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About the Office on Women's Health

The Office on Women's Health (OWH) in the U.S. Department of Health and Human Services (HHS) was established in 1991 to improve women's health. Simply put, OWH works to improve the health and well being of *all* U.S. women and girls. To achieve that long-term goal, OWH focuses on the health differences (disparities) between men and women, between boys and girls, and among populations of women.

Differences in health can be a function of sex (whether you are male or female), gender, race/ethnicity, age, income, education, disabilities, immigrant status, health insurance, culture, and geographic location, among many other factors. In 2002, the population of this country was 281.4 million. Of that number, almost 51 percent, or 143.4 million, are females. More than 29 percent of these females, or 42.1 million, belong to racial and ethnic minority groups¹. They encompass five major groups: African American/Black, Hispanic/Latina, Asian, American Indian/Alaska Native, and Native Hawaiian/Other Pacific Islander³.

Although women in minority populations experience many of the same health problems as White women, as a group, they are in poorer health, they use fewer health services, and they continue to suffer disproportionately from premature death, disease, and disabilities. Many also face tremendous social, economic, cultural, and other barriers to achieving optimal health. Women and girls in underserved populations are the focus of OWH activities.

Currently functioning as a program office within the Office of Public Health and Science (OPHS), the Office on Women's Health serves as the focal point for women's health activities in the Department. Its mission is to provide leadership to promote health equity for women and girls through

sex- and gender-specific approaches. The Director of the Office is a Deputy Assistant Secretary for Health [DASH (WH)] who reports to the Assistant Secretary for Health. The Office also advises HHS Secretary Michael Leavitt on the scientific, medical, ethical and policy issues related to the advancement of women's health in the United States and internationally.

The OWH has three divisions reporting to the DASH (WH): Division of Policy and Program Development; Division of Communications; and Division of Program Management. The Office also supports a Regional Women's Health Coordinator in each of the 10 HHS regional offices.

The Office on Women's Health (OWH) promotes women's health through its four basic functions.

- 1. Coordinating and Promoting Collaborations among DHHS Agencies and Offices:** OWH serves as the coordinating office for women's health initiatives across the agencies of HHS, including the National Institutes of Health (NIH), the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and other agencies and offices.
- 2. Providing Information on Research, Prevention and Services to Assist Decision-Makers:** OWH convenes and consults with federal departments, the scientific community, professional organizations, and consumer groups to support and advance women's health.
- 3. Identifying, Developing and Supporting Model Programs and Innovations in Women's Health:** OWH promotes the development and implementation of model initiatives in academic centers and communities all over the United States to address the health needs of women across different



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ages, cultures, races, and ethnic groups, including delivery of care to women and education of health care practitioners about women's health.

4. Educating Health and Wellness

Professionals and Consumers: OWH promotes comprehensive health services for women across their lifespan. OWH also supports the development and use of culturally appropriate practices in medical education and research, so all individuals and communities benefit. Through its efforts, OWH brings reliable information on hundreds of health topics to women in every region of America. It also helps consumers, associations, and organizations voice their ideas about the federal government's policies on women's health.

Many of these programs and activities extend beyond one function of OWH, into two, three, or possibly all four of the priorities of the office. For reasons of convenience, they are listed only one time throughout this document. For example, programs addressing cardiovascular disease in women may target underserved women in minority populations, older women, women living in rural or urban areas, or other vulnerable women. Furthermore, the same programs may be examples of collaborative programs or model demonstration programs, education programs, or community-based programs implemented by regional staff, or some combination.

1. COORDINATION AND COLLABORATION

One of OWH's primary functions is to coordinate women's health programs with the many federal agencies and offices within HHS, including the National Institutes of Health, the Food and Drug Administration, and the Centers for Disease Control and Prevention. OWH also collaborates with state governments, health care associations, and community-based organizations.

A. OWH COMMITTEES / WORKING GROUPS

HHS COORDINATING COMMITTEE ON WOMEN'S HEALTH

- **Established by:** Assistant Secretary for Health in 1983.
- **Chair:** HHS OWH
- **Purpose:** To advise the Assistant Secretary for Health and the Deputy Assistant Secretary for Health (Women's Health) on current and planned activities across HHS that would safeguard and improve the physical and mental health of all women in the United States.

- **Committee Membership:** Senior-level representatives from each of the federal agencies and offices within HHS.

DHHS STEERING COMMITTEE ON VIOLENCE AGAINST WOMEN

- **Established by:** Office of the Secretary in 1995 in response to the Violence Against Women Act.
- **Chair:** HHS OWH
- **Purpose:** To coordinate the response of HHS agencies and offices on issues related to family and intimate partner violence. To coordinate HHS responses to recommendations from the National Advisory Committee on Violence Against Women, chartered by the U.S. Department of Justice (DOJ), and co-chaired by DOJ and HHS.



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- **Committee Membership:** Leaders within HHS who have expertise in issues such as domestic violence, sexual assault and rape, child abuse and neglect, elder abuse, substance abuse, mental health, minority health, and women's health.

MINORITY WOMEN'S HEALTH PANEL OF EXPERTS

- **Established by:** HHS OWH in 1997.
- **Purpose:** To eliminate disparities in health care. To ensure that the concerns of minority women are addressed throughout OWH programs, policies, and initiatives. To provide input and serve as a resource to HHS, the HHS Secretary, and OWH in support of developing health initiatives for these diverse populations of women and improving their overall health.
- **Membership:** Health professionals, advocates, and academicians working in communities and in health settings that serve racially and ethnically diverse women: African American, American Indian/Alaska Native, Asian American, Native Hawaiian and Pacific Islander, and Hispanic/Latina. Panel members have expertise in a variety of disciplines, including young women's health, women and aging, health care delivery systems, reproductive health, HIV/AIDS, violence against women, mental health, substance abuse, breast/cervical cancer, diabetes, heart disease, immigrant/refugee women's health, public health research, cultural competency in women's health, and health policy.
- **Background:** OWH established the panel after a series of national conferences on the health issues of minority women, including its 1997 conference "*Bridging the Gap: Enhancing Partnerships to Improve Minority Women's Health.*"

FEDERAL INTERAGENCY WORKING GROUP ON WOMEN'S HEALTH AND THE ENVIRONMENT

- **Established by:** HHS OWH in 1994.
- **Chair:** HHS OWH
- **Purpose:** To coordinate the efforts of federal agencies that address environmental threats to women's health. To foster collaboration among these agencies. To plan and implement activities that address the identified needs.
- **Working Group Membership:** The group meets quarterly and consists of more than 40 representatives from various federal agencies and offices, including the National Institutes of Health, Centers for Disease Control and Prevention, Environmental Protection Agency, Food and Drug Administration, Health Resources and Services Administration, Department of Labor and Department of Defense.
- **Subcommittees:** Meet monthly to develop, plan and implement multi-agency activities that address specific areas of interest. Current subcommittees address dietary supplements; women and tobacco; personal protective equipment (PPE) and ergonomics; mercury; and autoimmune diseases such as lupus.

