

WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

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



NEWS

LIFESTYLE CHANGES CAN HELP OLDER HISPANICS MANAGE DIABETES

Diabetes is one of the most serious health issues facing older Hispanics in the United States. On average, Hispanic Americans are almost twice as likely to have diabetes as non-Hispanic whites and to develop complications such as heart disease, high blood pressure, blindness, and kidney disease. Diabetes is the fourth leading cause of death among Hispanics age 65 and older. The good news is that careful control of blood glucose, blood pressure, and cholesterol can help prevent or delay diabetes and its complications.

Type 2 diabetes is the most common form of diabetes in older Hispanics. This type of diabetes tends to run in families, but other factors add to the risk. For example, being over-weight and inactive can sometimes lead to diabetes in people who are at risk.

Diabetes can be prevented in people who are at increased risk and even in those who have a condition called pre-diabetes. People with pre-diabetes have blood glucose levels that are higher than normal but not yet high enough for a diagnosis of diabetes. They are more likely to develop diabetes within 10 years and are more likely to have a heart attack or stroke. People with pre-diabetes can sharply lower their chances of developing diabetes through modest weight loss with diet and exercise. Changes in diet and exercise also are effective in curbing the development of diabetes in older people.

The National Institute on Aging (NIA) is offering a free fact sheet in Spanish with information on preventing, detecting, and treating diabetes. To order a free copy of *La diabetes en las personas mayores: una enfermedad que usted puede controlar*, call 1-800-222-2225 weekdays between 8:30 a.m. and 5:00 p.m. Eastern time. A Spanish-speaking information specialist is available to respond to calls. You also can order this and other Spanish publications on healthy aging on the NIA website at www.nia.nih.gov.

The NIA, part of the National Institutes of Health of the U.S. Department of Health and Human Services, leads the Federal effort supporting and conducting research on aging and the special needs of older people. The Institute is committed to making health information available to older Hispanic Americans and their families.

MEDICAID AND SCHIP ELIGIBILITY FOR IMMIGRANTS

Immigrants in the U.S. face increasing challenges securing health care coverage. They have less access to employer-sponsored insurance than native citizens and face tighter restrictions on their eligibility for Medicaid and SCHIP, the nation's major public health coverage programs for low-income children and families.

This fact sheet provides an overview of the current rules on immigrants' eligibility for Medicaid and the State Children's Health Insurance Program.

 [Fact Sheet](#) (.pdf)

Information provided by the [Kaiser Commission on Medicaid and the Uninsured](#)

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HEALTH SYSTEMS TUTORIALS



THE U.S. CONGRESS AND HEALTH POLICY New!

Sheila Burke, RN, M.P.A.

Chief Operating Officer, Smithsonian Institution, April 2006

[View Tutorial](#) | [Download .PPT](#) | [Biography](#)



FINANCING LONG-TERM CARE

Risa Elias, M.P.P., Principal Policy Analyst, the Kaiser Commission on

Medicaid and the Uninsured, January 2006

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HEALTH POLICY AND THE FEDERAL BUDGET

Timothy M. Westmoreland, J.D., Visiting Professor of Law, Georgetown University, February 2006

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PHYSICAL ACTIVITY UPDATES

NONE TO REPORT THIS MONTH



HIV/AIDS UPDATES

ROUTINE HIV TESTING SHOULD BE IMPLEMENTED ACROSS U.S., OPINION PIECE SAYS

"[R]outine" HIV testing should be implemented across the U.S. because the "pathetic" application of tests for the virus is a "big reason" that 40,000 U.S. residents contract HIV annually and that 14,000 die from AIDS-related causes, NBC News Chief Science and Health Correspondent Robert Bazell writes in an MSNBC.com opinion piece. According to CDC, about 300,000 HIV-positive U.S. residents do not know they are living with the virus. The "biggest obstacle" to increased HIV testing is "inertia" stemming from 1985, when the first HIV tests became available and "there were no effective treatments," Bazell writes. However, "antiretroviral therapy has transformed HIV/AIDS into a chronic, manageable disease," and the stigma surrounding the disease now is "far less pronounced," Bazell writes. He adds that at least eight studies have shown that HIV-positive people who are aware of their status are about half as likely to transmit the virus to others as are those who do not know their status. Although "[n]o medical test should ever be mandatory," HIV tests should routinely be provided in emergency departments, hospitals and physician offices to give people the "opportunity to 'opt out' of testing rather than having to jump through hoops to get it," Bazell says, concluding, "[I]t is time to realize that AIDS has become another treatable contagious disease, at least in this country, and we can do a lot more to wipe it out" (Bazell, MSNBC.com, 4/11).

