



# Office on Women's Health

U.S. Department of Health and Human Services

---

## **WOMEN'S HEALTH ISSUES: AN OVERVIEW**

May, 2001

### **BACKGROUND**

A woman's life expectancy has increased from 48.3 years in 1900 to 79.4 years in 1997. Today, our challenge is to make those extra years of life healthy and productive. Women represent 51 percent of the total U.S. population; 59 percent of the over-65 population; and 71 percent of Americans older than age 85, the fastest growing segment of the population. Women also constitute 46 percent of the nation's workforce. They make up 52 percent of the voting-age population, and they are more likely to vote in national elections than are men. In 1996, 55.5 percent of women voted in contrast to 52.8 percent of men.

A woman's health reflects both her individual biology and her sociocultural, economic, and physical environments. These factors affect both the duration and the quality of her life. For example, the average life expectancy for a woman varies considerably according to her race. In 1997, the average life expectancy for white women was 5 years longer than that of African American women (80 years versus 75 years). Women who live in poverty or have less than a high school education have shorter life spans; higher rates of illness, injury, disability, and death; and more limited access to high-quality health care services.

Historically, women have also been the primary health care providers and health decision-makers for their families. Nearly two-thirds of women polled in a recent national survey indicated that they alone were responsible for health care decisions within their family, and 83 percent had sole or shared responsibility for financial decisions regarding their family's health. Women are also the primary care givers for ill or disabled family members. Of the estimated 15 percent of Americans who are informal care givers, an estimated 72 percent are women—many of them sandwiched between caring for an ailing relative and caring for their own children.

### ***BARRIERS TO WOMEN'S HEALTH CARE***

#### ***MEDICAL RESEARCH***

Until recently, medical research has largely ignored many health issues important to women, and women have long been under-represented in clinical trials. In the past, research on women's health focused on diseases that affect fertility and reproduction, while many studies on other diseases focused on men. At present, most women receive diagnoses and treatment based on what has worked for men. However, the efforts of women's health advocates and the unveiling of inequities in medical research have led to a broadened research agenda. This research is beginning to yield insights into the health-related similarities and differences between men and women.



## **HEALTH CARE PRACTICES**

When women try to meet their needs for reproductive health care and other health care services, they often face a fragmentation in the health care system itself. Furthermore, women make more visits to the doctor than do men. Women are highly interested in, and informed about, health care issues. However, reliable information about health care has not been widely available. National studies have indicated that women may not be as satisfied with the information they receive from their health care providers as are men or with the level of communication with their provider.

Furthermore, several studies have found that health care providers treat women differently than they do men. Compared with the treatment given to men, health providers may give women less thorough evaluations for similar complaints, minimize their symptoms, provide fewer interventions for the same diagnoses, prescribe some types of medications more often, or provide less explanation in response to questions.

## **ACCESS TO HEALTH INSURANCE**

Although the health of the American economy has never been better, more women than ever lack health insurance coverage. The proportion of uninsured women under age 65 rose from 14 percent in 1993 to 18 percent in 1998. More dramatic still, the proportion of women under 65 who lacked health insurance for all or part of 1998 was a staggering 26 percent, according to the *1998 Commonwealth Fund Survey of Women's Health*.

The women who are most likely to have no health insurance are those who earn low or moderate incomes, women of color, and women with health problems. More than 8 in 10 uninsured women are employed or they are married to someone who is employed. Lack of insurance severely compromises both the accessibility and quality of health care.

Seventy percent of women under age 65 had private health insurance in 1997, and 12 percent were covered by Medicaid. Almost all Americans aged 65 and over are covered by the Medicare program, including 92 percent of those who also have private insurance.

## **PRIORITY WOMEN'S HEALTH ISSUES**

### **HEART DISEASE**

Heart disease is the number one killer of American women. Although it is typically viewed as a man's disease, more women actually die of heart disease each year than do men. On average, women develop heart disease later in life than do men. In addition, women are more likely to have other co-existing, chronic conditions that may mask their symptoms of heart disease than are men. Symptoms of a heart attack in women may also differ from those in men, which can lead to a misdiagnosis of the disease in women. Women who recover from a heart attack are more likely to have a stroke or to have another heart attack than are men. In fact, 42 percent of women die within a year following a heart attack compared to 24 percent of men.

## **CANCER**

Cancer is the second leading killer of American women. Since 1987, **lung cancer** has been the leading cause of cancer death among women in the United States, with an estimated 66,000 deaths in 1999. Over the past 10 years, the mortality rate from lung cancer has declined in men but has continued to rise in women. These alarming trends are under-recognized by women, and they are due almost exclusively to increased rates of cigarette smoking in women.

At present, **breast cancer** is the second leading cancer killer of American women, claiming the lives of 43,300 women in 1999. The incidence of breast cancer rose steadily from 1940 to 1990, then stabilized at approximately 110 cases per 100,000 women. With the increased use of mammography screening, breast cancers have increasingly been detected earlier in their development, when they are more treatable.

This earlier detection, coupled with improved treatment, has led to a decline in death rates from breast cancer. Between 1990 and 1994, breast cancer mortality decreased by 5.6 percent. This decline was more pronounced among white women (whose mortality rate dropped 6.1 percent) than among African American women (whose mortality rate dropped just 1 percent).

**Colorectal cancer** accounts for the third leading cause of cancer deaths in American women. Many cases are preventable with regular screening; regular exercise; and a diet low in fat and high in fruits, vegetables, and whole-grain foods. Nonetheless, colorectal cancer is expected to claim the lives of 28,800 women in 1999.

With the advent of the Pap smear, the early detection and prevention of **cervical cancer** has improved dramatically. Both the incidence and death rates from this disease have declined by 40 percent since the early 1970s. However, many elderly, low-income, and rural women remain at high risk for this disease because they are not obtaining regular Pap screenings. Other major risk factors include cigarette smoking and infection with certain types of the human papillomavirus (HPV).