OWH actively participates in several other committees and working groups: Healthy People 2010 Steering Committee, the HHS Lupus Working Group, the New Freedom Initiative Working Group (which promotes community living for people with disabilities), and the Federal Partners Working Group for Mental Health System Transformation.



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B. OWH COLLABORATIVE PROGRAMS

SURGEON GENERAL'S WOMEN'S MENTAL HEALTH PROJECT

- **Established by:** HHS OWH in 2002.
- **Chair:** HHS OWH.
- **Purpose:** OWH is collaborating with the Office of the Surgeon General, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration to prepare materials addressing the mental health of women and girls.
- **Progress:** Steps completed thus far include concept mapping to develop salient themes; leadership interviews with 25 leaders representing governmental, provider, and consumer organizations in the field of women's mental health; facilitated discussions in San Francisco, CA, Kansas City, MO, and Philadelphia, PA, with 41 representatives in the field of women's mental health; and a literature review focused on sex and gender differences in mental health across the lifespan.
- **Workshop:** The preparatory work culminated in a Surgeon General's Workshop in November 2005 in Denver, CO. Mental health professionals, researchers, consumers, and advocates were invited to participate in this 1-1/2 day working meeting.
- **Workshop Tasks:** Participants identified practical tools, research recommendations, and strategies to 1) promote awareness of mental health issues affecting women across the lifespan; 2) address major gender differences among mental illnesses and in approaches to care; 3) provide direction for health professionals and consumers on identifying, preventing, and treating mental illness; and 4) provide an understanding of the role of mental health in women's physical health.

- **Project Background:** This effort follows the *2001 Mental Health: Culture, Race and Ethnicity—Supplement to Mental Health: A Report of the Surgeon General*; a report on the *Surgeon General's Conference on Children's Mental Health: A National Action Agenda in 2000*; and the 1999 *Surgeon General's Report on Mental Health*.

THE NATIONAL WOMEN'S HEALTH INFORMATION CENTER (NWHIC)

- **Developed and Maintained by:** HHS OWH since 1998. Updated continuously.
- **Project:** OWH has strengthened HHS prevention efforts for the public and health care professionals by providing prevention information tailored to women and girls. OWH maintains the National Women's Health Information Center (NWHIC), an Information Referral Center and two websites: one on women's health (www.womenshealth.gov) and one on girls' health (www.girlshealth.gov). These services provide reliable, commercial-free health information and referrals to consumers of health care services, health professionals, researchers, educators, and students.
- **Content:** Offers a single point-of-entry to more than 4,000 publications and 2,000 organizations on more than 800 health topics. The website contains fact sheets; more than 80 FAQs (frequently asked questions); information on national health education campaigns; a calendar of events; daily news on women's health; and online journals and dictionaries. Enhancements to the Information Referral Center include a breastfeeding helpline to offer new moms support, peer counseling, and resources.
- **Specialty Sections:** Available by topic area, including healthy pregnancy, vio-



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lence against women, breastfeeding, smoking cessation, and body image. It also features specialty sections by topic area, including for special populations such as Spanish-speakers, women with disabilities, minority women, young women, the media, and health professionals.

- **Printed Resources:** NWHIC also offers a variety of printed materials, including the *Lifetime to Good Health Guide* in English, Spanish and Chinese, and the *Breastfeeding Easy Guide* series written and designed for general market, African-American, Spanish, Chinese, and Native American audiences.

- **Accessible by:** A toll-free telephone call to 1-800-994-9662 (TDD: 1-888-220-5446) or through the Internet at <http://www.womenshealth.gov>.

Information Specialists are available to answer questions in English and Spanish from 9 a.m. to 6 p.m., Monday through Friday, Eastern Standard Time, excluding federal holidays. They can provide publications and referrals to appropriate organizations.

GirlsHealth WEB SITE

- **Developed and Maintained by:** HHS OWH since June 2002. (Visit www.girlshealth.gov)
- **Project Focus:** To promote healthy, positive behaviors in girls between the ages of 10 and 16. The site motivates girls to choose healthy behaviors by providing information on fitness, nutrition, chronic illness and disability, stress management, relationships with friends and family, peer pressure, suicide, drugs, self-esteem, and other topics in an interactive, user-friendly format. The web site contains ten modules that address these topics and more.
- **Specialty Sections:** A Parents & Caregivers section provides lists of pub-

lications, organizations, and web sites that influential adults can use to help address the issues facing adolescent girls. An Educators section provides resources on the topics covered on the site for teachers, school administrators, and community leaders.

- **Planned Sections:** On negotiation skills, violence against girls, leadership skill development, depression, and obesity.
- **Content Availability:** All of the content throughout the web site can be printed and reproduced for students and patients. During FY2006, OWH plans to enhance this site and add additional sections on media literacy and youth development.

QUICK HEALTH DATA ONLINE

- **Developed by:** HHS OWH in Region VIII in 1999, in collaboration with the HHS Office of Minority Health. Expanded by OWH in 2002.
- **Content:** The database contains extensive health data for the entire United States (including both men and women). National, regional, state, and county data are available by age, race/ethnicity, and gender, and they can be displayed simultaneously. It includes mortality and incidence rates for a variety of chronic and infectious diseases, including heart disease and indicators for mental health, reproductive health, maternal health, violence and abuse, illness prevention, and access to care.
- **Audience:** This online tool can benefit federal, state, and local health department employees as well as community organizations, health professionals, researchers, members of the press, and consumers: anyone looking for health statistics.
- **Free Access:** Access is free through the website of the National Women's



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Health Information Center at www.WomensHealth.gov/statedata. Users can make their own tables, graphs, and maps out of any data in the database. Age-adjusted data and 3-year averages are included for many of the health indicators.

