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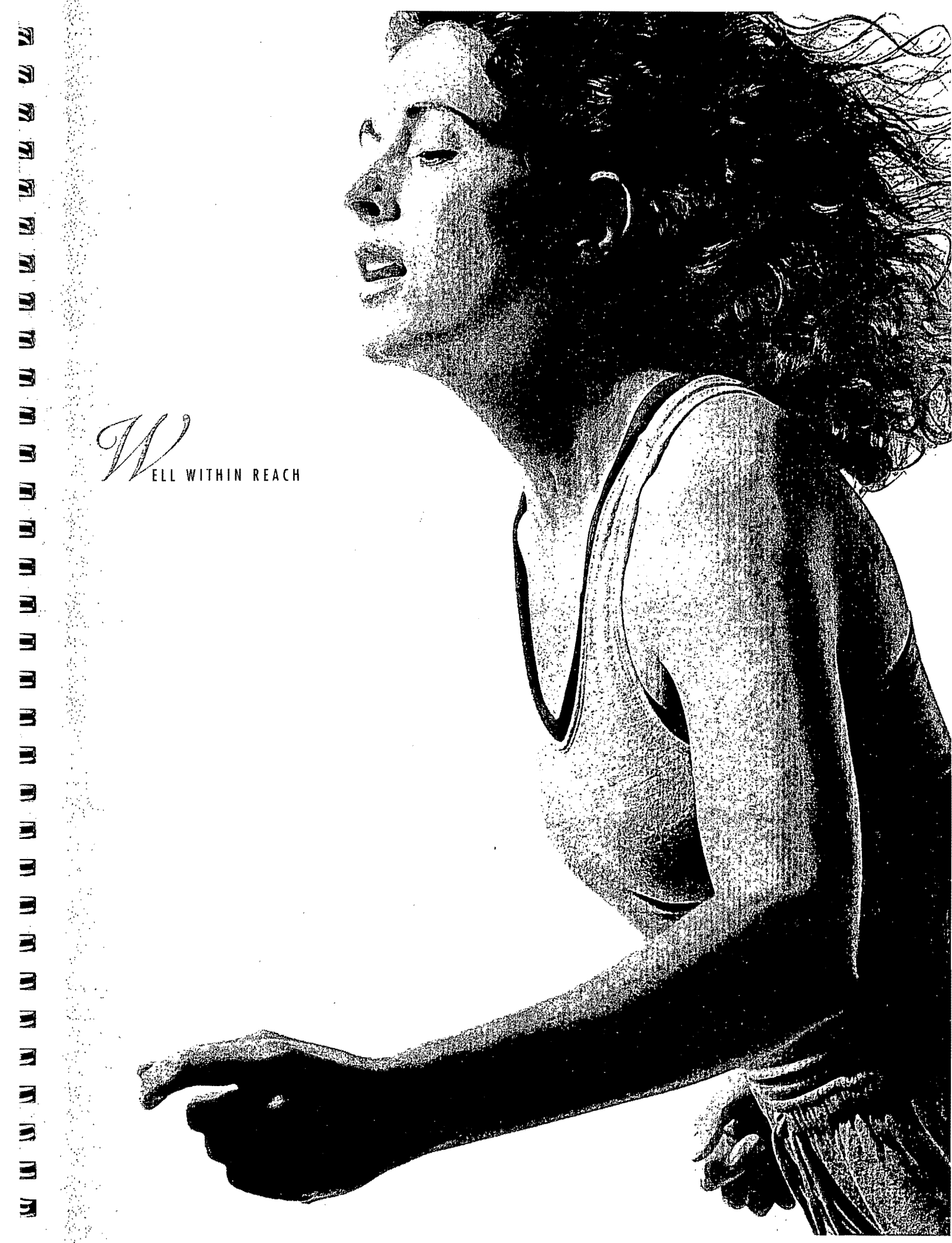
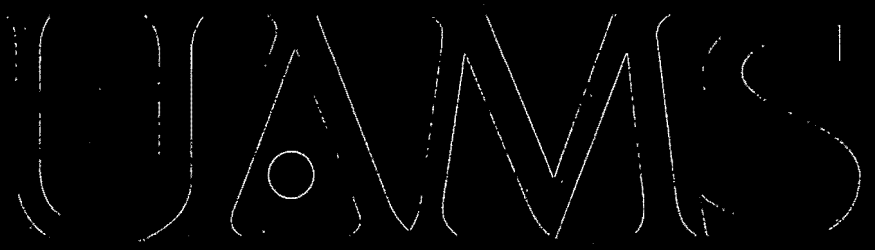

WELL WITHIN REACH



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

The University of Arkansas for Medical Sciences, founded in 1879, enrolls nearly 2,000 students in its four Colleges of Medicine, Nursing, Pharmacy and Health Related Professions, as well as its Graduate School.

To place healthcare professionals, medical residents and postgraduates in the areas of most critical need within the state, UAMS operates six Area Health Education Centers (AHECs). Located in Pine Bluff, El Dorado, Fort Smith, Fayetteville, Jonesboro and Texarkana, these centers provide training opportunities in community hospitals and clinics.

The UAMS Medical Center is dedicated to excellence in patient care. The 400-bed tertiary facility serves as a referral center for the physicians and citizens of the state — with patients from all 75 Arkansas counties coming to UAMS Medical Center for treatment each year — along with a growing number of out-of-state referrals.

UAMS physicians also serve patients through formal cooperative working affiliations with Arkansas Children's Hospital, the John L. McClellan Memorial Veterans Hospital and the Veterans Administration Medical Center.

Faculty at UAMS are involved in a wide variety of research activities in the biomedical and behavioral sciences. This broad-based effort includes every college and department with special emphasis in the fields of cancer, neuroscience, mental health, geriatrics, toxicology and drug abuse, ophthalmology, musculoskeletal disease and molecular biology.

