The background is a deep blue space scene. On the left, a large portion of the Earth is visible, showing green continents and blue oceans. On the right, the reddish surface of Mars is partially visible. The sky is filled with numerous small white stars and a few larger, glowing celestial bodies. At the top center, there is a prominent, multi-pointed starburst.

THE NATIONAL WOMEN'S HEALTH INFORMATION CENTER  
PRESENTS

# 2001: A WOMEN'S HEALTH ODYSSEY

HEALTH FACTS FOR YOUR JOURNEY INTO A NEW CENTURY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Hospital Preferences: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Urgent Care Center: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

My Doctor: \_\_\_\_\_

Nearest relative or friend to call (listed in the order I would like them to be called)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have designated Durable Power of Attorney for Health Care:

My Health Care Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Living Will: \_\_\_\_\_

I have designated Financial Power of Attorney:

My Attorney: \_\_\_\_\_

My Court-Appointed Guardian: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**For INSURANCE INFORMATION see inside back cover**

## *Why a Women's Health Odyssey?*

Like an odyssey, your health is a long, adventurous journey. It is a journey that starts in infancy, spans your life, and touches the lives of those you love. It is a journey that reflects not just the temporary boo-boos and illnesses you may encounter, but a life's worth of well-being.

Although we cannot predict the future, nor avoid every mishap, there is much we can do to try to make that journey a healthy one. More than half of the diseases and health risks that we face every day are related to things that we can control. These include healthy behaviors, like wearing a seatbelt, eating right, getting exercise, and having regular preventive checkups. They include behaviors that hurt our health like smoking, eating junk food, getting no exercise, or practicing unsafe sex.

The purpose of this book is to give you information about your health—information that you can use to make healthy choices for yourself and for the people you love. You will find facts about many different issues affecting your health. You will find names and contact information for organizations and publications that can give you much more information on particular health topics. This book is not meant to replace visits with, or advice from, your health provider. Our hope is that you will use it to become a more informed consumer to work in partnership with your health provider. We hope it will be a useful guide on the great adventure of your women's health odyssey.

"Over the years our bodies become walking autobiographies, telling friends and strangers alike of the minor and major stresses of our lives."

— Marilyn Ferguson  
(U.S. writer, social philosopher)

# TABLE OF CONTENTS

2001: The Future is Now	4
About the National Women's Health Information Center (NWHIC)	5
Centers of Excellence	6
Pick Your Path to Health	7
January Health Activities and Observances	8
January Monthly Calendar	9
Health Care Access	10
Prevention	12
Eyes	14
Healthy Weight Control	16
Health Information Centers	18
February Health Activities and Observances	20
February Monthly Calendar	21
African American History Month	22
Physical Activity	24
Heart Health	26
"Smart" House	28
Diabetes	30
March Health Activities and Observances	32
March Monthly Calendar	33
Women's History Month	34
Nutrition and Healthy Eating	36
The Brain	38
Bleeding Disorders	40
Wearable Computers	42
April Health Activities and Observances	44
April Monthly Calendar	45
Cancer	46
Alcohol	48
Telemedicine	50
Occupational Health	52
STDs	54
Organ Donation	56
May Health Activities and Observances	58
May Monthly Calendar	59
Asian and Pacific Islander Women's Health	60
Mental Health	62
Asthma and Allergies	64
Osteoporosis	66
Sleep Disorders	68
June Health Activities and Observances	70
June Monthly Calendar	71
Complementary and Alternative Medicine	72
Stroke	74
Healthy Teeth	76
Headache	78

Cuts, Bites and Wounds	80
July Health Activities and Observances	82
July Monthly Calendar	83
Women in Space	84
Healthy Aging	86
Varicose Veins	88
Eating Disorders	90
Colon Cancer	92
Women with Disabilities	94
August Health Activities and Observances	96
August Monthly Calendar	97
Substance Abuse	98
Hypertension	100
Lasers	102
Birth Control and Family Planning	104
Menopause	106
September Health Activities and Observances	108
September Monthly Calendar	109
Latina Women's Health	110
Colds and Flu	112
Vaccines	114
Gynecological Cancers	116
Cholesterol	118
October Health Activities and Observances	120
October Monthly Calendar	121
Breast Cancer	122
Violence Prevention	124
Lupus	126
Nanotechnology—Getting Tiny	128
Hepatitis	130
November Health Activities and Observances	132
November Monthly Calendar	133
Native American Women's Health	134
Uterine Conditions	136
Great American Smokeout	138
Pregnancy	140
Embarrassing Issues	142
December Health Activities and Observances	144
December Monthly Calendar	145
Family	146
HIV/AIDS	148
Robots	150
Arthritis	152
Gene Therapy	154
Women in the Health Professions	156
PHS Coordinating Committee on Women's Health	158
Centers of Excellence	160
Regional Women's Health Coordinators	161
Addresses and Phone Numbers	164
Acknowledgments	166
Reader Suggestion Card	167



## 2001: THE FUTURE IS NOW

### ***2001: The Future Is Now***

*Are you old enough to remember the first moon landing? The Jetsons? The film **2001: A Space Odyssey**?*

If so, do you remember how the future looked back then? The space age was in full swing, taking us into a future guided by technological changes advancing at what seemed like light speed.

Back then it seemed that surely, by the 21<sup>st</sup> century, we would be darting around in flying cars, using robots to cook and clean, traveling to Mars, and making bionic people.

While some of it may sound far-fetched, much of that future vision is closer than we think. Although not available at your local dealership, the flying car does exist. While you may not have a robot housekeeper yet, it's just around the corner. Robots are already used for things as varied as building cars, performing precision surgery, and acting as a pet. Space may be the final frontier, but here on Earth we've grown used to things like microwave ovens, satellite phone systems, and Internet connections that let us chat directly with people all over the world. We use lasers to correct our vision and wearable micro-computer chips to monitor our vital signs. The stuff of old science fiction movies has become part of everyday life.

To celebrate the year 2001, the ***National Women's Health Information Center Weekly Planner For Women's Health*** is focusing on some of the amazing advances that affect our health today, and in the future.

This weekly planner is offered to you by the Office on Women's Health of the U.S. Department of Health and Human Services. Enjoy it in good health!

## ABOUT THE NATIONAL WOMEN'S HEALTH INFORMATION CENTER (NWHIC)

### *Why a National Women's Health Information Center?*

Have you ever felt that the "age of information" was turning into the "age of confusion"? Now that we have an information superhighway, it seems jammed with advice about what you should do or should not do to take care of your health. Sometimes you get gridlock, where one piece of advice contradicts another or just plain doesn't make sense.

The National Women's Health Information Center (NWHIC) is here to help. It provides a toll-free phone service (1-800-994-WOMAN; TDD 1-888-220-5446) and a web site ([www.4woman.gov](http://www.4woman.gov)) with information you can count on. And it's FREE.

### *What's the difference between the National Women's Health Information Center and other women's health information web sites?*

The National Women's Health Information Center is entirely sponsored by the federal government. It is a service of the Office on Women's Health within the U.S. Department of Health and Human Services. This means that it does not represent any special commercial interest, and it's not trying to sell you anything. The Center is simply here to help you get information you can trust on a wide variety of women's health issues.

Whether by phone or via the Internet, the National Women's Health Information Center links you to thousands of fact sheets, brochures, and reports as well as other information from more than 100 government-sponsored clearinghouses, hundreds of private-sector resources, and other Internet sites. Special sections on the web site target particular health issues and populations, like minority women, mothers-to-be, and women with disabilities. There's even a section on men's health and a section in Spanish.

The web site ([www.4woman.gov](http://www.4woman.gov)) offers direct links to information sources, provides a news clipping service, a calendar of women's health events, information on what's going on in Congress regarding women's health, statistics on women's health, and other information. **The phone service (1-800-994-WOMAN (-9662); TDD 1-888-220-5446) is staffed from 9 a.m. to 6 p.m. (Eastern Standard Time), Monday through Friday, excluding federal holidays, by information specialists in English and Spanish.** The information specialists can help clarify your information needs and identify resources and materials that can help. When appropriate, the specialists will order materials for you from federal agencies and direct you to toll-free information centers, so you can get immediate answers to specific health questions.

*Please note: The National Women's Health Information Center is an information referral source only and does not provide clinical advice. It should not be used as a substitute for medical advice from a health care professional.*

### *Promoting a New System of Excellence in Women's Health*

Have you ever felt like you were on a wild goose chase while trying to get the health care information, answers, and appointments you need? Have you ever felt that you were being treated as a series of body parts instead of as a whole person? If so, you are not alone. Women's health has long been divided along many lines: lines that separate men from women, lines that divide reproductive health from other health issues, lines that divide the brain from the breast, and lines that separate new research findings from the everyday practice of health care.

Today, there is a new movement afoot to bring together the different advances and activities in women's health. This movement is spearheaded by two unique programs: the **National Centers of Excellence in Women's Health (CoEs)** and the **National Community Centers of Excellence in Women's Health (CCOEs)**.

Both the CoEs and CCOEs are promoting a new coordinated and comprehensive approach to women's health. They are linking together five disparate activities: (1) health care delivery to women; (2) training of health providers in women's health; (3) women's health research; (4) public outreach and education in women's health; and (5) leadership development for individuals working in women's health.

There are 15 CoEs located in academic health centers across the U.S. and Puerto Rico. They work from within teaching hospitals, medical schools, schools of public health, and other centers. They collaborate with outside organizations, community groups, and community-based physicians or clinics. Their purpose is to forge an approach to women's health that cuts across traditional barriers between health disciplines, between university departments, and between the academic health center and the community. They bring together providers and researchers, teachers and clinicians, and community health advocates and academic faculty members. Many people who would otherwise never meet come together around patients or issues, with a common goal of improved health care for women.

The CCOE program was just launched in the fall of 2000 with three centers, which are located in rural Missouri, rural Arizona, and inner-city New York. This program draws on the rich array of resources in women's health at the community level. It provides funding to local organizations, so they can link health, social services, research, training, and leadership opportunities in women's health for the purpose of empowering communities and the women they serve.

The CoE program has been sponsored by the Office on Women's Health within the U.S. Department of Health and Human Services (HHS) since 1996. The CCOE program is a joint project of the Office on Women's Health, the Office of Minority and Women's Health in the Bureau of Primary Health Care (Health Services and Resources Administration), and the HHS Office of Minority Health.

*Contact information for these programs is located in the back of this book. You can also obtain more information at: [www.4woman.gov/owh/coe/index.htm](http://www.4woman.gov/owh/coe/index.htm) and [www.4woman.gov/owh/CCOE/index.htm](http://www.4woman.gov/owh/CCOE/index.htm)*

## PICK YOUR PATH TO HEALTH

### *An Educational Campaign from the Office on Women's Health*

Women of the new millennium are confronted with numerous challenges—from the demands of home and family to the pressures of work. Although the decisions we make in these areas are important, nothing influences our fate more than the choices we make about our own personal health and well-being.

The **Pick Your Path to Health Campaign** suggests practical, simple actions that you can take to look and feel better. Throughout this book, at the beginning of each new month, you will find action steps that you can take to improve your health habits. Pick your path to health. It's easier than you think.

We worry so much about everyone else that we rarely take the time to care about ourselves.

THERE ARE SOME SIMPLE **STEPS** YOU CAN TAKE TO FEEL BETTER.

And they may just lead you to a healthier lifestyle.

**Pick Your Path to Health. It's easier than you think.**

The **Pick Your Path to Health Campaign** is a partnership between the Office on Women's Health within the U.S. Department of Health and Human Services, other government partners, national non-profit organizations, National Centers of Excellence in Women's Health, National Community Centers of Excellence in Women's Health, local media, and other local organizations around the country.

The Campaign encourages health awareness among all women, with special emphasis on minority women. Together, participating partners are sponsoring health fairs, screenings, and other educational activities in communities nationwide. If you would like to learn more about the Campaign, obtain a community action kit, or get a poster, please contact:

**NWHIC**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov](http://www.4woman.gov)

# JANUARY HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month’s theme and its action steps toward better health.

## *January – Spirituality: Find the Strength Within*

### **Community Action Steps:**

- ◆ Ask the local library to create a month-long display of books and titles related to women’s spirituality and health; ask religious celebrants to mention it in services and newsletters throughout the month.
- ◆ Ask chaplains at local hospitals, universities, and military bases to participate as discussants in a free seminar on “Women’s Health and Spirituality” held at a secular location.
- ◆ Share the Campaign’s January theme and activities with a place of worship and invite your religious leaders to incorporate them into weekly messages.
- ◆ Ask local camping and outdoor adventure stores to promote spirituality through nature.
- ◆ Coordinate programs on meditation or movement that reduce stress.

### ***Federal Health Observances for January:***

National Birth Defects Prevention Month  
 National Eye Care Month  
 National Glaucoma Awareness Month  
 Cervical Cancer Month  
 Healthy Weight Week  
 Sight-Saving Sabbath

### **Personal Action Tips:**

- ◆ Build your soul, search your heart.
- ◆ Take time out to celebrate your spirit.
- ◆ Reaffirm your beliefs.
- ◆ Have a positive attitude.

### **NOTES:**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

# JANUARY

SUN	MON	TUE	WED	THU	FRI	SAT
	1 <i>New Year's Day</i>	2	3	4	5	6
7	8	9	10	11	12	13
14	15 <i>Martin Luther King Jr. Day</i>	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	<p><i>"There is a wilder solitude in winter—when every sense is prickled and alive."</i></p> <p>— May Sarton (Poet)</p>		

There are many different types of health insurance plans that help pay health care bills. The terms and differences can be confusing. Here is some basic information to help you understand and identify what may be best for you.

### *Private Health Insurance*

Most people under age 65 pay into a private health insurance plan through their work or their spouse's work (the employer pays some of the monthly fee and you pay the rest). If you work for a small company or for yourself, you may self-insure into a plan. (You pay a higher fee but get the benefits of a group plan.) There are two basic types of plans:

**Fee for Service.** This is the traditional form of health insurance. You go to any medical provider. The insurance company pays for part of the cost (usually about 80%). In most cases, you also pay an annual deductible before the insurance company pays for care.

**Managed Care.** This is based on a "gate-keeper" system, where you see a primary care provider who refers you to other providers. There are 3 main types:

1. **Preferred Provider Organization (PPO).** You can go to certain doctors, specialists, and hospitals in a wide network and have your care covered by insurance. If you use a doctor outside the network, you pay a higher portion of the bill.
2. **Health Maintenance Organization (HMO).** You get a range of benefits for a monthly fee. You must choose a gate-keeper doctor (usually an internist, family physician, pediatrician, sometimes an OB/GYN) who manages all referrals to specialists. You may have to pay some of the costs of doctor visits. If you go outside the HMO system, you have to pay all costs.
3. **Point-of-Service Plan (POS).** This is usually offered by an HMO. Like an HMO, you pay a monthly fee, get a range of benefits, and go through a primary care doctor who refers you to specialty care. However, with this plan, you may also go to some specialists on your own and have some of the costs reimbursed.

### *Government-sponsored Health Insurance*

**Medicaid.** This is a government health insurance plan for low-income families and children. Using federal guidelines, each state sets its own rules of eligibility, scope of services, length of coverage, and rates paid to providers. Medicaid must provide some services (inpatient/outpatient care, physicals, family planning, lab work). Other services vary in each state (clinics, home nursing, optometry, prescription drugs, dental care).

To find out if you qualify for Medicaid coverage, contact your state or local health department, or the **Health Care Financing Administration:**

**Internet:** [www.hcfa.gov/medicaid/medicaid.htm](http://www.hcfa.gov/medicaid/medicaid.htm)

**State phone numbers available at:**  
[www.hcfa.gov/medicaid/obs5.htm](http://www.hcfa.gov/medicaid/obs5.htm)

**Medicare.** This system covers people age 65 and older. It also covers younger people with a disability or individuals who have end-stage renal disease. It is the largest insurance program sponsored by the federal government.

**Medicare has two parts: Part A** for hospital care and **Part B** for doctor visits and other medical care. As with private insurance, you may be in a managed care plan or a fee-for-service plan.

To learn more, contact your **state or local health department** or **Social Security office.**

**Internet:** [www.medicare.gov](http://www.medicare.gov). **State phone numbers are listed at:** [www.medicare.gov/contacts/home.asp](http://www.medicare.gov/contacts/home.asp)

#### **State Child Health Insurance Program (SCHIP).**

This is the most recent government health plan that provides money to states, so they can offer health insurance to children of families whose incomes are too high for Medicaid but too low for private insurance. These are often working families who don't get insurance through their employer. Each state determines how to spend the insurance money and what type of plans to insure children that they will accept.

To learn more, call: 1-877-KIDSNOW

**Internet:** [www.insurekidsnow.gov](http://www.insurekidsnow.gov)

	MON	1
		<i>New Year's Day</i>
	TUE	2
	WED	3
JANUARY	THU	4
	FRI	5
	SAT	6
	SUN	7

# PREVENTION

An ounce of prevention is worth a pound of cure, especially where your health is concerned. Start the new year right by making sure you have had your annual checkup. While your doctor may also suggest blood, urine, or other tests, here are some of the standard screening tests that your doctor may recommend:

## *Test & Frequency*

**Blood Pressure Measurement:** Every one to two years

**Breast Exams:** Monthly self-exam; annual exam by physician

**Mammogram:** Every one to two years after age 40. See your doctor to assess your risk factors and personal needs.

**Cholesterol Levels:** Every five years after age 18

**Pelvic Exams / Pap Smears:** Every one to three years after age 18, or when sexually active

**Rectal Exams:** Annually after age 50; earlier if you have inflammatory bowel disease or a first-degree relative with colon cancer

**Blood Sugar Levels:** Varies, depending on family history and risk factors for diabetes

**Skin Exams:** Annual mole checks; check yourself for suspicious growths or changes

**Dental Exams:** Twice a year for checkups and cleaning

**HIV Test:** If you had a blood transfusion between 1978 and 1985, have injected illegal drugs, had multiple sex partners, or had sex with a man who had sex with another man

**Tests for Sexually Transmitted Disease:** If you have had multiple sexual partners or any sexually transmitted disease; recommended for all pregnant women at their first prenatal visit

**Eye Exams:** Every two to four years, yearly if you have diabetes or a family history of eye diseases

**Height/Weight:** Should be included in your annual checkup

**Hearing Evaluation:** Recommended after age 65. Tell your doctor if you think that you have experienced hearing loss.



- ◆ Expect more do-it-yourself tests to be available. Self-tests for urinary tract infections, pregnancy, and for possible signs of colon cancer are already available. Soon there should be a laser test to replace blood pricks for diabetics and tests for "good" HDL cholesterol levels, yeast infections, fertility problems, possible colon or ovarian tumors, and blood and urine chemistry. Remember, you should discuss these tests with your doctor and not use them to replace your health provider.
- ◆ You may keep track of things like your own blood sugar levels, blood pressure, and other vital signs with a biomonitor worn like a wrist watch or with tiny bio-chips implanted under the skin.
- ◆ Many cancer screening tests may become easier and more reliable. A tampon-like probe may measure a woman's risk of ovarian cancer. New tests of saliva, sputum, and urine may show the risk of head, neck, lung, or bladder cancers. Numerous projects are underway to develop a better breast cancer test.

For more information on staying healthy, check out the following publications and information center:

**Personal Health Guide - Put Prevention Into Practice (Adults)**

Internet: [www.ahrq.gov/ppip/ppadult.htm](http://www.ahrq.gov/ppip/ppadult.htm)

**Staying Healthy at 50+**

Internet: [www.ahrq.gov/ppip/50plus/](http://www.ahrq.gov/ppip/50plus/)

**National Women's Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov](http://www.4woman.gov)

JANUARY

	MON <span style="font-size: 24px;">8</span>
	TUE <span style="font-size: 24px;">9</span>
	WED <span style="font-size: 24px;">10</span>
	THU <span style="font-size: 24px;">11</span>
	FRI <span style="font-size: 24px;">12</span>
	SAT <span style="font-size: 24px;">13</span>
	SUN <span style="font-size: 24px;">14</span>



### *Here are common eye problems:*

**Myopia** (nearsightedness) means you cannot see objects that are far away very clearly. It can be corrected with glasses, contact lenses, or laser surgery.

**Presbyopia** (farsightedness) means that you have trouble seeing things that are close up, but you can see things farther away. It is common after age 40, and it can be corrected with glasses or surgery.

**Diabetic retinopathy** is a complication of diabetes that leads to damage of the retina (the tissue in your eye that sends light signals to the brain). It can lead to blindness, but it can be prevented if caught early. If you have diabetes, have your eyes checked at least once a year.

**Cataract** is a clouding of the lens in your eye. It can be treated by replacing your damaged lens with a new, clear, plastic one.

**Glaucoma** results from a buildup of pressure inside the eye. It can damage the optic nerve—which connects your eye to your brain—and result in blindness. It can be treated with medication or surgery.

**Macular degeneration** comes from damage to the light-sensing cells in the retina of your eye. It can lead to a loss of central vision. It is more common in women than in men. Laser surgery can treat some forms of this disease.

**Low vision** is poor vision that can't be corrected with glasses, contact lenses, or surgery. While some vision remains, everyday tasks like reading or driving may be difficult or impossible.

### *Take care of your eyes:*

- ◆ Get an eye exam every two to four years. Go yearly if you have diabetes.
- ◆ Wear sunglasses outdoors, and use protective goggles for sports or jobs where objects or dirt may fly into your eyes.
- ◆ Never put on eye makeup while driving, and don't share eye makeup.



- ◆ Scientists are testing corrective contacts that could help keep nearsightedness in children from getting worse.
- ◆ Researchers are developing hats, jewelry, and clothing that blind people can wear to help them sense objects, that give directions, and that translate speech or writing into Braille.
- ◆ An artificial eye is being tested that would use a computer chip to transmit visual images to the brain. It enables some blind people to "see" large objects or large print.
- ◆ A surgically implanted microchip using a mini-camera and laser attached to special glasses could restore vision in people with some types of blindness.

For more information on eye health, contact the following organizations:

**National Eye Institute**

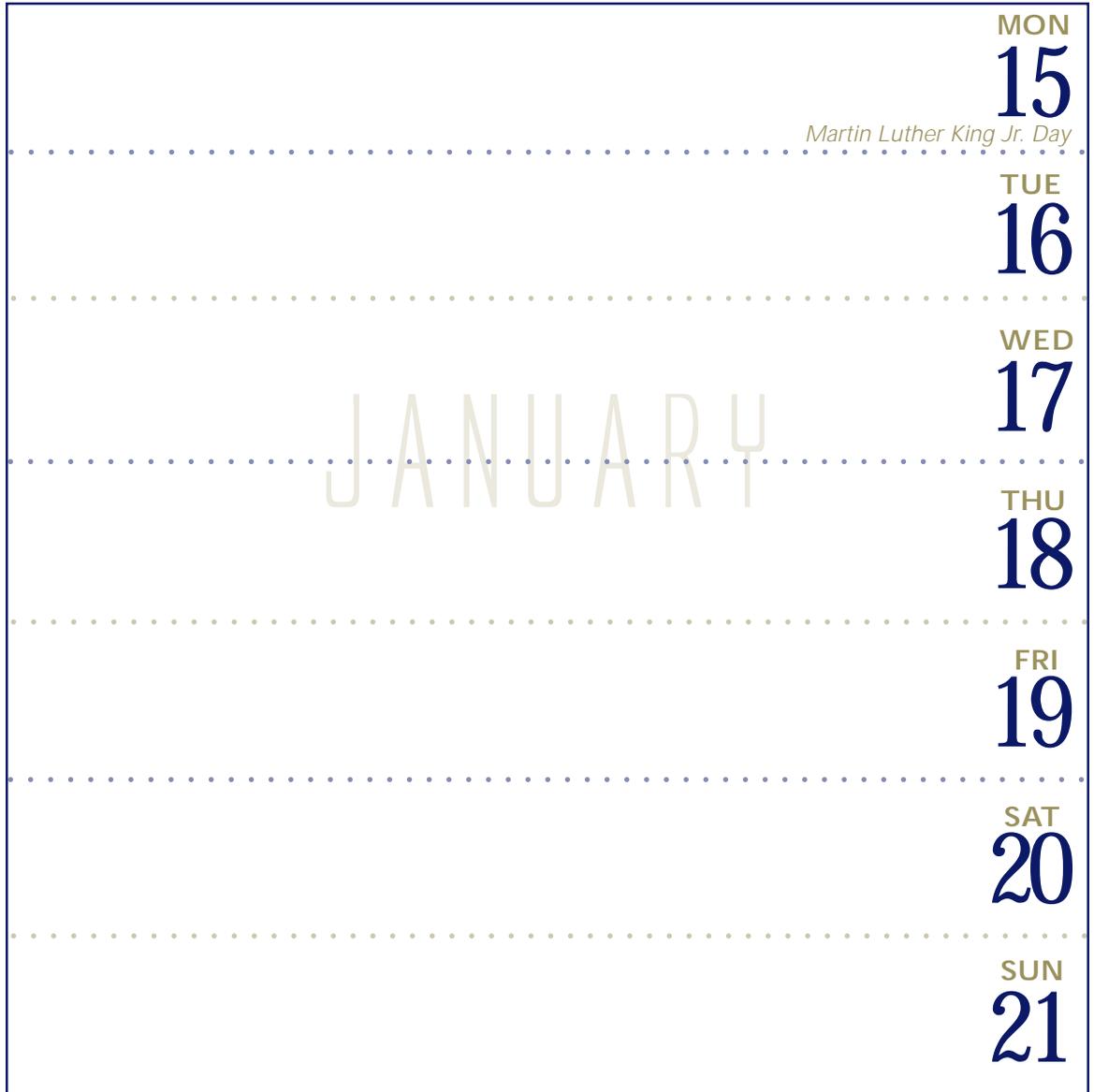
Phone: 301-496-5248

Internet: [www.nei.nih.gov](http://www.nei.nih.gov)

**Prevent Blindness America**

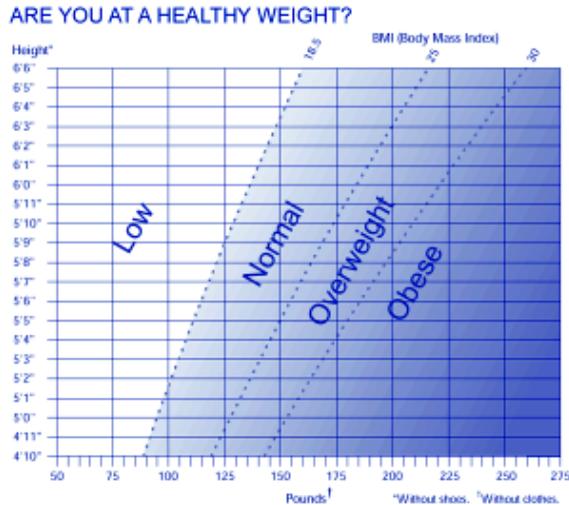
Phone: 800-331-2020

Internet: [www.prevent-blindness.org](http://www.prevent-blindness.org)



# HEALTHY WEIGHT CONTROL

*Half of all Americans are officially overweight. Here's a chart to help you see how you size up.*



*There are many reasons people are overweight:*

- ◆ Lack of physical activity.
- ◆ Eating too many high-fat or high-calorie foods or portions that are too large.
- ◆ Family traits: If your close relatives are overweight, your chances of becoming overweight may be higher.
- ◆ Health problems: For example, thyroid or nervous disorders.
- ◆ Medications: Steroids and some anti-depressants cause weight gain.
- ◆ Eating to feel better.
- ◆ Losing control over how much you eat (binge eating).

*What can you do to help control your weight?*

- ◆ Eat only when you are hungry and stop before you feel full.
- ◆ Eat a variety of healthy foods. Cut down or cut out junk foods.
- ◆ Drink lots of water (8 glasses each day) and avoid alcoholic beverages and sodas.
- ◆ Take time to enjoy your food. Eat slowly and try to eat while socializing, not in front of the TV or computer.
- ◆ Get up and move around. You don't have to be an athlete, just be active. Put down the remote controls. Walk, take the stairs, play actively with kids and pets, bike, dance, swim, play ball. Even if you can only fit in 5–10 minutes of activity a few times a day, go ahead. They can add up to a more active lifestyle.

*For more information on healthy weight control, check out the following organizations:*

**Weight-control Information Network (WIN)**

Phone: 877-946-4627

Internet: [www.niddk.nih.gov/health/nutrit/win.htm](http://www.niddk.nih.gov/health/nutrit/win.htm)

**American Obesity Association**

Phone: 800-98-OBESE

Internet: [www.obesity.org](http://www.obesity.org)



# HEALTH INFORMATION CENTERS

There are lots of health information web sites and centers. How can you tell which ones you can trust and which ones are just trying to sell you their product? Here are some information resources that you can count on to give you up-to-date information, without trying to sell you anything.



## National Women's Health Information Center

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov](http://www.4woman.gov)

This is a free, easy-to-use, government-sponsored information center full of resources on women's health. It is sponsored by the Office on Women's Health in the U.S. Department of Health and Human Services. The toll-free telephone line is staffed with specialists who speak both English and Spanish from 9 a.m. to 6 p.m. (Eastern Standard Time), Monday through Friday, excluding federal holidays.

## Healthfinder

Internet: [www.healthfinder.gov](http://www.healthfinder.gov)



Sponsored by the federal Office of Disease Prevention and Health Promotion, this web site offers links to health information, publications, and organizations on a wide range of health topics.

## Office of Minority Health

### Office of Minority Health Resource Center

Phone: 800-444-6472

TDD: 301-230-7199

Internet: [www.omhrc.gov/OMHRC](http://www.omhrc.gov/OMHRC)

This is a free, government-sponsored resource and referral service on minority health issues. Services are offered in English and Spanish. Phone specialists are available Monday to Friday, from 9 a.m. to 5 p.m. (Eastern Standard Time).



## National Aging Information Center

Phone: 202-619-7501

Internet: [www.aoa.dhhs.gov/naic](http://www.aoa.dhhs.gov/naic)

Sponsored by the U.S. Administration on Aging, this free, government-sponsored resource offers information and materials on a wide range of topics affecting aging and the elderly.

## Cancer Information Service

Phone: 800-4-CANCER

TDD: 800-332-8615

Internet: <http://cis.nci.nih.gov>



Sponsored by the National Cancer Institute, this service offers the latest, most accurate cancer information for patients, their families, health professionals, and the general public. Calls are answered in English and Spanish.

## CDC National Prevention Information Network

A Service of the National Center for HIV, STD, and TB Prevention

### CDC National Prevention Information Network

Phone: 800-458-5231

Internet: [www.cdcnpin.org](http://www.cdcnpin.org)

Sponsored by the Centers for Disease Control and Prevention, this service offers up-to-date information on sexually transmitted diseases (STDs); HIV/AIDS; and tuberculosis (TB).



## *ClinicalTrials.gov*

### **Clinical Trials Website**

**Internet:** [clinicaltrials.gov](http://clinicaltrials.gov)

This web site is sponsored by the National Institutes of Health. It provides information to patients, families, and the general public about ongoing clinical research studies across the country. It also provides information on how and where to join a study and what new drugs or techniques are being studied.

*For more information on government-sponsored health insurance programs, contact:*

### **Medicaid Program** (For low-income Americans)

**Internet:** [www.hcfa.gov/medicaid/medicaid](http://www.hcfa.gov/medicaid/medicaid)

### **Medicare Program** (For disabled Americans or individuals age 65 and older)

**Phone:** 800-MEDICARE (800-633-4227)

**Internet:** [www.medicare.gov](http://www.medicare.gov)

### **State Child Health Insurance Program (SCHIP)**

**Phone:** 877-KIDSNOW (877-543-7669)

**Internet:** [www.insurekidsnow.gov](http://www.insurekidsnow.gov)

# FEBRUARY HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month’s theme and its action steps toward better health.

## *February – Physical Activity: Stay Active. Live Longer.*

### **Community Action Steps:**

- ◆ Offer a “healthy heart” aerobics class to women through a local gym.
- ◆ Start a “women’s walkers club” at the local mall or shopping plaza.
- ◆ Sponsor a women’s community sports team.
- ◆ Ask local gyms and community recreation centers to post the Campaign’s materials in locker rooms and public sites.
- ◆ Create a parents’ group and challenge your child’s sports team to a scrimmage.