HIV/AIDS TUTORIALS



THE GLOBAL HIV/AIDS EPIDEMIC

Jennifer Kates, M.A., M.P.A., Vice President and Director, HIV Policy, Kaiser Family Foundation, April 2005

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THE HIV/AIDS EPIDEMIC IN THE UNITED STATES

Jennifer Kates, M.A., M.P.A., Vice President and Director, HIV Policy, Kaiser Family Foundation, February 2006

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CANCER UPDATES



COLONOSCOPY STILL BEST DEFENSE AGAINST COLORECTAL CANCER

A healthy lifestyle helps, but regular screens are 'gold standard,' experts say



WEDNESDAY, April 12 (HealthDay News) -- Take the right steps and you can turn colon cancer into one of the most preventable malignancies. But those steps may not be what you think. For example, a diet rich in fiber was long considered a surefire way to help protect against the disease. But, a recent review of 13 studies in the *Journal of the American Medical Association* found fiber offered no overall protective effect when all risk factors were taken into account.

So, what should you do? Three words -- get a colonoscopy. Colorectal cancer is the third most common cancer found in men and women in the United States, according to the American Cancer Society. An estimated 104,950 new cases of colon cancer and 40,340 new cases of rectal cancer were diagnosed in 2005 in the United States. Combined, they will cause about 56,290 deaths.

A colonoscopy utilizes a tiny camera inside a slender tube that's inserted through the rectum. The procedure lets doctors look for early signs of cancer inside the entire large intestine, from the rectum all the way through the colon to the lower end of the small intestine. Even better, if a polyp is found, doctors can insert instruments through the same tube that will allow them to cut the lesion away, eliminating the cancer threat on the spot.

Doctors estimate that about 64 percent of Americans who should be getting screened with colonoscopy are not. Some people who want to avoid colon cancer but don't want to endure

a colonoscopy often pursue a number of lifestyle strategies, said Dr. David Lieberman, chief of gastroenterology at the Oregon Health & Science University Hospital in Portland. While these changes in diet and exercise are all good and will benefit the body overall, there's not a lot of evidence directly linking them to colon cancer prevention, he said.



CHILD HEALTH UPDATES

FDA APPROVES METHYLPHENIDATE PATCH TO TREAT ATTENTION DEFICIT HYPERACTIVITY DISORDER IN CHILDREN

On April 6, The Food and Drug Administration approved Daytrana, the first transdermal (skin) patch, for treating Attention Deficit Hyperactivity Disorder (ADHD) in children six to 12 years of age. Daytrana is a once daily treatment containing the drug methylphenidate, a central nervous system (CNS) stimulant.

"Daytrana provides an alternative route of administration for methylphenidate in children with ADHD," said Dr. Galson, FDA's Director of the Center for Drug Evaluation and Research. Daytrana should be applied each morning to the alternating hip, and worn for nine hours. Parents and caregivers will be provided a chart to track the application and removal of the patch.

ADHD is a condition that affects approximately three to seven percent of school-aged children. The three main symptoms of ADHD are inattention, hyperactivity, and impulsivity. Children with ADHD may have difficulty in school, troubled relationships with family and peers, and low self-esteem.

The prescriber may change the amount of time the patch is worn to help manage how long the medication works each day and some of the side effects that may be caused by methylphenidate. If the patch is worn for longer than the recommended nine hours, methylphenidate-induced side effects such as insomnia may occur with greater frequency in some children. Other possible side effects include blurred vision, mild skin irritation or an allergic skin rash and slower weight gain and height growth. Stimulant products generally should not be used in children with known structural cardiac abnormalities because of a concern that stimulants may further increase the risk of sudden death above the risk that is already present with such abnormalities.

