



The National Women's Health Information Center presents

*Women Living Long,
Living Well*

*Women's Health
2002 Daybook*

www.4woman.gov 800-994-WOMAN (9662) 888-220-5446 (TDD)

NAME

ADDRESS

PHONE

E-MAIL

INSURANCE INFORMATION

PRIMARY INSURANCE

CONTACTS

CUSTOMER SERVICE PHONE NUMBER

IDENTIFICATION #

SECONDARY INSURANCE

CONTACTS

CUSTOMER SERVICE PHONE NUMBER

IDENTIFICATION #

MEDICARE NUMBER

MEDICAID NUMBER

EMERGENCY NUMBERS

NOTES

Women Living Long, Living Well

The willow tree on the front cover of this year's Women's Health Daybook not only represents the beauty of life that comes with age, it also serves as a symbol of a special project sponsored by the Women's Health Coordinating Committee of the U.S. Department of Health and Human Services. The Coordinating Committee recently wanted to know what communities all over America need to help 21st century women stay healthy throughout all stages of life. We call the project, "Women Living Long, Living Well " or "WLLLW" (pronounced "willow").

For a six-month period, we went to communities all over the country for listening sessions with community health leaders. We learned that communities want three things: improved chances for independent living through better access to health care, better coordination between health providers and community services, and more research into the biological differences between men and women as they relate to disease. Community leaders made it clear that women's health must be addressed holistically and throughout the life span; that it does not begin and end with childbearing; that life-long good health begins with education on healthy behaviors, and must be taught with sensitivity to cultural, racial and ethnic differences.

- * **Young adult women**, in their peak bone producing years, should focus on osteoporosis prevention, sexual and reproductive health screenings, violence prevention, and programs for job training and life skills.
- * **Women in midlife** need better opportunities for physical activity, social support networks, mammograms, heart disease prevention, socioeconomic independence, and help with job changes, stress, and depression.
- * **Elderly women** need a greater focus on prevention of injury and elder abuse, management of chronic illness and multiple medications, and help with mental health and loneliness.

As our nation heals from the terrible events of September 11, 2001, it is especially important that each of us stay as strong and healthy as possible. As you read and enjoy this year's Daybook, we ask that you keep the WLLLW goals in mind. Healthy communities begin with individual health choices, and good health choices depend on accurate information. Nurture yourself, and make yourself strong, healthy, and resilient.



National Women's Health Information Center
*Sponsored by the Office on Women's Health in the
U.S. Department of Health and Human Services*



The WLLLW Project was created by members of the Women's Health Coordinating Committee of the Department of Health and Human Services, who represent each of the federal health agencies.

Table of Contents

*** Introductory Pages**

Introduction	1
About the National Women's Health Information Center (NWHIC)	4
Pick Your Path to Health	5
Centers of Excellence	6

*** Women Living Long, Living Well With...**

preventive screening tests and immunizations	8
a healthy heart and blood circulation	18
healthy bones	30
breast cancer early detection	34
healthy lungs	46
a healthy pregnancy	58
menopause	64
reproductive health	76
diabetes	92
a healthy outlook and healthy lifestyle	98
colorectal health	112
healthy eyes and ears	124
a healthy smile	138
complementary and alternative medicine	143
urinary tract health	156
no violence in your life	168
your disabilities	182
other conditions that may affect you	184

* Calendar Pages

January:	health observances	16
	weekly calendars	23
February:	health observances	28
	weekly calendars	39
March:	health observances	44
	weekly calendars	51
April:	health observances	56
	weekly calendars	69
May:	health observances	74
	weekly calendars	85
June:	health observances	90
	weekly calendars	105
July:	health observances	110
	weekly calendars	117
August:	health observances	122
	weekly calendars	131
September:	health observances	136
	weekly calendars	148
October:	health observances	154
	weekly calendars	160
November:	health observances	166
	weekly calendars	175
December:	health observances	180
	weekly calendars	187

* Closing Pages

Women in Health Professions	194
Regional Women's Health Coordinators	195
Coordinating Committee	196
Year at a glance	198
Important Phone Numbers	200
Acknowledgments	202
Reader Suggestion Card	203

About the National Women's Health Information Center (NWHIC)

Why a National Women's Health Information Center?

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

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

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

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

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

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

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

Pick Your Path to Health

An Educational Campaign from the Office on Women's Health

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

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

The **Pick Your Path to Health Campaign** suggests practical, simple actions that you can take to look and feel better. Throughout this

book, at the beginning of each new month, you will find action steps that you can take to improve your health habits. Pick your path to health. It's easier than you think.

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

NWHIC

Phone: 800-994-9662

TDD: 888-220-5446

Internet: www.4woman.gov

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

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

And they may just lead you to a healthier lifestyle.

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

National Centers of Excellence in Women's Health

*One-Stop Shopping Health Care for Women:
Women-friendly, Women-focused, Women-centered*

You walk into your doctor's office, the atmosphere is calm, the chairs are comfortable, the pictures make you relax. The receptionist is pleasant and helps you complete all papers. You have an injured hand and after the doctor treats you for it, she checks your record for the date of your last physical, pap smear and mammogram. She notes that it's been too long since you last had these screenings. She also asks how you are coping with the many stresses in your life. You decide to open up and tell her you are feeling overwhelmed at times. Before you leave you are given an appointment for a complete physical, including a mammogram. She also makes an appointment for you with a psychologist. You leave feeling that your health provider is really looking out for you. On the way out the door, you grab a brochure on symptoms of menopause for a friend of yours who has just had her fiftieth birthday.

You are so pleased with your experience, you convince your aging mother, who has refused to see a doctor for the last three years, to come in for an appointment. Happy with the care she receives, she tells her friend who has been having lots of headaches lately to call the office for an appointment. Your friend is very happy to have some written materials to help her make an informed decision about hormone replacement therapy.

Sound too good to be true? Different from your experience at your doctor's office?

This is the type of multidisciplinary care that is provided at the National Centers of Excellence in Women's Health (CoEs) in 14 different teaching hospitals and from the National Community Centers of Excellence in Women's Health (CCOEs) in 7

community-based organizations around the country. The Centers are women-focused, woman-friendly, one-stop shopping health care for women!

Both the CoEs and the CCOEs are not only promoting a new approach to women's health care, but also promoting the training of health providers in women's health, women's health research, public outreach and education in women's health, and leadership development for individuals working in women's health. The CCOEs are also providing technical assistance to communities and organizations interested in replicating their programs.

The purpose of these programs is to bring together health care providers, researchers, teachers, and community health advocates. These groups, who would otherwise never meet, come together with a common goal of improved health care for women.

The CCOE program is sponsored by the Office on Women's Health, within the U.S. Department of Health and Human Services (HHS) since 1996.

The CCOE program is a joint project of the HHS Office on Women's Health, the Office of Minority and Women's Health in the Bureau of Primary Health Care (Health Services and Resources Administration), and the HHS Office of Minority Health.

These centers welcome all women as patients. Call for an appointment. You can find the Center nearest you on the next page, or check out the web sites: www.4woman.gov/coe/index.htm and www.4woman.gov/ccoe/index.htm.

National Centers of Excellence

Centers of Excellence in Women's Health (CoE)

Boston University Medical Center CoE

Boston, MA
Phone: 617-638-7428
Internet: www.bmc.org/womenshealth/

University of California at Los Angeles CoE

Los Angeles, CA
Phone: 310-794-9039
Internet: <http://womenshealth.med.ucla.edu/>

University of California, San Francisco CoE

San Francisco, CA
Phone: 415-885-3895
Internet: <http://itsa.ucsf.edu/~ucsfcoe>

Harvard University CoE

Boston, MA
Phone: 800-417-4423
Internet: www.hmcnet.harvard.edu/coe/

University of Illinois at Chicago CoE

Chicago, IL
Phone: 312-413-7500
Internet: www.uic.edu/orgs/womenshealth/

Indiana University School of Medicine CoE

Indianapolis, IN
Phone: 317-630-2243
Internet: www.iupui.edu/~womenhlt/

Magee Womens Hospital CoE

Pittsburgh, PA
Phone: 412-641-4747
Internet: www.magee.edu/

MCP Hahnemann University CoE

Philadelphia, PA
Phone: 215-842-7007
Internet: www.mcphu.edu.institutes/iwh

University of Michigan CoE

Ann Arbor, MI
Phone: 734-647-0448
Internet: www.med.umich.edu/whp/

University of Pennsylvania CoE

Philadelphia, PA
Phone: 610-902-2500
Internet: www.obgyn.upenn.edu/cewh/

University of Puerto Rico CoE

San Juan, PR
Phone: 787-758-2525 ext. 2813
Internet: www.upr.clu.edu/pri

Tulane and Xavier Universities of Louisiana CoE

New Orleans, LA
Phone: 206-598-8991
Internet: www.tulane.edu/~tuxcoe/NewWebsite/index.htm

University of Washington, Seattle CoE

Seattle, WA
Phone: 206-598-5500
Internet: <http://depts.Washington.edu/uwcoe/>

University of Wisconsin-Madison CoE

Madison, WI
Phone: 608-267-5566
Internet: www.womenshealth.wisc.edu/

Community Centers of Excellence in Women's Health (CCOE)

Mariposa Community Health Center

Nogales, AZ
Phone: 520-281-1550

Northeast Missouri Health Council, Inc. Womens's Care Connection

Kirkville, MO
Phone: 660-627-5757
Internet: www.kcom.edu/wcc/

St. Barnabas Healthcare System

Bronx, NY
Phone: 718-960-0251
Internet: www.sbccoe.org/

NorthEast Ohio Neighborhood Health Services, Inc

Cleveland, OH
Phone: 216-231-7700 ext. 1145

Northeastern Vermont Area Health Education Center

St. Johnsbury, VT
Phone: 802-748-2506

Hennepin County Primary Care Department

Minneapolis, MN
Phone: 612-302-4600

Women's Health Services

Santa Fe, NM
Phone: 505-988-8869

Women living long, living well...



with preventive screening tests and immunizations

Prevention is key to living long and living well. Getting regular check-ups, preventive screening tests and immunizations are among the most important things you can do for yourself. Take time to review these guidelines for screening tests and immunizations. Use the charts on the next few pages to remind yourself of when you need to see your health care provider based on your personal health profile. Make an appointment today!

Your Role in Prevention Risk Factors

Become a partner with your health care provider to decide when you need your screenings and immunizations. Share your family history, speak up, voice your concerns, and always ask questions. For instance, if your health care provider asks you to increase the amount you exercise, ask for examples of exercises that are best for you. If you are confused about how to do monthly self-breast exam, ask and practice until you understand and feel comfortable doing it. If you are wondering if you need certain screenings, ask your health care provider. You owe it to yourself.

The first chart in this section lists recommended screenings and immunizations for women at average risk for most diseases. How do you know if your risk is higher than average? Check the second set of charts for the recommended screenings and immunizations for women with higher than average risk factors. Risk factors are things in your life that increase your chances of developing a condition or disease. They can include things like family history, exposures to things in the environment, being a certain age or sex, being from a certain ethnic group, or already having a health condition. *If you do have high risk factors, your health care provider will most likely want you to be screened or immunized at a younger age or more often than what is recommended.* Check with your health care provider if and how often to have specific health screenings.



General Screenings and Immunizations Guidelines for Women

Please note: These charts are guidelines only. Your health care provider will personalize the timing of each test and immunization to best meet your health care needs.

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65+
General Health: Full Check-Up, including weight and height	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider
Thyroid test (TSH)	Starting at age 35, then every 5 years	Every 5 years	Every 5 years	Every 5 years
Heart Health: Blood pressure test	Starting at age 21, then once every 1 – 2 years if normal	Every 1 – 2 years	Every 1 – 2 years	Every 1 – 2 years
Cholesterol test	Starting at age 20, then every 5 years	Every 5 years	Every 5 years	Every 5 years
Bone Health: Bone mineral density test		Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider
Diabetes: Blood sugar test		Starting at age 45, then every 3 years	Every 3 years	Every 3 years
Breast Health: Breast exam	Yearly by a health care provider; monthly self-breast exam.	Yearly by a health care provider; monthly self-breast exam.	Yearly by a health care provider; monthly self-breast exam.	Yearly by a health care provider; monthly self-breast exam.
Mammogram (x-ray of breast)		Every 1-2 years. Discuss with your health care provider.	Yearly	Yearly
Reproductive Health: Pap test & Pelvic exam	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.
Chlamydia test	If sexually active, yearly until age 25	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test. See STD section below.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test. See STD section below.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test. See STD section below.
Sexually Transmitted Diseases (STDs) tests	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.

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General Screenings and Immunizations Guidelines for Women

Please note: These charts are guidelines only. Your health care provider will personalize the timing of each test and immunization to best meet your health care needs.

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65+
Colorectal Health: Colonoscopy			Every 5-10 years	Every 5-10 years
Double Contrast Barium Enema (DCBE)			Every 5-10 years (only if not having colonoscopy every 10 years)	Every 5-10 years (only if not having colonoscopy every 10 years)
Flexible Sigmoidoscopy			Every 5 years	Every 5 years
Rectal Exam	Discuss with your health care provider	Discuss with your health care provider	Every 5-10 years at time of each screening (sigmoidoscopy, colonoscopy, or DCBE)	Every 5-10 years at time of each screening (sigmoidoscopy, colonoscopy, or DCBE)
Fecal Occult Blood test			Yearly	Yearly
Eye and Ear Health: Vision exam with eye care provider	Once initially between age 20 and 39	Every 2-4 years	Every 2-4 years	Every 1-2 years
Hearing test (discuss with your health care provider)	Starting at age 18, then every 10 years	Every 10 years	Discuss with your health care provider	Discuss with your health care provider
Skin Health: Mole Exam	Monthly mole self-exam; starting at age 20, by a health care provider every 3 years.	Monthly mole self-exam; by a health care provider every year.	Monthly mole self-exam; by a health care provider every year.	Monthly mole self-exam; by a health care provider every year.
Oral Health: Dental (Oral Exam)	One to two times every year	One to two times every year	One to two times every year	One to two times every year
Mental Health Screening	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider
Immunizations				
Influenza vaccine	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider	Recommended yearly
Pneumococcal vaccine				One time only
Tetanus-Diphtheria Booster vaccine	Every 10 years	Every 10 years	Every 10 years	Every 10 years

*Recommended Screenings and Immunizations
for Women with High Risk Factors*

✓ if it applies	Does your family history include?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	High blood pressure	Blood pressure test
	High cholesterol	Cholesterol test
	Heart disease; premature heart disease or heart attack	Blood pressure test; cholesterol test; exercise stress test
	Diabetes	Blood sugar tests
	Breast cancer	Mammogram; ovarian screening tests
	Cervical, uterine, or vaginal cancer	Pap test; pelvic exam; ovarian screening tests; colon screening
	Ovarian cancer	Pelvic exam; ovarian screening tests; colon screening; clinical breast exam
	Osteoporosis; bone fracture in adulthood	Bone mineral density test
	Thyroid disease or thyroid cancer	Thyroid test (TSH) and/or genetic counseling
	Gum (periodontal) disease	Oral exam
	Hearing problems; deafness	Hearing test
	Vision problems; eye disease; blindness	Vision exam
	Inflammatory bowel disease; colon polyps; colon, ovarian or endometrial cancer	Colonoscopy; sigmoidoscopy; DCBE; rectal exam; fecal occult blood test
	Cancer, heart disease, or any illness at an unusually young age (50 or under)	Genetic counseling, possible early screening tests
	Two relatives with the same kind of cancer	Genetic counseling, possible early screening tests
	Birth defects or genetic disorder (you or your partner)	Genetic counseling, possible early screening tests. If you want to become pregnant, genetic counseling for you and your partner.

*Recommended Screenings and Immunizations
for Women with High Risk Factors*

✓ if it applies	Are you?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	African American	Blood pressure test; cholesterol test; blood sugar test; vision exam; colonoscopy; genetic counseling for sickle cell anemia
	Hispanic American	Blood pressure test; cholesterol test; blood sugar test; colonoscopy
	Alaska Native/Pacific Islander	blood sugar tests
	American Indian	blood sugar tests
	Ashkenazi Jewish Descent	genetic counseling for Tay-Sachs disease, if you want to become pregnant
	Ashkenazi Jewish with family history of breast or ovarian cancer	genetic counseling for possible BRCA1/2 mutation
	Asian American	blood sugar tests
	Over age 65	Bone mineral density test; flu vaccine; pneumococcal vaccine
	College age	MMR vaccine; varicella vaccine
	Postmenopausal	Bone mineral density test
	Pregnant	Blood pressure test; blood sugar test; urine test; HIV test; STD tests; MMR vaccine
	A non-pregnant woman of childbearing age	MMR vaccine; varicella vaccine
	A smoker	Blood pressure test; cholesterol test; bone mineral density test; oral exam; vision exam
	Overweight	Blood pressure test; blood sugar tests; weight
	Living in prison	Tuberculosis (TB) test; HIV test; STD tests
	Living in long-term care	TB test; influenza vaccine; pneumococcal vaccine
	A health care worker	TB test; influenza vaccine; pneumococcal vaccine; MMR vaccine; varicella vaccine
	A health care worker exposed to blood	HIV test; Hepatitis screening; Hepatitis A, B vaccines

*Recommended Screenings and Immunizations
for Women with High Risk Factors*

✓ if it applies	Do you have or have you had?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	High blood pressure	Blood pressure test; cholesterol test; blood sugar test
	High cholesterol	Blood pressure test; cholesterol test; blood sugar test
	Heart disease	Blood pressure test; cholesterol test; blood sugar test; influenza vaccine; pneumococcal vaccine
	Diabetes	Blood pressure test; cholesterol test; blood sugar test; vision exam; urine test
	Gestational diabetes (diabetes during pregnancy)	Blood sugar test
	A baby weighing more than 9 lbs.	Blood sugar test
	Breast cancer	Mammogram; ovarian screening
	Dense breasts	Mammogram; clinical breast exam
	Cervical, uterine, vaginal cancer	Pap test; pelvic exam; ovarian screening tests; colon screening
	Ovarian cancer	Pelvic exam; ovarian screening tests; mammogram; colon screening
	Previous abnormal Pap tests	Pap test; pelvic exam
	Early menopause (natural or surgically induced); absent or infrequent menstrual periods; advanced age; a personal history of bone fracture in adulthood; lifelong low calcium intake; lifelong inactive lifestyle, or little physical activity; low body weight or a history of an eating disorder such as anorexia nervosa	Bone mineral density test
	An autoimmune disease (including lupus, rheumatoid arthritis, scleroderma, multiple sclerosis, psoriasis)	Thyroid test (TSH); TB test; influenza vaccine; MMR vaccine; pneumococcal vaccine; autoimmune screening test

*** Continued on next page ***

*Recommended Screenings and Immunizations
for Women with High Risk Factors*

✓ if it applies	Do you have or have you had?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	Chronic lung disease	Influenza vaccine; pneumococcal vaccine
	Chronic liver disease	Hepatitis A vaccine
	Thyroid disease	Thyroid test (TSH); influenza vaccine; pneumococcal vaccine
	Gum (periodontal) disease	Oral exam
	Colon polyps; Inflammatory bowel disease	Colonoscopy
	A developmental delay	Vision exam; hearing test
	Eye injury or disease	Vision exam
	Ear injury or prolonged exposure to loud noise	Hearing test
	HIV/AIDS	Oral exam; vision exam; Pap test; pelvic exam; TB test; thyroid test (TSH); STD tests; influenza vaccine; pneumococcal vaccine; Hepatitis screening; Hepatitis A, B vaccines
	A blood transfusion from 1978-85	HIV test; Hepatitis screening
	Multiple sex partners (or a partner with the same)	STD tests; HIV test; Hepatitis B test; Pap test; pelvic exam
	Alcoholism	pneumococcal vaccine; TB test; psychological screening
	Intravenous (IV) drug use or addiction	Hepatitis screening; Hepatitis A, B vaccines; TB test; STD tests; HIV test; psychological screening
	A sexually transmitted disease (STD)	STD tests; HIV test; Pap test; pelvic exam
	Lived or worked with someone exposed to Tuberculosis (TB)	TB test
	A serious injury (cut or laceration)	Tetanus-Diphtheria booster vaccine
	A baby recently (within the last few weeks or months)	Post-partum depression screening

Medicare-Covered Preventive Services

Check this chart to see what screening and immunizations are covered under Medicare. For more information, call 800-MEDICARE or visit www.medicare.gov.

Covered Services:	
<p>Bone Mass Measurements for Osteoporosis*: Varies with your health status.</p>	<p>Pap Smear and Pelvic Examination: (Includes a clinical breast exam) Once every 36 mos. Once every 12 mos. if you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap smear in the preceding 36 mos. Starting July 1, 2001, Pap smear and pelvic examinations are covered once every 24 mos.</p>
<p>Colorectal Cancer Screening (Age 50+):</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test-Once every 12 mos. • Flexible Sigmoidoscopy-Once every 48 mos. • Colonoscopy (no min age req)-Once every 24 mos. if you are at high risk for colon cancer. Starting July 1, 2001, once every 10 yrs but not within 48 mos. of a screening sigmoidoscopy if you are not at high risk for colon cancer. • Barium Enema-Doctor can decide to use instead of a sigmoidoscopy or colonoscopy. 	<p>Prostate Cancer Screening (age 50+):</p> <ul style="list-style-type: none"> • Digital Rectal Examination-Once every 12 mos. • Prostate Specific Antigen (PSA) Test-Once every 12 mos.
<p>Diabetes Services (if you have diabetes):</p> <ul style="list-style-type: none"> • Coverage for glucose monitors, test strips, and lancets. • Diabetes self-management training (if requested by your health care provider). 	<p>Shots (Vaccinations):</p> <ul style="list-style-type: none"> • Flu Shot-Once a year in the fall or winter. • Pneumococcal Pneumonia Shot-One shot may be all you will ever need. Ask your health care provider. • Hepatitis B Shot-If you are at medium to high risk for hepatitis.
<p>Mammogram Screening (age 40+; baseline mammogram between ages 35 and 39): Once every 12 mos. Medicare also covers new digital technologies for mammogram screenings.</p>	<p>Glaucoma Screening*: Starting July 1, 2001, once every 12 mos. Must be done or supervised by an eye doctor who is legally allowed to do this service in your state.</p>
<p>* Covered for people with Medicare who are at high risk for these conditions.</p>	

Other resources:

Center for Disease Control and Prevention (CDC)

Internet: www.cdc.gov

Health Resources and Services Administration (HRSA) (For help finding a community health center)

Phone: 888-ASK-HRSA

Internet: www.bphc.hrsa.gov/databases/fqhc

Agency for Healthcare Research and Quality

Internet: www.ahrq.gov/clinic/prevenix.htm

National Women's Health Information Center

Phone: 800-994-9662

Internet: www.4woman.gov

Publication:

Staying Healthy at 50+

Internet: www.ahrq.gov/ppip/50plus

January Health Activities and Observances

From the **Pick Your Path to Health Campaign** (described on page 5 of this daybook and on NWHIC’s web site at www.4woman.gov/pypth) here are this month’s theme and action steps toward better health.

January – Spirituality: Find the strength within

Personal Action Steps:

- * Find a spiritual outlet – a faith institution, yoga or meditation, art, exercise or anything that will lift your spirits.
- * Take time to worship.
- * Pay attention to your inner feelings.
- * Take at least 15 minutes out for yourself a day.



The Symbolism of Rosemary is Remembrance

Federal Health Observances for January:

- National Birth Defects Prevention Month
- National Eye Care Month
- National Glaucoma Awareness Month
- Cervical Health Awareness Month
- Healthy Weight Week



NOTES:

January

SUN	MON	TUE	WED	THU	FRI	SAT
"Nature has been for me, for as long as I can remember, a source of solace, inspiration, adventure, and delight; a home, a teacher, a companion." — Lorraine Anderson (American writer, editor)		1 <i>New Year's Day</i>	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 <i>Martin Luther King Jr. Day</i>	22	23	24	25	26
27	28	29	30	31		

Women living long, living well...

with a healthy heart and blood circulation

Heart disease or stroke will affect many women in their lifetime — 1 of every 10 women ages 45-64 and 1 of every 4 over age 65. It sounds scary, but heart disease is the leading killer of American women. Well, here's a brighter way of looking at this news: you can make a New Year's resolution to nurture your heart and blood vessels to reduce your risk of these conditions! Taking simple, daily steps to ensure your heart and blood vessels are healthy and strong will improve your health now and for years to come!

Heart Disease and Stroke

Both heart disease and stroke are *cardiovascular diseases* — disorders of the heart and blood vessel system. Coronary heart disease is a disease of the blood vessels of the heart, known as "coronary arteries." Coronary heart disease causes chest pain (angina) and heart attacks. When too little blood flows to the heart, angina results. When the blood flow is critically reduced, a heart attack occurs.

A stroke, also called a "brain attack," is caused by a lack of blood flow to the brain or, in some cases, bleeding in the brain. Blood flow can be blocked or interrupted because of blood clots or when a blood vessel breaks. Without enough blood, the cells in the brain do not get enough oxygen and begin to die, which causes the brain to lose control of certain functions. Speech, writing, balance, sensation, memory, thinking, attention, and learning are some of the areas that can be affected. Stroke also can cause weakness or paralysis on one side of the body. A transient ischemic

attack (TIA) can be described as a "mini stroke," but should not be taken lightly. A TIA does not cause damage to the brain, but it is a serious "brain attack" which puts you at higher risk of having a full stroke.

Know the Most Common Warning Signs of Heart Attack:

If you have these symptoms, call 911 right away! **Every minute counts, even if the symptoms seem to disappear!**

- * Uncomfortable pressure, fullness, squeezing, or burning pain in the center of the chest that either lasts more than a few minutes, or goes away and then comes back.
- * Pain that spreads to the shoulders, neck, or arms.
- * Chest discomfort along with light-headedness, fainting, sweating, nausea or shortness of breath.



*Know the Other Signs of
Heart Attack (which can be
more common in women):**

If you have these symptoms, call 911 right away! **Every minute counts, even if the symptoms seem to disappear!**

- * Unusual chest pain, stomach or abdominal pain.
- * Nausea or dizziness (without chest pain).
- * Shortness of breath with difficulty breathing.
- * Unexplained anxiety, weakness or extreme fatigue.
- * Palpitations, cold sweat or paleness.

*Not all the warning signs occur in every attack. Sometimes they go away and return. Treatments are most effective if given within one hour of when the attack begins!

*Know the Warning
Signs of Stroke:*

If you have these symptoms, call 911 right away! **Every minute counts, even if the symptoms seem to disappear!**

- * Sudden numbness or weakness of face, arm, or leg, especially on one side of the body.
- * Sudden confusion or trouble speaking or understanding speech.
- * Sudden trouble seeing in one or both eyes.
- * Sudden trouble walking, dizziness, or loss of balance or coordination.
- * Sudden severe headache with no known cause.
- * Blurred or double vision, drowsiness, and nausea or vomiting.

High Blood Pressure

Another type of cardiovascular disease is high blood pressure (hypertension), which means the blood vessels become tight and constricted, forcing your heart to pump harder to move blood through your body. These changes cause the blood to press on the vessel walls with greater force. Symptoms of high blood pressure include sweating, palpitations, headaches and dizziness. High blood pressure causes three of every five cases of heart failure in women, and can also lead to stroke, kidney failure, and other

health problems. More than half of all women over age 55 suffer from this serious condition; it is more common and more severe in African American women.

Fortunately, there are ways to measure high blood pressure, and *antihypertensive* medications can be prescribed to lower it. Blood pressure is recorded as two numbers: a top number (systolic pressure), or the pressure of blood in the vessels

Continued on next page

Continued from "High Blood Pressure"

as the heart beats; and a bottom number (diastolic pressure), or the pressure of the blood between heart beats. Consult your health care provider to discuss what blood pressure reading is appropriate for you.

Many older people develop a form of high blood pressure called "isolated systolic hypertension (ISH)," which occurs when the top number is high but the bottom number is normal. During pregnancy, some women develop high blood pressure for the first time, or it worsens.

