



NATIONAL CENTERS OF  
EXCELLENCE  
IN WOMEN'S HEALTH

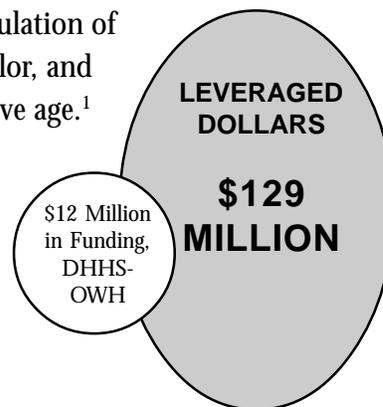
# Impact of the National Centers of Excellence in Women's Health

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OFFICE ON WOMEN'S HEALTH  
U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

Currently there are 15 National Centers of Excellence in Women's Health (COEs), located in leading academic health centers across the U.S. and its territories. These centers have been designated by the Office on Women's Health of the U.S. Department of Health and Human Services since 1996 to develop a new model for women's health. The purpose of the centers is to *integrate* comprehensive clinical health care, research, medical training, community outreach, public education, and medical school faculty leadership development in women's health. The ultimate goals of the program are to improve the health of all women across the lifespan and among diverse populations.

The CoE program recognizes that advances in women's health require transformed institutions and a larger role for women as decision makers in health care and health policy. Although fundamental change can be slow, there already is evidence that the CoE program is having an impact. Compared to a national sample of hospital-sponsored clinical women's health centers, the CoEs are reaching a more diverse population of women, including more women of color, and more women who are post-reproductive age.<sup>1</sup> The CoEs also have a stronger commitment to integrating research, education, and clinical care. In addition, the CoEs have leveraged considerable funding to improve women's health. With about \$12 million in funding from



the DHHS Office on Women's Health by 2000, the CoEs have leveraged more than \$129 million in additional funds. Approximately 71% of these funds are from external grants, foundation awards, and private sector dollars.

This report summarizes the impact of the CoE program, to date, in four key areas:

- (1) Expanding the knowledge base on women's health
- (2) Increasing the capacity of academic health centers to improve women's health
- (3) Increasing women's involvement in their health and health care
- (4) Improving health services for women

### **Expanding the Knowledge Base on Women's Health**

To improve women's health, we need new knowledge about women's health concerns and how to address them. The CoEs are contributing to an expanded knowledge base on women's health in multiple ways: enhancing the biomedical and health services research agenda in women's health; obtaining funding for women's health research; increasing opportunities to translate research into clinical practice; and expanding resources for recruiting women (including minority women) into clinical studies. For example:

**Indicators of women's health.** The *University of Pennsylvania* CoE, in collaboration with the National Women's Law Center and the Lewin Group, developed the first Women's Health National and State-by-State Report Card to track the status of women's health, health care, and health policy. It was published in August 2000.

**Funds for women's health research.** Interdisciplinary roundtables sponsored by the *University of Illinois at Chicago* CoE have stimulated submission of proposals totaling more than \$2.6 million to the National Institutes of Health (NIH) and the Illinois Department of Public Health. The *University of Wisconsin* CoE received a National Institute on Aging-funded Women's Health and Aging Training Grant for postdoctoral research training. The *University of Michigan, Magee-Womens, and Wake Forest* CoEs were awarded a grant from the Agency for Healthcare Research and Quality to field test a new patient satisfaction survey designed by the CoEs specifically for women.

**Women's participation in clinical trials.** The *University of California at San Francisco* CoE and the *University of Michigan* CoE conducted focus groups and surveys to investigate why women do and do not participate in clinical research studies and to serve as a basis for establishing women's health registries. The *University of California, Los Angeles* CoE partnered with the County of Los Angeles to convene over 300 community leaders and researchers at a conference on lowering barriers to the participation of underserved women in clinical trials. The *University of Michigan* CoE received a grant from Parke-Davis to facilitate the development of a registry and electronic database on women interested in participating in clinical trials. Over 600 women have been registered. The *Wake Forest* CoE has developed manuals to help women evaluate the benefits and risks of participating in research.

### **Increasing the Capacity of Academic Health Centers to Improve Women's Health**

Academic health centers are ideal settings to improve women's health through education, research, and health care practice. The CoEs are expanding academic health centers' capacity to improve women's

health by integrating women's health content in medical school curricula; developing leadership for women's health in medical schools; coordinating women's health teaching, practice, and research; and ensuring sustainability of women's health programs. For example:

**Medical school curriculum.** The *MCP Hahnemann* CoE received a Fund for the Improvement of Post-Secondary Education (FIPSE) Dissemination Project Grant from the U.S. Department of Education to mentor three academic health centers (University of Kentucky-Lexington, Louisiana State University-New Orleans, and Case Western Reserve University-Cleveland) in replicating the CoE curriculum model in their medical schools. The *University of Pittsburgh Magee-Womens* CoE spearheaded the development of a 4-year concentration in women's health for medical students that includes community service, scholarship, mentorship, and didactic components.

**Collaboration across disciplines.** The *University of Illinois at Chicago* CoE is collaborating with the College of Pharmacy's NIH-funded Center for Dietary Supplements Research on Botanicals. This center includes a research component on botanicals traditionally used for women's health, including menopausal symptoms. Patients for clinical trials associated with this program will come from the CoE clinical center.