Daytrana should not be used if the child:

- Has significant anxiety, tension, or agitation, since methylphenidate may make these conditions worse.
- Has allergies to methylphenidate or other ingredients in Daytrana.
- Has glaucoma, an eye disease.

- Is currently taking a monoamine oxidase inhibitor (MAOI), a treatment for depression, or has discontinued a MAOI in the last 14 days.
- Has motion or verbal tics or Tourette's syndrome, or a family history of Tourette's syndrome.

Daytrana has been shown to be safe and effective in two placebo controlled studies in children six to 12 years of age with ADHD. Daytrana is indicated as an integral part of a total treatment program for ADHD that may include other measures such as psychological, education and social, for patients with ADHD.

ANTI-VOMITING DRUG PROTECTS KIDS FROM DEHYDRATION

Ondansetron eases need for IV treatment during stomach bug bout, study finds



WEDNESDAY, April 19 (HealthDay News) -- Children with stomach bugs can get dehydrated very quickly, and sometimes need intravenous fluids to stay well. But a new study finds that by giving one dose of an anti-vomiting medication called ondansetron, doctors could cut the need for IV rehydration by more than half. Results of the study are published in the April 20 issue of the *New England Journal of Medicine*.

Each year, there are more than 1.5 million pediatric outpatient visits in the United States due to gastroenteritis, which is more popularly known as the stomach flu. About 200,000 American children are hospitalized annually from complications of gastroenteritis, according to background information in the study. When children are vomiting frequently, doctors will often choose to use IV fluids to prevent or correct dehydration, because it's difficult for kids to keep oral fluids down, according to the study.

For the study, the researchers recruited 215 children treated in the emergency department at Children's Memorial Hospital in Chicago for gastroenteritis. They ranged in age from 6 months to 10 years. The children were randomly assigned to one of two groups -- the first group received ondansetron in the form of an orally disintegrating tablet, and the second group received a placebo tablet. If they threw up within 15 minutes after taking the pill, they were given a second dose. The youngsters who received the medication were significantly less likely to vomit (14 percent) than those who received the placebo (35 percent). They also vomited less often than children who received no medication. Only 14 percent of the treated children needed an IV insertion, while 31 percent of the kids who weren't treated with ondansetron did. The treated group also had a slightly shorter length of stay in the emergency department -- about 12 percent less.



WOMENS' HEALTH UPDATES

WOMEN'S HEALTH TUTORIALS



REPRODUCTIVE HEALTH POLICY

Usha Ranji, M.S., Senior Policy Analyst
Kaiser Family Foundation, October 2005

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WOMEN'S HEALTH POLICY: COVERAGE AND ACCESS TO CARE

Alina Salganicoff, Ph.D., Vice President, Women's Health Policy, Kaiser Family Foundation, November 2004

[View Tutorial](#) | [Download .PPT](#) | [Biography](#)

WHI UPDATED ANALYSIS: NO INCREASED RISK OF BREAST CANCER WITH ESTROGEN ALONE

Estrogen-alone hormone therapy does not increase

the risk of breast cancer in postmenopausal women, according to an updated analysis of the breast cancer findings of the Women's Health Initiative (WHI) Estrogen-Alone Trial. The results contrast with the previously reported WHI Estrogen plus Progestin Trial, which found an increase in breast cancer over about 5 years among those taking combined hormone therapy.

The WHI is sponsored by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. The new analysis is published in the April 12 issue of the *Journal of the American Medical Association*.

Over an average of about 7 years of follow-up, study participants taking estrogen had fewer breast cancer tumors than those in the placebo group. Women in the estrogen group were diagnosed with breast cancer at a rate of 28 per 10,000 participants per year versus a rate of 34 per 10,000 participants per year in the placebo group. The difference in rates of breast cancer (6 per 10,000) between the groups was not statistically significant, meaning it could have occurred by chance.

The new analysis also found that participants taking estrogen had 50 percent more abnormal mammograms that required follow-up and underwent 33 percent (747 compared to 549) more breast biopsies. An abnormal mammogram does not necessarily signal cancer — as shown in this study's results.