### **Personal Action Tips:**

- ◆ Play sports with your children.
- ◆ Go for a walk during lunch at least twice a week.
- ◆ Vary your exercise routine.
- ◆ Keep sneakers in your car, so you can take a walk whenever you want to.

### NOTES:

---



---



---



---



---



---



---



---



---



---



---

### ***Federal Health Observances for February:***

- American Heart Month
- Low Vision Awareness Month
- National Children’s Dental Health Month
- Wise Health Consumer Month
- National Girls and Women in Sports Day
- Cardiac Rehabilitation Week
- National Burn Awareness Week
- National Condom Day
- National Child Passenger Safety Awareness Week

# FEBRUARY

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>“Blackberry winter, the time when the hoar frost lies on the blackberry blossoms. Without this frost the berries will not set. It is the forerunner of a rich harvest.”</i></p> <p>—Margaret Mead (Anthropologist)</p>				1	2 <i>Groundhog Day</i>	3
4	5	6	7	8	9	10
11	12 <i>Lincoln's Birthday</i>	13	14 <i>Valentine's Day</i>	15	16	17
18	19 <i>President's Day</i>	20	21	22 <i>Washington's Birthday</i>	23	24
25	26	27	28 <i>Ash Wednesday</i>			

# AFRICAN AMERICAN HISTORY MONTH

**In celebration of African American History Month, here are some words of wisdom about the past and future from some of our celebrated African American heroines.**

*"In the end antiblack, antifemale, and all forms of discrimination are equivalent to the same thing - antihumanism."*

~Shirley Chisholm (1)  
(First African American woman elected to Congress, Ambassador to Jamaica)

*"Sometimes I feel discriminated against, but it does not make me angry. It merely astonishes me. How can they deny themselves the pleasure of my company? It's beyond me."*

~Zora Neale Hurston (2)  
(Novelist, anthropologist, folklorist)

*"As long as you keep a person down, some part of you has to be down there to hold him down, so it means you cannot soar as you otherwise might."*

~Marian Anderson (3)  
(First African American singer to perform with the Metropolitan Opera)

*"I have fought and kicked and fasted and prayed and cursed and cried myself to the point of existing."*

~Alice Walker (4)  
(Pulitzer Prize-winning author, civil rights advocate)

*"Self-pity in its early stages is as snug as a feather mattress. Only when it hardens does it become uncomfortable."*

~Maya Angelou (5)  
(Poet, writer, singer, civil rights advocate)

*"I do the very best I can to look upon life with optimism and hope and looking forward to a better day, but I don't think there is anything such as complete happiness. It pains me that there is still a lot of Klan activity and racism."*

~Rosa Parks (6)  
(Civil rights advocate)

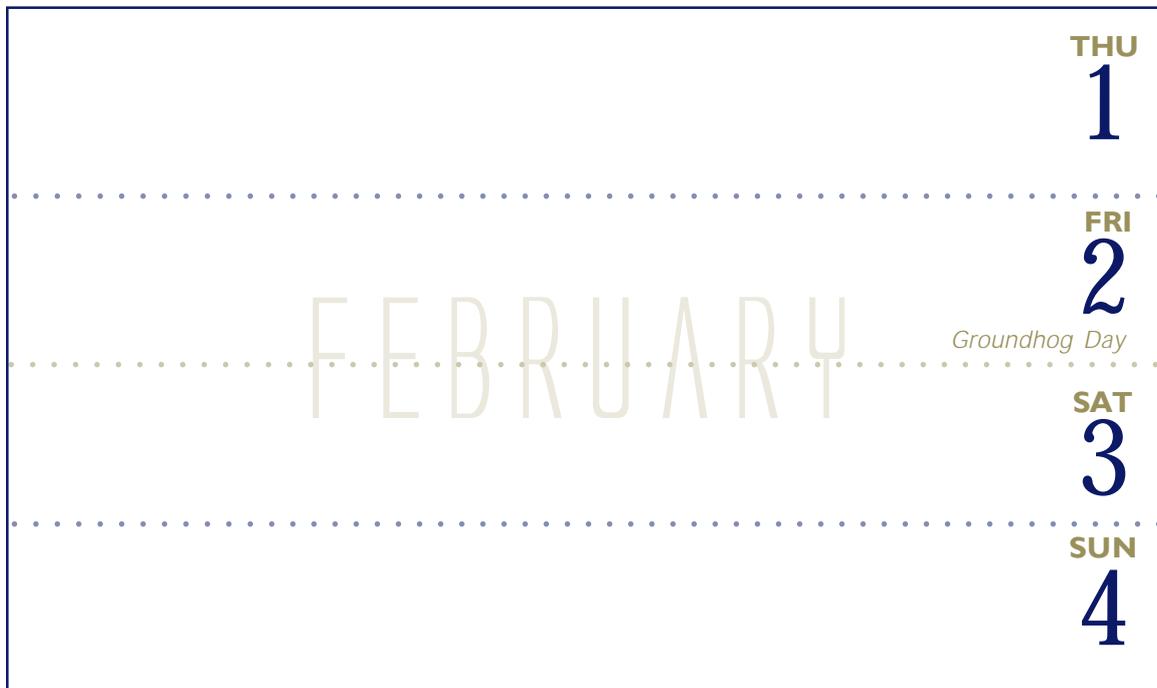
*"As the first black and first woman [appointed as Federal Court Judge], I am proving in everything I do that blacks and women are as capable as anyone."*

~Constance Baker Motley  
(Civil rights advocate, Federal Court Judge)



***Here are important health issues of special concern to African American women:***

- ◆ Diabetes is 60% more common in African American women than in Caucasian women.
- ◆ High blood pressure is more common in African American women than in Caucasian women, and it can lead to stroke or heart problems.
- ◆ Obesity affects more than half of all adult African American women.
- ◆ African American women have the highest death rates from heart disease and stroke of all American women.
- ◆ Kidney disease is more common in African American women than in Caucasian women.
- ◆ Arthritis affects more African American women than Caucasian women.
- ◆ HIV/AIDS is a leading killer of young African American women.
- ◆ Lupus is an autoimmune disease that is more than twice as common in African American women than in Caucasian women.
- ◆ Breast cancer is more likely to lead to death in African American women than in Caucasian women.
- ◆ Maternal and infant mortality are both much higher in African American women than the national average.
- ◆ About half of all adult African American women get no exercise, increasing the risk of disease and early death.



**“Don’t know how, don’t have time, don’t want to mess up my hair, I’m too old.”** There are lots of excuses for not exercising.

***Here are some ways you can fit more physical activity into your day:***

- ◆ Take a walk; it’s one of the best exercises there is.
- ◆ Take the stairs (down or up).
- ◆ Park farther away from the store or office.
- ◆ Go dancing, or learn a new kind of dance.
- ◆ At work, don’t use the restroom, copier, fax machine, etc. that is closest to your desk. Go a little farther.
- ◆ Jump rope.
- ◆ Ride a bike, scooter, skates, etc.
- ◆ Turn off the TV.
- ◆ Find an activity to do with friends or family.
- ◆ Play ball, bike, jog, ski, swim.
- ◆ Try an activity you’ve never tried: rock climbing, Tai Kwon Do, bowling.

***Here are some good reasons why:***

- ◆ A little bit goes a long way. Build up to just 30 minutes of activity each day, and you’ll look and feel better.
- ◆ Being active lowers your chances of premature death, heart disease, high blood pressure, high cholesterol, stroke, cancer, osteoporosis, diabetes, obesity, back pain, depression, stress, and anxiety.

***Think you’re too old?***

Many people think that growing older means slowing down. In many cases, however, older Americans have more health problems *because* they slow down. Staying active is one of the best ways to age well. Get advice from your doctor about what kind of activity is best for you.



***Here are some excellent resources on exercise for older Americans:***

***Pep Up Your Life with Exercise: The Key to the Good Life***

Produced by the **American Association of Retired Persons (AARP)**.

Phone: 800-424-3410

Internet: [www.aarp.org/programs/pepup/home.html](http://www.aarp.org/programs/pepup/home.html)

***Exercise: A Guide from the National Institute on Aging***

Produced in collaboration with NASA.

Internet: [weboflife.arc.nasa.gov/exerciseandaging/](http://weboflife.arc.nasa.gov/exerciseandaging/)

**Sisters Together: Move More, Eat Better**  
(Exercise program for African American women)  
Phone: 877-946-4627  
Internet: [www.niddk.nih.gov/health/nutrit/sisters/sisters.htm](http://www.niddk.nih.gov/health/nutrit/sisters/sisters.htm)

**Weight-Control Information Network (WIN)**  
Phone: 877-946-4627  
Internet: [www.niddk.nih.gov/health/nutrit/win.htm](http://www.niddk.nih.gov/health/nutrit/win.htm)

MON  
5

TUE  
6

WED  
7

FEBRUARY

THU  
8

FRI  
9

SAT  
10

SUN  
11

## HEART HEALTH

Think that heart disease only happens to men? Think again.  
It's the leading killer of American women and a major cause of disability.

FOR YOUR  
*Heart*



Check [www.4woman.gov](http://www.4woman.gov)  
for your personal heart  
health quiz.

*Here are 10 ways that you can be good  
to your heart:*

1. Be physically active for 30 minutes each day.
2. Eat lots of fruits, vegetables, and whole grains. Avoid fat and cholesterol (in foods like butter, meat, eggs, liver, and junk foods).
3. Get your blood pressure and cholesterol checked regularly.
4. Quit smoking.
5. Control your weight with a balanced diet and regular exercise. Avoid fad diets.
6. If you have diabetes, monitor and control your blood sugar levels.
7. If you drink alcohol, keep it to one glass a day.
8. Find out if anyone in your family has had heart disease, especially before age 65.
9. If you have passed menopause, ask your doctor if hormone replacement therapy is right for you.
10. Contact the **National Heart, Lung, and Blood Institute's Information Center** for more information on heart disease prevention and treatment.

Phone: 800-575-WELL

Internet: [www.nhlbi.nih.gov/health/public/heart/other/hdw\\_syh.htm](http://www.nhlbi.nih.gov/health/public/heart/other/hdw_syh.htm)

*In the future:*

- ◆ **Growing New Arteries.** To help increase the flow of blood when there's heart disease, pea-size capsules containing a factor that promotes the growth of new little arteries are put on the heart. They relieve symptoms of angina.
- ◆ **Building New Organs.** Scientists are working to create replacement hearts either from animal organs or through artificial means.
- ◆ **Zapping Plaque.** Plaque is a fatty buildup in the blood vessels that can slow blood flow, causing angina or heart attacks. Tests using radiation are trying to dissolve plaque buildup and to keep it from building up again.
- ◆ **Drilling Tiny Holes.** Tests are using lasers to make tiny holes in the heart wall that seem to prompt new blood vessels to grow and to feed the heart more blood when normal arteries are damaged.
- ◆ **Finding Danger Areas from the Outside.** Many heart attacks are caused by fatty buildup in the walls of the coronary artery. Tests using MRI (magnetic resonance imaging) are trying to scan for heart damage from the outside, without surgery or probes.

*For more information, contact:*

**National Women's Health Information Center**

Phone: 800-994-9662

Internet: [www.4woman.gov](http://www.4woman.gov)

**American Heart Association**

Phone: 888-MY-HEART or 800-AHA-USA1

Internet: [www.women.americanheart.org](http://www.women.americanheart.org)

**National Heart, Lung, and Blood Institute**

Phone: 800-575-9355

Internet: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

	<b>MON</b> <b>12</b> <i>Lincoln's Birthday</i>
	<b>TUE</b> <b>13</b>
	<b>WED</b> <b>14</b> <i>Valentine's Day</i>
<b>FEBRUARY</b>	<b>THU</b> <b>15</b>
	<b>FRI</b> <b>16</b>
	<b>SAT</b> <b>17</b>
	<b>SUN</b> <b>18</b>

## "SMART" HOUSE

Will we live on space stations or in underwater bubbles in the 21<sup>st</sup> century? Who knows? But there's a good chance that we do know something about what houses of the future will have:



### *In the future:*

- ◆ Rooms that adjust the air temperature to your body temperature
- ◆ Locks, doors, lights, and windows that will respond to your voice commands
- ◆ Appliances that will respond to your questions
- ◆ Refrigerators, cupboards, and medicine cabinets that will remind you when you are running out of food or medications or when they are spoiled
- ◆ Washing machines and dishwashers that adapt the amount of soap, water, and energy used to how dirty the load is
- ◆ Clothes and linens that will be made of fabrics that don't need cleaning or ironing
- ◆ Bathrooms that clean themselves
- ◆ Toilets that monitor your weight, blood sugar levels, protein levels, and other information
- ◆ A home health unit that connects you to your health care provider through video and robotic devices. It will also offer home health tests that keep track of your health.
- ◆ Robots to mow the lawn, take out the trash, and do hard jobs
- ◆ Robot companions to help people who are sick or disabled
- ◆ Toothbrushes that keep track of the health of your teeth and bones
- ◆ Communications centers that let you talk with distant relatives face to face, take a virtual vacation, or earn a college degree from home
- ◆ Digital wall displays that let you change the color and décor of each room whenever you want
- ◆ Portable offices, modular furniture, and "smart" appliances that will let you change how you use a room

	<b>MON</b> <b>19</b> <i>President's Day</i>
	<b>TUE</b> <b>20</b>
	<b>WED</b> <b>21</b>
<b>FEBRUARY</b>	<b>THU</b> <b>22</b> <i>Washington's Birthday</i>
	<b>FRI</b> <b>23</b>
	<b>SAT</b> <b>24</b>
	<b>SUN</b> <b>25</b>

# DIABETES

Nearly 16 million Americans have diabetes. Many don't know it. It is more common among people who are elderly or overweight and among African Americans, Hispanics, and Native Americans.

## What is diabetes?

Most of the food we eat is turned into glucose (a sugar) that our body uses for energy. The pancreas, a little organ near the stomach, produces insulin (a hormone) to help glucose get into our body's cells. With diabetes, the pancreas either doesn't make enough insulin, or the body can't use the insulin properly. The glucose then builds up in the blood, overflows into the urine, and is carried out of the body instead of being used by the cells for energy.

Diabetes can lead to serious, even life-threatening emergencies and serious damage to many parts of the body: the heart, eyes, kidneys, blood vessels, nerve endings, feet, and legs.

## Symptoms of Diabetes:

- ◆ Feeling extremely thirsty
- ◆ Needing to urinate often
- ◆ Losing weight without trying
- ◆ Feeling extremely hungry
- ◆ Having sudden vision changes
- ◆ Feeling a tingling or numbness in hands or feet
- ◆ Feeling tired much of the time
- ◆ Having very dry skin
- ◆ Having sores that are slow to heal
- ◆ Experiencing more infections than usual
- ◆ Having nausea, vomiting, or stomach pains may come with the sudden development of juvenile diabetes.

## Types of Diabetes:

**Type I (juvenile) Diabetes:** Usually occurs in children and is caused when the body's immune system attacks its ability to produce insulin. People with this condition need daily injections of insulin to live. They also need to follow a strict diet and monitor their blood sugar level.

**Type II (adult-onset) Diabetes:** Primarily affects overweight adults. In many cases, it can be regulated with diet, exercise, and weight control.

**Gestational Diabetes:** Appears in pregnancy in some women, and it usually goes away after the baby is born. It can cause complications during pregnancy, and it must be monitored carefully. Women with gestational diabetes are at higher risk of developing Type II diabetes later on.



## In the future:

- ◆ A new, portable, battery-operated device will use laser energy to penetrate the skin to test the blood sugar level in people with diabetes without the pain of a finger prick.
- ◆ Gel tablets that resist the natural digestive juices of the stomach will deliver insulin in the body through a pill instead of shots.
- ◆ Special sensors implanted under the skin will measure blood sugar levels without using a finger prick.
- ◆ New insulin-producing cells will be developed to provide a regular dose of insulin in the body.
- ◆ New methods will be devised to get insulin-producing cells into the body, either through injections or little silicone capsules.

*For more information on diabetes, read the following publications:*

**Diabetes Overview**

Internet: [www.niddk.nih.gov/health/diabetes/pubs/dmover/dmover.htm](http://www.niddk.nih.gov/health/diabetes/pubs/dmover/dmover.htm)

**Frequently Asked Questions About Diabetes**

Internet: [www.4woman.gov/faq/diabetes.htm](http://www.4woman.gov/faq/diabetes.htm)



*For more information, contact:*

**National Diabetes Information Clearinghouse**

Phone: 301-654-3327

Internet: [www.niddk.nih.gov/health/diabetes/ndic.htm](http://www.niddk.nih.gov/health/diabetes/ndic.htm)

**National Diabetes Education Program**

Internet: <http://ndep.nih.gov>

**CDC Diabetes Public Health Resource**

Phone: 877-CDC-DIAB

Internet: [www.cdc.gov/diabetes/](http://www.cdc.gov/diabetes/)

**American Diabetes Association**

Phone: 800-232-3472

Internet: [www.diabetes.org/](http://www.diabetes.org/)

# MARCH HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month’s theme and its action steps toward better health.

## **March – Overweight and Obesity: Aim for a Healthy Weight.**

### **Community Action Steps:**

- ◆ Sponsor a lunchtime group through a local restaurant and provide healthy meals to each of the members.
- ◆ Set out a basket of “Healthy Picks snacks” for clients.
- ◆ Start a listserv and e-mail weekly menus and words of encouragement to participants.
- ◆ Ask grocery stores and markets to post the Campaign’s materials by entrances.
- ◆ Ask local businesses to provide fruit carts in the afternoon for their employees.

### **Personal Action Tips:**

- ◆ Pay attention to what you eat.
- ◆ Eat more fruit and vegetables.
- ◆ Bake it, boil it, or broil it instead of frying.
- ◆ Drink at least eight 8-ounce servings of water each day.
- ◆ Snack on healthy foods and stay away from empty calories.

### **NOTES:**

---



---



---



---



---



---



---



---



---



---



---

### ***Federal Health Observances for March:***

National Colorectal Cancer Awareness Month  
 National Chronic Fatigue Syndrome Awareness Month  
 National Eye Donor Month  
 National Kidney Month  
 National Nutrition Month  
 Hemophilia Month  
 Mental Retardation Awareness Month  
 Workplace Eye Health and Safety Month  
 National Poison Prevention Week  
 Save Your Vision Week  
 National School Breakfast Week  
 American Pulmonary Rehabilitation Week

## MARCH

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>Wind Gives speech To trees</i></p> <p>—Helen Aoki Kaneko (Poet)</p>				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
						<i>St. Patrick's Day</i>
18	19	20	21	22	23	24
		<i>Spring begins</i>				
25	26	27	28	29	30	31

## WOMEN'S HISTORY MONTH

**In honor of the many contributions that women have made to the past, present, and future of our nation's health, here's a brief look at some of their words.**

"Nothing in life is to be feared, it is only to be understood."

~Marie Curie (1) (Scientist)

"We must feel a personal responsibility to ease the path for those who come after us. The world cannot afford the loss of the talents of half its people if we are to solve the many problems that beset us."

~Rosalyn Yalow  
(Nobel Prize-winning medical physicist)

"I want to make sure we use all our talent, not just 25%."

~Mae Jennison  
(Doctor, engineer, first African American woman in space)

"Never go to a doctor whose house plants have died."

~Erma Bombeck (Humorist)

"There is no female mind. The brain is not an organ of sex. Might as well speak of a female liver."

~Charlotte Perkins Gillman (2)  
(Writer, educator, and early women's activist)

"I am sick and tired of being sick and tired."

~Fannie Lou Hamer  
(Civil rights activist)

"I am only one; but still I am one. I cannot do everything, but still I can do something. I will not refuse to do the something I can do."

~Helen Keller (3)  
(Blind, deaf, mute writer)

"The secret of staying young is to live honestly, eat slowly, and lie about your age."

~Lucille Ball (4) (Comedienne)

"Never eat more than you can lift."

~Miss Piggy



*Are you interested in reading more about women's history? The following links can provide information:*

***Words and Deeds in American History***

**Library of Congress**

Internet: <http://lcweb2.loc.gov/ammem/mchtml/corhome.html>

***Women's History Manuscript***

**Library of Congress**

Internet: <http://lcweb.loc.gov/rr/mss/guide/women.html>

**National Women's History Project**

Phone: 707-838-6000

Internet: [www.nwhp.org](http://www.nwhp.org)



Maintaining a healthy diet is one of the best things you can do to live longer and feel better.

### Simple Rules for Healthier Eating:

- ◆ Eat **MORE** fruits and vegetables each day, at least 5 servings a day.
- ◆ Eat **LESS** junk food (including junk drinks like soda). They contain an overdose of fat, salt, and sugar. They fill you with calories that don't do you any good.
- ◆ Eat **PLENTY** of whole grain foods, like bread, cereal, pasta, rice and polenta.
- ◆ Drink **PLENTY** of water, which means 8 glasses of water each day.
- ◆ Go **EASY** on fatty foods like meats, whole milk products (ice cream, whipped cream, cheese), and fried foods.
- ◆ Get **PLENTY** of calcium from low-fat dairy foods (skim milk, yogurt), tofu, green leafy vegetables, canned fish, and calcium-fortified juice or breads.
- ◆ Go **EASY** on sugars and sweets.
- ◆ Be **PHYSICALLY ACTIVE**. Get moving 30 minutes a day.
- ◆ **AVOID** fad diets. You are more likely to lose weight and keep it off if you lose it slowly and eat sensibly. Try cutting out just one snack a day or making one food portion smaller.



- ◆ **Fortified Foods.** Today, we add vitamins and minerals to foods. Tomorrow, we may be eating foods that are fortified with ingredients to do everything from fighting baldness to erasing wrinkles, improving memory, and reducing our chances of getting cancer or chronic diseases like heart disease.
- ◆ **Bio-technology.** Scientists use breeding or gene technology to give crops or livestock new and better characteristics: faster growing fish, crops that resist pests, or beans that pack more nutrients. FDA regulates the safety of these new foods. But it's not clear what these alterations will mean for the shrinking bio-diversity of plants and animals that we eat.
- ◆ **Edible Vaccines.** Keeping away diseases may be as easy as eating a banana or tomato sauce, as scientists find ways to deliver vaccines in special foods instead of in shots.
- ◆ **"Smart" Appliances.** In the future, the food we eat may be prepared by appliances that cook for us, tell us how fresh the food is, how much we should eat, how healthy it is, and when to order more.

*For more information on nutrition, contact:*

**National Women's Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov](http://www.4woman.gov)

Body Image Page: [www.4woman.gov/bodyimage](http://www.4woman.gov/bodyimage)

**American Dietetic Association**

Phone: 312-899-0040

Internet: [www.eatright.org](http://www.eatright.org)

	MON 5
	TUE 6
	WED 7
MARCH	THU 8
	FRI 9
	SAT 10
	SUN 11

The human brain weighs only 3½ pounds, but it controls automatic functions, like breathing and heartbeat, as well as how we move, behave, think, react, and feel. A healthy brain works quickly and automatically. But damage and disease can affect how it works. Here are some examples.

**Alzheimer's disease** usually develops after age 60 and affects the parts of the brain that control thought, memory, and language. Over time it can rob people of their ability to talk, recognize people, and function.

**Brain cancer** can be caused by cancer cells growing in the tissues of the brain or by cancer that has spread from some other part of the body. It causes damage by spreading to, pressing on, and damaging parts of the brain.

**Cerebral palsy** occurs when the part of the brain that controls movement is damaged or doesn't develop properly.

**Epilepsy** occurs when neurons (clusters of nerve cells in the brain) misfire. It can cause strange emotions, behavior, and sensations. Sometimes it causes convulsions, muscle spasms, and fainting. Medication or surgery can effectively control the disease in 80% of cases.

**Lou Gehrig's disease (Amyotrophic Lateral Sclerosis, ALS)** is caused when certain nerve cells in the brain and spinal cord that control movement degenerate. The muscles slowly weaken and waste away. There is no cure, and it can lead to death within a few years.

**Parkinson's disease** occurs when special nerve cells in the brain are damaged and can't produce the chemical, dopamine, that lets us move our muscles smoothly. It leads to trembling, loss of balance, jerky movements, and stiffness. It gets worse over time and can affect walking and talking.

**Stroke** is caused when the supply of blood to the brain is suddenly cut off or when there is bleeding in the brain. This damages the affected parts of the brain. It can affect speaking, memory, mood, movement, and other actions. Some of these functions may be restored in time with therapy and medication.



### *In the future:*

- ◆ Scientists are studying the interactions between genes and proteins that seem to affect how we form, store, and bring back memories. They hope it will lead to treatments for diseases that affect memory.
- ◆ Recent research has shown that the brain can grow new nerve cells during adult life. Hopefully this discovery will lead to treatments for brain damage due to trauma, stroke, or diseases like schizophrenia and autism.
- ◆ Researchers are trying to transplant nerve tissues from fetal pigs into the brains of patients with Parkinson's disease to replace damaged cells in the human brain. Scientists are also using gene therapy to create dopamine-producing cells from skin cells.
- ◆ To treat Alzheimer's disease, scientists are hoping to develop and transfer healthy cells into the brain to replace lost brain cells.
- ◆ Researchers have developed an experimental vaccine that seems to lower the rate of nerve cell damage caused by Alzheimer's disease.
- ◆ By better understanding telomerase—an enzyme in the body that may protect nerve cells against disease and death—researchers hope that they will be able to develop better treatments for Alzheimer's, Parkinson's, and stroke.

For more information about the brain, check out the following publication and organization:

**Preventing Stroke**

Internet: [www.ninds.nih.gov/health\\_and\\_medical/pubs/preventing\\_stroke.htm](http://www.ninds.nih.gov/health_and_medical/pubs/preventing_stroke.htm)

**National Institute of Neurological Disorders and Stroke**

Internet: [www.ninds.nih.gov](http://www.ninds.nih.gov)

MON  
12

TUE  
13

WED  
14

THU  
15

FRI  
16

SAT  
17

*St. Patrick's Day*

SUN  
18

MARCH

# BLEEDING DISORDERS

## *Could you have a bleeding disorder?*

If you've ever heard of hemophilia, you've probably also heard that it usually affects only men. But there's a much more common bleeding disorder called *von Willebrand disease* that also affects women. It is an inherited disorder that leads to low levels of a blood clotting factor called *von Willebrand factor* (vWF). People with von Willebrand's disease take longer to stop bleeding than others. One of the most common symptoms in women is having very heavy menstrual periods. Symptoms may also include nosebleeds; easy bruising; and excessive or unusual bleeding from the mouth, gums, or digestive tract. Women with von Willebrand's disease may also experience excessive bleeding after childbirth, miscarriage, surgery, or injury.

Women may also have other, more rare, bleeding disorders due to deficiencies in other blood clotting factors. Women and girls who carry the gene for hemophilia may have many of the symptoms of hemophilia, including joint problems.

Bleeding disorders are hard to diagnose. One of the reasons is that you or your doctor may not recognize the signs. For example, since bleeding disorders run in families, many women with heavy menstrual periods may not be aware that anything is unusual because their mothers or sisters may also have very heavy periods. For a doctor who is not a hematology specialist (someone who specializes in blood conditions), it can be difficult to diagnose a bleeding disorder. The diagnosis of a bleeding disorder involves a series of tests that need to be done in special coagulation clinics. These tests may also need to be repeated at different points during the woman's menstrual cycle in order to be accurate. There are 140 federally sponsored hemophilia clinics across the U.S. that are well-equipped to do the tests needed to diagnose a bleeding disorder.

Since it is so hard to diagnose bleeding disorders and because many doctors are not specialists in these conditions, many women go undiagnosed. There are about 28,000 hysterectomies performed each year on American women to treat severe menstrual bleeding, many of which may be due to a bleeding disorder. Those surgical operations could be avoided if the bleeding disorder was recognized and treated. What's more, for women with a bleeding disorder, the surgery involved in a hysterectomy can cause serious internal bleeding problems.

There are effective treatments for bleeding disorders. Some women are treated with oral contraceptives (birth control pills) because these pills help promote blood clotting and lower the amount of bleeding during your monthly period. There are also special medications that can be injected or taken in a nasal spray to help the body produce more of the von Willebrand clotting factor needed to stop bleeding. Women who do not respond to these treatments may be given blood plasma to replace the needed blood clotting factor.



**Project Red Flag**  
Real talk about women's bleeding disorders



NATIONAL HEMOPHILIA FOUNDATION



*For more information on bleeding disorders, contact:*

The **National Hemophilia Foundation** has launched a new campaign specifically about women and bleeding disorders, called

**Project Red Flag**

Phone: 800-42-HANDI

Internet: [www.projectredflag.org](http://www.projectredflag.org)

**Women and Bleeding Disorders  
(paper and discussion)**

Phone: 800-994-9662

Internet: [www.4woman.gov/owh/pub/Bleeding%20Disorders/index.htm](http://www.4woman.gov/owh/pub/Bleeding%20Disorders/index.htm)



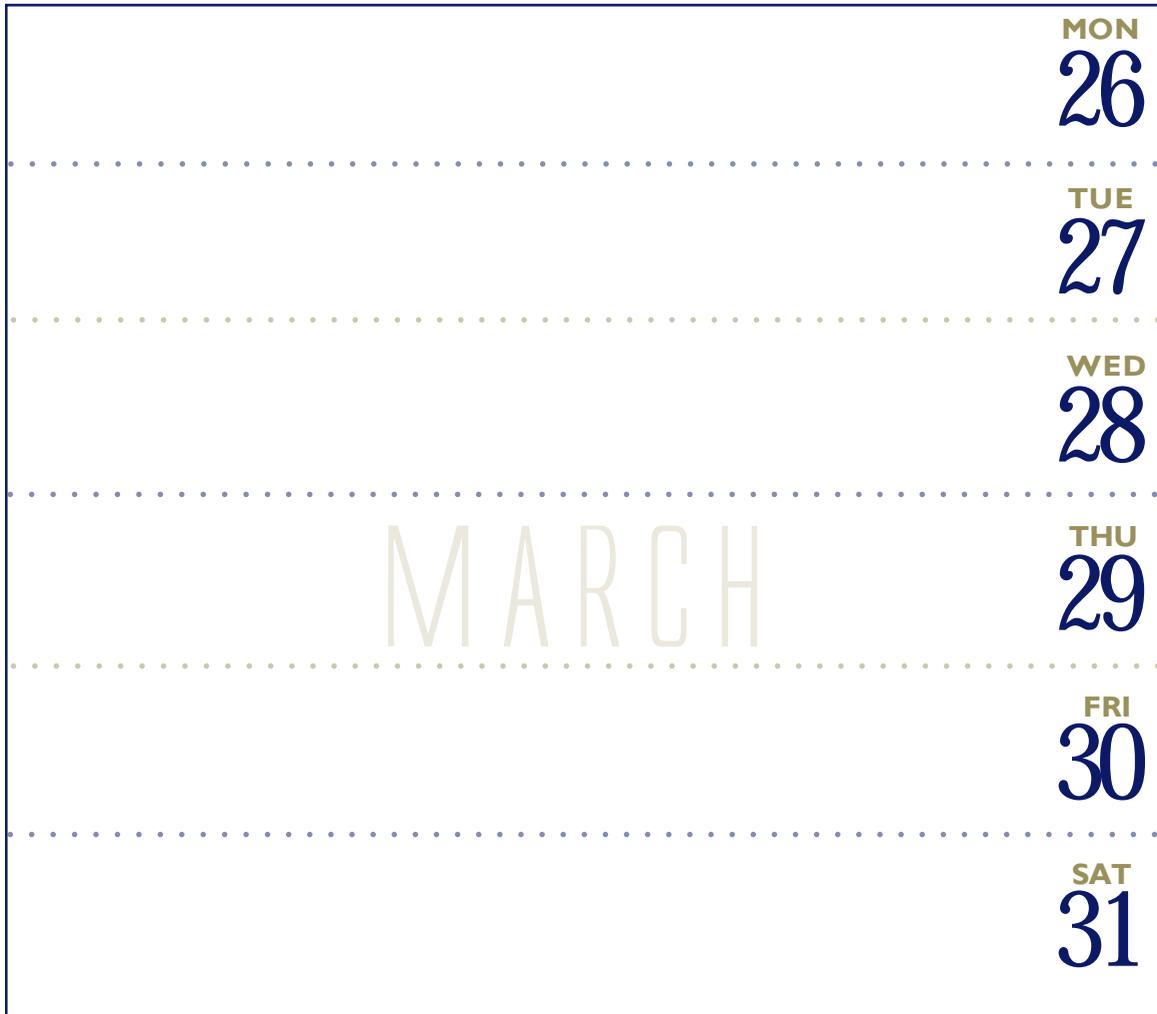
## WEARABLE COMPUTERS

Creative “geeks” at some of the nation’s most prestigious scientific universities are teaming up with students from some of the world’s leading design schools (Parsons School of Design in New York, Domus in Milan, Creapole in Paris, and Bunka Fashion College in Tokyo) to make a new kind of fashion statement: Ready-to-Wear Computers.