Blood Pressure Categories in Women*

(18 years and older, not taking antihypertensive drugs, and not acutely ill)

CATEGORY	SYSTOLIC		DIASTOLIC
Optimal	<120	and	<80
Normal	<130	and	<85
High-normal	130-139	or	85-89
Hypertension			
Stage 1	140-159	or	90-96
Stage 2	160-179	or	100-109
Stage 3	180+	or	110+

*Blood pressure levels are measured in millimeters of mercury (mm Hg), and reflect how high the pressure in your arteries is able to raise a column of mercury.

Blood Cholesterol

Cholesterol is a waxy substance found in all parts of your body. It helps make cell membranes, some hormones, and vitamin D. Cholesterol comes from two sources: your body and the food you eat. Your liver makes all the cholesterol your body needs. Eating too much cholesterol in animal foods like meats, whole milk dairy products, egg yolks, poultry, and fish can make your cholesterol go up.

Continued from "Blood Cholesterol"

Cholesterol can build up on the walls of the arteries that carry blood to your heart, slowing down or blocking the flow of blood and oxygen to your heart. Like high blood pressure, high blood cholesterol is another important risk factor for heart disease that you can help.

Cholesterol travels through the blood in packages called lipoproteins. Low density lipoprotein (LDL) which carries cholesterol to the blood is often called "bad cholesterol," since too much LDL can lead to buildup and blockage in the arteries. Another type of cholesterol, high density lipoprotein (HDL), is known as "good cholesterol" because it helps remove "bad cholesterol" (LDL) from the blood by keeping it from building up in the arteries. The lower the HDL level, the higher the heart disease risk. Being overweight and physically inactive also can raise your level of bad cholesterol and lower your level of good cholesterol. Your genes also affect how your body makes and handles cholesterol.

From the time women turn 20 years old, their blood cholesterol levels start to rise. From age 40, they rise sharply and increase until about age 60. All women age 20 and over should have their blood cholesterol checked at least once every five years.

Blood Cholesterol Levels for Women without Heart Disease*

	TOTAL CHOLESTEROL
Desirable	Less than 200mg/dL
Borderline-High	200-239mg/dL
High	240mg/dL and above

HDL: An HDL level under 40 is a major risk factor for heart disease, while an HDL level of 60 or above is protective of the heart.

*Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

Blood Cholesterol Levels for
Women without Heart Disease*

LDL CHOLESTEROL LEVEL	LDL CHOLESTEROL CATEGORY
Less than 100mg/dL	Optimal
100-129mg/dL	Near optimal/above optimal
130-159mg/dL	Borderline high
160-189mg/dL	High
190mg/dL and above	Very high

*Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

How to Nurture your Heart and Blood Vessels:

- * Quit smoking. Smokers are two to six times more likely to suffer a heart attack than nonsmokers. Smoking also boosts the risk of stroke.
- * Control your blood pressure. Cut down on salt and alcohol. Eat more fruits and vegetables, and low fat or nonfat dairy products that supply plenty of potassium, magnesium, fiber, and calcium.
- * Control your blood cholesterol. Get it checked at least once every five years.
- * Control your weight. Eat a diet rich in fruits, vegetables, and grains and low in saturated fat and cholesterol. Avoid fad diets and diet pills.
- * If you have diabetes, monitor and control your blood sugar levels.
- * Talk with your health care provider about your heart disease risks and your family's heart disease history.
- * Talk with your health care provider about whether hormone replacement therapy (HRT) is right for you.
- * If you smoke and take oral contraceptives, you are at higher risk for blood clotting, which can lead to heart attack and stroke.
- * Talk with your health care provider about whether oral contraceptives (birth control pills) are right for you. If you have had blood clots, a heart attack, stroke, or another kind of heart disease, oral contraceptives may not be a safe choice.
- * If you are over 50, talk with your health care provider about aspirin therapy.
- * Manage your heart disease, if you have it. Your doctor can treat your heart disease with medication to help prevent the formation of blood clots.
- * If you have ever had a "mini stroke", or if you have risk factors for stroke, notify your health care provider.
- * Reduce your stress level.
- * Exercise. Just thirty minutes a day helps!

For more information on living with a healthy heart and blood circulation, check out the following resources:

Act in Time to Heart Attack Signs Education Campaign, National Heart, Lung, and Blood Institute

Phone: 800-575-WELL
Internet: www.nhlbi.nih.gov/actintime/index.htm

Women: Warning! It could be a Heart Attack!

Internet: www.4woman.gov/owh/pub/factsheets/911day.htm

American Heart Association

Phone: 888-MY-HEART or 800-AHA-USA1
Internet: www.women.americanheart.org

American Society of Echocardiography

Internet: www.asecho.org

National Cholesterol Education Program

Phone: 800-575-WELL
Internet: www.nhlbi.nih.gov/about/ncep

National Institute of Neurological Disorders and Stroke

Phone: 301-496-5751
Internet: www.ninds.nih.gov

Agency for Healthcare Research and Quality

Internet: www.ahrq.gov/clinic/prevenix.htm

National Stroke Association

Phone: 800-STROKES
Internet: www.stroke.org

For Your Heart

Internet: www.4woman.gov/hhs/

Publications:

Controlling High Blood Pressure: A Woman's Guide

Internet: www.nhlbi.nih.gov/health/public/heart/hbp/hbp_wmn.htm

The Healthy Heart Handbook for Women

Internet: www.nhlbi.nih.gov/health/public/heart/other/hhw/hdbk_wmn.pdf



*** QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER:**



January

TUE

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New Year's Day

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January

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January

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Martin Luther King Jr. Day

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January

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Notes

February Health Activities and Observances

From the **Pick Your Path to Health Campaign** (described on page 5 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

February – Physical Activity: Stay Active. Live Longer.

Personal Action Steps:

- * Walk for 10 minutes 3 times a day. Aim for at least 30 minutes most days.
- * Take the stairs instead of the elevator.
- * Find a walking partner.
- * Play sports with your children.



The Symbolism of a Rose is Love

Federal Health Observances for February:

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



February is African American History Month

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

- * Diabetes is 60% more common in African American women than in Caucasian women.
- * High blood pressure is more common in African American women than in Caucasian women, and it can lead to stroke or heart problems.
- * Obesity affects more than half of all adult African American women.
- * African American women have the highest death rates from heart disease and stroke of all American women.
- * Kidney disease is more common in African American women than in Caucasian women.
- * Arthritis affects more African American women than Caucasian women.
- * HIV/AIDS is a leading killer of young African American women.
- * Lupus is an autoimmune disease that is more than twice as common in African American women than in Caucasian women.
- * Breast cancer is more likely to lead to death in African American women than in Caucasian women.
- * Maternal and infant mortality are both much higher in African American women than the national average.
- * In a national survey, 67 percent of African American women reported that they participated in little or no leisure time physical activity.

February

SUN	MON	TUE	WED	THU	FRI	SAT
"Nature's music is never over; her silences are pauses, not conclusions." — Mary Webb (English writer, poet)					1	2 <i>Groundhog Day</i>
3	4	5	6	7	8	9
10	11	12 <i>Lincoln's Birthday</i>	13 <i>Ash Wednesday</i>	14 <i>Valentine's Day</i>	15	16
17	18 <i>Presidents' Day</i>	19	20	21	22 <i>Washington's Birthday</i>	23
24	25	26	27	28		

Women living long, living well...

with healthy bones

Like the strong, but supple, branches of the willow that endure the seasons for decades, a woman's bones also need to be strong to thrive as she gracefully ages. Having strong, healthy bones allows you to live more actively and productively! It is never too late to start nurturing your bones since you naturally begin to lose bone mass around age 30. Stop your bones from becoming weak, brittle, and more likely to break, a condition called *osteoporosis*. Osteoporosis can strike at any age, and you might not even know you are at risk or have it until you break a bone! Over half of all women over the age of 65 have osteoporosis, and many become so disabled that they lose their independence. Women are four times more likely than men to develop the disease because of the loss of estrogen at menopause. Fortunately for us, and for the people who rely on us, osteoporosis is usually preventable!

Risk Factors for Osteoporosis

A combination of factors, not all of which you can control, can increase your chances of developing osteoporosis. These include:

- * being female
- * a small, thin body frame
- * a family history of the disease
- * postmenopausal status or advanced age
- * Caucasian or Asian race (however women of all races are at significant risk)
- * abnormal absence of menstrual periods
- * anorexia nervosa or bulimia
- * diet low in calcium and vitamin D
- * inactive lifestyle
- * long-term use of glucocorticoids (medications prescribed for many diseases like arthritis, asthma, and lupus), anti-seizure medications, gonadotropin releasing hormone, aluminum-containing antacids, certain cancer treatments, and excessive thyroid hormone
- * cigarette smoking
- * excessive use of alcohol, and high salt, protein, and caffeine intake

Some women lose bone density during breastfeeding, but most women recover full bone density within six months after weaning.

Screening for Osteoporosis

A complete screening for osteoporosis includes a family medical history and bone mass measurements to see if the bones are still dense. Routine x-rays can't detect osteoporosis until it's quite advanced, but other tests can. There are several kinds of devices used to estimate bone density. Most require far less radiation than a chest x-ray. Different parts of the skeleton may be measured, and low density at any site is worrisome. Bone density tests can confirm osteoporosis if a person has already had a suspicious fracture, or detect low bone density so that preventive steps can be taken.

Get Enough Calcium

Calcium is necessary for strong bones throughout life. Recommendations for the optimal levels of calcium for women in different stages of life vary slightly. Based upon the most recent recommendations from the National Academy of Sciences (1997) on optimal daily calcium intake, the following amounts are recommended for these different age groups:

Ages	mg/day
9-18	1300
19-50	1000
51 and older	1200*
Pregnant or Nursing, Ages:	
18 and younger	1300
19-50	1000

*NOTE: The National Institutes of Health 1994 Consensus Conference supports a higher calcium intake of 1,500 milligrams (mg) a day for postmenopausal women not taking estrogen and adults 65 years or older.

These guidelines are based on calcium received through diet and through calcium supplements. Calcium intake up to 2,000 mg/day appears to be safe in most people. It's also important to get enough vitamin D so your body can best absorb the calcium. Most people receive enough vitamin D through sunlight. However, you can also get vitamin D from supplements, and from cereal and milk fortified with vitamin D. If vitamin D supplements are necessary, no more than 800 International Units (IU) mg/day is recommended.

Dairy products are the best source of calcium and do not have to be high in fat. Use 1 percent or skim milk instead of whole milk or cream, and choose from lower fat or fat-free cheeses, yogurts, frozen yogurts, and ice cream substitutes. Besides dairy products, include in your diet a variety of other high-calcium foods that are low in fat, such as salmon, tofu (only if made with calcium sulfate), and dark green leafy vegetables, like broccoli and collards.



Lactose Intolerance

Calcium is important to prevent osteoporosis, but if you are lactose intolerant, you know it can be a challenge to get enough calcium. Lactose intolerance means the body is not able to easily digest foods that contain lactose, or the natural sugar that is found in dairy products. Gas, bloating, stomach cramps, diarrhea, and nausea are among the symptoms we wish could be avoided.

Well, they can! You can reach your calcium requirements by eating foods fortified with calcium, like certain cereals and orange juice, and by taking calcium supplements. Since there are several types of calcium supplements available, you should discuss the choice of supplements with your health care provider. Better yet, there also are lactose-reduced and lactose-free products sold in grocery stores. There's a great variety, including lactose-free milk (1% fat, 2% fat, skim, 70% lactose-reduced, 100% lactose-reduced), cheese, and ice cream. You also can take special tablets or liquids prior to eating to help you better digest dairy products.

Please note: If you have symptoms of lactose intolerance, ask your doctor to diagnose you since these symptoms also could be a sign of a different, or more serious, illness. Also, some people have *lactose maldigestion*, or are sensitive to lactose, but can digest small amounts of dairy products without having symptoms.



Treatments for Osteoporosis

If you are developing osteoporosis, you can prevent future bone fractures by changing your lifestyle and getting medical treatment. A calcium-rich diet, daily exercise, and drug therapy all are treatment options. Also, having good posture and taking practical steps in your home to help prevent falls are important to reduce your chances of being injured or disabled.

There are a variety of drugs available to help preserve or increase bone mass, and maintain your bone quality to reduce the risk of fractures.

The current approved drugs for the treatment or prevention of osteoporosis include:

- * Estrogen—Estrogen Replacement Therapy (ERT) or Hormone Replacement Therapy (HRT) which also helps symptoms of menopause.
- * Alendronate (Fosamax®)—Used to treat bone loss from the long-term use of osteoporosis-causing medications and is used for osteoporosis in men.
- * Risedronate (Actonel®)—Similar to Alendronate.
- * Calcitonin (Miacalcin®)—Can be injected or taken as a nasal spray. May also ease pain associated with bone fractures.
- * Raloxifene (Evista®)—Has many estrogen-like properties. Can decrease the rate of vertebral fractures by 30-50%.

Other new treatments are being studied. Talk with your doctor about the risks and benefits of these treatment options.

The National Bone Health Campaign

The Office on Women's Health, in partnership with the Centers for Disease Control and Prevention (CDC) and the National Osteoporosis Foundation, is sponsoring the National Bone Health Campaign, "Powerful Bones. Powerful Girls." to promote optimal bone health with behaviors that begin at age 9, in order to reduce the risk of osteoporosis later in life. The goal is to educate and encourage girls to establish lifelong healthy habits, especially increased calcium

consumption and physical activity to build and maintain strong bones. "Powerful Bones, Powerful Girls" also targets adults who influence young women, such as parents, teachers, coaches, youth group leaders, and health care professionals. Various federal, state, and local government allies, nonprofit organizations, and for-profit entities have agreed to incorporate bone health messages and activities into their existing programs and share lessons learned.

How to Nurture Your Bones:

- * Eat foods rich in calcium and vitamin D, such as low-fat milk, yogurt, cheese, fish with edible bones like salmon, sardines, and dark, green leafy vegetables, like kale and broccoli.
- * Consider calcium supplements. Discuss the choice of supplements with your health care provider first.
- * Limit alcoholic beverages, high salt, protein, and caffeine intake.
- * Don't smoke.
- * Do weight-bearing exercise, such as walking, jogging, hiking, playing tennis, and stair climbing. Exercise builds bone and muscle strength, helps prevent bone loss, and improves coordination to prevent falls. It also helps older people stay active and mobile. Always check with your doctor before starting an exercise program.
- * Consider hormone replacement therapy (HRT) if you are postmenopausal. Discuss with your health care provider the risks and benefits of this therapy and if it is right for you.

For more information on living with healthy bones, check out the following resources:

National Bone Health Campaign

Internet: www.cdc.gov/powerfulbones/

National Institute on Aging Information Center

Phone: 800-222-2225

Internet: www.nia.nih.gov

National Osteoporosis Foundation

Phone: 800-223-9994

Internet: www.nof.org

Osteoporosis and Related Bone Diseases National Resource Center

Phone: 800-624-BONE

Internet: www.osteoporosis.org

Women living long, living well...

with breast cancer early detection

Breast cancer scares all of us. Everyone seems to know a woman who's been affected by this disease. In the United States, a woman is diagnosed with breast cancer every 3 minutes. It is the most common type of cancer among women in this country (except for skin cancers). What's more frightening is that most women who develop breast cancer have no special risk factors for the disease. So, the best way to nurture your breast health is to have a healthy lifestyle and do everything possible to detect cancer early. When breast cancer is detected earlier, it can be easier to treat, often successfully.

Breast Changes

Your breasts change each month from the time you start having a menstrual period until after menopause. Each woman's breasts are different, and changes may occur because of aging, the menstrual cycle, pregnancy, menopause, or taking birth control pills or other hormones. At different times, your breasts may swell or become tender. You may develop lumps, pain, or discharge from the nipple. Generally, these changes disappear after menopause, and they may be less common if you take birth control pills or are overweight. You also may develop an infection in the breast, called *mastitis*. This is most common in women who are breastfeeding.

If you develop a lump, pain, discharge, swelling, or other changes in your breast, call your health care provider. Most lumps and changes are not due to cancer, but it is best to be safe.

Changes women should watch for:

Early breast cancer does not cause pain. **However, when the cancer grows, it can cause changes that women should watch for:**

- * a lump or thickening in or near the breast or in the underarm area
- * a change in the size or shape of the breast
- * nipple discharge or tenderness, or the nipple pulled back (inverted) into the breast
- * ridges or pitting of the breast (the skin looks like the skin of an orange)
- * a change in the way the skin of the breast, areola (the dark area around the nipple), or the nipple looks or feels, such as warm, swollen, red, or scaly



Risk Factors

All women are at risk for developing breast cancer, especially women over the age of 60. Because there is no known cause, prevention is very difficult. Scientists have identified certain risk factors, however, some you can control and others you cannot.

Your risk of getting breast cancer appears to be higher if you have:

- * a close relative who had breast cancer, especially at a relatively young age – it is important to remember, however, that 75% of women with breast cancer have no family history
- * dense breasts (this can make accurate mammograms more difficult)
- * a condition called *atypical hyperplasia* or *lobular carcinoma in situ*
- * had radiation therapy (ionizing radiation)

There are some risk factors that could be linked to the amount of time you have had higher levels of estrogen in your body, including:

- * having your first child after 30
- * never being pregnant
- * began menstruating at a young age
- * experienced menopause at a later age than most women
- * having a sedentary lifestyle (women who exercise regularly have a lower risk since estrogen is stored in fat cells)
- * being a heavy drinker (alcohol might increase estrogen levels)

In recent years, there have been many studies to determine if certain environmental exposures (electromagnetic fields, pesticides, and air and water pollution) put women at greater risk. So far, scientists have not been able to find a definitive link between these exposures and breast cancer. The best advice for lowering your risk of breast cancer is to exercise regularly, drink only moderately, if at all, and of course, eat a healthy, balanced diet.

Performing Breast Self-Exam (BSE)

It is important to learn how to correctly perform an exam of your own breasts *every month*. It's easy to do, and the more you do it, the better you get at it. When you know how your breast normally feels, you will be able to feel any changes. The best time to examine your breasts is right after your period, when they are not tender or swollen. If you do not have regular periods or sometimes skip a month, do it on the same day of every month.

In six easy steps, here's how the American Cancer Society instructs you to do a BSE:

1. Lie down and put a pillow under your right shoulder. Place your right arm behind your head.
2. Use the finger pads of your three middle fingers on your left hand to feel for lumps or thickening in your right breast. Your finger pads are the top third of each finger.
3. Press firmly enough to know how your breast feels. If you're not sure how hard to press, ask your health care provider, or try to copy the way your health care provider uses the finger pads during a breast exam. Learn what your breast feels like most of the time. A firm ridge in the lower curve of each breast is normal.
4. Move around the breast in a set way. **You can choose either the circle (A), the up and down (B), or the wedge (C).** Do it the same way each month. It will help you to make sure that you've gone over the entire breast area, and to remember how your breast feels.
5. Now examine your left breast using the right hand finger pads.
6. Repeat the examination of both breasts while standing, with one arm behind your head. The upright position makes it easier to check the upper and outer parts of the breasts (toward your armpit). You may want to do the standing part of the BSE while you are in the shower. Some breast changes can be felt more easily when your skin is wet and soapy.



A.



B.



C.

For added safety, you can also check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your BSE each month. Remember that BSE is not the only test for early detection of breast cancer. Mammography and clinical breast exam (CBE) by a health professional are more sensitive than BSE for finding small cancers. That is why it is best to do a combination of mammography, CBE, and BSE.

Mammography

A mammogram is an x-ray picture of the breast. It can find breast cancer that is too small for you or your health care provider to feel. Talk with your health care provider about your chances of getting breast cancer, and then decide when you should start having mammograms, and how often to have them. Mammograms are recommended every one to two years at age 40 and older because the chances of getting breast cancer increase with age. Cancer can show up at any time, so one mammogram is not enough. Many women dread having a mammogram, but they really are quick and easy. You simply stand in front of an x-ray machine, and the person taking the x-ray places your breast between two plastic plates. The plates press your breast and make it somewhat flat. This may

be a little uncomfortable for a few seconds, but it helps get a clear picture. You will have x-rays taken of each breast.

It's important to make sure you get a good quality mammogram. Only have a mammogram at a facility staffed by well-qualified medical personnel (doctors who are experienced in reading mammograms and technicians who have special training) and that has x-ray machines designed only for mammography, not used for something else. Your facility should be certified by the Food and Drug Administration (FDA). Look for the FDA certificate displayed on the wall. **To locate a certified facility in your area, call the American Cancer Society (800-ACS-2345) or the National Cancer Institute (800-4-CANCER).**

How to Nurture Your Breast Health:

- * Do a monthly breast self-exam. Most breast lumps are found by women themselves or by their partners. Check for lumps or other changes in your breasts and in your underarm area.
- * Get a yearly breast exam by a health care provider.
- * Exercise regularly.
- * If you drink alcohol, only do so in moderation.
- * Eat a healthy, balanced diet.
- * Discuss your family's health history and your personal risk factors for breast cancer with your health care provider. If you are considering hormone replacement therapy (HRT), discuss your risk of developing breast cancer with your doctor. **(For more information on the risks and benefits of HRT, see the chapter on Menopause.)**
- * Get a mammogram every one or two years after age 40, yearly after age 50, or as recommended by your health care provider.

February



**Powerful Girls Have
Powerful Bones.**
Learn how to build strong bones!

 **Powerful Bones. Powerful Girls.**
THE NATIONAL BONE HEALTH CAMPAIGN™

www.cdc.gov/powerfulbones

FRI

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Groundhog Day

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February

MON

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TUE

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Lincoln's Birthday

WED

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Ash Wednesday

THU

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Valentine's Day

FRI

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SAT

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SUN

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February

MON

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Presidents' Day

TUE

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WED

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FRI

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Washington's Birthday

SAT

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SUN

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February

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WED

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Notes

March Health Activities and Observances

From the **Pick Your Path to Health Campaign** (described on page 5 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

*March – Overweight and Obesity:
Aim for a healthy weight.*

Personal Action Steps:

- * Eat 5 servings of fruits and veggies a day!
- * Say no to desserts this month.
- * Read the labels – know what is in the food you are eating.
- * Switch to whole grain breads.



The Symbolism of Anjelica is Inspiration

NOTES:

Federal Health Observances for March:

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



March

SUN	MON	TUE	WED	THU	FRI	SAT
<p>"Suddenly a mist of green on the trees, as quiet as thought."</p> <p>— Dorothy Richardson (American writer, journalist)</p>					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
<i>St. Patrick's Day</i>			<i>Spring begins</i>			
24 / 31	25	26	27	28	29	30
<i>Palm Sunday (24) Easter (31)</i>			<i>Passover begins at sundown</i>	<i>Passover</i>	<i>Good Friday</i>	

Women living long, living well...

with healthy lungs

Healthy lungs enable our bodies to get all of the oxygen they need to thrive. It is important to learn about the things that can harm your lungs, so you can avoid harmful behaviors and exposures, and take control of your lung health.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a term used to describe two closely related lung diseases, *emphysema* and *chronic bronchitis*. Frequently, people have emphysema and chronic bronchitis together. Although COPD is more common in men than women, the greatest increase in the COPD death rate between 1979 and 1989 occurred in females. This reflects the increased number of women who smoke cigarettes. Almost 80 to 90 percent of COPD cases are caused by smoking. Other known causes are frequent lung infections and exposure to certain industrial pollutants, such as asbestos.

Chronic bronchitis is an inflammation and eventual scarring of the lining of the bronchial tubes. Women tend to have higher rates of chronic bronchitis than males, and cigarette smoking is the primary cause. Symptoms include chronic cough, increased mucus, frequent clearing of the throat and shortness of breath.

Emphysema causes the walls between the air sacs within the lungs to lose their ability to stretch and recoil. They become weakened and break. Elasticity of the lung tissue is lost, causing air to be trapped in the air sacs and harming the exchange of oxygen and carbon dioxide. Also, the support of the airways is lost, allowing for obstruction of airflow. Forty-three percent of emphysema sufferers are female. The number of women with emphysema is increasing, in large part because more women are smoking.

Symptoms of emphysema include cough, shortness of breath and a limited ability to exercise. Emphysema is diagnosed through pulmonary function tests, along with the patient's history, examination, and other tests. One type of emphysema called *alpha1 antitrypsin deficiency-related (AAT) emphysema*, which accounts for 5% of emphysema cases in the United States, is caused by the inherited deficiency of a protein (AAT) that is a "lung protector." AAT mostly affects people of northern European descent.

COPD Treatment

As COPD progresses, it is increasingly debilitating. At the very least, it causes shortness of breath that can require oxygen through a mechanical respirator. Depending on the severity of the disease, treatments can include bronchodilators, which open up air passages in the lungs; antibiotics; and exercise to strengthen muscles. People affected by chronic bronchitis can help manage their condition by eating well, doing regular exercise, and avoiding smoking and other pollutants. People with COPD also can undergo pulmonary rehabilitation, a program to help them cope physically, psychologically, and socially with COPD. Many COPD sufferers also are having lung transplants. Lung volume reduction surgery also shows promise as a treatment.

Lung Cancer

In 1987, lung cancer surpassed breast cancer as the leading cause of cancer deaths among American women. Fortunately, you don't have to be part of this statistic if you take charge of your lung health! Try to eliminate or control the following risk factors for developing lung cancer.

Causes

Cigarettes: The primary risk factor for developing lung cancer is smoking, so the best way to prevent lung cancer is to quit, or never start. The sooner a person quits smoking the better! Even if you have been smoking for many years, it's never too late to benefit from quitting. Tobacco contains harmful substances, called *carcinogens*, which damage the cells in the lungs. Over time, the damaged cells may become cancerous. The likelihood that a smoker will develop lung cancer depends on the age she began smoking, how long she has smoked, the number of cigarettes smoked per day, and how deeply she inhales. For more information on how to quit smoking,

read the NWHIC's *A Breath of Fresh Air!* special section at: www.4woman.gov/Quitsmoking/index.cfm or click on the home page *Breath of Fresh Air* banner.

Environmental Tobacco Smoke: The chance of developing lung cancer is increased by exposure to environmental tobacco smoke or secondhand smoke—the smoke in the air when someone else smokes. This is called involuntary or passive smoking.

Cigars and Pipes: Despite their popularity and the myth that they are harmless, smoking cigars and pipes increases the risk of lung cancer. Like cigarettes, the number of years a person smokes, the number of pipes or cigars smoked per day, and how deeply the person inhales all affect the risk. Even cigar and pipe smokers who do not inhale are at increased risk for lung, mouth, and other types of cancer.

Radon: Radon is an invisible, odorless, and tasteless radioactive gas that occurs naturally in soil and rocks. It can cause damage to the lungs that may lead to lung cancer. People who work in mines may be exposed to radon and, in some parts of the country, radon is found in houses. Smoking increases the risk of lung cancer even more if you are exposed to radon.

You can measure radon in your home with an inexpensive kit available at most hardware stores. Once a radon problem is corrected, the hazard is gone for good.

Asbestos: Asbestos is the name of a group of minerals that occur naturally as fibers and are used in certain industries. Asbestos fibers tend to break easily into particles that can float in the air and stick to clothes. When the particles are inhaled, they can lodge in the lungs, damage cells and increase the risk for lung cancer.

Continued on the next page

Continued from "Lung Cancer: Causes"

Asbestos workers in industries like shipbuilding, asbestos mining and manufacturing, insulation work, and brake repair now should be wearing protective clothing. Asbestos workers who also smoke have an even higher risk for lung cancer.

Pollution: Studies show a link between lung cancer and exposure to certain air pollutants, such as by-products of the combustion of diesel and other fossil fuels. However, more research is being done to confirm these findings.

Lung Diseases: Certain lung diseases, such as tuberculosis (TB), increase a person's chance of developing lung cancer. Lung cancer tends to develop in areas of the lung that are scarred from TB.