- **Updates:** The database is updated annually.

NATIONAL WOMEN'S HEALTH WEEK

- **Developed by:** HHS OWH in May 2000.
- **Program:** In 2006, OWH celebrated the seventh annual National Women's Health Week, May 14-20, 2006. Coordinated by OWH, this national effort raises awareness about manageable steps all women can take to improve their health. OWH's Regional Women's Health Coordinators, DHHS agencies, state and local governments, community partners, and public and private organizations promoted or planned events and preventive health screenings.
- **2006 Theme:** *Reconnect to Your Health.* The importance of incorporating simple preventive and positive health behaviors into everyday life.
- **Participation:** In 2006, all 50 states and some territories held 1,110 events. Governors and mayors of 142 states, cities, towns, and territories declared May 14-20, 2006, to be "National Women's Health Week." Locally, thousands of women took advantage of free or reduced health screenings. Much of this success is due to the active involvement from 122 organizations that joined forces with the Office on Women's Health.
- **Special Note:** President Bush and First Lady Laura Bush separately acknowledged the importance of National Women's Health Week with individual

letters. Both the U.S. Senate and the House of Representatives issued resolutions recognizing National Women's Health Week. Media impressions totaled more than 241 million, which included 47.2+ million print impressions and 37.5+ million radio impressions. Television viewership was estimated at 40,000.

- **Program Evaluation:** In 2006, OWH received OMB approval to evaluate NWHW. Follow-up surveys have been developed and sent to all individuals and organizations that hosted events and health screenings, issued proclamations, or helped with outreach efforts. Results of this evaluation should be available in Fall 2006.

THE WOMAN CHALLENGE

- **Developed by:** HHS OWH in 2006 in partnership with the Region V Women's Health Office and Support from all 10 Regional Coordinators.
- **Program Focus:** A new national walking program for women began during the 2006 National Women's Health Week: *Women On the Move Across the Nation* (the WOMAN Challenge). It invited women to take part in a free 8-week walking and physical activity program that encourages participants to get 10,000 steps or 30 minutes of physical activity a day. 17,800 women signed up to participate. Results are forthcoming.

NATIONAL WOMEN'S CHECK-UP DAY

- **Developed by:** HHS OWH in 2003.
- **Program Focus:** In 2006, OWH celebrated the fourth annual National Women's Check-Up Day on May 15, the day after Mother's Day. This nationwide effort is coordinated by HHS and encourages women to visit health care professionals to receive regular, preventive check-ups and screenings. On this



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day, hundreds of health care providers around the country offered preventive screenings for free or at reduced rates.

- **Special Note:** This day complements and supports OWH's efforts to promote

2. RESEARCH AND PREVENTION

HEART TRUTH EDUCATION CAMPAIGN FOR HEALTH CARE PROVIDERS

- **Developed by:** HHS OWH in 2004
- **Activity:** OWH, with its National Centers of Excellence in Women's Health and its National Community Centers of Excellence in Women's Health, developed a companion *Heart Truth* education campaign for health care providers. It is based on the new prevention guidelines for women developed by the American College of Cardiologists (ACC) and the American Heart Association (AHA). It educates healthcare providers, including physicians and nurses, about the differences between men and women in the risks, diagnosis, and treatment of heart disease.
- **Products:** These educational products include a package of grand rounds, CME (Continuing Medical Education) / Continuing Education Units (CEU) lectures, training and curriculum materials, and self-study core interactive modules. All materials are posted on the NWHIC website at <http://www.womenshealth.gov/hearttruth/>. They will be disseminated to providers at medical meetings and other venues.

HeartHealthyWomen WEBSITE

- **Sponsored by:** HHS OWH, beginning in 2003.
- **Partners:** HHS OWH has developed the HeartHealthyWomen website in partnership with the Cardiovascular Research Foundation and

preventive services for women and furthers President Bush's long-range initiative to expand local health centers serving people without health insurance.

WomenHeart: The National Coalition for Women with Heart Disease.

- **Project:** A website that contains comprehensive information on the diagnosis and treatment of heart disease in women. It features separate sections for patients and healthcare providers on 1) the most important signs and symptoms of heart disease in women; 2) the accuracy of various diagnostic tests for women; and 3) the safety and effectiveness of treatments and surgical procedures that are appropriate for women with heart disease. Currently, the website focuses on coronary artery disease. It will be expanded in the future to also include information on heart failure and other types of cardiovascular disease conditions.
- **Purpose:** To provide patients and healthcare professionals with the most up-to-date, gender-based science information on the diagnosis and treatment of cardiovascular disease in women. To address gender and racial disparities and to increase the participation of women in clinical trials of cardiovascular disease
- **Accessible:** At www.HeartHealthyWomen.org. *The online source for the treatment and diagnosis of heart disease in women.*

BodyWise EATING DISORDERS EDUCATION CAMPAIGN

- **Sponsored by:** HHS OWH
- **Audience:** A national educational campaign on eating disorders that targets middle-school educators and health care providers who have contact with 9- to



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11-year-old girls. The campaign educates the adults in these girls' lives of the risks associated with restrictive dieting and eating disorders. OWH worked with the Indian Health Service, the Office of Minority Health, the National Institutes of Health, and experts in both the public and private sector.

- **Project Goal:** To increase awareness and knowledge of eating disorders including their signs and symptoms steps to take when concerned about students, and ways to promote healthy eating and reduce preoccupation with weight and size.
- **Project Materials:** Each information packet, one for school personnel and the other for health professionals, includes fact sheets and resource lists emphasizing the link between healthy eating, positive body image, and favorable learning outcomes.
- **Targeted Populations:** The packet contains specific information on each of the major ethnic groups in the country. It has been cited by the Eating Disorder Advocacy Community as the best information available on these populations.
- **Results:** A formal evaluation of these materials completed two years ago showed a significant positive change in both the attitudes of school nurses and the policies of schools on the need to address eating disorders. The evaluation also showed an increase in the number of educational sessions provided by school nurses on this issue for other school personnel.
- **Free Access:** Information is available on the NWHIC web site at www.WomensHealth.gov.