*Here are some items you may see coming down the fashion runway of the future:*



- ◆ A silver bikini with four tiny sensors that monitor your vital signs. Imagine wearing underwear that could tell you if you were running a fever or if your blood pressure was getting too high.
- ◆ A “vision suit,” with sonar sensors that vibrate when they detect an object near a blind person in order to warn that individual that he or she is about to run into something
- ◆ A finger scanner that translates bar codes into spoken words or Braille
- ◆ A portable GPS (global positioning system) that displays your location in Braille
- ◆ A ring that scans writing and translates it into Braille
- ◆ Earrings designed to act as microphones and speakers for the deaf
- ◆ A Court Jester’s hat, worn with a back pack, that can translate American Sign Language into speech and speech into Braille
- ◆ A “biosensor” Walkman that picks the music it plays for you according to changes in the temperature of your skin
- ◆ Knee pads that inflate into airbags
- ◆ A “smart” t-shirt that can be worn in the hospital to monitor vital signs like blood pressure and body temperature



# APRIL HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pyph](http://www.4woman.gov/pyph)—here are this month’s theme and its action steps toward better health.

## *April – Alcohol Use: Know Your Limits*

### **Community Action Steps:**

- ◆ Partner with other local organizations to put on an alcohol-free dance.
- ◆ Offer a “mocktails” bartending class for women through a local community college.
- ◆ Ask local liquor stores to post the Campaign’s materials by cash registers.
- ◆ Sponsor a free community roundtable discussion featuring owners of local bars and restaurants, substance abuse experts, and women’s health experts.

### **Personal Action Tips:**

- ◆ Be the life of the party, sober!
- ◆ Throw an alcohol-free party!
- ◆ Order sparkling water instead of another beer.
- ◆ Alcohol and pregnancy simply do not mix.

### NOTES:

---



---



---



---



---



---



---



---



---



---



---

### ***Federal Health Observances for April:***

National STD Awareness Month  
 National Autism Awareness Month  
 National Child Abuse Prevention Month  
 IBS (Irritable Bowel Syndrome)  
 Awareness Month  
 Alcohol Awareness Month  
 Women’s Eye Health and Safety Month  
 National Public Health Week  
 National Infants Immunization Week  
 National Minority Cancer Awareness Week  
 National Organ and Tissue Donor  
 Awareness Week  
 National Occupational Therapy Month  
 Cancer Control Month

## APRIL

SUN	MON	TUE	WED	THU	FRI	SAT
<b>1</b>  <i>Daylight Savings Time Begins</i> <hr/> <i>April Fools' Day</i>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>  <i>Passover begins at sundown</i>
<b>8</b>  <i>Palm Sunday</i>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>  <i>Good Friday</i>	<b>14</b>
<b>15</b>  <i>Easter</i>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>
<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>
<b>29</b>	<b>30</b>	<p><i>"Spring comes like an idiot, babbling and strewing flowers."</i></p> <p>—Edna St. Vincent Millay (Poet and playwright)</p>				

**More people survive cancer today than ever before. But prevention and early detection are still critical if you are to avoid the worst effects of this terrible disease.**

- ◆ Don't smoke. If you do, quit.
- ◆ Eat at least 5 servings of fruits and vegetables each day.
- ◆ Get 30 minutes of exercise or physical activity each day.
- ◆ Get screened regularly. Catch cancer early, when it's more treatable.
- ◆ Stay in the shade; protect your skin from the sun with sunblock and long-sleeved shirts, long pants, and hats.
- ◆ Don't drink alcohol to excess (no more than one glass a day for a woman).
- ◆ Know your family history of cancer, including the health histories of your grandparents, parents, aunts, uncles, cousins, and siblings.


 A stylized graphic of an atom with a central nucleus and three elliptical orbits. The text "In the future:" is written in white inside a gold oval that overlaps the central nucleus.
 

### In the future:

*Here's what's new on the cancer horizon for earlier and better detection and treatment of cancer:*

- ◆ **Better Screening Tests.** Trials are underway to test better imaging techniques, including digital imaging and magnetic resonance imaging, to make clearer mammograms and other screening images. Simpler tests that require only a small sample of blood, hair, or body fluids will increasingly help tell if you are at risk for certain cancers, like colon, ovarian, and breast cancer.
- ◆ **A Tiny Motor to Deliver Chemotherapy Directly to Tumor Sites.** The motor would run on energy that it creates itself, based on the way bacteria generate their own energy and motion.
- ◆ **Blocking Cancer Cell Reproduction.** To block the spread of cancer cells, scientists are experimenting with drugs that interfere with enzymes that help cancer cells reproduce and survive.
- ◆ **Monoclonal Antibodies.** These laboratory-produced substances can locate and bind to cancer cells wherever they are in the body. They can be used alone to track down cancer cells, or they can be combined with anti-cancer agents to make "smart bombs" that attack tumors directly, without damaging side effects. One monoclonal antibody drug, IMC-C225, is showing promise as a way to make tumor cells more vulnerable to chemotherapy and radiation treatment.
- ◆ **Using a Tumor-fighting Gene.** Scientists are hopeful that they can shrink cancer tumors by treating them with a combination of radiation and injections of a special gene, called the *p53 gene*, that seems to have tumor-fighting properties.



- ◆ **Cutting Off the Blood Supply to a Tumor.** Researchers are using a genetically-engineered monoclonal antibody to carry medication that blocks the supply of little blood vessels that “feed” the tumor. The hope is that this can block tumors from growing, without the side effects of other cancer treatments.
- ◆ **Developing a “Smart” Scalpel.** Scientists are testing a new scalpel that can analyze cells and tell whether they are cancerous during surgery and without having to send samples to a lab.
- ◆ **Using Anti-cancer Vaccine.** Scientists are hoping to use pieces of cancer cells in vaccines that can boost the body’s immune system to recognize and kill cancer tumors on its own.
- ◆ **Body Scans.** Scientists are developing body scans in the hope that they can detect molecular changes in the body long before cells become cancerous.

*For more information, contact:*

**National Women’s Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov](http://www.4woman.gov)

**Cancer Information Service**

Phone: 800-422-6237

TDD: 800-332-8615

Internet: <http://cis.nci.nih.gov>

**American Cancer Society**

Phone: 800-227-2345

Internet: [www.cancer.org](http://www.cancer.org)

**Cancer Care, Inc.**

Phone: 800-813-4673

Internet: [www.cancercareinc.org](http://www.cancercareinc.org)

*For additional information on cancer, read the following publications or call the National Women’s Health Information Center to order free publications.*

***A Helping Hand: The Resource Guide for People with Cancer***

Internet: [www.cancercare.org/hhrd/hhrd.htm](http://www.cancercare.org/hhrd/hhrd.htm)

***Frequently Asked Questions About Cancer***

Internet: [www.4woman.gov/faq/cancer.htm](http://www.4woman.gov/faq/cancer.htm)

***What You Need to Know About Cancer***

Internet: [http://cancernet.nci.nih.gov/wyntk\\_pubs/cance](http://cancernet.nci.nih.gov/wyntk_pubs/cance)

APRIL

SUN

1

*Daylight Savings Time begins/April Fools’ Day*

### ***Does alcohol affect women differently than men?***

**Yes.** Women and men seem to process alcohol differently. As a result, some of the negative effects of alcohol seem to affect women more quickly than men. Compared with men, women become intoxicated (drunk) more quickly and after drinking less alcohol than men. Women also develop alcoholic liver disease, particularly alcoholic cirrhosis and hepatitis, more rapidly and after using less alcohol than men. Alcoholic women are more likely to die from cirrhosis than are alcoholic men.

Drinking excessively also has negative effects on women's reproductive health. Chronic heavy drinking can lead to menstrual problems such as excessive pain, heavy menstrual flow, premenstrual discomfort, and irregular or absent cycles. It can also cause infertility problems and lead to early menopause.

### ***How does drinking during pregnancy affect your baby?***

Drinking any alcohol during pregnancy can be very dangerous for your baby. It can lead to long-term birth defects that affect how the baby will look and develop. The most severe effects of heavy drinking during pregnancy are called *fetal alcohol syndrome (FAS)*. FAS can lead to low birthweight; deformities of the face, head, or brain; problems with vision or hearing; developmental delays; behavioral problems; learning disabilities; and mental retardation. The effects of fetal alcohol syndrome last throughout childhood and adulthood.

Even women who consider themselves moderate drinkers may pass on less severe forms of these serious health problems to their infants. These health problems are known as *Fetal Alcohol Effects (FAE)*. Both FAS and FAE are 100 percent preventable if you do not drink any alcohol during pregnancy.

### ***How much alcohol is too much?***

The definition of moderate drinking for women is one glass of wine, spirits, or beer a day. **Pregnant women should not drink any alcohol.**

### ***What should I do if I think I may have a drinking problem?***

Get help. Don't try to do it all alone.

### ***Here are places that can help:***

**Alcoholics Anonymous (AA).** Check your local phone book for listings in your area.

**Internet:** [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

**National Council on Alcoholism and Drug Dependence**

**Phone:** 800-622-2255

**Internet:** [www.ncadd.org](http://www.ncadd.org)

**National Institute on Alcohol Abuse and Alcoholism**

**Phone:** 301-443-3860

**Internet:** [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

**National Clearinghouse for Alcohol and Drug Information**

**Phone:** 800-729-6686

**Internet:** [www.health.org](http://www.health.org)

**National Organization on Fetal Alcohol Syndrome**

**Phone:** 800-666-6327

**Internet:** [www.nofas.org](http://www.nofas.org)

	<b>MON</b> <b>2</b>
	<b>TUE</b> <b>3</b>
	<b>WED</b> <b>4</b>
<b>APRIL</b>	<b>THU</b> <b>5</b>
	<b>FRI</b> <b>6</b>
	<b>SAT</b> <b>7</b>
	<i>Passover begins at sundown</i>
	<b>SUN</b> <b>8</b>
	<i>Palm Sunday</i>

### *What is telemedicine?*

Telemedicine uses computer, video, and telecommunication technologies to exchange medical information across distances. It is a way to provide health services, images, and information between people who are not in the same location, allowing them to see and speak to each other through a TV or video monitor.

Today, there are telemedicine experiments going on in just about every state in the nation; most of them have received funding from the federal government. Experiments actually started as early as the 1960s.

- ◆ A program sponsored by the Nebraska Psychiatric Institute uses closed-circuit television to offer psychiatric services and education between two different centers.
- ◆ A NASA program uses space technology to provide health care to astronauts in space and to provide general medical care to the Papago Indian Reservation in Arizona, using a mobile medical van linked via telemedicine to two hospitals.
- ◆ A medical station at Logan International Airport in Boston, linked by a two-way audiovisual circuit with Massachusetts General Hospital, provides occupational health services to employees and delivers emergency care and medical attention to travelers.
- ◆ A satellite video consultation system has been established by the National Library of Medicine across 26 different sites in Alaska to give patients in remote places access to health care services and information.
- ◆ Some rural communities are also experimenting with the idea of the televillage. The televillage is a “virtual” community that brings together people, businesses, agencies, schools, libraries, health care providers, local organizations, and others through a shared network. This is a way to coordinate local resources around health, education, and other community areas.



### *In the future:*

#### **This is what the world can look like with telemedicine. Just imagine:**

- ◆ Being able to visit with a doctor or nurse by turning on your TV
- ◆ Being able to get specialty services (like dermatology or psychiatry) over the TV
- ◆ Having a health provider who can access all your records, x-rays, lab tests, and video recordings of visits with specialists live as they happen
- ◆ Having images of your condition and test results transmitted from a clinic or small hospital to a specialty center for consultation
- ◆ Being able to see the results of your mammograms and other preventive screenings within minutes of having them done
- ◆ Having a school nurse who can talk directly with a health expert about a student’s health problem by turning on the TV
- ◆ Having health care students, even in remote rural or community locations, supervised by teachers at a distant medical center

**Health Resources and Services Administration**

Phone: 888-ASK-HRSA

Internet: [www.ask.hrsa.gov/telehealth.cfm?content=telehealth](http://www.ask.hrsa.gov/telehealth.cfm?content=telehealth)

**Telemedicine Information Exchange**

Internet: <http://tie.telemed.org>



### *What are some of the most common workplace health risks?*

- ◆ **Repetitive Stress Injuries.** These injuries include carpal tunnel syndrome and tendonitis of the hand. They most commonly affect the hand, wrist, or forearm. They are caused by stress from repeated use or awkward positioning of the wrist or hand during typing or other activities.

To avoid these injuries, use “ergonomic” equipment, like wrist pads for typing, wrist or elbow braces, and chairs and equipment that are designed to reduce injury.

- ◆ **Hand-Arm Vibration Syndrome.** This condition is caused by jobs that involve vibrating machinery like road-construction, forestry, or stonecutting work.

- ◆ **Epicondylitis** is an elbow injury that causes pain and stiffness. It is caused by forced, repeated elbow movements.

- ◆ **Workplace Hazards to Reproductive Health.** It is important to be aware of things in your working environment that may harm your reproductive system and your ability to have healthy babies. Look out for:

- **Chemicals** (such as lead and carbon disulfide)
- **Physical agents** (hard physical labor)
- **Disease germs** (Hepatitis B virus, Cytomegalovirus, HIV, Varicella virus)

Always use protective gear and clothing. Follow your job’s safety rules.

- ◆ **Injuries.** One of the leading causes of work-related injuries is motor vehicle crashes. Be sure to always use seat belts, helmets, and protective gear as needed at work.

- ◆ **Violence in the Workplace.** This is the leading cause of work-related deaths among women. Those women most at risk are the ones who are experiencing domestic violence at home and those who have frequent and unsupervised contact with the public (taxi drivers, police officers, night store clerks, etc.). Some things that can make the workplace safer are good lighting, security systems, self-defense training, an escort service for employees to use after dark, physical barriers between employees and the public, and services for women suffering from domestic violence.



#### **What will the workplace of the future look like?**

- ◆ Robots will replace humans in doing heavy physical work and tasks like cleaning.
- ◆ Meetings will increasingly take place over long distances through teleconferencing.
- ◆ Telecommuting will become more common. Fewer people will go to an outside office, and more will work from home or from satellite sites closer to home.
- ◆ The workday and work year will be more flexible, with periods of busy activity and periods of downtime.

*For more information, contact:*

**National Institute for Occupational Safety and Health**

Phone: 800-356-4674

Internet: [www.cdc.gov/niosh](http://www.cdc.gov/niosh)

**Occupational Safety and Health Administration**

Internet: [www.osha.gov](http://www.osha.gov)

**American College of Occupational  
and Environmental Medicine**

Phone: (847) 818-1800

Internet: [www.acoem.org](http://www.acoem.org)

	MON <b>16</b>
	TUE <b>17</b>
	WED <b>18</b>
APRIL	THU <b>19</b>
	FRI <b>20</b>
	SAT <b>21</b>
	SUN <b>22</b>

**Most Americans know about AIDS (acquired immunodeficiency syndrome), the most deadly of all sexually transmitted diseases (STDs). But many people don't know that there are over 20 other diseases that are transmitted through sexual contact. STDs are the most commonly reported diseases in this country.**

**Many STDs can be treated, even cured. But since they often show no symptoms in women, it's important to be tested to find out if you have an STD. An STD that is left unchecked may lead to serious health problems like infections, infertility, chronic pain, ectopic pregnancy, and cervical cancer. The sores and infections caused by STDs may increase your chances of getting HIV (human immunodeficiency virus) if you are exposed to it.**

**Here are some of the most common STDs:**

**Chlamydia and Gonorrhea.** Both of these STDs can be cured with antibiotics. If left untreated, they can cause pelvic inflammatory disease, which may lead to chronic pain, infertility, or ectopic pregnancy.

**Human Papillomavirus (HPV).** This virus can be treated but not cured. Having HPV increases your risk of developing cervical cancer, so you need to have regular Pap smears to detect any cancer cells early.

**Genital Herpes.** There is no cure for this virus, but there are treatments for the sores it causes. If you have been exposed to herpes and are pregnant, be sure to tell your doctor. There are steps you can take to prevent passing it on to your baby in childbirth, when it could be harmful.

**Syphilis.** This STD can be cured with medication. Untreated, it can lead to serious health problems for adults. If you are pregnant and have syphilis, there is a high chance of having a miscarriage or a baby with serious health problems.



**Question: What's the best defense against STDs?**

**Answer: A good offense. Practice good prevention.**

- ◆ Practice sexual abstinence.
- ◆ Use a latex condom; it's very effective at preventing the spread of STDs, including HIV, the virus that causes AIDS.
- ◆ Talk frankly with your sexual partner about any STDs you or your partner have had or been exposed to and about any unexplained sores or discharge in the genital area.
- ◆ Have regular checkups for STDs, even if you have no symptoms.
- ◆ If you are diagnosed with an STD, follow your doctor's directions and tell your recent sexual partner(s).

**In the future:**

- ◆ Scientists are working on a vaccine to prevent infection by the herpes virus. It should be available in the next 5–10 years, but the vaccine would only work on women.

*For more information, contact:*

**CDC National Prevention Information Network**

Phone: 800-458-5231

Internet: [www.cdcnpin.org](http://www.cdcnpin.org)

**CDC National STD Hotline**

Phone: 800-227-8922

**National Institute of Allergy and Infectious Diseases**

Internet: [www.niaid.nih.gov/publications/stds.htm](http://www.niaid.nih.gov/publications/stds.htm)

**American Social Health Association**

Phone: 919-361-8400

Internet: [www.ashastd.org](http://www.ashastd.org)



# ORGAN DONATION

One of the miracles of the last century was the discovery of how to transplant organs and tissues from one person to another. In the future, scientists hope to create spare replacement parts artificially. Until then, however, there is a desperate shortage of organ donors, particularly among minorities.

Here are the types of organs and tissues that can be donated from one person to another: kidneys, heart, liver, lungs, pancreas, corneas, skin, bone, middle ear, bone marrow, connective tissues, and blood vessels.

You can become a candidate for organ donation by filling out an organ donor card. Members of minority populations are especially needed to be organ donors. Minorities have higher rates of conditions like kidney disease and diabetes—which damage organs and tissues—than do Caucasians. It's a good idea to discuss your decision to become an organ donor with your family members, doctor, and religious leader.

## **For more information, contact:**

### **Organ and Tissue Donation Initiative**

Phone: 301-443-7577

Internet: <http://organdonor.gov>

### **Coalition on Donation**

Phone: 804-330-8620

Internet: [www.shareyourlife.org](http://www.shareyourlife.org)

### **National Minority Organ and Tissue Transplant Education Program**

Phone: 800-393-2839

Internet: [www.nationalmottep.org](http://www.nationalmottep.org)

### **United Network for Organ Sharing Transplantation Information Site**

Phone: 888-TXINFO1

Internet: [www.unos.org/frame\\_default.asp](http://www.unos.org/frame_default.asp)

## **In the future:**

Thirty years ago the *Bionic Man* and *Bionic Woman* were just the stuff of science fiction television. Not anymore!

### ◆ **Bionic Hearing.**

- *Cochlear Implant and Speech Processor:* This implant sends sound waves to the brain as electrical signals that stimulate the auditory nerve. It is only effective in individuals with some types of deafness.
- *Invisible Hearing Aid:* Tests are underway to develop a magnetic hearing aid that produces sounds that are much more natural than those produced by traditional hearing aids.

- ### ◆ **Artificial Eye Parts.** Scientists are testing an artificial retina component chip that would transmit images through the nerves of the eye to the brain. It would allow people with some forms of blindness to see shapes, movements, and large type. Scientists already use artificial lenses, made of transparent plastic, to replace natural lenses that have been damaged by cataracts. Scientists are also testing the use of miniature video cameras to help transmit images.

- ### ◆ **New Nerves.** These are currently being grown in laboratories from pig cells. The hope is to re-grow and replace damaged human nerves some day. Scientists are also developing motor and electronic devices to replace the work of nerves to help people with spinal cord and other nerve damage.

- ### ◆ **New Skin.** This is currently grown in the lab for burn and injury victims. In the future, the hope is to spur new skin to grow directly on the body.

APRIL

MON  
30

- ◆ **Artificial Muscles.** Scientists are using synthetic materials to create artificial muscles that can translate impulses from the nervous system into movements.
- ◆ **Bionic Arm or Leg.** The first full bionic arm is being tested, which can be controlled from the shoulder stump. The arm and hand are covered with a silicone rubber and can rotate or grip. Future arms and legs are being developed with a battery-powered motor and gear box that converts the power into movement.
- ◆ **Artificial Heart.** Today we have pacemakers to keep the heart beating steadily and heart machines that do the work of the heart during heart surgery. Some day we may have an artificial heart that can run on its own power.
- ◆ **Artificial Blood.** Scientists are working on numerous ways to make artificial blood that could be transfused into all people, regardless of blood type.
- ◆ **New Blood Vessels.** Scientists are experimenting with “proangiogenic” drugs to help grow new blood vessels. This could be used to speed wound healing, replace clogged arteries, improve lower-leg circulation, and more.
- ◆ **Artificial Body Parts.** In the future, scientists think there may be ways to grow new organs, cells, tissues, and nerves from material in the patients themselves that will replace damaged ones. The hope: to replace these body parts without using donors.
- ◆ **Fixing Bones.** Researchers are working on bone staples, cements, and bone growth stimulation to help repair broken bones more easily and effectively.
- ◆ **Other Bionic Body Parts.** Much work is being done to develop life-like artificial knees, joints, fingers, wrists, hips, chins, ears, and noses.

# MAY HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month’s theme and its action steps toward better health.

## *May – Mental Health: Lower Your Stress, Improve Your Health*

### **Community Action Steps:**

- ◆ Sponsor a support group for women that focuses on stress.
- ◆ Partner with a local gym to offer yoga classes for women.
- ◆ Ask schools and businesses to co-sponsor a series of women’s stress reduction workshops.
- ◆ Ask a local hospital to conduct depression screenings.
- ◆ Hold a book fair that makes mental health books available to women.

### **Personal Action Tips:**

- ◆ Identify sources of stress and change or avoid them.
- ◆ Keep a sense of humor in stressful situations.
- ◆ Smile when you’re down—it helps!
- ◆ Be gentle to yourself.

### **NOTES:**

---



---



---



---



---



---



---



---



---



---



---



---

### ***Federal Health Observances for May:***

National Osteoporosis Prevention Month  
 National Arthritis Month  
 National Digestive Diseases Awareness Month  
 National High Blood Pressure Education Month  
 National Stroke Awareness Month  
 National Teen Pregnancy Prevention Month  
 National Melanoma/Skin Cancer Detection and Prevention Month  
 National Mental Health Month  
 Asthma and Allergy Awareness Month  
 Better Hearing and Speech Month  
 Better Sleep Month  
 Hepatitis Awareness Month

## MAY

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13 <i>Mother's Day</i>	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 <i>Memorial Day (Observed)</i>	29	30	31	<p><i>"Now comes the May time, the wild hawk's play time With long blithe daytime And warm night showers."</i></p> <p>—<i>Georgiana Goddard King (Poet)</i></p>	

## ASIAN AND PACIFIC ISLANDER WOMEN'S HEALTH

**Asian and Pacific Islander women are a growing and diverse force in this country. Words of wisdom from some of these women follow.**

"We are not afraid to rock the boat. Making waves. This is what Asian American women have done and will continue to do."

~Asian Women United of California

"My race is a line that stretches across ocean and time to link me to the shrine where my grandmother was raised."

~Kesaya E. Noda (Writer and teacher)

"Let me not be sad because I am born a woman  
In this world, many saints suffer in this way"

~Janabai (Indian poet)

"Born into the Skin of yellow women  
We are born into the armor of warriors"

~Kitty Tsui (Writer)

"I was raised the Chinese way: I was taught to desire nothing, to swallow other people's misery, to eat my own bitterness. And even though I taught my daughter the opposite, still she came out the same way? Maybe it is because she was born to me and she was born a girl. All of us are like stairs, one step after another, going up and down, but all going the same way."

~Amy Tan (pictured below) (Writer)



### ***These are health issues of special concern to Asian American women:***

- ◆ **Access** to preventive and other health services.
- ◆ **Tuberculosis.** Rates are particularly high among Cambodian, Vietnamese, Chinese, Laotian, Korean, Indian, and Philippina women.
- ◆ **Hepatitis B.** Rates are high among Samoan, Cambodian, Laotian, Vietnamese, and Chinese women.
- ◆ **Cervical Cancer.** Rates are 5 times higher among Vietnamese women than among Caucasian women.
- ◆ **Breast Cancer.** Native Hawaiian women have the highest mortality rates from breast cancer of all women. Chinese and Japanese women in the U.S. have higher mortality rates than their counterparts in their home countries.
- ◆ **Suicide** is more common among Asian American women, especially the elderly.
- ◆ **Osteoporosis** is a high risk for many Asian women, especially if they have a small frame and low calcium intake.

For more information on Asian and Pacific Islander women's health, check out the following resources:

**Asian & Pacific Islander Women's Health**

Internet: [www.4woman.gov/faq/Asian\\_Pacific.htm](http://www.4woman.gov/faq/Asian_Pacific.htm)

**Office of Minority Health Resource Center**

Internet: [www.omhrc.gov/OMHRC/index.htm](http://www.omhrc.gov/OMHRC/index.htm)

**National Asian Women's Health Organization**

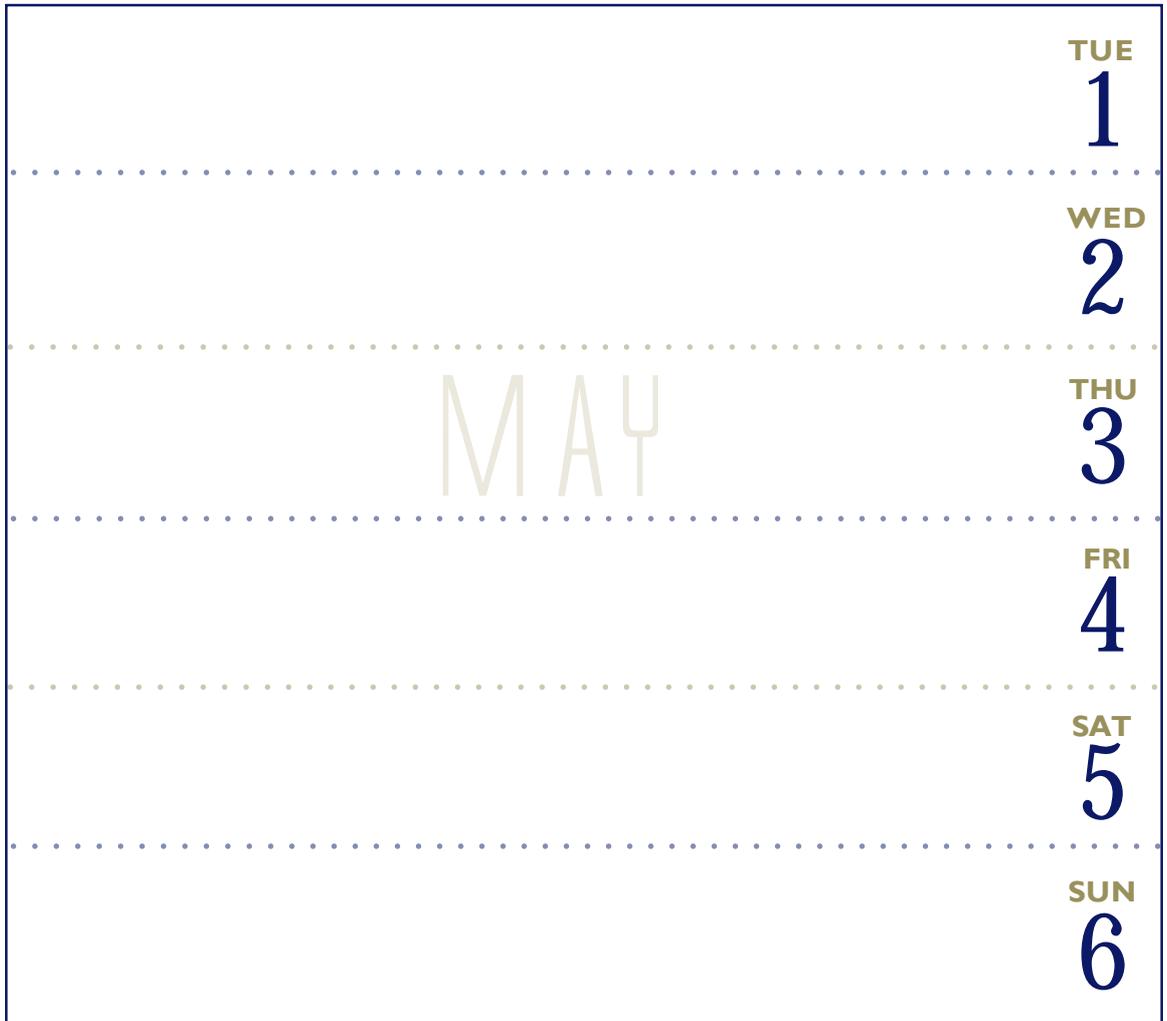
Phone: 415-989-9747

Internet: [www.nawho.org](http://www.nawho.org)

**National Women's Health Information Center**

Phone: 800-994-9662

Internet: [www.4woman.gov/minority/asian.htm](http://www.4woman.gov/minority/asian.htm)



Your mental health is as important as your physical health. In fact, the two are intimately linked, each one affecting the other. One out of every five Americans lives with some type of mental illness. Two out of three don't get treatment, in spite of the fact that there are many effective treatments that could improve their lives.

*There are many different mental illnesses or disorders. Here are some common facts you should know about all of them:*

1. Anyone can develop a mental illness.
2. Mental illness is a disease, not a sign of personal weakness. It should be treated like any other serious disease, by seeking professional care from your doctor.
3. There are a range of treatments for mental illnesses. They should be chosen based on your particular needs and preferences.
4. There are no instant cures, but there are effective treatments.
5. Mental illness may disrupt your daily functioning for a short time, for longer periods, or over the lifetime.
6. A mental illness may become more severe or less severe over time.
7. Mental illnesses vary from person to person, and treatment and therapy need to be adjusted to each individual.
8. You need to feel comfortable with your mental health provider, so you can reach and maintain health and balance.
9. Family and friends are important partners in helping you treat and manage mental illness.

**The treatments for mental illnesses are as varied as the illnesses themselves and the people they affect. And each type of treatment includes different options. Many people find that a combination of different treatments works best.**

*The main categories of treatment include:*

- Counseling (individual or group)
- Psychotherapy
- Medication therapy
- Alternative and complementary therapies
- Rehabilitation

*Here are some of the more common mental illnesses:*

1. **Depression.** A common illness, and not just a mood. Signs may include feelings of sadness, anxiety; loss of appetite, energy, or desire; pessimism, emptiness, and thoughts of death or suicide.
2. **Anxiety Disorders.** These cause a high level of anxiety and panic.
3. **Post-traumatic Stress Disorder.** This is linked to a traumatic event (war, torture, rape, kidnapping, natural disaster, airplane crash, etc.) that overwhelms your natural ability to cope. Signs may include recurring episodes of panic, terror, or despair that are felt in daytime fantasies, nightmares, or flashbacks.
4. **Seasonal Affective Disorder (SAD).** This involves depression-like symptoms that occur during periods of the year with little sunshine. Light therapy is an effective treatment.
5. **Addiction.** This involves the regular misuse of alcohol, illegal drugs, or prescription medicines that interferes with everyday activities and that creates a growing need for, and dependence on, the drug.
6. **Eating Disorders.** Some involve eating too little (like anorexia); eating too much (binge eating disorder); or purging food (forced vomiting, excessive exercise) after it has been eaten. They are often linked to depression and can result in serious health problems or death.
7. **Schizophrenia.** This disease may cause one or many psychotic episodes. These involve hallucinations, losing a sense of reality, living in another reality, delusions, disordered thinking, extreme emotions, or other behavior not normal for that person. There is no known cure, but there are many treatments.