An estimated 12,800 new cases of cervical cancer are expected to be diagnosed in 1999. It is also estimated that 4,800 persons will die from the disease that year.

The Pap smear and pelvic examination are only partially successful at detecting **endometrial** (uterine lining) **cancer**, which claimed an estimated 37,400 new cases in 1999 and led to 6,400 deaths. Although the incidence of **ovarian cancer** is lower, ovarian cancer is the most deadly of all the cancers of the female reproductive system. Symptoms often appear only in the very advanced stages of the disease. In 1999, there were nearly 25,200 ovarian cancer cases with over 14,500 deaths.

**Melanoma**—the most serious form of skin cancer—is the most frequent cancer in women 25 to 29 years of age and the second most frequent (after breast cancer) in women ages 30 to 34. While men as a group are more likely to develop skin cancer than are women, women under the age of 40 comprise the fastest growing group of skin cancer patients. Furthermore, the rate of new melanoma cases is increasing. Since 1973, it has doubled from 6 cases per 100,000 persons to 13 cases per 100,000 persons in 1995.

## **STROKE**

A stroke is usually caused by a clot that stops the flow of blood to an area of the brain. Stroke can cause paralysis, loss of speech, and poor memory. Stroke is the third leading cause of death for American women, and it kills more than twice as many women each year as breast cancer. It is the most common cause of adult disability in this country.

Women account for 43 percent (or 240,000) of the 550,000 strokes that occur each year and 61 percent of stroke deaths (97,227 of 159,791 annual deaths). Stroke occurs at a higher rate among African American and Hispanic women than among white women.

Taken together, stroke and heart disease kill nearly twice as many American women as do all types of cancer combined. More than one woman in five in this country has some form of major heart or blood vessel (cardiovascular) disease. However, in a 1997 national survey, only 8 percent of American women recognized heart disease and stroke as the leading cause of women's deaths.

### **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

COPD includes chronic bronchitis, emphysema, and asthmatic bronchitis, all of which obstruct airflow from the lungs. In 1997, COPD was the fourth leading cause of death among women, claiming the lives of 53,045. The mortality rate from this disease was 17.7 deaths per 100,000 persons in 1997. While death rates from COPD are much higher in men than in women, the rates for women have nearly doubled since 1979. The most rapid increases have occurred in women ages 75 and older.

### **HIV/AIDS**

Long considered a man's disease, HIV/AIDS is a public health problem among women. It is the fifth leading cause of death among women ages 25 to 44 and the third leading cause of death among African American women in this age group.

Between July 1998 and June 1999, 10,841 new AIDS cases among adult and adolescent women were reported. From 1985 to 1999, the proportion of AIDS cases reported among women increased from 7 percent to 23 percent. Among 13- to 19-year-olds, girls constituted 50 percent of all AIDS cases reported in 1998. By June of 1999, a total of 114,621 women were reported to have AIDS, and 77 percent of women diagnosed with AIDS were African Americans and Latinas.

Fortunately, increased screening for HIV among reproductive-age women and more effective therapies to reduce perinatal transmission of HIV have been quite effective. They have contributed to the 75 percent decline in the proportion of infants diagnosed with perinatally acquired AIDS since 1993. The most common mode of HIV infection among adult and adolescent women is through heterosexual contact, followed by intravenous drug use. Significant gender differences are manifest throughout the course of the illness as well as in the mode of infection. These differences indicate the need for gender-sensitive treatment and prevention strategies to stem the spread of AIDS.

### **AUTOIMMUNE DISEASES**

Autoimmune diseases arise when, for unknown reasons, a person's body declares war on itself, producing antibodies that attack healthy tissue. About 75 percent of autoimmune diseases occur in women, including systemic lupus erythematosus (SLE), Sjögren's syndrome, rheumatoid arthritis, scleroderma, diabetes Type I, multiple sclerosis, and autoimmune thyroid disease. When considered as individual conditions, autoimmune diseases are not very common. However, taken together as a group, they represent the fourth largest cause of disability among women in the United States. These diseases remain misunderstood and misdiagnosed.

### **MENTAL ILLNESS**

One in 10 Americans experiences an episode of depression each year. Major depression and dysthymia (a less severe, more chronic form of depression) affect approximately twice as many women as men. An estimated 12 percent of women in the United States experience a major depression during their lifetimes, compared with 7 percent of men; and 4.2 percent of women have dysthymia. Women are 2 to 3 times more likely to have certain types of anxiety disorders, including anxiety, panic, and phobic disorders. At least 90 percent of all cases of eating disorders occur in women. In addition, a high correlation appears to exist between eating disorders and depression and between eating disorders and substance abuse.

Untreated mental illness can be fatal. Suicide was the fifth leading cause of death among women ages 25 to 44 in 1994 and the fourth leading cause of death for young women ages 15 to 24. Women are more likely to attempt suicide than are men. However, women are far less likely to die from their attempt(s), largely because men are more likely to use a firearm.

### **SUBSTANCE ABUSE**

The abuse of alcohol and other legal and illicit drugs is a serious and continuing problem among American women. Approximately 120,000 deaths are attributed to alcohol and drug use each year. In 1998, the health and societal costs of alcohol and substance abuse were estimated at \$238 billion. Nearly 4.1 million women in this country currently use **illicit drugs**, and over 1.2 million misuse prescription drugs for non-medical reasons. In 1997 and 1998, 4.5 million women ages 15 to 44 were current illicit drug users, including 1.6 million who had children living with them. Only 3.2 percent of pregnant women were current drug users. However, the rate increased to 6.2 percent among women who had a child under age 2 and who were not pregnant. Women account for an estimated 37 percent of illicit drug users in this country.

Women are less likely to use or abuse **alcohol** than are men. Death rates among female alcoholics, however, are 50 to 100 percent higher than those of their male counterparts. In 1998, 2.1 percent of American women were heavy drinkers; 8.6 percent were binge drinkers (more than five drinks at one time); and 45.1 percent of women had at least one alcoholic drink in the past month. Among teenage girls in 1997, 40 percent reported some alcohol consumption in the past month, and 29 percent reported binge drinking.