The Estrogen-Alone Trial involved 40 clinical centers and 10,739 generally healthy postmenopausal women ages 50-79 who did not have a uterus. Estrogen-alone (without progestin) is only recommended for women without a uterus; women with a uterus who take estrogen have an increased risk of endometrial cancer, so they are now advised to take estrogen combined with progestin. Participants were enrolled in the study between 1993 and 1998 with 5310 women assigned to active estrogen (0.625 mg/day of conjugated

equine estrogens) and 5429 assigned to placebo. About 35 percent of the women had used hormone therapy prior to the study and about 13 percent were using hormones at the time they enrolled, but they had to be off of hormones for at least 3 months prior to starting the trial.

Women in the estrogen group tended to have larger tumors that were likely to have spread to lymph nodes, a finding that suggests estrogen might reduce the risk of smaller tumors but not larger ones, or that smaller tumors are not diagnosed early due to changes in breast tissue. Another subgroup analysis suggested that for participants taking estrogen, ductal carcinomas that occur in the milk ducts of the breast were reduced to a greater extent than lobular carcinomas, which form in the glands where breast milk is made. It is unknown whether any effects on breast tumors will persist over time.

Part of the National Institutes of Health, the National Heart, Lung, and Blood Institute (NHLBI) plans, conducts, and supports research related to the causes, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases; and sleep disorders. The Institute also administers national health education campaigns on women and heart disease, healthy weight for children, and other topics. NHLBI press releases and other materials are available online at: www.nhlbi.nih.gov.

VITAMIN D AND CALCIUM MAY LOWER THE RISK FOR TYPE 2 DIABETES IN WOMEN

[Vitamin D and calcium intake in relation to type 2 diabetes in women, by A.G. Pittas and colleagues. *Diabetes Care* 29:650–656, 2006.](#)

What is the problem and what is known about it so far?

A lack of vitamin D and calcium may be linked to getting type 2 diabetes.

Why did the researchers do this particular study?

The researchers wanted to see if there was a link between vitamin D and calcium intake and getting type 2 diabetes.

Who was studied?

More than 80,000 women who took part in the Nurses' Health Study.

How was the study done?

The women regularly received check-ups for a period of 20 years. Every two to four years, the researchers sent questionnaires to the women to figure out how much vitamin D and calcium they consumed.

What did the researchers find?

Over the course of 20 years, over 4,800 women developed type 2 diabetes. The researchers found that a combined intake of over 1,200 milligrams of calcium and over 800 units of vitamin D was linked with a 33% lower risk for type 2 diabetes (as compared to women who took much smaller amounts of calcium and vitamin D). The results show that consuming higher amounts of vitamin D and calcium help lower the risk for type 2 diabetes in women.

What were the limitations of the study?

This study relied on responses to questionnaires to assess vitamin D and calcium intake. Some women may have given inaccurate responses.

Almost all of the women in this study were white. The results of this study may not be the same in other racial or ethnic groups or in men.

What are the implications of the study?

A high intake of vitamin D and calcium was linked with a lower risk of type 2 diabetes in this study. If future studies confirm the results of this study, increasing intake of vitamin D and calcium may be an inexpensive and easy way to help prevent type 2 diabetes.

FOR MORE INFORMATION

[Calcium, Vitamin D, and the Metabolic Syndrome in Middle-Aged and Older Women](#)

[The Other "C": Getting Your Calcium](#)

[Diabetes Food and Nutrition Bible](#)

PROCEDURE HELPS RESTORE URINARY CONTINENCE IN WOMEN

A bladder-supporting technique proves effective in major trial



WEDNESDAY, April 12 (HealthDay News) -- A bladder-supporting procedure may help restore continence to women with lack of urinary control after prolapse, researchers report.

Prolapse is a condition in which the vagina and nearby organs lose support and fall out of position. Surgery to correct this problem often results in urinary stress incontinence, which refers to small urine leaks when a woman coughs, laughs or does exercise. However, researchers at Loyola University Health System in Maywood, Ill., say a procedure called Burch colposuspension after prolapse surgery greatly lessens the likelihood of urinary stress incontinence.