For more information, contact:

**National Institute of Mental Health**

Internet: [www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Mental Health Consumers' Self-Help Clearinghouse**

Phone: 800-553-4539

Internet: [www.mhselfhelp.org](http://www.mhselfhelp.org)

**National Mental Health Association**

Phone: 800-969-6642, 800-433-5959 (TDD)

Internet: [www.nmha.org](http://www.nmha.org)

	MON 7
	TUE 8
	WED 9
MAY	THU 10
	FRI 11
	SAT 12
	SUN 13

*Mother's Day*

## *What is asthma?*

Asthma is a disease of the airways in the lungs. An asthma attack is usually associated with a "trigger," such as a virus, smoke, dust, mold, animal hair, roaches, or pollen. When an asthma attack occurs, the breathing airways react by swelling up and making the air passage more narrow. This makes it hard to breathe. Symptoms of asthma may include wheezing, coughing, shortness of breath, and a feeling of tightness in the chest.

## *What should I do if I think I may have asthma?*

If you have any of the symptoms listed above, have a complete checkup to find out what the problem is. You may undergo different tests: spirometry (to measure how open your airways are); a chest x-ray; an electrocardiogram (to see if you have heart disease); and a blood test.

## *If I have asthma, what should I do?*

- ◆ You may be treated with medicines that help open up your airways.
- ◆ You should talk openly with your doctor. Discuss any other medication you take (even eye drops, aspirin, alternative therapy). If you have a medicine that you need to inhale, ask your doctor if you are doing it correctly.
- ◆ Watch for early symptoms and respond quickly to them to prevent a serious attack. Have a plan for daily treatment and one for emergencies.
- ◆ Stay away from triggers, like smoke, pollens, animals, dust, mold, roaches, air pollution, and viruses.
- ◆ See your doctor at least every 6 months, so your condition and treatment plan can be checked.



## *What are allergies?*

Allergies occur when the body over-reacts to "allergens" that can be in things that we eat, breathe, or touch. Common allergies are caused by things like pollen, shellfish, peanuts, tree nuts, fish, eggs, milk, latex rubber, insect bites, and some medications. Allergies may range from mild to quite severe.

An allergic reaction may show symptoms such as hay fever; dermatitis (an irritation on the skin); asthma; mood changes; or anaphylactic shock (a life-threatening swelling of the throat and airways).

Treatments may include medications, reducing exposure to allergens, or a series of allergy shots to help you develop a resistance to certain allergens.

*For more information, contact:*

**National Heart, Lung, and Blood Institute**

Phone: 301-592-8573

Internet: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

**National Institute of Allergy and Infectious Diseases**

Internet: [www.niaid.nih.gov](http://www.niaid.nih.gov)

**American Academy of Allergy, Asthma and Immunology**

Phone: 800-822-2762

Internet: [www.aaaai.org](http://www.aaaai.org)

**National Allergy Bureau Pollen Information Line**

Phone: 800-9-POLLEN

MON  
14

TUE  
15

WED  
16

THU  
17

FRI  
18

SAT  
19

SUN  
20

MAY

# OSTEOPOROSIS

There's been a lot of confusion lately about osteoporosis, with conflicting messages about whether you are at risk and, if you are, what you should do about it. Here's some information to help you sort it out.

## *First, what is osteoporosis?*

Osteoporosis is a condition where the bones become brittle, weakened, and more likely to break. The symptoms may not appear until you are elderly and break a bone or until you develop a dowager's hump. But the roots of the disease stretch over your entire lifetime. Peak bone growth and development occurs when we are small children and teenagers. By age 20, we've developed 98% of our total bone mass. After about age 35, our bones naturally lose mass unless we take steps to help keep them strong and healthy.

## *What can I do to help keep my bones healthy?*

**Get Enough Calcium.** Most women don't get nearly the amount of calcium they should: 1,500 mg a day for teens; 1,000 mg for women who have not reached menopause; 1,200–1,500 mg during pregnancy and breastfeeding; and 1,500 mg a day after menopause if you are not on hormone replacement therapy. You also need vitamin D to help your body absorb calcium, but most women get enough of this vitamin from fortified milk or sunshine.

**Get Regular Exercise.** Any type of weight-bearing exercise (where you support your own weight or lift weights) for 30 minutes a day will help keep your bones and muscles strong and agile. Examples include walking, jogging, dancing, stair climbing, or lifting weights.

**Don't Smoke.** Smoking blocks your body's ability to absorb calcium, and it leads to lower bone density.

## *For more information, contact:*

### **Osteoporosis and Related Bone Diseases National Resource Center**

Phone: 800-624-BONE

Internet: [www.osteoo.org/](http://www.osteoo.org/)



**Don't Abuse Alcohol.** Alcohol is toxic to the cells that build bone. It also decreases your body's levels of calcium, vitamin D, and estrogen, which are good for your bones.

## **Cut Down on Your Intake of Soft Drinks.**

**Ask Your Doctor If Any of Your Medications Increase Your Risk.** Medications that may cause bone loss include glucocorticoids (to treat arthritis, asthma, Crohn's disease, lupus, and other diseases of the lungs, kidneys, and liver); antiseizure medications used long-term; gonadotropin-releasing hormone (used to treat endometriosis); excessive use of aluminum-containing antacids; certain cancer treatments; and excessive thyroid hormone.

## **Find Out If You Are at High Risk for Osteoporosis.**

Your risk increases if you are elderly, a smoker, a heavy drinker, anorexic or undernourished, have a small frame, a diet low in calcium, a family history of osteoporosis, or have had to take some of the medications listed in the previous paragraph for an extended period.

**If you have osteoporosis or are at high risk, your doctor may recommend hormone replacement therapy** (if you have passed menopause) or a medication to help prevent bone loss (Evista, Fosamax) and boost bone density (Calcitonin, Actonel).

### **National Osteoporosis Foundation**

Phone: 800-223-9994

Internet: [www.nof.org/](http://www.nof.org/)



- ◆ New, more effective medications will help rebuild bone mass in people with bone loss.
- ◆ New medications will also boost the body's ability to maintain healthy bones and prevent bone loss.
- ◆ Doctors will use ultrasound devices to look at bones because they are safer than x-rays and provide an effective alternative.

	MON <b>21</b>
	TUE <b>22</b>
	WED <b>23</b>
MAY	THU <b>24</b>
	FRI <b>25</b>
	SAT <b>26</b>
	SUN <b>27</b>

## SLEEP DISORDERS

There's no substitute for sleep. You may feel that you only need 5-6 hours of sleep to get by, but your body probably needs more like 8-8½ hours of sleep each night. If you don't get enough sleep, you build up a sleep debt. You can make up some of that debt by sleeping in on weekends. But after a while, you can't catch up. Lack of sleep doesn't just affect your appearance. It can cost you your life because it increases your chances of falling asleep at the wheel, losing concentration, forgetting things, having difficulties controlling your emotions, and having slower reflexes and responses.

### *Here are things that may keep you from getting a good night's sleep:*

- ◆ **Chronic illnesses** such as asthma, congestive heart failure, rheumatoid arthritis, or any other chronic, painful disorder.
- ◆ Some **medications** to treat high blood pressure, some heart medications, and asthma medications such as theophylline.
- ◆ **Alcohol** may make a sleepy person more sleepy, but it actually disrupts your sleep during the night, so you may feel sleepy during the day. Beware of liquid cold medications; some of them contain alcohol, too.
- ◆ **Caffeine**, whether consumed in coffee, tea, soft drinks, or medications, makes it harder for many people to fall asleep and stay asleep. Caffeine stays in the body for about 3 to 7 hours, so even if you take it earlier in the day it may keep you awake.
- ◆ **Nicotine** from cigarettes or a skin patch is a stimulant and makes it harder to fall asleep and stay asleep.
- ◆ **Shift work**—working nights or very early morning shifts—can also disrupt your sleep. Roughly 20%-25% of all workers have one of these schedules. Shift work goes against your body's natural clock, especially if you are also taking care of children or loved ones during the day.

### *If you have constant trouble getting a good night's sleep, you may be suffering from a sleep disorder.*

**Insomnia** is the perception of poor-quality sleep due to difficulty falling asleep, waking up during the night with difficulty returning to sleep, or waking up too early in the morning. Common causes include depression, medical conditions, medications, changes in sleep environment, stress, or jet lag.

**Sleep apnea** is a serious disorder caused by interrupted breathing that forces you to awaken many times during the night. It leads to problematic sleepiness during the day.

**Narcolepsy** is an uncontrolled, excessive sleepiness that may cause you to fall asleep suddenly at inappropriate times.

**Restless legs syndrome** causes unpleasant sensations in the legs, often described as creeping, crawling, pulling, or pain. These sensations frequently occur in the evening, making it difficult to fall asleep.

### *How can I get a better night's sleep?*

- ◆ Try moving up your bedtime by 15 minutes each night until you've added the extra hour or more that you need.
- ◆ If you can't lengthen your sleep time at night, trying adding a 30-60 minute nap during the day. On the other hand, if you can sleep longer at night, avoid taking naps during the day.
- ◆ Avoid caffeine, nicotine, and alcohol before going to bed.



### *How can I get a better night's sleep? (con't)*

- ◆ Make sure your sleeping environment is comfortable (not too hot or too cold), quiet, and dark.
- ◆ Learn to use relaxation therapy.
- ◆ Learn about reconditioning therapy, which helps your body get used to associating the bed and bedtime with sleep.
- ◆ Try to go to bed at the same time each night.

### *For more information on sleep disorders, contact the following organizations:*

**National Center on Sleep Disorders  
Research**

Phone: 301-435-0199

Internet: [www.nhlbi.nih.gov/about/ncsdr/](http://www.nhlbi.nih.gov/about/ncsdr/)

**National Sleep Foundation**

Internet: [www.sleepfoundation.org](http://www.sleepfoundation.org)

**American Academy of Sleep Medicine**

Internet: [www.aasmnet.org](http://www.aasmnet.org)



# JUNE

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>"Summer shrewd doctor, treats the eye before all else, sends on the season's tray of soft foods, pollen and rose."</i></p> <p>—Patricia Hampt (Poet)</p>					1	2
					3	4
10	11	12	13	14	15	16
				<i>Flag Day</i>		
17	18	19	20	21	22	23
<i>Father's Day</i>				<i>Summer begins</i>		
24	25	26	27	28	29	30

## COMPLEMENTARY AND ALTERNATIVE MEDICINE

**Complementary and alternative healthcare and medical practices (CAM) are those healthcare and medical practices that are not currently considered part of “mainstream” medicine. There are 5 basic types of CAM therapies:**

- ◆ **Alternative medical systems** include traditional medical practices from Asian, Indian, Native American, Aboriginal, African, Middle-Eastern, Tibetan, and Latin American cultures. They may be considered “alternative” in the U.S. and “mainstream” in their own cultures. This group also includes homeopathy and naturopathy. Homeopathy uses small doses of plant extracts and minerals to help the body’s natural defenses to heal and fight off disease. Naturopathy uses therapies like diet, acupuncture, water therapies, light therapy, electric currents, massage, and counseling.
- ◆ **Mind-body interventions** use techniques like meditation, hypnosis, dance, music, art therapy, prayer, and mental healing.
- ◆ **Biologically-based methods** include herbal therapies, special diets (Atkins, Ornish, Pritikin, Weil, for example), vitamin and mineral supplements, and individual biological therapies (laetrile, shark cartilage, bee pollen).
- ◆ **Manipulation and/or movement of the body.** This category includes practices like chiropractics, osteopathy, and massage.
- ◆ **Energy therapies** focus either on energy fields originating within the body (biofields) or those from other sources (electromagnetic fields). Examples include Qi gong, Reiki, Therapeutic Touch, and the unconventional use of electromagnetic fields (pulsed fields, magnetic fields, or alternating current or direct current fields) to treat pain or disease.

### *What should I do if I want to try complementary and alternative medicine?*

- ◆ **Consult Your Healthcare Provider.** Your provider may be able to give you good advice and references for complementary and alternative therapies. It’s also very important to coordinate therapies to avoid bad interactions.
- ◆ **Assess the Safety and Effectiveness of the Therapy.** Remember that natural does not necessarily mean safe. The contents of many herbal and alternative therapies are not regulated by the U.S. Food and Drug Administration for purity, safety, or safe dosages. Get as much information as you can from your pharmacist, health provider, and the resources listed on the previous page.
- ◆ **Examine the Practitioner’s Expertise and Service.** Talk to former patients, look at the practitioner’s credentials. Look at the condition of the office. Find out how many patients he or she treats and how long each visit lasts.
- ◆ **Consider the Claims.** Does the product or provider make outrageous claims? Remember: If it sounds too good to be true, it probably is. Be an informed consumer. Find out as much as you can about the product and provider.
- ◆ **Consider the Costs.** At present, many complementary and alternative treatments are not reimbursed by health insurance.

# COMPLEMENTARY AND ALTERNATIVE MEDICINE



*Here are some sources of reliable information on these therapies:*

**National Center for Complementary and Alternative Medicine Clearinghouse**

Phone: 888-644-6226

Internet: <http://nccam.nih.gov>

**American Holistic Medical Association**

Internet: [www.holisticmedicine.org](http://www.holisticmedicine.org)

**Herb Research Foundation**

Phone: 800-748-2617

Internet: [www.herbs.org](http://www.herbs.org)

**Office of Dietary Supplements, at the National Institutes of Health**

Internet: <http://odp.od.nih.gov/ods/>



## What is a stroke?

A stroke (or brain attack) occurs when the blood supply to part of the brain is suddenly interrupted or when a blood vessel in the brain bursts, spilling blood into the spaces surrounding brain cells. This blocks the supply of oxygen to the brain cells, causing them to die.

The **signs of a stroke** appear suddenly and may include numbness or weakness, especially on one side of the body; confusion or trouble speaking or understanding speech; trouble seeing in one or both eyes; trouble walking, dizziness, or loss of balance or coordination; or sudden severe headache with no known cause.

**If you suspect you or someone you know is experiencing any of these symptoms of a stroke, do not wait. Call 911 emergency immediately.**

There are now effective therapies for stroke that must be administered at a hospital, but they lose their effectiveness if not given within the first 3 hours after stroke symptoms appear. Every minute counts!

The **effects of a stroke** can include weakness or paralysis; problems with balance or coordination; problems with speech or writing; problems with memory, mood, attention, or learning; trouble swallowing; incontinence; and getting tired very quickly.

Physical, occupational, speech, and psychiatric therapy are **treatments** that may be used to help people recover from a stroke.

You are at **higher risk** of having a stroke if you have high blood pressure, smoke, have heart disease, have diabetes, or have ever had a previous stroke, including small transient ischemic attacks. Pregnancy, childbirth, and the six weeks following childbirth also increase the risk of stroke, although strokes are relatively rare in women of reproductive age.



### In the future:

- ◆ Scientists are experimenting with neuroprotective agents—medications that could protect the brain from damage during a stroke.
- ◆ Researchers are studying animal hibernation to see what lessons it can provide about protecting the brain cells from decreased blood flow.
- ◆ Efforts to find new ways to help the brain repair itself are focused on transcranial magnetic stimulation—a process that puts a small magnetic current in a damaged area of the brain to increase the speed of recovery after a stroke.

### For more information, contact:

#### National Institute on Neurological Disorders and Stroke

Phone: 301-496-5751

Internet: [www.ninds.nih.gov/health\\_and\\_medical/disorders/stroke.htm](http://www.ninds.nih.gov/health_and_medical/disorders/stroke.htm)

#### National Foundation for Brain Research

Internet: [www.brainnet.org](http://www.brainnet.org)

#### American Stroke Association

Phone: 888-4-STROKE

Internet: [www.strokeassociation.org](http://www.strokeassociation.org)

	MON 4
	TUE 5
	WED 6
JUNE	THU 7
	FRI 8
	SAT 9
	SUN 10

There's more than your smile at stake when it comes to your teeth. You need healthy teeth to eat and speak.

### *What can I do to keep my teeth healthy?*

- ◆ Brush twice daily with fluoride toothpaste. Use a soft bristle toothbrush. Gently brush with circular movements and short, back-and-forth strokes. Take time and brush carefully along the gum line. Lightly brush your tongue.
- ◆ Use dental floss daily. If you have trouble using floss, ask your dentist about other interdental cleaners, like picks, sticks, and brushes.
- ◆ Your dentist may recommend that you use an antibacterial mouthrinse each day.
- ◆ Eat a healthy, balanced diet, with plenty of calcium.
- ◆ Don't smoke.
- ◆ Don't drink alcohol excessively.
- ◆ Visit your dentist every 6 months for cleaning and a checkup.
- ◆ If you have diabetes, you may be at greater risk for gingivitis or periodontitis. Keeping your diabetes in check will help reduce that extra risk.
- ◆ If you wear dentures, brush them daily and place them in water or denture cleaner while you sleep. See your dentist regularly.

### *What are the main problems that may affect my teeth?*

**Cavities:** Caused by bacteria that live in your mouth. The bacteria live on sugars and produce acids that dissolve minerals on the surface of your teeth, causing decay.

**Plaque:** A sticky film of bacteria that grows on your teeth. It can lead to tooth decay or irritate your gums.

**Gingivitis:** An inflammation or infection of the gums.

**Periodontitis:** An inflammation or infection of the bone that holds your teeth in place. It can lead to receding gums and eventually to tooth loss.

**Dry mouth** can result from disease, medical treatment, or medications. It can make it hard to eat, swallow, taste, and speak. Drink extra water and avoid sugary snacks, beverages with caffeine, tobacco, and alcohol to relieve the symptoms.

### *What are the main problems that may affect my teeth? (Con't)*

**Oral cancer** (mouth cancer) can be treated if found early through regular dentist visits. People who smoke cigarettes, use other tobacco products, or drink heavily increase their risk for oral cancer.

### *In the future:*

- ◆ **Friendly Toothbrush, DDS.** Your toothbrush won't really replace your dentist, but in the future it may check for cavities, remove plaque, and monitor the health of your gums.
- ◆ **Growing Replacement Teeth.** Advances in cell and genetic research may lead to ways to regenerate teeth instead of using false teeth.
- ◆ **Better Building Materials.** To improve smiles, dental researchers are looking at better, more natural-looking materials to restore or replace teeth.
- ◆ **Virtual Smile.** The newest imaging systems help predict what a new smile will look like before cosmetic or rebuilding surgery.
- ◆ **Computer-Assisted Anesthesia** is being tested to numb teeth for dental work.
- ◆ **New Vaccines.** Scientists are working on a promising vaccine-like treatment that, when applied to the teeth, prevents the bacteria involved in tooth decay from growing in the mouth for up to 4 months. Another vaccine is being developed to boost children's immune systems to prevent decay by keeping the bacteria from sticking to teeth.
- ◆ **Lasers** are being tested to remove tooth decay without the pain and vibrations of drilling.

*For more information, contact:*

**National Oral Health Information Clearinghouse**

Phone: 301-402-7364

Internet: [www.nohic.nidcr.nih.gov](http://www.nohic.nidcr.nih.gov)

***Oral Health in America: A Report of the Surgeon General***

Phone: 301-402-7364

Internet: [www.nidcr.nih.gov/sgr/sgrohweb/welcome.htm](http://www.nidcr.nih.gov/sgr/sgrohweb/welcome.htm)



	<b>MON</b> <b>11</b>
	<b>TUE</b> <b>12</b>
	<b>WED</b> <b>13</b>
<b>JUNE</b>	<b>THU</b> <b>14</b> <i>Flag Day</i>
	<b>FRI</b> <b>15</b>
	<b>SAT</b> <b>16</b>
	<b>SUN</b> <b>17</b> <i>Father's Day</i>

# HEADACHE

**There are many types of headaches. Some may be a mild nuisance. Others may wreck your ability to go about your daily business. Here's a guide to some common headaches:**

**Tension headaches** may be caused by stress, anxiety, strong emotions, muscle tension, or muscle stiffness.

**Cluster headaches** tend to occur repeatedly at roughly the same time of day or night. They are more common in men.

**Pressure headaches** can occur as a result of high blood pressure, anger, vigorous exercise, or sexual excitement.

A high **fever** from an illness or infection may cause a headache.

**Substances** such as food additives, medications, alcohol, poisons, or solvents can cause headaches.

You may also experience headaches if you stop drinking **caffeine**.

**Sinus infections** may also cause headaches from the built-up pressure in the sinuses.

The most common **treatment** for these headaches is pain relief medication. Other treatments may include relaxation therapy, biofeedback, anti-depressant medications, oxygen therapy, physical therapy, massage, and gentle neck exercises.

**Migraine headaches** are usually characterized by severe pain on one or both sides of the head, an upset stomach, and at times disturbed vision (flashing lights, zigzag lines, or temporarily loss of vision). Other symptoms may include speech difficulty, weakness of an arm or leg, tingling of the face or hands, and confusion about 30 minutes after the onset of the headache. Migraines may last hours or even days. They may be triggered by different factors, like stress and other emotions, fatigue, glaring or flickering lights, changes in the weather, and certain foods or smells.

**Treatments for migraine headaches** are directed at prevention and treatment. They include medications, biofeedback, relaxation training, and special anti-migraine diets.

Some types of headache are signals of more serious disorders, like a brain tumor, stroke, meningitis, or head injury.

## ***Signs that you need to get prompt medical attention include:***

- ◆ Sudden, severe headache
- ◆ Sudden, severe headache associated with a stiff neck
- ◆ Headache associated with fever
- ◆ Headache associated with convulsions
- ◆ Headache accompanied by confusion or loss of consciousness
- ◆ Headache following a blow on the head
- ◆ Headache associated with pain in the eye or ear
- ◆ Persistent headache in a person who was previously headache-free
- ◆ Recurring headache in children
- ◆ Headache that interferes with normal life

*For more information, contact:*

**Frequently Asked Questions about Migraine Headaches**

Internet: [www.4woman.gov/faq/migraine.htm](http://www.4woman.gov/faq/migraine.htm)

**American Headache Society**

Phone: 609-423-0043

Internet: <http://ahsnet.org/>

**National Headache Foundation**

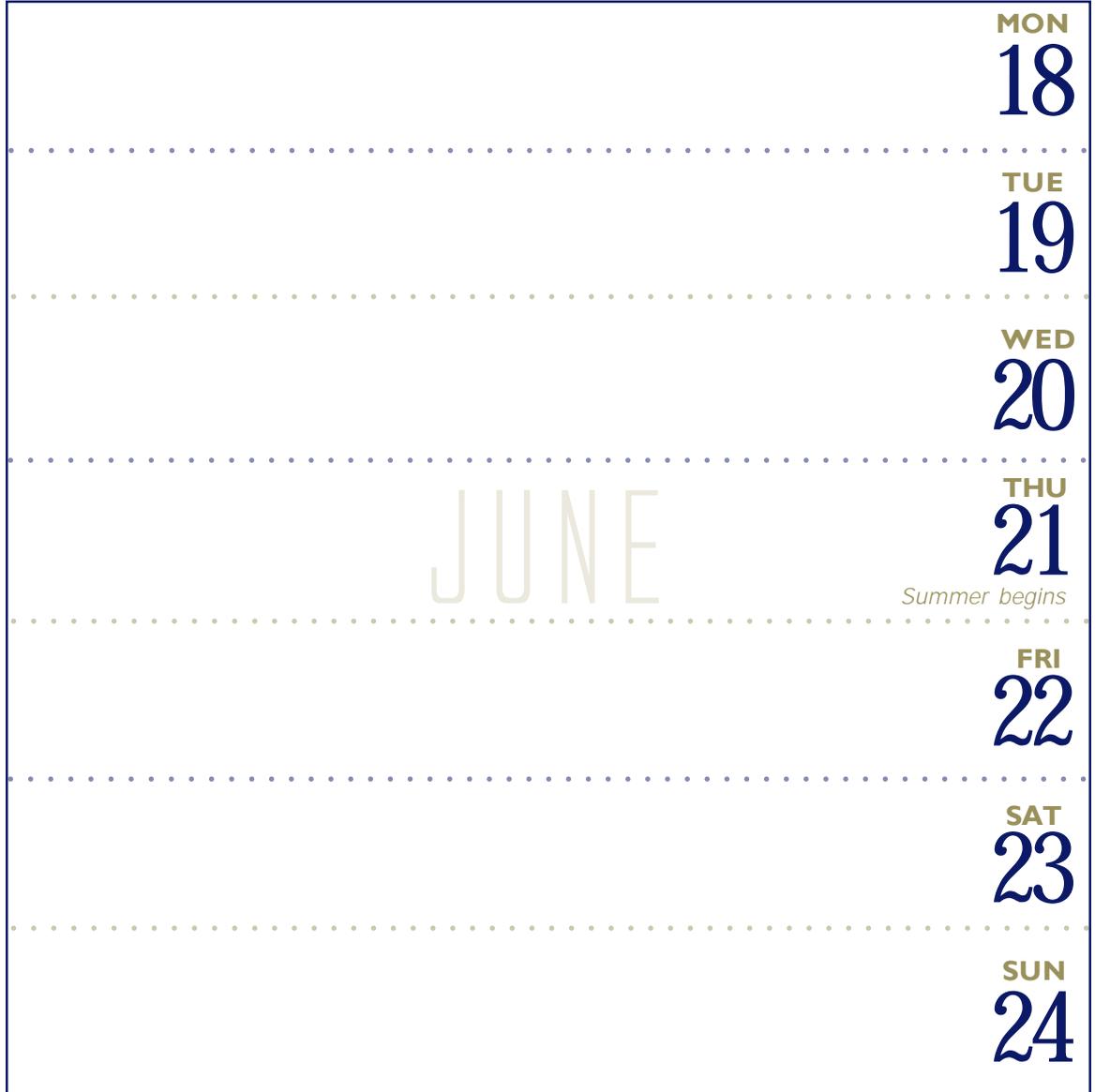
Phone: 888-NHF-5552

Internet: [www.headaches.org](http://www.headaches.org)

**American Council for Headache Education (ACHE)**

Phone: 800-255-2243

Internet: [www.achenet.org/](http://www.achenet.org/)



# CUTS, BITES AND WOUNDS

Here's what you should know about treating common boo-boos:

## Get immediate emergency care if:

- ◆ You are bleeding a lot, if the bleeding doesn't stop after 10 minutes of applying pressure to the injury, or if you are hurt very badly. Press on the wound with a clean gauze pad or cloth to help slow the bleeding.
- ◆ You have been bitten or scratched by a wild animal or by an animal that was behaving strangely.
- ◆ A body part is severed (cut off). Wrap the severed part in clean gauze or cloth and bring it with you to the emergency room.
- ◆ You are badly burned.

## Minor Cuts and Scrapes:

- ◆ Wash the wounded area with mild soap and water and remove any dirt. Dry gently with a clean cloth.
- ◆ Stop the bleeding by applying pressure using a gauze pad or clean cloth.
- ◆ Cover with a protective bandage. Change bandage at least once a day.
- ◆ If the wound becomes red, tender, or oozes fluid, see your doctor!

## Puncture Wounds (deep, narrow, produced by a penetrating object):

- ◆ Don't pull anything out of a puncture wound if blood gushes from it. Instead, get emergency care! Otherwise, remove the object that caused the wound. Use clean tweezers (light a match to the ends of the tweezers to sterilize them).
- ◆ Wash the wound with warm water and soap, or take a bath/shower to clean it.
- ◆ Let the wound bleed to clean itself out. Cover it with a bandage if it is big or still bleeds a little. Otherwise, leave it open.
- ◆ Soak the wound in warm, soapy water two to three times a day.

## Animal Scratches or Bites:

- ◆ Call your doctor. Bites or scratches that break the skin, whether they are caused by humans or animals, can cause infection and spread disease.
- ◆ You may need antibiotics, a tetanus shot, or a rabies vaccination.
- ◆ Clean the wound with soap and water. Hold it under running water for 5 minutes. Do not put antiseptic cream on the wound.
- ◆ If an animal caused the wound, find it. It may need to be observed for rabies.

**Minor burns** can be treated by applying topical antibiotics (creams or ointments). The most common are silver sulfadiazene cream, mafenide acetate cream, and silver nitrate.

**Watch out for infection!** Call your doctor if you have pain, redness, swelling, discharge, fever, or swollen lymph nodes.

**Watch out for tetanus!** This is a serious, often fatal disease caused by a bacteria. It can develop from wounds, scratches, bites, frostbite, burns, or after surgery. To prevent it, get a tetanus shot every 10 years. Get one immediately if you've had a severe cut, wound, or bite.



## In the future:

- ◆ **Better bandaids** will improve healing, release antibiotics, and stay on in water.
- ◆ **Spray-on foam** will promote fast and strong blood clotting to seal wounds and stop heavy bleeding.
- ◆ **Dissolvable bandages** will be used to patch up internal injuries and save people from bleeding to death.
- ◆ **Time-release drug patches** will deliver medicine slowly through tiny needles that you don't even feel to help prevent infection.

*For more information, contact:*

**National Center for Injury Prevention  
and Control**

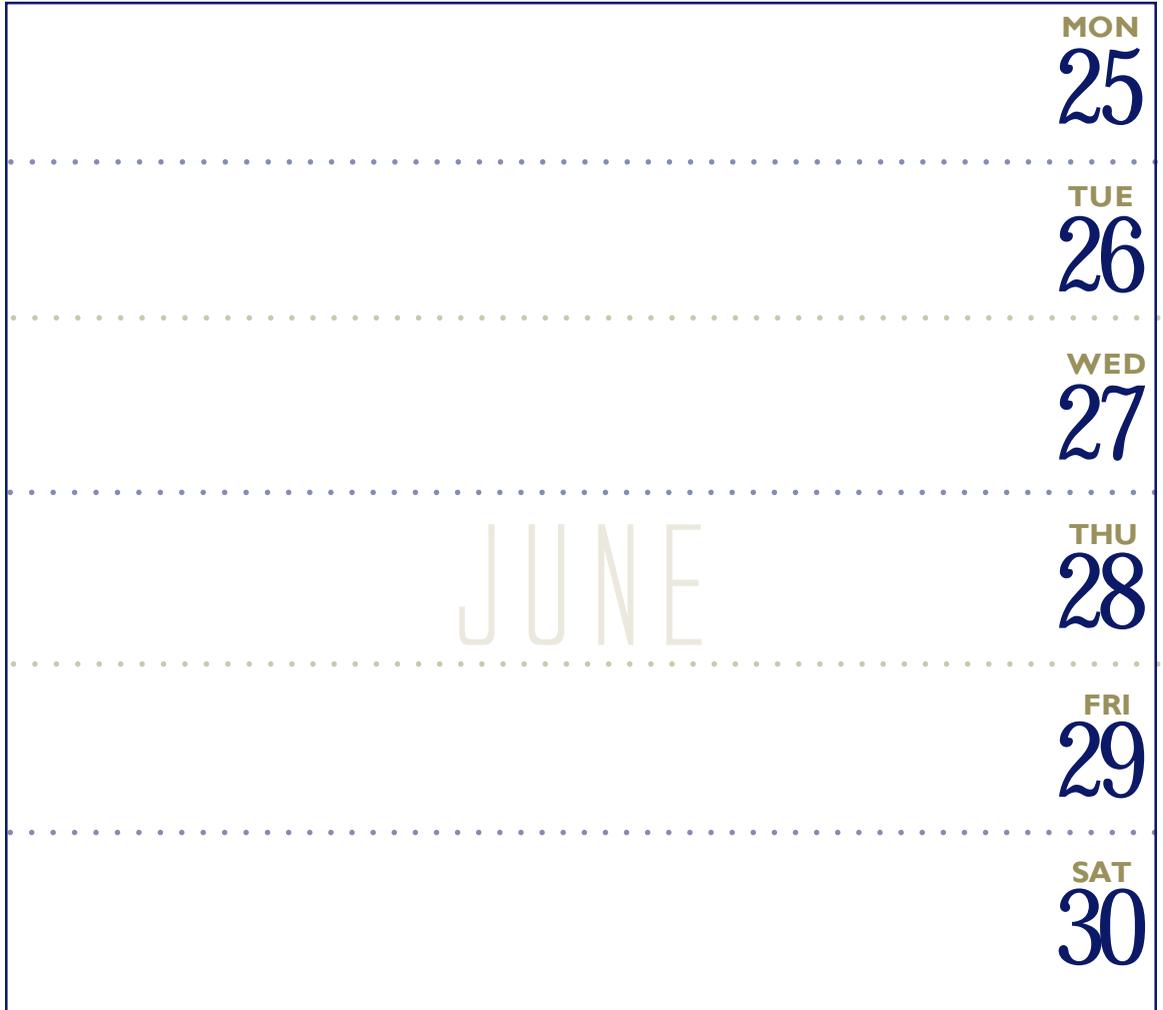
Phone: 770-488-1506

Internet: [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)

**National Injury Information  
Clearinghouse**

Phone: 301-504-0424

Internet: [www.cpsc.gov/about/clrnghse.html](http://www.cpsc.gov/about/clrnghse.html)





SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4 <i>Independence Day</i>	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	<p><i>"July was a month when summer, like bread in the oven, might change color, but it would rise no higher. It was at its height."</i>                      —Jessamyn West (Novelist, screenwriter)</p>			

**A future in space will certainly include women. Here's what we've learned about women's health in space and how it affects us back on Earth.**

***Women's health in space:  
What's different?***

- ◆ Your bones and muscles need to work against gravity to stay strong. Because there's little or no gravity in space, astronauts, especially female astronauts, lose bone mass and muscle strength. In response, NASA has developed special diets and exercises to decrease the loss of muscle and bone mass during and after space flights.
- ◆ The lack of gravity in space also means there is no up or down. This can lead to problems with balance, mobility, and orientation – which are problems experienced by some elderly people on Earth. NASA has developed special methods to correct for these problems and to reduce the chance of injury.
- ◆ We don't know what effects space exploration might have on pregnancy. Concerns are that the lack of gravity and the higher levels of radiation in space could affect a developing baby.

