



HEALTH MATTERS FOR WOMEN™

WINTER 2004

Birth Rates Down

Preliminary figures for 2002 show the U.S. birth rate down 1 percent from 2001 at 13.9 percent per 1,000, the lowest rate reported since national data have been available. The fertility rate was also down 1 percent, a decline of 9 percent since 1990.

Teen birth rates continued to decline for the fourth year in a row, dropping another 5 percent for a decline of 28 percent since 1990, according to "Births: Preliminary Data from 2002." (Please see chart on page 3.)

More than one-fourth of all births were by cesarean delivery, an increase of 7 percent over 2001 and the highest level ever reported in the United States.

CDC reports birth data each year by age, race, and Hispanic origin of mother, with information on marital status, prenatal care, cesarean delivery, preterm birth, and low birth weight.

Visit www.cdc.gov/nchs/births.htm for the most recent data.

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Getting good health care is not typically challenging for Lauri Hunter (left), but her baseline mammogram proved to be an arduous two-and-a-half hour task. Tess Hailes (center) and service dog Jake provide personal assistance to Lauri. Turn to page 4 to read about a program that makes it easier for women with disabilities to get breast cancer screenings.

Health and Wellness for Women with Disabilities

As many as one in five women in the United States are living with disabilities.

"Disability" is a broad term that encompasses a sizeable range of conditions and diseases. It refers generally to a limitation in physical or mental function caused by one or more health conditions. Depending on the definition used, 19.9 to 28.6 million U.S. women have disabilities — and the number is growing.

Women are more frequently affected by many of the conditions that cause disability, and well over half of all women older than 65 are living with a disability. The most common causes are associated with chronic conditions such as back

disorders, arthritis, heart disease, respiratory problems, and high blood pressure. Disabilities may also result from injuries or birth defects.

Women who experience disability form a large and important group of people who can benefit from public health efforts, according to JoAnn Thierry of the Centers for Disease Control and Prevention's disability and health team. In addition to the same health concerns as nondisabled women, women with disabilities have conditions that make them more vulnerable to a range of secondary conditions such as pain, fatigue,

Please turn to page 4

NEWS YOU CAN USE

HEART DISEASE
WISEWOMAN Works

In Klukwan, an ancient Tlingit village on the banks of southeast Alaska's Chilkat River, about 60 inches of precipitation fall each year. The harsh weather — and the threat of dogs and bears — keep many of the village's 100 residents from outdoor exercise.

So a WISEWOMAN project of the SouthEast Alaska Regional Health Consortium partnered with a local fitness center for half-price passes and meeting space for lifestyle classes. The consortium worked with tribal services staff to create a three-month fitness competition, Ravens Versus Eagles, with a name that connects to local cultural traditions.

In *WISEWOMAN Works: A Collection of Success Stories From Program Inception Through 2002*, CDC highlights this and other grassroots ideas that have proven worthwhile. The 12 stories show four strategies that build strong WISEWOMAN projects: expanding access, reaching culturally diverse women, women helping women, and forging partnerships.

The book also shows health professionals how — and why — to capture their own success stories and adapt them for multiple purposes. Find it at www.cdc.gov/wisewoman/publications.htm#success.

WISEWOMAN is Well Integrated Screening and Evaluation for Women Across the Nation, and its aim is to reduce heart disease. Its Web site is loaded with science-based yet practical tools and information to reduce risk factors for heart disease. Find calculators, heart health quizzes, recipes, and links to other sites at www.cdc.gov/wisewoman/factsandtools.htm.

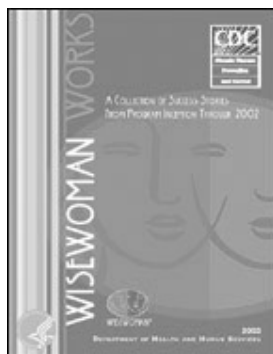
CHRONIC DISEASE
New Prevention E-Journal

A new peer-reviewed electronic journal, *Preventing Chronic Disease*, will give public health researchers and practitioners a forum to share study results and practical experience. The focus will be on prevention of chronic diseases such as cancer, heart disease, diabetes, and stroke, which are among the leading causes of death and disability in the United States.