The findings were to be published in the April 13 issue of the *New England Journal of Medicine*. The study included 322 women at nine centers across the United States.

"We found that without the Burch procedure, one in every four women developed some stress incontinence that they considered bothersome. We were able to reduce this to one in every 20 women by adding the four stitches of the Burch procedure," principal investigator Dr. Linda Brubaker, director of the division of female pelvic medicine and reconstructive surgery at Loyola, said in a prepared statement. "This is the first time we've ever had a large, randomized trial that shows that we can prevent the development of stress incontinence," Brubaker said.

An estimated one in 11 women will need surgery for either pelvic organ prolapse or for urinary incontinence by the time they reach age 80.

BETTER MINORITY CANCER SCREENING A PHONE CALL AWAY

Reminding women it's time for mammogram or Pap smear works, experts say



MONDAY, April 17 (HealthDay News) -- Simple reminder phone calls from health workers can boost breast, cervical and colorectal cancer screening rates among minority and low-income women, a new study shows. The study included more than 1,400 women, aged 50 to 69, who were patients at 11 community health centers in New York City. Their records indicated they were overdue for cancer screening. Sixty percent of the women were Spanish-speaking and several were recent immigrants to the United States.

Some of the women were assigned to receive telephone calls from bilingual prevention-care managers while other women did not receive any phone calls. The women in the intervention group received an average of four calls.

Eighteen months later, screening rates had increased 12 percent for mammographies, 7 percent for Pap tests, and 13 percent for colorectal screenings among women who had received the phone calls, which the researchers said were low-cost and highly effective.

"What makes this study so exciting is that we reached a population that has always had access problems and we showed that with the right care, attention and support, we were able to substantially reduce their barriers to cancer screening," study co-author Dr. Jonathon Tobin, head of the Clinical Directors Network in New York City, said in a prepared statement.

These barriers include lack of information on how to ask for a screening or schedule it. Many of the women in the study said they had trouble communicating with their doctor.

The findings were published in the April 18 online edition of the *Annals of Internal Medicine*.



CONFERENCES

NATIONAL ASSOCIATION OF HISPANIC NURSES 2006 CONFERENCE

July 19-21, 2006

J.W. Marriott Desert Ridge Resort and Spa,

Phoenix, Arizona <http://thehispanicnurses.org>

COUNCIL FOR THE ADVANCEMENT OF NURSING SCIENCE (CANS) CONFERENCE

October 12-14, 2006

Omni Shoreham Hotel, Washington, DC

www.nursingscience.org



CALENDAR OF EVENTS

May 2006

1 - 31

Lyme Disease Awareness Month

Lyme Disease Foundation

P.O. Box 332

Tolland, CT 06084

(800) 886-5963

(860) 870-0070

info@lyme.org

www.lyme.org

Materials available

Contact: Karen Forschner

1 - 31

National Sight-Saving Month: Ultraviolet Awareness Month

Prevent Blindness America

211 West Wacker Drive, Suite 1700

Chicago, IL 60606

(800) 331-2020

info@preventblindness.org

www.preventblindness.org

Materials available

Contact: PBA Consumer and Patient Hotline

1 - 31

Clean Air Month

American Lung Association

61 Broadway, 6th Floor

New York, NY 10006

(800) LUNG-USA (586-4872)

(212) 315-8700

info@lungusa.org

www.lungusa.org

Materials available

Contact: none available

1 - 31

National Neurofibromatosis Month

Children's Tumor Foundation

95 Pine Street, 16th Floor

New York, NY 10005

(800) 323-7938

ctf@ctf.org

www.ctf.org

Materials available

Contact: John Radziejewski

1 - 31**National Osteoporosis Awareness and Prevention Month**

National Osteoporosis Foundation
1232 22nd Street, NW
Washington, DC 20037
(202) 223-2226

communications@nof.orgwww.nof.org

Materials available

Contact: Communications Department

1 - 31**Older Americans Month**

U.S. Administration on Aging

Washington, DC 20201

(202) 619-0724

AoAInfo@aoa.govwww.aoa.gov

Materials available

Contact: Public Inquiries

1 - 31**Asthma and Allergy Awareness Month**

Asthma and Allergy Foundation of America
1233 20th Street, NW, Suite 402
Washington, DC 20036
(800) 7-ASTHMA