***How does what we learn in space affect women's health? Here are a few examples:***

- ◆ Tools that measure bone loss in astronauts have improved the way we measure the risk of osteoporosis on Earth.
- ◆ NASA has built a special tissue-growing chamber that grows cells similar to those in human cancers. They use these cells to test the effects of new treatments for cancers like breast and ovarian cancer.
- ◆ Scientists are also using cell-growing technology developed for the space program to try to grow replacement bone and cartilage to treat conditions like arthritis.



***More examples:***

- ◆ Lessons about balance, exercise, bone health, and the effects of space flight on an elder American have been combined in an exercise manual for older Americans (available on the Internet: <http://weboflife.arc.nasa.gov/exerciseandaging/>).
- ◆ Men and women respond differently to the effects of higher radiation levels in space. This discovery has led to changes in how work hazard gear and radiation detectors are designed. They are designed differently for men than for women for use on Earth as well as in space.
- ◆ Technology developed to measure the temperature of the distant stars and planets has been used to develop the new ear thermometers that measure your temperature in just 2 seconds.
- ◆ The adaptation of space suits and equipment to meet women's needs has influenced the re-design of machinery and equipment on Earth to better fit both men and women.
- ◆ NASA had to develop special carbon monoxide detectors for the space station Skylab. Now you can get similar ones to use in your home.
- ◆ The special silicon chips that were designed for the Hubble Space Telescope are being adapted on Earth to take better images of breast tissue, so breast cancer can be detected in a faster, more reliable way.

- 1953** Jacqueline Cochran becomes the first woman to break the sound barrier. In 1964, she establishes a new world speed record by flying in an F-104 at 1,429.2 miles per hour.
- 1960** Thirteen women pilots go through a privately funded set of physical and mental tests for space training, but only men are trained in NASA's program.
- 1963** Valentina Tereshkova, a Soviet cosmonaut, orbits the Earth. She is the first woman in space.
- 1965** Marjorie R. Townsend becomes the first woman to manage a U.S. spacecraft launch.
- 1978** NASA finally begins to train women as astronauts.
- 1983** Sally Ride is the first female American astronaut in space.
- 1984** Kathy Sullivan is the first female American astronaut to go on a space walk. It lasts 3½ hours.
- 1986** School teacher Christa McAuliffe is part of the crew on the Space Shuttle Challenger that tragically explodes 73 seconds after take-off, killing everyone on board.
- 1991** Eileen Collins is the first American woman to pilot the Space Shuttle. In 1998, she is named the first female commander astronaut, and in 1999 she becomes the first woman to command a space mission.
- 1991** Donna Shirley becomes chief engineer of a \$1.6-billion project to explore asteroids, a comet, and Saturn. She also becomes director of the Mars exploration program.
- 1992** Mae Jennison is the first African American woman in space.
- 1994** Ellen Ochoe is the first Hispanic American woman in space.
- 1996** Shannon Lucid breaks the record for the longest time spent in space by an American. She lives on board the Mir Space Station for 5 months. She also becomes the first woman to be awarded the Congressional Space Medal of Honor, presented by the President of the United States.
- 1997** Jennifer Harris manages the mission to land the Sojourner Pathfinder robot on Mars.
- 2000** Twenty-five percent of NASA's astronauts are women, nearly one-third of NASA's workforce are women, and 16 percent of NASA's scientists and engineers are women.

JULY

SUN  
1

Scientists expect that getting older in the 21<sup>st</sup> century isn't going to be what it used to be. They expect we'll be living longer and staying healthier than ever before. Here's what may lie ahead.



*In the future:*

- ◆ **Re-generative Medicine.** Scientists expect they'll be able to replace worn or damaged parts of the body with new types of transplants or newly created cells and organs.
- ◆ **Re-set Body Clocks.** Tiny cellular clocks called *telomeres* seem to get shorter as we age. By learning how to lengthen them, scientists expect to help people live longer.
- ◆ **New Brain Cells.** Learning how to repair or replace damage to brain cells could help us live longer and avoid the brain degeneration diseases that rob some of us of the most productive years of life.
- ◆ **Boosted Immune Cells.** Our ability to fight off disease can decrease with age, but with techniques to replace or boost immune cells we may be better at fighting off diseases longer.
- ◆ **New Cures.** Huge efforts are underway to battle and beat many of the diseases like heart disease, stroke, cancer, and diabetes that currently kill so many people.
- ◆ **Hormones.** The female hormone estrogen seems to offer some protection from heart disease, dementia, and osteoporosis in older women. Scientists are also investigating what other hormones may help ward off diseases of old age.

*But even if these promises come to pass, some of the secrets to healthy aging will remain the same. So, remember:*

**Eat healthy.** Eat lots of fruits, vegetables, and whole grains. Eat low-fat dairy products, lean meat, and poultry. Stay away from high-fat and junk foods.

**Exercise.** Keep your body tuned up with 30 minutes of physical activity each day.

**Don't smoke.** If you do, there are several tools to help you quit.

**Take medicines according to their directions.**

Don't use illegal drugs. If you do drink alcohol, do it in moderation (one glass a day).

**Don't risk injuries.** Use seatbelts, safety equipment, and street smarts.

**Get regular check-ups and preventive exams.**

**Stay involved with activities and people you like.**

For more information on healthy aging, check out the following resources:

**Talking with Your Doctor: A Guide for Older People**

Internet: [www.nih.gov/nia/health/pubs/talking](http://www.nih.gov/nia/health/pubs/talking)

**National Institute on Aging**

Phone: 800-222-2225

Internet: [www.nih.gov/nia](http://www.nih.gov/nia)

**Administration on Aging**

Internet: [www.aoa.dhhs.gov](http://www.aoa.dhhs.gov)

	MON 2
	TUE 3
	WED 4 <i>Independence Day</i>
JULY	THU 5
	FRI 6
	SAT 7
	SUN 8

# VARICOSE VEINS

## What are they?

Varicose veins are dilated veins that do not properly return blood back to the heart. Instead of flowing normally, the blood pools and creates blue bulging veins that are typical of varicose veins. They are most common in the legs, where veins have to work against gravity. Some women get varicose veins in their arms or face, and they can appear in the genital area in pregnant women. You may get a smaller version of varicose veins called *spider veins*. These are tiny red or bluish blood vessels that form a sunburst pattern.

## Why me?

There are some factors you can't control that put you at greater risk for varicose veins, and some factors that you *can* control. Both are listed below.

- ◆ Heredity: Varicose veins run in the family.
- ◆ Being female
- ◆ Hormonal changes at menopause
- ◆ Aging: Veins become weaker and less elastic with age.
- ◆ A history of heart disease or thrombophlebitis
- ◆ Pregnancy
- ◆ Obesity
- ◆ Chronic constipation
- ◆ Sitting or standing for long periods of time without breaks

## What can I do?

Tips that can help prevent varicose veins or minimize their discomfort follow.

- ◆ Control your weight.
- ◆ Eat a healthy, high-fiber diet.
- ◆ Be physically active for 30 minutes each day.
- ◆ Avoid standing or sitting for long periods of time. Walk around on your work breaks or do mini-stretches (roll your ankles, lift and lower your legs from the knees).
- ◆ Walk around every 45 minutes on long trips if you can.
- ◆ Put your legs up when you can.
- ◆ Try to avoid wearing knee-highs or tight stockings.
- ◆ There are special elastic stockings you can wear. Ask your health provider or pharmacist.
- ◆ Don't cross your legs.
- ◆ Ask your health provider about treatments. They may include chemical injections, surgery to remove a damaged vein, and over-the-counter medications.

***For more information on varicose veins, check out the following resources:***

### ***Phlebology: The Treatment of Leg Veins***

Internet: [www.phlebology.org/brochure.htm](http://www.phlebology.org/brochure.htm)

### **American College of Phlebology**

Internet: [www.phlebology.org](http://www.phlebology.org)

### **American Academy of Dermatology**

Internet: [www.aad.org/pamphlets/index.html](http://www.aad.org/pamphlets/index.html)



*In the future:*

Many futuristic technologies are already used to treat varicose veins.

- ◆ Laser/light source treatment is used to seal off damaged veins.
- ◆ Ultrasound images are used to guide surgeons when they are treating veins that are not easily seen on the skin surface.

	MON 9
	TUE 10
	WED 11
JULY	THU 12
	FRI 13
	SAT 14
	SUN 15

**Most of us eat too much or too little from time to time. But when it happens regularly, it may be a sign of an eating disorder. It is important to understand that eating disorders are mental illnesses, and, like other mental illnesses, they need to be treated. There are three major types of eating disorders:**

**1. Binge Eating Disorder.** This is probably the most common eating disorder. It is defined as eating unusually large amounts of food, even when you are not hungry. Binge eaters generally feel unable to control their eating, may eat alone to hide it, and may feel depressed or disgusted after overeating. Most people with this disorder are overweight or obese and have tried to diet without success. Binge eating is often linked with depression.

**Treatment:** It is often difficult to try to control binge eating on your own. Professional treatment can help by using therapy or self-help groups that focus on changing eating patterns and coping with stress or depression. Some binge eaters also find relief from antidepressant medications.

**2. Anorexia Nervosa.** This form of self-starvation seems to come from an exaggerated fear of being fat, even in someone who is already too thin. People with anorexia either simply do not eat enough; or they eat, then purge by misusing laxatives, forcing themselves to vomit, or exercising obsessively. This type of starvation can lead to a lack of menstrual periods, lower metabolism, thyroid problems, anemia, reduced muscle mass, swelling of joints, and heart problems. Left untreated, it can lead to death.

**Treatment:** For anorexia and bulimia, treatments frequently include a restructuring of eating habits and diet, treatment for physical symptoms, psychotherapy, and medication (especially antidepressant medication since depression seems to be linked with eating disorders). Long-term treatment is critical, because relapse rates can be as high as 50 percent.

**3. Bulimia Nervosa.** This is defined as a pattern of binge eating (overeating), followed by repeated purging (by vomiting, using laxatives, or exercising excessively). People with bulimia have a distorted view of their bodies, and they assign an overly high degree of importance to the shape of their bodies. Bulimia is also linked with depression. This behavior can cause damage to the heart, teeth and esophagus.

**Treatment:** Medical treatments for bulimia are similar to those for anorexia.

### ***What can I do if I think someone I know has an eating disorder?***

- ◆ Calmly express your concern. Use "I" phrases. For example, "I am concerned about you."
- ◆ Offer support and help. Make yourself available to talk, or offer that person books and other materials on eating disorders. Make an appointment to take this person to a doctor or counselor, and offer to accompany her.
- ◆ Understand that the path to recovery is slow and may include frustrations and setbacks.
- ◆ Realize that you can express your concern and support, but you can't control her or make her change.
- ◆ Understand that even if you feel rejected by the person you are trying to help, it is important to her to feel that someone loves or believes in her.

### ***To read more about eating disorders:***

#### ***BodyWise Handbook***

**Internet:** [www.4woman.gov/BodyImage/bodywise.htm](http://www.4woman.gov/BodyImage/bodywise.htm)

#### ***Eating Disorders: Get Help!***

**Internet:** [www.4woman.gov/BodyImage/help.htm](http://www.4woman.gov/BodyImage/help.htm)

*For more information on eating disorders, contact the following organizations:*

**National Women's Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov](http://www.4woman.gov)

**Eating Disorders Awareness and Prevention, Inc.**

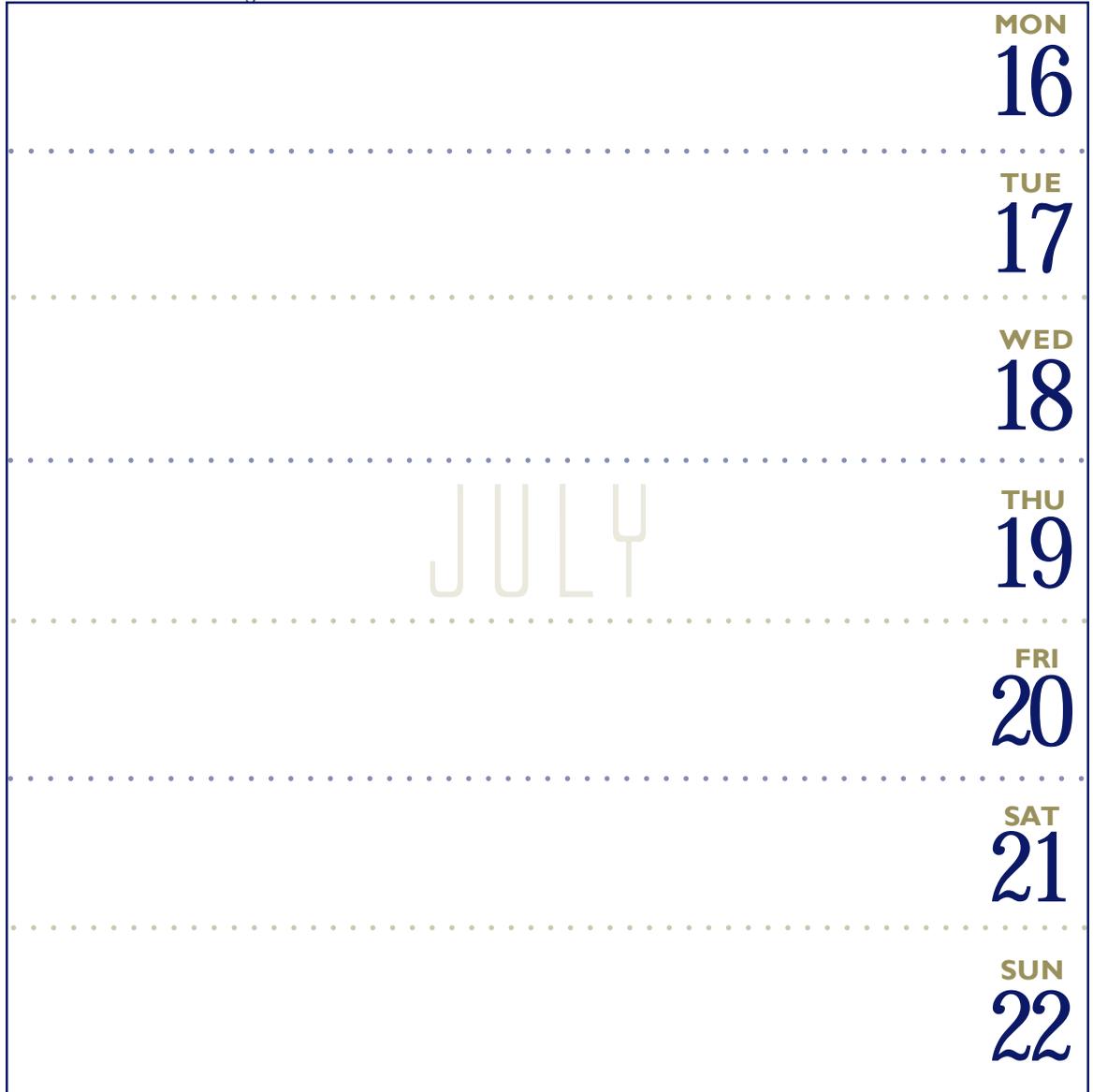
Phone: 800-931-2237

Internet: [www.edap.org](http://www.edap.org)

**National Association of Anorexia Nervosa and Associated Disorders**

Phone: 847-831-3438

Internet: [www.anad.org](http://www.anad.org)



# COLON CANCER

Of all cancers, colon cancer is the 3<sup>rd</sup> leading killer of American women. It is also one of the easiest cancers to detect early, which is when it is most easily treated. Make sure that a colon cancer screening is part of your regular checkups if you are over age 50, earlier if anyone in your family has ever had the disease.

**Know the risks.** Your risk of colon cancer increases if:

- ◆ You are over age 40.
- ◆ You have a history of inflammatory bowel disease (ulcerative colitis or Crohn's Disease)
- ◆ You have a family history of colon cancer, colorectal polyps, ovarian cancer, uterine cancer, or breast cancer.
- ◆ You have an inherited syndrome for colon cancer (familial adenomatous polyposis, hereditary non-polyposis colon cancer/Lynch syndrome).
- ◆ Your diet is low in fiber, fruits, or vegetables and high in fats.
- ◆ You get little or no physical activity.
- ◆ You are obese.
- ◆ You drink heavily.

**Reduce your risk:**

- ◆ Be physically active 30 minutes a day.
- ◆ Eat lots of grains, fiber, fruits, and vegetables. Avoid fatty foods. Avoid consuming excessive alcohol.
- ◆ Know your family's cancer history.
- ◆ Get screened for colon cancer if you are over 50, earlier if someone in your family has had the disease.

**Screening tests for colon cancer include:**

**Fecal Occult Blood Test.** A chemical test for blood in the feces that may indicate pre-cancer or cancer cells.

**Flexible Sigmoidoscopy.** A test that uses a hollow, lighted tube that is inserted through the rectum, so health providers can look for abnormal growths in the lower part of the colon, which is where most tumors start.



*In the future:*

- ◆ **Virtual Colonoscopy.** New imaging techniques in radiology and nuclear medicine are leading to better screening and monitoring tools. Current detection methods like the colonoscopy and barium enema will be replaced soon with imaging tests that can be done outside the body.
- ◆ **Cancer-Fighting Vaccines.** Scientists are testing vaccines to target specific colon cancer cells, so treatment will be more effective.
- ◆ **Home Screening.** A home blood test that can warn of the possible presence of colon cancer cells is now being tested.
- ◆ **Gene Therapy.** Many colon cancer cases run in families and are linked to specific gene mutations. The hope of gene therapy is to prevent cancer by repairing defective genes or to treat cancer with gene-based therapies.

**Digital Rectal Exam.** A type of examination performed by a doctor that only detects tumors near the anus.

**Colonoscopy.** A medical test that uses a hollow, lighted tube to inspect the entire colon.

**Barium Enema.** A test where you drink a special liquid and then have an x-ray to examine the walls of the colon.

*For more information, contact:*

**Cancer Information Service**

Phone: 800-4-CANCER  
Internet: <http://cis.nci.nih.gov>

**Screen For Life: National Colorectal Cancer Action Campaign**

Phone: 888-842-6355  
Internet: [www.cdc.gov/cancer/screenforlife/](http://www.cdc.gov/cancer/screenforlife/)

**The Colon Cancer Alliance**

Phone: 877-422-2030  
Internet: [www.ccalliance.org](http://www.ccalliance.org)

MON  
23

TUE  
24

WED  
25

THU  
26

FRI  
27

SAT  
28

SUN  
29

JULY

# WOMEN WITH DISABILITIES

*"I thank God for my handicaps, for through them, I have found myself, my work, and my God."*  
—Helen Keller

**Women with disabilities fight many stereotypes. It is important for everyone to understand that being disabled is not the same as being sick. That you are no less a woman for being disabled. And that you have as much, if not more, need to be informed about your health as any other woman.**

**If you have a disability, it is important to remember that along with any special health care needs you may have, you also need to be proactive about practicing good health habits. But doing so may involve some extra challenges in the following areas:**

**Eating a Healthy Diet.** Try to maintain a diet rich in fruits, vegetables, and whole grains, and low in fat. If you rely on someone else to make your meals, work with them to find a diet that suits your needs and tastes.

**Getting Regular Exercise.** Your options may be limited by a lack of access to equipment and facilities and knowledge about what activities may be appropriate for you. Contact your medical providers, local health organizations, and social services to see what options are available to you.

**Avoiding Dangerous Substances Like Tobacco, Excess Alcohol, or Illegal Drugs.** These may be even more dangerous if you already have problems breathing or other health concerns.

**Staying Away from the "Sick Role."** Sometimes, people with disabilities get used to being treated as if they were sick. But, on the contrary, the Center for Research on Women with Disabilities has found that women with disabilities who lead active, healthy lives have high self-esteem and more success at maximizing their health and well-being.

**Getting Access to Preventive Care and Other Health Services.** If you are disabled, it's important for you to get regular preventive care (including reproductive health care) along with any special services you may need. While some of the legal barriers to accessing health care have come down, many others remain, such as lack of information, providers' attitudes, costs of care, access to health care sites and examining tables, and providers' lack of assistants or translators.

**Using Complementary and Alternative Medicine.** Many women with disabilities use alternative providers like curanderos, homeopaths, and acupuncturists. For more information on these therapies, see the special section in this book on complementary and alternative medicine.

**To read more about disabilities:**

***The Americans with Disabilities Act of 1990, Titles I and V***

Internet: <http://www.eeoc.gov/laws/ada.html>

***What You Need To Know When You Get Disability Benefits***

Internet: [www.ssa.gov/pubs/10153.html](http://www.ssa.gov/pubs/10153.html)

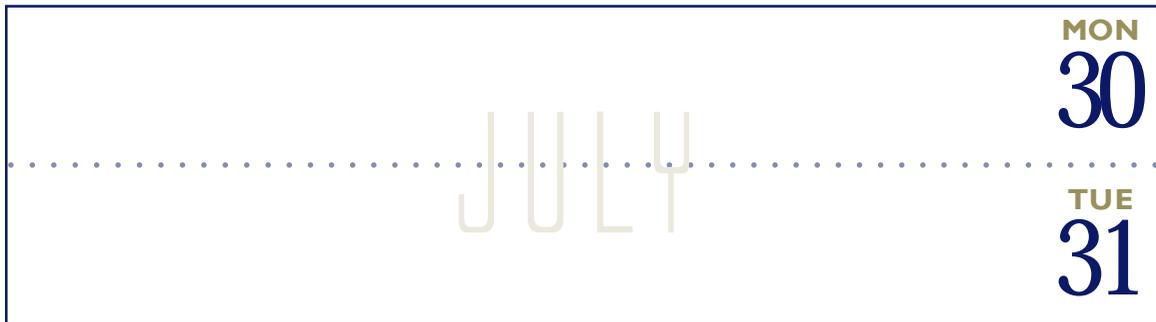


***In the future:***

- ◆ Scientists are hoping that in the future they will be able to restore damaged nerves and brain cells; create artificial arms, legs, hands, eyes, ears, joints, and other body parts that work like natural ones; and reverse gene defects.



## Women With DisAbilities



### *Other useful contacts:*

#### **National Women's Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov/wwd](http://www.4woman.gov/wwd)

#### **ADA Information Line**

Phone: 800-514-0301

TDD: 800-514-0383

Internet: [www.usdoj.gov/crt/ada/infoline.htm](http://www.usdoj.gov/crt/ada/infoline.htm)

#### **Center for Research on Women with Disabilities**

Phone: 800-44-CROWD

Internet: [www.bcm.tmc.edu/crowd/](http://www.bcm.tmc.edu/crowd/)

#### **Centers for Independent Living**

Internet: [www.ilusa.com/links/ilcenters.htm](http://www.ilusa.com/links/ilcenters.htm)

#### **Social Security Administration**

Phone: 800-772-1213

Internet: [www.ssa.gov](http://www.ssa.gov)

#### **National Rehabilitation Information Center**

Phone: 800-346-2742

TDD: 301-495-5626

Internet: [www.naric.com](http://www.naric.com)

#### **Breast Health Access for Women With Disabilities**

Phone: 510-204-4866

TDD: 510-204-4574

Internet: [www.bhawd.org/](http://www.bhawd.org/)

# AUGUST HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month’s theme and its action steps toward better health.

## *August – Family: Get Support from Those Who Care*

### **Community Action Steps:**

- ◆ Plan a community festival celebrating family and ask a mayor or county executive to be the keynote speaker.
- ◆ Offer story-telling sessions where older members of the family share stories with community members and ask the local cable access television station to film it.
- ◆ Work with a local photographer to offer discounted family portraits for traditional and extended family groups.
- ◆ Write an article for the local newspaper about the link between family ties and women’s health.
- ◆ Organize a family hike day in your community.

### ***Federal Health Observances for August:***

World Breastfeeding Week

Spinal Muscular Atrophy Awareness Month

### **Personal Action Tips:**

- ◆ Value your family!
- ◆ Surprise a family member or friend with a “just because” gift.
- ◆ Maintain family traditions.
- ◆ Make time for family activities.

### **NOTES:**

---



---



---



---



---



---



---



---



---



---



---

## AUGUST

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>"August is motionless and hot. It is curiously silent, too, with blank white dawns and glaring noons, and sunsets smeared with too much color... These are strange and breathless days, the dog days, when people are led to do things they are sure to be sorry for."</i></p> <p>—Natalie Babbitt (Writer)</p>			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## SUBSTANCE ABUSE

### *How can I tell if someone I know is abusing drugs or alcohol?*

You may suddenly notice unusual behaviors. For example, being late a lot, forgetting things, not paying attention, needing more help than usual at work or school, avoiding old friends, always being tired, or seeming to make a lot of personal calls at work. **Note:** These signs could also be due to other stresses like family problems, overwork, illness in the family, etc.

If the problem is drug or alcohol abuse, you will probably notice that the behavior gets worse over time.

### *Alcohol or drug use can be divided into four stages:*

#### **Stage 1. Casual or “Experimental” Use.**

#### **Stage 2. More Frequent Drug or Alcohol Use.**

You may see changes in mood, friends, behavior, or work habits. The person may have unexplained loss of memory.

#### **Stage 3. Regular Drug or Alcohol Use and a Preoccupation with Getting High.**

The person may use drugs or alcohol daily or have binges. They may get in trouble with the law, have more sick days, or more problems with family and friends.

**Stage 4. Compulsive Use.** At this point, the user experiences withdrawal if he or she can't get the drug or alcohol. He or she may experience serious health problems, brain damage and memory loss, and life-threatening episodes.

**Note that a person can abuse legal, prescription drugs, too. It's not just about illegal drugs.**

### *What can I do?*

- ◆ **Don't ignore the problem.**
- ◆ **Someone else's feelings or problems are *not* more important than their addiction, and their feelings or problems are *not* more important than yours are.**
- ◆ **Don't excuse or cover up the problem for someone else.**
- ◆ **Get help for yourself, even if the user won't.** There are lots of groups for friends and the families of drug and alcohol abusers that can help. They can teach you better ways to cope and respond to the abuser.
- ◆ **Consult a trained addictions counselor for advice.** They can help you organize an intervention with friends and family that will confront the abuser with his or her substance abuse problem and that will emphasize the importance of getting help.



## Where can I turn for help?

### Center for Substance Abuse Treatment's (CSAT) Drug Information, Treatment, and Referral Hotline

Phone: 800-662-HELP

### National Clearinghouse for Alcohol and Drug Information

Phone: 800-729-6686

Internet: [www.health.org](http://www.health.org)

### National Institute on Alcohol Abuse and Alcoholism

Phone: 301-433-3860

Internet: [www.niaaa.nih.gov/](http://www.niaaa.nih.gov/)

### Alcoholics Anonymous

Internet: [www.alcoholics-anonymous.org/CtrOff\\_d1.htm](http://www.alcoholics-anonymous.org/CtrOff_d1.htm)

### Parenting is Prevention: Tips for Parents about Preventing Substance Abuse

Internet: [www.parentingisprevention.org/](http://www.parentingisprevention.org/)

### National Institute on Drug Abuse

Phone: 301-443-1124

Internet: [www.nida.nih.gov](http://www.nida.nih.gov)

### DrugHelp

Phone: 800-378-4435

Internet: [www.drughelp.org/](http://www.drughelp.org/)



**More than half of all American women develop high blood pressure. Here's what you should know about it.**

You can have high blood pressure and not know it. It doesn't make you feel sick, so have it checked.

If you have blood pressure of 140/90 or more, then you have high blood pressure. Normal blood pressure is about 120/80.

High blood pressure can double (or more than double) your chances of having a stroke or heart disease. It can also damage your kidneys or eyes.

If you have sleep apnea, it increases your chances of having high blood pressure.

### ***Dietary treatments:***

**Garlic.** Studies have shown that garlic can lower mildly elevated high blood pressure.

**Fish Oil.** Scientists are trying to see if omega-3 polyunsaturated fatty acids (n-3 PUFA), which can be found in fish oil supplements or certain high-fat fish, may lower blood pressure.

**Potassium.** Scientists have thought for years that not getting enough potassium may increase the risk of having high blood pressure. Potassium supplements may lower blood pressure, especially in groups whose diets are low in this mineral.

**Calcium.** There is some evidence that not getting enough calcium can increase the risk of having high blood pressure. For this and other reasons, it's important to get the recommended 1,000-1,500 milligrams of calcium each day.



### ***To help prevent or control high blood pressure:***

- ◆ If you drink alcohol, don't have more than one drink a day.
- ◆ Cut down on salt. Ask for low-salt meals in restaurants. Use herbs, spices, or lemon juice at home instead of salt. Avoid junk foods and packaged foods.
- ◆ Cut down on fatty foods (fatty meats, whole milk products, junk food).
- ◆ Eat plenty of fruits, vegetables, and whole grains.
- ◆ Be physically active each day.
- ◆ Try to lose weight if you are overweight. Don't focus on fad diets. Try to change your eating habits to include healthy foods. Eat smaller portions of food. Cutting out just one portion or snack a day can go a long way.
- ◆ Learn stress management techniques. People in stressful jobs or life situations, especially when they don't have much control over the situation, may be at more risk for developing high blood pressure. Some techniques to reduce high blood pressure involve relaxation, meditation, and biofeedback. Gaining support from family members and friends, accepting what you can't control, and organizing what you can control may also help.
- ◆ If you still have high blood pressure after trying these recommendations, your doctor may prescribe medication to help you control it. Making the lifestyle changes recommended in the previous paragraphs will help the medicine work better, so you can take lower doses.
- ◆ You should have your blood pressure checked once a year if it's normal and more often if it's high. You can have it checked easily and without pain at a doctor's office, clinic, nurse station, and many drug stores or shopping centers.

*For more information, contact:*

**National Heart, Lung, and Blood Institute  
Information Center**

Phone: 800-575-WELL

Internet: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

**National Institute on Aging**

Phone: 800-222-2225

Internet: [www.aoa.dhhs.gov/aoa/pages/agepages/hibldpr.html](http://www.aoa.dhhs.gov/aoa/pages/agepages/hibldpr.html)

***DASH (Dietary Approaches to Stop Hypertension)***

Internet: <http://dash.bwh.harvard.edu>

	MON 6
	TUE 7
	WED 8
AUGUST	THU 9
	FRI 10
	SAT 11
	SUN 12

If you missed the latest laser-light music show at your local dance club, you can probably catch one at your local hospital. Lasers are used in many medical treatments to increase the precision of surgery; to decrease patients' bleeding, the risk of infection, and the time needed to recover; and to project light into narrow passages of the body.