The first quarterly issue is expected in January 2004. Lynne S. Wilcox, MD, MPH, is editor in chief. For information, visit www.cdc.gov/pcd, e-mail PCDEDITOR@cdc.gov, or call (404) 498-2905.

WOMEN'S HEALTH Direct to You

Sign up to receive monthly e-mail updates from CDC's Office of Women's Health. Each issue includes new research and reports in women's health, upcoming conferences, and grant announcements. E-mail owh@cdc.gov.

**SEXUAL VIOLENCE**
Counting the Problem

Rape, assault, stalking and homicide by intimate partners cost more than \$5.8 billion each year: \$4.1 billion in direct medical and mental health services and almost \$1.8 billion in productivity losses, according to one of two CDC reports that shed light on violence against women.

Costs of Intimate Partner Violence Against Women in the United States gives national estimates for injuries, their costs to the health-care system, and strategies to prevent them. It also highlights CDC's research priorities to prevent intimate partner violence. Read the report at www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm.

CDC realized a crucial step toward describing and tracking sexual violence in the United States with the release of *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*. Based on extensive consultation with researchers and practitioners, the report presents standard definitions of more than 30 terms as well as minimum and expanded data elements to collect. Read it at www.cdc.gov/ncipc/pub-res/sv_surveillance/sv.htm or request copies at dvpinfo@cdc.gov.

"A consistent definition is needed to determine the scope of the problem, monitor trends and compare the problem across jurisdictions," said Sue Binder, M.D., director of CDC's injury prevention and control program. "Higher quality and more timely estimates will be useful to policymakers, researchers, public health, victim advocates, service providers and the media."

*Health Matters for Women*TM is published by the Office of Women's Health, Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry, U.S. Department of Health and Human Services.

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MAMMOGRAPHY

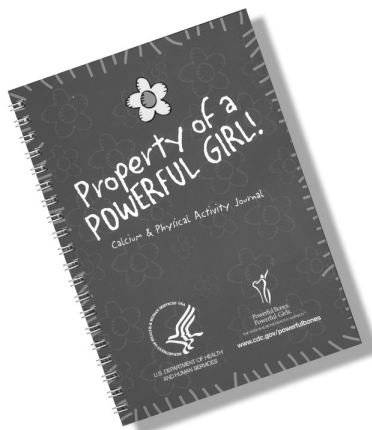
Avon Funds Screening Vans

Mammography is on the way to more underserved women, thanks to the Avon Foundation. Eight community organizations won grants for mammography van programs. The vans target populations such as the uninsured or women in remote geographic areas.

The Avon Foundation provided a \$4.1 million grant through the CDC Foundation, and the program will be coordinated with CDC's National Breast and Cervical Cancer Early Detection Program. These programs received vans or funding to expand services:

- Alpena General Hospital in Alpena, Mich.
- Bellevue Woman's Hospital in Niskayuna, N.Y.
- Glens Falls Hospital in Glens Falls, N.Y.
- Goshen Medical Center in Faison, N.C.
- Hollings Cancer Center at the Medical University of South Carolina in Charleston, S.C.
- Mt. Carmel Regional Cancer Center in Pittsburg, Kan.
- San Antonio Metropolitan Health District and Christus Santa Rosa Health Care in San Antonio, Texas
- St. Barnabas Hospital in Bronx, N.Y.

The 3.5 million women 40 to 64 who are uninsured or low income are less likely to be screened and more likely to have their cancers diagnosed at a later stage.