NATIONAL BONE HEALTH

CAMPAIGN: *Powerful Bones. Powerful Girls*

- **Developed by:** A public/nonprofit partnership among HHS OWH, the Centers for Disease Control and Prevention (CDC), and the National Osteoporosis Foundation.
- **Project Focus:** Launched in September 2001, this multi-year, national educational campaign promotes optimal bone health in girls 9 to 12 years old, so as to reduce their risk of developing osteoporosis later in life.
- **Goal:** To educate and encourage girls to establish lifelong healthy habits, especially increased calcium consumption and physical activity to build and maintain strong bones.
- **Other Audiences:** In addition to girls 9 to 12 years old, the campaign will target adults who influence them, including parents, teachers, coaches, youth group leaders, and health care professionals through websites and materials.
- **Accessible by:** Visiting the campaign's website at <http://www.cdc.gov/powerfulbones>.

MEDICAL RESEARCH ON BREASTFEEDING

- **Project:** At present, OWH is updating the *HHS Blueprint for Action on Breastfeeding* by funding a review of the following: the benefits of breastfeeding for infants and mothers and the practices to support breastfeeding. This review will be conducted through the Evidence-based Practice Center of the Agency for Healthcare Research and Quality (AHRQ) at Tufts University. The review will be published in 2007.
- **Partners:** HHS OWH and AHRQ are working together to evaluate all medical research on breastfeeding and infant health, maternal health, and health



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interventions to support and increase U.S. breastfeeding rates. Representatives from the Centers for Disease Control and Prevention (CDC) and the National Institute of Child Health and Human Development (NICHD) are on the Technical Evaluation Panel.

CONFERENCES ON BREASTFEEDING

- **Funded by:** HHS OWH in FY2006
- **Projects:** Two National Breastfeeding Conferences were supported by OWH. The United States Breastfeeding Committee National Conference of State Breastfeeding Coalitions in January 2006, and the Academy of Breastfeeding Medicine in October 2006.

3. MODEL PROGRAMS IN WOMEN'S HEALTH

NATIONAL CENTERS OF EXCELLENCE IN WOMEN'S HEALTH (CoEs)

- **Established by:** HHS OWH in 1996. As of mid-2006, located in 20 academic health centers across the nation and Puerto Rico.
- **Purpose:** The CoE model unites women's health research, medical training, clinical and preventive care, public health education, community outreach, and the promotion of women in academic medicine around a common mission: to improve the health status of women across diverse ages, races, ethnic groups, and backgrounds.
- **Goals:** To help eliminate disparities in health care among populations of women and between men and women. To serve as demonstration models for the nation to provide innovative, comprehensive, and integrated health care systems for women. To establish and evaluate a new integrated health care system.
- **Background:** The CoEs develop partnerships with state and local governments, community organizations, and other academic institutions to increase women's access to care and to improve the delivery of health care. More than half of the CoEs provide services and

outreach into surrounding rural areas.

NATIONAL COMMUNITY CENTERS OF EXCELLENCE IN WOMEN'S HEALTH (CCOEs)

- **Established by:** HHS OWH in September 2000, with HHS' Health Resources and Services Administration (HRSA) and the Office of Minority Health (OMH). As of mid-2006, 14 sites across the nation: 6 are located in community health centers, 5 in community hospitals, 2 in community health care organizations, and 1 in an Area Health Education Center.
- **Purpose:** The CCOEs are designed to integrate, coordinate, and strengthen linkages between healthcare programs and activities for women that are already underway in the community.
- **Goals:** To serve as demonstration models for the nation to provide innovative, comprehensive, and integrated health care systems for underserved women at the community level. To help eliminate disparities in health care among populations of women and between men and women. To integrate community health services at local clinics and hospitals with research and public outreach.
- **Background:** This grant cooperative agreement program follows a similar model as the CoEs but on a community



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level. The CCOE program provides recognition and funding for community-based programs that coordinate the delivery of health services for women, particularly preventive services; training for lay workers and professional health providers; community-based research; public education and outreach; leadership development for women; and technical assistance to other communities that want to replicate the CCOE program.

- **Evaluation:** In May 2004, an external evaluation report found the CCOE program to be meeting and at times exceeding the goals and objectives set forth by OWH. Six core components: Improving access to and integrating women's health care services; training for lay and professional health care providers; community-based research; public education and outreach; leadership development for women; technical assistance to support replication of successful models and strategies.
- **Publication:** A *How To Manual* on becoming a CCOE has been drafted and is undergoing internal review. Developed to help other community entities establish CCOE models at their sites. Anticipated release date is Fall 2006.

THE CoE AND CCOE AMBASSADORS FOR CHANGE PROGRAM

- **Developed by:** HHS OWH in FY2005
- **Purpose:** To continue the comprehensive, integrated models of women's health care developed by the CoEs and CCOEs. To provide advice and guidance to other organizations interested in developing or implementing these unique models of care.
- **Members:** Those CoEs and CCOEs that have been chosen to fulfill additional responsibilities beyond the require-

ments of being selected as a National or Community Center of Excellence in Women's Health. As of mid-2006, three CoEs and three CCOEs were chosen to serve as "Ambassadors for Change."

- **Other Requirements:** Four other factors are required: 1) an ability to integrate all of components of the CoE and CCOE programs; 2) a capability to manage and sustain this project; 3) an agreement to serve as a technical consultant to other sites; and 4) to maintain existing partnerships and develop new ones within their region, neighboring regions, and government-sponsored agencies and organizations.

NATIONAL CENTERS OF EXCELLENCE IN WOMEN'S HEALTH (CoEs) REGION VIII DEMONSTRATION PROJECTS

- **First Awarded by:** Region VIII, HHS OWH in 2004.
- **Overview of Region VIII:** Comprises Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. In terms of demographics, women in Region VIII are primarily white. American Indian women and Latinas are the largest minority populations in this region. The region is very much a rural and frontier area with only a few large metropolitan areas. Some key women's health issues in Region VIII are heart disease, stroke, cancers, access to care, mental health, suicide, domestic violence, and substance abuse.
- **Purpose:** These demonstration projects, along with existing CoEs, are working to develop effective comprehensive and integrated approaches for improving women's health, including the delivery of services. To bring high-quality health care to women in Region VIII, including minority and underserved women in this rural frontier area.



