

Smoking Is a Women's Issue

Public and private health must come together with women's groups and individuals to combat the epidemic of smoking among U.S. women, says the surgeon general's new report on women and smoking.

"Women and Smoking: A Report of the Surgeon General-2001" reviews a massive body of evidence and reports that the epidemic has become full-blown. The decline in smoking among adult women has slowed, and tobacco use among teens increased sharply in the 1990s.

In 1998, 22 percent of adult women and 30 percent of high school senior girls smoked.

More women died of lung cancer in 2000 than of cancers of the breast, uterus and ovary combined. Since 1980, 3 million U.S. women have died early because of smoking.

In addition to death from heart disease and lung and other cancers, "Women face unique health consequences, including pregnancy complications, problems with menstrual function and cervical cancer," said U.S. Surgeon General David Satcher.

"The single overarching theme emerging from this report is that smoking is a women's issue," the report says.

Welcome to the first issue of Health Matters for Women™, a new publication of the Office of Women's Health of the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry. We hope to show you how preventive health really matters for women — and also the truly broad range of issues that are "women's health."

We want to hear from you, so please let us know what you think. (See page 8 for how to contact us.) —Yvonne Green, Director CDC/ATSDR Office of Women's Health

Fighting the Myths About Tobacco



A Community Toolkit for
Reducing Tobacco Use
Among Women



This new kit includes tips on quitting and community strategies to reduce smoking among women. Call 770-488-5705, ext. 3, for a copy.

What to Do?

The report recommends anti-tobacco media campaigns, higher tobacco prices, more nonsmoking public places, curbs on advertising, enforced legislation to restrict youth access and effective treatment programs.

"Combating smoking and the forces that promote it deserves to be among our very highest priorities for women's health," said CDC Director Jeffrey P. Koplan, M.D., M.P.H.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
A PUBLICATION OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF WOMEN'S HEALTH

Legal Support Grows for Fighting Cancers

Twenty years ago, only one state required insurers to reimburse women for mammograms. By May 2000, every state but one had passed laws mandating that HMOs and health insurance companies cover the breast cancer screenings. And more than 20 states now require insurers to cover cervical cancer screening, up from just one in 1984.

Legislation is an important public health tool in the fights against cervical and breast cancer, and CDC's cancer prevention program has summarized the evolution and status of state laws that affect preventing and treating the diseases.

"State and Federal Laws Relating to Cervical Cancer" covers 1977 to 2000, and "State Laws Relating to Breast Cancer" looks at changes in state laws from 1949 until 2000. **Find both reports at www.cdc.gov/cancer/legislativereports.htm.**

Tubal Sterilization Does Not Cause Menstrual Problems

Researchers found no tie between tubal sterilization and menstrual problems such as increased pain and bleeding. It had long been speculated that the widely used tubal ligation, which has been performed on more than 10 million women in the United States alone, caused such problems.

The findings come from the CDC reproductive health program's Collaborative Review of Sterilization, the largest and longest study of women and tubal sterilization, following 11,000 women from 1978 to 1994. **Find Q&As at www.cdc.gov/nccdphp/drh/wh_sterilization_Q&A.htm.**

Mapping Heart Disease in Women

The second edition of *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities* corrects and updates the first edition and is now available from CDC's cardiovascular health program.

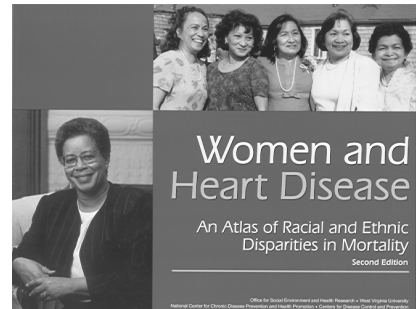
The 200 national and state maps highlight the geographic, racial and ethnic inequalities in heart

disease among women and can guide heart-healthy programs and policies for women who carry the greatest burden of heart disease.

See the report, including interactive maps, at www.cdc.gov/nccdphp/cvd/womensatlas/index.htm.

Request a copy at ccdinfo@cdc.gov, 888-232-2306, or National Center for Chronic Disease and Health Promotion Heart Disease Atlas Project, Division of

Adult and Community Health, MS K-47, 4770 Buford Highway, Atlanta, GA 30341-3724.



Looking for Answers to Ovarian Questions

It will kill 14,000 women this year, twice as many as cervical cancer. This deadliest of gynecologic cancers kills half the women it affects because so few cases are detected early. Yet there are more questions than answers about ovarian cancer, and no screening tests have proven effective in reducing mortality.

