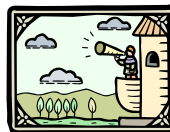


WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

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



ANNOUNCEMENTS

CENTERING PREGNANCY: A NURSING MODEL FOR GROUP PRENATAL VISITS

In June 2005 the Washtenaw County Task Force Meeting on Infant Mortality issued a statewide mandate to increase efforts to decrease infant mortality in the state of Michigan. In response to this mandate, in May 2006 with support from a BCBS grant, the UM Nurse Managed Centers launched "Centering Pregnancy Group Prenatal Care".

The Centering Pregnancy program is based on the work of Nurse-Midwife Sharon Rising, MSN, CNM of the Yale New Haven School of Nursing. The goals of the Centering Pregnancy program are to increase prenatal education, build social support and increase knowledge of local resources. These goals are achieved by bringing women out of exam rooms and into groups for their care. Preliminary research has shown that Centering groups show an improvement in birth outcomes when compared to cohorts receiving traditional prenatal care.

The Centering Pregnancy Program at the Nurse Managed Centers consists of ten sessions over a seven month period. Each Centering group consists of 6-8 pregnant women and their support person. The sessions include an individual physical assessment of each participant and facilitated group discussions of pregnancy, birth and child-rearing issues lead by the nurse practitioner or nurse midwife.

In addition to providing healthcare for a large population of medically-underserved residents of Washtenaw County, the Nurse Managed Centers also work with a large population of Spanish-speaking patients. By offering the Centering Pregnancy Program at the Nurse Managed Centers, we will be among the first nationally to offer Centering Pregnancy groups for women who do not speak English.

The women in the first Centering Group range in age from 19 to 32, are 70% Spanish speaking and all but one had no health insurance at the beginning of their pregnancy. All the women have been enrolled in Medicaid and the Women, Infant and Children Nutrition Program and most also enrolled in the Maternal Infant Health Program. In addition, they have had the opportunity to meet with social workers, attend a birth tour at the hospital and have an infant car seat inspection.

The second Centering Pregnancy Group will begin September 13th 2006 at the North Campus Community Center. See www.nurse-practitioners.org for more information. For more information on the Centering Pregnancy model, see www.centeringpregnancy.com.



NEWS

MOST AMERICANS DO NOT KNOW WHEN OR HOW OFTEN TO GET CANCER SCREENING TESTS

While most Americans know that mammograms, pap smears, and colonoscopies are screening exams for cancer, the majority of Americans do not know the appropriate age at which initiation of these tests is recommended, according to the latest brief from the Health Information National Trends Survey (HINTS). HINTS is a nationally representative telephone survey of the general population that was first conducted in 2002-2003 and repeated in 2005. The National Cancer Institute (NCI), part of the National Institutes of Health, developed HINTS to evaluate how the general public accesses and uses information about cancer, and how this information can be delivered most effectively.

A recent analysis of HINTS 2005 data found that 57 percent of American women are unaware that they should receive mammograms to screen for breast cancer beginning at age 40. The survey also revealed more positive results: three-quarters of women reported that their health care providers had recommended mammograms, and 74 percent reported having received a mammogram within the recommended timeframe.

A larger majority of women are unaware that they did not need a Pap test every year to screen for cervical cancer; current general guidelines advise women to get Pap tests at least once every three years. A large proportion of women — 87 percent of those who had ever received a Pap test — said they did so as part of an annual exam. Another finding was that 61 percent of women surveyed had never heard of human papillomavirus (HPV), which causes most cases of cervical cancer.

While there are several different tests available to screen for colorectal cancer, including fecal occult blood tests (FOBT), sigmoidoscopy, and colonoscopy, 40 percent of HINTS respondents could not name one when asked. Additionally, 54 percent did know that screening for colorectal cancer is recommended for men and women age 50 or older, according to general recommendations. Knowledge of different screening options is important; research shows that being offered a choice may improve the chance that people get screened and that they continue to get screened as recommended.

For the screening tests surveyed, knowledge of screening recommendations varied by race and ethnicity. When asked when screening for colorectal cancer is recommended, 79 percent of Hispanic respondents did not know the recommended age, compared to 75 percent of African Americans, 70 percent of American Indians/Alaskan Natives, and 38 percent of Whites. Similar levels of misinformation were reported among women of all ethnicities who were asked when it is recommended that they should begin to receive mammograms, with only 32 percent of all women responding that mammograms should begin at age 40. The U.S. Preventive Services Task Force recommends screening mammography, with or without a clinical breast exam, every one to two years for women age 40 and older.