**Leadership in academic medicine.** The Executive Leadership in Academic Medicine (ELAM) Program for Women at the *MCP Hahnemann University* CoE is preparing a cadre of women leaders, including many from other CoEs. Graduates of the program have been promoted to the rank of assistant dean, dean, and higher positions in academic health centers.

**Sustain women's initiatives.** The *University of Wisconsin* CoE obtained \$850,000 in internal funding for new faculty hires and a new center for women's health research.

### **Increasing Women's Involvement in Their Health and Health Care**

Women are key consumers of health services and health information and want to be more involved in decisions about their health and health care. The CoEs are increasing resources for women to take an active role in promoting their own health by developing women's health information and resource centers, culturally sensitive programs, and partnerships with community-based organizations. For example:

**Public health education.** The Health Tip Card project at the *University of Pennsylvania* CoE is an educational outreach activity launched in 1999. Health Tip Cards on various topics are designed with the help of women in the community, using culturally sensitive educational materials. The Depression Tip Card was recognized by Tipper Gore as part of the Vice President's Mental Health Campaign.

**Breast cancer awareness.** The *Boston University* CoE collaborates with the American Cancer Society, the Mattapan Community Health Center, and the Haitian-American Public Health Initiatives on a project to increase breast cancer awareness and early detection among Haitian women. Using a video-based educational program, the project's goal is to increase mammography screening among Haitian women ages 50 and over who have low incomes and low screening rates.

**Local needs.** The *Indiana University* CoE, in collaboration with the Indiana State Department of Health Office of Women's Health and the Indiana Commission for Women, evaluates and awards annual mini-grants to organizations around the state to promote women's health. Comprehensive women's health education and resource centers were developed by the *University of California at Los Angeles* CoE, the *University of Illinois at Chicago* CoE, and the *Magee-Womens at the University of Pittsburgh* CoE.

**Empowerment.** The *Tulane and Xavier Universities of Louisiana* CoE, as a core member of a Center for Disease Control and Prevention-funded REACH 2010 coalition, heads a project to empower community women's organizations to develop and conduct health research in the community.

### **Improving Health Services for Women**

Women's health services are fragmented and information is lacking on "what works" for women. The CoEs are improving health services for women by assessing women's needs for services, expanding the comprehensiveness of services, improving the coordination of health services for women, improving the cultural competency of health care providers, and conducting quality assessments in women's health care. For example:

**Assess community needs.** The *University of Illinois at Chicago* CoE has convened a women's health advisory council to assess what is needed to improve health services to women. Representatives of federal, state, and private community organizations serve as a "think tank" for improving health services from the perspectives of the consumer, the provider, and the researcher. Faculty from the *University of California at Los Angeles*

CoE serve as members of the county advisory board on cervical cancer screening.

**Integrate mental health services into women's primary care.**

Mental health services are provided in an integrated fashion from a multidisciplinary team of providers at the *University of California at Los Angeles* CoE. The *Boston University* CoE integrates mental health services into the comprehensive care center, providing special services to address issues in depression, anxiety, domestic violence, and sexuality. The faculty group practice at the *University of Michigan* CoE initiated a multidisciplinary, interdepartmental program to enhance the assessment, prevention, education and treatment of substance abuse and depression for women at peak risk, including pregnant and pre-pregnant women.

**Complementary and alternative medicine.** The *Indiana University* CoE has established an Integrative Pain Center to provide pain relief and to improve patient self-care and quality of life. The Center combines traditional and complementary services that have been scientifically shown to be safe and effective and it acts as an educational resource and clearinghouse for complementary health care.

**Women-centered support services.** The *Indiana University* CoE provides cancer support groups, led by a mental health nurse, for underserved inner-city women, in partnership with community-based organizations. Over 45 women participate and a breast cancer support group is planned.

**Outreach services.** The *University of Puerto Rico* CoE received funding from Wyeth-Ayerst for a Conference Hall on Wheels, with capacity for 40 women, to travel the island providing health screening, health information, and conferences. The *University of*

*Washington* CoE has partnered with Avon to develop a mobile unit to improve breast and cervical cancer health.

**Assess the benefits of comprehensive care.** The *Boston University* CoE and the *Harvard University* CoE demonstrated in a multi-site study of women's health centers the benefits of a comprehensive health care model to provide health care to all women. Low-income, minority, and underinsured women were found to benefit most from a comprehensive model.<sup>2</sup>

**Assess women's satisfaction with primary care.** A consortium of CoEs (*University of Michigan; Magee-Womens at the University of Pittsburgh; Wake Forest University Baptist Medical Center; University of California, San Francisco; University of Pennsylvania; and Boston University*) conducted a focus group project to develop the first tool to measure women's satisfaction with their primary care.<sup>3</sup>

## NOTES

- <sup>1</sup> CS Weisman and GL Squires, "Women's Health Centers: Are the National Centers of Excellence in Women's Health a New Model?" *Women's Health Issues* 10:5, 248-255, 2000.
- <sup>2</sup> LH Harpole, EA Mort, KM Freund, et al. "A Comparison of the Preventive Health Care Provided by Women's Health Centers and General Internal Medicine Practices." *Journal of General Internal Medicine* 15:1-7, 2000.
- <sup>3</sup> SH Scholle, CS Weisman, R Anderson, et al. "Women's Satisfaction with Primary Care: A New Measurement Effort from the PHS National Centers of Excellence in Women's Health." *Women's Health Issues* 10:1-9, 2000.

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