CDC's cancer prevention program is supporting three new activities to begin answering some of the tough questions about the disease:

- a look at treatment patterns and outcomes for ovarian cancer patients
- new research to look at how women seek health care when they have symptoms that might suggest ovarian cancer
- evidence-based guidelines for how primary care doctors should manage patients with complaints that suggest ovarian cancer

CDC's cancer prevention program convened a meeting in 2000 to help direct new funding from



Congress for ovarian cancer public health needs. The new programs address issues identified at the workshop and build on ongoing work. **For more information, visit www.cdc.gov/cancer/ovarian/index.htm.**

Law Helps Treat Breast, Cervical Cancer

For the past decade, CDC has provided free breast and cervical cancer screenings to low-income and uninsured women. Now a law will provide funds to help treat women these screening identify with cancer.

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 lets states use Medicaid to pay to treat uninsured women under 65 whose breast or cervical cancer was found through CDC's National Breast and Cervical Cancer Early Detection Program. Treatment includes pre-cancerous conditions and early-stage cancer.

Established in 1990, the program has provided screenings to more than 1.9 million women. In the past 10 years, it has diagnosed more than 9,000 women with breast cancer and more than 700 with invasive cervical cancer. **For more about the law, visit www.cdc.gov/cancer/NBCCEDP/law106-354.htm or call CDC's Division of Cancer Prevention and Control at 770-488-4226. Call 800-4-CANCER to find a free or low-cost mammogram or Pap smear site in your area.**

Getting Girls to Think Bone Health

Girls who eat more foods with calcium and participate in weight-bearing physical activities develop stronger, denser bones. And girls associate strong bones with being powerful inside and out.

The National Bone Health Campaign, "Powerful Bones, Powerful Girls," kicked off in September in Washington, D.C. Its goal: to promote bone health in girls 9 to 12 years old so they can reduce their risk of osteoporosis by developing healthy habits now.

The integrated social marketing and communication campaign includes radio and print advertising, Radio Disney's Live



Carla means "strong", and this Carla teaches girls about strong bones.

World Tour 2001, www.cdc.gov/powerfulbones, a calendar with stickers girls use to track their calcium intake and physical activity, and a collaboration with Girl Scouts of the USA and state health departments. The campaign is sponsored by the Office on Women's Health of the Department of Health and Human Services, the CDC, and the National Osteoporosis Foundation.

CDC Creates Center on Birth Defects, Developmental Disabilities

A new center at CDC will become a national leader in collecting, analyzing and disseminating information on birth defects and developmental disabilities. The National Center on Birth Defects and Developmental Disabilities (NCBDDD) was authorized under the Children's Health Act of 2000.

The NCBDDD's focus is preventing birth defects and developmental disabilities for which prevention is now possible; finding causes of conditions without known prevention strategies; and improving the health and wellness of people living with disability. Current prevention efforts include:

- promoting the vitamin folic acid to prevent spina bifida;
- encouraging women to abstain from alcohol during pregnancy to prevent fetal alcohol syndrome; and
- identifying hearing loss in infants early to prevent the communication problems associated with late identification.

Jose F. Cordero, MD, MPH, is director of the new center. He brings extensive public health experience in the field of birth defects and developmental disabilities, including more than 15 years in CDC's birth defects branch. Most recently, he was deputy director of CDC's immunization program.

Visit NCBDDD at www.cdc.gov/ncbddd/ or call 770-488-7150.

Girl Smokers

Stop Them From Starting

"In 14 years of modeling, this is my favorite shot of myself."



Much of the progress to reduce smoking rates among girls in the 1970s and 1980s was lost in the 1990s, when more girls started smoking.

"To reduce the number of women who smoke in this country, we must first prevent our teenagers and young women from picking up the habit," said U.S. Health and Human Services Secretary Tommy G. Thompson. "We must be aggressive in educating them that smoking is very addictive, harmful and lethal."

"These young women must know that once they start, it will be very difficult to stop," Thompson said. "Society must not glorify smoking."