BONE HEALTH

Journals Reach Girls

Taking a cue from a favorite activity of girls, the National Bone Health Campaign has published journals for 9- to 12-year-old girls to record their calcium intake and physical activity. The journals include tips to improve bone health — how to get calcium through foods and what kind of exercise helps girls stay strong — along with space for thoughts, friends' names, numbers, and birthdays.

Girls can order free individual copies on the Powerful Bones, Powerful Girls Web site, www.cdc.gov/powerfulbones. To order free journals to distribute to girls, visit www.pueblo.gsa.gov/rc/bones/p-bones2.htm, call 888-8-PUEBLO, and ask for Department 82, or send your name, address, and request to Federal Citizen Information Center, Department 82, Pueblo, CO 81002. Quantities are limited.

The campaign is a partnership among CDC, the U.S. Department of Health and Human Services Office on Women's Health, and the National Osteoporosis Foundation.

STATISTICS

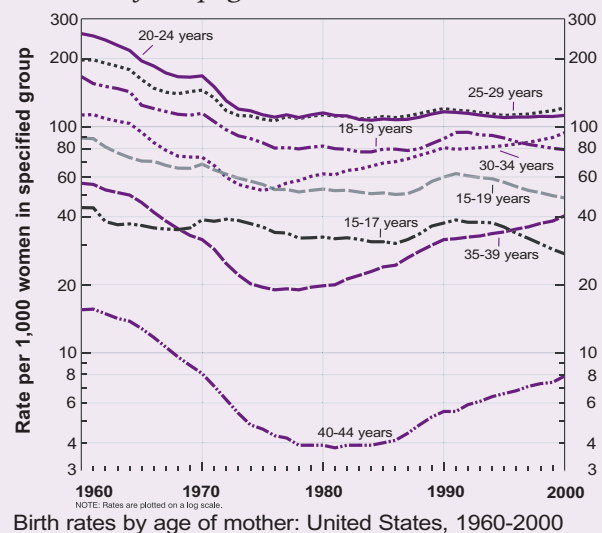
Harnessing Women's Health Data

How many people in Midwestern states smoke? How many young women in California died in car crashes from 1997 to 1999? Does breast cancer mortality differ among age groups of African-American women in Alabama and Georgia?

The answers are at your fingertips with CDC's Healthy Women Statistics. The Web site includes state-level data on mortality, morbidity, and risk factor by sex, race/ethnicity, age, and year. The powerful software allows users to customize, search, sort, select, map, chart, nest, export, and more — all for free — with simple clicks and drags.

The project was developed by CDC's National Center for Health Statistics and the U.S. Department of Health and Human Service Office on Women's Health. To use the data, go to www.cdc.gov/nchs/healthywomen.htm. You'll find complete instructions online. Technical support is also available at (919) 541-4466 or hws@cdc.gov.

(Birth Rates, from page 1)



Source: CDC National Vital Statistics Report, "Births: Preliminary Data From 2002"

COVER STORY

(Disabilities, from page 1)

osteoporosis, obesity, and depression.

CDC's disability and health team has targeted women with disabilities as a major area of emphasis and works to promote their health and well-being through research, partnerships, and education. CDC funds projects around the United States to improve surveillance and promotes research that focuses on women with disabilities as a special subpopulation.

CDC also supports programs to meet the health needs of women with disabilities, especially by preventing or delaying secondary conditions. One project, for example, documented that a comprehensive program of exercise, nutrition, and health education had a measurable short-term impact for urban African-American women recovering from stroke, and it identified cost and transportation as potential barriers to participate. Another study is measuring bone density in girls and women with physical disabilities to track osteoporosis in this special population.

Access to Health

Good access to health care is particularly important for women with disabilities because they often have other health concerns in addition to their disabilities. Yet women with disabilities face many barriers to care, often simply because people haven't thought about the problems they may encounter. Women with disabilities may not receive regular medical care because of barriers in the physical environment or the attitudes and perceptions of health-care providers.