Heavy drinking during pregnancy has been clearly associated with severe birth defects, including mental retardation, nervous system disorders, abnormal features of the face and head, and retarded growth. The effects of moderate drinking (one to two drinks per day) are not well-established, so the only known safe level of drinking during pregnancy is total abstinence. In 1996, 16.1 percent of pregnant women reported any alcohol use; 1.3 percent reported binge drinking; and 0.5 percent reported heavy drinking (five or more drinks per day) in the past month.

Many women who abuse drugs or alcohol have histories of mental illness. Seventy percent report having been sexually abused before the age of 16, and more than 80 percent say they have a family member addicted to drugs or alcohol. These factors complicate the course of their illness and treatment planning. Women who abuse alcohol or drugs are also at higher risk for HIV/AIDS, tuberculosis, oral and pharyngeal cancer, injury, and sexually transmitted diseases (STDs).

### **SMOKING**

Cigarette smoking is the leading preventable cause of death in this country, contributing substantially to deaths from cancer, lung disease, heart disease, stroke, and other causes. Smoking rates among women have decreased 35 percent since their peak in 1965. Nonetheless, 22.3 million adult women (or 22.1 percent of this population) were still current smokers in 1997. Unlike their adult counterparts, the rate of smoking among teenage girls has been increasing, rising from 27 percent in 1991 to 37 percent in 1997. In 1997, 70 percent of high school-aged girls had tried cigarette smoking. Smoking during pregnancy substantially increases health risks to the developing fetus. It is the leading cause of premature births, and it greatly increases the risks of mental retardation, miscarriage, low birth weight, and other serious health conditions in infants. The *1997 National Household Survey on Drug Abuse* indicated that 19.9 percent of pregnant women smoked cigarettes, with the highest rates among women in their first trimester of pregnancy and the lowest among those in their third trimester. The smoking rate among women with children under the age of 2 was 26.6 percent. This statistic indicates that some women may abstain from smoking during pregnancy, but resume smoking after their child is born.

Children who have been exposed to second-hand cigarette smoke are at increased risk of Sudden Infant Death Syndrome (SIDS); recurring ear infections; and severe respiratory illnesses such as bronchitis, pneumonia, and asthma.

### **VIOLENCE**

Violence is a major public health problem for American women. More than 4.5 million women are victims of violence each year. Of these women, nearly two of every three are attacked by a relative or someone they know. Women are 6 times more likely to be abused by someone they know than are men and 10 times more likely to be victims of sexual assault. It is estimated that 10 to 20 percent (or one to two young women in 10) are the victims of sexual abuse.

In 1997, homicide was the second leading cause of death among women ages 15 to 24 and the sixth leading cause of death among women ages 25 to 44. It is the leading cause of occupational deaths in women.

Researchers are increasingly concerned that violence may also be an important hidden cause of maternal mortality. The prevalence of violence during pregnancy appears to range from 4 percent to 8 percent. Applying these percentages to the 3.9 million U.S. women who delivered live-born infants in 1995 yields the conclusion that 152,000 to 325,000 women experienced violence during their pregnancies. Thus, violence may be a more common problem for pregnant women than preeclampsia, gestational diabetes, or placenta previa.

### **REPRODUCTIVE HEALTH**

Women's reproductive capacity plays an important role in shaping their lives and health experiences. Over 80 percent of all American women have had a child by the age of 45, and the average woman has 2.2 children.

While motherhood is a defining feature of adult life for many women, most spend the greater part of their reproductive years trying to avoid pregnancy. Sixty-four percent of women ages 15 to 44 use some form of **contraception**, up from 56 percent in 1982 and 60 percent in 1988. Women's use of contraception at first intercourse has risen from 64 percent in the late 1980s to 76 percent in 1995.

From 1987 to 1994, the rate of unintended pregnancy dropped 16 percent. This decline was due most likely to an increase in the use of contraceptives and the improved effectiveness of contraceptive methods. However, 49 percent of pregnancies in 1994 were unintended. Nearly half of all women who experienced an unplanned pregnancy in 1994 had been using some form of contraception.

The most commonly used contraceptive is female sterilization (10.7 million women), followed by birth control pills (10.4 million), the male condom (7.9 million) and male sterilization (4.2 million). In 1995, 2 percent of women used injectable hormones, 1 percent used hormonal implants, and less than 1 percent used the female condom for contraception.

Gynecological health is not only an important component of women's health during their reproductive years, but throughout the course of their lives. The average woman spends a third of her life beyond menopause. While many older women mistakenly believe that regular gynecological exams are no longer necessary, this is precisely the point in life when they are at higher risk for cancers of the reproductive system and other gynecological problems such as uterine prolapse.

Younger women are particularly at risk for reproductive health problems associated with **sexually transmitted diseases (STDs)**. Two-thirds of all STD cases occur among individuals younger than 25 years, and one in four teenagers contracts an STD each year. Women are more susceptible biologically to becoming infected with STDs than are men, and younger women are more at risk than their older counterparts due to differences in their cervical anatomy.

Women are less likely than men to experience symptoms of STD infection. For example, chlamydia—the nation's most prevalent curable infectious disease—produces symptoms in 50 percent of men compared to only 25 percent of women. Left undetected, 20-40 percent of women infected with chlamydia and 10-40 percent of those infected with gonorrhea develop pelvic inflammatory disease (PID). In turn, PID leads to infertility in 20 percent of cases, chronic pelvic pain in 18 percent of cases, and ectopic pregnancy in 9 percent of cases. In addition to the direct health problems caused by STD infection, high rates of STD infection in adolescent women contribute to an increased susceptibility to HIV. In 1998, more than half a million new cases (501,128) of chlamydia were reported in American women. That same year, 179,651 new cases of gonorrhea were reported. (Young women ages 15 to 19 had the highest rates of gonorrhea infection.) In addition, 18,179 cases of syphilis were reported. Herpes simplex virus type 2 (HSV-2) infects about one in four women (or 25 percent of this population) and one in five men (or 20 percent of men).