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- **Sites:** As of mid-2006, the three Demonstration Projects are the University of Utah Health Sciences Center, the University of North Dakota School of Medicine and Health Sciences, and the Sanford School of Medicine of The University of South Dakota.

NATIONAL RURAL AND FRONTIER WOMEN'S HEALTH COORDINATING CENTERS (RFCCs)

- **First funded by:** HHS OWH in September 2004.
- **Sites:** As of mid-2006, 11 RFCCs are located in Arizona, Utah, Tennessee, New Mexico, Colorado, Kentucky, Nevada, Wisconsin, Wyoming, New Hampshire.
- **Purpose:** To help eliminate disparities in health care among populations of women and between men and women. To identify, coordinate, and build upon a network of existing resources to provide culturally and linguistically appropriate health services to women and their families in rural and frontier communities. No new community resources will be funded from this effort.
- **Background:** HHS created an Initiative on Rural Communities in 2001 to improve and enhance health care and human services for people who live in rural America. It is estimated that approximately one-fourth of the total U.S. population lives in rural areas. When compared to urban Americans, rural and frontier residents have higher poverty rates, tend to be in poorer health, have fewer physicians, and fewer other health resources. Rural/frontier women are also more likely to suffer from heart disease, hypertension and cancer than urban women residents.

COMPREHENSIVE WOMEN'S HEART HEALTH CARE PROGRAM

- **Grants supported by:** HHS OWH in FY2005 and FY2006
- **Project:** Demonstration projects designed to improve, enhance, and evaluate comprehensive women's heart health care programs in hospitals, clinics, and community health centers
- **Purpose:** To reduce heart disease mortality and morbidity among women. To increase the number of high-risk women who receive high-quality heart health care services, including education, prevention, screening, diagnosis, treatment, and rehabilitation.
- **Program:** Six grants have been awarded. Each grantee is required to offer a continuum of gender-appropriate heart health care services by integrating five components: Education and Awareness, Screening and Risk Assessment, Diagnostic Testing and Treatment, Lifestyle Modification and Rehabilitation, and Tracking and Evaluation. The grantees are also required to target high-risk women in at least one of the following groups: women aged 60 years or older, racial/ethnic minority women, and women who live in rural communities. These programs will provide the data necessary to evaluate whether comprehensive women's heart health care programs are effective in improving heart disease outcomes in high-risk women.

NATIONAL FAITH-BASED AND NATIONAL COMMUNITY CARDIOVASCULAR DISEASE PREVENTION PROGRAMS FOR HIGH-RISK WOMEN

- **Grants supported by:** HHS OWH in FY2006



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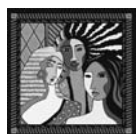
- **Project:** A new grant program focused on reducing the risk of cardiovascular disease (CVD) among high-risk racial/ethnic minority women, aged 40 years and older.
- **Purpose:** To reduce cardiovascular disease mortality and morbidity in racial/ethnic minority populations in the United States through screening, counseling, and risk-behavior modification.
- **Program:** As many as four grants will be awarded, with each grantee selecting 10 faith-based or community-based sites where the program will be implemented. The education phase of the program will consist of eight bi-monthly sessions that will counsel women on all of the major risk factors for CVD: smoking, diabetes, hypertension, cholesterol, obesity, and physical inactivity. The maintenance phase of the program will consist of regularly scheduled, interactive maintenance sessions that will be designed by program participants. During both phases, participants will be screened for all six major risk factors for CVD.
- **Project Goal:** For program participants to increase their level of physical activity and establish or maintain a healthy weight over the course of the program.

**PREVENTION OF VIOLENCE
AGAINST WOMEN IN IMMIGRANT
COMMUNITIES PROGRAM**

- **Funded by:** HHS OWH in FY20005
- **Project:** Funds will be directed to activities designed to deliver services that target immigrant women populations affected disproportionately by violence against women. The services will be appropriate for women living in immigrant communities as well culturally and linguistically appropriate.

**HIV/AIDS DEMONSTRATION
PROJECTS**

- **Established by:** HHS OWH in 2000.
- **Purpose:** To address persistent gaps in services for women living with, or at risk for, HIV, AIDS, or other sexually transmitted diseases (STDs). To develop successful projects that can be replicated in other communities across the United States.
 - The Incarcerated and Newly Released Women with HIV/AIDS/STDs Program. Demonstration projects for incarcerated and newly released minority women living with HIV, AIDS, and STDs.
 - The Mentoring Partnership Program. Partnerships consist of organizations that serve as mentors or as protégés. Demonstration projects for women- and community-based organizations to receive programmatic, administrative, fiscal, and technical assistance from experienced minority health organizations. Both mentors and protégés receive funding. Establishes mentorships between minority health organizations and women's organizations, or between minority health organizations and AIDS service organizations (ASOs), or both. Through mentoring, small organizations become better prepared to operate their agencies and implement successful HIV/AIDS programs independently.
 - HIV/AIDS Prevention for Women Living in the Rural South Program. Demonstration projects for women-based, community organizations to provide accurate and comprehensive education on HIV prevention. These projects address myths and



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false information about the disease, issues of stigma, healthy behaviors, and denial.

- **Program Evaluations:** A three-year evaluation of these programs was developed by HHS OWH in FY2005.

A PILOT PROGRAM: INTERGENERATIONAL APPROACHES TO HIV/AIDS PREVENTION EDUCATION FOR WOMEN ACROSS THE LIFESPAN

- **Funded by:** HHS OWH in FY2005/2006
- **Projects:** Awardees develop and pilot programs that educate racial/ethnic minority women of all ages-across the lifespan-about preventing HIV/AIDS. These approaches must be specific to the needs of minority women who are grandmothers, mothers, daughters, and aunts. To reach three generations of minority women requires strategies that are built upon caring, trusting familial relationships.
- **Goals:** For minority women to elect to know their serostatus; to increase their knowledge about preventing HIV/AIDS; and to gain skills in communicating about health, and sexual health in particular, to other women of all ages.