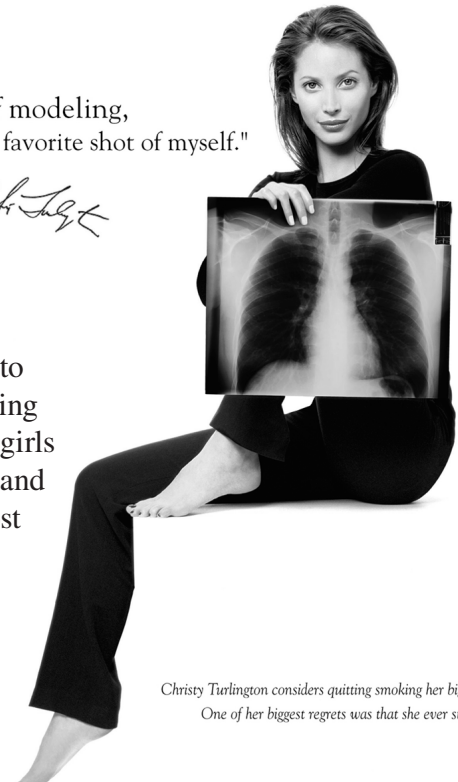
Some factors associated with girls who smoke: a desire to control weight; rebelliousness; having parents or peers who smoke; and a positive image of smokers.

(Above) Model Nonsmoker: Cover model Christy Turlington lends her celebrity to a CDC campaign to show the beauty of not smoking. For example, she dispels the notion that smoking helps girls stay thin. "There are plenty of fat smokers," she says. For free posters and other materials from the campaign, visit www.cdc.gov/tobacco/christy.

"It's easier not to start than it is to stop." — cover model Christy Turlington

Just the Facts

- Women who smoke are more likely to have cancer, heart attacks and lung conditions.
- Heart disease is the No. 1 killer of women in the United States. Smoking doubles the risk.
- Lung cancer, once rare among women, has surpassed breast cancer as the leading cause of cancer death (25 percent) among U.S. women.
- Risk for death from all causes is 80 to 90 percent greater among women who smoke cigarettes than among women who never smoked.
- Each year during the 1990s, U.S. women lost 2.1 million years of life due to smoking.
- Smoking in teenagers is strongly associated with other risky behaviors, such as alcohol use, cocaine use, unprotected sex and fighting.
- Smoking during pregnancy increases the risk of miscarriage, stillbirth, preterm delivery and low birth weight.
- The number of pregnant smokers has declined, but 12 to 22 percent of pregnant women smoke. Women are more likely to quit during pregnancy than at other times in their lives, but only about one-third are still nonsmokers a year after their babies are born.
- Environmental or second-hand tobacco smoke causes health problems for nonsmoking women and for the children of smokers.
- Smoking rates are three times higher among women who did not complete high school (32.9 percent) than among women with four years of college (11.2 percent). "Smoking has increasingly become an addiction borne by women with the least resources in our society," says CDC Director Jeffrey P. Koplan, M.D., M.P.H., in the report's forward.
- American Indian or Native Alaskan women had the highest smoking rates at 34.5 percent. Rates were 23.5 percent for white women, 21.9 percent for black women, 13.8 percent for Hispanic women, and 11.2 percent for Asian or Pacific Islander women.



Christy Turlington considers quitting smoking her biggest success. One of her biggest regrets was that she ever started.

California Proves It Works



California has been in the vanguard of tobacco control since 1988, when voters established the California Tobacco Control Program with Proposition 99. Since then:

- Californians' cigarette consumption has been sliced in half.
- California lung cancer rates have decreased 14 percent — much faster than the 2.7 percent decline in the rest of the country.
- Among California women, lung and bronchus cancer rates declined 4.8 percent while they grew 13.2 percent in other regions.
- By 2000, California was home to 1 million fewer smokers than would have been expected before Proposition 99.
- The program has saved an estimated \$8.4 billion in costs attributable to smoking — more than \$3 billion (\$3.62 for each dollar spent on the program) in direct medical costs alone.
- Youth smoking has declined 43 percent since 1995.

The California program enlisted local health departments, community groups and volunteers to work with trained public health workers and entered a David v. Goliath battle with the tobacco industry. Its goal: to create “a social milieu and legal climate in which tobacco becomes less desirable, less acceptable and less accessible,” according to a California Department of Health Services report.

Some of the elements of California's program:

- A well-funded mass media campaign
- Hundreds of local ordinances and a statewide smoke-free indoor workplace law. Smoking is not allowed in indoor workplaces including restaurants and bars.
- A 40 percent increase in the price of cigarettes in 1999
- “Operation Storefront,” where volunteers reduced the number of tobacco ads near candy and at children's eye level.

Find out more at www.dhs.ca.gov/tobacco/ and www.cdc.gov/tobacco/stat-nat-data.htm



TIPS

**...for kids, for teens,
for adults...for everyone**

TIPS for Smoking and Health Resources

CDC's TIPS — Tobacco Information and Prevention Source — Web pages are a gateway to explore smoking, its health consequences, antismoking programs and how to quit.