Gynecological problems are common among women of reproductive age. More than 4.5 million women ages 18 to 50 report at least one chronic gynecological condition each year. Half of all women who menstruate experience some pain during menstruation, and 10 percent of them suffer from pain so severe (**dysmenorrhea**) that it interferes with their daily routine. Nearly two in five women between the ages of 14 and 50 experience some symptoms of **premenstrual syndrome** (PMS)—10 percent with symptoms severe enough to disrupt their usual activities.

As many as 10 percent of American women have **endometriosis**, which can cause chronic pain and infertility. Between 10 and 20 percent of women have **uterine fibroids** (non-cancerous growths in the uterus). Together, endometriosis and fibroids are associated with half of the more than 580,000 **hysterectomies** performed in the United States each year. Other causes include cancer, excessive bleeding or pain, and uterine prolapse. One woman in three over the age of 60 has had a hysterectomy, and it is the second most commonly performed surgical procedure in the nation.

### **FERTILITY AND INFERTILITY**

In 1997, there were 3,880,894 live births in the United States. From 1950 to 1997, the birth rate dropped from 24 live births per 1,000 population to 14.5 per 1,000. Most American women who bear children are between the ages of 20 and 29. However, the proportion of women in their thirties and forties who are having babies has increased throughout this decade. There were 483,220 births to teenage girls in 1997—representing a 16 percent drop since 1991.

**Infertility** affected 6.1 million women in 1997, up from 4.6 million in 1988—an increase due in part to delayed childbearing and the aging of the baby boom generation. The causes of infertility are equally distributed among conditions affecting the male partner, the female partner, and both partners. Approximately one in four infertile couples are unable to conceive as a result of sexually transmitted diseases, according to the American Society for Reproductive Medicine.

Research has repeatedly indicated that timely and adequate **prenatal care** greatly enhances the chances for positive pregnancy outcomes. In 1997, more than 82.5 percent of all pregnant women received prenatal care in the first trimester of pregnancy—reflecting a steady improvement since 1970. Still, 3.9 percent of pregnant women received prenatal care only in their third trimester or not at all.

The **infant mortality** rate reached a new low in 1997 of 7.2 deaths per 1,000 live births. Approximately one-third of that reduction is associated with an estimated 15 percent decline in Sudden Infant Death Syndrome (SIDS) between 1995 and 1996. In spite of these improvements, the infant mortality rate in the United States remains one of the highest in the industrialized world.

The **maternal mortality** rate has decreased more than tenfold since 1950. In 1997, there were 7.6 maternal deaths per 100,000 live births. However, new, improved data collection techniques suggest that the rate of maternal mortality associated with heart ailments, embolism, hemorrhage, high blood pressure, domestic violence, and infection may be higher than current measures indicate.

## **ENVIRONMENTAL HEALTH**

Environmental factors contribute substantially to the cause of many diseases in women. Adverse environmental conditions range from water, air, and soil pollution to contamination through the workplace. Occupational hazards include exposure to lead, chemicals, pesticides, tobacco smoke, and continuous noise. Home and community environmental factors—from radon, lead-based paints, electromagnetic fields, food, and cosmetics to heatstroke, hypothermia, and violence—affect women's health. The ways in which environmental factors may disrupt women's endocrine, reproductive, central nervous, and immune systems and cause specific diseases such as cancer, autoimmune diseases, endometriosis, and osteoporosis are only beginning to be understood.

## **CHRONIC DISABLING CONDITIONS**

In part because they live longer than men, women are more likely to be affected by such chronic disabling conditions as diabetes, osteoporosis, osteoarthritis, obesity, urinary incontinence, Alzheimer's disease, fibromyalgia, and chronic fatigue syndrome. These conditions not only limit function, but over time they may be life-threatening. Each of these disorders is characterized by a long trajectory of increasing impairment.

Chronic illnesses exert an untoward effect not only upon the person experiencing them but also upon family members and other care givers. More research is needed to determine whether specific gender-related factors contribute to the increased incidence of these illnesses in women.

**Diabetes mellitus.** An estimated 16 million Americans have diabetes. However, only 10.3 million cases are diagnosed, of which 8.1 million are women. The prevalence of diabetes is 2 to 4 times higher among Black, Hispanic, American Indian, and Asian Pacific Islander women than among white women.

Diabetes can be controlled through a proper diet, weight loss, exercise, or the use of medications. Left untreated, diabetes can lead to severe vision loss, heart disease, stroke, kidney disease, amputation of the lower limbs, and even death. Diabetes is the fourth leading cause of death in African American, Native American, and Hispanic women; the sixth leading cause in Asian American women; and the seventh leading cause in white women.

**Osteoporosis** is a disorder characterized by the thinning and increasing brittleness of bones, a condition that can lead to bone fracture. It afflicts more than 25 million Americans, 80 percent of whom are women. More than half of all women over age 65 suffer from this condition.

Each year, osteoporosis causes 1.5 million fractures of the hip, wrist, vertebrae, and other bones. It accounts for 70 percent of all the fractures occurring every year annually in people over the age of 45. Twenty percent of the women who suffer a hip fracture die within one year of that event.

The annual costs associated with osteoporosis are estimated at over \$10 billion, and it is a major cause of admission to nursing homes. Although osteoporosis is typically viewed as a geriatric concern, the prevention of osteoporosis spans the entire life course. Approximately 60 percent of a woman's final bone mass is acquired by the time she is 18, and peak bone density is achieved by age 35. To build and maintain healthy bones, girls and women of all ages need to consume calcium-rich foods, get regular exercise, and avoid tobacco and the excessive consumption of alcohol or caffeine. Further treatment strategies include the use of calcium and vitamin D supplements, estrogen replacement therapy at menopause, and nonhormonal medication to stem bone loss.