For more information about the Health Information National Trend Survey, go to <http://cancercontrol.cancer.gov/hints>.

For more information about cancer, please visit the NCI Web site at <http://www.cancer.gov>, or call NCI's Cancer Information Service at 1-800-4 CANCEr (1-800-422-6237).

STUDY SHOWS DRUG PREVENTS ARTHRITIC BONE LOSS

BOSTON (Reuters) - The Merck and Co. drug Fosamax does a better job at preventing bone deterioration than Vitamin D for people using steroids to treat arthritis, suggests a study released Wednesday.

Researchers found that Fosamax increased the density of bones in the spine by just over two percent in the 100 volunteers who received it along with steroids for 18 months, the study said.

The 101 volunteers treated with alfacalcidol, a form of Vitamin D, saw their density decrease by almost 2 percent over the 18-month period, according to the study led by Ron de Nijs of the University Medical Center Utrecht in the Netherlands.

A similar trend was seen in other bones, the researchers report in this week's New England Journal of Medicine.

Although steroids have been known to help relieve joint pain for sufferers of arthritis, doctors have known for years that some steroids such as prednisone can weaken bones.

MEDICAL ADVICE OK FROM AFTER-HOURS CALL CENTERS

NEW YORK (Reuters Health) - People with concerns about their kids' health and who call their doctor after hours may find themselves speaking to a call center operator. Reassuringly, the advice they get seems to be safe and reliable, according to a new study published in the medical journal Pediatrics.

To evaluate the performance a pediatric after-hours call center, the team assessed the frequency of adverse events (including death) or potential under-referral with subsequent hospitalization. Included in the analysis were all children enrolled in Kaiser Permanente Colorado whose families had contacted the Children's Hospital after-hours call center between 1999 and 2003.

A total of nearly 33,000 calls were made during the study period. Of these, 21 percent were advised to seek urgent care, 27 percent were advised to seek care the next day, 4 percent were advised to seek care within 72 hours, and 48 percent were advised to treat their children at home. From the records, the researchers saw that compliance rates were 74 percent for both urgent care and home care disposition recommendations. Only 44 percent of callers complied with advice to seek care the next day. Five patients died during the study period, and only one instance occurred within a month of the initial call. The rate of potential under-referral leading to hospitalization was only 0.2 percent, or one case per 599 calls.

SOURCE: Pediatrics, August 2006.

EXPERIMENTAL MEDICATION KICKS DEPRESSION IN HOURS INSTEAD OF WEEKS

People with treatment-resistant depression experienced symptom relief in as little as two hours with a single intravenous dose of ketamine, a medication usually used in higher doses as an anesthetic in humans and animals, in a preliminary study. Current antidepressants routinely take eight weeks or more to exert their effect in treatment-resistant patients and four to six weeks in more responsive patients — a major drawback of these medications. Some participants in this study, who previously had tried an average of six medications without relief, continued to show benefits over the next seven days after just a single dose of the experimental treatment, according to researchers conducting the study at the National Institutes of Health's National Institute of Mental Health.

This is among the first studies of humans to examine the effects of ketamine on depression, a debilitating illness that affects 14.8 million people in any given year. Used in very low doses, the medication is important for research, but is unlikely to become a widely used clinical treatment for depression because of potential side effects, including hallucinations and euphoria, at higher doses. However, scientists say this research could point the way toward development of a new class of faster- and -longer-acting medications. None of the patients in this study, all of whom received a low dose, had serious side effects. Study results were published in the August issue of the *Archives of General Psychiatry*.

For this study 18 treatment-resistant, depressed patients were randomly assigned to receive either a single intravenous dose of ketamine or a placebo (inactive compound). Depression improved within one day in 71 percent of all those who received ketamine, and 29 percent of these patients became nearly symptom-free within one day. Thirty-five percent of patients who received ketamine still showed benefits seven days later. Participants receiving a placebo infusion showed no improvement. One week later, participants were given the opposite treatment, unless the beneficial effects of the first treatment were still evident. This "crossover" study design strengthens the validity of the results.