The Americans with Disabilities Act requires public buildings to be accessible to people with disabilities, and health-care facilities are held to a high standard under the Act. ADA requires medical offices to have:

- Accessible parking, ramps, and rails for getting in and out of buildings
- Restrooms large enough for wheelchairs

Other universal design features not required by law but that make health care facilities more welcoming to women with disabilities include:

- Lower reception counters to greet women in wheelchairs
- Scales that accommodate people who use wheelchairs or have difficulty standing without support

- Motorized, adjustable-height examination tables

Perhaps just as important, medical and office staff need to have training on basic rules of disability etiquette and how to best communicate with and assist women with various disabilities. A few examples:

- Offer assistance to a person with a disability if you wish, but wait to see if your offer is accepted and listen to any instructions about the best way to help. Don't touch a person's equipment without asking first.
- Speak directly to a person with a disability rather than through someone accompanying her.
- Identify yourself and others who may be with you when you greet a person with vision impairment.
- Look directly at a person with hearing loss and speak slowly, clearly, and expressively.
- Take time to be sure people with cognitive disabilities understand you. Use simple words and add gestures. You may need to write down information or draw a simple picture.

See "Resources" on page 6 for more sources of information on accessibility.

Think About It

Part of CDC's challenge is to raise awareness about including women with disabilities in research and ensuring they are a target audience for health promotion activities. A study on heart disease, for example, might include women with disabilities and document their incidence of heart conditions so it may be compared with that of women without disabilities. A public service announcement about breast cancer screening might include a woman getting a mammogram in a wheelchair. And a brochure encouraging physical activity could include information on exercise for women with physical limitations.

Thierry stresses the importance of working collaboratively with women with disabilities to ensure they are active participants in all phases of CDC's research projects.

"I don't think people intentionally exclude women with disabilities from their programs," she said. "They just don't think about including them."

Cancer Screening for Women with Disabilities

Getting screening exams for early detection of breast and cervical cancer can be a challenge for many women with disabilities.

They are as likely to be at risk for cancer as other women. But CDC studies have shown that women with functional limitations are less likely to have regular mammograms and Pap tests to screen for breast and cervical cancer.

Women with disabilities

face many barriers to regular cancer screening. They may have difficulty getting to the doctor's office, undressing for an exam, raising their arms for self-exams, mounting a traditional examination table, standing, or positioning their wheelchairs for mammograms.

The Breast Health Access for Women with Disabilities program highlights some ways to make it easier for women with

disabilities to get a mammogram. At Alta Bates Summit Medical Center in Berkeley, Calif., a nurse specialist provides free clinical breast exams and breast self-exam education. The exam room is accessible, with attendants to help transfer patients to a multi-positioning exam table. Women are referred to mammography services that accommodate women who use wheelchairs or have difficulty standing. Medical

staff are trained to be sensitive to disability issues, and staff coordinate transportation for those who need it. The program has also developed techniques to teach women with cognitive disabilities or limited hand functionality to perform breast self-exams.

See www.cdc.gov/epo/mmwr/preview/mmwrhtml/00055280.htm for more information.

Physical Activity for Women with Disabilities

The importance of physical activity for women with disabilities cannot be overstated.

Physical activity can prevent or delay many of the secondary conditions that often complicate disability, such as heart disease, high blood pressure, diabetes, osteoporosis, obesity, and depression. It can help control the pain of arthritis and help maintain healthy muscles and joints.

Healthy People 2010 and the 1996 *Surgeon General's Report on Physical Activity and Health* cite the benefits of physical activity to overall health and well-being. However, people with disabilities are less physically active than people without disabilities. Women with disabilities must contend with attitudes that assume people with disabilities cannot or do not need to exercise.



Finding an accessible gym can be a challenge. Health clubs should have accessible parking, automatic doors, wide aisles, and accessible showers, lockers, and pools. Adaptive exercise equipment may include roll-in

strength training machines, hand cycles, and underwater exercise equipment. Staff should be trained to be sensitive to the needs of

people with disabilities and to assist people with disabilities when necessary.