An estimated 4 million people in the United States suffer from **Alzheimer's disease**. In 1995, more than 13,600 women died from the disease. It is the most common cause of dementia for individuals over age 65. Alzheimer's disease places a heavy burden on society, costing an estimated \$80 to \$100 billion each year. It also takes a heavy toll on the individuals (primarily women) who take care of people with Alzheimer's.



**Urinary incontinence** (the unintentional loss of urine) affects 13 million Americans—11 million of them women. Although half of all elderly people experience episodes of incontinence, it is not exclusively a problem among the elderly. In fact, one in four women ages 30 to 59 experiences urinary incontinence. Women are most likely to develop this problem during pregnancy, childbirth, and physical activity or after menopause due to weakened pelvic muscles or pelvic trauma.

Incontinence is treatable in 8 out of 10 cases. However, fewer than half of the people who experience this problem discuss it with a health care professional.

Since the 1970s, the rate of **obesity** among females has increased by more than one-fourth to a rate of 36 percent. The rate is particularly high among African American women (52.3 percent) and Mexican-American women (50.1 percent). Much of this rising rate is attributed to the increasing lack of physical activity and overeating. Being overweight increases women's risks of heart disease, diabetes, high blood pressure, arthritis, and some types of cancer.

Nearly 26.4 million of the 42.7 million Americans with **arthritis** are women. It is the most common and disabling chronic condition reported by women. An estimated 4.6 million American women (or 4.6 percent of this population) report that arthritis limits their daily activities. Higher rates are reported among African American (6.5 percent) and Native American women (6.9 percent) than among white women (4.2 percent).

The term *arthritis* commonly refers to a group of more than 100 diseases of the muscles, tendons, joints, bones, or nerves. These conditions range from mild to severe. Arthritis most commonly causes pain or stiffness in the joints of the hands, feet, knees, and hips. Risk factors including increasing age, injury, obesity, and genetic predisposition. Although arthritis is more common among the elderly, half of all Americans affected by the disease are under the age of 65. Treatment for arthritis includes medication, exercise, use of heat or cold on the affected area, weight control, and surgery.

**Fibromyalgia.** The American College of Rheumatology reports fibromyalgia affects 3 million to 6 million Americans. An estimated 80 percent of sufferers are women, most of whom are of childbearing age. Fibromyalgia is a common disorder characterized by widespread musculoskeletal pain; fatigue; and multiple tender points in the neck, spine, shoulders, and hips. People with fibromyalgia may also experience sleep disturbances, morning stiffness, irritable bowel syndrome, anxiety, and other symptoms.

**Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS)** is characterized by persistent and debilitating fatigue and additional nonspecific symptoms such as sore throat, headache, tender muscles, joint pain, difficulty thinking, and loss of short-term memory. Estimates show that CFIDS affects as many as 500,000 persons in the United States. Approximately 80 percent of those diagnosed with the syndrome are women.

### ***DISEASE PREVENTION/HEALTH PROMOTION***

Most of the health care burden in the United States stems from chronic illness, more than half of which may be related to lifestyle and behavioral factors. An estimated 47 percent of premature deaths in the United States could be prevented by modifying lifestyle behaviors (including tobacco use, diet, physical activity, the use of helmets and seatbelts, sexual behavior, and alcohol and drug abuse). An estimated 20 percent of these premature deaths could be prevented by reducing environmental risks. Developing effective strategies to change behavior as well as women-focused programs that promote health are critical to improving the quality and length of life.

## **SPECIAL POPULATIONS**

### ***MINORITY WOMEN***

Many women of color continue to suffer disproportionately from premature death, disease, and disabilities. In 1997, life expectancy was 79.4 for white women, 74.9 for African American women, and 75.7 for all other minority women. Women of color also have greater prevalence of such chronic illnesses as cardiovascular disease, lupus, certain types of cancer, and diabetes as well as certain infectious diseases like hepatitis, tuberculosis, and AIDS. Infant mortality is highest among African American and Puerto Rican women, and maternal mortality is more frequent among African American, Hispanic, and American Indian/Alaskan Native women than among white women. African American and Hispanic women are also at greater risk of homicide and HIV/AIDS than are white women.

Women of color are more likely to live in poverty than are white women—a factor which is strongly linked to a greater frequency and severity of illness and premature death. Limited access to health care and lower utilization rates for many preventive health services are more prevalent among women of color than among white women. These disparities are due to the legacies of discrimination; the dearth of minority health care providers; and the systemic, cultural, social, and economic barriers to health care that confront minority women.

### ***ADOLESCENT GIRLS***

Adolescence represents a dynamic, developmental period of life. Young women make important choices about lifestyle behaviors, including diet; physical activity; sexual activity; and the use of tobacco, alcohol, and other drugs. All of these decisions can influence their health and well-being throughout adulthood.

The leading cause of death among adolescent girls is unintentional injury. Physical and sexual abuse are experienced by more than one in five high school-age girls, and the proportion of these girls who show signs of depression is one in four. Surveys indicate that 28 percent of high school girls think they are overweight, 60 percent report trying to lose weight, and 8 percent regularly binge and purge. An estimated 37 percent of teen girls smoked in the last month, 48 percent report frequent drinking, and 15 percent rarely or never use a seat belt.

Youth and young adults under the age of 24 comprise the least medically served age group in this country. An estimated one in seven adolescents ages 10 to 18 years and 27 percent of those ages 19 to 24 have no health insurance. Many more lack access to affordable, comprehensive, and confidential services that are targeted to their needs.

### ***OLDER WOMEN***

Women live an average of seven years longer than men. Life expectancy is anticipated to continue to increase into the next century, with higher gains for women than for men. In 1998, there were 20.3 million women over age 65 and 14.3 million men. By the year 2030, the proportion of Americans over age 65 is expected to double, and the number of Americans over age 85 will triple. Projections indicate that 7 in 10 baby-boom wives will outlive their husbands, usually by 15 to 20 years.

