color PDF files. We welcome anyone, especially women with disabilities and those working in the fields of independent living, rehabilitation, disability services, health care, and health promotion, to make free and frequent use of this information. All of these materials may be reprinted and distributed without charge. There is no need to ask our permission to use these documents; however, we do ask that you indicate our authorship.

- **Physical Activity** newsletter [[PDF](#)] [[text only](#)]
- **Actividad Física** boletín de noticias [[PDF](#)] [[texto español solamente](#)]
- **Weight Management** newsletter [[PDF](#)] [[text only](#)]
- **Manejar el Peso** boletín de noticias [[PDF](#)] [[texto español solamente](#)]
- **Smoking** newsletter [[PDF](#)] [[text only](#)]
- **El Fumar** boletín de noticias [[PDF](#)] [[texto español solamente](#)]
- **Depression** newsletter [[PDF](#)] [[text only](#)]
- **La Depresión** boletín de noticias [[PDF](#)] [[texto español solamente](#)]
- **Stress** newsletter [[PDF](#)] [[text only](#)]
- **El Estrés** boletín de noticias [[PDF](#)] [[texto español solamente](#)]
- **Women Living Well with Physical Limitations** [PDF, [poster in English and Spanish](#)] [[text only](#), English]



HIV/AIDS UPDATES

HIV/AIDS AWARENESS DAY: MARCH 10, 2007



March 10, 2007 marks the second annual National Women and Girls HIV/AIDS Awareness Day which seeks to raise awareness of the increasing impact of HIV/AIDS on the lives of women and girls.

This year's theme is "Taking Action to Save Our Lives".

Women and girls can take action in the fight against HIV/AIDS in a variety of ways such as getting tested for HIV, practicing safe methods to prevent HIV, deciding not to engage in high risk behaviors, talking about HIV prevention with family, friends and colleagues, empowering oneself, and providing support to those living with HIV/AIDS.



CANCER UPDATES



RACE, INCOME BARRIERS TO COLON CANCER SCREENING

Even though U.S. Medicare has expanded coverage for colon cancer screening, blacks and Hispanics are not benefiting as much as whites, a new study shows.

Researchers at the Medical College of Wisconsin analyzed 2002-2003 data on nearly 600,000 Medicare patients in New York, Florida and Illinois. Overall, about 18.3 percent of those people were screened for colorectal cancer during the study period.

"Blacks (9.7 percent) and Hispanics (8.1 percent) had lower rates of colon cancer screening compared with whites (19.3 percent)," the study authors wrote in the Feb. 12 issue of the journal Archives of Internal Medicine. The poor were also less likely to get screened.

"Individuals living in ZIP codes with a higher per capita income were more likely to undergo a colon screening test than were those living in ZIP codes with a lower per capita income (21 percent and 14.6 percent in the highest and lowest tertiles, respectively)."

Rates varied by state, as well. The study found that 21.5 percent of the study participants in Florida had been screened, compared with 16.6 percent in Illinois and 16.2 percent in New York.

The researchers also found that people who lived in a ZIP code with a greater amount of high school graduates were more likely to have colon cancer screening and that women were less likely than men to undergo an invasive screening test or colonoscopy.

"Further research is needed to determine the basis for the observed ongoing disparities to develop interventions to reduce and eliminate these differences," the study authors concluded.

In the United States, colorectal cancer is the third most common kind of cancer. About 145,290 cases of colorectal cancer were diagnosed in the country in 2005, according to background information in the study.