The *Surgeon General's Report* emphasized that inactive people can improve their health with even moderate increases in regular activity.

Resources

“Exercise for People with Disabilities: Getting Started on Your Fitness Plan” presents a convincing case for the importance of physical activity and provides the tools to make it happen: a goals chart, activity log, list of exercise videos for people with disabilities, and a detailed personal physical activity plan form. The booklet is funded by CDC and available from the Research and Training Center on Independent Living at the University of Kansas. Visit <http://www.rtcil.org> or call (785) 864-4095.

“Removing Barriers to Health Clubs and Fitness Facilities: A Guide for Accommodating All Members, Including People with Disabilities and Older Adults” encourages health clubs to make their facilities welcoming to people with disabilities. The CDC-funded booklet reviews Americans with Disabilities Act standards for design and gives specific recommendations for improving accessibility of fitness facilities, choosing equipment, and assisting people with disabilities. The publication is available from the North Carolina Office on Disability and Health. Visit www.fpg.unc.edu/~ncodh/ or call (919) 966-0868.

The National Center on Physical Activity and Disability, funded by CDC, is a good starting place for women with disabilities, health-care providers, public health practitioners, and disability and service organizations to learn more about physical activity and disability. This national clearinghouse provides a large number of resources, ranging from research to instructional videos to discussion groups. Visit www.ncpad.org or call (800) 900-8086.

Abuse Deserves Special Vigilance

Violence is a serious problem for many women with disabilities.

Two small studies by the Center for Research on Women with Disabilities (CROWD) at Baylor College of Medicine found 10 to 13 percent of women with disabilities reporting being abused within the past year, a rate similar to that of women without disabilities. But women with disabilities were more likely to be abused for longer periods of time. They were also abused by a wider variety of people, such as health-care providers, strangers, or attendants, in addition to partners or family members.

Women with disabilities experience the types of physical and mental abuse women in

general do. But they also are subject to unique forms of abuse: caretakers have been reported withholding medicines and assistive devices, such as wheelchairs or braces, or being refused essential care.

Women with disabilities need to know about resources that can help them if they are abused. Few women with physical, visual, or hearing disabilities use battered women's services, according to another CROWD study. The study suggested that many shelters may be accessible to women with physical disabilities but may not reach out to them or offer services such as sign language interpreters or personal care attendants.

Health-care providers can routinely screen for abuse by asking four simple questions:

Within the last year,

1. Have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by someone?
2. Has anyone forced you to have sex?
3. Has anyone prevented you from using a wheelchair, cane, respirator, or other assistive device?
4. Has anyone you depend on refused to help you with an important personal need such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?

Source: *Center for Research on Women with Disabilities at Baylor College of Medicine*

SPOTLIGHT

CDC's National Center on Birth Defects and Developmental Disabilities

Helping People Live to the Fullest

The Centers for Disease Control and Prevention's newest center promotes the health of babies, children, and adults and enhances their potential for full, productive living.

The National Center on Birth Defects and Developmental Disabilities, launched in 2001, includes many of the programs formerly in CDC's Center for Environmental Health. Through research, partnerships, prevention, and education programs, the new center works to:

Identify the causes of birth defects and developmental disabilities

Birth defects are the leading cause of infant mortality in the United States. About 120,000 babies are born with birth defects each year, yet the cause of 70 percent of those defects is unknown. So CDC is working, through 80 different research projects, to find the origins of these birth defects so we can develop new ways to help women have healthy babies.

CDC supports both the Centers for Birth Defects Research and Prevention, which is conducting the largest-ever study on birth defects causes, and National Birth Defects Prevention Network, an independent organization that monitors and reports birth defects data from states.

Conducting education and outreach to spread what we do know about preventing birth defects is another important role of NCBDDD. For example, CDC programs encourage women to get enough folic acid to prevent neural tube defects and to avoid alcohol to prevent mental retardation and learning disabilities from fetal alcohol syndrome.