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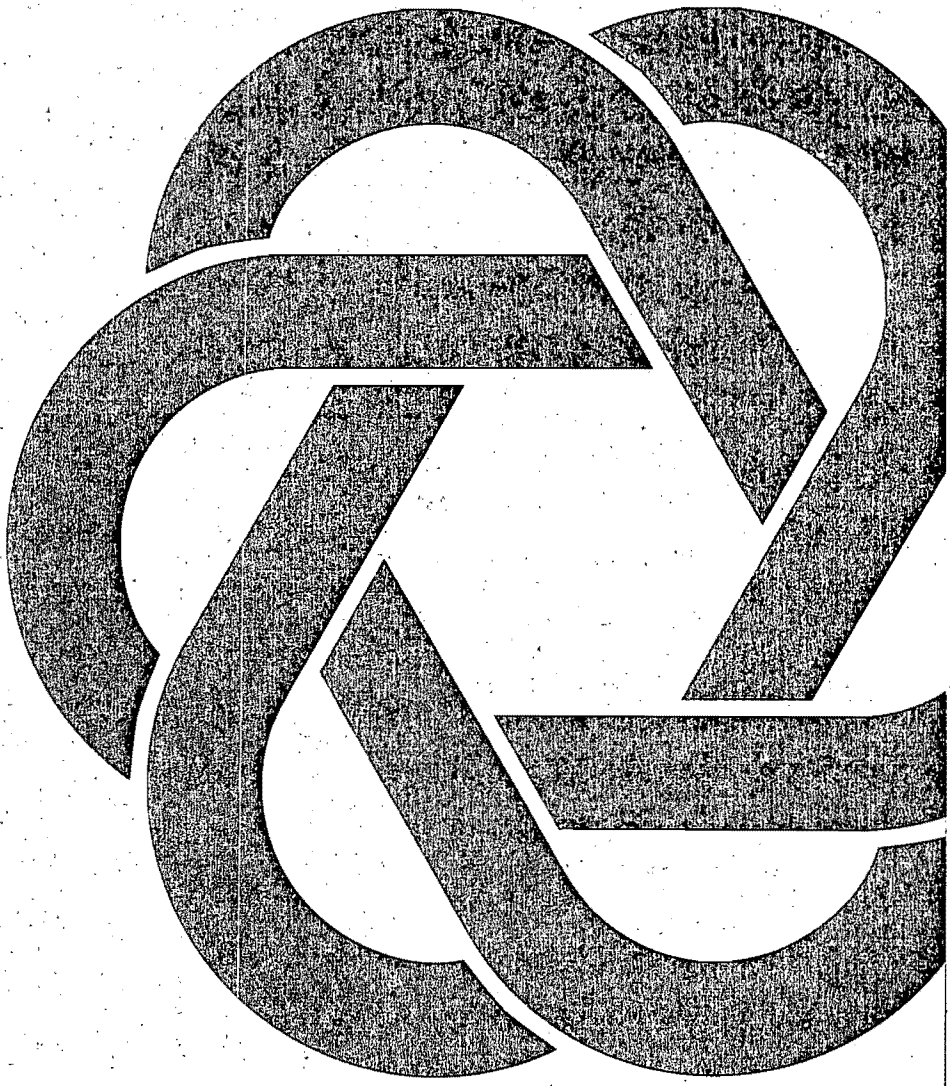
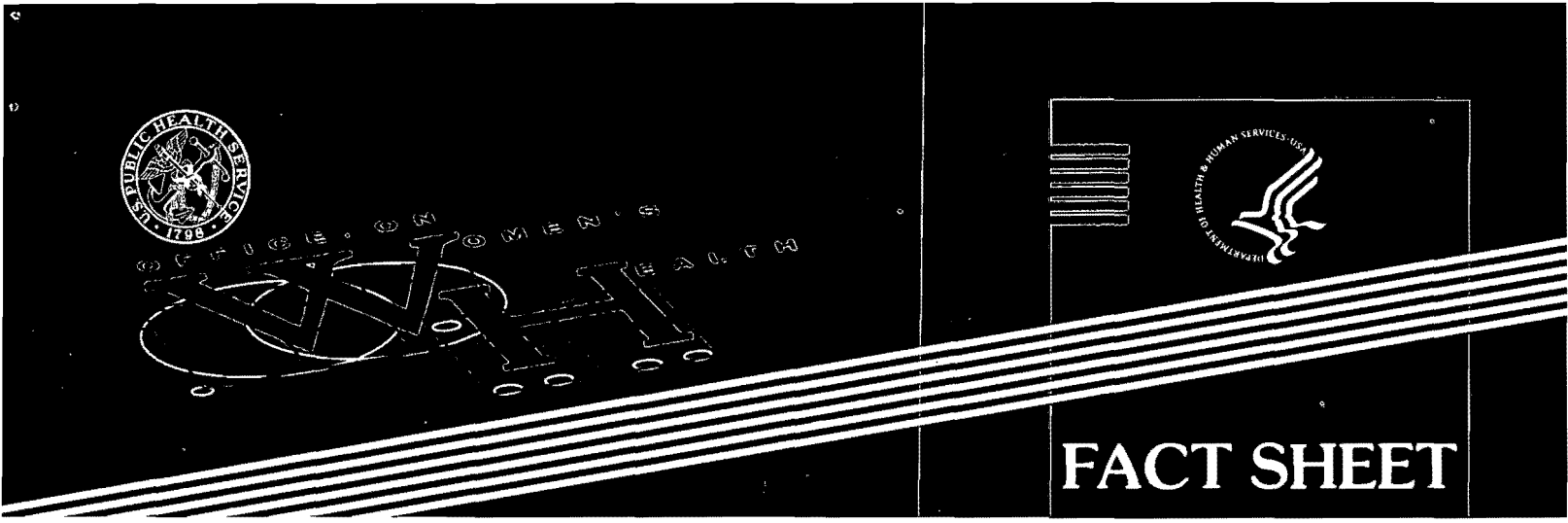
ARKANSAS CANCER RESEARCH CENTER



1992 CANCER PROGRAM REPORT



Breast Cancer

Understanding how breast cancer develops and how to prevent, diagnose, and treat breast cancer in women across different age groups and different socioeconomic and cultural backgrounds is a priority for the Department of Health and Human Services.

Issues

Breast cancer, the most commonly diagnosed cancer and the second leading cause of cancer deaths among women in the United States, is now recognized as a major public health problem. Representing 32 percent of all cancers in women, breast cancer was responsible for approximately 183,000 new diagnoses and 46,000 deaths in 1993. The incidence of breast cancer has been steadily increasing in this country over the past 50 years: approximately 1 percent per year increase between 1940 and 1982 and a 4 percent per year increase more recently. The lifetime risk of developing breast cancer has gone from 1 in every 20 women just two decades ago to 1 in every 8 women today. In the decade of the 1990's, it is estimated that 1.5 million new cases of breast cancer will be diagnosed and nearly 500,000 women will die of this disease.

The majority of women diagnosed with breast cancer—80 percent of all cases—are over the age of 50. Since 1950, mortality rates for breast cancer have increased by approximately 15 percent among women over the age of 55 and decreased by approximately the same amount among women below the age of 45. Mortality rates for breast cancer are also increasing among minority and low-income women. Yet levels of breast cancer screening remain lowest among minority, low-income, and older women.

While some risk factors for breast cancer—such as family history, early menarche, late age at first childbirth, later age at menopause, long-term hormone use, obesity, and alcohol use—have been identified, 70 percent of all breast cancers occur in women with no known risk factors. Therefore *all* women must be considered to be at risk for developing breast cancer during their lifetimes.

Early detection services, including clinical breast examination and screening mammography, remain the most effective methods of detecting breast cancer in its early, most curable stage. Yet though scientific evidence shows that

routine screening mammography significantly increases the breast cancer survival rate of women age 50 and over, the benefits of this procedure for women younger than 50 have not been proven. Understanding how breast cancer develops and how to prevent, diagnose, and treat breast cancer in women across different age groups and socioeconomic and cultural backgrounds is now recognized as a priority public health issue in this country.

HHS Initiatives

In keeping with its overall mission to protect and advance the Nation's health, the Department of Health and Human Services (HHS) undertakes a broad range of activities to promote the health and well-being of women and to empower them to make informed choices about their health. The recognition and support for breast cancer as a priority women's health issue is evidenced by two recent HHS-supported initiatives:

Secretary's Conference To Establish a National Action Plan on Breast Cancer

In December 1993, HHS convened a conference to develop an approach to a national action plan on breast cancer. Priorities were identified by conference participants, who represented consumer advocacy groups, the scientific community, and the health professions, as well as relevant Government agencies. This conference affirmed the importance of national collaboration and coordination of appropriate activities and resources in multiple areas, including health care, research, and policy. HHS will continue to support efforts that sustain the level of commitment and collaboration necessary to prevent and control this disease.

The Deputy Assistant Secretary for Women's Health, through the Public Health Service (PHS) Office on Women's Health, is responsible for coordinating the implementation of action steps identified in the *Proceedings of the Secretary's Conference To Establish a National Action Plan on Breast Cancer*. Mechanisms for coordinating this implementation process include establishment of Federal agency and National steering committees to monitor and promote breast cancer activities.

Coverage Under the Health Security Act

The Health Security Act represents meaningful change for women's health by guaranteeing coverage to all women regardless of health status, marital status, employment, or ability to pay. This legislation covers a comprehensive package of clinical preventive services, including physical examinations, clinical breast examinations, mammograms, and other screening tests, as well as counseling services.

This clinical preventive services package is supported by significant increases in breast cancer research programs at the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Care Financing Administration's (HCFA) Medicare Program, as well as the Department of Defense.