Links : U.S. National Cancer Institute

<http://www.cancer.gov/cancerinfo/pdq/screening/colorectal/patient>

Colorectal (Colon) Cancer - (CDC)

<http://www.cdc.gov/cancer/colorectal/>



CHILD HEALTH UPDATES

NEW RESOURCES AND WEBCAST ABOUT CHILDREN'S COVERAGE AND THE REAUTHORIZATION OF SCHIP

With the release of the President's fiscal year 2008 budget proposal and the beginning of congressional hearings, the debate about the reauthorization of the State Children's Health Insurance Program (SCHIP) has begun. To aid in understanding the policy issues and challenges surrounding children's health coverage, the Foundations Kaiser Commission on Medicaid and the Uninsured has released [new resources](#) on children's coverage and sponsored a Capitol Hill policy briefing. The resources include:

- A new [interactive children's health insurance coverage timeline](#) presenting enrollment and major policy developments in health insurance coverage for children in public programs during the last 40+ years;
- A new resource for [children's health data](#) and customized state-by-state fact sheets utilizing the latest information on health coverage and health status from the Kaiser Commission on Medicaid and the Uninsured and statehealthfacts.org;
- A new chartbook, *Health Insurance Coverage of America's Children*, with the latest analysis of U.S. Census data; and
- The analysis, *Characteristics of the Uninsured: Who is Eligible for Public Coverage and Who Needs Help Affording Coverage?*, which shows that the majority of the nation's uninsured children are eligible for either Medicaid or SCHIP.

NASAL SPRAY FLU VACCINE BEATS SHOTS FOR KIDS UNDER 5



(HealthDay News) -- In news that's sure to be met with millions of tiny shouts of glee, researchers report that the nasal spray version of the flu vaccine is much better than the shot at protecting the youngest children against the flu.

In a study that included about 8,000 children under the age of 5, those receiving the live vaccine via nasal spray had 54.9 percent fewer cases of lab-confirmed flu than children receiving the inactive, injected form of the vaccine.

"The nasal spray vaccine was significantly better at protecting children than the standard flu shot," said study author Dr. Robert Belshe, director of the Center for Vaccine Development at Saint Louis University Medical Center, in St. Louis.

Just don't tell your youngster that the flu shot is a thing of the past yet -- the nasal flu vaccine isn't yet FDA-approved for this age group, said Belshe. However, MedImmune Inc. -- the company that makes the vaccine -- has applied for government approval to dispense the vaccine to children under 5.

The study included about 8,000 children -- 8,352 provided complete safety data and 7,852 completed the entire study protocol -- from 249 international sites. Study sites were located in the United States, Europe, Asia and the Middle East.

The children were between 6 and 59 months old, and hadn't had a recent episode of wheezing or been diagnosed with severe asthma. They were randomly assigned to receive either the live attenuated vaccine (FluMist) or the inactivated vaccine by injection. The live vaccine was significantly more effective -- 54.9 percent fewer cases of flu occurred in those who received the live vaccine vs. the shot.

Belshe said there could be several reasons why the live vaccine is more effective in this young age group. First, when you spray it into the nose, antibodies develop at the location where they're needed most, because the flu virus is transmitted in the air and is often inhaled through the nose. Additionally, the live vaccine seems to offer broader protection against different strains of the flu in children, even in strains not included in the vaccine.

Wheezing occurred more often in children who received the nasal spray vaccine, especially in children under 12 months. For that reason, Belshe said he wouldn't recommend the nasal vaccine for children under one year of age.

Hospitalizations for any cause were also higher in the nasal spray group, but Belshe said the researchers don't know what would cause the increase.

Currently, it's recommended that children with asthma should not receive the nasal spray vaccine, because of the potential increase in wheezing.

While either vaccine is the most effective way of preventing flu, Bridges also recommended practicing frequent, thorough hand washing and covering your mouth when you cough. She also suggested staying home when you're sick and ventilating rooms at home if a family member is ill. Additionally, she said, if you're exposed to someone with flu or have just begun to have flu symptoms in the past day or so, antiviral medication may be helpful.



WOMENS' HEALTH UPDATES

RECENT STUDIES EXAMINE CERVICAL CANCER

The following summarizes studies from the *Journal of Immigrant and Minority Health* and the journal *Ethnicity & Disease* about cervical cancer, risky sexual behavior and welfare reform as they relate to minority women and immigrants.