- Order online from a large list of educational materials, fact sheets, posters and technical reports.
- Find a full list of surgeon general's reports on smoking.
- Access comprehensive and up-to-date research, often state-specific.
- Save time and money by using ideas and ads that have proven effective in other campaigns.
- Take the challenge for private doctors and insurance plans to help smokers quit.

Visit TIPS at www.cdc.gov/tobacco.

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Some of the report's recommendations:

- Boost awareness of the health hazards of smoking.
- Expose and counter the tobacco industry's deliberate targeting of women. Decry its efforts to link smoking with women's rights and progress.
- Encourage women of all ages to quit. No matter how old they are, “women who stop smoking greatly reduce their risk of dying prematurely.”
- Support women's anti-tobacco advocacy efforts.
- Make it clear that not smoking is by far the accepted norm. “Almost 80 percent of adult women in this country choose not to smoke.”
- Get doctors and health plans to help their patients quit with proven stop-smoking techniques.
- Pursue a research agenda to find out how to prevent smoking among women who don't smoke now; whether women are more susceptible to nicotine addiction; and what the relationship of smoking to women's diseases is. Report gender-specific results in all studies on smoking.

Prevention WORKS to Prevent Colorectal Cancer

The problem — and a good way to prevent it — are clear: colorectal cancer is a killer of women and men, but regular screenings save lives.

Screening is the best way to find colorectal polyps before they become cancerous. Removing these can actually prevent cancer of the colon or rectum years before it develops. Screening can also find colorectal cancer early, when treatment can be most effective.

More than a third of deaths from colorectal cancer would be avoided if all people over 50 had regular tests. When colorectal cancer is found early, death rates are low: only about 10 percent of patients will die within five years.

“Colorectal cancer is one cancer where regular screening clearly has benefits. Screening saves lives.”

— James S. Marks, MD, Director, CDC National Center for Chronic Disease Prevention and Health Promotion

Once the disease has begun to spread, about 35 percent of patients will die within five years. When the cancer has progressed further before it is diagnosed, 92 percent of patients will die within five years.

But only 37 percent of colorectal cancers are diagnosed before they begin to spread. And although the tests are very effective, only 44 percent of adults 50 or older have been screened recently for colorectal cancer.

That means that more health professionals and individuals need to know about colorectal cancer and the tests that can prevent or find it early. **CDC’s cancer prevention program supports the “Screen for Life” national action campaign. Go to www.cdc.gov/cancer/screenforlife/.**

The Facts About Colorectal Cancer

- It’s the second leading cancer killer in the United States, after lung cancer.
- 56,700 people will die this year from colorectal cancer and 135,400 new cases will be diagnosed.

- 93 percent of cases are found in women and men 50 and older.
- African Americans are more likely to be diagnosed with the disease at a later stage and more likely to die of it.
- Only 44 percent of adults 50 and older recently had a colorectal cancer test.
- In its early stages, colorectal cancer causes few or no symptoms.

What You Can Do

Encourage women and men 50 and older to have regular screenings for colorectal cancer. Health leaders recommend an annual fecal occult blood test and periodic sigmoidoscopy, total colonic exam, colonoscopy or barium enema. **See www.cdc.gov/cancer/screenforlife/fact.htm** for more details about screening recommendations.

Focus on preventing colorectal cancer:

- Massachusetts is boosting awareness among the public and clinicians.
- New York is offering education and screening services for the uninsured.
- North Carolina is studying screening practices, including public attitudes, barriers and insurance coverage.

Heart Attacks Up Among Young Women

Sudden cardiac deaths among women under age 35 are increasing at an alarming rate, according to CDC research presented at the American Heart Association’s 41st annual conference. While the number of people aged 15 to 34 dying from heart attacks remains small — an estimated total of 3,000 in 1996 — the rate of death among young women rose 30 percent between 1989 and 1996.

CDC researchers said the increases could result from smoking, poor diets and less active lifestyles. They recommended educating young women about the warning signs of heart distress so they can get help quickly in case of cardiac arrest.

Read more at www.cdc.gov/od/oc/media/pressrel/r010301.htm.

Protecting Women at Work

Women, who make up almost half of the U.S. workforce, face special health concerns on the job. Women are more likely to suffer sprains, strains, carpal tunnel and other musculoskeletal problems, for example, and the amount of work stress they experience may be nearly twice that of men.

CDC's workplace safety and health program, which has helped make U.S. workplaces safer, is taking a close look at some of these hazards, especially in careers heavily populated by women.