The HHS commitment to breast cancer as a priority women's health issue is also evidenced in other HHS initiatives, including those supported by the following agencies:

CDC

CDC, in collaboration with other Federal agencies and professional, voluntary, and consumer organizations, administers the National Breast and Cervical Cancer Early Detection Program. The program is in its third year of assisting State health departments to develop comprehensive prevention programs for breast and cervical

cancer. Forty-five States now participate in efforts to establish greater access to screening and followup services—especially for low-income women, older women, and minority women. Other program components include increased education programs for women and health care providers and improved quality assurance measures for mammography.

FDA

FDA has issued regulations to implement the Mammography Quality Standards Act of 1992 (MQSA), which is intended to ensure safe, accurate, and reliable mammography on a nationwide basis. The MQSA requires the establishment of a Federal certification and inspection program for mammography facilities; regulations and standards for accrediting bodies for mammography facilities; and standards for mammography equipment, personnel, and practices, including quality assurance.

NIH

The National Cancer Institute (NCI) supports a comprehensive approach to breast cancer in women through ever-expanding and intensive investigations in prevention, early detection, treatment, and quality of life. Priority areas of investigation include the contribution of genetics, environmental, and hormonal factors to the development of breast cancer; the implementation of primary prevention clinical trials; the accessibility and delivery of appropriate health care to medically underserved women; the clinical development of promising new therapies (e.g., tamoxifen) and vaccines; and the expansion of interdisciplinary programs on breast cancer, including the Specialized Programs of Research Excellence (SPORE) and the National Cancer Program Trans-NIH Collaborative Effort, for the purpose of rapid translation of basic research discoveries into clinical investigations and treatment advances.

The Women's Health Initiative, a trans-NIH, multiyear research program, focuses on three of the most common causes of death, disability, and impaired quality of life in postmenopausal women: cardiovascular disease, cancer, and osteoporosis. The randomized controlled clinical trial component of the Women's Health Initiative will include evaluation of (1) the effect of low-fat dietary patterns on the prevention of breast cancer and (2) the effect of hormone replacement therapy on increased risk of breast cancer.

Agency for Health Care Policy and Research (AHCPR)

AHCPR is sponsoring the development of clinical practice guidelines on quality determinants of mammography. In addition, AHCPR supports several research projects related to breast cancer, including barriers to cancer screening among low-income minority women; patient notification and followup to abnormal screening mammograms; validating women's self reports of mammogram experience; methods to improve the utilization of screening mammography by primary care physicians; and the relationship of tamoxifen therapy to subsequent occurrence of contralateral breast cancer.

HCFA

HCFA's Medicare Program provides its beneficiaries with coverage for screening and diagnostic mammograms. In addition, HCFA is collaborating with the NCI on the development of a database linking Medicare data with tumor registry data in an effort to evaluate the costs of cancer care and access to cancer prevention and treatment services.

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Cancer Information Service
National Cancer Institute
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1-800-422-6237

National Center for Chronic Disease
Prevention and Health Promotion
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Atlanta, GA 30341-3724
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Office of Consumer Affairs
Food and Drug Administration
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Parklawn, Room 16-85
Rockville, MD 20857
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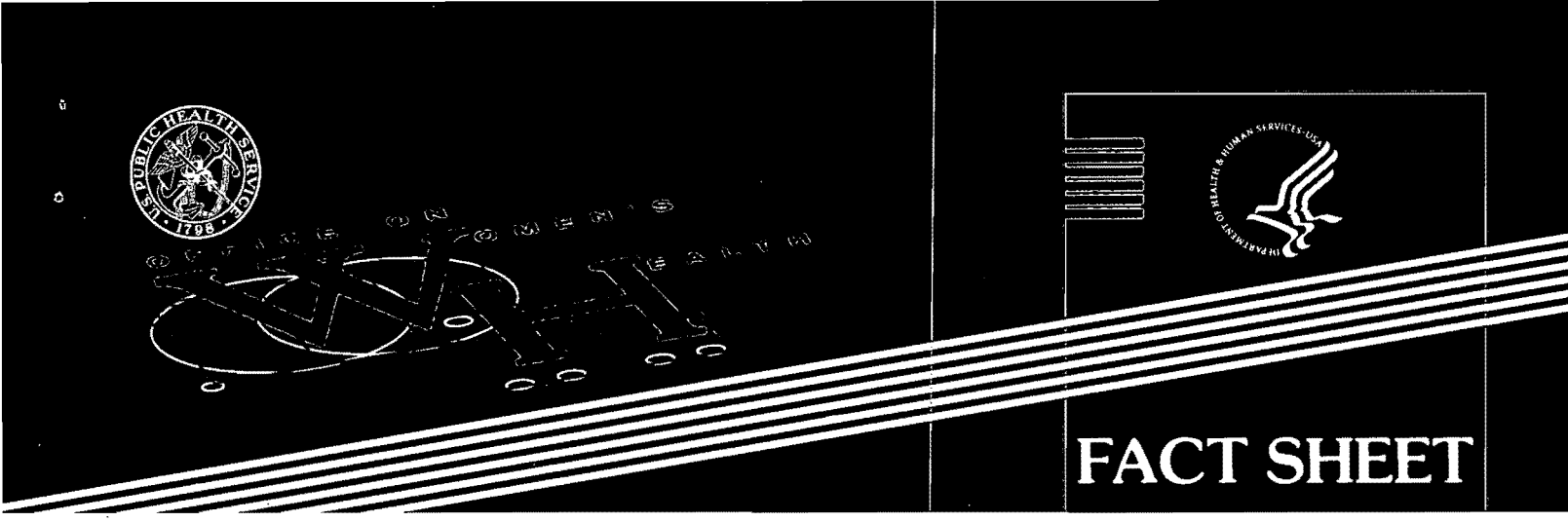

FACT SHEET

Women's Health Issues

In recent years, the heightened awareness of longstanding biases against women—in terms of educational, economic, employment, and health-related opportunities—has catalyzed an expanded focus on women's issues. In the United States, the Department of Health and Human Services is pursuing a comprehensive and meaningful agenda for women's health.

Background

Addressing the inequities in social, economic, and health-related opportunities available to women is now a national priority. Women currently comprise 51 percent of the total U.S. population, 60 percent of the U.S. population over age 65, and more than 70 percent of the U.S. population over age 85. Women now represent 45 percent of the Nation's workforce and approximately two-thirds of all employed women have children under age 18. Although women's employment outside the home has become increasingly essential to economic survival of the family, women remain overrepresented in lower wage, hourly, and part-time positions (without health insurance coverage or other work-related benefits) and continue to earn only about 70 percent of what men earn for equivalent work. Furthermore, an increasing percentage of family households are headed by single mothers, many of whom are living below the poverty line.

Women's health, in the fullest sense, incorporates both the length and the quality of women's lives and reflects the diversity of their social, cultural, economic, and physical environments. Unfortunately, women continue to face serious threats to their physical and mental well-being in this country. For example, women who live in poverty and have less than a high school education— many of whom are women of color—have shorter lifespans, higher morbidity and mortality rates, and limited access to quality health care services. And despite living 7 years longer than men, women suffer poorer health outcomes and greater disability from disease than do men. Lack of attention to women's health issues in both research and clinical practices has resulted in serious gaps in knowledge about

the causes, treatment, and prevention of disease in women.

Special Populations

Minority Women

Despite the social, economic, and cultural diversity among minority women's groups, many of these women continue to suffer disproportionately from premature death, disease, and disabilities. For example, minority women on average have lower life expectancy rates; greater prevalence of chronic illnesses such as cardiovascular disease, certain types of cancer, and diabetes; and higher maternal and infant mortality rates than do white women. Homicide and HIV/AIDS are rapidly growing problems among black and Hispanic young adult women in the United States. Socioeconomic disadvantages contribute to the greater frequency and severity of illness among minority women, as evidenced by limited access to quality health care, lower utilization rates for many preventive health services, and poor health status when compared to other groups of women.