Signs of Lung Cancer:

Learn to recognize the common symptoms of lung cancer, and see your health care provider if you have any of the following **(these symptoms may be caused by lung cancer or by other conditions)**:

- * a cough that doesn't go away and gets worse over time
- * constant chest pain
- * coughing up blood
- * shortness of breath, wheezing, or hoarseness
- * repeated problems with pneumonia or bronchitis
- * swelling of the neck and face
- * loss of appetite or weight loss
- * unusual fatigue



Diagnosing and Treating Lung Cancer

To help find the cause of symptoms, your health care provider will consider your medical history, smoking history, exposure to substances, and family history of cancer. You also will have a physical exam and maybe a chest x-ray and other tests. If lung cancer is suspected, the cells in a deep-cough sample of mucus in your lungs will need to be tested. To confirm lung cancer, the tissue from the lung must be examined too. If this is necessary, your doctor will talk with you about possible ways to collect this tissue. As with other types of cancer, lung cancer can be treated in various ways, including with surgery, radiation, and chemotherapy. If you are diagnosed with lung cancer, your doctor will talk with you about treatments that are best for you and the type of cancer you have.

For more information on COPD and lung cancer, check out the following resources:

National Heart, Lung, and Blood Institute Information Center

Phone: 301-592-8573

Internet: www.nhlbi.nih.gov

Cancer Information Service

Phone: 800-422-6237, 800-332-8615 (TDD)

Internet: www.cis.nci.nih.gov

American Lung Association

Phone: 800-586-4872

Internet: www.lungusa.org

Asthma

Asthma is a disease of the lung airways. With asthma, the airways are inflamed (swollen) and react easily to certain “triggers,” like viruses, smoke, dust, mold, animal hair, roaches, or pollen. When the inflamed airways react, they get narrow and make it hard to breathe. Common asthma symptoms are wheezing, coughing, shortness of breath, and chest tightness. When these symptoms get worse, it’s an asthma attack. More than 17 million people in the United States have asthma, and of these, 5 million are children. Although asthma is a condition that affects all races, the hospitalization and death rates are three times the amount for blacks than they are for whites. More women than ever before are dying from asthma because more women have taken up smoking in the last 20 years.

If you have episodes of coughing, wheezing, shortness of breath, or chest tightness, have a complete check-up with your health care provider to find out what the problem is. You may undergo several tests, such as:

- * spirometry – measures how open your airways are
- * chest x-ray – to see the condition of your lungs
- * electrocardiogram – to see if heart disease is causing your symptoms

Allergies

Allergies are a response by the body’s immune system to “allergens” or things we eat, breathe, or touch. Examples include pollen, foods (shellfish, peanuts, tree nuts, fish, eggs, and milk), rubber latex, insect bites, or some drugs. Nearly 50 million Americans suffer from allergies. Types of allergic reactions include hay fever, dermatitis, asthma, and anaphylactic shock (a life-threatening swelling of the throat and airways). Allergies may range from mild to

Controlling Asthma:

Asthma cannot be cured, so taking care of your asthma must become part of your life. **The good news is that there are several things you can do to control your asthma:**

- * You may be given medications that open your airways and treat inflammation.
- * Talk openly with your health care provider about any other medication you take. If you take medicine you must inhale, ask your health care provider if you are doing it right.
- * Stay away from things that trigger your asthma and make it worse, like tobacco smoke, pollens, animals, dust, mold, roaches, air pollution, and viruses.
- * See your health care provider at least every 6 months to monitor your health and treatment plan.



quite severe. Treatment may include reducing exposure to these allergens, medications to reduce symptoms and inflammation, or a series of allergy shots to weaken the allergic response to specific allergens. For people with true food allergies, it is extremely important to identify them and prevent allergic reactions to food because these reactions can cause devastating illness and, in some cases, be fatal.

For more information on asthma and allergies, check out the following resources:

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

Phone: 301-592-8573
Internet: www.nhlbi.nih.gov

**National Institute of Allergy
and Infectious Diseases**

Phone: 301-496-5717
Internet: www.niaid.nih.gov/

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

Phone: 800-822-ASMA (822-2762)
Internet: <http://aaaai.org>

**National Asthma Education and Prevention
Program (NHLBI Health Info. Center)**

Phone: 301-592-8573
Internet: <http://rover.nhlbi.nih.gov/about/naepp>

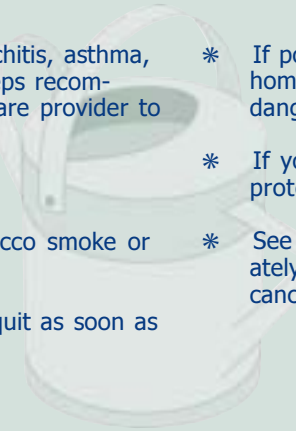
Pollen Count Information Line

Phone: 800-9-POLLEN (976-5536)
Internet: <http://zyrtec.com>

Food Allergy and Anaphylaxis Network

Phone: 800-929-4040
Internet: www.foodallergy.org

How to Nurture Your Lungs:

- 
- * If you have chronic bronchitis, asthma, or allergies, follow the steps recommended by your health care provider to manage your condition.
 - * Exercise regularly.
 - * Avoid environmental tobacco smoke or other pollutants.
 - * Don't smoke. If you do, quit as soon as possible.
 - * If possible, do a radon test in your home to make sure there are no dangerous levels.
 - * If you work around asbestos, wear protective clothing.
 - * See your health care provider immediately if you have any symptoms of lung cancer or other lung conditions.



March



FRI

1

SAT

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SUN

3

March

MON

4

TUE

5

WED

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THU

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FRI

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SAT

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SUN

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March

MON

11

TUE

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WED

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THU

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FRI

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SAT

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SUN

17

St. Patrick's Day

March

MON

18

TUE

19

WED

20

Spring begins

THU

21

FRI

22

SAT

23

SUN

24

Palm Sunday



March

MON

25

TUE

26

WED

27

Passover begins at sundown

THU

28

Passover

FRI

29

Good Friday

SAT

30

SUN

31

Easter

April

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7 <i>Daylight Saving time begins</i>	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	"Spring never comes abruptly; it makes promises in a longer twilight or a day of warmer sunshine, and then takes them back in a dark week of storm." — Bertha Damon (American writer)			

Women living long, living well...

with a healthy pregnancy

Congratulations! You're really branching out now! You're pregnant! Pregnancy is a thrilling and unique time that can also be a little scary. Having a baby means so much more than just carrying around some extra weight for the next nine months. That new life growing inside you will depend on you to make good choices about your health. Learning all you can about how to nurture yourself and your baby during pregnancy is the first step towards making you both blossom into vibrant, healthy people.

Pre-Conception Visit

Testing

Choosing to create a new life and becoming a mother is a big decision. You may want to start your planning with a pre-conception visit to your health care provider, especially recommended for women over 30. You can discuss in advance any nutritional needs or health concerns you may have before becoming pregnant. If you are taking a prescription medication, ask your health care provider if it's safe to keep taking it during pregnancy. If you have diabetes, high blood pressure, or other chronic conditions, talk with your health care provider about being your healthiest before pregnancy and lowering the risk of complications. Also, know your family history and share it with your health care provider.

Immunizations

Make sure you've had all of your immunizations, especially for Rubella (German measles). If you haven't had chickenpox or Rubella, make sure you are vaccinated at least 3 months before becoming pregnant. You also may want to be screened for Hepatitis B, any sexually transmitted disease (STD), or toxoplasmosis since these can harm your baby.

You can get genetic counseling before pregnancy, and possibly be tested for certain conditions, such as:

- * **Tay-Sachs disease** – causes fatal brain damage in babies, primarily affects people of Eastern-European Jewish ancestry
- * **Sickle-cell anemia** – a blood disorder that mainly affects African Americans
- * **Thalassemia** – a blood disorder that primarily affects people of Asian or Mediterranean descent



Planning Pregnancy

While planning your pregnancy, you may choose natural planning methods such as the ovulation method (based on the time of ovulation) or the symptothermal method (based on your daily temperature). If you have been trying to get pregnant for one year, it might be time to consider treatments for infertility. There are several tests you can take to find out the cause of infertility. Your health care provider can tell you if you or your partner should be treated. There are more than 2 million married couples in the U.S. experiencing infertility, and about nine million have used infertility treatments. Treatments range from drugs to surgery, or even more complicated procedures.

Folic Acid

Prior to pregnancy, you should ensure you consume at least .4 mg (400 micrograms) of folic acid every day to reduce the risk of certain birth defects. The March of Dimes suggests that all women of childbearing age take a prenatal multivitamin that contains 400 micrograms of folic acid every day and eat a healthy diet. A diet rich in folic acid includes foods like leafy green vegetables, kidney beans, orange juice, other citrus fruits and juices, peanuts, broccoli, asparagus, peas, lentils and whole grain products. When synthetic (manufactured) folic acid is added to certain grain products, including flour, rice, pasta, cornmeal, bread and cereals, these foods are considered "fortified" with folic acid.

Prenatal Care

If you are pregnant, your provider will schedule you for regular check-ups throughout the next nine months to keep your baby healthy and avoid problems with delivery. Become a partner with your health care provider to manage your care. Keep all of your appointments – they all are important. Pregnancy typically lasts 40 weeks, counting from the first day of your last menstrual period. The first "trimester" lasts 12 weeks, the second from 13 to the end of 27 weeks, and the third from 28 to 40 weeks. Your health care provider will probably refer to your pregnancy by the age of the fetus in weeks.



There are various specific tests done during the first trimester, and a few screenings later in the pregnancy. Your health care provider will give you a schedule for visits, tests, and screenings. Some of the common tests include:

- * Glucose screening – This is a blood test for gestational diabetes (a form of diabetes that occurs in pregnancy).
- * Test for Group B Streptococcus infection – This common infection in women causes no symptoms, but if transferred to the baby it can, in rare cases, cause serious infection, and even death. A simple test is performed late in pregnancy. If the test is positive, you will receive antibiotics to ensure the baby is safe at birth.
- * Alpha-fetoprotein screening (AFP) – This blood test measures the levels of a substance called alpha-fetoprotein in the mother’s blood. Abnormal levels can indicate a brain or spinal cord defect, the presence of twins, a miscalculated due date, or an increased risk of Down syndrome.
- * Other blood tests – Your blood will be checked to see if you have anemia (low iron in the blood) or Hepatitis B.
- * Pap test – This will check for any signs of cancer cells in the cervix.
- * Screening for HIV and other STDs – These blood tests are done to lower the risk of passing these diseases, and the health problems associated with them, on to the baby.
- * Ultrasound – This screening is done with equipment that uses high-frequency sound waves to form pictures of the fetus on a computer screen. The test can verify due date; determine causes of bleeding; check the overall health, development, sex, and position of the baby; measure the amniotic fluid; and check the condition of the placenta.
- * Amniocentesis – If necessary, this test is performed between 15 and 20 weeks of pregnancy, and Chorionic Villus Sampling, performed at 10-12 weeks, can indicate chromosomal abnormalities such as Down Syndrome, or genetic disorders such as Tay–Sachs disease, sickle cell disease, cystic fibrosis, and others. It also can detect the baby’s sex and risk of spina bifida (a condition in which the brain or spine don’t develop properly).

Self-Care after the Baby

Having a new baby is an exciting, but sometimes overwhelming, experience. The first few days at home are a time for rest and for getting to know your baby. The first few months will be consumed with eating, sleeping, and caring for the baby. Allow others to help you and don’t be afraid to ask for help.

You probably will have a range of emotions after your baby is born. Because your hormones change and you will have a lack of sleep, you may have anxiety about caring for the baby. You also may feel sad or want to cry. This is normal. Be patient with yourself. This should get better over time. If you are very sad or

Continued from "Self-Care after the Baby"

unable to care for your baby or yourself, contact your health care provider right away. You could have a condition called *post-partum depression*, which is usually treatable.

You will experience many physical changes as well, such as spotting, breast milk coming in, menstrual-like cramping, if you breastfeed, and swelling in your legs and feet. Try to:

- * Drink eight glasses of water a day to help you recover from labor, relieve constipation and, if you breastfeed, ensure your milk supply is plentiful.
- * Consume calcium-rich foods to keep your bones strong and to increase your milk supply. It is helpful to continue taking a daily multivitamin at this time.
- * Talk with your health care provider about the kinds of activity you can perform after giving birth.
- * Ask your health care provider about methods of birth control since you can get pregnant at this time, even if you haven't had a period since giving birth.
- * See your health care provider four to six weeks after the birth. Call right away if you have: excessive vaginal bleeding; fever of 101° or higher; severe abdominal pain; severe headaches or visual changes that do not go away; frequent or burning urination; or severe depression.

Breastfeeding

More than two decades of research show that breast milk is the best or most complete form of nutrition for infants and that it protects infants from a wide array of infectious and noninfectious diseases. Studies suggest that breastfed infants, compared with formula-fed infants, have stronger immune systems to fight infection, resulting in lower rates of chronic childhood diseases, such as diabetes, celiac disease, inflammatory bowel disease, childhood cancer, and allergies and asthma. Breast milk may also enhance brain growth and development in infants. Also, human milk straight from the breast is always sterile, and is never contaminated by polluted water or dirty bottles, which can lead to diarrhea in the infant.

Nursing babies enjoy a sense of security from the warmth and presence of their mothers, especially when there's skin-to-skin contact during feeding. Breastfeeding is also good for you! There are no bottles to sterilize and no formula to buy, measure and mix. It may be easier for you to lose the pounds of pregnancy since nursing uses up extra calories. Breastfeeding also stimulates the uterus to contract back to its original size, reduces post-partum bleeding, and may lower the risk of premenopausal breast cancer and ovarian cancer. If you breastfeed, you must get needed rest; otherwise your body may decrease milk production. Sit down, put your feet up, and relax every few hours to nurse. Build it into your daily schedule.

The Surgeon General's Blueprint for Action on Breastfeeding recommends that babies be breastfed exclusively for the first four to six months of life, preferably 6 months, and ideally through the first year of life. Protection against infection is strongest during the first several months of life for infants who are breastfed

Continued on the next page

Continued from "Breastfeeding"

exclusively. Breastfeeding into the second 6 months of life protects against infection, and longer duration of breastfeeding may provide an even stronger protective effect. The only acceptable alternative to breast milk is infant formula.

You can take some of the following steps to help make breastfeeding a wonderful experience:

1. Get an early start: Try to begin nursing within an hour after delivery if possible, when an infant is awake and the sucking instinct is strong. Even though you won't be producing milk yet, your breasts contain colostrum, a thick, yellowish fluid that contains antibodies to disease.

2. Use proper positioning: The baby's mouth should be wide open. After placing the nipple in the baby's mouth as far back as possible, make sure his or her lips and gums are around the areola and not only on the nipple. This reduces soreness for you.

3. Nurse on demand: Breast milk is more easily digested than formula, and breastfed babies often eat more frequently than bottle-fed babies. Nurse frequently, whenever the baby shows signs of hunger, at least every two hours, and not on any strict schedule. Signs of hunger include increased alertness or activity, mouthing, or rooting (turning head in search for nipple). Crying is a *late* indicator of hunger. Nurse for about 10 to 15 minutes on each breast. In the early weeks after birth, you may have to arouse your baby to nurse if 4 hours have gone by since the last feeding.

4. No supplements: Nursing babies don't need sugar water or formula supplements. These may interfere with their appetite for nursing, which can lead to a diminished milk supply. The more the baby nurses, the more milk the mother will produce.

5. Delay artificial nipples: It's best to wait until your baby gets used to breastfeeding before introducing a pacifier, so that the baby doesn't get confused. Artificial nipples require a different sucking action than real ones. Sucking at a bottle could also confuse some babies in the early days.

6. Air dry: In the first few weeks after birth or until your nipples toughen, try air-drying your nipples after each nursing to prevent them from cracking, which can lead to infection. You can use breast milk, vitamin E oil, or lanolin if you have cracking. Proper positioning at the breast, with the nipple far back in the baby's mouth, can help prevent sore nipples.

7. Watch for infection: If you have fever, irritation, and painful lumps and redness in the breast, you may have a breast infection. Call your health care provider immediately.

8. Expect engorgement: Your breasts can get big, hard and painful for a few days. To relieve this engorgement, feed the baby frequently and on demand until your body adjusts. Ask your health care provider for advice on how to relieve any discomfort.

9. Eat right, get rest: To produce plenty of good milk, eat a balanced diet that includes 500 extra calories a day and six to eight glasses of fluid. Rest when possible to prevent breast infections, which are aggravated by fatigue.

How to Nurture Your Developing Baby:

It is crucial to have a healthy lifestyle when you are pregnant. Even if you're thinking about pregnancy, it is never too early to do the following:

- * Eat a healthy diet with lots of fruits, vegetables, grains, and calcium-rich foods.
- * Continue consuming at least .4 mg (400 mcg) of folic acid every day to reduce the risk of certain birth defects.
- * Unless your doctor tells you not to, try to be physically active every day.
- * If you have a cat, do not handle the cat litter. It can carry *toxoplasmosis*, a parasitic infection that can cause birth defects.
- * Wear gloves while gardening in areas that cats may visit and while handling uncooked meats. Don't eat uncooked meats or fish.
- * If you smoke, drink alcohol, or use drugs, STOP (preferably before you become pregnant)! These can cause long-term damage to your baby.
- * Stay away from toxic chemicals like insecticides, solvents (like some cleaners or paint thinners), lead, and mercury. Most dangerous household products will have pregnancy warnings on their labels.
- * Avoid hot tubs, saunas, and x-rays.
- * Limit or eliminate your caffeine intake from coffee, tea, sodas, medications, and chocolate.
- * Get informed: Read books, watch videos, go to a childbirth class, and talk to experienced moms.

For more information on having a healthy pregnancy and on breastfeeding, check out the following resources:

The National Women's Health Information Center

Internet: www.4woman.gov/Pregnancy and
www.4woman.gov/Breastfeeding/

La Leche League International

Phone: 800-525-3243
Internet: www.lalecheleague.org/

Reach your state's maternal and child health program, or a local Healthy Start site for information on prenatal care:

Phone: 800-311-BABY
800-504-7081 (Spanish)

United States Department of Agriculture (USDA) Women's Infant's and Children's Program (WIC)

Internet: www.fns.usda.gov/wic/

Health Resources and Services Administration (HRSA) Information on Sudden Infant Death Syndrome (SIDS)

Phone: 888-ASK-HRSA
Internet: www.hrsa.gov

Women living long, living well...

through menopause

Many women wonder and worry about what will happen when they reach menopause, but in fact it can be a liberating experience! We know that menopause marks the end of the time in life when you can become pregnant, but it can also represent a new beginning—a time to focus on yourself and your needs. The first step is to learn all you can about the physical and emotional changes that may be ahead for you.

Changes

Like the aging willow tree, the transformation into the beauty of mid life usually doesn't happen all at once. In *perimenopause*, or the transition period to menopause, the production of the female hormones estrogen and progesterone begin to fluctuate, causing a variety of symptoms, including hot flashes and mood swings. These changes can begin as early as age 35 or as late as 59. In younger women who are having menopausal symptoms, and in women who have had a hysterectomy but still have one or both of their ovaries, a blood test called an FSH level, or *follicle stimulating hormone* level may be useful to confirm menopause. If you have your ovaries removed or undergo some cancer treatments, you may experience rapid onset of menopause, and may need special management of your symptoms.

Symptoms

Hot flashes, caused by fluctuating hormones, have become the hallmark symptom of menopause. Hot flashes are a sudden flush or warmth, often followed by sweating. "Is it hot in here or is it me?" has become a basis for conversation among friends, and a rich topic for jokes about middle age. It is good to try to have a sense of humor as you constantly feel the need to shed clothing to cool off, but for some women hot flashes can cause serious discomfort and sleepless nights.





Other classic symptoms of menopause that you might experience include:

- * sleep problems
- * depression and mood swings
- * vaginal problems, including vaginal dryness and irritation that can cause pain during intercourse and gynecological exams, as well as frequent vaginal infections
- * urinary problems, including burning or pain when urinating, or stress incontinence, the weakening of tissues in the urinary tract which causes urine to leak when sneezing, coughing, or laughing
- * memory loss
- * changes in sex drive and sexual response
- * weight gain
- * hair loss
- * "spotting" and abnormal bleeding (usually normal, but should be reported to your doctor)

There are also possible long-term effects of estrogen loss, including weakened bones and osteoporosis, as well as reduced protection against heart disease.

Hormone Replacement Therapy (HRT)

To Take or Not to Take?

That is the question on many women's minds as they approach menopause. It's a confusing question with no easy answer. HRT can ease many symptoms of menopause, including hot flashes and vaginal dryness, but there's a lot we don't yet know about the long-term risks. So finding an answer that is right for you will take some work!

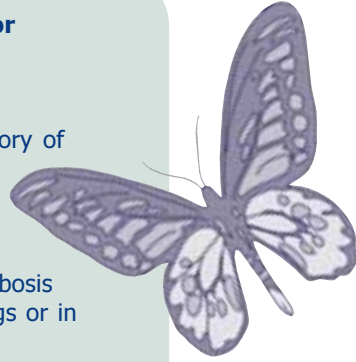
Background on HRT

HRT refers to the use of prescription drugs to "replace" the hormones that the ovaries quit making at the time of menopause. For many years, to relieve the symptoms of menopause, health care providers prescribed estrogen replacement therapy (ERT), by pill or skin patch. (The most common brand name of the pill form is *Premarin*.) It was discovered, however, that taking ERT alone raised the risk of cancer in the lining of the uterus (endometrial cancer). Research showed that adding progesterin, the artificial form of the hormone progesterone, prevented the overgrowth of cells in the uterus (called hyperplasia), which dramatically reduces the risk of endometrial cancer. Women who do not have a uterus can take ERT alone. Hormone replacement therapy (HRT) refers to a combination of hormones used to treat menopausal symptoms, usually estrogen with progesterin, which is most always taken by pill.

In the short term, HRT is a safe and effective way of managing menopausal symptoms, but there are possible long-term risks. Discuss your personal health profile with your health care provider. Pros and cons can be considered in several stages: first, at the onset of menopausal symptoms, and later, as a longer-term regimen.

HRT is often NOT recommended for women who have the following conditions:

- * suspected breast cancer or a history of breast cancer
- * history of endometrial cancer
- * history of or active venous thrombosis (blood clots in the veins of the legs or in the lung)
- * chronic disease of the liver



Effect on Osteoporosis

HRT may be used to help keep your bones strong, and to prevent or treat osteoporosis over time. Remember that there are several things you can do to prevent or manage osteoporosis with or without the use of HRT: stay physically active, get enough calcium, quit smoking, maintain a healthy weight, and take care to avoid falls that can break bones. You also can take one of several new medications that help reduce bone loss, such as *Alendronate* and *Raloxifene*. **For more information on osteoporosis, see the chapter on Healthy Bones.**

Effect on Breast Cancer

There probably isn't a woman alive who doesn't fear breast cancer. Studies that suggest long-term use of HRT increases the risk of breast cancer may be one of the main reasons women choose not to take HRT. However, there is no evidence that short-term use (fewer than five years) increases breast cancer risk, and women need to weigh their personal risk of breast cancer (including family history) against possible benefits from HRT. **For more information on breast cancer, see the chapter on Breast Cancer Early Detection.**



Effect on Coronary Heart Disease

You may have heard that HRT can reduce the risk of coronary heart disease, the #1 killer of women. Medical research has had mixed results on that question, and until we have a definitive answer, you can reduce your risk of getting heart disease in other ways – exercising regularly, eating a low-fat diet, and quitting smoking. **For more information on coronary heart disease, see the chapter on A Healthy Heart and Blood Circulation.**

Other Effects

Have you heard that HRT will make you gain weight? Research now shows this is not true. Some women gain weight after menopause because their metabolism gradually slows down with age, but it's not because they are taking HRT. (Increase your physical activity — that should help!) Some other questions about the effects of HRT are still unresolved. For example, there have been encouraging results from some studies suggesting that HRT prevents Alzheimer's disease, improves memory, and decreases the risk of colon cancer, but more research needs to be done.

How to Nurture Your Body Through Menopausal Symptoms:

- * **Hot Flashes** – Avoid things that tend to trigger hot flashes, including: an overly warm environment; eating or drinking hot or spicy foods, alcohol, or caffeine; and stress. Dress in layers and keep a fan in your home or workplace. Some women find that a program of regular exercise brings relief of hot flashes and other symptoms.
- * **Vaginal Dryness** – Stroll through the feminine products section of your drug store, and you will discover a variety of vaginal lubricants on sale. There are also prescription estrogen and replacement creams that your health care provider might recommend to help relieve vaginal dryness. If you have spotting or bleeding while using estrogen creams, you should see your health care provider.
- * **Difficulty Sleeping** – One of the best ways to get a good night's sleep is to participate in regular exercise – such as walking 30 minutes a day. Make a point of winding down before bedtime – avoid alcohol, caffeine, large meals, and working or exercising right before bedtime. Many women find that they sleep better after drinking something warm, such as herb tea or a glass of warm milk. Try to keep your bedroom at a comfortable temperature; consider keeping a fan going at night.
- * **Celebrate the Transition** – There is no question that middle age brings a few physical changes we would rather not have! It's useful to remember that most of our great grandmothers never even had the chance to enjoy their post-menopausal years. Despite the aggravation, the extra thirty years of life we have gained in the last century are a bonus to celebrate. It's time to branch out, grow, try new things and above all, take care of yourself!

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

National Institute on Aging

Phone: 800-222-2225

Internet: www.nia.nih.gov

**National Women’s Health
Information Center**

Phone: 800-994-9662

TDD: 888-220-5446

Internet: www.4woman.gov

**The North American Menopause
Society**

Phone: 800-774-5342

Internet: www.menopause.org

Publications:

Hormone Replacement Therapy (HRT)

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

***To Be or Not to Be – On Hormone
Replacement Therapy***

Phone: 888-8 PUEBLO, request
publication #599H

(limited quantities available)

Internet: www.cdc.gov/nccdphp/hrt.htm

Frequently Asked Questions about HRT

Internet: www.4woman.gov/faq/hormone.htm

Menopause Guidebook

Internet: [www.menopause.org/consedu/
guidebook.html](http://www.menopause.org/consedu/guidebook.html)



*** QUESTIONS TO ASK YOUR HEALTH
CARE PROVIDER:**



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Healthy Pregnancy

www.4woman.gov/Pregnancy

A graphic titled "Healthy Pregnancy" featuring four small images: a pregnant woman, a woman holding a baby, a baby crawling, and a close-up of a baby's face.

HHS Blueprint for Action on Breastfeeding

www.4woman.gov/breastfeeding

A graphic titled "HHS Blueprint for Action on Breastfeeding" featuring a stylized line drawing of a man, a woman, and a baby.

May Health Activities and Observances

From the **Pick Your Path to Health Campaign** (described on page 5 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

May – Mental Health: Lower your stress. Improve your health.

Personal Action Steps:

- * Make a commitment to relax – sit back, take a load off, and don't feel guilty.
- * Sign up for that class you've always wanted to take – art, exercise, writing, computer – your choice.
- * Focus on what makes you happy – and do more of it.
- * Keep smiling.

Federal Health Observances for May:

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



May is Asian and Pacific Islander Women's Health Month

Health issues of special concern to Asian and Pacific Islander women:

- * Tuberculosis. High rates among Cambodian, Vietnamese, Chinese, Laotian, Korean, Indian, and Philippina women.
- * Hepatitis B. Rates are high among Samoan, Cambodian, Laotian, Vietnamese and Chinese women.
- * Cervical Cancer. Rates are 5 times higher among Vietnamese women than among Caucasian women.
- * Breast Cancer. Native Hawaiian women have the highest mortality rates from breast cancer of all women. Chinese and Japanese women in the U.S. have higher mortality rates than their counterparts in their home countries.