Scientists think the reason current antidepressant medications take weeks to work is that they act on targets close to the beginning of a series of biochemical reactions that regulate mood. The medications' effects then have to trickle down through the rest of the reactions, which takes time. Scientists theorize that ketamine skips much of this route because its target, the NMDA receptor, is closer to the end of the series of reactions in question.

NIMH is part of the National Institutes of Health (NIH), the Federal Government's primary agency for biomedical and behavioral research. NIH is a component of the U.S. Department of Health and Human Services.

STATE POLITICS & POLICY: MICHIGAN RUNS OUT OF FUNDING FOR BREAST AND CERVICAL SCREENING PROGRAM FOR LOW-INCOME, UNINSURED WOMEN

Michigan has run out of state and federal funding under [CDC's National Breast and Cervical Cancer Early Detection Program](#), which offers screening services to low-income women without insurance, and the program next year is expected to serve fewer women because of funding cuts, the *Detroit Free Press* reports. The program provides Pap tests and other screenings for qualified women ages 18 to 64 and mammograms for qualified women ages 40 to 64. To qualify, the women must be uninsured and have annual incomes lower than 250% of the federal poverty level (Anstett, *Detroit Free Press*, 8/7). Under the Breast and Cervical Cancer Prevention and Treatment Act, enacted in

younger than age 65 diagnosed with breast or cervical cancer. Women who qualify receive medical coverage throughout their cancer treatment, with the federal government covering up to 85% of the cost of treatment (*Kaiser Daily Women's Health Policy Report*, 1/30/03). In 2005, 404,736 women received mammograms, and 357,519 received Pap tests nationwide through the program, which is intended to provide services for about 13% of the 3.3 million women who qualify for it, according to Lisa Mariani, acting CDC branch chief for program services. Under the current funding structure, the [Michigan Department of Community Health](#) has lowered its estimate for the number of women it will serve through the program from 25,000 this year to 22,310 next year. Eleven Michigan counties currently are telling thousands of women they will have to wait until October to receive services because of a lack of funding, according to the *Free Press*. Michigan this year received \$9 million in federal funding and provided \$1 million in state funding for the program. A bill ([S 1687](#)), co-sponsored by Sen. Debbie Stabenow (D-Mich.), currently pending in the [Senate Health, Education, Labor and Pensions Committee](#) would reauthorize the program and increase by \$50 million its funding to \$250 million annually beginning in 2007. According to the *Free Press*, the funding increase would allow 147,000 more U.S. women to receive services under the program (*Detroit Free Press*, 8/7).



PHYSICAL ACTIVITY UPDATES

NHLBI OFFERS COMPLETE GUIDE TO PHYSICAL ACTIVITY FOR A HEALTHY HEART

About 60 percent of U.S. adults do not get the recommended levels of physical activity, yet research suggests that regular physical activity is essential for maintaining a healthy heart. To help people jump-start and maintain a physical activity program for their heart, the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) has developed a new publication.

“Your Guide to Physical Activity and Your Heart” presents comprehensive and easy-to-understand information on the impact of physical activity on your heart, as well as the power of physical activity to keep you healthy overall. Since physical inactivity is one of several major heart disease risk factors that you can do something about, the 44-page guide is full of practical tips, including sample walking and jogging programs, instructions for finding your target heart rate zone, ideas for making fitness a family affair, and an overview of the best physical activities for a healthy heart.

In addition to providing information on protecting your heart, the guide also addresses the many other benefits of regular physical activity like burning extra calories, building stamina, improving balance, strengthening your lungs, and boosting the way you feel. It deals with the myths and motivational barriers associated with physical activity, while providing practical advice and suggestions for getting the most health benefits from a physical activity program.

The new guide is the latest in the NHLBI *Your Guide to Better Health* series. The series provides easy-to-read science-based health information and features compelling testimonials from people about their real-life experiences with improving their health. Other *Guides* include *Your Guide to Lowering Your Blood Pressure With DASH*; *Your Guide to a Healthy Heart*; *Your Guide to Lowering Your Cholesterol With TLC*; *Your Guide to Living Well With Heart Disease*; and *Your Guide to Healthy Sleep*.

The guides can be downloaded for free from http://www.nhlbi.nih.gov/health/public/heart/obesity/phy_active.htm or can be ordered through the NHLBI Information Center, (301) 301-592-8573 or 240-629-3255 (TTY) or online at <http://hp2010.nhlbihin.net/yourguide/>.