info@aafa.orgwww.aafa.org

Materials available

Contact: Angel Waldron

1 - 31**Better Sleep Month**

Better Sleep Council

501 Wythe Street

Alexandria, VA 22314

(703) 683-8371

spali@sleepproducts.orgwww.bettersleep.org

Materials available

Contact: Nancy L. Shark

1 - 31**National Trauma Awareness Month**

American Trauma Society
8903 Presidential Parkway, Suite 512
Upper Marlboro, MD 20772-2656
(800) 556-7890

info@amtrauma.orgwww.amtrauma.org

Materials available

Contact: Public Relations Coordinator

1 - 31**National Teen Pregnancy Prevention Month**

Advocates for Youth

2000 M Street NW, Suite 750

Washington, DC 20034

(202) 419-3420

info@advocatesforyouth.orgwww.advocatesforyouth.org/teenpregnancy.htm

Materials available

Contact: none available

1 - 31**Better Hearing and Speech Month**

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852

(800) 638-8255

actioncenter@asha.orgwww.asha.org

Materials available

Contact: Action Center

1 - 31**National High Blood Pressure Education Month**

National Heart, Lung, and Blood Institute Health
Information Center

P.O. Box 30105

Bethesda, MD 20824-0105

(301) 592-8573

(240) 629-3246 Fax

nhlbiinfo@nhlbi.nih.govhin.nhlbi.nih.gov/nhbpep_kit/

1 - 31**Melanoma/Skin Cancer Detection and Prevention Month**

American Academy of Dermatology
 930 East Woodfield Road
 Schaumburg, IL 60173
 (888) 462-DERM (3376)
 (847) 330-0230

mediarelations@aad.org

www.aad.org

Materials available

Contact: Aisha Hasan

1 - 31**Tuberous Sclerosis Awareness Month**

Tuberous Sclerosis Alliance
 801 Roeder Road, Suite 750
 Silver Spring, MD 20910
 (800) 225-6872
 (301) 562-9890

info@tsalliance.org

www.tsalliance.org

Materials available

Contact: Jaye Isham

1 - 31**National Physical Fitness and Sports Month**

President's Council on Physical Fitness and Sports
 Room 738-H
 200 Independence Avenue, SW
 Washington, DC 20201-0004
 (202) 690-9000

(202) 690-5211 Fax

jmeer@osophs.dhhs.gov

www.fitness.gov

Materials available

Contact: Janice Meer

1 - 31**Mental Health Month**

National Mental Health Association
 P.O. Box 1680
 Alexandria, VA 22302-0810
 (800) 969-6642

www.nmha.org

Materials available

Contact: Resource Center

1 - 31**Healthy Vision Month**

National Eye Institute
 2020 Vision Place
 Bethesda, MD 20892-3655
 (301) 496-5248

hvm@nei.nih.gov

www.healthyvision2010.org/hvm/

Materials available

Contact: Linda Huss

1 - 31**National Bike Month**

League of American Bicyclists
 1612 K Street, NW, Suite 800
 Washington, DC 20006
 (202) 822-1333

(202) 822-1334 Fax

elizabeth@bikeleague.org

www.bikemonth.com

Materials available

Contact: Elizabeth Preston

1 - 31**Hepatitis Awareness Month**

Hepatitis Foundation International
 30 Sunrise Terrace
 Cedar Grove, NJ 07009
 (800) 891-0707
 (973) 239-1035

mail@hepfi.orgwww.hepfi.org

Materials available

Contact: Thelma King Thiel

1 - 7**Brain Tumor Action Week**

North American Brain Tumor Coalition
 c/o Ropes & Gray
 One Metro Center
 700 12th Street NW
 Washington, DC 20005-3948
 (202) 508-4600

pmckay2002@hotmail.comwww.nabraintumor.org

Materials available

Contact: Paul McKay

1 - 7**Cover the Uninsured Week**

Cover the Uninsured
 1010 Wisconsin Avenue, NW, Suite 800
 Washington, DC 20007
 (202) 572-2928
 (202) 338-2334 Fax