Here are a few examples of how lasers are used in medicine.

### **Corrective Eye Surgery**

Laser surgery to correct nearsightedness, farsightedness, and astigmatism has become one of the most popular and successful outpatient surgeries available today. Lasers can correct these problems with little pain and discomfort, in a short doctor visit, and with minimal recovery times.

### **Cosmetic Surgery**

Cosmetic surgeons use lasers, especially for skin resurfacing. This is a technique used to reduce wrinkles, scars, folds, and creases. It is also used to remove pre-cancerous and benign growths. Not everyone can undergo skin resurfacing with laser methods, however. Some doctors caution that this procedure should not be viewed as the fountain of youth.

### **Cancer Treatments**

Lasers are being increasingly employed in the battle against cancers of the vocal cords, cervix, skin, lungs, vagina, vulva, penis, colon, and rectum. Lasers are used in three major ways to fight cancer:

- ◆ To shrink or destroy a tumor by using heat
- ◆ To shrink or destroy a tumor by using light to destroy the cancer cells
- ◆ To help relieve symptoms caused by cancer (like to shrink a tumor growing in the windpipe to improve a person's breathing)

### **Cardiovascular Disease**

Lasers are used to treat some forms of coronary artery disease in individuals who have not responded to medications or who may not be candidates for other forms of surgery.

### **Dentistry**

Lasers are used to treat gum disease and tooth decay. One type of dental laser is used to vaporize decayed tooth tissue as a replacement for the traditional drilling out of a cavity. The laser treatment is painless, so you don't have to wait for the numbness of anesthesia to come and go. The laser method is more precise than the dental drill, and it does not cause the high-speed vibrations you get from a drill. The laser method can only be used on new cavities and not on teeth that already have fillings. Lasers are also used to treat dental diseases of the mouth's soft tissues, like the gums. They effectively reduce pain and make soft-tissue procedures shorter.

**For more information on laser medical treatments, contact:**

#### **Food and Drug Administration**

Phone: 800-332-1088

Internet: [www.fda.gov/bbs/topics/NEWS/NEW00650.html](http://www.fda.gov/bbs/topics/NEWS/NEW00650.html). (For information on Heart Laser)

Internet: [www.fda.gov/fdac/features/1998/498\\_eye.html](http://www.fda.gov/fdac/features/1998/498_eye.html) (For information on Laser Eye Surgery)

Internet: [www.fda.gov/fdac/features/2000/300\\_laser.html](http://www.fda.gov/fdac/features/2000/300_laser.html) (For information on Cosmetic Laser Surgery)

#### **National Cancer Institute**

Internet: [http://cancernet.nci.nih.gov/clinpdq/therapy/Lasers\\_in\\_Cancer\\_Treatment.html](http://cancernet.nci.nih.gov/clinpdq/therapy/Lasers_in_Cancer_Treatment.html)

#### **American Academy of Cosmetic Surgery**

Internet: [www.cosmeticsurgery.org](http://www.cosmeticsurgery.org)

#### **American Academy of Otolaryngology Surgery**

Internet: [www.sinuscarecenter.com/laseraao.html](http://www.sinuscarecenter.com/laseraao.html)

#### **American Optometric Association**

Internet: [www.aoanet.org](http://www.aoanet.org)



## BIRTH CONTROL AND FAMILY PLANNING

### *How do I choose the right birth control method for me?*

Remember that what's right for you may be different than what's right for another woman. Your choice should take into account your overall health, frequency of sexual activity, number of partners, and desire to have children later. You should also consider the effectiveness of different methods and how easy they are for you to use and obtain.

### *What are the options?*

**Abstinence:** The only sure way to avoid pregnancy and STDs, including HIV/AIDS.

**The Male Condom:** Prevents pregnancy and protects against STDs, including HIV/AIDS. Requires male partner's cooperation.

**The Pill:** Taken daily, it works by blocking the release of eggs from the ovaries. It also lightens period flow and protects against pelvic inflammatory disease, ovarian cancer, and endometrial cancer. It does not protect against STDs.

**The Mini-Pill:** Taken daily, it effectively prevents sperm from reaching the egg. It is an option for women who can't use estrogen. It does not protect against STDs.

**Emergency Contraception, "Morning After Pill":** A series of pills taken within 72 hours after intercourse to prevent pregnancy. It does not protect against STDs.

**The Female Condom:** Prevents sperm from passing to the woman. It may protect against STDs.

**Norplant/Norplant 2:** Small stick-like devices placed under the skin. They release a contraceptive steroid and are very good at preventing pregnancy. They do not protect against STDs.

**DepoProvera:** A shot taken every 3 months using progestin to prevent pregnancy. Highly effective as a method of birth control, it offers no protection against STDs.

**Intrauterine Device:** A T-shaped device inserted in the uterus by a health care provider. An effective method of birth control, but it offers no protection against STDs.

**Diaphragm or Cervical Cap:** Available with a prescription and used with spermicide gel or foam to block sperm. They may protect against gonorrhea and chlamydia if the spermicide contains non-oxynol-9, but it will not protect against HIV/AIDS.

**Surgical Sterilization (Tubal Ligation or Vasectomy):** A permanent method of contraception for people who are sure that they want no children in the future. It does not protect against STDs.



- ◆ **A male birth control pill?** Scientists have worked for decades to develop a male pill, but it is still in the experimental stages.
- ◆ **Best of both worlds?** Scientists are still looking to develop a birth control method that would protect women from pregnancy and diseases, have no side effects, be user-friendly, and be easy to stop if you want to become pregnant. Chances are it will be some form of implanted device that will slowly release each dose of medicine.

For more information, check out the following resources:

**FDA: Guide to Contraceptive Choices**

Internet: [www.fda.gov/fdac/features/1997/397\\_baby.html](http://www.fda.gov/fdac/features/1997/397_baby.html)

**Office of Population Affairs Clearinghouse**

Phone: 301-654-6190

Internet: [www.hhs.gov/progorg/opa/pubs/publications.html](http://www.hhs.gov/progorg/opa/pubs/publications.html)

**Frequently Asked Questions: Birth Control Methods**

Internet: [www.4woman.gov/faq/birthcont.htm](http://www.4woman.gov/faq/birthcont.htm)



## MENOPAUSE

Menopause is marked as the period of time when your body produces less and less of the female hormone, estrogen, and the ovaries stop producing eggs. It can occur naturally as early as age 35 or as late as 59. If you have your ovaries removed or undergo some cancer treatments, you may experience menopause then.

The most common symptom of menopause is the “hot flash” where your body warms up; your face, neck, and arms may turn red; and you may sweat a lot. This is caused by hormonal changes and their effect on your body’s natural regulation of its temperature. Other changes that may come with menopause can include vaginal dryness (which can cause painful intercourse, vaginal infections, and urinary problems); headache; mood changes; memory loss; backaches; and a feeling that something is crawling on your skin.

Over the long term, the loss of estrogen that comes with menopause may increase your risk of osteoporosis, heart disease, or stroke. Some women find that they gain weight or that their hair thins after menopause.

Menopause may also accompany other life changes that can affect your health and your mood. These may include divorce, children leaving the home, widowhood, ailing parents, career moves, and other changes.

Menopause marks the end of the time in life when you can become pregnant. For many women, it also represents the time for new beginnings—a time to take charge of yourself and your needs. It can be an opportunity to quit smoking, start a new sport or exercise program, develop healthier eating habits, get more sleep or relaxation, start doing the things that you enjoy more often, or explore new career or life changes.

### *There are several kinds of treatments that address the effects of menopause:*

**Estrogen Replacement Therapy.** This replaces the estrogen that your body no longer produces. It relieves menopause symptoms like hot flashes and vaginal dryness. Estrogen also helps protect you from bone loss; lowers bad cholesterol and raises good cholesterol levels; and may help prevent memory loss and Alzheimer’s disease. It may increase your risk of breast cancer, gallstones, or blood clots. Discuss this treatment with your doctor to determine if it could be a good option for you.

**Over-the-Counter Vaginal Lubricants.** These can help with vaginal dryness and irritation. There are also prescription estrogen replacement creams that your doctor may recommend.

**Vitamins (E, B, Folate).** Vitamins may help relieve hot flashes and help your heart. Ask your doctor.

**Complementary and Alternative Therapies.** Soy products and black cohosh are popular therapies to relieve hot flashes and other symptoms of menopause. Be aware that you need to check the recommended dose and ingredients, even if these items are sold as “natural” products. Ask your pharmacist and health provider.

**Exercise and a Healthy Diet.** These relieve symptoms of menopause for some women and they are good habits for any woman to adopt.

### *For more information or publications on menopause, contact:*

#### **National Institute on Aging**

Phone: 800-222-2225

Internet: [www.nih.gov/nia/health/agepages/menopause.htm](http://www.nih.gov/nia/health/agepages/menopause.htm)

#### **National Women’s Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov](http://www.4woman.gov)

**Hormone Replacement Therapy (HRT)**

Internet: [www.nih.gov/nia/health/agepages/hormone.htm](http://www.nih.gov/nia/health/agepages/hormone.htm)

**Menopause Guidebook**

Internet: [www.menopause.org/mgintro.htm](http://www.menopause.org/mgintro.htm)

**Frequently Asked Questions about HRT**

Internet: [www.4woman.gov/faq/hormone.htm](http://www.4woman.gov/faq/hormone.htm)



# SEPTEMBER HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC's web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month's theme and its action steps toward better health.

## *September – Immunization: Shots Aren't Only for Kids. Get Yours!*

### **Community Action Steps:**

- ◆ Partner with a women's clinic to offer free or low-cost immunizations.
- ◆ Ask the local board of education to include Campaign materials for women with back-to-school bulletins on immunization requirements for their children.
- ◆ Send a letter to the editor of the local newspaper or community magazine signed by several organizations stressing the importance of proper immunizations for women.

### **Personal Action Tips:**

- ◆ Keep a complete record of your immunizations.
- ◆ Get a flu shot.
- ◆ Immunize! Vaccines are among the safest medicines available.
- ◆ Create a family immunization book.
- ◆ Ask your doctor what immunizations you need.

### ***Federal Health Observances for September:***

Women's Health Month  
 National 5-A-Day Week  
 Ovarian Cancer Awareness Month  
 National Rehabilitation Week  
 National Cholesterol Education Month  
 Gynecologic Cancer Awareness Month  
 National Sickle Cell Month  
 National Food Safety Education Month  
 National Pediculosis Prevention Month  
 National Reye's Syndrome Week  
 Leukemia Awareness Month  
 Baby Safety Month  
 Healthy Aging Month  
 Family Health and Fitness Days USA  
 Cold and Flu Campaign

### **NOTES:**

---



---



---



---



---



---



---



---



---



---

# SEPTEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>"How smoothly September comes in, like a racing gig, all style, no confusion." —Eleanor Clark (Writer)</i></p>						1
2	3  <i>Labor Day</i>	4	5	6	7	8
9	10	11	12	13	14	15
16	17  <i>Rosh Hashanah begins at sundown</i>	18	19	20	21	22  <i>Autumn begins</i>
23 / 30	24	25	26  <i>Yom Kippur begins at sundown</i>	27	28	29

## LATINA WOMEN'S HEALTH

**From September 15 to October 15, we celebrate the health of Latina women. As a tribute to the health of this dynamic and diverse population, here are some words of wisdom from selected Latinas.**

"All night I have suffered; all night my flesh has trembled to bring forth its gift. The sweat of death is on my forehead; but it is not death, it is life!"

~Gabriela Mistral (1) (Chilean poet and Nobel Prize winner)

"The fog in my mirror slowly unveils a woman of bronze earth and fire."

~Naomi Quinonez (Poet)

"Writers in Latin America live in a reality that is extraordinarily demanding. Surprisingly, our answer to these demands protects and develops our individuality. I feel I am not alone in trying to give their voice to those who don't have it."

~Elena Poniatowska  
(Mexican journalist and writer)

"How can one not speak about war, poverty, and inequality when people who suffer from these afflictions don't have a voice to speak?"

~Isabel Allende (2)  
(Chilean journalist and author)

"Latina immigrant women shouldn't feel alone or isolated because we all have potential and talents to play an active role — and we should."

~Clara Navarro  
(Co-founder, Mujeres Unidas y Activas)

"Racism is used both to create false differences among us and to mask very significant ones."

~Mirtha Quintanales  
(Cuban-born U.S. writer)

"Old memories are so empty when they cannot be shared."

~Jewelle Gomez (3) (Poet)

"When I was a little girl attending public schools in Puerto Rico, I looked beyond the Caribbean and beyond El Yunque and beyond everywhere that I could. And all I wanted to do when I dreamed was to become a pediatrician, a doctor for the little kids in my hometown. Well, dreams sometimes come true..."

~Antonia Novella (4) (Former U.S. Surgeon General, Special Advisor to UNICEF)



***For more information, check out the following resources:***

**National Women's Health Information Center**  
Internet: [www.4woman.gov/spanish/index.htm](http://www.4woman.gov/spanish/index.htm)  
Internet: [www.4woman.gov/minority/index.htm](http://www.4woman.gov/minority/index.htm)

**Centers for Disease Control and Prevention - En Español**  
Internet: [www.cdc.gov/spanish/default.htm](http://www.cdc.gov/spanish/default.htm)

**Office of Minority Health Resource Center**  
Phone: 800-444-6472  
Internet: [www.omhrc.gov/](http://www.omhrc.gov/)

**National Council of La Raza**  
Internet: [www.nclr.org/policy/health.html](http://www.nclr.org/policy/health.html)

**National Alliance for Hispanic Health**  
Phone: 202-387-5000  
Internet: [www.hispanichealth.org/](http://www.hispanichealth.org/)

Here are some health issues of special concern to Latinas:

- ◆ **Access to Health Care.** Lack of health insurance and cultural or language barriers are among the issues that make it difficult for Latina women to access the health services they need.
- ◆ **Diabetes** is 2 to 3 times more common in Mexican-American, Cuban-American, and Puerto Rican women than the national average.
- ◆ **Obesity** affects more than half of all Mexican-American women. It is more common in those women who have lived in the U.S. for more than 15 years as compared with more recent women immigrants.
- ◆ **Breast Cancer.** Latina women have the second highest death rate from this disease among all women, after African American women.
- ◆ **HIV/AIDS.** Infection with the HIV virus is 7 times higher in Latina women than in Caucasian women.
- ◆ **The rates of prenatal care** are much lower among Latina women, particularly those from Mexico, Puerto Rico, Central America, and South America, than among other women.
- ◆ **Lack of Exercise.** Among Latinas who have lived in the U.S. for at least 15 years, less than one-third are physically active. A lack of exercise increases the risk of disease and early death.



## COLDS AND FLU

**Almost everyone has dealt with colds and flu. Here are some things that you should know about them and how to tell them apart.**

### *The Common Cold*

Americans get over a billion colds each year. Most occur in the fall and winter months, not because of changes in the weather, but because we are more likely to be indoors at these times and in contact with other people. Complications from a cold can include an ear infection or sinus infection.

### *How do you avoid cold germs?*

- ◆ Wash your hands!
- ◆ Avoid close contact with someone who has a cold.
- ◆ Clean kitchen, bathroom, and other surfaces that might harbor cold germs.
- ◆ Don't share towels.
- ◆ If you have a cold, try to cough and sneeze into a clean paper tissue, then throw it away.

### *The Flu*

The flu may look like a cold, but it can be much more serious. It can lead to complications like bronchitis, pneumonia, hospitalization, and even death, especially among the elderly.

That's why it's important to know the difference. Symptoms of the flu are a high fever, headache, aches and pains, fatigue, weakness, chest discomfort, and coughing. A cold usually involves a stuffy nose, sneezing, sore throat, coughing, and some chest discomfort.

### *How do you avoid the flu?*

- ◆ Get a flu shot—preferably in October or November, before the flu season really hits. Warning: You should not get a flu shot if you are allergic to eggs, have an illness like pneumonia, are running a high fever, or are pregnant. In these cases, there is a prescription medicine that you can take to prevent the flu. Ask your doctor.

### *Treatments*

**To Treat a Cold:** Drink lots of fluids, get plenty of rest, use a humidifier. An over-the-counter cold medicine may help relieve symptoms.

**To Treat the Flu:** There are medications (called *Amantadine* or *Rimantadine*) that can help if you take them 24–48 hours after the symptoms start. Ask your doctor. Other treatments are the same as those for a cold.



- ◆ A vaccine to prevent the common cold? Although scientists have been working on a vaccine for years, they have been stuck due to the hundreds of different viruses that cause colds. To develop an effective vaccine, they would need to be able to combine many viral antigens (agents that work against each virus) into one shot.
- ◆ A cure for the common cold? Some researchers guess that we'll cure cancer before we'll cure the common cold.

### *For more information, contact:*

#### **National Institute of Allergy and Infectious Disease**

Phone: 301-496-5717

Internet: [www.niaid.nih.gov/factsheets/cold.htm](http://www.niaid.nih.gov/factsheets/cold.htm)

#### **National Center for Infectious Diseases**

Phone: 404-371-5245

Internet: [www.cdc.gov/ncidod/index.htm](http://www.cdc.gov/ncidod/index.htm)

#### **Division of Viral and Rickettsial Diseases**

Phone: 404-639-1075

Internet: [www.cdc.gov/ncidod/dvrd/default.htm](http://www.cdc.gov/ncidod/dvrd/default.htm)

**Colds and Flu: Time Only Sure Cure**

Internet: [www.fda.gov/fdac/features/896\\_flu.html](http://www.fda.gov/fdac/features/896_flu.html)

**Fight Flu and Pneumonia**

Internet: [www.medicare.gov/health/fludetails.asp](http://www.medicare.gov/health/fludetails.asp)

**Age Page: What to Do About the Flu**

Internet: [www.nih.gov/nia/health/agepages/flu.htm](http://www.nih.gov/nia/health/agepages/flu.htm)

**National Institute of Allergy and Infectious Disease**

Internet: [www.niaid.nih.gov/factsheets/cold.htm](http://www.niaid.nih.gov/factsheets/cold.htm)

**National Center for Infectious Diseases**

Internet: [www.cdc.gov/ncidod/index.htm](http://www.cdc.gov/ncidod/index.htm)



# VACCINES

**Too many people continue to get sick, and sometimes die, from diseases that can be prevented through vaccines. Here are important vaccines that you should know about:**

**Measles/Mumps/Rubella.** Get this shot if you didn't have one or more of these diseases as a child. Each of these diseases can cause miscarriage or birth defects during pregnancy.

**Chicken Pox.** If you've never had this disease as a child, get the shot. Chicken pox can be nastier in adults than in children.

**Tetanus/Diphtheria.** Get a booster shot every 10 years, or immediately if you get a severe cut or puncture wound.

**Influenza (Flu Shot).** It's important to get this vaccine each year if you're over 65, pregnant, have a chronic disease, or a weakened immune system.

**Pneumococcal (pneumonia).** This vaccine protects against a bacteria that can cause pneumonia, blood infection, ear infection, or a form of meningitis (brain infection). It is recommended that you get this shot if you are over age 65, have a chronic illness, or a weakened immune system. It is also recommended that some Alaska Natives and American Indians get this vaccine.

**Hepatitis A.** This 2-shot series is recommended if you are exposed to someone with the disease, or if you are traveling to places where the disease is common, including Africa, Asia, the Caribbean, Central and South America, Eastern Europe, the Mediterranean Basin, and the Middle East.

**Hepatitis B.** This 3-shot series is recommended if you are exposed to the virus through contact with infected blood; sexual activity; injection drug use; contact with infected persons; or if you are traveling to Alaska, the Pacific Islands, Asia, Eastern Europe, the Middle East, and the Amazon Basin.

**Other shots** may be recommended if you are traveling to certain parts of the world. Ask your doctor or contact the CDC Travel Line (800-232-2522).



**Snacks Instead of Needles.** Researchers are working on ways to make vaccines that we can eat! We might see vaccines in raw foods like lettuce, tomato paste, or bananas (since cooking food would kill the vaccine).

**Painless Needles.** Scientists are developing "micro-needles" that are so small you don't feel them; a supersonic injector that shoots medicine under the skin without pain; nasal sprays and inhalers that dispense medicine; and tiny, painless cutters that place medicine in the skin.

**Killing Cancer Cells with Vaccines.** New vaccines are being developed to shrink cancer tumors. A vaccine is made from cells taken from the patient's tumor and from the body's immune system. Vaccines are in development for skin, liver, breast, prostate, colon, and ovarian cancers, as well as lymphoma and multiple myeloma.

**A Vaccine to Prevent AIDS.** The Food and Drug Administration recently approved large-scale testing of an AIDS vaccine, bringing new hope in the fight against this terrible disease.

**Using Gene-mapping to Make a Vaccine.** By looking at the genetic makeup of bacteria, antigens (a material that triggers an immune response), or proteins, scientists are hopeful that they can decode ways to trigger the body to fight and protect itself from the most difficult diseases.

*For more information, contact:*

**CDC's National Immunization Information Hotline**

Phone: 800-232-2522 (English)

Phone: 800-232-0233 (Spanish)

Internet: [www.cdc.gov/nip](http://www.cdc.gov/nip)

**Immunization Action Coalition**

Phone: 612-647-9009

Internet: [www.immunize.org](http://www.immunize.org)



## GYNECOLOGICAL CANCERS

### What is cervical cancer?

Cervical cancer is one of the most common cancers in women in the world. It occurs when cancer cells are found in the cervix, which is the opening that connects the uterus (where a developing baby grows) to the vagina (birth canal). Cervical cancer can spread to other parts of the body, but it tends to grow slowly. Cervical cancer is one of the easiest types of cancer to find early, when treatment is most effective.

The risk of developing cervical cancer increases as we age. You may also be at increased risk if you have ever been infected with HPV (genital warts) or another sexually transmitted disease. Smoking, an early start of sexual activity, multiple partners, and not having regular screening tests also add to your risk.

There are usually no symptoms of cervical cancer. That's why it's so important to have a preventive exam, called a *Pap smear*, each year to see if any cancer or pre-cancer cells are forming on the cervix. It is a painless test, in which a tiny brush is gently and quickly twirled through the opening of the cervix to collect a few cervical cells. These cells are then tested in a lab to see if there are any abnormal signs or changes.

Thanks to the Pap smear, most cervical cancers in women living in the U.S. are found in the early stages of the cancer. Depending on the stage of the disease, treatments may include surgery, radiation, or chemotherapy.



### In the future:

- ◆ New screening tools for both cervical and ovarian cancer are in development. New therapies, including gene therapy, and targeted vaccines are being developed.

### What is ovarian cancer?

This cancer starts in the ovaries. If found early, it can be treated successfully. However, because ovarian cancer is difficult to detect, it is often not diagnosed until the cancer has spread to other parts of the body, at which time it is more deadly.

Ovarian cancer does present noticeable symptoms, such as abdominal bloating, a feeling of fullness, frequent changes in bowel and bladder patterns, digestive problems, extreme fatigue, vaginal bleeding, cramping, loss of appetite, lower back pain, and painful intercourse. These may be signs of other problems, but they should not be ignored. See your doctor. Ask lots of questions and insist on answers and explanations.

The chance of developing ovarian cancer increases with age, especially after menopause. However, women with a family history of the disease have a much higher risk of developing ovarian cancer and are generally diagnosed with it at a younger age. This means that it is very important to know your family's cancer history. Also at increased risk are women who have never been pregnant or who have had breast, intestinal, or rectal cancer. Other risk factors may include a high-fat diet, early menstruation or late menopause, being of Eastern European Jewish descent, and the use of talcum powder in the genital area. These factors seem to lower the risk: giving birth to more than one child, breastfeeding, tubal ligation (female sterilization), and the use of birth control pills.

How ovarian cancer is medically treated depends on the stage of the disease and the health of the individual. It may include surgery, chemotherapy, radiation, and immunotherapy.

If your mother used DES (diethylstilbestrol) during her pregnancy with you, you may be at higher risk for developing reproductive cancers, including rare vaginal cancer. If you are a DES daughter, tell your doctor. You may need extra preventive exams. For more information, contact: **DES Action USA**  
 Phone: 800-DES-9288  
 Internet: [www.desaction.org](http://www.desaction.org)

*For more information, contact:*

**Cancer Information Service**

Phone: 800-4-CANCER  
Internet: <http://cis.nci.nih.gov/>

**Cancer Care**

Internet: [www.cancerinc.org/](http://www.cancerinc.org/)

**National Cervical Cancer Coalition**

Phone: 818-909-3849  
Internet: [www.nccc-online.org](http://www.nccc-online.org)

**National Ovarian Cancer Coalition**

Phone: 888-682-7426  
Internet: [www.ovarian.org/](http://www.ovarian.org/)

	<b>MON</b> <b>17</b> <i>Rosh Hashanah begins at sundown</i>
	<b>TUE</b> <b>18</b>
	<b>WED</b> <b>19</b>
<b>SEPTEMBER</b>	<b>THU</b> <b>20</b>
	<b>FRI</b> <b>21</b>
	<b>SAT</b> <b>22</b> <i>Autumn begins</i>
	<b>SUN</b> <b>23</b>

# CHOLESTEROL

## *Why should I worry about cholesterol?*

Having high cholesterol levels in your blood increases your chances of getting heart disease, which is the leading killer of American women. There are two kinds of cholesterol: (1) the “good” cholesterol (HDL), which helps eliminate cholesterol from your blood; and (2) the “bad” cholesterol (LDL), which causes cholesterol to build up in the walls of your arteries.

## *What do the numbers mean?*

An overall cholesterol level of less than 200 mg/dL is considered desirable. If your cholesterol level is 240 mg/dL or above, it’s considered to be high.

You also don’t want to have a high level of “bad” cholesterol (LDL). If you are not at particular risk for heart disease, you want your LDL level to be less than 130 mg/dL. If you already have heart disease, your LDL should be even lower — 100 mg/dL or less.

On the other hand, you want your “good” cholesterol (HDL) level to be high. An HDL level of 60 mg/dL or above is desirable. A low level (less than 35 mg/dL) increases your risk for developing heart disease.

## *What affects your blood cholesterol levels?*

- ◆ **What You Eat.** Avoid foods high in saturated fat and cholesterol (whole milks, fatty meats, organ meats, fish and shellfish, lard, coconut oils, palm oils, egg yolks). Use canola, corn, and olive oils for cooking and in salads.
- ◆ **Your Weight.** Being overweight can make your LDL-cholesterol level go up and your HDL level go down.
- ◆ **Physical Activity/Exercise.** They lower “bad” cholesterol and raise “good” cholesterol levels.
- ◆ **Hereditry.** Your body makes all the cholesterol it needs, and your genes influence how your body makes and handles cholesterol.
- ◆ **Age and Gender.** Blood cholesterol levels in both men and women begin to go up at about age 20. They stay lower in women until menopause, at which time their levels increase.



## *Treatments:*

The best ways to control or lower your cholesterol are to avoid fatty foods; eat lots of fruits, vegetables, garlic, and whole grains; control your weight; and be physically active.

There are medications to help lower cholesterol, but they are not recommended for women who have not passed menopause, unless these women are at very high risk of developing heart disease. If you have passed menopause and cannot lower your cholesterol levels through lifestyle changes, your doctor may prescribe hormone treatment before recommending a cholesterol-lowering drug.

## *For more information, contact:*

### **National Women’s Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov/hhs](http://www.4woman.gov/hhs) (For Your Heart)

### **National Heart, Lung, and Blood Institute Information Center**

Phone: 800-575-9355 (Blood Pressure & Cholesterol Information)

Internet: [www.nhlbi.nih.gov/health/infoctr/index.htm](http://www.nhlbi.nih.gov/health/infoctr/index.htm)

### **American Heart Association**

Phone: 800-793-2665 (Publications)

Internet: [www.americanheart.org](http://www.americanheart.org)

	MON 24
	TUE 25
	WED 26
	<i>Yom Kippur begins at sundown</i>
SEPTEMBER	THU 27
	FRI 28
	SAT 29
	SUN 30

# OCTOBER HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month’s theme and its action steps toward better health.

## *October – Violence Prevention: Empower Yourself*

### **Community Action Steps:**

- ◆ Encourage volunteer participation at a local women’s shelter.
- ◆ Sponsor an “open house” at your organization with representatives from local women’s shelters and help publicize their services.
- ◆ Partner with local hospitals, women’s groups, churches, and others to hold an information fair at the local mall about violence against women.
- ◆ Ask university radio stations to run the violence prevention PSAs that can be found at [www.4woman.gov/pypth/cak/psas.htm](http://www.4woman.gov/pypth/cak/psas.htm)

### **Personal Action Tips:**

- ◆ Think smart—avoid risky situations and places.
- ◆ Going on a new date? Let a trusted friend know where you are going.
- ◆ Make a list of safe people to contact in case of an emergency.
- ◆ Know the characteristics of an abuser.

### NOTES:

---



---



---



---



---



---



---



---



---



---



---

### ***Federal Health Observances for October:***

National Breast Cancer Awareness Month  
 Breast Cancer Control Month  
 Domestic Violence Awareness Month  
 National Family Sexuality Education Month  
 National Dental Hygiene Month  
 National Spina Bifida Prevention Month  
 National Spinal Health Month  
 National Physical Therapy Month  
 National Liver Awareness Month  
 Healthy Lung Month  
 Sudden Infant Death Syndrome Awareness Month  
 Family Health Month

# OCTOBER

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8 <i>Columbus Day (Observed)</i>	9	10	11 <i>Eleanor Roosevelt Day</i>	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28 <i>Daylight Savings Time ends</i>	29	30	31 <i>Halloween</i>	<p><i>"October is a symphony of permanence and change." —Bonaro W. Overstreet (Writer)</i></p>		

**Breast cancer is the most common type of cancer among women in the United States (other than skin cancer). Here's some information to help you understand breast cancer and other breast changes.**

**Breast Changes.** Your breasts change each month from the time you start having a menstrual period until after menopause. They may swell or become tender. You may develop lumps, pain, or discharge from the nipple. Generally, these changes disappear after menopause, and they may be less common if you take birth control pills or are overweight. You may develop an infection of the breast called *mastitis*. It is most common in women who are breastfeeding.

If you develop a lump, pain, discharge, or swelling, or if the skin of the breast looks puckered/dimpled/scaly, call your health care provider. Most lumps and changes are not due to cancer. But it is always better to be safe than sorry. If it is cancer, the sooner it is detected the better the chances are of treating it successfully.

**Breast Cancer Prevention.** Most women who develop breast cancer have no special risk factors for the disease. That's why it's so important for every woman to practice early detection and prevention. Here are steps to take:

- ◆ Do a monthly breast self-exam. Most breast lumps are found by women themselves or their partners. Check for lumps or other changes in your breasts and under your arms.
- ◆ Get a yearly breast exam by a health care provider.
- ◆ Discuss your family's health history and your personal risk factors for breast cancer with your health care provider. If you are considering hormone replacement therapy, discuss your risk of developing breast cancer with your doctor.
- ◆ Get a mammogram every 1 to 2 years after age 40, yearly after age 50, or more often if your doctor recommends it.

**Risk Factors.** *All women are at risk of breast cancer*, and the risk goes up as we age. If you have had breast cancer or if you have a close relative who has had the disease, your risk is higher. Your risk may also be higher if you have dense breasts, a condition called *atypical hyperplasia* or *lobular carcinoma in situ*; if you have had radiation therapy; if you are a heavy drinker; if you eat a high-fat diet; if you had your first child after age 30; or if you have never been pregnant. Environmental factors like exposure to pesticides, magnetic fields, engine exhausts, and pollution in water and food increase your risk of developing breast cancer. In contrast, regular exercise and a diet rich in fruits, vegetables, and whole grains may decrease your risk of breast cancer.