Help children develop and reach their full potential

CDC works with partners to develop public health tools that encourage good parenting, make early hearing screenings available, study the causes of autism, prevent neurologic damage from jaundice, and learn more about Attention-Deficit/Hyperactivity Disorder.

Promote health and well-being among people of all ages with disabilities

The disability and health team of the Center focuses on the health of people with disabilities, including reducing secondary conditions. For example, the "Living Well with a Disability" program, funded by CDC, empowers people with disabilities to take personal responsibility for their health by focusing on individual goals such as physical activity, nutrition, and communication.

At the first National Conference on Birth Defects, Developmental Disabilities, and Disability and Health, NCBDDD Director José Cordero cited a range of important challenges and opportunities on the horizon: conducting better surveillance for disabilities, using genomics to translate early detection into interventions to improve quality of life, working more closely with clinical practitioners to improve health and prevent birth defects, developing an integrated child health record, and bringing these issues into the mainstream so that public health officials consider preventing birth defects and promoting health among people with disabilities a core part of their job.

For more information about birth defects, developmental disabilities, and disability and health, visit the Center's Web site at www.cdc.gov/ncbddd.

Resources on Women with Disabilities

For more information about women with disabilities, visit CDC's National Center on Birth Defects and Developmental Disabilities at www.cdc.gov/ncbddd or the U.S. Department of Health and Human Service's section on women with disabilities at www.4woman.gov/wwd.

These organizations and publications funded by CDC also offer resources:

The Center for Research on Women with Disabilities at Baylor College of Medicine conducts research, evaluates interventions, and disseminates information on issues such as health, aging, civil rights, abuse, and independent living for women with disabilities. Publications include the "National Study of Women With Physical

Disabilities," "Guidelines for Physicians on Abuse and Women With Disabilities," and "Reproductive Health Care for Women With Disabilities." Visit www.bcm.tmc.edu/crowd or call (800) 44-CROWD.

The National Center on Physical Activity and Disability is a national clearinghouse for a wide range of disability resources. Visit www.ncpad.org or call (800) 900-8086.

The North Carolina Office on Disability and Health works to promote the health and wellness of persons with disabilities in North Carolina through policy, practice, and research. A range of publications, including the ones listed at right, are available at www.fpg.unc.edu/~ncodh/ or (919) 966-0868.

"A Provider's Guide for the Care of Women with Physical Disabilities & Chronic Medical Conditions" helps clinicians boost their care for women with disabilities with information on access, removing barriers, and comprehensive reproductive health care.

"Removing Barriers to Health Care: A Guide for Health Professionals" gives health care providers specific steps to make medical facilities accessible and welcoming. It includes ADA requirements, illustrations, and helpful tips.

"Removing Barriers: Tips and Strategies to Promote Accessible Communication" provides detailed pointers on communicating effectively with people with a range of disabilities.

PREVENTION WORKS

Daytime Drama

Learning About Health from the Soaps

When Agnes Nixon proposed a storyline about a Pap smear in the early 1960s, “it was met with great resistance,” said the former head writer for the CBS soap opera “Guiding Light,” who had lost a friend to cancer. “But I fought very hard to get it on air because I wanted to educate women about the importance of Pap smears for early detection and prevention of cancer. As a result, we got hundreds of letters from viewers who went to their doctors for Pap smears, and many felt it saved their lives.”

Nixon (left) received the first Sentinel for Health Pioneer Award for “Bert’s Pap Smear,” a groundbreaking storyline considered to be the first health storyline in daytime drama.

CDC funds the Hollywood, Health & Society program at the University of Southern California Annenberg School for Communications Norman Lear Center, which established the awards to recognize daytime dramas that educate viewers about healthier and safer choices. CDC reports that almost half of regular daytime drama viewers learn about diseases or how to prevent them from watching soaps, and more than a third take some action, such as advising others or visiting a doctor.