Due to their greater longevity, women run a greater risk than men of suffering from the chronic disorders and disabilities that increase with age such as cancer, obesity, arthritis, osteoporosis, and heart disease.

Older women are also more likely to live in poverty than are older men. Nearly three-fourths of the nation's elderly poor are women. Moreover, women spend more of their disposable income—as much as 25 percent—on out-of-pocket health care expenses than do men. Two-thirds of older women do not use preventive screening services such as mammography because of the cost of these screenings or because they believe they do not need these services or because their physician does not recommend these screenings to them.

Promising trends are unfolding for the emerging population of older women. Disability rates are falling dramatically, and women are attaining greater education and economic independence. If women actively engage in healthy behaviors, the twenty-first century will see them enjoy lives that are not only longer, but indeed healthier.

### ***INCARCERATED WOMEN***

Although women account for only 6.5 percent of all prisoners nationwide, they are the fastest growing incarcerated population in the United States. During 1998, the number of women under the jurisdiction of state or federal prison authorities reached a total of 84,427, outpacing the rise in the number of men for the third consecutive year. In addition, 63,791 women were held daily in jails and 737,958 female juvenile arrests were made at midyear 1998.

Women in prison have different health care needs than that of male prisoners. These differences result from several factors: women's relatively complex reproductive systems, their status as pregnant women and mothers, their care giving responsibility for children who are minors, their increasingly high-risk illicit drug behavior, their increased rates of HIV positivity, and their history of physical and sexual abuse.

## **ACTIONS BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) TO PROMOTE WOMEN'S HEALTH**

As part of its overall mission to promote and protect the nation's health and to provide essential human services, DHHS is pursuing a comprehensive agenda to improve women's health. Through its agencies and offices, and in coordination with other governmental, national, and international organizations, DHHS

- promotes the health of women across the lifespan,
- empowers women to make informed choices about their health, and
- translates policy decisions into effective women's health programs.

DHHS funding for women's health totaled just under \$5 billion in FY 1999, an increase of more than \$2 billion in just five years. These funds support health care services for women, the development of innovative educational programs for the public and health care professionals, intensified research, and other specific initiatives targeted to women.

## **OFFICE ON WOMEN'S HEALTH**

The Office on Women's Health (OWH) serves as the focal point for women's health within the Department of Health and Human Services (DHHS). OWH is pursuing a comprehensive agenda to ensure that women's health is a top national health priority. OWH was established in 1991 to improve the health of American women of all ages, races, and ethnicities by advancing and coordinating a comprehensive women's health agenda throughout DHHS and by working with other federal and public organizations, consumer groups, and associations of health care professionals. OWH focuses on critical health issues affecting women's lives today. OWH has implemented a number of important initiatives to improve the health of women in the United States and abroad.

### **NEW RESEARCH STUDIES**

Research on women's health has increased substantially since the beginning of the 1990s. Basic, clinical, epidemiological, and health services research are supported by the National Institutes of Health (NIH), the Agency for Health Care Policy and Research (AHCPR), and the Centers for Disease Control and Prevention (CDC). These organizations are focusing on the causes, treatment, and prevention of a broad spectrum of diseases and health concerns affecting women across the lifespan, including heart disease, breast and ovarian cancers, mental and addictive disorders, osteoporosis, autoimmune disorders, gynecologic disorders, and AIDS.

Major longitudinal studies are under way to examine adolescent and mid-life behaviors and their effect on future health, disease, and disability.

- **Ensuring Inclusion of Women in Clinical Trials.** New policies ensure that women and minorities are included as subjects in government-supported research and in the evaluation of drugs and medical devices.
- **The National Longitudinal Study on Adolescent Health** is based on a survey of 90,000 students in grades 7 through 12 across the country. This study is sponsored by the National Institute of Child Health and Human Development. A recent analysis of interview data found that family and school contexts as well as individual characteristics were associated with healthy and risky behaviors (such as the use of alcohol and drugs and early sexual activity). Study findings will be analyzed over the next decade.
- **Health of Mid-Life Women.** The National Institute on Aging is sponsoring the Study of Women's Health Across the Nation (SWAN). SWAN, a large-scale study, examines the health of women in their forties and fifties and how their health during those years affects their health in later life. SWAN focuses on the physical, psychological, and social changes that take place at mid-life and how these changes affect health over the long term. The study looks at factors such as body composition; bone density; cardiovascular function; sexuality; menstrual patterns; diet; physical activity; stress; social support; use of health care services; relationships with families and friends; and other information related to health, function, and overall well-being.
- **The NIH Women's Health Initiative.** The Women's Health Initiative (WHI) is investigating the risk factors for major diseases, death, and disability among older women: heart disease, cancer, Alzheimer's disease, and osteoporosis. This multi-year study, carried out in more than 40 centers across the country, is the largest prevention-oriented clinical trial in U.S. history. It attempts to redress the inequities in research on older women and to provide practical information to older women and their physicians about the effectiveness of hormone replacement therapy and behavioral interventions, including diet and exercise.

The Women's Health Initiative has three components: 1) a randomized, controlled clinical trial approach to prevention; 2) an observational study to identify predictors of disease; and 3) a study of community approaches to developing healthful behaviors. The latter component is being conducted in collaboration with the Centers for Disease Control and Prevention (CDC).