- "[Barriers and Facilitators of Cervical Cancer Screening Among Hispanic Women](#)," *Ethnicity & Disease*: Community-based educational interventions, supportive physicians and friends, and no-cost or discounted Pap tests could increase the use of cervical cancer screenings by Hispanic women, according to the study, by Theresa Byrd of the University of Texas [Health Sciences Center](#) and the [School of Public Health](#) and colleagues. Researchers conducted 13 focus groups with 84 Hispanic women ages 18 to 61 who discussed beliefs and knowledge of cervical cancer. Based on the information provided by the groups, researchers determined that embarrassment, fear and pain are among the reasons that some Hispanic women do not seek Pap tests. In addition, the women cited systemic barriers, including the gender of the physician and perceived apathy by physicians to patient needs (Byrd et al., *Ethnicity & Disease*, April 2007).
- "[Knowledge About Cervical Cancer Risk Factors, Traditional Health Beliefs and Pap Testing Among Vietnamese American Women](#)," *Journal of Immigrant and Minority Health*: For the study, researchers, including H. Hoai Do of the [Fred Hutchinson Cancer Research Center](#), in 2002 randomly interviewed 370 Vietnamese women ages 18 to 64 by telephone to determine their knowledge of established cervical cancer risk factors and their traditional beliefs about causes of the cancer and how that affected their use of Pap testing. According to the study, 53% of respondents knew that older age increased their risk of cervical cancer, 62% knew that not getting a Pap test increased their risk and 23% knew that their ethnicity increased their risk. The majority of respondents, 87%, incorrectly believed that poor hygiene was a risk factor for cervical cancer. Approximately 68% had received a Pap test in the last three years. Recent National Health Interview Survey data show that 84% of whites had received a Pap test in the last three years. Researchers recommended that Pap testing intervention programs in the Vietnamese communities address cultural beliefs and traditions and promote preventive measures (Do et al., *Journal of Immigrant and Minority Health*, April 2007).


AMERICAN HEART ASSOCIATION RELEASES 2007 GUIDELINES ABOUT HEART DISEASE PREVENTION FOR WOMEN

Most women have a higher long-term risk of developing heart disease than they think they do, and they should take action early to prevent heart attack and stroke, according to [American Heart Association](#) 2007 guidelines on women and heart disease prevention published Monday in *Circulation: Journal of the American Heart Association*, [USA Today](#) reports (Sternberg, *USA Today*, 2/20). According to [Reuters](#), the new guidelines also recommend that women:

- Increase physical activity and consumption of fresh fruits, vegetables and low-fat dairy products and restrict their alcohol and sodium intake;
- Quit smoking and seek counseling, nicotine replacement or other forms of smoking cessation therapy;
- Exercise 60 to 90 minutes most or all days of the week at levels equivalent to brisk walking;
- Reduce saturated fat intake to less than 7% of calories if possible;
- Eat oily fish or another source of omega-3 fatty acids at least twice weekly;
- Do not take hormone replacement therapy and selective estrogen receptor modulators to prevent heart disease;
- Do not take folic acid, vitamin E, C and beta-carotene for primary or secondary prevention of heart disease; and
- Take low-dose aspirin therapy if they are ages 65 or older regardless of heart disease risk status, if benefits likely will outweigh other risks.

Reaction

"Nearly all women are at risk for cardiovascular disease, underscoring the importance of a heart-healthy lifestyle in everyone," Lori Mosca, director of preventive cardiology at [New York-Presbyterian Hospital](#) and lead author of the guidelines, said (Fox, *Reuters*, 2/20). She added, "Right now, 34% of American women are living with heart disease. When you have something that common, it's important we all take action to control our risk" (*USA Today*, 2/20). Kristin Newby, a [Duke University](#) cardiologist and a member of the panel that created the guidelines, said the recommendations aim to encourage physicians to be more attentive to female patients' needs (Fisher, [Raleigh News & Observer](#), 2/20).

 The guidelines are available [online](#).