Adolescent Women

Adolescence represents a time when women make important choices about lifestyle behaviors—including diet; physical activity; use of tobacco, alcohol, and other drugs; and sexual activity—all of which impact their health and well-being throughout adulthood. A number of health-related conditions—such as eating disorders, violence, unintended pregnancy, HIV/AIDS, and other sexually transmitted diseases (STD's)—often compromise the quality of life of women during this life stage. There is growing evidence that the socialization of many young girls predisposes them to low self-esteem, which in turn influences the development of depression, addictive behaviors, and other mental disorders.

Older Women

Although women live an average of 7 years longer than men, they experience higher rates of poverty, suffer more chronic health conditions and disabilities, and are more likely to live longer without the support of family and friends. Older women are less likely than older men to have health insurance policies that supplement Medicare expenses and have fewer resources that must extend over a longer life span. Although coronary heart disease is the leading cause of death among American women, evidence shows that women undergo invasive cardiac assessments and treatments less frequently than men. Preserving the functional independence of older women is especially challenging given their heightened risk of developing arthritis, osteoporosis, urinary incontinence, and other chronic disabilities.

Priority Women's Health Issues

Maternal/Infant Health

Although the infant mortality rate in the United States has been brought to an all-time low, it is still higher than those of most other developed countries. This is attributable to a number of factors, including lack of prenatal care; poor nutrition; use of tobacco, alcohol, and other drugs; and adolescent pregnancy. The problem is most acute among black women; the mortality rate for infants of white mothers is 7.6 deaths per 1,000 live births and for infants of black mothers it is 18 deaths per 1,000 live births. In addition, minority women

are at higher risk of maternal death than are white women.

Reproductive Health

In recent decades, there has been a tremendous growth in the number of live births to unmarried women, many of whom are adolescents. Between 1980 and 1990, the percentage of live births to unmarried women increased steadily from 18 to 28 percent. The majority of these births are occurring among women who have the least amount of economic security: adolescent and minority women. In 1991, contraception was used by 81 percent of sexually active women aged 15 to 19. However, of the approximately 1.1 million women 15 to 19 years of age who become pregnant each year, 85 percent do not intend to get pregnant. In 1990, the number of abortions reported to the Centers for Disease Control and Prevention (CDC) was 1.43 million, up from approximately 1.3 million in 1980.

Violence

Violence has become a critical health issue for young American women and is in fact more pervasive than statistics indicate because incidences are widely underreported. In 1991, homicide was the second leading cause of death among all women 15 to 24 years of age, and the leading cause among black women of that age. Suicide was the third leading cause of death among young white women that year. In addition, an alarming number of women of all ages are the victims of assaults, rapes, and other personal violence every year, often perpetrated by their mates or someone they know.

HIV/AIDS

HIV infection/AIDS is a rapidly growing problem among women. Women now comprise the fastest growing group of AIDS patients; from 1991 to 1992 the increase in the proportion of women reported to have AIDS was almost four times the increase among men—9.8 and 2.5 percent, respectively. Approximately 75 percent of women with AIDS are black or Hispanic. In 1992, for the first time, more women were infected with HIV through heterosexual contact than through intravenous drug use.

Sexually Transmitted Diseases

In part because young women and men have become sexually active earlier and are more likely to have multiple sex partners, the incidence of STD's among adolescent and young adult women in the United States is rising. Chlamydia, the most common treatable STD in the United States, causes an estimated 2.4 million new cases among women each year. Gonorrhea affects an estimated 400,000 women each year. Syphilis has increased significantly among women over the past decade; in 1991, nearly 20,000 cases of syphilis occurred among women, 85 percent of whom were black. The impact of STD's is particularly severe for women because infections often have few, if any, symptoms and may go untreated until serious problems develop.

Mental Health Issues

Mental health is crucial to women's well-being and the performance of life's tasks. Some of the most common mental disorders, including depression and anxiety disorders, strike approximately twice as many women as men. According to the 1989 National Health Interview Survey, the rate of serious

mental illness (i.e., any mental disorder present during the past year that seriously interfered with one or more aspects of a person's daily life) was higher in women than men (20.6 compared with 15.5 per 1,000 persons). The lifetime risk for major depressive disorder is 20 to 25 percent for women, compared with 7 to 12 percent for men. It is believed that a complex combination of physiological, social, environmental, cultural, biological, and psychological factors contribute to why women experience depression at a higher rate than men. Women who have a history of substance abuse or physical or sexual abuse are particularly at risk for depression.

Substance Abuse

The abuse of alcohol and other drugs is a serious and growing problem among American women. In 1990, nearly one-third of Americans who abused alcohol were women, and surveys indicated that more than 5 million women used drugs at least once in the preceding month. Many women who abuse drugs or alcohol have histories of sexual or physical abuse, thus compounding their problems in obtaining adequate treatment. Women who abuse alcohol or drugs are at higher risk for tuberculosis, HIV/AIDS, and other sexually transmitted diseases. Women's substance abuse may affect not only their own social and physical well-being but, in the case of pregnant abusers, that of their children as well.

Cancer

Since the late 1980's, lung cancer has been the leading cause of cancer death among women in the United States. In the past 30 years, the lung cancer death rate among American women has increased nearly 400 percent, almost exclusively due to cigarette smoking. Estimates are that by 1995, nearly half of the women in the world who die from cigarette smoking will be American. During the 1990's, approximately 2 million women will be diagnosed with breast or cervical cancer and over one-half million women are expected to lose their lives from these two diseases. It is estimated that one in eight American women will develop breast cancer in her lifetime. As is the case with many other diseases, women of color have higher mortality rates for both breast and cervical cancer.

Cardiovascular Disease

Heart disease is the number one killer of American women. Nearly one in two female deaths in the United States is a result of cardiovascular diseases. Women develop heart disease later in life than men. Approximately 1 in 9 women between the ages of 45 and 54 has some clinical cardiovascular disease; the rate climbs to 1 in 3 at age 65 and older. Forty-nine percent of women who have heart attacks die within a year (versus 31 percent of men).

Chronic Disabling Conditions

In large part because they live longer than men, women are more likely to be affected by chronic disabling conditions such as diabetes, osteoporosis, osteoarthritis, obesity, urinary incontinence, and Alzheimer's disease. These conditions not only limit function but may be life-threatening; diabetes mellitus, for example, is among the top 10 leading causes of death for all women aged 25 and over.

HHS Actions

As part of its overall mission to promote and protect the Nation's health and to provide essential human services, HHS is pursuing a comprehensive agenda for women's health. Through its agencies and offices, and in coordination with other Government agencies and national and international organizations, HHS is undertaking a range of activities to promote the health of women across the lifespan, to empower women to make informed choices about their health, and to translate policy decisions into effective women's health programs.

HHS has established the following goals, which provide a framework for the Department's efforts in women's health:

- To support comprehensive, community-based health promotion/disease prevention programs for women.
- To promote access to a full range of gender-appropriate and culturally sensitive health care services for women of all ages, all racial and ethnic backgrounds, and all socioeconomic and educational levels.
- To strengthen and sustain research on diseases, disorders, and conditions affecting women and to strengthen and sustain research on methods to improve access to and quality and effectiveness of health services for women.
- To educate and inform women about relevant health issues and activities.
- To support health professional training in the recognition and management of women's health conditions.
- To promote the appointment of women to departmental, national, and international leadership positions that impact women's health and quality of life.

Among the steps taken to achieve these goals has been the appointment of the **Deputy Assistant Secretary for Women's Health** at HHS, who, through the **Public Health Service's** (PHS) **Office on Women's Health** (created in 1991), provides leadership and direction for the women's health agenda. The establishment of the Office of Research on Women's Health (1990) at the National Institutes of Health (NIH) and the Office for Women's Services (1992) at the Substance Abuse and Mental Health Services Administration (SAMHSA) also indicates the increased awareness of the specialized needs of women.