The Women's Health Time Capsule

The 20th century was the most important century for women's health in American history. To remember and celebrate this time, the Department of Health and Human Services (DHHS) created the Women's Health Time Capsule to preserve the century's women's health story. The Time Capsule was dedicated December 3, 2001, during the Office on Women's Health's 10th Anniversary Celebration. It will be buried during National Women's Health Week (May 12-18), on the campus of the National Institutes of Health. To learn more about the DHHS Time Capsule initiative, visit the NWHIC website.



May

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<p>"Wise guy, he not go against wind. In Chinese we say, Come from the South, blow with the wind-poom!- North will follow. Stongest wind cannot be seen."</p> <p>— Amy Tan <i>Joy Luck Club</i> (1989)</p>			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
<p><i>Celebrate National Women's Health Week (May 12-18)</i></p>						
19	20	21	22	23	24	25
26	27	28	29	30	31	
	<i>Memorial Day</i>					

Mother's Day

Memorial Day

Women living long, living well...

with reproductive health

Never underestimate the importance of prevention, especially when it comes to your reproductive system! Having regular pelvic exams and Pap tests (Pap smears) are the best ways to detect various problems with your reproductive system early, nip them in the bud, and let yourself enjoy all life has to offer. In fact, the Pap test (developed by a Greek doctor named George Nicolas Papanicolaou) is one of the greatest advances ever in women's reproductive health. During these appointments, you also can be screened for sexually transmitted diseases (STDs), talk with your health care provider about any problems you're having (like abnormal bleeding, pain, bloating, or discharge), and ask questions about conditions or issues that concern you.

Pelvic Exam and Pap Test

The quick and painless Pap test can detect both cancer and pre-cancerous lesions in the cervix. Abnormal, pre-cancerous cells may go through several stages of change before cervical cancer appears.

If you are over the age of 18 or sexually active, you should have regular Pap tests. Talk with your health care provider about how often you need them. In order to get accurate results, do not schedule your Pap test to be done while you are menstruating. Also, do not douche or use spermicidal foams, creams, jellies, or vaginal medicines for 2 days before the test (unless directed by a health care provider). These products may wash away or hide changed cells.

Women who are at increased risk for cervical cancer and who should make sure to have regular Pap tests include those who:

- * have more than one sexual partner or a sexual partner who has had more than one partner
- * have had genital warts or infection with the human papillomavirus (HPV)
- * are infected with human immunodeficiency virus (HIV)
- * smoke

If the lab reports any abnormal cells from your Pap test, your health care provider may request further testing, such as a repeated Pap test or a *colposcopy*, an exam that uses a binocular type device to look more closely at the cells of the cervix. If abnormal areas are seen, you may need a cervical biopsy to get a piece of tissue to examine under a microscope.

To find out where you can get a free or low-cost Pap test in your area, call the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program at 888-842-6355.

Sexual Health

Sexually Transmitted Diseases (STDs)

Believe it or not, STDs are the most commonly reported diseases in the United States. STDs can lead to serious health problems like infections, infertility, chronic pain, ectopic pregnancy, and cervical cancer. There are over 20 diseases that are transmitted through sexual contact. The only certain way to avoid getting STDs is to avoid sexual contact (abstinence), but your health care provider can advise you on how to lower your risk.

STDs affect women of every socioeconomic and educational level, age, race, ethnicity, and religion. Many STDs can be treated, even cured. But since they often show no symptoms in women, if you are sexually active, you must have regular STD screenings. The sores and infections caused by STDs may increase your chances of getting HIV (human immunodeficiency virus) if you are exposed to it.

Some of the most common STDs include:

- * **Chlamydia and Gonorrhea** – Both of these STDs can be cured with antibiotics. If left untreated, they can cause pelvic inflammatory disease, which may lead to chronic pain, infertility, or ectopic (tubal) pregnancy.
- * **Genital Herpes** – There is no cure for this virus, but there are treatments and steps you can take to prevent giving it to your sexual partner. If you have been exposed to herpes and are pregnant, be sure to tell your health care provider. There are steps you can take to prevent passing it on to your baby in childbirth, when it could be harmful.
- * **Human Papillomavirus (HPV)** – This virus can be treated but not cured. HPV is now the major cause of cervical cancer. Abnormal cells affected by HPV can be detected during a Pap test.
- * **Syphilis** – This STD can be cured with medication. If left untreated, it can lead to serious health problems. If you are pregnant and have syphilis, there is a high chance of having a miscarriage or a baby with serious health problems.

STDs and Pregnancy

The consequences of STDs during pregnancy can be significantly more serious – even life threatening – for a woman and her baby, if she becomes infected with an STD while pregnant. STDs can cause early onset of labor, premature rupture of the membranes surrounding the baby in the uterus, and uterine infection after delivery. STDs can also harm the health of the fetus with low birth-weight, eye infection, pneumonia, infection in the blood stream, neurologic damage, congenital abnormalities, acute hepatitis, meningitis, chronic liver disease, cirrhosis, and stillborn births. All pregnant women should be screened for chlamydia, gonorrhea, hepatitis B, HIV, and syphilis so treatment can begin immediately.

Vaginitis

Most women have experienced *vaginitis* – itching, burning, or an unusual smell or discharge. Vaginitis may be caused by certain medications, wearing tight pants or moist underwear, allergies, sexual contact, pregnancy, vaginal products, or douching. The most common kinds of vaginitis are: bacterial vaginosis (BV) and trichomoniasis (a parasite passed through sexual contact), and the common yeast infection. BV and trichomoniasis can be treated with antibiotics, and yeast infections can be treated with antifungals you can buy at the drugstore. If you are pregnant or think you may be pregnant, it is important to have a vaginal infection treated, so it does not lead to complications that could harm your baby.

HIV/AIDS

Human immunodeficiency virus (HIV) infection among U.S. women has increased alarmingly over the last decade, especially among African American and Hispanic women. HIV destroys certain kinds of blood cells (CD4+T), which are crucial to the normal function of the human immune system. Although there have been considerable strides made in the development of drugs to help combat HIV, there still is no cure for acquired immunodeficiency disease (AIDS), caused by HIV,

For more information on STDs and vaginitis, check out the following resources:

CDC National Prevention Information Network

Phone: 800-458-5231

Internet: www.cdcnpin.org

CDC National STD Hotline

Phone: 800-227-8922

National Institute of Allergy and Infectious Diseases

Internet: www.niaid.nih.gov/publications/stds.htm

American Social Health Association

Phone: 919-361-8400

Internet: www.ashastd.org

National Vaginitis Association

Internet: www.vaginalinfections.com

Publications:

Frequently Asked Questions About Vaginitis

Internet: www.4woman.gov/faq/stdvaginit.htm

Frequently Asked Questions-STDs

Internet: www.4woman.gov/faq/stdsgen.htm

An Introduction to Sexually Transmitted Diseases

Internet: www.niaid.nih.gov/factsheets/stdinfo.htm

at this time. All women who have sexual contact with an HIV-infected person or who use intravenous drugs are at high risk for AIDS.

HIV is in bodily fluids: blood; semen; vaginal fluid; breast milk; other body fluids containing blood; and fluids sometimes handled by health care workers (fluid surrounding the brain and spinal cord, bone joints, and around an unborn baby).

HIV is passed from one person to another through:

- * sexual intercourse (anal, vaginal or oral sex) with an HIV-infected person
- * sharing needles or injection equipment with an injection drug user who is infected with HIV
- * HIV-infected women to babies before or during birth, or through breastfeeding after birth
- * transfusions of infected blood or blood clotting factors. But, since 1985 all donated blood in the U.S. has already been tested for HIV and now the risk of getting HIV from a blood transfusion is extremely low. Some women facing surgery may have their own blood drawn or the blood of a relative for peace of mind if a transfusion is needed.

People who are infected with STDs are 2 to 5 times more likely than those who are uninfected to get HIV if exposed to it through sexual contact, and also are more likely to transmit HIV. **To learn about where you can get tested for HIV, contact the CDC National AIDS Hotline at 800-342-2437 (English) or 800-344-7432 (Spanish) or 800-243-7889 (TTY).**

Safer Sex

The only sure way to prevent STDs or HIV is to abstain from sex. The second best way is to practice safer sex. Having safer sex means using a latex condom correctly and consistently, for every act of intercourse. *No exceptions.* Even so, a condom is not 100% reliable in preventing STDs. Talk frankly with your health care provider and your sexual partner about any STDs to which you or your partner have been exposed or had, and about any unexplained sores or discharge in the genital area.

Not Ready for Children? Don't Want Another Baby?

All women should have control over if and when they become mothers – but it requires responsible planning. The method you choose to practice birth control should take into account your overall health, frequency of sexual activity, number of partners, desire to have children later, and the effectiveness of the methods. **You have several options, listed on the next page.**



Birth Control Options:

- * **Continuous Abstinence** – Not having sexual intercourse is the only sure way to avoid pregnancy and STDs, including HIV. 100% effective.
- * **Periodic Abstinence or Fertility Awareness Methods** – Involves learning and charting your menstrual cycle and how to detect certain physical signs to predict fertility or “unsafe” days, then abstaining from intercourse or using condoms, diaphragms, cervical caps, or spermicides during nine or more “unsafe” days. 75 to 99% effective.
- * **The Male Condom** – Prevents pregnancy and protects against STDs, including HIV. 86 to 98% effective. Purchase at a drug store.
- * **Oral Contraceptives** – Also known as “the pill,” these are taken daily to block the release of eggs from the ovaries. It also lightens menstrual flow and protects against pelvic inflammatory disease (PID), ovarian cancer, and endometrial cancer. It does not protect against STDs or HIV. 95 to 99.9% effective. Requires a prescription.
- * **The Mini-Pill** – This oral contraceptive contains only progesterin, instead of both estrogen and progesterin. Taken daily, it prevents the sperm from reaching the egg. It is an option for women who can't use estrogen. It is an option for breastfeeding mothers because it will not affect milk supply, but does not protect against STDs or HIV. 95 to 99.9% effective. Requires a prescription.
- * **Intrauterine Devices (IUDs)** – This T-shaped device is inserted in the uterus by a health care provider. It releases a low dose of hormone that prevents pregnancy, and can remain in the uterus for 1 to 10 years. It does not protect against STDs or HIV. 97.4 to 99.2% effective.
- * **Intrauterine System (IUS)** – The FDA approved this new method in December 2000. It is a T-shaped system that is placed in the uterus and releases a low dose of hormone each day to prevent pregnancy. The system lasts for 5 years, and does not protect against STDs or HIV. 99% effective. Requires visits to your health care provider.
- * **Emergency Contraception** – Sometimes incorrectly called the “morning after pill” because it may involve taking a series of pills within 72 hours after unprotected intercourse to prevent pregnancy (75 to 89% effective). Another option is emergency IUD insertion within five days of unprotected intercourse (99.9% effective). Neither protects against STDs or HIV. Requires a prescription and visit to your health care provider.
- * **NuvaRing** – This hormonal vaginal contraceptive ring, approved by the FDA in October 2001, contains a combination of estrogen and progesterin hormones that are continuously released at a low dose from a flexible ring. A woman inserts the ring herself, and it remains in the vagina for three weeks, then should be removed for one week during the menstrual period. 99% effective. Requires a prescription.
- * **The Female Condom** – Worn by the female, this barrier method prevents sperm from passing to her body. It may protect against STDs. 79 to 95% effective. Purchase at a drug store.
- * **Norplant/Norplant 2** – This method involves implanting small stick-like devices under the skin that release a contraceptive steroid to prevent pregnancy for up to 5 years. They can be removed at any time and you then can become pregnant. They do not protect against STDs or HIV. 99.95% effective. Requires visits to your health care provider.
- * **Monthly Injections (Lunelle)** – Monthly injections of hormones in the arm, buttocks, or thigh to prevent pregnancy. They do not protect against STDs or HIV. More than 99% effective. Requires visits to your health care provider.
- * **Depo-Provera** – Injections of the hormone progesterin, in the buttocks or arm every 3 months. It does not protect against STDs or HIV. 99.7% effective. Requires visits to your health care provider.
- * **Diaphragm or Cervical Cap** – Your health care provider will fit you with one of these devices that are used with spermicide gel or foam to block sperm. They may protect against gonorrhea and chlamydia if the spermicide contains an ingredient called nonoxynol-9, but it will not protect against HIV. The diaphragm is 80 to 94% effective. The cervical cap is 80 to 90% effective for women who have not had a child, and 60 to 80% for women who have had a child.
- * **Surgical Sterilization (Tubal Ligation or Vasectomy)** – These surgical methods are for people who want permanent contraception. Tubal ligation or “tying tubes” is performed on the female. The male can undergo vasectomy. Most people who receive these procedures do not plan to have children in the future, but both surgeries are sometimes reversible. 99% effective. See your health care provider for more information.

Office of Population Affairs Clearinghouse

Internet: <http://opa.osophs.dhhs.gov>

Publications:

FDA: Guide to Contraceptive Choices

Internet: www.fda.gov/fdac/features/1997/397_baby.html

Frequently Asked Questions: Birth Control Methods

Internet: www.4woman.gov/faq/birthcont.htm



Other Reproductive and Uterine Conditions

Ovarian Cysts

If you are having a dull ache in one side of your lower abdomen, or pain during sex, you may have an ovarian cyst. Ovarian cysts are fluid-filled sacs that form on the ovaries. Eggs grow, develop, and mature in the ovaries and then are released during ovulation, as part of the monthly menstrual cycle. A woman can develop one cyst or many cysts, large or small. Larger cysts may cause pain because they are twisted, bleeding, or have burst. Most cysts are benign (not cancerous). A few cysts, though, may turn out to be malignant (cancerous). For this reason, your health care provider should check all cysts.

Ovarian cysts are very common during the childbearing years. Most often, cysts in women of this age group are not cancerous. The health care provider may decide to “wait and see” if the cyst will shrink on its own in a few months. If you frequently develop cysts, your health care provider may prescribe birth control pills to prevent you from ovulating. This will prevent follicles from developing and new cysts from forming. If the cyst does not go away after several menstrual periods, or it has gotten larger or more painful, or it does not appear to be a functional cyst, your health care provider may want to perform other tests or procedures to look at and remove the cyst. Surgical removal of a cyst is more common among older women, since being past menopause puts women at higher risk for ovarian cancer.

Ovarian Cancer

Most ovarian cancers develop from the cells that cover the outer surface of the ovary, called the epithelial cells. Ovarian cancer can be treated successfully if caught early. Early detection is difficult because there are usually no obvious symptoms of this disease. Women have reported these symptoms:

- * abdominal swelling or bloating
- * abdominal discomfort (sometimes due to fluid in the abdominal cavity)
- * feeling full early in a meal
- * lack of appetite
- * dyspepsia (heartburn, nausea, belching, bloating, indigestion)
- * malaise (a vague feeling of discomfort or that something is “just not right”)
- * urinating frequently
- * weight change (either gain or loss)

Because all of these symptoms are not unique to ovarian cancer, it is important to listen to your body and find a health care provider who will take the time to correctly diagnose your symptoms.

Continued on the next page

The causes of ovarian cancer are unknown. It tends to be more common in women from western industrialized countries, especially white women, who have had no full-term pregnancies. Also, factors that decrease ovulation (multiple pregnancies or breastfeeding) have been linked with a lower risk of ovarian cancer. Using oral contraceptives and having tubal ligation ("tying tubes") also has been linked with a decreased risk of ovarian cancer. Five to 10% of women with ovarian cancer are at risk of getting it because it runs in their families. Women with a family history of several cancers (breast, colon, uterine) might be at higher risk for ovarian cancer and should tell their health care providers about their family history. Women at a very high risk of developing ovarian cancer can consider removal of the ovaries.

Uterine Fibroids

You might have heard of a problem in the uterus called fibroid tumors, or *uterine fibroids*. Fibroids are not cancer, but nodules of smooth muscle cells and fibrous connective tissue that develop within the wall of the uterus (womb). Fibroids may grow as a single nodule or in clusters and may range in size from a tiny 1 millimeter to more than 20 centimeters (8 inches) in diameter. They may grow inside the wall, into the inside cavity, or toward the outer surface of the uterus. Fibroids are often referred to as "tumors," but they are not cancerous. They almost never develop into cancer, and they do not increase a woman's risk for uterine cancer.

We don't know what causes uterine fibroids but some research suggests that women with two or more children are less likely to develop fibroids than women with no children. It is not yet known whether having children actually protects a woman from developing fibroids or whether fibroids contributed to the infertility of women who had no children.



Most fibroids do not cause any symptoms and do not require treatment other than regular observation by a health care provider. Some women who have uterine fibroids, however, may have these symptoms:

- * excessive or painful bleeding during menstruation
- * bleeding between periods
- * a feeling of fullness in the lower abdomen
- * frequent urination resulting from a fibroid that compresses the bladder
- * pain during sexual intercourse
- * low back pain

Infertility, miscarriages, and early onset of labor during pregnancy have also been linked to fibroids.

Until very recently, a woman with growing uterine fibroids was considered a candidate for hysterectomy (removal of the uterus). However, treatment by hysterectomy in a woman of reproductive age means that she will no longer be able to bear children and may cause other physical and psychological effects. A woman considering this

Continued on the next page

Continued from "Uterine Fibroids"

surgery should discuss the pros and cons thoroughly with her doctors. If you are told you need a hysterectomy, it is a good idea to get another opinion since many doctors recommend other treatments first. One recently developed treatment is called *uterine artery embolization*. This blocks the flow of blood to the fibroids, causing them to shrink.

Endometriosis

The name endometriosis comes from the word "endometrium," the tissue that lines the inside of the uterus. If a woman is not pregnant this tissue builds up and is shed each month as the menstrual flow. Endometriosis is a condition in which endometrial tissue is found outside the uterus, usually inside the abdominal cavity, but acts as if it were inside the uterus. Blood shed monthly from the misplaced tissue has no place to go, and tissues surrounding the area of endometriosis may become inflamed or swollen. The inflammation may produce scar tissue around the area of endometriosis. These endometrial tissue sites may develop into what are called "lesions," "implants," "nodules," or "growths." The most common symptom is painful menstrual cramps (dysmenorrhea) which may be felt in the abdomen or lower back or pain during or after sexual activity (dyspareunia). Endometrial patches may also be tender to touch or pressure, or cause intestinal pain. The amount of pain is not always related to the severity of the disease – some women with severe endometriosis have no pain; while others with just a few small growths have severe pain. Symptoms of endometriosis should get better after menopause.

Severe endometriosis with extensive scarring and organ damage is one of the three major causes of female infertility (in about 30 to 40% of cases). Diagnosis involves a gynecologist evaluating the patient's medical history, a complete physical exam, including a pelvic exam, and *laparoscopy*, a minor surgical procedure in which a laparoscope (a tube with a light in it) is inserted into a small incision in the abdomen. The laparoscope lets the surgeon check the condition of the abdominal organs, see the

endometrial implants, and the locations, extent, and size of the growths.

If you have endometriosis, your doctor may suggest hormone suppression treatment, which shuts off ovulation. Women on this therapy will not get pregnant, although some may choose to become pregnant shortly after therapy is stopped. Severe cases of endometriosis may require surgery.

Cancer of the Uterus

The uterus is the hollow, pear-shaped organ where a baby grows. Attached to either side of the top of the uterus are the fallopian tubes, which go up to the ovaries. There are two kinds of cancer of the uterus, *endometrial cancer* (cancer of the lining of the uterus) and *uterine cancer* (sometimes called sarcoma of the uterus), which is cancer of the muscle of the uterus. Endometrial cancer is a common kind of cancer in women, while uterine cancer is more rare. You should see your health care provider if you have: any abnormal bleeding or discharge not related to your periods; difficult or painful urination; pain during sex; or pain in your pelvic area.

There is little known about the exact causes of endometrial cancer. However, 10-25% of these cancers occur in women who had pelvic radiation five to 25 years earlier to treat another illness or condition. As in other cancers of its type, risk factors for this cancer include diabetes, hypertension, obesity, and improper estrogen levels. Surgery is the most common treatment for cancer of the uterus.

Pain During Sex

Dyspareunia is a term used to describe pain felt by a woman during sexual intercourse, on the surface or deep, along the middle of the pelvis. This pain could be caused by a lack of lubrication in the vagina, pressure from cysts or tumors, infections, or endometriosis. If you experience pain during sex, talk with your health care provider. It is important to realize what is causing the pain, and to treat it.

For more information on reproductive and uterine conditions, check out the following resources:

National Women's Health Information Center

Phone: 800-994-9662

TDD: 888-220-5446

Internet: www.4woman.gov

Publications:

Common Uterine Conditions: Options for Treatment

Internet: www.ahrq.gov/consumer/uterine1.htm

Enfermedades comunes del utero: Opciones para su tratamiento

Internet: www.ahrq.gov/consumer/spanhyst/hster1.htm

* **QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER:**

How to Nurture Your Reproductive Health:

- * Have regular pelvic exams and Pap tests. Talk with your health care provider about how often you need them.
- * Have regular screenings for STDs. If you are pregnant, get screened for chlamydia, gonorrhea, hepatitis B, HIV, and syphilis.
- * Prevent STDs and HIV by practicing safer sex.
- * Become educated about the different methods of birth control.
- * See your health care provider if you have abnormal bleeding or discharge, pain during sex, pain in your pelvic area, or pain during urination.





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Mother's Day/ National Women's Health Week Begins (12-18)



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Memorial Day

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31

June

SUN	MON	TUE	WED	THU	FRI	SAT
<p>"To me a lush carpet of pine needles or spongy grass is more welcome than the most luxurious Persian rug."</p> <p>— Helen Keller</p>						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
					<i>Flag Day</i>	
16	17	18	19	20	21	22
<i>Father's Day</i>					<i>Summer begins</i>	
23 / 30	24	25	26	27	28	29



Women living long, living well...

with diabetes

In the past, the most common form of diabetes (type 2) was usually diagnosed in people in their mid-fifties and older. But did you know that between 1990 and 1998 the rate of diabetes increased 70% among people in their thirties, many of them women? Almost 8.1 million (8.2%) women in America have diabetes, but a third of them do not even know it! Unfortunately, many people first become aware that they have diabetes when they develop one of its life-threatening complications, like blindness, kidney disease, nerve disease or an amputation, heart disease, and stroke. Women with diabetes face special concerns, like an increased risk of vaginal infections and complications during pregnancy. Women who do not have diabetes sometimes develop a form of it during pregnancy, called *gestational diabetes*. The good news is that there are ways to prevent, diagnose, and control diabetes. If you are at risk of developing diabetes, nurturing your body by eating a healthy diet and exercising can really pay off. If you already have been diagnosed with diabetes, following steps to control your disease is the key to living well.

What is Diabetes?

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

instead of being used by the cells for energy. So, the body loses its main source of fuel even though the blood contains large amounts of glucose. Diabetes can lead to serious, even life-threatening emergencies and serious damage to many parts of the body: the heart, eyes, kidneys, blood vessels, nerves, gums and teeth, feet, and legs.

Types of Diabetes

- * **Type 1 (also known as juvenile-onset or insulin-dependent) Diabetes:** Usually occurs in children and is caused when the body's immune system attacks its ability to produce insulin. People with this condition need daily injections of insulin to live. They also need to follow a strict diet and monitor their blood sugar level.
- * **Type 2 (also known as adult-onset or noninsulin-dependent) Diabetes:** Primarily affects overweight adults. In many cases, it can be controlled with diet, exercise, and weight control. The symptoms develop gradually and are not as noticeable as in type 1 diabetes.
- * **Gestational Diabetes:** Appears in 2% to 5% of all pregnancies, especially among African Americans, Hispanics/Latino Americans, and American Indians. It can cause complications during pregnancy, and it must be monitored carefully, but usually goes away after the baby is born. Women who have had gestational diabetes are at an increased risk for developing type 2 diabetes later in life.

Risk Factors

Experts recommend that adults age 45 years and older be tested for diabetes. If blood glucose is normal at the first test, they should be tested at 3-year intervals. People under 45 should be tested if they are at high risk for diabetes. **How do you know if you're at high risk? Here are some signs:**

- * Being more than 20% above your ideal body weight or having a body mass index (BMI) of 27 or higher. BMI is a ratio of your weight to your height. Your health care provider can provide information on your BMI (or check out www.health.gov/dietaryguidelines/).
- * Having a mother, father, brother, or sister with diabetes.
- * Being African American, Alaska Native, American Indian, Asian American, Hispanic American, or Pacific Islander American.
- * Giving birth to a baby weighing more than 9 pounds or having diabetes during pregnancy.
- * Having a blood pressure at or above 140/90 millimeters of mercury (mmHg). Be sure to have your blood pressure checked regularly.
- * Having abnormal blood lipid levels, such as high-density lipoprotein (HDL) cholesterol less than 35 mg/dL or triglycerides greater than 250 mg/dL. Your health care provider can test your blood cholesterol and explain the results.
- * Having abnormal glucose tolerance in an earlier diabetes test.



High Risk Ethnic Groups

Adult onset (type 2) diabetes is a problem for many people in America, especially for certain groups of women; it has increased among African American women, and for those age 20 years or older, the rate is an alarming 11.8%. About 1 in 4 black women over the age of 55 years of age has diabetes, nearly twice the rate of white women. Twenty five percent of Hispanic American women have been diagnosed with type 2 diabetes, and about 33 percent of death reports among Hispanic American women list diabetes as the underlying cause. This rate has risen rapidly in the 30-year period from 1958 to 1987. Diabetes also is a serious health problem for American Indian and Alaska Native women. They have almost three times the risk of being diagnosed with diabetes as do white women of similar age. The disease is common in many tribes, often causing severe sickness and death. Most have type 2 diabetes, which also is becoming common in American Indian children age 10 and older.



A diagnosis of diabetes can be confirmed by a series of tests that might include:

- * A blood test that measures the glucose in your blood. A blood glucose level of 200 milligrams per deciliter (mg/dL) or greater, with symptoms, means you have diabetes.
- * A blood test for glucose after you have fasted, called *fasting plasma glucose (FPG) value*. An FPG value of 126 mg/dL or greater means you have diabetes.
- * A measurement of glucose in your blood through an *oral glucose tolerance test (OGTT)*. Although this test is no longer recommended because it is cumbersome, some health care providers may still use it. After fasting, you have to drink a glucose syrup and have a blood sample taken 2 hours later. An OGTT value in the blood of 200 mg/dL or greater means you have diabetes.

Symptoms of Diabetes

People with type 2 diabetes often do not have symptoms, but you might have one or more of these signs:

- | | |
|---|--|
| * feeling extremely thirsty | * feeling tired much of the time |
| * needing to urinate often | * having very dry skin |
| * losing weight without trying | * having sores that are slow to heal |
| * feeling extremely hungry | * experiencing more infections than usual |
| * having sudden vision changes | * having nausea, vomiting, or stomach pain (may come with the sudden development of juvenile diabetes) |
| * feeling a tingling or numbness in hands or feet | |

Testing Pregnant Women

It is now recommended that pregnant women who are at low risk for gestational diabetes do not need to be tested. This low-risk group includes women who are younger than 25 years old, at normal body weight, without a family history of diabetes, and not members of a high-risk ethnic group. Other women should be tested for diabetes during the 24th to 28th weeks of pregnancy. You will be asked to drink a glucose drink and have a blood test one hour later. If your blood glucose value is 140 mg/dL or greater, your health care provider will most likely want to do more tests.

Treatments

If you have been diagnosed with diabetes, the best way to take care of your health is to work with your health care provider to lower your high blood sugar. Your goal is to keep your blood sugar level in a normal range every day. If you have diabetes, a good blood sugar range is from about 70 to 150 (before a meal) and less than 200 about two hours after your last meal. Ask your health care provider what the best range of blood sugar is for you, how to test your blood sugar and how often. Careful meal planning and exercise to control your weight are important to control your diabetes. Your health care provider will evaluate if you need diabetes pills or insulin shots.