info@CoverTheUninsuredWeek.orgwww.CoverTheUninsuredWeek.org

Materials available

Contact: National Office

1 - 31**Multiple Chemical Sensitivity (MCS) Awareness Month**

International MCS Awareness
 P.O. Box 20517
 Tallahassee, FL 32316-0517
 (850) 878-0674

tourtet@yahoo.comwww.nettally.com/prusty/mcs.htm

Materials available

Contact: Christiane Tourtet

1 - 7**National Physical Education and Sport Week**

National Association for Sport and Physical
 Education
 1900 Association Drive
 Reston, VA 20191
 (703) 476-3410
 (703) 476-8316

naspe@aahperd.orgwww.naspeinfo.org

Materials available

Contact: Paula Keyes Kun

1**Melanoma Monday**

American Academy of Dermatology
 930 East Woodfield Road
 Schaumburg, IL 60173
 (888) 462-DERM (3376)
 (847) 330-0230

mediarelations@aad.orgwww.aad.org

Materials available

Contact: Aisha Hasan

3**National Teen Pregnancy Prevention Day**

National Campaign to Prevent Teen Pregnancy

1776 Massachusetts Avenue, Suite 200

Washington, DC 20036

(202) 478-8500

(202) 478-8588 Fax

campaign@teenpregnancy.orgwww.teenpregnancy.org/national/

Materials available

Contact: none available

6 - 13**National SAFE KIDS Week**

Safe Kids Worldwide

1301 Pennsylvania Avenue, NW, Suite 1000

Washington, DC 20004-1707

(202) 662-0600

smorton@safekids.orgwww.safekids.org

Contact: Suzanne Morton

8 - 14**National Stuttering Awareness Week**

Stuttering Foundation of America

3100 Walnut Grove Road, Suite 603

P.O. Box 11749

Memphis, TN 38111-0749

(800) 992-9392

(901) 452-3931 Fax

info@stutteringhelp.orgwww.stutteringhelp.org

Materials available

Contact: Jane Fraser

3**National Anxiety Disorders Screening Day**

Freedom From Fear

308 Seaview Avenue

Staten Island, NY 10305

(718) 351-1717

(888) 442-2022 Free anxiety/depression screening

(718) 980-5022 Fax

help@freedomfromfear.orgwww.freedomfromfear.org

Contact: Jeanine Christiana

7 - 13**National Mental Health Counseling Week**

American Mental Health Counselors Association

801 North Fairfax Street, Suite 304

Alexandria, VA 22314

(800) 326-2642

vmoore@amhca.orgwww.amhca.org

Contact: Dr. W. Mark Hamilton

12**Fibromyalgia Awareness Day**

National Fibromyalgia Association

2200 N. Glassell Street, Suite A

Orange, CA 92865

(714) 921-0150

(714) 921-6920 Fax

nfa@fmaware.orgfmaware.org/may12.htm

Materials available

Contact: Corin Walson

13

**Cornelia de Lange Syndrome (CdLS)
Awareness Day**

CdLS-USA Foundation
302 West Main Street, #100
Avon, CT 06001
(800) 753-2357
(800) 223-8355 Alternate
(860) 676-8337 Fax
awareness@cdlsusa.org
www.cdlsusa.org
Materials available
Contact: Gail Speers

14 - 20

National Emergency Medical Services Week

American College of Emergency Physicians
1125 Executive Circle
Irving, TX 75038-2522
(800) 798-1822
dfechner@acep.org
www.acep.org/emsweek
Materials available
Contact: Denise Fechner

14 - 20

**National Alcohol- and Other Drug-Related
Birth Defects Week**

National Council on Alcoholism and Drug
Dependence, Inc.
22 Cortlandt Street, Suite 801
New York, NY 10007
(212) 269-7797
(800) NCA-CALL (24-hour helpline)
(212) 269-7510 Fax
national@ncadd.org
www.ncadd.org
Materials available
Contact: Director of Communications