A cornerstone of the Clinton Administration's health care reform plan is the **Health Security Act**, which guarantees coverage to all women regardless of health status, marital status, employment status, or ability to pay. This legislation provides a comprehensive package of benefits, including clinical preventive services, reproductive health services, school health education services, long-term care services, inpatient and outpatient services, and a variety of mental health and substance abuse treatment services.

All PHS agencies with a focus on research—Agency for Health Care Policy and Research, CDC, Food and Drug Administration (FDA), and the NIH—have enacted policies to ensure that women are included in HHS-sponsored clinical research grant solicitations. The following PHS agencies are involved in activities related to women's health.

- The **Agency for Health Care Policy and Research** improves the effectiveness of health care services for women through scientific research programs (maternal-infant health, hysterectomy, breast and cervical cancer screening, etc.) and through the development of clinical practice guidelines (cancer-related pain, depression, early HIV infection, mammography determinants, etc.).

- The **CDC** supports numerous health promotion and disease prevention programs for women. Recent programs have focused on breast and cervical cancer, HIV/AIDS and other sexually transmitted diseases, tobacco use, violence, reproductive health, and the health of older women.

- The **FDA** focuses on such issues as participation of women in early clinical trials, the safety of breast implants, the need for contraceptive products that protect against sexually transmitted diseases including AIDS, and the prevention of neural tube defects through increasing women's folic acid intake. FDA is implementing the Mammography Quality Standards Act, which ensures the availability of and access to quality mammograms. FDA also distributes consumer articles on women's issues.

- The **Health Resources and Services Administration** helps underserved and minority women through health education projects and health care provider training and by increasing access to primary and preventive health care for women at community and migrant health centers. Prevention of HIV/AIDS among minority women is a key focus of activities like the Training of Trainers Program, Early Intervention Strategies under the Ryan White CARE Act, and Advanced Nursing Education Grants.

- The **Indian Health Service** (IHS) provides health care services and assistance to American Indians and Alaska Native women in such areas as reproductive health, cancer, diabetes, maternal-infant health, and substance abuse. Pap smear registries with a tracking system and screening mammography services have been made available in all IHS areas.

- **SAMHSA's Office for Women's Services** identifies the need for women's substance abuse and mental health services, recommends policy, and promotes collaboration among the three SAMHSA centers focusing on mental health services, substance abuse prevention, and substance abuse treatment. In particular, SAMHSA works to ensure that the needs of minority women are addressed. It has identified six priority issue areas for women: physical/sexual abuse, women as mothers/caretakers, HIV/AIDS, aging women, women in the criminal justice system, and multiple diagnosis—multiple mental health and substance abuse problems.

- The **NIH** provides leadership and support for scientific research on women's health. The **Office of Research on Women's Health** works to strengthen research on disease and other problems that affect women, to ensure that research conducted and supported by NIH adequately addresses women's health issues, to ensure that women are represented in NIH-supported biomedical

and behavioral studies, and to develop opportunities for the recruitment and advancement of women in biomedical careers.

NIH's **Women's Health Initiative** is the largest clinical trial in U.S. history. It focuses on diseases that are major causes of death and disability among women—heart disease, cancer, and osteoporosis. The multiyear initiative attempts to redress the vast inequities that exist in research including women and seeks to provide practical information to women and their physicians about hormone replacement therapy, dietary patterns and supplements, and exercise.

Conclusion

The Department of Health and Human Services' goals for women's health are providing a solid foundation within which to implement meaningful policies and programs in numerous areas, including community-based prevention and treatment programs, research on women's health issues and services, education and information dissemination, and professional training in women's health issues. Through a combination of leadership, creativity, and determination, HHS is working to realize a healthier future for all women in the United States.

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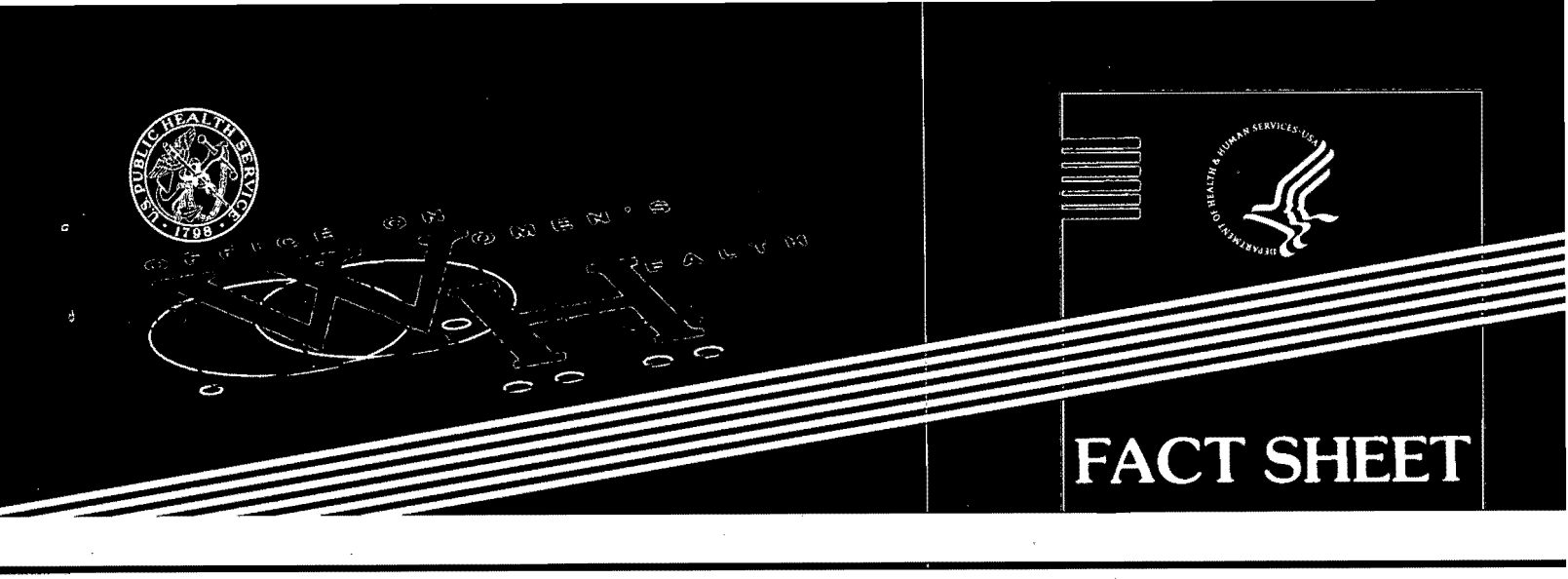

OFFICE ON WOMEN'S HEALTH
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
U.S. PUBLIC HEALTH SERVICE

The Office on Women's Health (OWH) was established in 1991 to advise the Assistant Secretary for Health on scientific, medical, legal, ethical and policy issues relating to women's health. In fulfilling its mission, OWH stimulates and coordinates women's health initiatives across the Public Health Service (PHS) agencies, offices and regions. OWH was instrumental in the development of a key document outlining national strategies for women's health -- the *PHS Action Plan for Women's Health* -- and is responsible for monitoring its implementation. OWH is committed to , voluntary and community-based groups in the interest of improving the health and well-being of the Nation's women.

Highlights

PHS Action Plan for Women's Health (1991)

The *PHS Action Plan for Women's Health* is a goal-driven blueprint for improving women's health in the areas of prevention, treatment and service delivery, research, education and training, and policy development. With PHS Agencies and Program Staff Offices as key participants, the plan identifies goals and action steps for priority health issues, including access to health care, participation in research, mental health reproductive health, acute and chronic illnesses, and lifestyle behaviors.