HIV PREVENTION PROGRAM FOR WOMEN LIVING IN THE U.S. VIRGIN ISLANDS

- **Established by:** HHS OWH
- **Audience:** Women living in the U.S. Virgin Islands
- **Program Goals:** To provide these women with accurate and comprehensive information about 1) preventing HIV/AIDS, and 2) healthy behaviors they can adopt to improve their mental and physical health.

HIV PREVENTION PROGRAM FOR WOMEN LIVING IN PUERTO RICO

- **Established by:** HHS OWH
- **Audience:** Women living in Puerto Rico who practice high-risk behaviors for acquiring HIV.
- **Program Goals:** To increase access to care for women living with HIV, to increase their knowledge about protective behaviors, and to reduce their sense of isolation. Education strategies address women-specific issues about HIV/AIDS, stigma, shame, and access to care.

IN COMMUNITY SPIRIT: HIV PREVENTION PROGRAM FOR AMERICAN INDIAN/ ALASKA NATIVE WOMEN LIVING IN RURAL AND FRONTIER AREAS

- **Funded by:** HHS OWH, beginning in FY2005.
- **Program Goals:** To develop educational strategies for preventing HIV/AIDS in these women. To increase their awareness of HIV/AIDS and the increasing impact of these conditions on women and girls. To integrate the traditions, values, culture, and spirituality indigenous to these communities into HIV/AIDS prevention efforts.

HIV PREVENTION PROGRAM FOR YOUNG WOMEN ATTENDING MINORITY INSTITUTIONS, HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, HISPANIC SERVING INSTITUTIONS, AND TRIBAL COLLEGES AND UNIVERSITIES

- **Funded by:** HHS OWH in FY2005/2006
- **Program Goals:** To demonstrate the need for targeting HIV/AIDS prevention programs to college-age minority women. To increase this population's



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understanding of their increased vulnerability for acquiring HIV/AIDS. To promote the practice of ABC-Practice Abstinence, Be Faithful, Use Condoms in this population.

BREASTFEEDING DEMONSTRATION PROJECTS

- **Funded by:** HHS OWH in August 2005.
- **Project:** Seven community-based projects for 2006 were funded during National Breastfeeding Awareness Month in August 2005. Nine breastfeeding coalitions and community-based projects were funded for World Breastfeeding Awareness Month and related events in 2006. These projects raised awareness in the media and through local events of the importance of new mothers exclusively breastfeeding newborns for the first six months.

ADDRESSING PRE-DIABETES IN FAMILIES

- **Funded by:** HHS OWH in 2005 through 2006 to four small businesses.
- **Purpose:** To increase awareness of the importance of physical activity and good nutrition in preventing pre-diabetes, diabetes, and obesity. To develop and implement interventions, programs and materials that will effectively address pre-diabetes in families to reduce the risk of intergenerational development of diabetes and its resulting complications.
- **Goals:** Programs were designed to reach women and family members most at risk in developing type 2 diabetes: minorities, people who are overweight,

and people who are inactive. Healthy behaviors were emphasized, including regular exercise and a healthy diet, to reduce obesity and the incidence of chronic diseases, such as diabetes.

- **Background:** Diabetes is a serious chronic disease that can be managed through lifestyle changes and medication. Nearly 21 million Americans have diabetes and another 41 million have pre-diabetes. Pre-diabetes is a condition in which blood glucose levels are higher than normal but are not high enough for a diagnosis of diabetes. People with pre-diabetes are at increased risk for developing type 2 diabetes and for heart disease and stroke.

TARGETING OBESITY IN YOUNG WOMEN TO PREVENT THE DEVELOPMENT OF TYPE II DIABETES

- **Funded by:** HHS OWH in 2006 through 2007. Five organizations will be awarded grants.
- **Purpose:** To develop programs targeting obesity in young women, especially ages 16-24. To develop programs that will encourage behavioral change and promote healthy habits around daily physical activity, portion control, and good nutrition. To reach young women in an age group that is rarely targeted for obesity interventions.
- **Background:** This grant program was developed in response to HHS-wide objectives, particularly, emphasizing healthy living and preventing disease, illness, and disability.

4. EDUCATIONAL PROGRAMS

MINORITY HIV/AIDS INITIATIVE

- **Established:** 1998. The initiative itself and funding was announced by

the White House and HHS, in collaboration with the Congressional Black Caucus.



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- **OWH Role:** In the context of this initiative, OWH provides guidance and advice to HHS on HIV/AIDS as it relates to women's health. OWH also integrates the initiatives' goals into its other HIV/AIDS programs.
- **Background:** Racial/ethnic minority communities are disproportionately and more severely impacted by HIV/AIDS than are other U.S. populations. They also experience significantly higher morbidity and mortality rates. Women (and minority women in particular) represent a growing number of individuals living with AIDS. Consequently, AIDS is one of the leading causes of death for women aged 25-44.
- **Purpose:** To address the severe and ongoing health crisis of HIV/AIDS in racial and ethnic minority communities through increased funding and outreach. Funds target programs to enhance effective HIV/AIDS efforts in three categories: technical assistance and infrastructure support, increasing access to HIV/AIDS prevention and health care, and building stronger community linkages to these needs.

NATIONAL WOMEN AND GIRLS HIV/AIDS AWARENESS DAY

- **First Observance:** March 10, 2006.
- **Sponsored by:** HHS OWH
- **Partners with:** HHS Office of HIV/AIDS Policy, The HHS Leadership Campaign on AIDS, the Office of Minority Health, other federal/regional/state/local government agencies, academic institutions, faith-based organizations, community groups, associations of health professionals, hospitals, and many other organizations around the country
- **Goals:** To raise awareness of the increasing burden of HIV/AIDS on U.S. women and girls in particular, but also on women worldwide. To provide an

opportunity to discuss and explore the social context of women's lives as well as the risks and vulnerabilities specific to women and girls. To serve as a tool to promote discussion, share information, provide education on how to prevent infection as well as how to live with the disease.

- **Background:** A number of national and global observances are held every year to help people understand and fight the HIV/AIDS pandemic. HHS supports these observances, which help raise awareness and distribute information about HIV/AIDS.
- **Resources:** In support of these observances, HHS hosts a website on HIV/AIDS Observance Days through its Office of Minority Health Resource Center (<http://www.omhrc.gov/hivaidsobservances/women/materials.html>). The site offers copyright-free materials that can be used to educate, motivate, and mobilize local communities in the fight against HIV/AIDS.