### ***IMPROVEMENTS IN EARLY DETECTION OF DISEASES***

- **Identification of Genes for Diseases.** Researchers, supported by NIH, have identified genes that may increase susceptibility to diseases, including breast, ovarian, and colon cancer and Alzheimer's disease. The isolation of these genes may lead to new treatment and prevention strategies.
- **New Imaging Technologies.** Imaging technologies from the defense, space, and intelligence communities are being adapted to detect breast cancer and other diseases in women earlier and with greater accuracy. This project was launched by DHHS' Office on Women's Health to foster innovative partnerships with other federal agencies—including the National Aeronautics and Space Administration, the Department of Defense, the Central Intelligence Agency, and the National Cancer Institute—as well as private-sector organizations. Novel imaging techniques, including MRI, PET, and ultrasound, are being tested as improved methods to detect and diagnose disease in women.
- **Tumor Markers.** The National Cancer Institute is conducting a large-scale study that includes evaluating whether a test to detect CA 125—a protein whose levels may rise in women with ovarian cancer—will reduce the number of deaths from ovarian cancer among women ages 55 to 74.

### ***HEALTH CARE SERVICE DELIVERY***

A priority for DHHS is to ensure the availability of health care services for women. The Department has established a variety of initiatives to improve the delivery of health care services to women. A number of these efforts are described below.

- **Nationwide Breast and Cervical Cancer Screening.** The Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides free or low-cost mammograms and Pap tests to women with low incomes and women of racial and ethnic minority groups in all 50 states, six U.S. territories, the District of Columbia, and 12 American Indian/Alaska Native Organizations. Women can locate screening services in their area by calling 1-888-842-6355.
- **Preventing Sexually Transmitted Diseases (STDs) and Infertility.** DHHS supports the implementation of the National Infertility Prevention Program to prevent and treat STDs, particularly chlamydia. This program is a collaborative effort between the Centers for Disease Control and Prevention and the PHS Office of Population Affairs. Partnerships among the following programs have been developed: family planning, STD, and primary health care.
- **The Mammography Quality Standards Act.** In October 1994, the Food and Drug Administration (FDA) implemented a certification and inspection program for mammography facilities in the United States. This program was established to ensure that these facilities meet high-quality standards for equipment, personnel, record-keeping, and quality control. Women can find a certified mammography facility by calling 1-800-4-CANCER.

## Office on Women's Health - U.S. Department of Health and Human Services

- **Promoting Mammography Use by Older Women.** In May 1995, First Lady Hillary Rodham Clinton joined DHHS in an educational campaign to convince women over the age of 65 that mammography saves lives and to encourage them to use their Medicare mammography benefit.
- **Community Health Centers.** Through the Health Resources and Services Administration (HRSA), community health centers serve the poor and uninsured, migrant workers, homeless people, and residents of public housing.
- **Indian Health Service.** The Indian Health Service (IHS) provides health care services and assistance to Native American and Alaska Native women. IHS addresses reproductive health, cancer, diabetes, maternal-infant health, substance abuse, child/sexual abuse, family violence, behavioral health issues, and teenage pregnancy. Pap smear registries (including a tracking system) and mammography screening services have been made available in all IHS areas.
- **Ryan White CARE Act.** Through the authority of the Ryan White CARE Act, HRSA provides comprehensive health care and support services for women living with HIV/AIDS.
- **Counseling Pregnant Women To Prevent HIV Transmission.** Physicians are being urged to counsel all pregnant women on the benefit of HIV testing to prevent the transmission of HIV to their infants. Evidence has shown that treating HIV-positive pregnant women with the drug AZT will reduce the risk of transmitting HIV from mother to infant from 25 percent to 8 percent. In response to this news, the Centers for Disease Control and Prevention has produced new guidelines and educational material for women and health care providers.
- **Enhanced Alcohol, Drug Abuse, and Mental Health Services.** The Substance Abuse and Mental Health Services Administration (SAMHSA) supports demonstration programs for substance abuse prevention among adolescent women and women with dependent children. In FY 1996, SAMHSA directed about \$127 million to women's substance abuse and mental health activities.

### ***PUBLIC AND HEALTH CARE PROFESSIONAL EDUCATION***

New educational initiatives are under way to enhance women's knowledge of health issues and to improve the care women receive. These efforts help ensure that health care professionals have up-to-date information and training on women's health issues. The following educational programs/initiatives have been instituted:

- **National Women's Health Information Center.** This comprehensive information resource center was established by the Office on Women's Health (OWH) to provide the public, health care professionals, and researchers with a single point-of-entry to state-of-the-art federal and private-sector information about women's health via a toll-free telephone number (1-800-994-9662; 1-888-220-5446, TDD line for the hearing impaired) and on the Internet ([www.4woman.gov](http://www.4woman.gov)).
- **Domestic Violence Hotline.** A federally supported, nationwide, 24-hour domestic violence hotline (1-800-799-SAFE; 1-800-787-3224, TDD line for the hearing impaired) provides immediate crisis information and assistance, counseling, and referrals to local shelters to women across the country.

[www.4woman.gov](http://www.4woman.gov) -- 800-994-9662 -- 888-220-5446 (TDD)

- **Mental Health and Substance Abuse Resource Center.** The Substance Abuse and Mental Health Services Administration's National Women's Resource Center provides information and referral services (1-800-354-8824). These services address the prevention and treatment of both mental illness and substance abuse. This Center also provides information dissemination services on women's substance abuse prevention and treatment as well as on mental health services issues throughout the life cycle.
- **Cancer Information Service (CIS).** The CIS toll-free number, 1-800-4-CANCER, provides rapid access to the latest information on cancer for the general public, patients/family members, and health professionals in both English and Spanish. This free and confidential service provides information on cancer prevention, detection/diagnosis, causes and risk factors, state-of-the-art treatment, and cancer research. The CIS also provides referral to clinical trials and to community resources and services; free publications; and professional consultation for nurses, nutritionists, and physicians.
- **Health Education for Mid-Life and Older Women.** The Food and Drug Administration's new *Take Time to Care* program is encouraging women to use medicine wisely. The program is designed to reach women ages 45 and older, particularly those who are medically underserved. The program is a collaboration among government agencies, national health and consumer organizations, women's groups, and health care providers and health institutions.