PHS Action Plan for Women's Health: 1991 Progress Review (1992)

The *PHS Action Plan for Women's Health: 1991 Progress Review* identifies the status of initiatives outlined in the *PHS Action Plan for Women's Health.* As the first in a series of annual reviews, the 1991 progress review reveals meaningful gains across a range of women's health issues. Special attention is given to accomplishments, ongoing activities, and modifications to action steps for each of the goals. The 1991 progress review also includes a summary of achievements in meeting the health needs of women across the 10 PHS regions.

Women's Health Projects

Due to the greater prevalence of illness, disability, and suffering endured by certain groups of women, OWH is supporting the following special projects:

- Women of Color Health Education Coalition Project - a multicultural coalition in Boston focused on health promotion through education programs for women of color.

- Transitional Health Program With Incarcerated Women - involves the delivery of comprehensive primary health care to incarcerated ethnic minority adolescent women.

- Indian Women's Health: Issues and Action - a national conference designed to empower Indian women to participate in the personal and social processes affecting their health.

- Minority Women's Health Issues - Forward Looking Strategies - Phase III of a series of seminars to examine diseases and relevant methods of treatment for black women.

- Psychosocial and Behavioral Factors in Women's Health: Creating an Agenda for the 21st Century - sponsored by the American Psychological Association, the first conference of its kind to bring together federal agency researchers and administrators with scientists in the private sector to examine major psychosocial and behavioral factors in women's health research and the implications for treatment, prevention, and health policy.

PHS Regional Women's Health Agenda

OWH is actively involved in promoting and sustaining a PHS regional women's health agenda. Activities include: 1) facilitating the roles of the PHS regional women's health coordinators; 2) supporting the development and implementation of PHS regional women's health policies, programs, conferences, and other initiatives; and 3) coordinating a systematic mechanism for information sharing on women's health issues across the 10 PHS regions.

PHS Coordinating Committee on Women's Health Issues

Over the past decade, the PHS Coordinating Committee on Women's Health Issues has supported the heightened attention to women's health as a national public health priority. Over the past decade, this committee and its predecessor Task Force have helped to define and guide PHS initiatives on meeting the priority health needs of women. OWH provides administrative and staff support for the committee, which includes membership from all PHS agencies, offices and regions. The committee continues in its mission to promote awareness of and support for women's health initiatives across all PHS components.

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September, 1993

OFFICE ON WOMEN'S HEALTH

FACT SHEET

PHS ACTION PLAN FOR WOMEN'S HEALTH

HIGHLIGHTS

- The *PHS Action Plan for Women's Health* is a goal-driven, comprehensive blueprint for improving the status of women's health through interventions in prevention, research, treatment and service delivery, education and training, and policy development.

- PHS agencies and program staff offices, in accordance with their respective missions, established goals and action steps that address a spectrum of women's health issues across age, biological, and sociocultural contexts.

- The goals are substantive and reflect the PHS-wide commitment to accomplish definitive results within available resources.

- As a complement to other endeavors, the PHS Action Plan reaffirms the continuing resolve of the PHS to sustain and advance the health and quality of life of the Nation's women.

- The Office on Women's Health, Office of the Assistant Secretary for Health, is responsible for monitoring implementation of the PHS Action Plan. Action Plan monitoring consists of the development of annual progress reports that will identify accomplishments, barriers, modifications, and other PHS initiatives. In addition, a computerized data surveillance system will track the ongoing status of specific PHS goals and action steps according to intervention categories, priority health issues, and target populations.

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA):
Goals 1, 2, 3 (Research, Prevention, Treatment)

- To ensure that ADAMHA research adequately and appropriately addresses the etiology and impact of substance abuse and mental illness on both the health of women and the health and development of their families.

- o To ensure that results of ADAMHA research relevant to the prevention of substance abuse, mental disorders, and AIDS in women are rapidly translated into prototype prevention strategies for evaluation. To ensure that assessments of prevention strategies are quickly fed back into prevention research.

- o To ensure the results of ADAMHA research on the treatment of substance abuse and mental disorders in women are rapidly translated into treatment strategies and practices for evaluation.

Agency for Health Care Policy and Research (AHCPR):
Goals 4, 5, 6 (Research)

- o To ensure that AHCPR's program of health services research addresses major issues in women's health.

- o To conduct research to improve the access to care and the quality of care provided to women with AIDS/HIV-related illnesses.

    a) To include women in a survey of persons with AIDS/HIV-related illnesses in order to understand, with respect to women, such factors as resource utilization, financing of health care, barriers to care, and functional status, and quality of life.

    b) To support the development and dissemination of clinical guidelines for HIV infection that are sensitive to the unique needs of women.

- o To fund research intended to improve access to health services among minority and low-income women and women with disabilities.

Centers for Disease Control:
Goals 7, 8, 9, 10 (Public Education, Professional Education, Prevention, Services and Treatment)

- o To reduce the prevalence of smoking among women.

- o To reduce avoidable mortality from breast and cervical cancer.

- o To reduce the rate of sexually transmitted infections in women, especially those that cause the costly (in both human and economic terms) complications of pelvic inflammatory disease (PID), ectopic pregnancy, infertility, cervical cancer, and immune deficiencies.

- o To reduce the incidence of HIV infection among women and children.

Food and Drug Administration (FDA):
Goals 11, 12, 13, 14 (Information, Policy, Education)

- o a) To strengthen the communication network, cooperation, and exchange about women's health priorities, policies, and programs.

    b) To participate fully in PHS-wide initiatives to provide women with a greater participation in clinical research.

- To strengthen the Agency's capability to access the views and concerns of women and organizations representing women's health interests to incorporate their views and needs into its policies and programs.

- To expand the collaboration with public health educators and communicators to provide responsive and sustained health education programs directed to addressing women's health problems.

- To build a national awareness about women's health priorities and the role that the FDA plays in advancing the health status of women.

Health Resources and Services Administration (HRSA):
Goals 15, 16, 17, 18 (Training, Services and Treatment, Research, Demonstration, Prevention)

- To enhance the awareness of health professions trainees concerning the uniqueness of women's health issues.

- To ensure that the grantees funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 appropriately develop and make accessible services for women with HIV/AIDS as part of a continuum of health and support services.

- To enhance the health of women and their children and to reduce the morbidity and mortality of these populations through a decrease in the incidence of cigarette smoking among women of childbearing age.

- To improve the health status of underserved, poor, and minority women by increasing access to primary health care and by providing quality, comprehensive, family-oriented primary health services.

Indian Health Service (IHS):
Goals 19, 20, 21, 22, 23 (Prevention, Services and Treatment, Policy)

- To identify issues and arrive at consensus for an Indian Women's Health Agenda.

- To raise the health status of American Indian/Alaska Native (AI/AN) women to the highest level possible and to deliver comprehensive high-quality health services.

- To establish at least one major regional Indian women's health clinic in each IHS area.

- To focus on health services for AI/AN women that will result in improved health status outcomes.

- To establish a national Indian Women's Health Activities Clearinghouse.

National Institutes of Health (NIH):
Goals 24, 25, 26, 27 (Research)

- To implement fully the NIH policy requiring inclusion of women in NIH-supported clinical research.

- o To compile comprehensive information about NIH support for gender-oriented and gender-specific research, with a special emphasis on information about women's health research efforts.

- o To evaluate medical, social, and legal barriers to inclusion of women of childbearing potential in clinical research and to consider broader policy issues pertaining to women's health.

- o To increase NIH research on topics important to women's health.

National Aids Program Office (NAPO):
Goals 28, 29 (Information, Policy)

- o To use the relationship between NAPO and PHS Regional AIDS Coordinators (RACs) to facilitate the distribution of up-to-date information on women and AIDS to the Regions and States.

- o To enhance exchange of information between community-based organizations and public constituency groups and NAPO. This exchange is a critical step to get the input of front-line organizations on issues specific to women and AIDS in the community.

Office of Minority Health (OMH):
Goals 30, 31 (Research, Policy, Services and Treatment)

- o To determine the current PHS level of activity in addressing the problems of access to health care for minority women.