RESOURCES ON VIOLENCE AGAINST WOMEN

- **Provided by:** HHS OWH
- **Accessible:** Through the website of the National Women's Health Information Center (NWHIC) at <http://www.womenshealth.gov/violence/> or through a toll-free telephone call to 1-800-994-9662 (TDD: 1-888-220-5446).
- **Resources:** This specialty section online provides information on all types of violence against women, including specific resources for each type of violence and information on how to get help.

LUPUS EDUCATION AND AWARENESS CAMPAIGN

- **Funded by:** HHS OWH in FY2006.
- **Project:** OWH has partnered with a number of organizations to plan pro-



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grams that have helped the public and health care providers develop a better understanding of lupus. The lack of understanding about this disease often contributes to misdiagnoses or late diagnoses that can result in disability or death. Consequently, OWH will continue to collaborate with organizations that can provide state-of-the-art medical information for scientists, researchers, health care providers, patients and their families, and the community.

- **Purpose:** To provide educational seminars to women who have been diagnosed with lupus and their families. To provide the most current medical information to health care providers, patients, and caregivers. To address the issue of support services, including the navigation of public health and social service departments.
- **Activities:** In FY2006 and FY2007, OWH will develop and implement a sustained lupus awareness and education campaign aimed at reaching health care professionals and the general public, with an emphasis on reaching women at greatest risk for developing lupus, specifically, women of color and other underserved populations of women. Three organizations will be selected to increase awareness and knowledge of lupus, its symptoms, diagnosis, and treatment.
- **Background:** Lupus affects 1.4 million Americans, most often manifesting in women between the ages of 15-44. This autoimmune disease is two to three times more prevalent in women of color than in white women.

NATIONAL BREASTFEEDING AWARENESS CAMPAIGN

- **Developed by:** HHS OWH in 2000. Ongoing activities.
- **Background:** In 2000, OWH and the U.S. Surgeon General published the first-ever government policy on breastfeeding, the *HHS Blueprint for Action on Breastfeeding*. The *Blueprint* recommends that women exclusively breastfeed for 4 to 6 months, preferably for 6 months. The full text of the policy can be found on the NWHIC web site at www.WomensHealth.gov/breastfeeding.
- **Project:** Conducting a public health marketing campaign on breastfeeding was among the recommendations in the *Blueprint*. In 2002, OWH launched a public health marketing campaign to make the act of breastfeeding normal, desirable, and achievable. In June 2004, an education campaign was initiated by DHHS and the Advertising Council. It ended in April 2006.
- **Goals:** The campaign raised awareness of the goal to have new mothers breastfeed exclusively for six months and their child's (children's) reduced risk for certain illnesses and conditions such as ear infections, diarrhea, respiratory infections and childhood obesity. The major aim of the campaign is to reach the *Healthy People 2010* breastfeeding goals: that 75 percent of new mothers breastfeed their child (or children) at birth, 50 percent breastfeed at 6 months, and 25 percent breastfeed at one year. In a recent issue of the *Journal of Human Lactation* (21:175,183, 2005), NWHIC was rated the #1 breastfeeding website among 40 breastfeeding websites.
- **Results of Campaign:** Significant increases in awareness of breastfeeding, knowledge of the benefits of exclusively breastfeeding newborns for the first six months, and comfort with seeing mothers breastfeed in public. More than two-



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thirds of all men and young women (between the ages of 18 and 34) are comfortable with breastfeeding in public.

WOMEN'S HEART DAY CAMPAIGN

- **Campaign led by:** *Sister to Sister Everyone Has a Heart Foundation.*
- **Partners:** HHS OWH is in its fifth year of partnering with the National Institutes of Health's (NIH) National Heart, Lung, and Blood Institute (NHLBI); CVS Pharmacies, local hospitals; and health organizations to sponsor the annual Women's Heart Day Campaign.
- **Campaign Activities:** Includes an Executive Women's Breakfast, a health screening event on Capitol Hill, and an extensive media campaign to increase awareness of heart disease among women.
- **Major Campaign Event:** Women's Heart Day Health Fair, held on the third Friday of February in 14 cities nationwide. In 2006, this dynamic, interactive health fair included exhibitors, free screenings, healthy cooking and fitness demonstrations, children's activities, giveaways such as airline tickets and cruises, and panel discussions on topics such as stress, heart disease, fitness and nutrition.

HEART TRUTH EDUCATION CAMPAIGN FOR THE PUBLIC

- **Partners:** HHS OWH is a founding partner of the *Heart Truth* Campaign, launched in 2003 by NIH's National Heart, Lung, and Blood Institute (NHLBI) and WomenHeart, the only organization founded by and for women survivors of heart disease.
- **Goal:** To raise awareness among women 40 to 60 years of age that heart disease is the #1 killer of women. It is at these ages that a woman's risk of heart

disease begins to increase. The campaign warns women about heart disease and provides tools to help them take action against its risk factors.

- **The Red Dress as a Symbol:** The campaign's launch put the issue of women and heart disease in the national spotlight with the introduction of the Red Dress as the national symbol for women and heart disease awareness. It underscored the message that "heart disease doesn't care what you wear." Mrs. Bush is an official spokesperson for the campaign, further enhancing its widespread publicity.
- **OWH Activities:** OWH has advised NHLBI on the campaign's products. OWH has also funded the development of the online speakers kit, the *Heart Truth* conference display for medical meetings, the placements of transit system billboards in some areas, local community news releases, and heart-related events in every region of HHS.

For Your Heart WEBSITE

- **Developed by:** HHS OWH in 1998. Website launched in 1999.
- **Project:** An interactive website that offers cardiovascular disease (CVD) prevention information for women. Based on information that women supply, *For Your Heart* provides them with personalized information on exercise, nutrition, weight management, smoking, diabetes, cholesterol, blood pressure, menopause, and other factors that affect their risk for heart disease and stroke. *For Your Heart* is unique in that it is the only online tool that offers individually tailored prevention information for women according to their race/ethnicity, age, menopausal status, and CVD risk factor profile.
- **Purpose:** To give women the knowledge and tools they need to reduce their personal risk of heart disease and stroke.