**In the future:**

- ◆ **New Breast Imaging Techniques.** Researchers are experimenting with better, faster, and more comfortable ways of looking for suspicious lumps or changes in breast tissue. They are using digital technology, MRI (magnetic resonance imaging) and PET (position emission technology) scanning techniques to replace mammography.
- ◆ **Hair Biopsies.** Researchers are testing to see if they can analyze changes in hair cells to look for the presence of breast cancer.
- ◆ **Nipple Fluid Samples.** Another detection method being tested uses a pump to extract some fluid from the nipple that can be tested for cancer cells.

For more information, check out the following resources:

**Get a Mammogram: A Picture that Can Save your Life**

Internet: [www.hcfa.gov/pubforms/mammog.txt](http://www.hcfa.gov/pubforms/mammog.txt)

**How to Perform a Breast Self-Exam**

Internet: [www.cancer.org/NBCAM\\_breast\\_self\\_exam.html](http://www.cancer.org/NBCAM_breast_self_exam.html)

**What You Need to Know About Breast Cancer**

Internet: [http://cancernet.nci.nih.gov/wyntk\\_pubs/breast.htm](http://cancernet.nci.nih.gov/wyntk_pubs/breast.htm)

**Cancer Information Service**

Phone: 800-4-CANCER

Internet: <http://cis.nci.nih.gov/>

**American Cancer Society**

Internet: [www.cancer.org](http://www.cancer.org)

MON  
1

TUE  
2

WED  
3

THU  
4

FRI  
5

SAT  
6

SUN  
7

OCTOBER

*How do I know if I'm being abused? If the person you love does any of these things to you, it's time to get help:*

- ◆ Keeps track of what you are doing all the time
- ◆ Constantly accuses you of being unfaithful
- ◆ Prevents or discourages you from seeing friends or family
- ◆ Prevents you from working or going to school
- ◆ Criticizes you for little things
- ◆ Gets angry when he's drinking alcohol or using drugs
- ◆ Controls all the money and keeps track of every penny you spend
- ◆ Humiliates you in front of others
- ◆ Destroys your property or things that you care about
- ◆ Threatens to hurt you or the children
- ◆ Hits, punches, slaps, kicks, or bites you or the children
- ◆ Uses or threatens to use a weapon against you
- ◆ Forces you to have sex against your will

*What can my community do to help prevent or treat domestic violence?*

- ◆ **Create a Safe Place.** Organize your local church, school, or community group or center, so it can be a safe place where victims of domestic violence can come for help. Display brochures and posters that include the telephone number of the domestic violence and sexual assault programs in your area, including the telephone number of the **National Domestic Violence Hotline (1-800-799-SAFE)**.
- ◆ **Promote Greater Understanding of What Domestic Violence Is.** Provide ways for others to learn about domestic violence through seminars, classes, newsletters, and lectures by professionals or by victims of abuse.
- ◆ **Lead by Example.** Volunteer and speak out. Volunteer to serve on the board of directors at a local domestic violence/sexual assault program; or attend a training session, so you can become a crisis volunteer. Speak out in public meetings and at media events, health fairs, and other gatherings.

*What should I do if I'm being abused?*

- ◆ **Leave immediately if you or your children are in danger!** Call a crisis hotline or the **National Domestic Violence Hotline (1-800-799-SAFE)**. It can give you the telephone numbers of local hotlines and other resources.
- ◆ **Understand that you're not alone.** Many women are victims of domestic abuse.
- ◆ **Don't ignore it or wait for it to go away.** It won't go away.
- ◆ **Don't keep it to yourself.** Keeping silent is another way of giving in to your abuser. Get help. Talk to someone: a family member, friend, colleague, club or church member. Call a domestic violence hotline. If you don't know how to reach one, call the **National Domestic Violence Hotline (1-800-799-SAFE)**.
- ◆ **If you've been hurt, get medical attention and call the police.** Abuse is a crime. The police can help you find information about shelters and safe houses.
- ◆ **Make plans for what you will do if you're attacked again.** Think independently, plan your future, and set goals for yourself.
- ◆ **If you decide to leave, choose a place to go and set aside some money.** Put important papers — marriage license, birth certificates, checkbook — in a place where you can get them quickly.
- ◆ **Contact your family court for information about getting a civil protection order that does not involve criminal charges or penalties.**

*For more information, contact:*

**The National Domestic Violence Hotline, 1-800-799-SAFE (-7233) or 1-800-787-3224 (TDD).** It will provide you with help 24 hours a day, 365 days a year, in English, Spanish, and other languages. The call is free. You speak with a trained domestic violence advocate who can give you information on emergency shelters, legal advocacy, social services, and other programs near you.

For more information, you can also contact:

**National Women's Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov/violence](http://www.4woman.gov/violence) (Violence Against Women web page)





**Lupus is a serious health problem that affects mainly young women. The disease often starts between the ages of 15 and 44. It is 3 times more common in African American women than in Caucasian women. It is also more common in women of Hispanic, Asian, and Native American descent.**

### *What is lupus?*

Lupus is an “autoimmune” disease in which the body’s natural defense system (the immune system) becomes overactive, goes out of control, and attacks healthy tissues in the body. This attack causes redness of the skin, pain, and swelling. Lupus can affect the joints, skin, kidneys, lungs, heart, blood vessels, or brain.

### *Common signs of lupus are:*

- ◆ A red rash or color change on the face, often in the shape of a butterfly across the nose and the cheeks
- ◆ Painful or swollen joints
- ◆ An unexplained fever
- ◆ Chest pain when breathing
- ◆ The unusual loss of hair
- ◆ Pale or purple fingers or toes as a result of cold temperatures or stress
- ◆ A sensitivity to the sun
- ◆ A low blood count
- ◆ Extreme fatigue

Less common signs of lupus can include mouth sores, unexplained “fits” or convulsions, hallucinations or depression, repeated miscarriages, and unexplained kidney problems.

### *How is lupus detected and treated?*

It is not clear what causes lupus. The disease seems to run in families, and it may be triggered by environmental or hormonal factors.

There is no one test for lupus, and it’s difficult to detect. If you experience several of the symptoms listed on this page, ask your doctor directly about lupus.

Lupus generally involves periods of illness, called *flares*, and periods of wellness, or remission. There is no cure for lupus, but doctors can treat the symptoms with medication and try to prevent them from recurring. Some complementary therapies, like massage or acupuncture, may provide some relief. Ask your doctor.

### *What should I know about lupus and pregnancy?*

Having lupus increases your chances of having a miscarriage or a premature baby. It also increases your chances of developing complications in pregnancy like high blood pressure, diabetes, hyperglycemia (high blood sugar), and kidney problems. If you have lupus and are pregnant, it’s very important that you get regular prenatal care, get plenty of rest, and eat healthy foods. Another important issue to consider: Some drugs that are used to treat lupus may harm the baby or cause a miscarriage. Work closely with both your obstetrician and your lupus doctor to keep track of your individual needs and circumstances.

*For more information, contact:*

**Lupus Foundation of America**

Phone: 800-558-0121

Internet: [www.lupus.org](http://www.lupus.org)

**National Women's Health Information Center** 127

Phone: 800-994-9662

Internet: [www.4woman.gov](http://www.4woman.gov)

**National Institute of Arthritis and  
Musculoskeletal and Skin Diseases**

Internet: [www.nih.gov/niams](http://www.nih.gov/niams)

**American Autoimmune Related Diseases  
Association, Inc.**

Phone: 800-598-4668

Internet: [www.aarda.org](http://www.aarda.org)



Visit the National Women's Health Information Center web site: [www.4woman.gov](http://www.4woman.gov)

### *What is nanotechnology?*

“Nano” means one-billionth of something. It comes from the Greek word for dwarf. A nanometer is one-billionth of a meter. A nanosecond is one-billionth of a second. To give you an idea of size: Individual atoms are a few tenths of a nanometer in diameter. A single cell, like one blood cell in your body, has a diameter in the range of thousands of nanometers. A pinhead is a million nanometers across, and a 2-meter tall man (who measures 6½ feet) is two billion nanometers tall.

### *Why an interest in nanotechnology?*

You can think of nanometers as tiny building blocks for everything around us. If we can learn what makes up the individual blocks and how they are put together, we may be able to affect changes at those very basic, small levels. In medicine, for example, nanotechnology may allow us to bring prevention, detection, and treatments down to the level where most diseases and problems start: at the cellular and molecular level.

### *In the future:*

- ◆ **Small-Scale Detection.** Building tiny sensors that could detect disease and other problems when they are still as small as cells.
- ◆ **“Smart” Implants.** Developing tiny implants that could be placed in the body to respond appropriately to the body’s changing needs.
- ◆ **Scaled-Down Treatments.** Developing ways to deliver drugs and other treatments that would be so small they could attack cancer cells directly, unblock clogged blood vessels, and replace cells that are not working properly. The possibilities are endless!
- ◆ **Tiny Defenses.** Developing new vaccines that would fight disease without having to use viruses and bacteria.
- ◆ **Mini-Medicines.** Making nanotubules that would act like tiny straws to release drug molecules slowly over time.
- ◆ **Teeny Tools.** Making miniature tools that could examine the insides of cells and perform repairs with less tear and damage than occurs with present-day instruments.
- ◆ **Replacing Worn Parts.** Creating new generations of artificial body parts and repairs. Some of these could even pull together materials in the body to re-build bone, skin, or other damaged tissues.

*For more information on nanotechnology, check out the following resources:*

**Foresight Institute**

Internet: [www.foresight.org](http://www.foresight.org)

**Center for Nanospace Technologies, Inc.**

Internet: [www.nanospace.org](http://www.nanospace.org)





# HEPATITIS

Hepatitis is an infectious disease caused by a virus that affects the liver. Although you may not have heard much about it, chronic hepatitis affects 5 million Americans. It is the leading cause of chronic liver disease, cirrhosis, and liver cancer. It is a leading cause of liver transplants. There are five known forms of hepatitis (A,B,C,D,E). Hepatitis A, B, and C are common in North America; they will be discussed in more detail on this page. Hepatitis D only occurs in individuals already infected with Hepatitis B. Hepatitis E is very rare in North America.

One of the problems with the common forms of hepatitis is that they do not always cause symptoms. You may not find out that you have the disease until you donate blood. This means you may have unwillingly passed it on to someone else.

### ***The Most Common Forms of Hepatitis:***

**Hepatitis A.** This form of hepatitis is commonly spread through contact with infected food or body wastes or through sexual contact. It causes flu-like symptoms and yellowing in the eyes and skin (jaundice). Hepatitis A is usually an acute illness, which lasts anywhere from 2 weeks to 6 months. Good personal hygiene and sanitation help prevent the spread of Hepatitis A. There is also a vaccine to prevent the disease.

**Hepatitis B.** This disease is mainly spread through sexual contact or contact with bodily fluids and blood. The symptoms may resemble the flu, or there may be no symptoms at all. Most people fight off the disease, but some will develop a long-term version, called *chronic hepatitis*. These people have an increased chance of developing cirrhosis and liver cancer. There is an effective vaccine against Hepatitis B. Children in this country are required to be vaccinated against Hepatitis B.

**Hepatitis C.** Many people with this disease were infected through blood transfusions before 1992, when the virus was identified. Today, all blood is screened for hepatitis. Most new cases of Hepatitis C are spread through injection drug use. Symptoms include fatigue, abdominal pain, and fever. One-third of the people infected with Hepatitis C don't know it because they haven't had any symptoms. Left undiagnosed and untreated, it can lead to chronic liver disease. There are treatments for Hepatitis C, but they are only effective in 10–40% of the people who receive them. There is no vaccine against Hepatitis C at present, although researchers are working on developing one.

### ***How to Protect Against Infection:***

Find out if you have ever been infected with hepatitis, especially if you have had a blood transplant, had multiple sex partners, used injected drugs, had close contact with someone who has hepatitis, or traveled in countries where the disease is quite common.

To avoid infection, practice safe sex (use a condom or other barrier method); don't use injection drugs or share needles; wash your hands; avoid contact with infected blood or other bodily fluids; and get vaccinated.

The Hepatitis A and B vaccines are recommended as part of the routine immunization package for children, for all pre-teens, for health care workers, and anyone who may come in contact with the virus. They are also recommended if you are traveling to parts of the world where the disease is widespread, including Mexico, the Caribbean, Africa, Southeast Asia, South America, and Central America.

*For more information, contact:*

**Centers for Disease Control and Prevention,  
Hepatitis Branch**

Phone: 888-443-7232

Internet: [www.cdc.gov/ncidod/diseases/hepatitis/  
index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm)

**National Digestive Diseases Information  
Clearinghouse**

Phone: 301-654-3810

Internet: [www.niddk.nih.gov/health/digest/nddic.htm](http://www.niddk.nih.gov/health/digest/nddic.htm)



# NOVEMBER HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pyph](http://www.4woman.gov/pyph)—here are this month’s theme and its action steps toward better health.

## *November – Tobacco Use: Smoking: Costly to Your Lungs and Your Wallet*

### **Community Action Steps:**

- ◆ Encourage a “smoke-out” within your organization.
- ◆ Write an article on the benefits of quitting and distribute it to community newsletters.
- ◆ Sponsor a recognition ceremony for local groups and businesses that have made major strides in helping women to quit smoking.

### **Personal Action Tips:**

- ◆ Keep children free from secondhand smoke.
- ◆ Smoke less. Breathe more.
- ◆ If you don’t succeed at quitting the first time, don’t give up.
- ◆ Keep your cigarettes in an inconvenient place.

### ***Federal Health Observances for November:***

National Diabetes Month  
 National Alzheimer’s Awareness Month  
 National Epilepsy Month  
 National Marrow Awareness Month  
 Diabetic Eye Disease Month  
 GERD Awareness Week  
 (gastroesophageal reflux disease)  
 National Osteopathic Medicine Week  
 National Adoption Week  
 Great American Smokeout  
 National Family Week

### **NOTES:**

---



---



---



---



---



---



---



---



---



---

# NOVEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>“Some of the days in November carry the whole memory of summer as a fire opal carries the color of moonrise.”</i>                      — Gladys Taber (Archaeologist)</p>				1	2	3
4	5	6 <i>Election Day</i>	7	8	9	10
11 <i>Veterans Day</i>	12	13	14	15	16 <i>Ramadan begins at sundown</i>	17
18	19	20	21	22 <i>Thanksgiving Day</i>	23	24
25	26	27	28	29	30	

# NATIVE AMERICAN WOMEN'S HEALTH

**In November we celebrate the health of Native Americans. As a tribute, here are some words of wisdom from a few of these women.**

"I am visible – see this Indian Face – yet I am invisible. I both blind them with my beak nose and am their blind spot. But I exist, we exist. They'd like to think I have melted in the pot. But I haven't. We haven't."

~Gloria Anzaldua (1)  
(Tejana Chicana poet)

"What hurts Indians most is that our costumes are considered beautiful, but it's as if the person wearing it didn't exist."

~Rigoberta Menchu (2) (Guatemalan/  
Mayan activist, Nobel Prize winner)

"It has seemed strange to me that the larger culture, with its own absence of spirit and lack of attachment for the land, respects these very things about Indian traditions, without adopting those respected ways themselves."

~Linda Hogan (3)  
(Chickasaw poet and writer)

"Being Indian is an attitude, a state of mind, a way of being in harmony with all things and all beings. It is allowing the heart to be the distributor of energy on this planet, to allow feelings and sensibilities to determine where energy goes, bringing aliveness up from the Earth and down from the Sky, putting it in and giving it out from the heart."

~Brooke Medicine Eagle (4)  
(Crow poet, writer, ceremonial leader)

"I thought that the idea that gender had anything to do with leadership, or that leadership had anything to do with gender was foolish, and I could see no point in even beginning to try to debate that non-issue with anybody, so I just continued on."

~Wilma Mankiller (5)  
(Chief of the Cherokee Nation)

**Here are some health issues of special concern to Native American Women:**

- ◆ **Accidental Deaths and Injuries.** The rates among Native American women are nearly 3 times the national average. Many of these deaths and injuries are associated with the lack of seatbelt use, alcohol abuse, and violence.
- ◆ **Diabetes.** This disease is a major health risk. In some tribes, as many as half of the women have diabetes.
- ◆ **Alcoholism.** It is 5–6 times more common in some tribes than the national average.
- ◆ **Fetal Alcohol Effects and Fetal Alcohol Syndrome.** These rates are very high among Native American babies because of the high rates of drinking among pregnant women. The serious health effects last a lifetime.
- ◆ **Tuberculosis.** Deaths from this disease are 5 times higher in Native American women than the national average.
- ◆ **Smoking.** Native American women have higher rates of smoking than any other group.
- ◆ **Lung Cancer.** Native American women have the highest death rates from lung cancer among all women due to high smoking rates.
- ◆ **Infant Mortality and Sudden Infant Death Syndrome (SIDS).** The rates are much higher than average in Native American families.
- ◆ **Suicide.** Death rates from suicide for young, Native American women are nearly twice the national average.
- ◆ **Gallstones.** They are a major health risk for Native American women, affecting 70% of women in some tribes.



*For more information, check out the following resources:*

**Indian Health Service**

Internet: [www.his.gov](http://www.his.gov)

Internet: [www.ihs.gov/MedicalPrograms/HealthCare/info.asp](http://www.ihs.gov/MedicalPrograms/HealthCare/info.asp)

**Administration for Native Americans**

Internet: [www.acf.dhhs.gov/programs/ana/](http://www.acf.dhhs.gov/programs/ana/)

**National Indian Council on Aging**

Internet: [www.nicoa.org/](http://www.nicoa.org/)

**National Women's Health Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov/minority/native.htm](http://www.4woman.gov/minority/native.htm)

**Office of Minority Health Resource Center**

Phone: 800-444-6472

Internet: [www.omhrc.gov/](http://www.omhrc.gov/)



**The uterus, also called the womb, is a pear-shaped organ in the abdomen, where a developing baby grows during pregnancy. Here are some conditions that can affect the uterus.**

**Fibroids** are lumps of muscle cells and tissue that grow in the wall of the uterus. They can be as small as a pea or as large as a grapefruit. If they are not bothersome, the general treatment is to watch and wait. Fibroids do not cause cancer, but may be removed if they become uncomfortably large. There are also hormone treatments to try to prevent fibroids from growing; a procedure called cryomyolysis that freezes the fibroid to make it shrink; and a treatment called uterine artery embolization that blocks the supply of blood to the fibroid. No one knows what causes fibroids, but they are very common among women of reproductive age. Fibroids usually stabilize or shrink after menopause.

**Endometriosis** affects women in their 20s, 30s, and 40s. It does not develop into cancer. It occurs when endometrial tissue (tissue in the uterus) begins to grow on the outside of the uterus or on nearby organs. It can cause very painful menstrual periods, abnormal vaginal bleeding, and even infertility. Treatment options generally include hormone therapy and surgery to remove the stray endometrial tissue.

**Endometrial hyperplasia** is an increase in the number of cells lining the uterus. It is considered a pre-cancerous condition — meaning it may develop into cancer. Heavy menstrual periods, bleeding between periods, and bleeding after menopause are common symptoms of hyperplasia. The treatment is usually hormone therapy or a surgery to remove the uterus (hysterectomy), depending on the extent of the condition.

**Very heavy bleeding** during menstruation may be caused by an imbalance in hormones or irregular periods, or it may be a sign of a bleeding disorder. Discuss it with your doctor.

**Uterine (or endometrial) cancer** begins in the uterus and may spread to other parts of the body, such as the lungs, liver, and bones. The main symptom is abnormal vaginal bleeding, especially after menopause. Other symptoms may include difficult or painful urination, pain during sexual intercourse, or pain in the pelvic area. Treatments include a hysterectomy, radiation therapy, hormone therapy, or chemotherapy. Another treatment option is to take part in a clinical trial of new cancer treatments. You are more at risk for uterine cancer if you are over age 50, are white, have had endometrial hyperplasia, were treated with estrogen replacement therapy (without progesterone), are overweight, have diabetes and high blood pressure, have a history of other cancers, have used tamoxifen as a treatment for breast cancer, or have a family history of reproductive cancers.

**Pelvic inflammatory disease** is an infection caused most often by gonorrhea or chlamydia, two very common sexually transmitted diseases (STDs). It can affect the uterus and other reproductive organs, and it can lead to chronic pain, infertility, or tubal pregnancy. It is treated with antibiotics.

**Hysterectomy** is the surgical removal of the uterus. The ovaries, fallopian tubes, and cervix may also be removed. It is recommended as a treatment for uterine cancer and uterine prolapse (where the uterus slips into the vagina). It may be suggested for women who have endometriosis, fibroids, chronic pelvic pain, infection in the uterus, or heavy bleeding, but there are also other less drastic treatments for these conditions.

For more information, contact:

National Women's Health Information Center

Phone: 800-994-9662

**Common Uterine Conditions: Options  
for Treatment**

Internet: [www.ahrq.gov/consumer/uterine1.htm](http://www.ahrq.gov/consumer/uterine1.htm)

**Enfermedades comunes del útero: Opciones  
para su tratamiento**

Internet: [www.ahcpr.gov/consumer/spanhyst/hster1.htm](http://www.ahcpr.gov/consumer/spanhyst/hster1.htm)



Each year, on the third Thursday of November, millions of American smokers give up smoking for one day, hopefully as a step toward giving up the habit forever.

### **Reasons to quit smoking:**

- ◆ Smoking increases your chances of dying of lung cancer by 12 times.
- ◆ Smoking causes about 80–90% of all chronic obstructive pulmonary diseases (like emphysema).
- ◆ Smoking is involved in 85% of all lung cancer deaths and 30% of all heart disease deaths.
- ◆ Smoking is the major cause of cancer of the lips, tongue, salivary glands, mouth, larynx, esophagus, and middle and lower pharynx. It also increases the risk of leukemia and cancers of the stomach, bladder, kidney, cervix, and pancreas.
- ◆ Smoking increases the risk of infertility and early menopause.
- ◆ Smoking in pregnancy is the leading preventable cause of preterm births, and it greatly increases the chances of having a mentally handicapped child.
- ◆ Smoking increases the risk of osteoporosis.
- ◆ Smoking causes more wrinkles, stained teeth, hoarseness, excess facial hair, and bad breath.
- ◆ The secondhand smoke from your cigarettes endangers the health of your children, other loved ones, and all those around you.

### **How to quit smoking:**

Most people rely on more than one method to help them kick the smoking habit. Remember that successful methods are as different as the people who use them. What may seem silly to others may be just what you need to quit; so don't be embarrassed to try something new.

**Cold Turkey.** You may stop smoking all at once (or cold turkey), or you may start by cutting down on the number of cigarettes you smoke. You can't quit until you stop smoking altogether. Most people who quit use this method, but many need to use other methods, too, to help deal with nicotine withdrawal and to get over the habit of picking up a cigarette.

**Nicotine Replacement Therapies.** The nicotine in cigarettes is what makes you addicted. Nicotine replacements can help wean you from smoking slowly, so your body re-adjusts itself. Nicotine gum and skin patches are available without a doctor's prescription. You can also try a nicotine nasal spray or nicotine inhaler, available with a doctor's prescription. These products can double your chances of quitting successfully.

**Medication.** The medication Bupropion SR, available by prescription, can lessen the symptoms of nicotine withdrawal and may help prevent the weight gain some people experience when they quit smoking. It also doubles your chances of quitting successfully.

**Note:** If you are pregnant or trying to become pregnant, nursing, under age 18, smoking fewer than 10 cigarettes per day, or have a medical condition, talk to your doctor or other health care provider before using nicotine replacements or taking medications.

**Hypnosis and Acupuncture.** These alternative therapies seem to be effective in helping some people quit smoking.

**Support Groups.** These may be available through your doctor, health plan, workplace, church, or community organization. They can help you cope with the physical and social aspects of quitting smoking.

**Behavior Changes.** These may include things like staying away from people or situations that make you want to smoke, changing your daily routines, or doing something you enjoy each day. They may also include replacing smoking with healthy habits like meditation, breathing exercises, other forms of exercise, healthy eating, drinking more water, and relaxation techniques to help you cope with stress.



*In the future:*

**Anti-smoking vaccine.** Scientists are hoping to help people quit smoking or chewing tobacco with a vaccine that takes away the kick they feel from the nicotine in tobacco.

*For more information, contact:*

**American Cancer Society**

Phone: 800-ACS-2345

Internet: [www.cancer.org](http://www.cancer.org)

**Office on Smoking and Health, Centers for Disease Control and Prevention**

Phone: 800-CDC-1311

Internet: [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

	MON 12
	TUE 13
	WED 14
NOVEMBER	THU 15
	FRI 16 <i>Ramadan begins at sundown</i>
	SAT 17
	SUN 18

**If you are pregnant, you want to ensure that you are doing everything you can to keep you and your baby healthy. Get as much information as you can about pregnancy and childbirth. Here are some basic tips, just to get started.**

- ◆ See your health care provider for a check-up right away, and make sure you schedule regular appointments with him or her. Prenatal care can help detect problems, so they can be monitored or treated before birth, and it can help avoid complications.
- ◆ Start taking 0.4 mg (400 mcg.) of folic acid every day, now, to reduce the risk of certain birth defects.
- ◆ Make sure you've had all your immunizations, especially for rubella (German measles).
- ◆ If you're taking a prescription medication, ask your doctor or pharmacist if it's safe to keep taking it during pregnancy.
- ◆ If you smoke, drink alcohol, or use drugs, STOP! These can cause long-term damage to your baby.
- ◆ Stay away from toxic chemicals like insecticides, solvents (like some cleaners or paint thinners), lead, and mercury. Read the labels.
- ◆ If you have a cat, don't handle the cat litter. It can carry toxoplasmosis, a parasitic infection that can cause birth defects. Also, wear gloves while gardening in areas that cats may visit and while handling uncooked meats.
- ◆ Don't eat uncooked meats or fish.
- ◆ Eat a healthy diet with lots of fruits, vegetables, grains, and calcium-rich foods.
- ◆ Unless your doctor tells you not to, be physically active each day.
- ◆ Limit or eliminate your caffeine intake from coffee, tea, sodas, medications, and chocolate.
- ◆ Avoid hot tubs, saunas, and x-rays.
- ◆ Expect to gain 25–35 pounds during your pregnancy.
- ◆ Get informed: Read books, watch videos, go to a childbirth class, talk to experienced moms.

**Here are some common tests taken during pregnancy:**

**Screening for HIV and Other Sexually Transmitted Diseases.** These blood tests are done to lower the risk of passing these diseases (or health problems associated with these diseases) on to the baby.

**Other blood tests** will check if you have anemia (low iron in the blood) or Hepatitis B. A pap test will check for any signs of cancer cells in the cervix.

**Glucose screening** is a blood test to check for gestational diabetes (a form of diabetes that occurs in pregnancy).

**Test for Group B Streptococcus Infection.** This common infection in women causes no symptoms. If transferred to the baby it can, in rare cases, cause serious infection, even death. A simple test is performed late in pregnancy. If the test is positive, the mother receives antibiotics.

**Ultrasound** uses high-frequency sound waves to form pictures of the fetus on a computer screen. The test can verify a due date; determine causes of bleeding; check the overall health, development, sex, and position of the baby; measure the amniotic fluid; and check the condition of the placenta.

**Alpha-fetoprotein Screening (AFP)** measures the levels of alpha-fetoprotein in the mother's blood. Abnormal levels can indicate a brain or spinal cord defect, the presence of twins, a miscalculated due date, or an increased risk of Down syndrome.

**Amniocentesis**, performed between 15 and 20 weeks of pregnancy, and Chorionic Villus Sampling, performed at 10–12 weeks, can indicate chromosomal abnormalities such as Down syndrome or genetic disorders such as Tay-Sachs disease, sickle cell disease, cystic fibrosis, and others. It can also detect the baby's sex and risk of spina bifida (where the brain or spine don't develop properly).

*For more information:*

**The National Women's Health Information Center** has created a special web section for expectant mothers. It provides resources about each trimester of pregnancy, labor and delivery, fertility, contraception, and more! Check it out at: [www.4woman.gov/Pregnancy](http://www.4woman.gov/Pregnancy) or call their toll-free number for free publications.

Women can reach either their **state's maternal and child health program** or a local **Healthy Start** site for information on prenatal care by calling 800-311-BABY or 800-504-7081 (Spanish).

MON  
19

TUE  
20

WED  
21

THU  
22  
*Thanksgiving Day*

FRI  
23

SAT  
24

SUN  
25

NOVEMBER

## EMBARRASSING ISSUES

**You may face health problems that you feel are too embarrassing to discuss. But chances are many women you know have experienced them, too. Most can be effectively treated. So don't feel uncomfortable discussing them with your health provider.**

**Vaginitis.** This infection in the vagina may cause itching or burning, often with an unusual smell or discharge. It affects nearly every woman. It may be caused by certain medications, damp underwear, allergies, sexual contact, pregnancy, vaginal products, douching, or tight pants. The most common kinds of vaginitis are bacterial vaginosis, yeast infection, and trichomoniasis (a parasite passed through sexual contact).

A bacterial infection is treated with antibiotic medication. You can treat a yeast infection with over-the-counter or prescription medications. If you are infected with trichomoniasis, both you and your sexual partner need to be treated with an antibiotic.

**Note:** If you are pregnant or think you might be pregnant, it's important to have a vaginal infection treated, so it does not lead to complications that could harm your baby.

**Interstitial Cystitis.** In this condition, the walls of the bladder become inflamed and irritated. It causes pain and the urge to urinate often. It is not clear what causes this condition, and it is difficult to detect. The only way to really detect it is to insert a flexible tube called a *cystoscope* up to the bladder with a light and camera. Interstitial cystitis may go away on its own, or it may get worse. It can be treated with medications, special solutions, and vitamins.

**For more information, contact:**

**National Kidney and Urologic Diseases Information**

Phone: 301-654-4415

Internet: [www.niddk.nih.gov/health/urolog/urolog.htm](http://www.niddk.nih.gov/health/urolog/urolog.htm)

**Frequently Asked Questions About Vaginitis**

Internet: [www.4woman.gov/faq/stdvagin.htm](http://www.4woman.gov/faq/stdvagin.htm)

**Urinary Tract Infections.** These infections are caused when bacteria from the digestive tract cling to the opening of the urethra, multiply, and begin to move up the urinary tract to the bladder, causing a bladder infection. If left untreated, the infection can move on to the kidneys. Symptoms can include a frequent urge to urinate and a burning sensation, pressure, or pain in the area of the bladder or when urinating. Urinary tract infections are fairly common in women, and some women get them repeatedly. They are treated with antibiotics.

**Bladder Control Problems.** Many women experience some type of urine leakage. The most common is *stress incontinence*, where urine may leak when you laugh, sneeze, or lift something heavy. Stress incontinence comes from weakened pelvic muscles due to pregnancy, menopause, or other causes. *Urge incontinence* occurs when the bladder muscles are too active, causing sudden urges to use the bathroom. This can be caused by an infection, nerve damage, medicines, or alcohol use.

There are many effective treatments for bladder control problems. They include pelvic muscle exercises (called *Kegel exercises*); bladder training; weight loss; dietary changes (limiting caffeine and alcohol); biofeedback; electrical stimulation of pelvic muscles; surgery; medications; and support devices.

**National Vaginitis Association**

Internet: [www.vaginalinfections.com](http://www.vaginalinfections.com)

**Bladder Control for Women**

Internet: [www.niddk.nih.gov/health/urolog/uibcw/bcw/bcw.htm](http://www.niddk.nih.gov/health/urolog/uibcw/bcw/bcw.htm)



# DECEMBER HEALTH ACTIVITIES AND OBSERVANCES

From the **Pick Your Path to Health Campaign**—described on page 7 of this weekly organizer and on NWHIC’s web site at [www.4woman.gov/pypth](http://www.4woman.gov/pypth)—here are this month’s theme and its action steps toward better health.

## *December – Responsible Sexual Behavior: Think Before You Act*

### **Community Action Steps:**

- ◆ Create an advisory council of teens to advise adult community members on this issue as it relates to younger members of the community.
- ◆ Sponsor an open town meeting, inviting women’s health experts, local and national politicians, and reporters for local public broadcasting stations, newspapers, and other media.
- ◆ Ask schools, universities, malls, pharmacies, and restaurants to post Campaign materials.



### **Personal Action Tips:**

- ◆ Educate yourself on ways to prevent sexually transmitted diseases.
- ◆ Ask about your partner’s sexual history.
- ◆ Get tested for sexually transmitted diseases.
- ◆ Make a list of questions for your doctor about sex before your next visit.