Preventing Diabetes

To find out how people can prevent or delay type 1 diabetes, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is sponsoring a nationwide study called the *Diabetes Prevention Trial—Type 1 (DPT-1)*. The study is recruiting people who have close relatives with the disease, since they have an increased chance of developing it. Animal research and small studies in people have shown that type 1 diabetes can be delayed in those at high risk with regular, small doses of insulin. So, the DPT-1 study is testing whether type 1 diabetes can be prevented or delayed in humans with insulin injections or insulin capsules. **For more information call 800-HALT-DM1 (800-425-8361).**

To help prevent type 2 diabetes, you can control your weight, exercise daily, and have a healthy diet. A healthy diet includes a balance of all the food groups, with less fatty foods, foods lower in cholesterol, and more foods rich in fiber. Too much fat or cholesterol and inactivity can make you overweight and prevent your body from functioning effectively. Not being able to regulate blood sugar correctly is one effect. Cut down on fat and cholesterol by choosing low-fat dairy products, lean cuts of meat, more fish and poultry without the skin, and margarine instead of butter. Also, limit foods high in salt and sugar.

How to Nurture Your Body when You Have Diabetes:

Things to do every day to take care of your diabetes:

- * Follow the healthy eating plan that you and your health care provider have worked out. Eat your meals and snacks around the same times each day.
- * Be physically active or exercise a total of 30 minutes most days. Ask your health care provider what activities are best for you.
- * Take your diabetes medicine every day at the same times each day.
- * Test your blood sugar every day. Each time you check your blood sugar, record it in a diary. Call your health care provider if your numbers are too high or too low for 2 to 3 days.
- * If you have high blood pressure, take your medicine exactly as prescribed.
- * Don't smoke. If you are having trouble quitting, ask your health care provider for help.
- * Check your bare feet every day for cuts, blisters, sores, swelling, redness, or sore toenails. Use a mirror if you have trouble seeing the bottom of your feet.
- * Brush and floss your teeth twice a day.

Things to do every year to take care of your diabetes:

- * Once a year, have a doctor examine your eyes, even if your eyes seem ok.
- * Twice a year, have a dentist clean and check your teeth and gums.
- * At least once a year, have your kidneys checked by having your urine tested for small amounts of protein. See a health care provider right away for bladder or kidney infections.



For more information on diabetes, check out the following resources:

National Diabetes Education Program

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

CDC Diabetes Public Health Resource

Phone: 877-CDC-DIAB

Internet: www.cdc.gov/diabetes/

National Diabetes Information Clearinghouse

Phone: 800-860-8747

Internet: www.niddk.nih.gov/health/diabetes/ndic.htm

American Diabetes Association

Phone: 800-232-3472

Internet: www.diabetes.org/

American Association of Diabetes Educators

Phone: 800-338-3633

Internet: www.aadenet.org

Publications:

Frequently Asked Questions About Diabetes

Internet: www.4woman.gov/faq/diabetes.htm

Diabetes Overview

Internet: www.niddk.nih.gov/health/diabetes/pubs/dmover/dmover.htm

Diabetes Nutrition Series

Internet: www.niddk.nih.gov/health/diabetes/pubs/nutritn

Medicare Preventive Services (diabetes monitoring and self-management)

Internet: www.medicare.gov/publications/pubs/pdf/prevent.pdf

Coping with Diabetes

Internet: www.fda.gov/fdac/foodlabel/diabetes.html

* **QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER:**

Women living long, living well...

with a healthy outlook and healthy lifestyle

Living with a healthy outlook and lifestyle can help you thrive through the seasons of change that every woman experiences. The 21st century woman faces a multitude of roles and life transitions that require turning in a hundred different directions all at once. At times you've probably wondered how you will be able to keep your head on straight! In the next few decades, you can find yourself caring for both children and aging parents, having a challenging career or volunteer work, and managing a household, all of which leaves little time for yourself. It is tempting to turn to unhealthy behaviors to deal with these stresses or to neglect healthy choices because they may seem time consuming. If you don't pay attention to your health, however, you are putting yourself at greater risk for developing chronic health problems. Learning how to balance your roles and responsibilities with some time for yourself will pay off. Help yourself feel healthy, happy and stronger — exercising, eating right, and knowing when and where to ask for help are great places to start!

Enjoy the Benefits of Physical Activity

Physical activity or a regular exercise program are among the best ways to relieve stress, to age well, and to improve your mood and health. Just 30 minutes of exercise on most days helps keep off extra weight, can prevent the development of many chronic health conditions like heart disease, colon cancer and type 2 diabetes, can control

high blood pressure, and can help keep your bones strong. Try to do both *aerobic activities* (activities that speed your heart rate and breathing) and activities for *strength and flexibility*. Strength activities, like carrying groceries and lifting weights, build and maintain your bones. Dancing, gentle stretching, and yoga are examples of flexibility activities. We all know that exercise is good for us, but getting the motivation to actually do it can be hard.

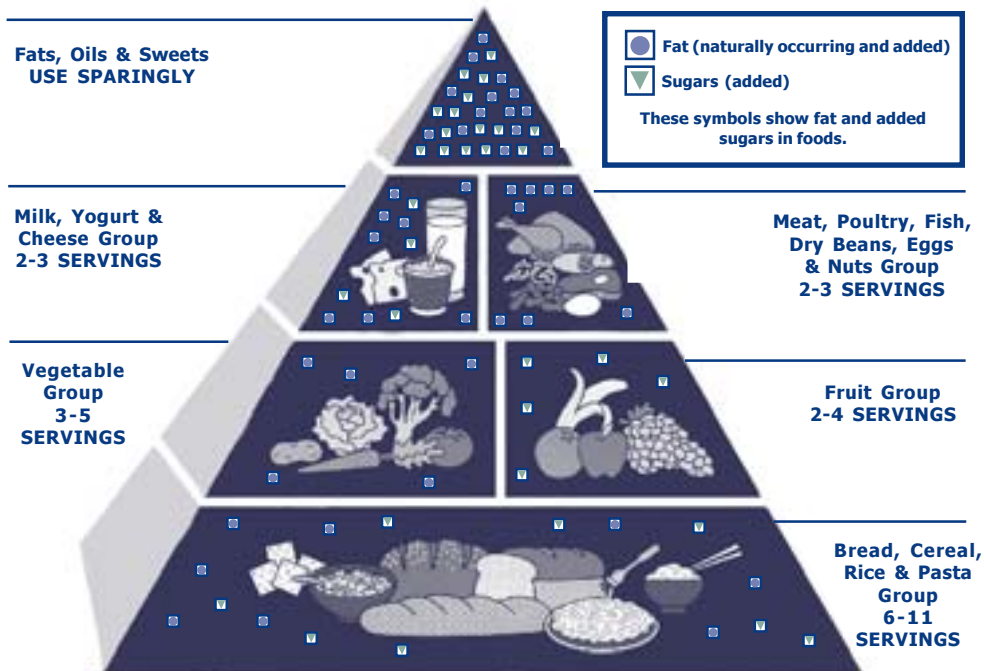
Make physical activity easier:

- * Get up and move around. You don't have to be an athlete, just be active. Choose activities that fit in with your daily routine. Take a walk, play actively with kids and pets, bike, dance, swim, play ball. Even if you can only fit in 5-10 minutes of activity a few times a day to total 30 minutes, go for it!
- * Turn everyday life into a virtual gym! Park farther away from the store or office. Take the stairs, not the elevator. Don't use the restroom, copier, or fax closest to your desk.
- * Focus on what you enjoy. Activities like dancing, biking, skating, and bowling can be so much fun that you may forget you're also exercising.

If you have any health problems or are over age 50, talk with your health care provider before starting a new vigorous exercise program.

Enjoy Healthy Nutrition

Eating is one of life's greatest pleasures. Since there are many foods and many ways to build a healthy diet and lifestyle, there is lots of room for smart, healthy choices.



Continued on the next page

Continued from "Healthy Nutrition"

Tips on the Essentials: Check the Food Pyramid for Recommended Servings

- * **Grains** – Choose a variety daily, especially whole grains. One serving = 1 slice of bread, 1 cup of cold cereal, ½ cup of cooked rice, pasta, or other grains.
- * **Fruits and Vegetables** – Choose a variety daily, since different fruits and vegetables are rich in different nutrients. Dark-green, leafy vegetables and deeply colored fruits are especially full of good nutrients. Dry beans and peas also contain fiber and other substances that are associated with good health. One serving = 1 medium apple, banana, orange; ½ cup chopped, cooked or canned fruit; ¾ cup of fruit or vegetable juice; 1 cup raw leafy vegetables; ½ cup cooked or chopped raw vegetables.
- * **Meat and Beans** – Choose lean or low fat options. One serving = 2 ounces lean meat, poultry or fish, 1 cup dry beans, 1 cup tofu.
- * **Milk or Dairy** – Choose low fat or skim milk or yogurt. One serving = 1 cup milk or yogurt; 1½ ounces of natural cheese; 2 ounces of processed cheese.



Tips on the Extras:

- * Choose a diet low in saturated fat and cholesterol; moderate in sugar, salt, and total fat. Choose vegetable oils and soft tub margarine rather than solid fat (meat and dairy fats, butter, lard, and shortenings).
- * If you drink alcohol, do so only occasionally, in moderation, and not daily.
- * Drink plenty of water (at least 8 cups a day).
- * To help manage your weight, eat only when you are hungry and stop before you feel full.
- * Take time to enjoy your food. Eat slowly and try to eat while socializing, not in front of the TV or computer.



Know About the Dangers of Alcohol, Smoking, and Drug Abuse

Alcohol

Did you know that alcohol is a drug that affects your central nervous system (brain, spinal cord, and nerves in your body) by slowing it down and blocking messages that you get to your brain? If you drink too much, alcohol has short-term and long-term effects that can really hurt your body as well as your relationships with family and friends. Small amounts of alcohol can make you feel less nervous and relaxed, but alcohol can also make you see double, slur your speech, and make you lose your balance. Alcohol also makes you lose your inhibitions, causing bad judgements like driving drunk, having unsafe sex, or trying other drugs. The results can be car crashes that kill, sexually transmitted diseases (STDs), unwanted pregnancies, rape, deadly drug interactions, and other injuries. Mixing alcohol and other drugs, even over-the-counter medicines, also can kill you, hurt you, or cause you to hurt others.

Is there a safe level of alcohol for women? Many of us drink some alcohol at times, especially to socialize on weekends or during vacations and holidays. The key to drinking alcohol safely is to use it only in moderation. Well, what does “in moderation” mean? We hear this over and over, and “moderation” is often defined differently. Federal guidelines say women can safely drink no more than one drink a day. Never drink during pregnancy, though, or while you are trying to get pregnant, since alcohol increases the risk of birth defects.

Listen to your body. If you feel like the amount of alcohol you drink is making you feel woozy or bad, you probably are drinking too much. If you suspect you are drinking too much, then you probably are. Women are more

easily affected by alcohol than men. We don't digest or metabolize alcohol as fast as males, and our bodies are more sensitive to alcohol's effect on the brain, muscles, and speech. Your mood, your weight, and how much food is in your stomach all affect how quickly you process alcohol. Everyone needs about one hour to process one ounce of alcohol, regardless of the type. Remember that you don't have to slur words or stumble around to be impaired or intoxicated. Once you have had too much, the only thing that will sober you up is time. Coffee, cold showers, exercise, or other things you've heard about don't speed up your body's rate of processing alcohol and getting sober.

If alcohol is misused over a long period of time it can cause:

- * vitamin deficiencies
- * stomach problems
- * major liver damage
- * kidney damage
- * heart damage
- * brain problems, like memory loss

Enable your body and spirit to thrive! If you choose to drink, do it responsibly and in moderation and always with food to slow absorption. Never drink before or when driving, or when you are pregnant, or are trying to become pregnant.

Smoking

The U.S. Surgeon General reports that smoking among women has reached epidemic proportions. Twenty-two million of the smokers in this country are women, and there has been a rapid increase in the number of women's deaths related to smoking. Lung cancer in women has increased 600% since 1950. Smoking causes your body to suffer other problems, including:

- * respiratory problems
- * dental problems
- * nervousness and depression
- * bad breath, wrinkled skin and stained fingernails
- * double the risk of coronary heart disease
- * increased risk of various cancers and oral diseases
- * bone loss and osteoporosis
- * nicotine addiction
- * possibly impaired fertility
- * increased risk of miscarriage, stillbirth, preterm delivery, and low birth weight
- * harm to those around you who are exposed to your smoke (children and adults who are regularly exposed to second-hand smoke have increased rates of respiratory infections, such as pneumonia, bronchitis, and fluid in the middle ear).

If you smoke, making the decision to quit could be the most important thing you ever do for your health. Once you have decided to quit, don't give up, even if you relapse. The first six months after quitting smoking are the most difficult, but the results are well worth it. Within 24 hours of quitting, the risk of having a heart attack decreases, and within 1 year of quitting, the risk of having heart disease is half that of a smoker!

Many women worry they will gain weight if they quit. Research shows that the only possible short-term consequence of quitting smoking is a modest weight gain of 5 to 10 pounds. But because you will have more energy, those pounds will come off. If you exercise while trying to quit, you might not gain any weight at all.

Ask your health care provider about medications, referrals to support groups, and other tools to help you through the challenge.

Drug Abuse

If you think you have a problem with drugs, including marijuana, cocaine, or abuse of prescription painkillers, don't be afraid to ask for help. Everyone needs help at some point in life. You are too strong, beautiful, and valuable to waste your life on drugs. Ask a loved one or friend, a faith counselor, or a health care provider for help. It could be the best decision you ever made.

Take Time to Care: Use Prescription Drugs Wisely

Did you know that up to half of all people who use medication don't use it as directed? The consequences include unexpected hospitalizations, nursing home admissions and deaths. More women than men use medications, or as caregivers, must give drugs to family members. So, we need to be especially careful.

There are 4 important things you can do to make sure you are using medicines wisely:

1. Read the label – Before you take any medicine, read the label! The label should show: the list of ingredients (check to make sure you are not allergic to anything in the medicine); warnings (read these carefully); and an expiration date (do not use a medicine after the date on the bottle; it may not work as well). Ask your pharmacist if you need more information on a medicine.

2. Avoid problems – Medicines can cause problems, or side effects, such as sleepiness, vomiting, bleeding, headaches or rashes. Ask about the side effects of the medicines you are taking. Talk with your doctor, pharmacist, or nurse. Organize your medicines. Do not stop taking your medicines. Do not share medicines. Do not take medicine in the dark.

3. Ask questions:

- * What is the medicine's name?
- * Is there a generic available?
- * Why am I taking this medicine?
- * Am I allergic to anything in this medicine?
- * Should I take this on an empty stomach or with food?
- * Is it safe to drink alcohol with it?
- * If I forget to take it, what should I do?
- * How much should I take?
- * How long am I to take it?
- * What problems should I watch for?
- * Will this interact with other medications I am taking?

If you are pregnant or nursing a baby, seek the advice of a health professional before taking any medication or diet supplement. Talk with your doctor, pharmacist or nurse. She/he will be happy to help you. Make sure your doctor, pharmacist and nurse know about any allergies.

4. Keep a record of medicines you use – Keep this record in your purse and show it to your health care provider since some medicines don't mix! Record how much you take; when you take it; what you use it for; and how many refills are left.

Have your health care provider report serious problems with medications to the Food and Drug Administration (FDA) at 800-FDA-1088.

*How to Nurture Your Mind and Body through
a Healthy Outlook and Lifestyle:*

- * Stay in touch with family and friends.
- * Be involved in your community.
- * Keep a positive attitude and do things that make you happy.
- * Try to be physically active for at least 30 minutes most days of the week.
- * Use prescription drugs wisely.
- * Don't smoke, or quit if you do!
- * Follow the Food Pyramid to eat a well balanced, low-fat diet.
- * If you drink alcohol, do so only in moderation.
- * Ask someone you trust for help if you think you might have a problem with drugs or alcohol.

For more information on having a healthy outlook and healthy lifestyle, check out the following resources:

Weight Control

Weight-Control Information Network (WIN)

Phone: 877-946-4627

Internet: www.niddk.nih.gov/health/nutrit/win.htm

American Obesity Association

Phone: 800-98-OBESE

Internet: www.obesity.org

**Sisters Together: Move More, Eat Better
(Exercise program for African American women)**

Phone: 877-946-4627

Internet: www.niddk.nih.gov/health/nutrit/sisters/sisters.htm

**Publication: *Nutrition and Your Health: Dietary Guidelines for Americans*
U.S. Department of Agriculture**

Phone: 888-878-3256

Internet: www.health.gov/dietaryguidelines

Substance Abuse

National Drug Information, Treatment, and Referral Line

Phone: 800-662-HELP, 800-66-AYUDA (Spanish)

Physical Activity

Publication: *Exercise: A Guide from the National Institute on Aging Produced in collaboration with NASA*

Internet: www.nia.nih.gov/health/pubs/nasa%2Dexercise/index.htm

**National Women's Health Information Center
Body Image Page**

Phone: 800-994-9662

Internet: www.4woman.gov/bodyimage

Smoking

Publications: *Women and Smoking, A Report of the Surgeon General, 2001*

Internet: www.cdc.gov/tobacco/sgr_forwomen.htm

**National Women's Health Information Center
*A Breath of Fresh Air: Independence from Smoking***

Phone: 800-994-9662

Internet: www.4woman.gov/QuitSmoking/

Medications

**Food and Drug Administration
*Take Time to Care Campaign (Use Medicines Wisely)***

Internet: www.fda.gov/womens/tttc.html

Notes

June

SAT

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June

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June

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THU
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FRI
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Flag Day

SAT
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SUN
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Father's Day



June

MON

17

TUE

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WED

19

THU

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FRI

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Summer begins

SAT

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SUN

23



June

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SUN
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July

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4 <i>Independence Day</i>	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	"Nature alone cures...What nursing has to do...is to put the patient in the best condition for nature to act upon him." — Florence Nightingale		

Women living long, living well...

with colorectal health

Let's face it. Colorectal health is not a topic for social conversation. In fact, women rarely discuss or think about this topic and mistakenly believe that colorectal cancer (cancer of the colon and rectum) mostly affects older men. This is a dangerous misconception since colorectal cancer affects an equal number of women and men each year. For women, it is the third most diagnosed serious cancer, following breast and lung cancers. Overall, it is the second most common serious cancer in the United States. Colorectal cancer has often been described as a "silent" disease since many people do not develop symptoms until the cancer is difficult to cure. The good news is that colorectal cancer is preventable and 90% curable when detected early through regular screenings. As part of your commitment to thrive as you age, choose healthy behaviors to prevent this disease, and get screened regularly. Do it for yourself and for those you love!

Colorectal Disease

The Colon and Rectum

The colon and rectum are parts of the body's digestive system, which removes nutrients from food and stores waste until it passes out of the body. Together, the colon and rectum form a long, muscular tube called the large intestine (also called the large bowel). The colon is the first six feet of the large intestine, and the rectum is the last eight to 10 inches. Cancer that begins in the colon is called *colon cancer*, and cancer that begins in the rectum is called *rectal cancer*. Cancers affecting either of these parts of the bowel may also be called *colorectal cancer*.

Polyps

The majority of colorectal cancers start as certain kinds of polyps or abnormal, pre-cancerous growth of tissue on the wall of the colon. There are generally two types of colon polyps, *hyperplastic* and *adenomatous*. Only the adenomatous colon polyps have the potential to become cancers, but must be found and analyzed to determine if they are pre-cancerous. Between 5 and 10% of pre-cancerous colorectal polyps will become cancer if not removed. Most polyps do not produce symptoms until they become relatively large, but smaller polyps can be found through routine screening. A rare, inherited condition called *familial polyposis* causes hundreds of polyps to form in the colon and rectum.

Continued on the next page

Continued from "Polyps"

Because there is no foolproof way of predicting if a polyp will become cancerous, all polyps should be removed. Most polyps can be easily removed during common screening tests, *sigmoidoscopy* or *colonoscopy*. Very large polyps might require surgery. Once a polyp is removed, the same risk factors that may have caused the polyp in the first place are probably still present. These patients should have regular exams by doctors who are specially trained to treat diseases of the colon and rectum. Colorectal cancer is almost always treated with surgery, then with chemotherapy for more advanced cases. Radiation therapy can also be used to help treat rectal cancer. If colorectal cancer is caught in the earliest stages, 80 to 90% of people will be restored to their normal health.

Inflammatory Bowel Disease (IBD)

Another 1 million Americans (an equal number of women and men) suffer from *ulcerative colitis* or *Crohn's disease*, the two most common forms of *inflammatory bowel disease (IBD)*. Both of these conditions inflame the digestive tract and can cause abdominal pain, watery diarrhea, blood in the stool, fatigue, reduced appetite, weight loss, or fever. IBD also increases your risk of colon cancer. No one knows what causes IBD, but an unknown virus or bacterium, genetics, and the environment may all play a role. See your health care provider if you see a change in bowel habits lasting longer than 10 days, or if you have any of the above symptoms that do not improve with over-the-counter medicines. You cannot prevent these conditions, but you can make changes in your diet and lifestyle to control your symptoms. You might need to limit dairy products, try low-fat foods, experiment with how much protein and fiber you eat, avoid problem "gassy" foods, eat smaller and more frequent meals, and avoid stress.



Symptoms of Colorectal Cancer

Many people who have colorectal cancer in the early stages often have no symptoms. **However, it is critical that you see your health care provider right away if you have any of the following signs:**

- * rectal bleeding or pain
- * blood in or on the stool that is either bright red or very dark
- * change in a regular bowel habit
- * stools that are narrower than usual
- * vomiting
- * diarrhea, constipation, or feeling that the bowel does not completely empty
- * frequent gas pains
- * unexplained weight loss
- * unexplained anemia
- * new lower abdominal pains or general stomach discomfort (bloating, fullness and/or cramps)
- * constant and extreme tiredness

Risk Factors

The risk of colorectal cancer generally increases as you age. Most people (both women and men) over age 50 are considered to have an average risk of developing the disease (about a 1 in 20 chance). **Others could be at a higher risk for serious colorectal cancer if they have:**

- * a personal or family history of colorectal cancer or colorectal polyps
- * African American or Hispanic descent, who are often diagnosed at a later stage of the disease
- * a personal or family history of inflammatory bowel disease like Crohn's disease or ulcerative colitis
- * a personal or family history of ovarian, endometrial, or breast cancer

Having one or more of these risk factors does not guarantee that you will develop colorectal cancer. It just increases the chances. It is important to know your family medical history and share it with your health care provider since colorectal cancer can be an inherited disease. Talk with your health care provider about your own risk and then decide when you should start colorectal cancer screening, and which tests are best for you. Genetic tests are available for people whose family has a certain pattern of cancer.

Other possible risk factors for colorectal cancer include:

- * a diet low in fiber (low fruit and vegetable intake) and high in fat (although further research is needed to clarify the link between colorectal health and a fiber-rich diet)
- * alcohol consumption
- * smoking
- * a lack of regular physical activity
- * long-term exposure to environmental or occupational toxins (poisons)
- * obesity

There is ongoing research to look at foods rich in folate (the natural form of folic acid), such as leafy green vegetables and fortified cereals, as a possible way to reduce your colorectal cancer risk. Adding these foods to your diet or a daily multivitamin with 0.4 mg of folic acid may help. New research shows that some pain medications called COX-2 inhibitors may also help to prevent colon cancer. More research is underway to better understand this effect. Other studies are looking at smoking cessation, taking aspirin each day, decreased alcohol intake, and increased physical activity to see if these approaches can prevent colorectal cancer.

Preventive Screenings

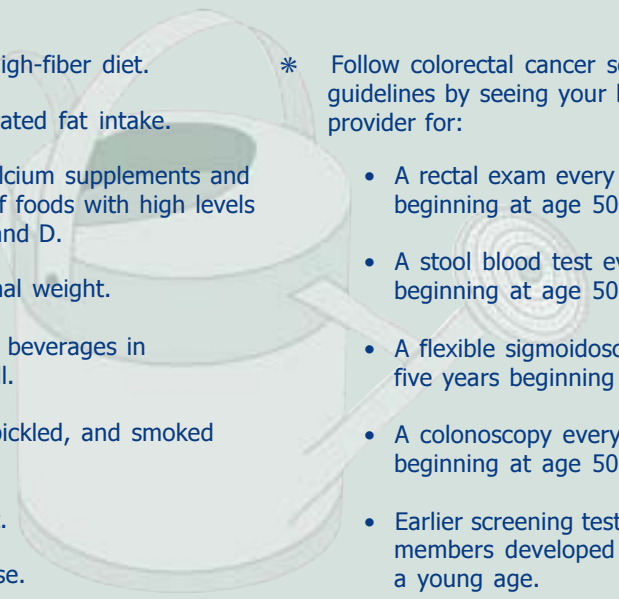
Just as early detection is your best defense against breast and cervical cancer, early detection is also crucial to prevent and treat colorectal cancer. Many women fear that the tests used for colorectal cancer screenings are embarrassing or painful. But they're not as bad as you might imagine. Unlike many other body organs that develop cancer, the colon is relatively accessible and can be easily screened. Screening tests are relatively simple, not painful, and may

only cause a brief period of discomfort. Make screening for this disease as important as your mammogram or Pap smear. Follow the suggested guidelines for tests and keep your appointments with your health care provider. If you have a strong family history of cancer, your health care provider might suggest screening tests more frequently beginning at a younger age.

The screening tests recommended for all average-risk adults beginning at age 50 include:

- * **A stool blood test every year, also called fecal occult blood test** – This simple test for colon and rectal cancer is used to detect tiny amounts of invisible blood. It is not foolproof, however, and you will need other tests every few years.
- * **Flexible sigmoidoscopy every five years** – A doctor can perform this test in his or her office and can look directly at the rectum and lower one-third of the colon. This is the area where most polyps and cancers develop. Many polyps (up to 75%) and cancers (up to 65%) can be detected with flexible sigmoidoscopy.
- * **Colonoscopy every 10 years** – This exam looks at the entire colon. It takes less than 1 hour and enables your doctor to see the entire lining of the colon and rectum using a thin tube with a camera and light called a *colonoscope*. If polyps are found, they can be removed during this test. You will receive anesthesia during this test to reduce any discomfort. This test is often used for people with a family history of colon cancer.
- * **Double contrast barium enema (DCBE) every five to 10 years if not having colonoscopy every 10 years** – This test is a x-ray of the entire colon and rectum, requires an enema, and is performed in a hospital or clinic. This allows the x-ray to show the intestine, but is not as accurate as a colonoscopy.
- * **A rectal exam, or digital rectal exam (DRE) every year** – With this exam, your health care provider will place a finger covered with a lubricated glove into the rectum to feel for abnormalities. It is quick, not painful and should be done during regular check-ups or other screening tests.

How to Nurture Your Colorectal Health:

- 
- * Adopt a low-fat, high-fiber diet.
 - * Reduce your saturated fat intake.
 - * Consider taking calcium supplements and increasing intake of foods with high levels of vitamins, C, A, and D.
 - * Try to stay a normal weight.
 - * Consume alcoholic beverages in moderation, if at all.
 - * Avoid salt-cured, pickled, and smoked foods.
 - * If you smoke, quit.
 - * Get regular exercise.
 - * Follow colorectal cancer screening guidelines by seeing your health care provider for:
 - A rectal exam every year beginning at age 50.
 - A stool blood test every year beginning at age 50.
 - A flexible sigmoidoscopy every five years beginning at age 50.
 - A colonoscopy every 10 years beginning at age 50.
 - Earlier screening tests if family members developed cancer at a young age.