- o To increase access to maternal and child health programs for minority women, particularly Hispanic, Asian/Pacific Islander, and other minority women with limited English proficiency.

Office of Population Affairs (OPA):
Goal 32 (Prevention, Education and Training, Policy, Services and Treatment)

- o To expand the focus on substance abuse prevention and treatment in Title X and XX programs through outreach, training, and technical assistance efforts.

    a) To support increased efforts by grantees for outreach to high-risk clients.

    b) To provide training and technical assistance to grantees in assessment and service coordination.

Office of International Health (OIH):
Goals 33, 34, 35 (Policy)

- o To promote the placement of women in senior, decisionmaking positions in U.N. organizations (WHO, UNICEF, PAHO) where they can have an impact on programs that advance and protect women's health.

- To include women's health initiatives in new and ongoing bilateral science and technology (S&T) agreements between U.S. and other governments.

- To promote activities to advance the health of women throughout the world, and particularly in developing countries, through the enhanced efforts of U.S. delegations to governing body meetings of WHO, PAHO, UNICEF, and other appropriate agencies.

National Vaccine Program Office:
Goals 36, 37, 38 (Prevention, Policy, Services and Treatment)

- To increase the proportion of primary care providers who provide appropriate information and counseling about immunization to women of reproductive age and the elderly.

- To implement an immunization program to provide vaccines for women in the reproductive age group and elderly women.

- To develop a plan for incorporating immunization for disease prevention in substance abuse treatment and prevention programs.

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Contact Office:

Office on Women's Health
Office of the Assistant Secretary for Health
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Washington, D.C. 20201

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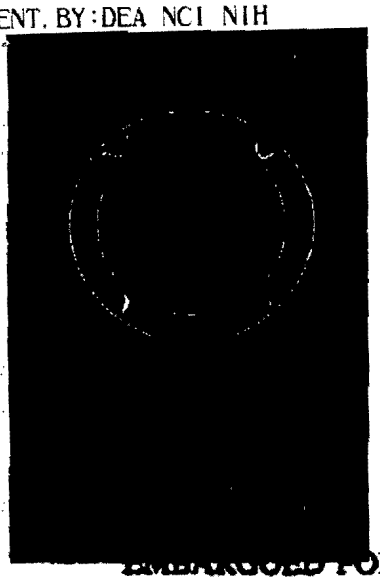
fax: (202) 690-7172

May, 1993



THE LEADERSHIP SUMMITS
THE CHALLENGE OF BREAST CANCER

Susan Carter
Carter and Associates
(214) 526-3690

EMBARGOED FOR RELEASE
10 a.m. CDT
Friday, September 24, 1993

Linda Anderson
National Cancer Institute
(301) 496-6641

New Regional Breast Cancer Education Summits Launched

The National Cancer Institute (NCI) and Susan G. Komen Breast Cancer Foundation today announced the kick-off of 26 Regional Breast Cancer Education Summits to enlist leaders of businesses, and of community, voluntary, and health organizations in the effort to reduce deaths from breast cancer.

The summits will be hosted by medical centers located in 22 states and the District of Columbia, and will be held over the next year. The grant recipients were announced today during a press conference in Dallas, where the Komen Foundation is headquartered.

The summits will educate leaders in the community about breast cancer and the importance of detecting it early when it is most treatable. Armed with this knowledge, the leaders will be encouraged to sponsor breast cancer education and screening activities and programs in their communities. With the early detection message is conveyed the importance of seeking prompt, up-to-date treatment, if needed.

(more)

Announcing the grant recipients, NCI Deputy Director Daniel C. Ihde, M.D., said, "In this era of private/public collaborations, we've learned that we can do more together to impress upon women the importance of early detection of breast cancer than we can ever do alone. The NCI-Komen collaboration on the summits is extremely beneficial. Furthermore, this spirit of cooperation extends to our medical center grantees, who are developing strong local collaborations to enhance the impact of their summits."

Nancy Brinker, founding chairman of the Komen Foundation, said, "The Komen-NCI summit program, generously supported by the General Mills Foundation, is an important private/public partnership that continues to advise corporations and the women employed by them on how to be better educated to deal with breast cancer. Early detection and knowledge of treatment options are extremely important for women and their physicians in dealing with this disease effectively. The summit program has brought great awareness among institutions and corporations in America to be better able to meet the challenge of breast cancer." The General Mills Foundation is the national corporate sponsor of the summits. The General Mills Foundation donated $355,000 to the Komen Foundation over the past three years for the summit program.

The honorary national chairman of the summits is Marilyn Tucker Quayle, wife of former Vice President Dan Quayle, who has had a long and personal interest in breast cancer. The impact of her mother's death in 1977 from breast cancer inspired Mrs. Quayle to utilize her position in the public eye and focus attention on this devastating disease. For the last 16 years, she has been an outspoken proponent of early detection and immediate

treatment when breast cancer is diagnosed. Last year, she was honorary national chairman of the first NCI-Komen Foundation-sponsored regional summits.

An emphasis of the summits is reaching populations that are medically underserved or hard-to-reach. A strong advocate of health care for the medically underserved and socioeconomically disadvantaged, Harold P. Freeman, M.D., who is the chairman of the President's Cancer Panel, said, "The summits have a special charge to reach women from minority groups and women who are medically underserved. To reduce the death rate for breast cancer, we must develop culturally appropriate ways to communicate and assist all segments of society. For women who have diminished access to health care and have a breast cancer diagnosis, special emphasis should be placed on assuring prompt treatment through patient navigation programs -- special programs to guide and assist the women through the continuum of diagnosis, treatment, and rehabilitation." Freeman is the director of surgery, Harlem Hospital Center, New York City.

Marlene Malek is the national chairman of the summits and a member of the National Cancer Advisory Board, the advisory body to NCI. Elizabeth Hart is the national chairman of the summits for the Komen Foundation.

Twenty-six summits -- 16 large-scale summits and 10 mini-summits -- will be held in Alabama, Arizona, Arkansas, California (3), Colorado, Connecticut, Delaware, Hawaii, Illinois, Kansas, Kentucky, Maine, Massachusetts, Michigan, Nebraska, New York, North Carolina, Pennsylvania (2), South Carolina, Utah, West Virginia, Wisconsin, and the District of Columbia.

(more)

The summits are funded by grants from NCI with additional funds provided by the Komen Foundation. NCI-Komen Foundation combined funding for the summits provides up to $30,000 for each large-scale summit and up to $11,500 for each mini-summit. The American Cancer Society, which has participated in past NCI-Komen Foundation summits, will also provide funding for each of the summits.

About 182,000 American women will learn this year that they have breast cancer, and about 46,000 women will die of the disease. New data from clinical trials reinforce that regular mammograms for women age 50 and over would decrease breast cancer deaths by about 30 percent.

Attached is a list of the award recipients, summit dates, and press contacts. Summit dates have not been finalized in some cases. This is the second round of regional breast cancer education summits and the first round of mini-summits to be sponsored by NCI and the Komen Foundation.

Summary descriptions of each summit are available to the media from NCI's press office, (301) 496-6641.

# # #

Press documents can be downloaded from Compuserve®. The documents are located in the "SciNews-MedNews library" which is in the Journalism forum (GO JFORUM).