Find out more about CDC’s work with the Hollywood, Health & Society partnership at www.cdc.gov/communication/entertainment_education.htm.

Prescriptions

Women Are Taking More Medicines

Antidepressants now top the list of drugs prescribed to women at visits to doctor’s offices and outpatient departments, followed by estrogens and progestins, antiarthritics, and medicines for acid/peptic disorders. “Trends in Use of Medications Associated With Women’s Ambulatory Care Visits,” by CDC researchers in the April *Journal of Women’s Health*, shows that the number

of medicines prescribed to women grew 13 percent over a five-year period in the late 1990s, especially among women 45 and older. 2001 data show women’s prescriptions for antidepressants continue to climb.

The authors note that data from CDC’s National Health Care Survey (www.cdc.gov/nchs/nhcs.htm) can

help researchers analyze women’s health-care trends such as access to care or quality of care and cost for ambulatory care, hospital stays, home health and hospice, and nursing homes.

For more information, contact co-author Catharine Burt in CDC’s National Center for Health Statistics at cburt@cdc.gov.



Advancing the Health of Women: Prevention, Practice and Policy
Greta Davis of the U.S. Department of Health and Human Services, Office of the Secretary takes advantage of one of the highlights of the CDC women’s health conference — free screening for osteoporosis. The Elder Floridians Foundation screened 85 women and found 31 percent of them to be either osteopenic (24 tested at this level of decreased bone density at risk for osteoporosis) or osteoporotic (two people). Six hundred people attended the CDC meeting last fall co-sponsored by the Emory University School of Nursing and the Chronic Disease Directors Women’s Health Council.

CDC/ATSDR RESOURCES

Public Inquiries	800-311-3435
Emerging Public Health Issues	888-246-2675
(Spanish)	888-246-2857
(TTY)	866-874-2646
Voice and Fax Information	888-232-3228
ATSDR	888-422-8737
Cancer Prevention	888-842-6355
Diabetes (English/Spanish)	877-232-3422
Environmental Health (English/Spanish)	888-232-6789
Hepatitis (English/Spanish)	888-443-7232
Immunizations	800-232-2522
(Spanish)	800-232-0233
(TTY)	800-243-7889
Nutrition and Physical Activity	888-232-4674
Reproductive Health	770-488-5372
National STD and HIV/AIDS Hotline	800-342-2437
(Spanish)	800-344-7432
(TTY)	800-243-7889
National Prevention Information Network	800-458-5231
Smoking/Tobacco (English/Spanish)	800-232-1311
Travelers' Health	877-394-8747
Ulcers (H. pylori) (English/Spanish)	888-698-5237
Youth Violence Prevention (English/Spanish)	866-723-3968
Women's Health	404-639-7230
Workplace Safety and Health (English/Spanish)	800-356-4674

Diabetes is threatening the future of American Indians.



Call 1-800-438-5383
to learn more.
Or visit us at <http://ndep.nih.gov>.



A joint program
of the National
Institutes of
Health and the
Centers for
Disease Control
and Prevention.

We can fight diabetes by controlling our blood sugar.

Diabetes is a disease that affects a large number of our people, causing blindness, amputations, kidney failure, and even loss of life.

But we can fight it by controlling our blood sugar. We can work to keep it close to normal by choosing healthy foods, staying physically active, taking our diabetes medication, and testing our blood sugar.

We must take charge of diabetes for future generations.



A PUBLIC SERVICE OF THIS PUBLICATION

DATES THAT MATTER

International Conference on Women and Infectious Diseases: Feb. 27-28, 2004, Atlanta, GA

The goal: to enhance prevention and control of infectious diseases among women worldwide.

Visit www.cdc.gov/ncidod/omwh/icwid.htm

National Women's Health Week 2004: May 9-15

Start planning now with a visit to www.4woman.gov/whw and www.cdc.gov/od/spotlight/nwhw/planning.htm.

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