For more information on colorectal cancer, check out the following resources:

National Cancer Institute Cancer Information Service

Phone: 800-4-CANCER

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

American Cancer Society

Internet: www.cancer.org

American College of Gastroenterology

Phone: 800-978-7666

Internet: www.acg.gi.org

Agency for Healthcare Research and Quality

Internet: www.ahrq.gov/clinic/prevenix.htm

Centers for Disease Control and Prevention Cancer Prevention and Control Program

Internet: www.cdc.gov/cancer/colorct/colorect.htm

Publications:

What You Need to Know About Cancer of the Colon and Rectum

Internet: http://cancernet.nci.nih.gov/wyntk_pubs/colon.htm

Irritable Bowel Syndrome

Internet: www.niddk.nih.gov/health/digest/pubs/irrbowel/irrbowel.htm

July

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Independence Day

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July

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July

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Notes

August

SUN	MON	TUE	WED	THU	FRI	SAT
<p>"In choosing where to live or vacation, we may be setting the stage for the play of ourselves, treating nature as a prop."</p> <p>— Deborah Tall (American poet)</p>				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Women living long, living well...

with healthy eyes and ears

When we have the ability to see and hear clearly, we often take our eye and ear health for granted. However, millions of Americans with vision and hearing problems face challenges the rest of us can't imagine. Since women typically live longer than men and comprise a large portion of the elderly, we are more affected by eye problems and hearing loss that can happen as we age. Prevention, early detection, and proper treatment for injury or disease to your eyes and ears throughout life are important, and will help you enjoy independence and quality life as you blossom into older age.

Preserve your Sight: Care for Minor Eye Conditions

Most women have experienced some kind of infection or inflammation of the eye, especially if you wear contact lenses or have allergies. Although you can't always prevent conditions like styes, watery eyes, dry eyes, or eye infections, they can be treated to prevent more serious conditions.

- * **Dry Eye**, or having dry and easily irritated eyes, is caused by the inability to produce enough natural tears to protect the eyes, or by excessive tear evaporation on the surface of the eye. *Dry Eye Syndrome* mostly affects women after menopause, and without care and treatment, it can become very serious. It is not clear why some people cannot produce enough tears, but one cause is Sjogren's Syndrome, a disease that involves dryness in both the eyes and mouth. Your health care provider might recommend using over-the-counter "artificial tears" eye drops.
- * **Watery Eyes**, or having a lot of tearing in the eyes, can have many causes, including a blockage in the tear ducts or problems inside the nose, like polyps; a saggy or "lax" lower eyelid; a condition that causes your tears to spread poorly across the surface of the eye; irritations from ingrowing eyelashes, sand, or dirt; or an infection of the tear ducts. Check with an eye care provider on how to manage watery eyes. If your eyes water excessively and you are uncomfortable much of the time, an operation to open the tear ducts can be helpful. Discuss treatment options with your eye care provider.

Continued on the next page

Vision Loss

- * **Chalazions and Styes** are small lumps or swelling of tiny glands in the eyelid (chalazions) or at the edge of the eyelid (styes). If they are small and without symptoms, they may disappear without treatment. If they are large, they may cause blurred vision. See your eye care provider if you have a lump or swelling in your eyelid, blurred vision, tenderness in the area of the swelling, or frequent styes. Chalazions and styes can be treated with antibiotic drops, warm compresses, gentle massage, or surgical drainage. Do not try to rupture them on your own.
- * **Eye Infection (conjunctivitis)** is an inflammation of the conjunctiva, the thin layer that lines the inner eyelid, caused by bacteria or a virus, allergies, or exposure to chemicals. Symptoms include red watery eyes, blurred vision, a scratchy feeling in the eyes, and sometimes a watery discharge. Conjunctivitis, also known as *pink eye*, is contagious. If not treated properly, it can harm your vision. Bacterial infections can be treated with antibiotic eye drops, but your body's immune system has to fight viral eye infections on its own. To prevent spreading infectious conjunctivitis, keep your hands away from your eyes, wash your hands thoroughly before and after applying eye medications, and do not share towels, washcloths, eye drops, or cosmetics with others. See your eye care provider to find out what type of conjunctivitis you have, and how to treat it.

Most women over the age of 35 will find it's getting harder to read. After age 40, reading glasses become more common. There are other conditions, diseases, or changes that happen in the eye as you age which can cause vision loss.

- * **Glaucoma** is an eye disease in which the normal fluid pressure inside the eyes slowly rises, leading to vision loss. At first there are no symptoms, but as the disease progresses, a person with glaucoma may notice her side vision gradually failing. It is important that you have regular check-ups for this potentially blinding disease. Nearly 3 million people in the U.S. have glaucoma, but some people are at higher risk, including blacks over the age of 40; everyone over the age of 60; and people with a family history of glaucoma. To check for glaucoma, your eye care provider might use an "air puff" test in which a small amount of air is quickly burst in the eye. Glaucoma can be treated with medications that will reduce the fluid pressure in the eye.
- * **Diabetic Retinopathy** damages the blood vessels in the retina, the light-sensitive tissue at the back of the eye. It still is unclear what causes retinopathy, but better control of blood sugar levels can slow the onset and progression of the disease. It also is especially important for people with diabetes to have their eyes checked regularly because retinopathy has no early symptoms. This disease can be treated with laser surgery, but only if caught early.

Continued on the next page

- * **Age-related Macular Degeneration (AMD)** is a disease that affects your central vision (fine, sharp, straight-ahead vision) and is a common cause of vision loss in people over the age of 60. Its cause is unknown, but women are at higher risk, and severe cases have been linked to smoking. People rarely go blind from this disease, but sometimes have problems reading, driving, or doing other daily activities that require fine, central vision. AMD does not cause pain, but you may start having slightly blurred vision and need more light for reading or recognizing faces. Some cases of AMD can be treated with laser surgery, so it is important to get an eye exam at the first sign of blurred vision.
- * **Refractive Errors** are one of the main reasons people need glasses. Refractive errors occur when the eye's outermost lens, the cornea, is too steep or too flat. This irregular shape causes the image you see to be blurry. *Presbyopia* is a type of refractive error that commonly occurs after age 40 and can be part of the normal aging process. Presbyopia is the aging of the lens of the eye and the muscles that control the shape of the lens, making it harder to read at close range. Refractive errors can be corrected with eyeglasses or contact lenses to correct vision loss from nearsightedness (faraway objects appear blurry), farsightedness (close-up objects appear blurry), and astigmatism (both distant and near objects are blurry). Some refractive errors can be repaired with a type of surgery called LASIK – using a laser to reshape the cornea. However, LASIK cannot correct presbyopia.
- * **Cataract.** A cataract is a clouding of the eye's lens that blurs normal vision. Small cataracts can affect people in their 40s and 50s, but over time, these cataracts may grow larger, making it more difficult to see. People with diabetes are twice as likely to develop a cataract. Having a diet rich in antioxidants (vitamins A, C, and E) and B vitamins may lower the risk for cataracts. The only way to know for sure if you have a cataract is through an eye exam, so see your eye care provider at the first sign of blurred vision. If necessary, cataract surgery, one of the most common surgeries, can successfully restore your vision.

Protect your Eyes!

Studies show that exposure to bright sunlight can increase the risk of developing cataracts and macular degeneration. The American Academy of Ophthalmology gives the following tips on how to make sure your eyes are protected:

- * Buy sunglasses that block ultraviolet (UV) rays. Don't be deceived by color or cost. The ability to block UV light is not dependent on the darkness of the lens or the price tag.
- * Ideally, your sunglasses should wrap all the way around to your temples, so the sun's rays can't enter from the side.
- * In addition to your sunglasses, wear a broad-rimmed hat to protect your eyes. Don't be fooled by a cloudy day. The sun's rays can pass through the haze and thin clouds.
- * Even if you wear contacts with UV protection, remember your sunglasses!
- * In addition to the damage caused by a lifetime of exposure to bright sun, you need to protect your eyes from acute damage caused by single outings on very bright days. Excessive exposure to UV light reflected off sand, snow or pavement can damage the cornea, the eye's surface.

You also need to protect your eyes from sports and work-related injuries by wearing protective glasses. To avoid computer eyestrain, take more frequent rest breaks when working at a computer, make sure to eliminate reflections or glare, and get proper glasses if necessary.

Having regular eye exams will help you preserve your sight. Make an appointment with your eye care provider if you have any signs of eye problems, including:

- * flashes of light
- * difficulty seeing at night
- * temporary double vision
- * loss of vision
- * blurred or clouded vision
- * watery or uncomfortable much of the time
- * a lump or swelling in the eyelid with tenderness in the area of the swelling
- * eye injuries

When you go in for your exam, it is helpful to tell your provider about any medications you are taking, and any other health conditions. For information about a free or low-cost eye exam for people over age 65, contact the American Academy of Ophthalmology's National Eye Care Project (800-222-EYES).

How to Nurture Your Eyes:

- * Have a comprehensive eye exam:
 - Once initially between 20 and 39 years old
 - Every 2 to 4 years between 40 and 64 years old
 - Every 1 to 2 years at age 65 and older
- * See your health care provider promptly if you have any signs of vision loss or problems with your eyes.
- * Unless your doctor tells you not to, try to be physically active every day.
- * Protect eyes from injury with protective glasses when working with materials that can harm eyes, and with sunglasses when outside, even if it's cloudy.
- * If you are playing sports, wear protective eyewear made of polycarbonate plastic and fitted by an eye care professional. Sports safety glasses can prevent 90% of sports eye injuries.
- * Don't smoke, it increases your risk for age-related macular degeneration (AMD).
- * Control your cholesterol. High cholesterol also increases your risk for AMD.

Preserve your Hearing: Care for Minor Ear Conditions

Caring for your ears properly can help you avoid hearing loss. To remove ear wax, only clean the outermost part of the ear. Do not insert cotton swabs or anything else into the ear canal. This can push the wax further into the canal and irritate the canal skin. If ear wax is a problem, talk with your health care provider. Ear infections are not just for kids. They are caused by bacteria or a virus in the middle ear (*otitis media*) or the outer part of the ear (*otitis externa* or "swimmer's ear"). Signs of an ear infection include ear pain, itching of the ear or ear canal, drainage from the ear,

hearing loss, or ear noise or buzzing. If you have signs of an ear infection, see your health care provider right away to prevent the infection from getting worse. If you are prescribed antibiotic ear drops, use them as often and for as long as prescribed. Prevent further damage by keeping your ears clean and dry, and wear earplugs when swimming. Prevent damage to your ears by wearing a helmet when bicycling or during other activities that may cause head injury, and keep them free of irritants like hairspray and hair dye.

Hearing Loss

Hearing loss may cause you to miss musical notes at a concert, or leave a ringing doorbell unanswered. Hearing problems can be small (missing certain sounds) or large (deafness). Like vision loss, hearing loss can be caused by many things – the aging process, exposure to very loud noises over a long period of time, infections, heart conditions or stroke, head injuries, tumors, certain medicines, or heredity. You can help slow or prevent many types of hearing loss by promptly caring for ear infections and earwax, wearing earplugs during loud activities, and taking medications properly.



Common Types of Hearing Loss

- * **Age-related hearing loss (presbycusis)** is an ongoing loss of hearing linked to changes in the inner ear. The decline is slow, and just as hair turns gray at different rates, presbycusis develops at different rates. By age 75, 40% of the population has presbycusis. It can be made worse by exposure to high noise levels.
- * **Conductive hearing loss** happens when sound waves are prevented from passing to the inner ear. It can be caused by various things like buildup of earwax, infection, and fluid in the middle ear, or a punctured eardrum. This type of loss often can be corrected with surgery or medical treatment.
- * **Sensorineural hearing loss** happens when nerve cells in the inner ear are damaged by aging, noise, illness, injury, infection, head trauma, toxic medications, or an inherited condition. One example is *noise-induced hearing loss (NIHL)* which accounts for one-third of the 28 million Americans who have hearing loss. NIHL can be caused by a one-time exposure to loud sound or by repeated exposure to sounds at loud levels or a long period of time. That is why it is very important that you wear earplugs when you are involved in a loud activity.
- * **Tinnitus** is a ringing, roaring, buzzing or clicking sound that occurs inside the head that is a symptom of hearing loss. It can be caused by ear wax, an ear infection, using too much aspirin or antibiotics, or a nerve disorder. Often, the cause cannot be found. Tinnitus can come and go or stop altogether, and can be difficult to treat.



See Your Health Care Provider

Some people may not admit they have trouble hearing or don't realize the full extent of their hearing loss. Older people who can't hear well may become depressed or withdrawn from others. If ignored, however, hearing problems can get worse. Your health care provider will talk with you about some of the choices that can help you. You might be referred to an *otolaryngologist*, a doctor who has special training in the ear, nose, and throat. This doctor may work with an *audiologist*, a health professional who can identify and measure hearing loss. They might recommend you use a small device to help you hear. *Hearing aids* are electronic, battery-operated devices that make sounds louder and clearer. Hearing aids do not restore normal hearing or eliminate background noise and adjusting to them is a gradual process. *Cochlear implants* are very different from hearing aids. While hearing aids amplify sound, cochlear implants compensate for damaged or non-working parts of the inner ear. Cochlear implants are small, complex electronic devices surgically placed under the skin that can send sounds to the brain.

How to Nurture Your Ears:

- * At age 50, discuss having a hearing exam with your health care provider.
- * See your health care provider promptly if you have any signs of hearing loss, unusual pain, or problems with your ears.
- * Know which noises can cause gradual hearing loss (any above 90 decibels) and wear earplugs when doing loud activities. Fifteen minutes per day is the maximum safe exposure without protection. Usual conversation is 60 decibels and city traffic noise can be 80 decibels. Sources of loud noises that cause hearing loss include motorcycles, lawnmowers, firecrackers, a loud rock concert and small firearms (all 115 – 140 decibels).
- * Do not insert anything into your ear canal, and wear a helmet when bicycling or doing other activities that could cause head injury.

* **QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER:**

For additional information on having healthy eyes and ears, check out the following resources:

National Institute on Aging Information Center

Internet: www.nia.nih.gov
 Phone: 1-800-222-2225
 TTY: 1-800-222-4225

Eye-Specific Resources

National Eye Institute (NEI)

Internet: www.nei.nih.gov

American Academy of Ophthalmology

Internet: www.eyenet.org
 Phone: (415) 561-8500

Publication:

A Checklist for Your Eye Doctor Appointment

www.preventblindness.org/eye_problems/doc_checklist.html

Ear-Specific Resources

National Institute on Deafness and Other Communication Disorders (NIDCD)

Internet: www.nidcd.nih.gov
 Phone: 1-800-241-1044
 TTY: 800-241-1055

American Academy of Otolaryngology-Head and Neck Surgery, Inc. (AAOHN)

Phone: 703-836-4444
 TTY: 703-519-1585

**National Deaf Education Network and Clearinghouse
 Gallaudet University**

Internet: <http://clerccenter.gallaudet.edu/clearinghouse/index.html>
 Phone: 202-651-5051
 TTY: 202-651-5340

Publication: Hearing Aids

www.nidcd.nih.gov/health/pubs_hb/hearingaid.htm



August

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September Health Activities and Observances

From the **Pick Your Path to Health Campaign** (described on page 5 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

September – Immunization: Shots aren't only for kids. Get yours!

Personal Action Steps:

- * Keep a complete record of your immunizations.
- * Get a flu shot.
- * Immunize! Vaccines are among the safest medicines available.
- * Adult women need immunizations! Ask your health provider.

Federal Health Observances for September:

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

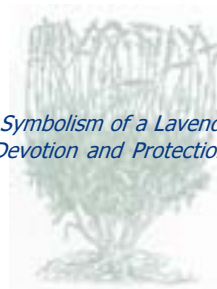


September 15th begins Latina Women's Health Month

Here are important health issues of special concern to Latina women:

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

The Symbolism of a Lavendar is Devotion and Protection



September

SUN	MON	TUE	WED	THU	FRI	SAT
1	2 <i>Labor Day</i>	3	4	5	6 <i>Rosh Hashanah begins at sundown</i>	7 <i>Rosh Hashanah</i>
8	9	10	11	12	13	14
15 <i>Yom Kippur begins at sundown</i>	16 <i>Yom Kippur</i>	17	18	19	20	21
22	23 <i>Autumn begins</i>	24	25	26	27	28
29	30	<p>"The best remedy for those who are afraid, lonely or unhappy is to go outside, somewhere where they can be quiet, alone with the heavens, nature and God."</p> <p>— Anne Frank</p>				

Women living long, living well...

with a healthy smile

Having a healthy smile means so much more than having pretty teeth! It means living free of oral, facial, and throat conditions and diseases that, as we all know, sometimes cause pain and tooth loss. It is easy to take the tissues in our mouth, face, and throat for granted, but they are key to living each day comfortably. They allow us to speak and smile; sigh and kiss; smell, taste, touch, chew, and swallow; cry out in pain; and show a world of feelings and emotions through facial expressions. Nurturing these tissues by having regular oral exams, good hygiene, good nutrition, and not smoking, can prevent disease throughout your body. Take time to smell the roses! You'll be more relaxed knowing you are doing your best to protect your bright smile.

Oral Health and your Body

You may have heard the phrase, "the mouth is a mirror." Well, it's true! The health of your mouth can be a sign of your overall health. Most of us think of problems with the mouth in terms of cavities, toothaches, and broken or crooked teeth. Obviously, lacking healthy teeth can have an effect on how we look, but it is now known that there

are more direct links between the health of the mouth and the health of the body. For instance, people with *chronic adult periodontitis* (disease of the gums, and the soft tissue and bone supporting the teeth) are at increased risk for heart disease. Many serious diseases reveal their early signs as symptoms in the mouth. This is why it is important to have complete, regular oral exams.

Common Oral Health Problems

Oral Diseases and Conditions

The most common oral diseases are *dental cavities (decay or caries)* and *gum (periodontal) diseases*. Everyone is at risk for getting cavities throughout life. By the time most people reach adulthood, 85% of people will have had a cavity! Gum diseases are more often seen as people age, with the majority of people showing some signs by their mid-30s. The good news is that you can take steps to help prevent both tooth decay and gum diseases.

Dental Cavities

Everyone naturally has bacteria in their mouths, called *oral flora*. The bacteria mix with saliva and food debris to form a sticky coating called *dental plaque*. Some bacteria will break down sugars in leftover food to form an acid that can erode tooth enamel, causing cavities. If this acid reaches the nerves and blood vessels in the center of the tooth (the pulp), it can cause a painful infection or abscess (painful swelling), destruction of bone, and spread through the bloodstream, if it is left untreated.

Gum disease (periodontal disease) from infection or plaque is a common cause of tooth loss after age 35. The most common type of periodontal disease is *gingivitis*. Gingivitis is caused by plaque, which irritates the gums and causes them to bleed and swell. *Periodontitis* is a more serious form of periodontal disease which, if left untreated, gets worse as pockets of infection form between the teeth and gums. This causes receding gums and loss of supporting bone, sometimes enough to cause your teeth to fall out. Periodontitis results from a mixed infection of bacteria. You may be more likely to be infected with these bacteria if someone else in your family has periodontitis, you are a smoker, or if you have a disease like diabetes, osteoporosis, or HIV infection.

Some other Conditions of the Mouth include:

- * **Dry mouth (*xerostomia*)** – This is common in many adults and may make it hard to eat, swallow, taste, and speak. It happens when salivary glands fail to work properly, often as a side effect from medications, such as those used for high blood pressure, antidepressants, and antihistamines, and from medical treatments like chemotherapy.
- * **Oral problems from cancer therapies** – Medical treatments like chemotherapy or radiation to the head and neck can cause dry mouth, tooth decay, painful mouth sores and cracked, peeling lips.
- * **Oral cancer** – This most often occurs in people over the age of 40 and often goes unnoticed in its early, curable stages since pain is usually not an early symptom, and many people do not visit their dentists often enough. The most common sites of oral cancer occur on the tongue, the lips, and the floor of the mouth. Use of tobacco, especially in combination with alcohol, is the main cause for these cancers.
- * **Oral fungal or yeast infections (*candidiasis*)** – These fungi appear as red or white lesions, flat or slightly elevated, in the mouth. People who have problems with their immune system or endocrine system are especially at risk. Oral candidiasis often is the first sign of HIV infection, for example. Tobacco use has also been linked to candidiasis.
- * **Cold sores (*herpes simplex virus type 1 (HSV-1) infections*)** – If you’ve ever had a cold sore, you’re not alone. HSV-1 is the cause of cold sores, something one-half-million people encounter every year. Once exposed, this herpes virus can hide unnoticed in your body for years. These sores usually form on the lips but can also make you feel tired, have muscle aches, sore throat, and enlarged and tender lymph nodes before the sore appears. The sores or blisters usually heal in seven to 10 days without scarring, but can be very painful. Too much sun, mild fevers that occur with a cold, or stress can all bring out a cold sore.
- * **Canker sores (*aphthous ulcers*)** – These relatively harmless, but irritating sores are a common form of a mouth ulcer. They occur in women more often than men, often during the menstrual period. They are usually tiny and heal by themselves in one to three weeks, but large ulcers (larger than 1 centimeter) may need to be treated with medication. To reduce discomfort you can try avoiding hot and spicy foods, using mild mouth-washes or salt water, or swabbing the sore with a mixture of hydrogen peroxide and water, or milk of magnesia. There is no proven way to prevent canker sores, but if you get them often, take note of anything that might be irritating your mouth, and talk to your health care provider.

Oral Conditions in Women

As women, we experience changes in our bodies that affect our oral health. A variety of soft tissue changes in some women during puberty, menstruation, and menopause can happen because hormone levels are changing. Cold sores and canker sores may be more frequent. Gingivitis also can occur during puberty as hormone changes occur. Around the time of menopause, dry mouth (often also related to the use of certain medications), changes in sensation or taste, increased risk of gum disease, and bone weakness are concerns. Good oral hygiene is critical for women at all stages of life.

How to Maintain Oral Health

Brushing and Flossing

Proper brushing and flossing every day is extremely important. Gently brush all sides of your teeth with a soft or medium bristled brush with a fluoride toothpaste. Circular and short back-and-forth strokes work best. Take time to brush along the gum line, and lightly brushing your tongue helps remove plaque and food debris. Thorough flossing is important and your dentist can show you the best way to floss your teeth. If you wear dentures, be sure to remove them at night and clean them well before replacing them the next morning.

Toothpaste, Mouthwash and Tooth Whitening

You probably have noticed that there are many different types of toothpastes available, and it can be confusing deciding what to buy. There are toothpastes that say they're made for whitening, reducing gingivitis and plaque, or for sensitive teeth. As long as the toothpaste contains fluoride and has the American Dental Association's (ADA) seal of acceptance, you can choose one to suit your personal preferences and satisfy your mouth's needs. Selecting toothpastes based on their additives are personal choices, but it's important to know which additives are merely for taste or cosmetic appeal, and which have health value. For example, ADA-accepted toothpastes with manufacturers' claims to reduce gingivitis and plaque are effective. On the other hand, ADA-accepted "tartar-control" toothpastes only have

cosmetic benefits for your mouth. These toothpastes can help prevent the tartar build-up that is visible on your teeth, but you have to go to the dentist to actually have all tartar removed.

Mouthwashes claim to freshen your breath, but they are generally cosmetic, mask breath odor, and do not have long-lasting effects on bad breath. If you must constantly use a breath freshener to hide unpleasant mouth odor, see your dentist. If you need extra help in controlling plaque, your dentist might suggest using an antimicrobial or antiseptic mouthrinse. Many of these products are accepted by the ADA for their benefits in reducing plaque and gingivitis, and also for their breath freshening ingredients that kill the germs that cause bad breath. You also may want to use a fluoride mouth rinse to help prevent tooth decay.

Many women want to whiten teeth more than is possible through regular brushing, flossing, and check-ups. There are several options available that vary in price and effectiveness, including bleaching in the dentist's office, at-home bleaching kits, (dispensed by your dentist or purchased over-the-counter), and using whitening toothpastes. Options offered by your dentist can be expensive, so be certain to ask your dentist to fully explain what results you can realistically expect. Keep in mind that whitening your teeth alone does not make your mouth any healthier.

A Healthy Lifestyle

The two most important lifestyle choices you can make for good oral health are a nutritious diet and not smoking. You can cut down on tooth decay by avoiding sugars and starches. You can reduce your risk for developing gum disease, oral and throat cancers, and oral fungal infections by not smoking. Heavy alcohol use also raises your risk for oral and throat cancers. When used alone, alcohol or tobacco are risk factors for oral cancers, but when used in combination the risk is even greater.

Regular Check-ups

Having an oral exam twice every year will help find signs of problems early. During an exam, you may see different types of dental professionals. For example, *dental hygienists* assist dentists in cleaning teeth and in general check-ups, and *periodontists* are dentists who specialize in treating gum disease and placing dental implants to replace lost teeth. If you have a serious problem and require surgery on your mouth, you may have to consult an *oral surgeon*. During regular check-ups, dental professionals can find signs of nutritional deficiencies, diseases, infections, immune disorders, injuries, and some cancers. Your dentist may recommend having dental sealants, or clear, protective coating to cover pits and fissures on the surface of the teeth to help prevent decay. The most important thing is to follow your dental care provider's advice about routine, daily oral hygiene.

Having a Baby? Oral Health and Pregnancy

Pregnant women have special oral health needs. Every expectant mother should have a complete oral exam prior to or very early in pregnancy. All needed dental work should be managed early, because having urgent treatment during pregnancy, while possible, can present risks. Preventive care can be started to control risks for gum inflammation and disease. A sometimes painful condition called *pregnancy gingivitis* often puts

Continued from "Oral Health and Pregnancy" 141

expectant mothers at risk for gum disease and may discourage proper brushing and flossing. We know that pregnant women with gum disease problems are much more likely to have premature babies of low-birth weight. This may result from the transfer of bacteria in the mother's mouth to the baby through the placenta during the third trimester of pregnancy. If you are pregnant, it is even more important to be very complete in brushing and flossing your teeth daily.

Are you a New Mother? Oral Health and New Mothers

It is now known that the germs that cause tooth decay can be passed to babies by their mothers or caregivers, so it is wise not to put your baby's items in your mouth.

The Department of Health and Human Services (DHHS) recently released a *Call to Action for Breastfeeding* that recommends all mothers breastfeed if it is possible. Breastfeeding can help babies' immune systems to respond to bacteria and infection since breast milk contains immunologic agents, or the mother's antibodies to disease. **For more information on breastfeeding, see the chapter on A Healthy Pregnancy.**

Wiping the baby's gum ridges with a soft cloth or a baby's toothbrush after each nursing and feeding can help remove sugars found in the milk that can cause tooth decay. Bottle-feeding should end by age one and you should never put your baby to bed with a bottle of milk or juice. Sucking on a bottle when lying down can destroy the baby's teeth causing years of tooth pain and difficulty eating.

Pediatricians and pediatric dentists recommend that all babies have an oral examination between one and two years old. This is to screen for abnormal conditions and damaging feeding practices, and to educate caregivers on proper care of the teeth and mouth.

How to Nurture Your Mouth and Gums:

- * Drink fluoridated water and use fluoride toothpaste. Fluoride's protection against dental decay works at all ages.
- * Brush after meals with a soft or medium bristled toothbrush. Use dental floss daily.
- * Visit your dentist twice every year for an oral exam. Make an appointment right away if your gums bleed often, you see any red or white patches on the gums or tongue, have sores that do not heal within two weeks, or if you have problems swallowing or chewing.
- * If you are pregnant, have an oral exam early in your pregnancy to manage necessary dental work.
- * Don't smoke, and drink alcohol only in moderation, if at all. Always brush after drinking, before going to bed.
- * Eat nutritious foods and limit the amount of sweets you eat, especially between meals.
- * If you take medications that produce a dry mouth, ask your health care provider if there's another drug you can use instead.
- * Have an oral exam before beginning cancer treatment to help prevent or limit other oral problems or tissue damage.
- * If you have diabetes, good dental hygiene to prevent gum disease is extremely important.
- * If you have a baby, wiping your baby's gum ridges with a soft cloth or baby toothbrush after nursing or feeding can help remove sugars that cause tooth decay.