ENSURING SPORTS SAFETY ON AND OFF THE PLAYING FIELD: TIMELY TIPS TO ENSURE YOUTH ATHLETES ARE PREPARED FOR PLAY

With the start of fall preseason sports now in full swing and children soon returning to school, the National Athletic Trainers' Association (NATA) has issued timely guidelines to ensure sports safety.

NATA recommends the following tips for parents, coaches, medical professionals and athletes:

1. **Pre-participation Exam:** Children participating in sports should receive a general health exam prior to activity to make sure they are fit to play. Discuss any pre-existing conditions with the physician.
2. **Emergency Plan:** Develop a written emergency plan in consultation with the local emergency medical service. Review it regularly and share it with the appropriate team, school and medical professionals.
3. **Appropriate Safety Gear:** Make sure to read manufacture instructions for proper use and fit. It is especially important that masks, gloves, pads, guards and other gear fit snugly for best protection. Equipment should be inspected on a regular basis to ensure proper fit, that it is in good condition and meets national standards.
4. **Preconditioning and Training:** Coaches, athletic trainers and parents should ensure that children are physically and mentally conditioned, properly trained in a particular sport or activity and matched with children of similar skill level, weight and maturity.
5. **Facility Safety Inspections:** Remove debris, water, rocks and other hazards from the field, rink or court. If playing outdoors, adults must consider current and potential weather conditions (e.g. lightning) as part of their inspection. Inspect all regular equipment (goals, baskets,

nets) on a regular basis and the items meet standards for play.

6. **First Aid:** Stock a first aid kit and keep it on-site for medical emergencies. Include supplies for wound management and bee stings, such as elastic wraps and band aids, an ice/cold compress, medical tape and sterile solution, among other items.
7. **Adult Supervision/Trained Sports Staff:** Children should be supervised at all times on the playing field by a parent, coach, certified athletic trainer or other medical professional.
8. **Proper Hydration:** Establish a hydration plan that allows children to drink water or sports drinks such as Gatorade throughout exercise sessions (about 7-10 ounces ever 10-20 minutes). Children should hydrate before AND after activity. Without proper hydration, children are at risk of developing exertional heat related illnesses.
9. **Beat the Heat:** If young athletes are exercising in the heat, make sure to assess their fitness before participation. Acclimatize them to the warm weather conditions. Start activities slowly and build endurance. If an athlete doesn't feel well, stop activity and assess his or her fitness status before return to play.
10. **Eat to Win:** Incorporate healthy foods in the daily diet including grains, fruits and vegetables, dairy and meat/poultry/fish to give them the fuel they need to exercise. A balanced and moderate approach is always the best bet.
11. **Proper Warm Up, Flexibility and Cool Down:** Always warm up before activity, take rest breaks, and cool down and stretch after play. To avoid overuse injuries, players should not participate in more than one sports team at one time.

Parents, coaches and athletic trainers should instruct and practice proper techniques and be alert to injuries, added Robinson. "Our primary goal is to prevent injury, and these recommendations will not only help to reduce onset, but ensure that proper plans are in place if medical care is needed." For more information on youth sports and sports safety, please visit <http://www.nata.org/youthsports/index.htm>.



HIV/AIDS UPDATES

HIV PREVENTION PROGRAM REACHING HISPANIC YOUTHS REDUCES RISKY SEXUAL BEHAVIORS

In the first randomized controlled trial of a culturally tailored HIV risk reduction program for Hispanic adolescents, nurse scientists report long-term success in reducing risky sexual behavior among this group. The study, which was funded by the National Institute of Nursing Research (NINR), a component of the National Institutes of Health (NIH), found that adolescents reported a lower frequency of sexual intercourse, fewer sexual partners, and an increased use of condoms during intercourse for up to 12 months after completing the program. These results also suggest there is a benefit to providing education on both abstinence and safe sex practices.

The results from this trial add to the growing body of research showing the importance of using culturally appropriate interventions with minority adolescents to help them avoid risky health behaviors and adopt positive health behaviors. The findings appear in the August 2006 issue of the *Archives of Pediatric and Adolescent Medicine*.