CONFERENCES



Women Resisting Poverty & Exclusion: Alternative Visions & Practice

May 4-6, 2007 Ottawa, ON

The Canadian Research Institute for the Advancement of Women (CRIAW) is creating a space to collectively explore, reflect, and mobilize around the issues resulting from women's poverty and social exclusion, particularly within the Canadian context. It seeks to bring together a wide range of people into conversation with one another to explore alternative visions and practices.

For more information about the conference, please visit our website by mid-December at <http://www.criaw-icref.ca> or contact Indri Pasaribu, Program Officer, at ipasaribu@criaw-icref.ca, or byphone at 613-563-0681.(227)

Third International Conference on Children Exposed to Domestic Violence

May 9-11, 2007 London, ON

A conference to promote innovation and promising practices for safety and healing of adult victims of domestic violence and their children.

Co-hosted by:

Centre for Children & Families in the Justice System (formerly the London Family Court Clinic)

Centre for Research & Education on Violence Against Women and Children

CAMH Centre for Prevention Science

Site: www.lfcc.on.ca/conference.html

Contact: Karen Rhiger, karen.rhiger@lfcc.on.ca

URISA GIS in Public Health Conference

May 20-23, 2007

New Orleans, Louisiana

URISA is pleased to present this new specialty conference, to explore the many uses of GIS for public health access, processes, and decision-making. The conference was developed as a result of a high level of interest in the 'public health track' at URISA's annual conference over the past few years. A dedicated committee (see below) of well-known and respected professionals in the field has spearheaded this effort to create a specialty conference to promote sharing of information and networking within the discipline.



CALENDAR OF EVENTS

March 2007

1 - 31

National Brain Injury Awareness Month

Brain Injury Association of America
8201 Greensboro Drive, Suite 611
McLean, VA 22102
(703) 761-0750
(703) 761-0755 Fax
info@biausa.org
www.biausa.org
Materials available
Contact: Communications Coordinator

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 (352-6566) Materials
Ordering
(703) 886-4413 Fax
cindy.iverson@preventcancer.org
www.preventcancer.org/colorectal
Materials available
Contact: Cindy Iverson

1 - 31

National Multiple Sclerosis Education and Awareness Month

Multiple Sclerosis Foundation
6350 North Andrews Avenue
Fort Lauderdale, FL 33309
(800) 225-6495
(954) 938-8708 Fax
annette@msfocus.org
www.msfocus.org
Materials available
Contact: Annette Woods

1 - 31

National Nutrition Month®

American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
(800) 877-1600 x4771
(312) 899-4790 Fax
nnm@eatright.org
www.eatright.org
Materials available
Contact: Knowledge Center

1 - 31**Save Your Vision Month**

American Optometric Association
 243 North Lindbergh Boulevard, First Floor
 St. Louis, MO 63141
 (314) 991-4100
 (314) 991-4101 Fax
jimmahoney@aoa.org
www.aoa.org
 Materials available
 Contact: Julie Mahoney

4 - 10**National Patient Safety Awareness Week**

National Patient Safety Foundation
 132 MASS MoCA Way
 North Adams, MA 01247
 (413) 663-8900
 (413) 663-8905 Fax
info@npsf.org
www.npsf.org
 Materials available
 Contact: None designated

5 - 11**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

5 - 9**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

1 - 31**Workplace Eye Health and Safety Month**

Prevent Blindness America
 211 West Wacker Drive, Suite 1700
 Chicago, IL 60606
 (800) 331-2020
 (847) 843-8458 Fax
info@preventblindness.org
www.preventblindness.org
 Materials available
 Contact: PBA Consumer and Patient Hotline

5 - 11**Multiple Sclerosis Awareness Week**

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

5 - 11**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 designated

12 - 18**Brain Awareness Week**

Dana Alliance for Brain Initiatives
 745 Fifth Avenue, Suite 900
 New York, NY 10151
 (212) 223-4040
 (212) 593-7623 Fax
bawinfo@dana.org
www.dana.org/brainweek
 Materials available
 Contact: Kathleen Roina

**18 - 24
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

**24
World Tuberculosis Day 2007**
WHO Regional Office for the Americas

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: None designated

**27
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

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/>