14 - 20

National Running and Fitness Week

American Running Association and American
Medical Athletic Association
4405 East-West Highway, Suite 405
Bethesda, MD 20814
(800) 776-2732
(301) 913-9517
(301) 913-9520 Fax
run@americanrunning.org
www.americanrunning.org
Contact: Barbara Baldwin

14 - 20

Food Allergy Awareness Week

Food Allergy & Anaphylaxis Network
11781 Lee Jackson Highway, Suite 160
Fairfax, VA 22033
(800) 929-4040
faan@foodallergy.org
www.foodallergy.org
Materials available
Contact: Media Relations

14 - 20

National Women's Health Week

Office on Women's Health
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 712 E
Washington, DC 20201
(202) 690-7651
4woman@ps.net
www.womenshealth.gov
Materials available
Contact: National Women's Health Information
Center

15 - 21**Tinnitus Awareness Week**

American Tinnitus Association
 P.O. Box 5
 Portland, OR 97207
 (800) 634-8978 x213
 (503) 248-9985 x213
 (503) 248-0024 Fax
tinnitus@ata.org
www.ata.org
 Materials available
 Contact: none available

15**National Women's Check-up Day**

Office on Women's Health
 U.S. Department of Health and Human Services
 200 Independence Avenue, SW, Room 712 E
 Washington, DC 20201
 (202) 690-7651
4women@ps.net
www.womenshealth.gov
 Materials available
 Contact: National Women's Health Information Center

17**National Employee Health and Fitness Day**

National Association for Health and Fitness
 65 Niagara Square, Room 607
 Buffalo, NY 14202
 (716) 583-0521
 (716) 851-4309 Fax
wellness@city-buffalo.org
www.physicalfitness.org
 Materials available
 Contact: Philip Haberstro

21 - 27**Schizophrenia Awareness Week**

National Schizophrenia Foundation
 403 Seymour Street, Suite 202
 Lansing, MI 48933
 (517) 485-7168 x105
 (517) 485-7180 Fax
harwin@NSFoundation.org
www.NSFoundation.org
 Materials available
 Contact: Laura Harwin

15 - 19**Bike to Work Week**

League of American Bicyclists
 1612 K Street, NW, Suite 800
 Washington, DC 20006
 (202) 822-1333
 (202) 822-1334 Fax
elizabeth@bikeleague.org
www.biketoworkweek.com
 Materials available
 Contact: Elizabeth Preston

16**Sex Differences in Health Awareness Day**

Society for Women's Health Research
 1025 Connecticut Avenue NW, Suite 701
 Washington, DC 20036
 (202) 223-8224
 (202) 833-3472 Fax
info@womenshealthresearch.org
www.womenshealthresearch.org
 Materials available
 Contact: Richard Schmitz

18**HIV Vaccine Awareness Day**

National Institute of Allergy and Infectious Diseases, National Institutes of Health
 HIV Vaccine Communications Campaign
 Vaccine and Prevention Research Program,
 Division of AIDS
 6700-A Rockledge Drive, Suite 200
 Bethesda, MD 20817
 (301) 898-4044
 (301) 896-0315 Fax
Katzmanj@niaid.nih.gov
www.niaid.nih.gov
 Materials available
 Contact: Joanna Katzman
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22 - 29**Recreational Water Illness Prevention Week**

Water and Environment Activity
 Centers for Disease Control and Prevention
 Division of Parasitic Diseases
 4770 Buford Highway, N.E., - MS F22
 Atlanta, GA 30341-3724
 (770) 488-7763
 (770) 488-7761 Fax
mbeach@cdc.gov
www.cdc.gov/healthyswimming/index.htm
 Materials available
 Contact: Michael J. Beach, Ph.D.

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National Missing Children's Day

Child Find of America, Inc.

Box 277

New Paltz, NY 12561

(800) 426-5678

information@childfindofamerica.org

www.childfindofamerica.org

Materials available

Contact: Carol Robins

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World No Tobacco Day

Coalition for World No Tobacco Day

P.O. Box 209

Shiloh, NJ 10163

(212) 601-8499

jrg@wntd.org

www.wntd.org

Materials available

Contact: none available

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/>