HIV and AIDS disproportionately affect Hispanic adolescents, with the incidence of AIDS for adult and adolescent Hispanics in 2001 more than 3 times higher than among their non-Hispanic white counterparts. The Centers for Disease Control and Prevention (CDC) reported that in 2001 HIV infection ranked as the fourth leading cause of death for Hispanics aged 25 to 44. Also, Hispanics were identified as one of the population subgroups with the highest rates of death from HIV/AIDS in 2001 (6.2 deaths per 100,000).

The research program involved 553 adolescents (249 males and 304 females) self-identified as Hispanic and recruited from three Northeast Philadelphia high schools and community-based neighborhood organizations. Over 85 percent of the participants were Puerto Rican, with nearly half born outside the mainland US. Participants averaged 14.9 years of age, and 87 percent were students in grades 8 through 11. Over 40 percent reported having engaged in sexual intercourse at least once, with an average age at first intercourse of 13.5 years. Students participating in this study, called "*¡Cuidate!* (Take Care of Yourself) The Hispanic Youth Health Promotion Program," were randomly assigned to one of two interventions: the HIV prevention program and a general health promotion program. Both programs presented Hispanic cultural values as an important context that supports positive health behaviors.

The HIV prevention program, based on several behavioral theories, emphasized abstinence and condom use as culturally accepted and effective methods to prevent sexually transmitted diseases (STDs), such as HIV. The second intervention, which focused on general health promotion issues, addressed improving diet, exercise, and physical activity, and reducing the use of cigarettes, alcohol, and drugs. Both interventions were similar in length and format, consisting of six 50-minute modules delivered on consecutive Saturdays to small, mixed gender groups in English or Spanish. The modules included group

discussion, videos, interactive exercises, and skill-building activities. Most of the program facilitators were Puerto Rican

The investigators report that these results support the efficacy of this HIV intervention in decreasing sexual activity and increasing condom use among Hispanic adolescents. "This study is an important contribution in assisting Latino adolescents to decrease HIV sexual risk behavior," said principal investigator Dr. Antonia M. Villarruel, Professor, University of Michigan School of Nursing, Ann Arbor. "It is an important effort in providing an evidence base for practitioners from which to guide and support adolescents in sexual decision-making. Much more research is needed with Latino adolescents to address the health disparity in HIV/AIDS," she concluded. Dr. Loretta S. Jemmott, University of Pennsylvania School of Nursing, and Dr. John B. Jemmott III, Professor, University of Pennsylvania Annenberg School of Communication, also contributed to the study.



IMAGING STUDY MAY HELP POINT TOWARDS MORE EFFECTIVE SMOKING CESSATION TREATMENTS

Results of a new imaging study, supported in part by the National Institute on Drug Abuse (NIDA), National Institutes of Health, show that the nicotine received in just a few puffs of a cigarette can exert a force powerful enough to drive an individual to continue smoking. Researchers found that the amount of nicotine contained in just one puff of a cigarette can occupy about 30 percent of the brain's most common type of nicotine receptors, while three puffs of a cigarette can occupy about 70 percent of these receptors. When nearly all of the receptors are occupied (as a result of smoking at least 2 and one-half cigarettes), the smoker becomes satiated, or satisfied, for a time. Soon, however, this level of satiation wears off, driving the smoker to continue smoking throughout the day to satisfy cigarette cravings. The study is published in the August 2006 issue of the *Archives of General Psychiatry*.

The scientists, led by Dr. Arthur Brody of the David Geffen School of Medicine at UCLA, used positron emission tomography (PET) to scan the brains of 11 smokers and assess nicotine distribution there. During the scanning sessions, the participants smoked one of five amounts — none, one puff, three puffs, one full cigarette, or until their craving was satisfied (2 and one-half to three cigarettes). Craving was measured with the Urge to Smoke scale, which assesses responses to 10 craving-related questions. The scientists also conducted magnetic resonance imaging (MRI) to help localize regions on the PET scans.

The scientists found that the highest levels of nicotine binding occurred in the thalamus (a portion of the brain that acts as a conduit for all sensory information that reaches the brain's cerebral cortex, and which contains the highest concentration of these nicotine receptors), the brainstem (which controls various automatic functions, such as respiration, heart rate, and arousal), and the cerebellum (the portion of the brain responsible for the coordination of movement and balance). Results of another recently published NIDA-supported study suggest that a portion of the cerebellum called the vermis may be a key

factor in modulating the brain's dopamine and reward systems, and may be more involved in drug abuse and addiction than previously thought.