Ninety-two percent of U.S. nurses and nursing aides are women. CDC is developing software to track needlestick injuries and studying how to prevent latex allergies and control infectious diseases among health-care workers. One study with the National Cancer Institute is looking at cancer rates and reproductive outcomes of radiologic technologists.

Flight attendants, too, are most often women, and CDC is studying a range of issues that might affect the health of women who spend much of their time on airplanes high above the earth, often working overnight schedules or crossing many time zones. Some research questions being addressed: What is the quality of the air flight attendants breathe in-flight? Are flight attendants at risk for breast or other

cancer, especially from exposure to cosmic radiation? Does cosmic radiation alter their chromosomes or alter reproductive outcomes? How does disruption of circadian rhythm affect reproduction?

A small sample of questions being addressed by other CDC studies now underway:

- Can alternative keyboards reduce musculoskeletal disorders?
- What hazards do home health care workers face?
- What are the environmental asthma triggers in school and office buildings?
- Are women exposed to certain chemicals used in the medical, electrical and dry-cleaning industries more likely to develop cancer?

CDC celebrated its 30th anniversary this spring as a leader in federal research and prevention to protect the health and safety of working people and their families. The safer workplaces Americans work in today are in large part due to CDC's work. Although work-related deaths have declined substantially in the past two decades, each day, 9,000 workers are disabled on the job, 17 workers die from workplace injury and 137 die from work-related diseases.

For more information about workplace safety and health issues that affect women, call 800-356-4674 or visit www.cdc.gov/niosh/01-123.html.

NORA Guides Research on the Workplace

NORA™ — the National Occupational Research Agenda — guides the nation's research in occupational safety and health. Four areas of special focus are work organization, traumatic injury, noise and hearing loss, and health-care workers. NORA programs are funding research into women's health issues such as:

- organizational risk factors for depression and cardiovascular disease
- work organization predictors of depression in women
- slip and fall prevention for health care workers
- strategies to prevent injury and illness among nurses
- risks for adverse reproductive outcomes among nurses
- prevention of violence against nurses

Learn more about NORA, including grant announcements and news, at www.cdc.gov/niosh/norhmpg.html.

Rape Prevention Grants Reauthorized

A \$45 million formula grant program administered by CDC assists states and territories in providing rape prevention and education programs through rape crisis centers, state sexual assault coalitions and public and private not-for-profits.

CDC also supports state and coalition staffs with training and research.

CDC estimates that more than 450,000 rapes occur each year in the United States. Girls under 18 years old suffer more than half of all first rapes — and half of those are perpetrated against girls younger than 12.

For more about family and intimate violence prevention, visit www.cdc.gov/ncipc.

DATES THAT MATTER

Leadership Conference to Reduce Violence and Injury in America

December 3-5, Atlanta

To mobilize researchers and practitioners to create a climate for exchange of ideas and improved collaboration; identify emerging trends and gaps in safety research and programs; identify and disseminate best practices; and advance the SafeUSA alliance. www.cdc.gov/safeusa.

The Changing Face of Women's Health

October-December 2001

The Franklin Institute Science Museum, Philadelphia

February-April 2002

Museum of Science, Boston

October 2002-December 2002

Museum of Science & Industry, Chicago

April-August 2003

California Science Center, Los Angeles

The first national exhibit dedicated to women's health touches on issues women experience throughout different stages of life and helps visitors explore risk, prevention, detection and control. www.whealth.org/exhibit/.

CDC RESOURCES

CDC	www.cdc.gov	800-311-3435
Women's Health		404-639-7230
AIDS Hotline		800-342-2437
AIDS Hotline (Spanish)		800-344-7432
Cancer Prevention		888-842-6355
Diabetes		888-232-3422
Domestic Violence		800-799-7233
Environmental Health		888-232-6789
Immunization Hotline		800-232-2522
Immunization Hotline (Spanish)		800-232-0233
Nutrition and Physical Activity		800-232-4674
Public Health Training		800-418-7246
Reproductive Health		770-488-5372
Sexually Transmitted Diseases Hotline		800-227-8922
SafeUSA Injury Prevention		888-252-7751
Smoking and Tobacco Control		800-232-1311
Travelers' Health		877-394-8747
Workplace Safety and Health		800-356-4674
Youth Violence		866-723-3968

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*Health Matters for Women*TM encourages feedback and correspondence. Please address comments, ideas or suggestions to CDC/ASTDR's Office of Women's Health, Mail Stop D-51, 1600 Clifton Road, Atlanta, GA 30333 or owh@cdc.gov.

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