REGIONAL BREAST CANCER EDUCATION SUMMITS

Principal Investigators, press contacts, and summits dates:

LARGE-SCALE SUMMITS

ALABAMA

The Alabama Leadership Summit: The Challenge of Breast Cancer in the Workplace
Summit Date: February 18, 1994

Merle Salter, M.D.
Professor and Chair, Radiation Oncology
University of Alabama at Birmingham
Comprehensive Cancer Center
Birmingham, Alabama

Press contact:
Janis Zeanah (205) 934-0282

ARKANSAS

The Arkansas Leadership Summit: The Challenge of Breast Cancer
Summit Date: October 15, 1993

Deborah Erwin, Ph.D.
Associate Director for Education
Arkansas Cancer Research Center,
University of Arkansas for Medical Sciences
Little Rock, Arkansas

Press contact:
Leslie Welch (501) 686-8149 or
Kathy Ratcliff (501) 664-8573

CALIFORNIA

The Los Angeles and Orange Counties Leadership Summit: The Challenge of Breast Cancer
Summit Date: April 20, 1994

Ronald K. Ross, M.D
Associate Director, Cause and Prevention Research
Kenneth Norris Jr. Comprehensive Cancer Center
University of Southern California
Los Angeles, California

Press contact:
Gail Sidney (213) 342-2653

The Northern California Leadership Summit: The Challenge of Breast Cancer
Summit Date: April 19, 1994

Dee W. West, Ph.D.
Executive Director
Northern California Cancer Center
Union City, California

Press contact:
Pamela Priest Naeve (510) 429-2500

COLORADO

The Colorado Leadership Summit: The Challenge of Breast Cancer--Breaking Down the Barriers to Breast Cancer Screening
Summit Date: Spring 1994

Paul A. Bunn, Jr., M.D.
Director
University of Colorado Cancer Center
Denver, Colorado

Press contact:
Suzie Combs (303) 270-3021

CONNECTICUT

The Connecticut Leadership Summit: The Challenge of Breast Cancer
Summit Date: October 20, 1993

Marion E. Morra, Sc.D.
Associate Director
Yale Comprehensive Cancer Center
New Haven, Connecticut

Press contact:
Gene Cooney (203) 785-2488 or 866-1205

DISTRICT OF COLUMBIA

The District of Columbia Leadership Summit: The Challenge of Breast Cancer
Summit Date: April 20, 1994

Sharada Shankar, Ph.D., M.P.H., R.D.
Scientific Director, Cancer Control
Medlantic Research Institute,
Washington Hospital Center
Washington, D.C.

Press contact:
Debra Garner (202) 877-6301

HAWAII

The Hawaii Leadership Summit: The Challenge of Breast Cancer
Summit Date: Spring 1994

Brian F. Issell, M.D.
Director
University of Hawaii Cancer Research Center
Honolulu, Hawaii

Press contact:
Katalina McGlone (808) 524-1235

ILLINOIS

The Illinois Leadership Summit: The Challenge of Breast Cancer
Summit Date: April 8, 1994

Marcy A. List, Ph.D.
Associate Director for Cancer Control
University of Chicago Cancer Research Center
Chicago, Illinois

Press contact:
Deborah Hirsch (312) 702-6180

KANSAS

The Kansas City Leadership Summit: The Challenge of Breast Cancer
Summit Date: April 15, 1994

Analee E. Beisecker, Ph.D.
Associate Professor of Preventive Medicine and Associate Director of Cancer Center
University of Kansas Cancer Center
Kansas City, Kansas

Press contact:
Randy Atwood (913) 588-5240

KENTUCKY

The Kentucky Leadership Summit: The Challenge of Breast Cancer
Summit Date: May 1994

Gilbert Friedell, M.D.
Director for Cancer Control
Lucille Parker Markey Cancer Center
University of Kentucky
Lexington, Kentucky

Press contact:
Marilyn Swan (606) 233-6541

MASSACHUSETTS

The Massachusetts Leadership Summit: The Challenge of Breast Cancer
Summit Date: Spring 1994

Glorian C. Sorensen, Ph.D., M.P.H.
Director for Community Based Research
Dana-Farber Cancer Institute
Boston, Massachusetts

Press contact:
Regina Vild (617) 632-4090

NEBRASKA

The Heartland Leadership Summit: The Challenge of Breast Cancer
Summit Date: April 23, 1994

Warren A. Narducci, Pharm.D.
Associate Professor and Chairman,
Department of Pharmacy Practice
College of Pharmacy,
University of Nebraska Medical Center
Omaha, Nebraska

Press contact:
Thomas O'Connor (402) 559-4690

SOUTH CAROLINA

The South Carolina Leadership Summit: The Challenge of Breast Cancer
Summit Date: February 18-19, 1994

Pamela F. Cipriano, Ph.D.
Patient Care Manager
Hollings Cancer Center of
the Medical University of South Carolina
Charleston, South Carolina

Press contact:
Ingrid Semper (803) 792-3894

WEST VIRGINIA

The North Central Appalachin Leadership Summit: The Challenge of Breast Cancer
Summit Date: June 1994

Pamela Brown, M.P.A.
Director of Education
Mary Babb Randolph Cancer Center
West Virginia University
Morgantown, West Virginia

Press contact:
Bill Case (304) 293-6495

WISCONSIN

The Wisconsin Leadership Summit: The Challenge of Breast Cancer
Summit Date: Spring 1994

Paul P. Carbone, M.D., D.Sc.(Hon.), FACP
Professor, Departments of Human Oncology & Medicine and Director
University of Wisconsin Comprehensive Cancer Center
Madison, Wisconsin

Press contact:
Scott Hainzinger (608) 263-3223

MINI-SUMMITS

ARIZONA

The Phoenix Leadership Mini-Summit: The Challenge of Breast Cancer
Summit Date: April 1994

David S. Alberts, M.D.
Director, Cancer Prevention and Control Program and
Deputy Director
Arizona Cancer Center
University of Arizona
Tucson, Arizona

Press contact:
Laurie Young (602) 626-4413

CALIFORNIA

The Los Angeles Leadership Movement for Breast Cancer Control: A Mini-Summit of Color
Summit Date: Spring 1994

Donna T. Davis, Ph.D.
Director of Behavioral Science Research
Charles R. Drew University of Medicine and Science, Cancer Center
Los Angeles, California

Press contact:
Donna T. Davis (213) 754-2961

DELAWARE

The Delaware Leadership Mini-Summit: The Challenge of Breast Cancer
Summit Date: April 19, 1994

Emily J. Penman, M.D.
Vice Chairman
Department of Surgery
Medical Center of Delaware
Cancer Center
Wilmington, Delaware

Press contact:
Martha Pinkerton (302) 428-2131

MAINE

The Maine Leadership Mini-Summit: The Challenge of Breast Cancer
Summit Date: Spring 1994

Glorian Sorensen, Ph.D.
Director for Community Based Research
Dana-Farber Cancer Institute
Boston, Massachusetts

Press contact:
Regina Vild (617) 632-4090

MICHIGAN

The Metropolitan Detroit Leadership Mini-Summit: The Challenge of Breast Cancer
Summit Date: Summer 1994

Gwen MacKenzie, B.S.N., M.N.
Vice President for Administration
Meyer L. Prentis Comprehensive
Cancer Center of Metropolitan Detroit
Detroit, Michigan

Press contact:
Joe Mikolajczyk (313) 833-0710 x215

NEW YORK

The New York City Leadership Mini-Summit: The Challenge of Breast Cancer
Summit Date: Spring 1994

Ronald H. Blum, M.D.
Professor of Medicine
Kaplan Comprehensive Cancer Center,
New York University Medical Center
New York, New York

Press contact:
Lynne Odell (212) 263-6485

NORTH CAROLINA

The North Carolina Leadership Mini-Summit: The Challenge of Breast Cancer
Summit Date: April 29, 1994

Electra D. Paskett, Ph.D.
Assistant Professor of Epidemiology,
Public Health Sciences and
Acting Director for Cancer Control
Research
Comprehensive Cancer Center of Wake
Forest University
Winston-Salem, North Carolina

Press contact:
Wayne Thompson (919) 716-2415

PENNSYLVANIA

The Delaware Valley Leadership Mini-Summit: The Challenge of Breast Cancer
Summit Date: February 1994

Robert C. Young, M.D.
President
Fox Chase Cancer Center
Philadelphia, Pennsylvania

Press contact:
Eric Rosenthal (215) 728-2799