The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug abuse and addiction. The Institute carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found on the NIDA home page at <http://www.drugabuse.gov>.

WALL STREET JOURNAL EXAMINES BREAST CANCER SCREENING DEVICE

The *Wall Street Journal* examined a breast cancer screening device called the "Halo system," which extracts a fluid from the nipple to test for "atypical" cells that are believed to be a precursor to cancer and has been nicknamed "the breast pap." The device -- developed and sold by [NeoMatrix](#) of Irvine, Calif. -- extracts the fluid called nipple aspirate using a warming technique and small suction cups. The test is noninvasive and lasts about five minutes, according to the *Journal*. The company estimates that atypical cells will be found in about 1% of women who undergo the procedure. Atypical breast cells are benign, but many scientists believe that they are a precursor to cancer, the *Journal* reports. The presence of atypical breast cells in nipple aspirate increases by as much as five times the risk of developing breast cancer, according to NeoMatrix. Women with atypical cells and a family history of breast cancer have 20 times the risk of developing breast cancer as an average woman, the company says. Although scientists have long known about the potential of nipple aspirate to assess breast cancer risk, the test is not widely used in part because it can be difficult to extract the fluid, according to the *Journal*. According to physicians, aspirate can only be extracted from 40% to 50% of women, and it is difficult to obtain a sufficient amount of fluid from women over age 55. Victor Vogel, a professor at the [University of Pittsburgh School of Medicine](#), said that the procedure is beneficial for women whose mothers or sisters had breast cancer and women who had their first child after the age of 30 or who have never had children. According to the *Journal*, the company estimates that the procedure, which is not covered by insurance, will cost \$50 to \$75. NeoMatrix suggests that women testing positive for abnormal cells be seen by a breast cancer specialist, receive more frequent mammograms and possibly undergo a breast ultrasound to detect tumors missed by conventional mammograms. [Mayo Clinic](#) scientist Lynn Hartmann says the company's estimates of increased risk of developing breast cancer are too high. According to a study of 9,087 women Hartmann published in the July 21, 2005, edition of the *New England Journal of Medicine*, a family history of breast cancer is not associated with an increased risk of cancer in women who have atypical cells (Johannes, *Wall Street Journal*, 8/8).



CHILD HEALTH UPDATES

NONE TO REPORT THIS MONTH



WOMENS' HEALTH UPDATES

COLLEGE WOMEN AT RISK FOR EATING DISORDER MAY BENEFIT FROM ONLINE INTERVENTION

A long-term, large-scale study has found that an Internet-based intervention program may prevent some high risk, college-age women from developing an eating disorder (<http://www.nimh.nih.gov/publicat/eatingdisorders.cfm>). The study, funded by the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH), was published in the August 2006 issue of the *Archives of General Psychiatry*.

The researchers conducted a randomized, controlled trial of 480 college-age women in the San Francisco Bay area and San Diego, Calif., who were identified in preliminary interviews as being at risk for developing an eating disorder. The trial included an eight-week, Internet-based, cognitive-behavioral intervention program called "Student Bodies," which had been shown to be effective in previous small-scale short-term studies. The intervention aimed to reduce the participants' concerns about body weight and shape, enhance body image, promote healthy eating and weight maintenance, and increase knowledge about the risks associated with eating disorders.

The online program included reading and other assignments such as keeping an online body-image journal. Participants also took part in an online discussion group, moderated by clinical psychologists. Participants were interviewed immediately following the end of the online program, and annually for up to three years thereafter to determine their attitudes toward their weight and shape, and measure the onset of any eating disorders

The intervention appeared to be most successful among overweight women who had elevated body mass indexes (BMIs) of 25 or more at the start of the program. In fact, among these women in the intervention group, none developed an eating disorder after two years, while 11.9 percent of the women with comparable baseline BMIs in the control group did develop an eating disorder during the same time frame. BMI is a reliable indicator of a person's body fat by measuring his or her weight and height.

The program also appeared to help women in the San Francisco Bay area who had some symptoms of an eating disorder at the start of the program, such as self-induced vomiting; laxative, diet pill or diuretic use; or excessive exercise. Of those in the intervention group with these characteristics, 14 percent developed an eating disorder within two years, while 30 percent of those with these characteristics in the control group developed an eating disorder during the same time frame.