For additional information on having a healthy mouth and gums, check out the following resources:

National Institute of Dental and Craniofacial Research (NIDCR)

Phone: 301-496-4261
Internet: www.nidr.nih.gov/

National Oral Health Information Clearinghouse

Phone: (301) 402-7364
Internet: www.nohic.nidcr.nih.gov

American Dental Association (ADA)

Phone: 312-440-2593
Internet: www.ada.org





Women living long, living well...

with complementary and alternative medicine

A treatment is generally called *complementary* when it is used *in addition to* conventional treatments; it is often called *alternative* when it is used *instead of* conventional treatment. (Conventional treatments are those that are widely accepted and practiced by the mainstream medical community.) Women are the primary users of complementary and alternative medicine (CAM) for themselves and their families. In 1997, 83 million people used at least one alternative medical therapy to help with various conditions, including the symptoms of menopause. CAM therapies are used in an effort to prevent illness, reduce stress, prevent or reduce side effects and symptoms, or control or cure disease. CAM covers a broad range of healing philosophies, approaches, and therapies. While some of these therapies are far outside the realm of accepted Western medical practice, others are becoming part of mainstream medicine. Mother Nature has given us many things to potentially aid in healing us, but many alternative approaches have not been thoroughly tested. Becoming educated about these therapies can help you decide which ones can help you stay healthy through each decade of life.

Types of CAM Therapies

There are five basic types of CAM therapies:

- * **Alternative medical systems** include traditional medical practices from Asian, Indian, Native American, Aboriginal, African, Middle-Eastern, Tibetan, and Latin American cultures. They may be considered "alternative" in the U.S. and "mainstream" in their own cultures. This group also includes *homeopathy* and *naturopathy*. Homeopathy uses small doses of plant extracts and minerals to help the body's natural defenses to heal and fight off disease. Naturopathy uses therapies like diet, acupuncture, water therapies, light therapy, electric currents, massage, and counseling.
- * **Mind-body interventions** use techniques like meditation, hypnosis, dance, music, art therapy, prayer, and mental healing.
- * **Energy therapies** focus either on energy fields originating within the body (biofields) or those from other sources (electromagnetic fields). Examples include Qi gong, Reiki, Therapeutic Touch, and the unconventional use of electromagnetic fields (pulsed fields, magnetic fields, or alternating current or direct current fields) to treat pain or disease.

Continued on the next page

- * **Biologically-based methods** include dietary supplements, (herbal remedies, vitamin and mineral supplements), special diets (Atkins, Ornish, Pritikin, Weil, for example), and individual biological therapies (laetrile, shark cartilage, bee pollen).

Dietary supplements are defined as a product (other than tobacco) taken by mouth that contains a "dietary ingredient" intended to supplement the diet. The dietary ingredients in these products may include: vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, glandulars, and metabolites. Dietary supplements can be found in many forms such as tablets, capsules, softgels, gelcaps, liquids, or powders. They can also be in other forms, such as a protein bar, but if they are,

information on their label must not represent the product as a conventional food or a sole item of a meal or diet. Whatever their form, the Dietary Supplement Health and Education Act (1994) places dietary supplements in a special category under the general umbrella of "foods," not drugs. This means they are not regulated as carefully or strictly as drugs. Every supplement must be labeled as a dietary supplement.

Herbal remedies or botanicals are made of plant materials such as flowers, leaves, stems, seeds, sap, bark, or roots.

- * **Manipulation and/or movement of the body.** This category includes practices like chiropractics, osteopathy, and massage.

Things to Consider Before Trying CAM Therapies

If you have ever wandered through a natural products store, you probably feel overwhelmed by thousands of packaged remedies making health claims. Remember that many of these products are offered by companies with multi-million dollar advertising budgets. **There are some important and easy steps you can take to ensure you choose the safest and most appropriate therapy for you and your health.**

- * **Consult your health care provider.** Your provider may be able to give you good advice and references for complementary and alternative therapies. It's also very important to coordinate therapies to avoid bad interactions.
- * **Check out the safety and the effectiveness of the therapy.** Remember that "natural" does not necessarily mean safe. The U.S. Food and Drug Administration (FDA) does not regulate the contents of many herbal and alternative therapies for purity, safety, or safe dosages. Get as much information as you can from your pharmacist, health care provider, and the resources listed at the end of this chapter.
- * **Research the CAM provider's expertise and service.** Talk to former patients and look at the health care provider's credentials. Look at the condition of the office. Find out how many patients he or she treats and how long each visit lasts. Don't be afraid to observe or ask.
- * **Consider the claims.** Does the product or provider make remarkable claims? Remember: if it sounds too good to be true, it probably is. Be an informed consumer. Find out as much as you can about the product and provider.
- * **Consider the costs.** At present, many complementary and alternative treatments are not reimbursed by health insurance.

Many women like the idea of “natural” treatments, and seek CAM therapies because they are less invasive and may have fewer side effects. We use CAM therapies not only for life-threatening illnesses, but also for menstrual-related conditions, pregnancy, childbirth, and infertility and menopausal issues. But, even though we are the leading users of CAM, there is a lack of scientific evidence to show the most effective or promising therapies for women’s health. That is why the National Center for Complementary and Alternative Medicine (NCCAM) (www.nccam.nih.gov) is beginning to look at these issues to help them prioritize their research and design studies that are specific to women.

You may be wondering about the many “herbal” products for sale that claim to help menopausal symptoms. There are some products that seem to help some women. Soy and soy products have been used to help ease menopausal symptoms due to their high concentration of *phytoestrogens*. Phytoestrogens come from plants, can act like estrogens, and so could have some of the same effects as hormone replacement therapy (HRT). Unfortunately, the long-term safety of phytoestrogens has not been studied enough. There is limited, and sometimes conflicting, research on the safety and effectiveness of many other popular herbal products that claim to help menopause, including *ginseng*, *black cohosh*, *dong quai*, and *evening primrose*.

Recently, the American College of Obstetricians and Gynecologists (ACOG) issued the following guidelines on the most popular natural remedies for menopause:

1. **Soy and isoflavones (plant estrogens found in beans, particularly soybeans)** – High isoflavone intake (about 50 grams of soy protein per day) may be helpful in the short term (2 years or less) in relieving hot flashes and night sweats. Taken over the long term, it also may have beneficial effects on cholesterol and bones. While safe in dietary amounts, the consumption of extraordinary amounts of soy and isoflavone supplements may interact with estrogen and may be harmful to women with a history of estrogen-dependent breast cancer and possibly to other women as well.
2. **St. John’s wort** – May be helpful in the short-term (2 years or less) to treat mild to moderate depression in women (when given in doses of less than 1.2 milligrams a day.) A recent study showed it is not effective in treating severe depression. It also can increase skin sensitivity to the sun and may interfere with prescription antidepressants.
3. **Black cohosh** – May be helpful in the short term (6 months or less) to treat hot flashes and night sweats. It seems to be safe, although studies have been small and brief, none longer than six months.
4. **Chasteberry (also known as monk’s pepper, Indian spice, sage tree hemp, and tree wild pepper)** – This may inhibit *prolactin*, a natural hormone that acts on the breast. It is touted for breast pain and premenstrual syndrome. There are very few studies in menopausal women. A study of women with premenstrual syndrome found they reported improvements in mood, anger, headache, and breast fullness, but not bloating and other symptoms.
5. **Evening primrose** – This plant produces seeds rich in *gamma-linolenic acid*, which some experts believe is the nutritionally perfect fatty acid for humans. Although evening primrose capsules are taken for breast pain, bladder symptoms and menopausal symptoms, there is little or no evidence that they work. The one high quality study of effects on hot flashes found that evening primrose was no better than placebo (a sugar pill).

Continued on the next page

6. **Dong quai** – A study aimed at reducing hot flashes found that dong quai was not better than placebo – although the 4.5-gram dose used in the study was lower than that typically given in Chinese medicine. *Dong quai is potentially toxic.* It contains compounds that can thin the blood, causing excessive bleeding, and make the skin more sensitive to sun, possibly increasing skin cancer risk.
7. **Valerian root** – This has traditionally been used as a tranquilizer and sleeping aid. But the U.S. Pharmacopoeia, which sets manufacturing standards for medicines, does not support its use, and there have been reports of heart problems and delirium attributed to sudden withdrawal from valerian.
8. **Ginseng** – Most of the many types of ginseng (including Siberian, Korean, and American, white and red), are promoted for relieving stress and boosting immunity. A study of menopausal women by the leading ginseng manufacturer found the product did not relieve hot flashes but did improve women's sense of well being. Analyses of ginseng products have found a troubling lack of quality control: some contained little or no ginseng, contained large amounts of caffeine, or were tainted by pesticides or lead.
9. **Wild and Mexican yam** – There are no published reports that show wild and Mexican yam cream is effective in helping menopausal symptoms. The hormones in wild and Mexican yam do not have any estrogenic or progestational properties, so they are not expected to help women with these symptoms.



Again, these products are not regulated through the FDA, so there is little research to back up their claims. Also, most have to be taken routinely, are not covered by insurance, and can become costly over time. Any herbal remedies for menopause should be thoroughly discussed with your health care provider. You should tell your provider if you are taking any other medications, since some of the herbal products can have harmful interactions with other drugs. Also, herbal remedies can take about six to eight weeks to start working. If an herbal remedy checks out with your conventional health care provider, you might want to start herbal remedies at a lower dose. Different doses of herbal remedies will work for different people, just as with prescription drugs.

Risks of Herbal Remedies and Dietary Supplements

A recent report from doctors at the University of Chicago showed that there are some risks with herbal medications, especially if you are planning to have surgery. The report looked at many published studies on the potential effects of eight of the most commonly used herbal medications: echinacea, ephedra (also known as ma huang), garlic, ginkgo, ginseng, kava, St. John's wort, and valerian. The report cited effects such as bleeding from garlic, ginkgo, and ginseng; heart problems from ephedra; and low blood sugar from ginseng. It also found if herbs are used as sleep aids, the sedative effect from anesthesia can be increased during surgery.

You should always talk with your health care provider about your use of herbal remedies before having surgery.

Ephedra (ma huang) or ephedra alkaloids (EADS) are common ingredients in popular products sold by a multi-million dollar diet industry. Although these diet products are marketed as safe, there is no strong, clinical data to support this claim. These compounds have potentially powerful stimulating effects on the nervous system and heart. Many women claim they have successfully lost weight with ephedra products, but hundreds



Continued from "Risks of Herbal Remedies and Dietary Supplements"

of consumer illnesses and injuries from using these products have also been reported. Some include nervousness, headache, insomnia, dizziness, heart palpitations, and skin flushing and tingling. More serious adverse effects include heart-related abnormalities and deaths. The FDA has been trying for years to make them safer and warn consumers to use them cautiously. Anyone with high blood pressure, heart conditions, or who is pregnant should avoid using products that contain EADS. You should check to see if ephedra is an ingredient in any diet product and always check with your health care provider about its safety based on your personal health profile.

How to Nurture Your Body if you Use CAM Therapies:

- * Before using CAM therapies, carefully research the product and the CAM provider.
- * Discuss all herbal remedies and alternative therapies you are using with your health care provider, especially prior to having surgery.
- * See your health care provider if you develop uterine bleeding, a rapid heart beat, a rash, or any adverse reaction to herbal remedies.

For additional information on CAM therapies, check out the following resources:

National Center for Complementary and Alternative Medicine Clearinghouse

Phone: 888-644-6226

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

American Holistic Medical Association

Internet: www.holisticmedicine.org

Herb Research Foundation

Phone: 800-748-2617

Internet: www.herbs.org

Office of Dietary Supplements, at the National Institutes of Health

Internet: <http://dietary-supplements.info.nih.gov/>

The American Botanical Council

Internet: www.herbalgram.org



Notes

September

SUN

1

September

MON

2

Labor Day

TUE

3

WED

4

THU

5

FRI

6

Rosh Hashanah begins at sundown

SAT

7

Rosh Hashanah

SUN

8



September

MON

9

TUE

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WED

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THU

12

FRI

13

SAT

14

SUN

15

Yom Kippur begins at sundown

September

MON

16

Yom Kippur

TUE

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WED

18

THU

19

FRI

20

SAT

21

SUN

22



September

MON

23

Autumn begins

TUE

24

WED

25

THU

26

FRI

27

SAT

28

SUN

29

October Health Activities and Observances

From the **Pick Your Path to Health Campaign** (described on page 5 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

*October – Violence Prevention:
Empower yourself.*

Personal Action Steps:

- * Think smart – avoid risky situations and places.
- * Never leave a drink unattended – avoid date rape.
- * Learn how to get help – The National Domestic Violence Hotline Phone: 800-799-SAFE (7233) or 800-787-3224 (TDD).
- * Make a list of safe people to contact in case of emergency.

Federal Health Observances for October:

National Breast Cancer Awareness Month
 Breast Cancer Control Month
 Domestic Violence Awareness Month
 National Family Sexuality Education Month
 National Dental Hygiene Month
 National Spina Bifida Prevention Month
 National Spinal Health Month
 National Physical Therapy Month
 National Liver Awareness Month
 Healthy Lung Month
 National Lupus Awareness Month
 Sudden Infant Death Syndrome
 Awareness Month
 Family Health Month



*The Symbolism of Peppermint is
Warmth of Feeling*



NOTES:

October

SUN	MON	TUE	WED	THU	FRI	SAT
"October's poplars are flaming torches lighting the way to winter." — Nova Bair (poet)		1	2	3	4	5
6	7	8	9	10	11	12
13	14 <i>Columbus Day</i>	15	16	17	18	19
20	21	22	23	24	25	26
27 <i>Daylight Saving time ends</i>	28	29	30	31 <i>Halloween</i>		

Women living long, living well...

with urinary tract health

Proper function of our urinary system is such a natural part of our day, we usually don't think about it until we have a problem. About one of every five women will have a urinary tract infection in her lifetime, often related to sexual activity, pregnancy, older age, or no known cause at all. These infections can range from slightly irritating to very painful. It is important to discuss these issues with your health care provider. Getting proper treatment will prevent your urinary tract problems from getting worse and affecting other parts of your body. In the meantime, practicing good hygiene and following a few other easy steps can nurture your urinary system and hopefully prevent these irritations.

The Urinary System

The urinary system is nature's way of getting rid of waste in our bodies. It consists of the following parts:

- * **the kidneys** remove liquid waste from the blood in the form of urine, keep a balance of salts and other substances in the blood, and produce a hormone that helps form red blood cells
- * **the ureters** are narrow tubes that carry urine from the kidneys to the bladder, a triangle-shaped chamber in the lower abdomen that stores urine
- * **the urethra** is a tube that carries the urine as it leaves the body

Symptoms of Urinary Tract Infections (UTIs)

Not everyone with a UTI has symptoms, but most people get at least some, which can include:

- * a frequent urge to urinate, but only passing a small amount of urine
- * a burning sensation, pressure, or pain in the area of the bladder or when urinating
- * feeling tired, shaky, or washed out



- * **Bladder Infections (Cystitis)-** Cystitis occurs when bacteria enter through the urethra and spread upward to the bladder, causing pain and the urge to urinate often. An infection of the urethra, *urethritis*, often happens at the same time. Cystitis is the most common form of UTI and almost always occurs in women. After you have several bladder infections, you may need a test called, *cystoscopy*. A flexible tube with a light and camera is used to inspect the inside of the bladder and to remove samples of urine and tissue.
- * **Interstitial Cystitis (Painful Bladder Syndrome or Frequency-Urgency-Dysuria Syndrome)-** People with interstitial cystitis (IC) have an inflamed or irritated bladder wall that can cause reduced bladder capacity, scarring, stiffening, and bleeding in the bladder. IC is a complex, chronic disorder, and the cause is unknown. About 90 percent of IC patients are women. It can be treated with medications, special solutions, and vitamins.
- * **Kidney Infections (Pyelonephritis)-** If left untreated, a UTI can move on to the kidneys and can become more serious. A fever may be one sign this has happened. Besides having symptoms of a UTI, you also may have these other symptoms:
 - pain in the back or side below the ribs
 - nausea, or vomiting
 - chills

Women who are Most at Risk

Urinary tract infections are fairly common in women, and some women get them repeatedly. Ten to 20 percent of all women will develop a UTI at some time in their lives, and women are 30 times more likely to have cystitis than men. The urethra in women is short, and close to sources of bacteria from the vagina and anus, probably making it easier for bacteria to travel up the ureters. Women with diabetes or with other immune system disorders also have a higher risk of UTIs.

Pregnancy

Pregnant women seem no more prone to UTIs than other women, but hormonal changes during pregnancy can make infections more likely to travel to the kidneys. Most doctors recommend periodic testing of your urine during pregnancy. If you get symptoms of a UTI while you are pregnant, it is important to see your health care provider immediately because the infection could cause early labor. Women who deliver their baby by cesarean section and have a *catheter* (a thin tube inserted in the bladder to empty urine) are also at high risk for a UTI.

Continued from "Women who are Most at Risk"

Menopause

Women are also at higher risk for UTIs after menopause. The walls of the urinary tract also thin out after menopause, which weakens mucous linings, making them less able to resist bacteria. The bladder also becomes less flexible and may not empty completely.

Sexual Activity

Having sex frequently also raises the risk for UTIs. Almost 80% of UTIs occur within 24 hours of having sex. Different factors with sex are involved: sexual position (some cause more friction against the urethra); use of a diaphragm, spermicides, or unlubricated condoms (that cause irritation); or sexually transmitted diseases (that can also infect the urethra).

Other Irritants

Other things that put women at risk of getting UTIs include: being allergic to bubble baths, soaps, or vaginal creams; the use of certain antibiotics, which can destroy protective bacteria and cause an overgrowth of other bacteria in the vagina; having structural abnormalities of the urinary tract; and genetic factors.

Treatment

UTIs are treated with antibiotics, usually for seven to ten days, but for some infections, you may only need a single dose of an antibiotic. If you are in a lot of discomfort, ask your health care provider to prescribe a pain reliever.

Bladder Control Problems

Many women experience some type of urine leakage. The most common is *stress incontinence*, where urine may leak when you laugh, sneeze, or lift something heavy. Stress incontinence comes from weakened pelvic muscles due to pregnancy, menopause, or other causes. *Urge incontinence* occurs when the bladder muscles are too active, causing sudden urges to use the bathroom. This can be caused by an infection, nerve damage, medicines, or alcohol use. There are many effective treatments for bladder control problems. They include pelvic muscle exercises (called *Kegel exercises*); bladder training; weight loss; dietary changes (limiting caffeine and alcohol); biofeedback; electrical stimulation of pelvic muscles; surgery; medications; and support devices. Speak with your health care provider at the first sign of bladder control problems.



How to Nurture Your Urinary Tract:

You can help prevent problems with your urinary system. Some of these things work some of the time, or in only some women. But if you've ever had a urinary tract problem, you probably will agree that it is worth trying something to avoid the nuisance of another one.

- * Nature actually provides two remedies for helping us prevent UTIs: water and cranberry juice! Drinking plenty of water each day helps flush bacteria out of your system. Cranberry juice helps keep bacteria away from urinary tract cells. Also, vitamin C supplements can help make your urine acidic, which also keeps the number of bacteria down.
- * Always urinate when you feel the need, or about every two to three hours, and wipe from front to back to prevent bacteria from entering the vagina or urethra.
- * Cleanse the genital area before sex, and empty your bladder before and after sex. Some women say it helps to drink a lot of water after sex.
- * Health experts recommend you wear underwear with a cotton crotch, which allows moisture to escape. Too much moisture creates a breeding ground for infections.
- * See your health care provider as soon as you have symptoms of a UTI. Getting proper treatment quickly will prevent the infection from moving to your kidneys.
- * It also is helpful to take showers instead of baths, and try to avoid douching and using feminine hygiene sprays, which can be irritating.
- * Each day, cleanse the area around the rectum and vagina.

For additional information on urinary tract health, check out the following resources:

National Kidney and Urologic Diseases Information Clearinghouse, NIDDK

Phone: 800-891-5390

Internet: www.niddk.nih.gov/health/urolog/urolog.htm

American Foundation for Urologic Disease

Internet: www.afud.org

Publication:

Bladder Control for Women

Internet: www.niddk.nih.gov/health/urolog/uibcw/bcw/bcw.htm



October

TUE

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October

MON

7

TUE

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WED

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THU

10

FRI

11

SAT

12

SUN

13

October

MON

14

Columbus Day

TUE

15

WED

16

THU

17

FRI

18

SAT

19

SUN

20



October

MON

21

TUE

22

WED

23

THU

24

FRI

25

SAT

26

SUN

27

Daylight Saving time ends



October

MON

28

TUE

29

WED

30

THU

31

Halloween

November Health Activities and Observances

From the **Pick Your Path to Health Campaign** (described on page 5 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

*November – Tobacco Use: Smoking –
Costly to your life and wallet.*

Personal Action Steps:

- * Become one of the 1.3 million Americans to quit smoking this year.
- * Promise a child you will quit smoking – and don't let her down.
- * Protect your child from second hand smoke.
- * Be smart. Never start.

Federal Health Observances for November:

American Diabetes Month
National Alzheimer's Awareness Month
National Epilepsy Month
National Marrow Awareness Month
Diabetic Eye Disease Month
GERD Awareness Week
(gastroesophageal reflux disease)
National Osteopathic Medicine Week
National Adoption Week
Great American Smokeout



November is Native American Women's Health Month

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

- * Accidental Deaths and Injuries. The rates among Native American women are nearly 3 times the national average. Many of these deaths and injuries are associated with the lack of seatbelt use, alcohol abuse, and violence.
- * Diabetes. This disease is a major health risk. In some tribes, as many as half of the women have diabetes.
- * Alcoholism. It is 5-6 times more common in some tribes than the national average.
- * Fetal Alcohol Effects and Fetal Alcohol Syndrome. These rates are very high among Native American babies because of the high rates of drinking among pregnant women. The serious health effects last a lifetime.
- * Tuberculosis. Deaths from this disease are 5 times higher in Native American women than the national average.
- * Smoking. Native American women have higher rates of smoking than any other group.
- * Lung Cancer. Native American women have the highest death rates from lung cancer among all women due to high smoking rates.



The Symbolism of a Violet is Faithfulness

November

SUN	MON	TUE	WED	THU	FRI	SAT
<p>"We are the land. To the best of my understanding, that is the fundamental idea that permeates American Indian life."</p> <p>— Paula Gunn Allen (Laguna Pueblo/Dacotah writer, scholar)</p>					1	2
3	4	5 <i>Election Day</i>	6	7	8	9
10	11 <i>Veterans' Day</i>	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 <i>Thanksgiving Day</i>	29 <i>Hanukkah begins at sundown</i>	30 <i>Hanukkah</i>

Women living long, living well...

without violence in your life

Violence against women does not discriminate. It affects women of all racial, cultural and economic backgrounds, and has become a growing public health issue in every community. It is a leading cause of injury for American women between the ages of 15 and 44, but it can happen at any age.

Acts of violence against women have terrible and costly results for everyone involved, including families, communities, and society. The women who are victims are not the only ones who are greatly affected by these crimes. Their children, family, and friends also suffer from witnessing the violence or hearing the screams or seeing the signs of abuse. You are too beautiful and precious to let violence stifle your spirit and your life. If you are abused or have a loved one who is abused, learn more about how to get help.

Forms of Violence

Despite portrayals in countless television shows and movies, violent assaults can range from subtle to severe. Acts of violence take several forms, including domestic violence or intimate partner violence, sexual assault and abuse, rape, incest, and elder abuse. All forms of sexual assault are crimes.

Domestic violence - Domestic violence, sometimes referred to as intimate partner violence, is when one person purposely causes either physical or non-physical harm to another. It can take the form of any one or a combination of the following: physical abuse, psychological abuse, sexual assault, emotional abuse, isolation, or economic abuse (controlling all of the victim's money, shelter, time, food, etc.) Usually, the violent person is a husband, former husband, boyfriend, or ex-boyfriend, but sometimes the abuser is female. One in four women report that they have been victims of domestic violence or stalking by a spouse, partner, or date. It is a very common problem and should be taken very seriously. Almost 1.5 million women are raped and/or physically assaulted by an intimate partner each year. Estimates show that over 500,000 female victims used medical services as a result of violence related injuries between November 1995 and May 1996.

Continued on the next page



Continued from "Forms of Violence"

Sexual assault and abuse – Sexual assault is any type of sexual activity that you do not want or happens without your consent. It ranges from inappropriate touching to penetration or intercourse. It also can be verbal, visual, audio, or any other form which forces a person to participate in unwanted sexual contact or attention. Sexual assault includes rape and attempted rape, child molestation, voyeurism, exhibitionism, incest, and sexual harassment. It can happen in different situations, by a stranger in an isolated place, on a date, or during domestic or intimate partner violence. Did you know that of all the rapes that occur each year, almost half are committed by a friend or an acquaintance? About 876,000 rapes are perpetrated against women each year. Ninety-three percent of the women raped and/or physically assaulted since age 18 were assaulted by a male. Sometimes, the offender is able to take advantage of the victim because the victim is under the influence of alcohol or drugs. *Rohypnol* and *GHB (Gamma Hydroxybutyrate)* are commonly referred to as the "date rape" drugs since they have been given to victims without their knowledge, they make the victim unable to resist assault, and also cause an amnesia-like affect so the victim is uncertain about what happened.

Elder abuse - Each year hundreds of thousands of older persons are abused, neglected and exploited by family members and others. Many victims are people who are older, frail, and vulnerable and cannot help themselves and depend on others to meet their most basic needs. Among people who have abused and neglected an elder, 90 percent of them are family members of the victim, and two-thirds of them are adult children or spouses. Elder abuse can include one or a combination of the following: physical abuse, sexual abuse, psychological abuse, financial exploitation and neglect.



Reporting the Crime

Too often, many of these violent crimes are not reported. Women who are in an abusive relationship, who have been raped or assaulted, or who are victims of elder abuse often feel too ashamed or afraid to report the crime. As a result, almost half of rapes, attempted or completed, are not reported to the police. Intentional violence against women in any form is a crime, regardless of who committed the violent act. It is always wrong, whether the perpetrator is a family member; someone you date; a current or past spouse, boyfriend, or girlfriend; an acquaintance; or a stranger.

Signs You are Being Abused:

Sometimes it is difficult and confusing to admit that you are in an abusive relationship, or to find a way out. Sometimes you may think that everything is fine, and truly believe your partner wouldn't harm you again, and then there are other times you are fearful. The abuser often apologizes over and over again, or tells you it's your fault. You are not at fault. You did not cause the abuse to occur, and you are not responsible for the violent behavior of someone else. There are clear signs to help you know if you are being abused. **If the person you love or live with does any of these things to you, it's time to get help:**

- * keeps track of what you are doing all the time
- * constantly accuses you of being unfaithful
- * prevents or discourages you from seeing friends or family
- * prevents you from working or going to school
- * criticizes you for little things
- * gets angry when he's drinking alcohol or using drugs
- * controls all the money you spend
- * humiliates you in front of others
- * destroys your property or things that you care about
- * threatens to hurt you or the children
- * hits, punches, slaps, kicks, or bites you or the children
- * uses or threatens to use a weapon against you
- * forces you to have sex against your will
- * tells you his violent outbursts are your fault

If you or someone you know has been sexually, physically, or emotionally abused, seek help from other family members and friends or community organizations. Reach out for support or counseling. Learn how to minimize your risk of becoming a victim of sexual assault or sexual abuse before you find yourself in an uncomfortable or threatening situation. **Find a state-by-state list of places to get help at www.4woman.gov/violence/state.htm.**

Prevent Threatening Situations

There are steps you can take to help prevent being sexually assaulted by either a stranger or someone you know:

- * In general, be alert to your surroundings. Walk with confidence and trust your instincts. If you feel uncomfortable in your surroundings, leave quickly.
- * When out with friends at social events, never leave with someone you've just met. Don't take drugs and alcohol, which might cloud your judgement.
- * Be wary of isolated spots, like underground garages, offices after business hours, and apartment laundry rooms. Avoid walking alone, especially at night. Never, ever hitchhike or pick up a hitchhiker.
- * Stay in areas where there are other people, park your car in well-lighted areas, and ask friends to walk to your car with you. Always lock your car and have your key ready to use before you reach the car. If you think you are being followed, run towards a lighted house, restaurants, stores or other public places. If possible, always carry a cellular phone (keep the battery fresh).
- * If your car breaks down, turn on your flashers, lock the doors, stay in your car, and call for help on the cellular phone. If you don't have a phone, put on the flashers, lift your hood, use flares if possible, get back in the car, and lock the doors. If someone stops to help you, roll the window down enough so he or she can hear you, and ask them to call the police or a tow service.
- * Never leave a drink unattended in a bar or restaurant unless you are with people you know well and trust.
- * At home, never open your door to strangers. Always check the identification of salespersons or service people before opening the door. It also is a good idea to have another adult at home with you when service people come, if you can arrange it. Make sure all windows and doors are locked. Have a peephole in the door and well-lighted entrances. Know a neighbor you can call or rely on if something happens.
- * If you are in an abusive relationship, create a safety plan so you know what you would do in the event of an attempted attack. A safety plan includes:
 - knowing possible escape routes to get away from the attacker (windows, stairwells, basement exits)
 - knowing a safe place to go (a friend or family member you can trust)
 - having a survival kit of money, keys, clothes, and important personal information like bank account numbers, phone numbers, and legal documents
 - knowing the number for a domestic violence hotline (**The National Domestic Violence Hotline, 800-799-SAFE (7233) or TDD: 800-787-3224**)
 - avoiding arguments with the abuser in areas where there are potential weapons
 - having a personal savings account, separate from the abuser
 - reviewing the plan monthly

What to do if You've Been Sexually Assaulted:

- * Get away from the attacker to a safe place as fast as you can.
- * Call a friend or family member you trust. You also can call a crisis center or a hotline to talk with a counselor. One national hotline is the **National Domestic Violence Hotline 800-799-SAFE or TDD: 800-787-3224**. Feelings of shame, guilt, fear and shock are normal. It is important to get counseling from a trusted professional.
- * Do not wash, comb, or clean any part of your body, or change clothes if possible, so the hospital staff can collect evidence. Do not touch or change anything at the scene of the assault.
- * Then, go to your nearest hospital emergency room as soon as possible. You need to be examined, treated for any injuries, and screened for possible sexually transmitted diseases or pregnancy. The doctor will collect evidence that the attacker may have left behind, like clothing fibers, hairs, saliva, or semen. A standard "rape kit" is usually used to help collect these things.
- * You or the hospital staff can call the police from the emergency room to file a report.
- * Ask the hospital staff about possible support groups you can attend right away.