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- **Accessible:** At <http://www.womenshealth.gov/ForYourHeart/> through the website of the National Women's Health Information Center.

BodyWorks OBESITY PREVENTION TOOLKIT

- **Developed by:** HHS OWH
- **Audience:** An intergenerational program for mothers and daughters that encourages healthy eating and physical activity. The *BodyWorks* Kit for the prevention of overweight/obesity focuses on the entire family in order to help prevent obesity in girls. The materials provide action steps for mothers to take in promoting and instituting health, diet, and physical activity at home.
- **Project:** A toolkit designed to prevent and reduce the incidence of overweight and obesity in adolescents, with a focus on girls. The project includes recommendations by advocacy organizations and selected experts within the obesity community, both within and outside of the federal government, who served on an Obesity Steering Committee that was convened in the spring of 2001. The Toolkit provides resources and action steps for parents of adolescent girls to increase healthy eating habits and physical activity.
- **Targeted Populations:** This kit is particularly relevant to minority populations because these children are at high risk for overweight and obesity. OWH is collaborating with the Indian Health Service to produce a version of *BodyWorks* that is targeted exclusively to the Native American population. OWH plans to adapt and translate selected pieces of the toolkit into Spanish for the Latino population.

STEPS TO HEALTHIER GIRLS

- **Funded and supported by:** HHS OWH Regions II, III, IV, V, VI, VII, VIII, X, since September 2005.

- **In Partnership with:** Girl Scouts USA and Affiliated Councils from the HHS OWH Regions listed above
- **Project:** HHS OWH has supported an education project between HHS and Girl Scouts USA, which is based on the Department's *Steps to a HealthierUS*. This project focuses on encouraging physical activity and healthy lifestyles for all U.S. girls ages 11 to 17 years. Projects lasted 6 weeks, during which time the participants increased their 1) level of physical activity; 2) knowledge about nutrition and strategies for selecting healthy foods; and 3) knowledge about the hazards of tobacco and its effect on their health.
- **Targeted Audience:** Girls ages 11-17 who participate in Girl Scout Councils, Girl Scout Councils, and Girl Scouts USA. In 2006, HHS OWH Regions I, II, III, V, VI, VII, VIII, IX, and X will be represented.
- **Result:** Each of the participating HHS OWH Regions was represented by one council. The total number of participants was 431, and more are expected as the councils submit their data. After one more year of funding, the results of each year will be compared.

REGIONAL WOMEN'S HEALTH COORDINATORS

- **Funded and supported by:** HHS OWH, in each of the 10 regions of DHHS across the United States and its territories
- **Activities:** OWH regional staff have played a significant role in educating health professionals and consumers across the country regarding women's health issues:
 - Disseminating information on national initiatives, treatment protocols, funding opportunities, drug approvals, and more.
 - Convening meetings with their state



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and territorial women's health representatives to share health news and data.

- Distributing thousands of brochures and other publications to health professionals and consumers.
- Presenting current women's health information at meetings, conferences, and health fairs
- Helping develop curricula that focus on special population issues such as prison peer-education, female genital cutting, and peer-counseling programs to encourage breastfeeding.
- Participating in the development of, and providing training for, OWH's *Quick Health Data Online*. This database helps decision makers at the federal, state, and county levels plan health initiatives and interventions.
- Developing assessment tools for communities on women's health.
- Advising HHS Regional Health Administrators on women's health priorities.

Regions also provide technical assistance to their constituents that have resulted in innovative, gender-based approaches to mental health, domestic violence, female genital cutting, HIV/AIDS, breastfeeding, and leadership issues in academic settings. Other activities of OWH's regional staff include the following:

- National Women's Health Week
- National Women's Check-Up Day
- WOMAN Challenge
- National Women and Girls HIV/AIDS Awareness Day
- Steps to Healthier Girls (with Girl Scouts USA).
- Body Works Initiative

- 2007 Minority Women's Health Summit (Listening Sessions)
- Tribal Consultations
- Medicare Modernization
- Check-Up Day (led by the HHS Office on Minority Health);
- *Take Time to Care* (a program of the Food and Drug Administration);
- *The Heart Truth*. A National Awareness Campaign for Women About Heart Disease
- Rescue and Restore efforts (Administration for Children and Families);
- Comprehensive Women's Health initiatives (Health Resources and Services Administration);
- Obesity initiative (an NIH program of the National Institute of Diabetes and Digestive and Kidney Diseases)

Border Women's Health Institute

- **Funded and supported by:** HHS OWH in Regions VI and IX of the Public Health Service.
- **Partners:** HHS Office of Minority Health, HHS Office of Global Health Affairs, and the Mariposa Community Health Center
- **Targeted Audiences:** Promotoras (Lay Health Workers) working with Spanish-language populations, program administrators of Lay Health Worker-based programs, women's health program administrators, and border program administrators.
- **Project Focus:** Since July 2004, OWH has supported the development and implementation of a *Border Women's Health Institute*. The institute provides training to improve leadership skills and advocacy capabilities of lay health workers/promotoras who reside on either side

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of the U.S.-Mexico border. It promotes a holistic approach to health promotion and disease prevention through the lifespan for women in border communities.

- **Results & Evaluations:** A Spanish curriculum was developed in Year One. In Year Two, a successful pilot program was established. The pilot took place in Nogales, Sonora, Mexico, with 24 promotoras and their supervisors along with 14 facilitators. Individuals came from Sonora, Arizona, Texas, New Mexico, and Chihuahua. At the end of the institute, evaluations showed that participants had the highest level of confidence in their ability to develop an action/advocacy plan for their communities. The largest changes occurred in the participants' confidence in their ability to formulate appropriate strategies to implement community change, build consensus and formulate a vision, implement an action plan, and deal with conflict as an opportunity for change.
- **Next Steps:** Among other activities, the launching of a community, border-wide, binational training initiative in 2007, which will include additional states: Nuevo Leon, Tamaulipas, Coahuila, California, Baja California. Modifications have been made to the draft curriculum as a result of feedback from the pilot. The final Spanish version is in the process of translation into English and will be available on CD.

More information on the Regional Women's Health Coordinators can be found on the NWHIC website at <http://www.womenshealth.gov/owh/reg/>.

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