The study suggests that relatively inexpensive options such as Internet-based interventions can have lasting effects on women at high risk of developing an eating disorder. However, the authors note that the results cannot be generalized widely because there were differences in the women's baseline characteristics and treatment responses between the two sites used in the study.

Also, the rate at which the women stuck with the program was very high — nearly 80 percent of the online program's Web pages were read — suggesting that the participants were unusually motivated. "Women who are less motivated may be less likely to participate in or stick with this type of long-term intervention," added Taylor.

In addition, women with restricted or no access to computers would not be able to benefit from an online intervention program. However, the authors conclude that such Internet-based programs may be a good first step in a diligent program designed to screen women for potential eating disorder risks.

The National Institute of Mental Health (NIMH) mission is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. More information is available at the NIMH website, <http://www.nimh.nih.gov>.



CONFERENCES

5TH NATIONAL CONFERENCE ON QUALITY HEALTH CARE FOR CULTURALLY DIVERSE POPULATIONS

October 17-20, 2006

Seattle, WA, US

www.diversityrx.org/ccconf/06/index.html

SOCIETY FOR ADVANCEMENT OF CHICANO AND NATIVE AMERICANS IN SCIENCE (SACNAS)

October 26-29, 2006

Tampa, Florida

www.sacnas.org

**SOCIETY FOR PUBLIC HEALTH EDUCATION
MEETING**

November 2-4, 2006
Boston, Massachusetts

info@sophe.org

**4TH ANNUAL ICAA CONFERENCE: ACTIVE
AGING 2006**

Nov 15-Nov 17, 2006
Las Vegas, Nevada

www.icaa.cc/convention.htm

**17th ANNUAL ART 7 SCIENCE OF HEALTH
PROMOTION CONFERENCE**

March 28-31, 2007
Moscone Center, San Francisco, California
www.healthpromotionconference.org



CALENDAR OF EVENTS

September 2006

1 - 30

**PCOS (Polycystic Ovarian Syndrome)
Awareness Month**

Polycystic Ovarian Syndrome Association
P.O. Box 3403
Englewood, CO 80111
info@pcosupport.org
www.pcosupport.org
Materials available
Contact: none available

1 - 30

Leukemia & Lymphoma Awareness Month

The Leukemia & Lymphoma Society
1311 Mamaroneck Avenue
White Plains, NY 10605
(800) 955-4572
(914) 821-8806
(914) 821-3607 Fax
infocenter@leukemia-lymphoma.org
www.lls.org
Materials available
Contact: Information Resource Center

1 - 30

Healthy Aging Month

Educational Television Network, Inc.
P.O. Box 442
Unionville, PA 19375
(610) 793-0979
info@healthyaging.net
www.healthyaging.net
Materials available
Contact: Carolyn Worthington

1 - 30

National Cholesterol Education Month

National Heart, Lung, and Blood Institute Health
Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
(240) 629-3426 Fax
nhlbiinfo@nhlbi.nih.gov
hin.nhlbi.nih.gov/cholmonth
Materials available
Contact: Information Specialist

1 - 30**National Food Safety Education Month**

International Food Safety Council
National Restaurant Association Education
Foundation

175 West Jackson, Suite 1500

Chicago, IL 60604

(312) 715-1010 x374

lchuboff@nraef.org

www.nraef.org/nfsem

Materials available

Contact: LeAnn Chuboff

1 - 30**Ovarian Cancer Awareness Month**

The National Ovarian Cancer Coalition
500 NE Spanish River Boulevard, Suite 8
Boca Raton, FL 33431

(888) OVARIAN

(561) 393-0005

nocc@ovarian.org

www.ovarian.org

Materials available

Contact: Jane E. Angridge

1 - 30**National Pediculosis Prevention Month/ Head Lice Prevention Month**

National Pediculosis Association, Inc.
50 Kearney Road

Needham, MA 02494

(781) 449-6487

(781) 449-8129 Fax

npa@headlice.org

www.headlice.org

Materials available

Contact: Jane Cotter

1 - 30**National Alcohol and Drug Addiction Recovery Month**

Substance Abuse and Mental Health Services
Administration

Center for Substance Abuse Treatment

Office of the Director, Consumer Affairs

1 Choke Cherry Road, 2nd Floor

Rockville, MD 20857

(800) 729-6686

(240) 276-2750

info@samhsa.gov

www.recoverymonth.gov

Materials available

1 - 30**National Sickle Cell Month**

Sickle Cell Disease Association of America, Inc.
231 East Baltimore Street, 8th Floor

Baltimore, MD 21202

(800) 421-8453

(410) 528-1555

scdaa@sicklecelldisease.org

www.SickleCellDisease.org

Materials available

Contact: Willarda V. Edwards, M.D.