Help Someone Who's Been Abused or Assaulted

You can help someone who is abused or who has been sexually assaulted by listening, believing, and offering comfort. Go with her or him to the police, the hospital, or to counseling. Reinforce the message that she or he is not at fault, and that it is natural to feel angry and fearful. Help find a support group that can help her or him sort through the emotional trauma caused by the abuse or assault. If you know

someone who is a victim of elder abuse, you can report the crime to your local or state adult protective services (APS) agency, which is listed in your phone book with other county or city government agencies. The APS agency screens calls for potential seriousness, keeps all information confidential, and will look into the situation. If the victim needs help, services are available.





Get Involved in Preventing or Treating Domestic Violence

Here are some steps you can take if you want to be active in your community to help prevent or treat domestic violence:

- * Create a safe place. Organize your local church, school, or community group or center, so it can be a safe place where victims of domestic violence can come for help. Display brochures and posters that include the phone number of the domestic violence and sexual assault programs in your area, including the phone number of the **National Domestic Violence Hotline (800-799-SAFE)**.
- * Promote greater understanding of what domestic violence is. Provide ways for others to learn about domestic violence through seminars, classes, newsletters, and lectures by professionals or by victims of abuse.
- * Lead by example. Volunteer and speak out. Volunteer to serve on the board of directors at a local domestic violence or sexual assault program, or attend a training session, so you can become a crisis volunteer. Speak out in public meetings and at media events, health fairs, and other gatherings.

Nurture Your Spirit, Get Help if You are Abused

- * Leave immediately if you or your children are in danger! Call a crisis hotline or the **National Domestic Violence Hotline (800-799-SAFE)**, which is available 24 hours a day, 365 days a year, in English, Spanish, and other languages. It can give you the phone numbers of local hotlines and other resources.
- * Understand that you're not alone. Many women are victims of domestic abuse.
- * Don't ignore it or wait for it to go away. It won't go away.
- * Don't keep it to yourself. Keeping silent is another way of giving in to your abuser. Get help. Talk with someone: a family member, friend, colleague, or faith counselor.
- * If you've been hurt, get medical attention and call the police. Abuse is a crime. The police can help you find information about shelters.
- * Make plans for what you will do if you're attacked again. Think independently, plan your future, and set goals for yourself.
- * If you decide to leave, choose a place to go and set aside some money. Put important papers – marriage license, birth certificates, checkbook, and irreplaceable papers and items – in a place where you can get them quickly.
- * Contact your family court for information about getting a civil protection order that does not involve criminal charges or penalties.
- * Check with the National Women's Health Information Center (NWHIC) for a state-by-state listing of where you can get help (see resources below).

For additional information on violence prevention, check out the following resources:

The National Domestic Violence Hotline

Phone: 800-799-SAFE (7233) or 800-787-3224 (TDD)

National Women's Health Information Center (state-by-state listing of places to go for help)

Phone: 800-994-9662

TDD: 888-220-5446

Internet: www.4woman.gov/violence (Violence Against Women web page)

National Center on Elder Abuse

Phone: 202-898-2586

Internet: www.elderabusecenter.org

Centers for Disease Control and Prevention, Division of Violence Prevention

Internet: www.cdc.gov/ncipc/dvp/dvp.htm



November

Violence Against Women

www.4woman.gov/violence

FRI

1

SAT

2

SUN

3

November

MON

4

TUE

5

Election Day

WED

6

THU

7

FRI

8

SAT

9

SUN

10

November

MON

11

Veterans' Day

TUE

12

WED

13

THU

14

FRI

15

SAT

16

SUN

17



November

MON

18

TUE

19

WED

20

THU

21

FRI

22

SAT

23

SUN

24



November

MON

25

TUE

26

WED

27

THU

28

Thanksgiving Day

FRI

29

Hanukkah begins at sundown

SAT

30

Hanukkah

December

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
<i>Winter begins</i>			<i>Christmas Day</i>	<i>Kwanzaa begins</i>		
29	30	31	<p>"Nature has no mercy at all. Nature says, 'I'm going to snow. If you have on a bikini and no snowshoes, that's tough. I am going to snow anyway.' "</p> <p>— Maya Angelou (American poet, singer, civil rights advocate)</p>			



Women living long, living well...

with your disabilities

As a modern woman, you're well aware of your many roles and responsibilities: caregiver, wife, mother, employee, friend, and volunteer, among others. Twenty-six million American women have to juggle these roles while living with disabilities, varying conditions that make every day more challenging because of physical or mental limitations. Disabilities go way beyond the classic image of a woman who uses a wheelchair. Women can have limitations in sight, hearing, walking, even in breathing. Daily life can be challenged by a myriad of conditions, including serious skin problems, weakened immune systems, shaking disorders, chronic depression, and mental retardation. Arthritis, back or spinal problems, heart disease, respiratory problems, and high blood pressure are among the most frequently reported disabling conditions among women. In fact, 15.4% of the women living independently in the United States are limited in some form of activity. Women also report more days when illness or injury prevents them from productive activity than do men. Lastly, many findings show that women experience more severe and frequent pain, and pain of longer duration than do men. Many women with these and other limitations go to heroic measures to care for themselves and loved ones, and women with severe physical disabilities face obstacles we cannot imagine.

Various diseases and conditions produce some form of disability, and a number of them affect women much more than men. If you have a disability or know someone living with a disability, you understand challenges like:

- * physical barriers, such as architectural barriers and lack of enough transportation and support services to keep appointments, run errands, or receive medical care
- * lack of money and insurance coverage to pay for care and equipment
- * lack of reliable health information and services that address your needs
- * health care providers who neglect other health issues because they are so focused on your primary disability

Using trustworthy resources can help you or someone you know living with a disability to overcome these barriers.

Important Information for Women with Disabilities

The National Women's Health Information Center (NWHIC), with the assistance of several disability organizations, has created a specialty section of the NWHIC web site called *Women with DisAbilities* (www.4woman.gov/wwd/index.htm). This special site was created to help women with disabilities overcome the many barriers they face in obtaining quality health care. It puts a wealth of useful information together into one place for women with disabilities, caretakers, health professionals, and researchers. We provide information and resources on many different types of disabilities and related topics, including:

- | | | | |
|-------------------------|---------------------------|------------------------|-------------------|
| * Abuse | * Laws and Regulations | * Parenting | * Substance Abuse |
| * Access to health care | * Minorities | * Reproductive Health | |
| * Breast health access | * Older Women | * Services and Support | |
| * Financial assistance | * Statistical Information | * Sexuality | |

For additional resources, please call the **National Women's Health Information Center's Information and Referral Service at (800)-994-WOMAN** or by **TDD (888) 220-5446**. You may also use our [A-Z search](#) feature on the web site to locate additional resources in our database which are not online.

Nurture Your Right to Quality Care and Equal Treatment, Use Trustworthy Resources:

Americans with Disabilities Act (ADA) Information Line

Phone: 800-514-0301
TDD: 800-514-0383

National Council on Disability

Phone: 202-272-2004
TDD: 202-272-2074
Internet: www.ncd.gov

National Information Center for Children and Youth with Disabilities

Phone: 202-884-8200
TDD: 800-695-0285
Internet: www.nichcy.org

U.S. Equal Opportunity Employment Commission

Phone: 800-669-4000
TDD: 800-669-6820
Internet: www.eeoc.gov

U.S. Government Official Disability Web Site

Internet: www.disability.gov

National Mental Health Information Center

Phone: 800-969-NMHA (6642)
TDD: 800-433-5959
Internet: www.nmha.org/infoctr/index.cfm

National Women's Health Information Center

Phone: 800-994-9662
TDD: 888-220-5446
Internet: www.4woman.gov/wwd/index.htm

Office of Disability, Aging, and Long-Term Care Policy, ASPE, HHS

Phone: 202-690-6443
Internet: <http://aspe.os.dhhs.gov/>

Office of Disability Employment Policy

Phone: 202-376-6200
TDD: 202-376-6205
Internet: www.dol.gov/dol/odep/

Office on Disability Health, CDC, OPHS, HHS

Phone: 770-488-7080
Internet: www.cdc.gov/ncbddd/dh/default.htm

Office for Civil Rights, HHS

Phone: 800-368-1019
Internet: www.hhs.gov/ocr *(Continued on next page)*

Continued from "Trustworthy Resources"

**Social Security Administration
Office of Public Inquiries**

Phone: 410-965-2727, 800-772-1213
Internet: www.ssa.gov

Special Olympics International

Phone: 202-628-3630
Internet: www.specialolympics.org

Council for Disability Rights

Phone: 312-444-9484
TDD: 312-444-1967
Internet: www.disabilityrights.org

Disability Resources, Inc.

Phone: 631-585-0290
Internet: www.disabilityresources.org

Half the Planet

Internet: www.halftheplanet.org

Women living long, living well...

with other conditions that may affect you

As women, we are constantly growing, changing, and gaining newfound strength. Unfortunately, sometimes this process means facing and overcoming challenges with our health. Although this daybook focuses on health conditions that might be prevented through healthy behaviors and early detection, we realize women across our nation deal with many other health problems or diseases that are more rare. The following resource list contains reliable organizations and publications on many of these other health problems. Please use these resources to become more informed and take advantage of the support that may be available. Any time you take to nurture yourself and your health is well worth the effort! **If you are concerned about diseases or health conditions that are not covered in this Daybook you can search by topic on www.4woman.gov or call 800-994-WOMAN (TDD 888-220-5446) to speak with an information specialist.**

Alzheimer's Disease

Alzheimer's Disease Education and Referral (ADEAR) Center

Internet: www.alzheimers.org/

Alzheimer's Association

Phone: 800-272-3900
Internet: www.alz.org/people

National Institute of Neurological Disorders and Stroke, NIH, HHS

Phone: 301-496-5751
Internet: www.ninds.nih.gov

Arthritis

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Internet: www.nih.gov/niams

Arthritis Foundation

Phone: 800-283-7800
Internet: www.arthritis.org

Publication:

Questions and Answers About Arthritis and Rheumatic Diseases

Internet: www.nih.gov/niams/healthinfo/art rheu.htm

Autoimmune Diseases

American Autoimmune Related Diseases Association, Inc.

Phone: 810-776-3900

Internet: www.aarda.org

Publications:

Understanding Autoimmune Disease

Internet: www.niaid.nih.gov/publications/autoimmune/

Autoimmune Disease in Women

Internet: www.4woman.gov/owh/pub/autoimmune

Bleeding Disorders

Project Red Flag

National Hemophilia Foundation

Phone: 800-42-HANDI

Internet: www.projectredflag.org

American College of Obstetricians and Gynecologists (ACOG) Resource Center

Phone: (800) 762-2264 x 192

(for publications requests only)

Internet: www.acog.org/

Bowel Conditions

National Digestive Diseases Information Clearinghouse

Phone: 800-891-5389

Internet: www.niddk.nih.gov/health/digest/ddic.htm

American College of Gastroenterology

Internet: www.acg.gi.org/

Publications:

Irritable Bowel Syndrome

Internet: www.niddk.nih.gov/health/digest/pubs/irrbowel/irrbowel.htm

Irritable Bowel Syndrome and Lotronex

Internet: www.fda.gov/cder/drug/infopage/lotronex/lotronex-qa.htm

Depression

National Institute of Mental Health

Internet: www.nimh.nih.gov

National Mental Health Consumers' Self-Help Clearinghouse

Phone: 800-553-4539

Internet: www.mhselfhelp.org

Publication:

Depression

Internet: www.nimh.nih.gov/publicat/depression.cfm

Lupus

National Institute of Arthritis and Musculoskeletal and Skin Diseases, NIH, HHS

Internet: www.nih.gov/niams

Phone: 301-496-8188

Lupus Foundation of America, Inc.

Internet: www.lupus.org

Phone: 800-558-0121

Publication:

Lupus and Women

Internet: www.4woman.gov/owh/pub/factsheets/fslupus.htm

Migraines

National Headache Foundation

Phone: 888-NHF-5552

Internet: www.headaches.org

American Council for Headache Education (ACHE)

Phone: 800-255-2243

Internet: www.achenet.org/

American Headache Society

Internet: <http://ahsnet.org>

Publication:

Frequently Asked Questions – Migraine Headaches

Internet: www.4woman.gov/faq/migraine.htm

Organ Donation

The Secretary's Donation Initiative

Internet: www.organdonor.gov

Pelvic Support Problems

National Kidney and Urologic Disease Information Clearinghouse

Phone: 800-891-5390

Internet: www.niddk.nih.gov/health/kidney/nkudic.htm

Publications:

Prolapse: What Every Woman Should Know

Internet: www.ucsf.edu/wcc/

AboutBladderProbs_prolapse.html

How to Use a Pessary

Internet: www.aafp.org/afp/20000501/2729ph.html

Sleep and Fatigue

National Center on Sleep Disorders Research

Phone: 301-435-0199

Internet: www.nhlbi.nih.gov/about/ncsdr/index.htm

National Sleep Foundation

Internet: www.sleepfoundation.org

American Academy of Sleep Medicine

Internet: www.aasmnet.org

Publications:

Frequently Asked Questions - Sleep Disorders

Internet: www.4woman.gov/faq/sleep.htm

Women and Sleep

Internet: www.sleepfoundation.org/publications/women.html



Skin Diseases

National Cancer Institute Cancer Information Service

Phone: 800-4-CANCER (800-422-6237)

TDD: 800-332-8615.

American Academy of Dermatology

Phone: 888-462-DERM

Internet: www.aad.org

American Cancer Society

Internet: www.cancer.org

The Melanoma Research Foundation

Phone: 800-673-1290

Internet: www.melanoma.org

Publications:

Choose Your Cover, Questions and Answers – Sun Exposure

Internet: www.cdc.gov/ChooseYourCover/qanda.htm

Skin Cancer

Internet: www.fda.gov/cder/cancer/index.htm



December



Women With DisAbilities

www.4woman.gov/wwd/index.htm

SUN

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December

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December

MON

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SAT

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SUN

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December

MON

16

TUE

17

WED

18

THU

19

FRI

20

SAT

21

SUN

22

Winter begins

December

MON

23

TUE

24

WED

25

Christmas Day

THU

26

Kwanzaa begins

FRI

27

SAT

28

SUN

29

December

MON

28

TUE

29

WED

30

THU

31

January

FRI

1

New Year's Day

SAT

2

Women in Health Professions



Throughout the history of our nation, women have been the primary health care providers and decision-makers for their families. In the past, women did most of the work of tending the sick, helping women in childbirth, and passing information about remedies and treatments from one generation to the next. Women have also been our nation's main health care reformers, spearheading efforts to improve the quality of, and expand access to, health care in the U.S.

Today, women make up the large majority of informal caregivers in this country—people taking care of an ill or disabled person in the home. Many of them spend 20 hours or more as the informal caregiver, and they balance that role with other work and family responsibilities. Women also make most of the health care decisions in the family. They tend to be the ones responsible for arranging doctors' appointments, talking family members into seeing a doctor, and giving them a ride. As health care professionals, women outnumber men in the roles that spend the most time with patients, such as nurses and physicians' assistants.

The number of women doctors in this country has been steadily climbing in recent decades. Women make up 22% of all doctors now. They make up 40% of all medical school students, so in the future there will be more and more women doctors. As with many other areas of life, women doctors do not tend to make as much money or to reach as high a level of status as male doctors. Women are less likely than men to reach high levels in the medical teaching and research professions. Among those who become doctors, many women choose specialties like pediatrics, obstetrics/gynecology, and family medicine that keep them connected with families. They also tend to choose specialties that let them keep regular hours, so they can balance their work and family obligations.

Many women prefer to see a female rather than a male health care provider, especially younger women. It seems safe to say that the future will remain wide open for women in the health professions. If you are interested in becoming a health professional or already are one, you can find valuable information on a range of topics related to your profession and your career on the NWHIC's web site, Information for Health Professionals and Your Patients, at www.4woman.gov.

For more information on women in the health professions, contact:

Bureau of Health Professions, HRSA

Phone: 301-443-5796

Internet: <http://bhpr.hrsa.gov/>

American Medical Women's Association

Internet: www.amwa-doc.org/

Administration on Aging National Aging Information Center: Caregiver Resources

Internet: www.aoa.dhhs.gov/naic/Notes/caregiverresource.html

Regional Women's Health Coordinators

The Office on Women's Health supports Women's Health Coordinators in each of the 10 regions of the U.S. Public Health Service. These coordinators convene public meetings, compile data on women's health statistics and resources, and promote collaborations among states and regions to promote culturally appropriate women's health services, research, and education.

Region I— CT, MA, ME, NH, RI, VT Laurie Robinson, M.T.S.

Women's Health Coordinator
U.S. Public Health Service, Region I
John F. Kennedy Federal Bldg., Room 2126
Boston, MA 02203
(617) 565-1071 FAX (617) 565-4265
E-mail: LRobinson@hrsa.gov

Region II— NJ, NY, PR, Virgin Islands Sandra Estepa, M.S.

Women's Health Coordinator
U.S. Public Health Service, Region II
26 Federal Plaza, Room 3835
New York, NY 10278
(212) 264-4628 FAX (212) 264-1324
E-mail: sestepa@hrsa.gov

Region III— DC, DE, MD, PA, VA, WV Rosa F. Myers, A.R.N.P., M.S.N.

Women's Health Coordinator
U.S. Public Health Service, Region III
150 S. Independence Mall West, Ste. 436
Philadelphia, PA 19106-3499
(215) 861-4637 FAX (215) 861-4623
E-mail: rmyers@hrsa.gov

Region IV— AL, FL, GA, KY, MS, NC, SC, TN Annie Brayboy Fair, M.P.A., M.S.W.

Women's Health Coordinator
U.S. Public Health Service, Region IV
61 Forsyth St., S.W., 5B95
Atlanta, GA 30303-8909
(404) 562-7904 FAX (404) 562-7899
E-mail: afair@osophs.dhhs.gov

Region V— IL, IN, MI, MN, OH, WI Michelle Hoersch, M.S.

Women's Health Coordinator
U.S. Public Health Service, Region V
233 North Michigan Avenue, Suite 1300
Chicago, IL 60601
(312) 353-8122 FAX (312) 353-7800
E-mail: mhoersch@osophs.dhhs.gov

Region VI— AR, LA, NM, OK, TX Charlotte Gish, C.N.M., M.S.N.

Women's Health Coordinator
U.S. Public Health Service, Region VI
1301 Young Street, Suite 1124
Dallas, TX, 75202
(214) 767-3482 FAX (214) 767-3209
E-mail: cgish@osophs.dhhs.gov

Region VII— IA, KS, MO, NE Joyce Townser, R.N., B.S.N.

Women's Health Coordinator
U.S. Public Health Service, Region VII
601 East 12th Street, Room 210
Kansas City, MO 64106
(816) 426-2926 FAX (816) 426-2178
E-mail: jtownser@hrsa.gov

Region VIII— CO, MT, ND, SD, UT, WY Laurie Konsella, M.P.A.

Women's Health Coordinator
U.S. Public Health Service, Region VIII
1961 Stout Street, Room 498
Denver, CO 80294-3538
(303) 844-7854 FAX (303) 844-2019
E-mail: lkonsella@hrsa.gov

Region IX— AZ, CA, HI, NV, American Samoa, Guam, Trust Territory of the Pacific Islands Kay A. Strawder, J.D., M.S.W.

Women's Health Coordinator
U.S. Public Health Service, Region IX
50 United Nations Plaza, Room 327
San Francisco, CA 94102
(415) 437-8119 FAX (415) 437-8004
E-mail: kstrawder@osophs.dhhs.gov

Region X— AK, ID, OR, WA Marian Mehegan, D.D.S., M.P.H.

Women's Health Coordinator
U.S. Public Health Service, Region X
2201 Sixth Avenue, M/S RX-29
Seattle, WA 98121
(206) 615-2024 FAX (206) 615-2481
E-mail: mmehegan@hrsa.gov

Health and Human Services Coordinating Committee on Women's Health

The HHS Coordinating Committee on Women's Health is composed of senior-level women's health representatives from across the agencies and offices of the U.S. Department of Health and Human Services. The Committee advises the Assistant Secretary for Health on matters concerning the physical and mental health of women in our nation. It also serves as a forum for HHS agencies to share information on ongoing and proposed initiatives in women's health and to identify opportunities for collaboration. Members exchange information on high-priority issues identified by women's health coordinators at the regional and state levels, including those likely to become critical policy issues. The Committee also participates in the development and dissemination of U.S. positions on women's health internationally.

Chair:

Wanda K. Jones, Dr.P.H.

*Deputy Assistant Secretary for Health
(Women's Health)*

Internet: www.4woman.gov

Members:

Camille Haney

*Special Assistant to the Secretary,
Office of the Secretary*

Internet: www.hhs.gov/agencies/os.html

Agnes H. Donahue, D.D.S., M.S.D., M.P.H.

*Special Assistant to the Director,
Office of Intergovernmental Affairs*

Internet: www.hhs.gov/iga

Carter Blakey

*Office of Disease Prevention and
Health Promotion*

Internet: www.odphp.osophs.dhhs.gov

Donna Crews

Office of HIV/AIDS Policy

Internet: www.osophs.dhhs.gov/ophs/hiv aids.htm

Ruth B. Walkup, Ph.D.

Office of International and Refugee Health

Internet: www.osophs.hhs.gov/ophs/oirh.htm

Members (con't):

Capt Mary I. Lambert, U.S.P.H.S.

*Director Office of Military Liaison
and Veterans Affairs*

Betty L. Hawks, M.A.

*Special Assistant to the Director,
Office of Minority Health*

Internet: www.omhrc.gov

Mireille B. Kanda, M.D.

Acting Director Office of Population Affairs

Internet: www.hhs.gov/progorg/opa

Christine G. Spain, M.A.

*Director for Research, Planning and Special
Projects, President's Council on Physical
Fitness and Sports*

Internet: www.osophs.dhhs.gov/ophs/pcpfs.htm

Joyce Townser, R.N., B.S.N.

*Women's Health Coordinator, Region VII
Representative from the PHS Regional
Women's Health Offices*

Internet: www.4woman.gov/owh

Greta T. Davis

*Senior Budget Analyst Division of Budget Policy &
Management, ASMB*

Members (con't):

Tracy L. Self

Outreach Coordinator Office of the Assistant Secretary for Public Affairs

Wilma Tilson, M.P.H.

Health Policy Analyst Division of Public Health Policy, ASPE

Internet: <http://aspe.hhs.gov>

Marcy L. Gross

Senior Advisor on Women's Health Agency for Healthcare Research and Quality

Yvonne Green

Director, Office of Women's Health, Centers for Disease Control and Prevention

Internet: www.cdc.gov/od/owh/whhome.htm

Susan F. Wood, Ph.D.

Director, Office of Women's Health, Food and Drug Administration

Internet: www.fda.gov/womens/default.htm

Deborah Maiese, M.P.H.

Director, Women's Health, Health Resources and Services Administration

Internet: www.hrsa.gov

Sandra Dodge, C.N.P.

Women's Health Coordinator Indian Health Service

Internet: www.ihs.gov

Vivian W. Pinn, M.D.

Associate Director, Office of Research on Women's Health, National Institutes of Health

Internet: www4.od.nih.gov/orwh

Ulonda B. Shamwell, M.S.W.

Acting Associate Administrator for Women's Health, Substance Abuse and Mental Health Services Administration

Internet: www.samhsa.gov

Marsha G. Davenport, M.D., M.P.H.

Chief Medical Officer, Office of Strategic Planning, Centers for Medicare and Medicaid Services

Internet: www.hcfa.gov

Susana Perry

Liaison for the Administration on Aging (AOA)

Internet: www.aoa.gov

Brendan Kelly

Presidential Management Intern DHHS Administration for Children and Families

Internet: www.acf.gov

2002

January 2002

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



February 2002

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
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24	25	26	27	28		



March 2002

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



April 2002

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
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May 2002

S	M	T	W	T	F	S
			1	2	3	4
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12	13	14	15	16	17	18
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June 2002

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July 2002

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
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21	22	23	24	25	26	27
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August 2002

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



September 2002

S	M	T	W	T	F	S
1	2	3	4	5	6	7
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October 2002

S	M	T	W	T	F	S
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November 2002

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3	4	5	6	7	8	9
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December 2002

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
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2003

January 2003

S	M	T	W	T	F	S
			1	2	3	4
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February 2003

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March 2003

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23	24	25	26	27	28	29
30	31					



April 2003

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May 2003

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June 2003

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July 2003

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		1	2	3	4	5
6	7	8	9	10	11	12
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27	28	29	30	31		

August 2003

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28	29	30				



October 2003

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December 2003

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Living Long, Living Well...2002 Daybook is a product of the Office on Women's Health in the U.S. Department of Health and Human Services.

Daybook Committee: Joyce Cusack, Dianne Wallace, Carol Krause, Peter Rhee, Valerie Scardino, and Cheryl Batchelor.

(Fold here)

**Place
Stamp
Here**

**National Women's Health Information Center
8550 Arlington Boulevard, Suite 300
Fairfax, VA 22031**

(Please trim edge before mailing)

(Fold here)

NAME

ADDRESS

PHONE

E-MAIL

EMERGENCY MEDICAL INFORMATION

Blood Type: _____ Allergies: _____

Hospital Preferences: _____

Address: _____ Phone: _____

Urgent Care Center: _____

Address: _____ Phone: _____

My Doctor: _____

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

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

I have designated Durable Power of Attorney for Health Care:

My Health Care Agent: _____ Phone: _____

Living Will: _____

I have designated Financial Power of Attorney:

My Attorney: _____

My Court-Appointed Guardian: _____

Current Medications: _____

For INSURANCE INFORMATION see inside back cover



Office on Women's Health
200 Independence Avenue, SW
Room 712E
Washington, D.C. 20201

Toll-free:

800-994-WOMAN (9662)

TDD:

888-220-5446

Web site:

www.4woman.gov