### NOTES:

---



---



---



---



---



---



---



---



---



---



---

### ***Federal Health Observances for December:***

National Drunk and Drugged Driving (3D)  
Prevention Month  
National Aplastic Anemia Month  
Safe Toys and Gifts Month  
World AIDS Day

# DECEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>"There is a wilder solitude in winter when every sense is pricked alive and keen."</i></p> <p>—Mary Sarton (Poet)</p>						I
2	3	4	5	6	7	8
9	10	11	12	13	14	15
<p><i>Hanukkah begins at sundown</i></p>						
16	17	18	19	20	21	22
<p><i>Winter begins</i></p>						
23 / 30	24 / 31	25	26	27	28	29
		<i>Christmas Day</i>	<i>Kwanzaa begins</i>			



# FAMILY

**The holiday season offers a time to get together with family, to remember lost loved ones, and to celebrate new births and marriages. It is a time to reminisce about the past and share hopes and resolutions for the future. Make a resolution with your family to make healthy choices a part of your life. Here are some ideas.**

### *Instead of the usual tie or gloves, give gifts of good health:*

- ◆ Offer family members dancing classes (swing, salsa, tango, African rhythm, waltz) and offer to be their partner.
- ◆ Explore a new sport or activity together like rock climbing, tae kwon do, water aerobics, roller-blading, or bird watching.
- ◆ Instead of sitting in front of the TV for the holidays, arrange an outing to do some activity you haven't done together in years: go bowling, play a family game of tag football, shoot some baskets together, try a little volley ball or badminton, or take a family walk through a park or museum.
- ◆ Stock a picnic basket full of healthy foods. Bundle up and enjoy it outdoors, or set up a picnic inside with friends and family.
- ◆ Treat a loved one to a manicure, pedicure, massage, or hair cut.
- ◆ Create a tape of your favorite relaxing music and give it as a gift.
- ◆ Offer to take a loved one to an annual exam or doctor's appointment and treat him or her to lunch or tea afterwards.

### *Start healthy resolutions together right now. Support each other to:*

- |                                 |  |
|---------------------------------|--|
| ◆ Eat right and exercise.       | ◆ Drink only moderately, and stay away from drugs.       |
| ◆ Get regular preventive exams. | ◆ Be there for each other when medical problems come up. |
| ◆ Quit smoking.                 | ◆ Stay connected.  |

### *Trace your family health history together:*

Our risk of disease and disability is partly influenced by the genes we inherit from our ancestors. While we can't change our family background, by knowing as much as we can about our family medical history, we can learn much about any special inherited health risks that we may face.

Many diseases like cancer, heart disease, and diabetes can run in families. The same is true for behavioral traits and mental illnesses. Understanding the genetic root of behaviors and illnesses can lift the burden of guilt some people feel when they have an illness. It can also prepare you to undertake active preventive care to lower your risk and detect diseases earlier, when they are easier to treat.

You can construct your own family health tree. On it you trace your parents, cousins, uncles/aunts, grandparents, and great uncles/aunts as far back as you can. For each person, write down any diseases, conditions, or mental illnesses they had; notable health habits (like being a smoker, heavy drinker, or overweight); and what they died of. Try to write down their age at death, or even better, their age at the onset of the disease. Many hereditary illnesses occur one, two, or three decades sooner than normal. You can fill in gaps by asking your relatives what they know about each family member's health and by tracing death certificates.

**For more information:**

To help you make your own family health tree:

**American Medical Association-Family Health History Tree**

Phone: 800-621-8335

Internet: [www.ama-assn.org/insight/yourhlth/famtree/famtree.htm](http://www.ama-assn.org/insight/yourhlth/famtree/famtree.htm)

For information on hereditary diseases:

**Hereditary Cancer Prevention Clinic, Department of Preventive Medicine, Creighton University**

Phone: 402-280-1796

Internet: <http://medicine.creighton.edu/medschool/PrevMed/hc.html>

**American Heart Association**

Internet: [http://www.americanheart.org/Heart\\_and\\_Stroke\\_A\\_Z\\_Guide/riskfact.html](http://www.americanheart.org/Heart_and_Stroke_A_Z_Guide/riskfact.html)

**University of Utah**

Internet: <http://gslc.genetics.utah.edu/disorders/counseling.html>

**National Society of Genetic Counselors**

Internet: [http://www.nsgc.org/Resource\\_link.html](http://www.nsgc.org/Resource_link.html)

**Family Caregiver Alliance Fact Sheet on Genetic Testing**

Internet: <http://www.caregiver.org/factsheets/GeneticTestingC.html>

**National Institutes of Health, Inherited Breast Cancer**

Internet: [http://rex.nci.nih.gov/NCI\\_PUB\\_INDEX/GENBRST/INDEX.HTM](http://rex.nci.nih.gov/NCI_PUB_INDEX/GENBRST/INDEX.HTM)

**The Alliance of Genetic Support Groups**

Phone: 800-336-4363

Internet: <http://www.geneticalliance.org>



**World AIDS Day is celebrated during the first week of December. The main message of this celebration is that the only way to fight the spread of AIDS (acquired immunodeficiency syndrome) is to build awareness about what it is and how to prevent it.**

### *What do I need to know about AIDS?*

- ◆ As a woman, you need to know that AIDS is spreading faster in women than in men and that it can happen to anyone.
- ◆ Women, and especially younger women, are more at risk of being infected when exposed to HIV (human immunodeficiency virus, the virus that causes AIDS) than are men.
- ◆ The most common way that women get infected with HIV is through heterosexual sex. The second most common way is through shared needles.
- ◆ Women are often diagnosed later than are men, when they are sicker.
- ◆ Women living with HIV/AIDS are often responsible for the care of children and other family members, who may also have HIV/AIDS.
- ◆ Other than abstinence, latex-rubber condoms are the best protection against the sexual transmission of HIV. If you are allergic to latex, you can use polyurethane condoms, which also block the passage of sperm and HIV. The female condom provides limited protection against the transmission of HIV.

***If tests show that you don't have HIV, you can learn how to stay HIV-free.***

On the other hand, if tests show that you do have HIV, you can get medical care right away to help you stay healthy longer, avoid getting some illnesses caused by HIV, get counseling on how to live with HIV, and get early treatment for illnesses that do occur.

### *Q: Should I be tested for HIV/AIDS?*

***A: You should be tested if you say YES to any of these questions:***

- ◆ Have you had sex with anyone without knowing for sure if he or she has HIV or AIDS?
- ◆ Have you had sex with someone that you know has HIV or AIDS?
- ◆ Have you ever had a sexually transmitted disease (STD) like genital herpes or syphilis? (Having these diseases makes it easier to get HIV.)
- ◆ Have you had sex with many men or women or had sex with someone who has had sex with many men or women?
- ◆ Have you had sex with someone who has used needles to take drugs?
- ◆ Have you shared needles to take drugs?

**Note:** You should also be tested for HIV/AIDS if you are pregnant. If you do carry the virus, there are important steps that you can take to help prevent passing it on to your baby.



### *In the future:*

- ◆ A vaccine to prevent the spread of HIV/AIDS has been developed and is being tested.
- ◆ So far, medical treatments have prolonged the health and life of some people with AIDS. Scientists are frantically working on better treatments with fewer side-effects to either make life with AIDS easier or to cure the disease altogether.

HIV information, counseling, and testing are available from the **AIDS Treatment Information Service**

Phone: 800-448-0440 (English and Spanish)

TDD: 888-480-3739

The service is free and confidential.

**CDC National AIDS Hotline**

Phone: 800-342-AIDS (English)

Phone: 800-344-7432 (Spanish)

Phone: 800-243-7889 (TTY)

	<b>MON</b> <b>3</b>
	<b>TUE</b> <b>4</b>
	<b>WED</b> <b>5</b>
<b>DECEMBER</b>	<b>THU</b> <b>6</b>
	<b>FRI</b> <b>7</b>
	<b>SAT</b> <b>8</b>
	<b>SUN</b> <b>9</b>

*Hanukkah begins at sundown*



**If you think that robots are only the stuff of science fiction movies, think again. They are increasingly involved in everyday life, including health and medicine.**

**Robots have been used for over 20 years already to assist surgeons during operations.** Now, some are being used as extra hands to hold cameras or organs. Robots offer several advantages: They can go into small openings, they don't tremble or get tired, they can find an exact spot more precisely, and they can work in dangerous places like war zones or radioactive environments. Of course, these robots are tools and do not replace the skill and decision-making ability of the surgeon. Here are a few examples of robots in use today:

**Robodoc.** A 500-pound, 7-foot-high jointed steel arm, with a tiny drill attached to one end. For now, it is used in hip surgery to drill a very precise hole in the thigh bone (femur) on which to attach a new, artificial hip joint. It can make a hole with much greater accuracy than a human hand.

**Tumor-fighting Robot.** Scientists are working on a robot that can follow computer commands to deliver chemotherapy and radiation directly into a tumor with exact precision.

**Remote-controlled Robot Doctors.** Italian doctors have been experimenting since 1995 with a robot that responds to voice commands from a distance, over a telecommunications link. It can do more precise work than a human hand. Similarly, a robot named *PAKY* performs kidney surgery with instructions sent from remote locations. It responds to commands sent by a surgeon at Johns Hopkins University in Baltimore, Maryland.

**Robotic Arm.** A Canadian neurosurgeon is using an imaging computer that has a jointed arm with a probe to perform delicate brain surgeries. Following three-dimensional images of the brain that are displayed on a computer screen during the operation, the surgeon directs the robot arm to perform delicate operations in the exact spot in the patient's brain.

**Robotic Surgeon.** Doctors in London are experimenting with a computer-driven robot that calculates the exact shape and sequence of cuts needed to remove a diseased prostate gland.

**Robotic Laparoscope.** The IBM Corporation is working on a robot that has a tiny camera and cutting tool. The robot responds to a surgeon's voice during a laparoscopy (using a lighted viewing tube to see the inside of the pelvis or abdomen). It can not only find disease or other problems, but it can also remove a suspicious growth or tissues.

**Robotic Hospital Beds.** The U.S. military is currently testing a life support trauma and transportation bed that has a computer to monitor the patient's condition and to provide ventilation, drip infusions, and defibrillation. It is also testing a model that can be pushed around by a robot, so it can get an injured person out of a dangerous situation.

**Florence "Flo" the Nurse-Bot.** Flo is a personal service robot developed by scientists at Carnegie Mellon University and the University of Pittsburgh to help elderly or ailing people at home. Flo can open jars or doors, carry things, monitor vital signs, remind you to take your medicine, and link you to your doctor through a two-way video screen. Researchers around the country are also working on ways to make home-robots friendly and responsive—for example, teaching them how to make facial expressions and to ask how you are doing.

**Nanobots (Miniscule Robots).** Some day scientists hope that these robots will deliver medications to diseased cells, clear clogged arteries, or repair damaged tissue.

In science fiction movies and television shows, robots occasionally go haywire and make a mess of things. In real life, the Food and Drug Administration carefully regulates medical devices, including medical robots and the software programs used to run them, to ensure that they work properly.



# ARTHRITIS

**With arthritis, it's what you don't know that can hurt you. Too many people believe that arthritis only affects older people and that it can't be treated. Both are wrong. Here are some facts you should know about arthritis.**

**What it is:** There are more than 100 types of arthritis that can cause pain, stiffness, and swelling in the joints. The two most common forms are osteoarthritis and rheumatoid arthritis. Osteoarthritis results from the wear and tear of life. It tends to develop gradually, usually in the knees, hips, and hands. Rheumatoid arthritis is an autoimmune disease, where the body's own immune system mistakenly attacks the cell lining inside the joints. It can lead to pain, stiffness, swelling, and deformity in the joints. It can also affect other organs in the body, and it can be very disabling.

Another form of arthritis that is getting attention results from a complication of **Lyme disease**, which is caused by bacteria that is spread through tick bites. There is a new vaccine, Lymerix, to prevent Lyme disease. Other preventive measures include using insect repellent; wearing long sleeves and pants in wooded areas; checking for and removing ticks; and promptly taking antibiotics if you develop the symptoms of Lyme disease.

**Who gets it:** Nearly three-fifths (or 60%) of all arthritis sufferers are under age 65, including 300,000 children. It is more common in women than in men, and it is more common in African American and Native American women than in other women.

**How it's treated:** Very recently, new treatments have been developed that greatly help reduce the pain and disability associated with arthritis. For example, there is a new medication, a non-steroidal anti-inflammatory drug (NSAID) called *COX-2 inhibitor*, that helps reduce swelling and pain without some of the stomach-upsetting side-effects of other NSAIDs. To treat arthritis in the knee, there are two new solutions—*Hyalgan* and *Synvisc*—that can be injected directly into the knee joint to replace the natural lubricant found in healthy joints.



Another old treatment, exercise, is receiving new attention in arthritis treatment. Doctors used to advise people with arthritis not to exercise. Now they've discovered that not exercising weakens the body and that exercise helps keep muscles strong, prevents joint stiffness, preserves mobility and range of motion, and boosts vitality. If you have arthritis, ask your doctor or physical therapist which exercises are best for you.

To treat rheumatoid arthritis, there is a new drug called *Remicade* (infliximab) that is used with the drug methotrexate to relieve pain and inflammation, stem the progress of the disease, and help prevent further joint damage. Another recent medication, Enbrel (etanercept), is used to treat the pain, stiffness, and swelling of rheumatoid arthritis. Arava (leflunomide) is a pill taken to help slow the progression of rheumatoid arthritis. Another remarkable treatment for rheumatoid arthritis is a device, called a *ProSORBA column*, that filters a patient's blood to remove proteins that may be attacking the joints. The procedure is performed in a clinic or hospital, once a week for 12 weeks.

**Prevention:** You can help prevent arthritis. Maintain a healthy body weight; get regular exercise; use ergonomic equipment and protective gear to avoid repetitive joint injury; and avoid sports injuries by warming up first, using weights to strengthen muscles, and using proper equipment.

For more information, contact:

**National Institute of Arthritis and Musculoskeletal and Skin Diseases**

Phone: 301-496-8188

Internet: [www.nih.gov/niams/healthinfo](http://www.nih.gov/niams/healthinfo)

**Arthritis Foundation**

Phone: 800-283-7800

Internet: [www.arthritis.org](http://www.arthritis.org)

**Handout on Health: Osteoarthritis**

Internet: [www.nih.gov/niams/healthinfo/osteoarthritis/](http://www.nih.gov/niams/healthinfo/osteoarthritis/)

	MON 17
	TUE 18
	WED 19
DECEMBER	THU 20
	FRI 21 <i>Winter begins</i>
	SAT 22
	SUN 23

## GENE THERAPY

**Some scientists predict that gene therapies will be used to treat most diseases within the next three decades.**

**What is a gene?** A gene is like a packet of information inherited from your parents and ancestors, one that carries instructions for your body on how to make proteins. The proteins make up different parts of your body like muscles, hair, and enzymes. Proteins also determine how the parts of your body look, behave, fight infection, and get the nutrients they need. If the genetic instructions are wrong because of a missing or malfunctioning gene, you may make too much or too little of a protein, which can cause disease.

Scientists know of many diseases (like cystic fibrosis, Tay Sachs disease, and sickle cell anemia) that are directly linked to faulty genes that are passed down in families. They are also discovering that genes play a role in our risk of developing such common conditions as heart disease, diabetes, Alzheimer's disease, and many types of cancer. While these diseases are not directly inherited, they seem to develop as a result of genetic changes that occur gradually and sequentially over a lifetime. Those genetic changes combine with environmental factors, diet, behaviors and lifestyle, and infectious agents to put us at risk for various diseases.

**What is gene therapy?** Genes can be used in several ways to treat or prevent disease. One is to place new genes in people who have a disease or condition (such as hemophilia) caused by missing or malfunctioning genes. Another method is to use genes that are already in the body to treat disease, for example, using a gene to deliver a vaccine against AIDS into the body or attacking a cancer tumor with a tumor-fighting gene treatment.

***Gene therapy and drugs developed through genomic technology are currently being tested for many uses, for example:***

- ◆ To treat genetic diseases like hemophilia, sickle cell anemia, and cystic fibrosis by replacing defective genes with good ones.
- ◆ To treat cancer tumors by boosting the body's natural ability to fight off disease or by making the tumor more sensitive to other treatments.
- ◆ To block some of the negative side effects of chemotherapy by blocking its harmful effects on good cells.
- ◆ To create a growth factor medication through gene technology that can repair chronic skin wounds from diabetes or pressure sores.
- ◆ To deliver an AIDS vaccine into the body.
- ◆ To grow new blood vessels in the heart as a treatment for heart disease or in the limbs for people with poor blood circulation.
- ◆ To detect some types of cancer by measuring genetic changes that can indicate cancer cells in body fluids like urine, blood, and saliva.

***For more information:***

***Gene Therapy for Human Patients: Information for the General Public***

Internet: [www4.od.nih.gov/oba/cover.htm](http://www4.od.nih.gov/oba/cover.htm)



## WOMEN IN THE HEALTH PROFESSIONS



Throughout the history of our nation, women have been the primary health care providers and decision-makers for their families. In the past, women did most of the work of tending the sick, helping women in childbirth, and passing information about remedies and treatments from one generation to the next. Women have also been our nation's main health care reformers, spearheading efforts to improve the quality of, and expand access to, health care in the U.S.

Today, women make up the large majority of informal caregivers in this country—people taking care of an ill or disabled person in the home. Many of them spend 20 hours or more as the informal caregiver, and they balance that role with other work and family responsibilities. Women also make most of the health care decisions in the family. They tend to be the ones responsible for arranging doctors' appointments, talking family members into seeing a doctor, and giving them a ride. As health care professionals, women outnumber men in the roles that spend the most time with patients, such as nurses and physicians' assistants.

The number of women doctors in this country has been steadily climbing in recent decades. Women make up 22% of all doctors now. They make up 40% of all medical school students, so in the future there will be more and more women doctors. As with many other areas of life, women doctors do not tend to make as much money or to reach as high a level of status as male doctors. Women are less likely than men to reach high levels in the medical teaching and research professions. Among those who become doctors, many women choose specialties like pediatrics, obstetrics/gynecology, and family medicine that keep them connected with families. They also tend to choose specialties that let them keep regular hours, so they can balance their work and family obligations.

Many women prefer to see a female rather than a male health care provider, especially younger women. As we move toward a future with more telemedicine, with robots taking care of people and performing surgeries, and with health tests and monitoring that you can do yourself at home, will we still need human health care providers? Many researchers believe that, even with more machines in our lives, we'll still need the reasoning, compassion, and touch of a real person. It seems safe to say that the future will remain wide open for women in the health professions.

***For more information on women in the health professions, contact:***

**Bureau of Health Professions, HRSA**

Phone: 301-443-5796

Internet: <http://bhpr.hrsa.gov/>

**American Medical Women's Association**

Internet: [www.amwa-doc.org/](http://www.amwa-doc.org/)

**American Medical Association**

Internet: [www.ama-assn.org/](http://www.ama-assn.org/)

DECEMBER **MON**  
**31**

JANUARY

**TUE**  
**1**  
*New Year's Day*

**WED**  
**2**

JANUARY **THU**  
**3**

2002 **FRI**  
**4**

**SAT**  
**5**

**SUN**  
**6**

# PUBLIC HEALTH SERVICE COORDINATING COMMITTEE ON WOMEN'S HEALTH

The PHS Coordinating Committee on Women's Health is composed of senior-level women's health representatives from across the agencies and offices of the U.S. Public Health Service. The Committee advises the Assistant Secretary for Health on matters concerning the physical and mental health of women in our nation. It also serves as a forum for PHS agencies to share information on ongoing and proposed initiatives in women's health and to identify opportunities for collaboration. Members exchange information on high-priority issues identified by women's health coordinators at the regional and state levels, including those likely to become critical policy issues. The Committee also participates in the development and dissemination of U.S. positions on women's health internationally.

## **Co-chairs:**

### **David Satcher, M.D., Ph.D.**

*Assistant Secretary for Health and Surgeon General*

Internet: [www.surgeongeneral.gov](http://www.surgeongeneral.gov)

### **Wanda K. Jones, Dr.P.H.**

*Deputy Assistant Secretary for Health (Women's Health)*

Internet: [www.4woman.gov](http://www.4woman.gov)

## **Members:**

### **Sarah Kovner**

*Special Assistant to the Secretary, Office of the Secretary*

Internet: [www.hhs.gov/agencies/os.html](http://www.hhs.gov/agencies/os.html)

### **Miryam Granthon**

*Healthy People Consortium Coordinator, Office of Disease Prevention and Health Promotion*

Internet: [www.odphp.osophs.dhhs.gov](http://www.odphp.osophs.dhhs.gov)

### **Ruth Walkup**

*Office of International and Refugee Health*

Internet: [www.osophs.hhs.gov/ophs/oirh.htm](http://www.osophs.hhs.gov/ophs/oirh.htm)

### **Betty Lee Hawks, M.A.**

*Special Assistant to the Director, Office of Minority Health*

Internet: [www.omhrc.gov](http://www.omhrc.gov)

## **Members (con't):**

### **Liz Phillips**

*Office of Population Affairs*

Internet: [www.hhs.gov/progorg/opa](http://www.hhs.gov/progorg/opa)

### **Agnes Donahue**

*Special Assistant to the Director, Office of Intergovernmental Affairs*

Internet: [www.hhs.gov/iga](http://www.hhs.gov/iga)

*Office of HIV/AIDS Policy*

Internet: [www.osophs.dhhs.gov/ophs/hiv aids.htm](http://www.osophs.dhhs.gov/ophs/hiv aids.htm)

### **Joyce Townser, R.N., B.S.N.**

*Women's Health Coordinator, Region VII Representative from the PHS Regional Women's Health Offices*

Internet: [www.4woman.gov/owh](http://www.4woman.gov/owh)

### **Christine G. Spain, M.A.**

*Director for Research, Planning and Special Projects, President's Council on Physical Fitness and Sports*

Internet: [www.osophs.dhhs.gov/ophs/pcpfs.htm](http://www.osophs.dhhs.gov/ophs/pcpfs.htm)

### **Marcy L. Gross**

*Senior Advisor on Women's Health, Agency for Healthcare Research and Quality*

Internet: [www.ahrq.gov](http://www.ahrq.gov)

**Yvonne Green**

*Director, Office of Women's Health,  
Centers for Disease Control and Prevention*  
Internet: [www.cdc.gov/od/owh/whhome.htm](http://www.cdc.gov/od/owh/whhome.htm)

**Jamie Kendall**

*Liaison for the Administration on Children and  
Families*  
Internet: [www.acf.gov](http://www.acf.gov)

**Deborah Maiese**

*Director, Women's Health,  
Health Resources and Services Administration*  
Internet: [www.hrsa.gov](http://www.hrsa.gov)

**Sandra Dodge**

*Women's Health Coordinator  
Indian Health Service*  
Internet: [www.ihs.gov](http://www.ihs.gov)

**Susan Wood, Ph.D.**

*Director, Office of Women's Health,  
Food and Drug Administration*  
Internet: [www.fda.gov/womens/default.htm](http://www.fda.gov/womens/default.htm)

**Vivian W. Pinn, M.D.**

*Associate Director, Office of Research on  
Women's Health,  
National Institutes of Health*  
Internet: [www4.od.nih.gov/orwh](http://www4.od.nih.gov/orwh)

**Ulonda Shamwell**

*Acting Associate Administrator for Women's  
Health, Substance Abuse and Mental Health  
Services Administration*  
Internet: [www.samhsa.gov](http://www.samhsa.gov)

**Marsha G. Davenport, M.D., M.P.H.**

*Liaison for the Health Care and  
Finance Administration*  
Internet: [www.hcfa.gov](http://www.hcfa.gov)

**Eileen Salinsky**

*Director, Office of Health Policy and Liaison for  
the Office of the Assistant Secretary for Policy  
and Evaluation*  
Internet: <http://aspe.hhs.gov>

**Susana Perry**

*Liaison for the Administration on Aging (AOA)*  
Internet: [www.aoa.gov](http://www.aoa.gov)



## CENTERS OF EXCELLENCE

### *Centers of Excellence in Women's Health*

#### **Boston University Medical Center**

Internet: [www.bmc.org/coewh/](http://www.bmc.org/coewh/)

#### **Harvard University**

Internet: [www.hmcnet.harvard.edu/coe/](http://www.hmcnet.harvard.edu/coe/)

#### **Indiana University School of Medicine**

Internet: [www.iupui.edu/~womenhlt/](http://www.iupui.edu/~womenhlt/)

#### **Magee Women's Hospital**

Internet: [www.magee.edu/about/aboutcoe.htm](http://www.magee.edu/about/aboutcoe.htm)

#### **MCP Hahnemann University**

Internet: [www.mcphu.edu/institutes/iwh/coe.htm](http://www.mcphu.edu/institutes/iwh/coe.htm)

#### **Tulane University and Xavier University of Louisiana**

Internet: [www.tulane.edu/~tuxcoe/NewWebsite](http://www.tulane.edu/~tuxcoe/NewWebsite)

#### **University of California, Los Angeles**

Internet: <http://womenshealth.med.ucla.edu/>

#### **University of California, San Francisco**

Internet: <http://itsa.ucsf.edu/~ucsfcoe/>

#### **University of Illinois at Chicago**

Internet: [www.uic.edu/orgs/womenshealth/](http://www.uic.edu/orgs/womenshealth/)

#### **University of Michigan Health System**

Internet: [www.med.umich.edu/whrc/ctr.excel.html](http://www.med.umich.edu/whrc/ctr.excel.html)

#### **University of Pennsylvania Medical Center and Health System**

Internet: [www.obgyn.upenn.edu/cewh/](http://www.obgyn.upenn.edu/cewh/)

#### **University of Puerto Rico**

Internet: [www.rcm.upr.edu/2k1whc/](http://www.rcm.upr.edu/2k1whc/)

#### **University of Washington**

Internet: <http://depts.washington.edu/uw98coe/>

#### **University of Wisconsin, Madison**

Internet: [www.womenshealth.wisc.edu](http://www.womenshealth.wisc.edu)

#### **Wake Forest University Baptist Medical Center**

Internet: [www.wfubmc.edu/women/](http://www.wfubmc.edu/women/)

### *Community Centers of Excellence in Women's Health*

#### **Northeast Missouri Health Council, Inc.**

Kirksville, MO 63501

Phone: 660-627-5757

#### **Mariposa Community Health Center**

Nogales, AZ 85621

Phone: 520-281-1550

#### **St. Barnabas Hospital and Healthcare System**

Bronx, NY 10457

Phone: 718-960-0348

More information on the National Centers of Excellence in Women's Health (CoEs) and the Community Centers of Excellence in Women's Health (CCOEs) can be obtained through the **National Women's Health Information Center**.

Phone: 800-994-9662

TDD: 888-220-5446

Internet: [www.4woman.gov/owh](http://www.4woman.gov/owh)

# REGIONAL WOMEN'S HEALTH COORDINATORS

The Office on Women's Health supports Women's Health Coordinators in each of the 10 regions of the U.S. Public Health Service. These coordinators convene public meetings, compile data on women's health statistics and resources, and promote collaborations among states and regions to promote culturally appropriate women's health services, research, and education.

**Region I– CT, MA, ME, NH, RI, VT**  
**Laurie Robinson, M.T.S.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region I  
 John F. Kennedy Federal Bldg., Room 2126  
 Boston, MA 02203  
 (617) 565-1071 FAX (617) 565-4265  
 E-mail: LRobinson@hrsa.gov

**Region II– NJ, NY, PR, Virgin Islands**  
**Sandra Estepa, M.S.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region II  
 26 Federal Plaza, Room 3835  
 New York, NY 10278  
 (212) 264-4628 FAX (212) 264-1324  
 E-mail: sestepa@hrsa.gov

**Region III– DC, DE, MD, PA, VA, WV**  
**Rosa F. Myers, A.R.N.P., M.S.N.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region III  
 150 S. Independence Mall West, Ste. 436  
 Philadelphia, PA 19106-3499  
 (215) 861-4637 FAX (215) 861-4623  
 E-mail: rmyers@hrsa.gov

**Region IV– AL, FL, GA, KY, MS, NC, SC, TN**  
**Annie Brayboy Fair, M.P.A., M.S.W.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region IV  
 61 Forsyth St., S.W., 5B95  
 Atlanta, GA 30303-8909  
 (404) 562-7904 FAX (404) 562-7899  
 E-mail: afair@osophs.dhhs.gov

**Region V– IL, IN, MI, MN, OH, WI**  
**Michelle Hoersch, M.S.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region V  
 233 North Michigan Avenue, Suite 1300  
 Chicago, IL 60601  
 (312) 353-8122 FAX (312) 353-7800  
 E-mail: mhoersch@osophs.dhhs.gov

**Region VI– AR, LA, NM, OK, TX**  
**Charlotte Gish, C.N.M., M.S.N.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region VI  
 1301 Young Street, Suite 1124  
 Dallas, TX, 75202  
 (214) 767-3482 FAX (214) 767-3209  
 E-mail: cgish@osophs.dhhs.gov

**Region VII– IA, KS, MO , NE**  
**Joyce Townser, R.N., B.S.N.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region VII  
 601 East 12th Street, Room 210  
 Kansas City, MO 64106  
 (816) 426-2926 FAX (816) 426-2178  
 E-mail: jtownser@hrsa.gov

**Region VIII– CO, MT, ND, SD, UT, WY**  
**Laurie Konsella, M.P.A.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region VIII  
 1961 Stout Street, Room 498  
 Denver, CO 80294-3538  
 (303) 844-7854 FAX (303) 844-2019  
 E-mail: lkonsella@hrsa.gov

**Region IX– AZ, CA, HI, NV, American Samoa, Guam, Trust Territory of the Pacific Islands**  
**Kay A. Strawder, J.D., M.S.W.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region IX  
 50 United Nations Plaza, Room 327  
 San Francisco, CA 94102  
 (415) 437-8119 FAX (415) 437-8004  
 E-mail: kstrawder@osophs.dhhs.gov

**Region X– AK, ID, OR, WA**  
**Marian Mehegan, D.D.S., M.P.H.**

*Women's Health Coordinator*  
 U.S. Public Health Service, Region X  
 2201 Sixth Avenue, M/S RX-29  
 Seattle, WA 98121  
 (206) 615-2024 FAX (206) 615-2481  
 E-mail: mmehegan@hrsa.gov

## January 2001

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## February 2001

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

## March 2001

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## April 2001

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## May 2001

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## June 2001

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## July 2001

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## August 2001

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## September 2001

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

## October 2001

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## November 2001

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

## December 2001

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2002						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2002						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2002						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2002						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2002						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2002						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2002						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2002						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2002						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2002						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2002						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2002						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2002





*2001: A Women's Health Odyssey is a product of the Office on Women's Health in the U.S. Department of Health and Human Services.*

*Written by*

**Valerie Gwinner**

*Design and Layout by*

**Dianne Wallace**

*Managed by*

**Valerie Scardino, Carol Krause,  
and Cheryl Batchelor**

*Edited by*

**Barbara Disckind**

*With Assistance From:*

**Heather Link  
Jillian Hooper  
Ann Abercrombie  
NWHIC Staff**



(Fold here)

---

Place  
Stamp  
Here

**National Women's Health Information Center  
8550 Arlington Boulevard, Suite 300  
Fairfax, VA 22031**

---

(Fold here)

---

NAME

---

ADDRESS

---

---

PHONE

---

E-MAIL

**INSURANCE INFORMATION**

---

PRIMARY INSURANCE

---

CONTACTS

---

CUSTOMER SERVICE PHONE NUMBER

---

IDENTIFICATION #

---

SECONDARY INSURANCE

---

CONTACTS

---

CUSTOMER SERVICE PHONE NUMBER

---

IDENTIFICATION #

---

MEDICARE NUMBER

---

MEDICAID NUMBER

---

EMERGENCY NUMBERS

---

NOTES

---

---

---



OFFICE ON WOMEN'S HEALTH  
200 INDEPENDENCE AVENUE, SW ROOM 712E  
WASHINGTON, D.C. 20201

Toll-free:  
1-800-994-9662

TDD:  
1-888-220-5446

Web site:  
[WWW.4WOMAN.GOV](http://WWW.4WOMAN.GOV)