1 - 30**Fruit and Vegetable Month**

Centers for Disease Control and
Prevention/Produce for Better Health Foundation
Fruit and Vegetable Program Office

Mailstop K-26

4770 Buford Hwy NE

Atlanta, GA 30341

(770) 488-5545

(800) 243-7889 TTY

www.5ADay.gov

Materials available

Contact: Joseph Ralph

1 - 30**Prostate Cancer Awareness Month**

National Prostate Cancer Coalition

1154 15th Street, NW

Washington, DC 20005

(888) 245-9455

(202) 463-9455

info@pcacoalition.org

www.pcacoalition.org

Materials available

Contact: Jamie Bearse

1 - 30**America On the Move Month of Action**

America On the Move Foundation

44 School Street, Suite 325

Boston, MA 02108

(800) 807-0077

(617) 367-6894

(617) 367-6899 Fax

sani@americaonthemove.org

www.americaonthemove.org

Materials available

Contact: Sani Liu

1 - 30

Sports and Home Eye 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 - 30

National Pain Awareness Month

National Pain Foundation
Partners for Understanding Pain
P.O. Box 850
Rocklin, CA 95677
(800) 533-3231

www.understandingpain.org

acpa@pacbell.net

Materials available

Contact: Penney Cowan

1 - 30

Reye's Syndrome Awareness Month

National Reye's Syndrome Foundation
P.O. Box 829

Bryan, OH 43506

(800) 233-7393

(419) 636-2679

nrsf@reyessyndrome.org

www.reyessyndrome.org

Materials available

Contact: Kathleen M. Rohrbaugh

1 - 30

Childhood Cancer Month

Candlelighters Childhood Cancer Foundation
3910 Warner Street
Kensington, MD 20895

(301) 962-3520

(301) 962-3521 Fax

info@candlelighters.org

www.candlelighters.org/septchildhoodcancermonth.htm

Materials available

Contact: none available

10**STOP A Suicide Today Day**

Screening For Mental Health
1 Washington Street, Suite 304
Wellesley Hills, MA 02481
(781) 239-0071
(781) 431-7447 Fax

spigeon@mentalhealthscreening.org

www.stopasuicide.org

Materials available

Contact: Sharon Pigeon

10**World Suicide Prevention Day**

IASP (International Association for Suicide Prevention)
Screening for Mental Health, Inc.
1 Washington Street, Suite 304
Wellesley Hills, MA 02481
(781) 239-0071
(781) 431-7447 Fax

info@mentalhealthscreening.org

www.stopasuicide.org

Materials available

Contact: none available

17 - 23**National Rehabilitation Awareness Celebration**

National Rehabilitation Awareness Foundation
475 Morgan Highway
Scranton, PA 18501-0071
(800) 943-6723
(570) 341-4637
(570) 341-4331 Fax

jbrogna@allied-services.org

www.nraf-rehabnet.org

Contact: James Brogna

17 - 23**Reye's Syndrome Awareness Week**

National Reye's Syndrome Foundation
P.O. Box 829
Bryan, OH 43506
(800) 233-7393
(419) 636-2679

nrsf@reyessyndrome.org

www.reyessyndrome.org

Materials available

Contact: Kathleen M. Rohrbaugh

19
Take A Loved One for a Check-up Day
 Office of Minority Health
 U.S. Department of Health and Human Services
 P.O. Box 37337
 Washington, DC 20013-7337
 (800) 444-6472
 (240) 453-8223 Fax
info@omhrc.gov
www.healthgap.omhrc.gov
 Materials available
 Contact: Blake Crawford

24
World Heart Day
 World Heart Federation
 2810 Crossroads Drive, Suite 3800
 Madison, WI 53718
 (608) 443-2468 x 138
 (608) 443-2474 Fax
srees@reesgroupinc.com
www.worldhealthday.com
 Materials available
 Contact: Susan Rees

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/>