**FDA:** 1-800-532-4440  
[www.fda.gov](http://www.fda.gov)

- **Mental Health Education Campaigns.** The National Institute of Mental Health (NIMH) runs three major educational programs and information resource services: (1) the Depression Awareness, Recognition, and Treatment Program (1-800-421-4211); (2) the Anxiety Disorders Education Program (1-888-8-ANXIETY); and (3) the Panic Disorder Education Program (1-800-64-PANIC). These programs provide information to the public and health care professionals about symptoms and treatment of these diseases as well as referrals to other organizations for further information.
- **HIV/AIDS Information Clearinghouses.** Educational campaigns spearheaded by DHHS are under way to inform health care professionals and to counsel pregnant women about HIV testing and treatments, so the rate of HIV transmission from mother to child can be reduced. Free information is available through the HIV/AIDS Treatment Information Service by calling toll-free 1-800-448-0440 or 1-800-243-7012 (TTY for the hearing impaired). Other DHHS information services on HIV/AIDS are the CDC's National AIDS Clearinghouse (1-800-458-5231) and the AIDS Clinical Trials Information Service (1-800-874-2572).
- **Office of Minority Health Resource Center (OMH-RC).** The OMH-RC (1-800-444-6472) serves as a national resource and referral service on minority health issues. It collects and distributes information on health topics, including substance abuse, cancer, heart disease, violence, diabetes, HIV/AIDS, and infant mortality. Other resources include customized database searches, mailing lists, referrals, and specific information on health issues affecting Native American and Alaska Native, African American, Asian American and Pacific Islander, and Hispanic populations.

[www.4woman.gov](http://www.4woman.gov) -- 800-994-9662 -- 888-220-5446 (TDD)

## Office on Women's Health - U.S. Department of Health and Human Services

- **HealthFinder.** In April 1997, DHHS launched HealthFinder, a Web site that would serve as a gateway for consumers who are searching for health and human services information. HealthFinder ([www.healthfinder.gov](http://www.healthfinder.gov)) leads users to selected online publications, clearinghouses, databases, Web sites, and support and self-help groups, as well as government agencies and not-for-profit organizations that produce reliable information for the public.
- **HRSA**, in partnership with the Chronic Fatigue and Immune Dysfunction Syndrome Association of America, is educating health professionals, students, and health workers about CFIDS and how to manage this chronic illness through its Area Health Education Centers Programs.
- **Medical School Education.** Recommendations for a model medical school curriculum on women's health issues have been developed and widely disseminated by the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the Office on Women's Health (OWH), in collaboration with private-sector organizations.

As part of a study and report by the NIH Office of Research on Women's Health and HRSA, with the American Association of Dental Schools, OWH has also prepared and widely disseminated a first-of-its-kind directory of women's health residency and fellowship opportunities in medicine.

A comprehensive national mentoring program is needed to encourage women's careers in the medical professions and scientific careers. OWH is exploring the establishment of such a mentoring program to address women's needs at all stages of their academic and professional careers.

**HRSA:** 301-443-2086 - [www.hrsa.gov](http://www.hrsa.gov)

**NIH:** 301-496-4461 - [www.nih.gov](http://www.nih.gov)

### **CROSS-CUTTING WOMEN'S HEALTH INITIATIVES**

- **National Centers of Excellence in Women's Health (CoEs).** The Office on Women's Health (OWH) supports CoEs in academic health centers across the United States and Puerto Rico. The CoEs combine the latest advances in women's health research and teaching with community outreach and clinical service delivery to promote new standards of excellence in women's health. The CoEs also promote the career advancement of women, including minority women in the health sciences. An important focus of the CoE program is to address racial and ethnic disparities in women's health.

**OWH:** 1-800-994-WOMAN - (1-800-994-9662); 1-888-220-5446, TDD  
[www.4woman.gov/coe/](http://www.4woman.gov/coe/)

- **National Community Centers of Excellence in Women's Health (CCOEs).** In 2000, the DHHS Office on Women's Health (OWH), the Office of Minority and Women's Health in HRSA's Bureau of Primary Health Care (BPHC), and the DHHS Office of Minority Health created and funded the nation's first model community health centers for women. The CCOE program is designed to integrate health services with research and public outreach. The CCOEs will work with women in communities to reduce the fragmentation of health care services and the barriers to accessing and receiving high-quality care that too many women encounter. This program is part of the department's goal to eliminate racial, ethnic, and gender disparities in health status.

**OWH:** 1-800-994-WOMAN  
(1-800-994-9662); 1-888-220-5446, TDD  
[www.4woman.org/owh/CCOE/](http://www.4woman.org/owh/CCOE/)

[www.4woman.gov](http://www.4woman.gov) -- 800-994-9662 -- 888-220-5446 (TDD)



- **The National Action Plan on Breast Cancer.** In October 1993, President Clinton directed the establishment of a National Action Plan on Breast Cancer (NAPBC), an innovative public-private partnership that would coordinate a national strategy to catalyze new action in research, service delivery, and education about this disease. The NAPBC focused on six areas: (1) to facilitate communication among scientists, consumers, and health care professionals and enhance information dissemination; (2) to establish national biological resource banks to enhance research capacity; (3) to ensure consumer involvement in the development of health programs and research relating to breast cancer; (4) to increase knowledge about the causes of breast cancer, especially environmental factors; (5) to broaden the opportunities for women to participate in breast cancer clinical trials; and (6) to implement a comprehensive plan to address the health needs and ethical, legal, and policy issues related to breast cancer susceptibility genes. NAPBC: The work of the NAPBC can be seen at [www.4woman.gov/napbc](http://www.4woman.gov/napbc)
- **Federal Interagency Breast Cancer Coordinating Committee.** This committee mobilizes all departments of the federal government in the fight against breast cancer by sharing information and fostering collaborations on breast cancer across government agencies.
- **Reducing Teen Pregnancy.** A National Campaign to Reduce Teen Pregnancy involves a group of prominent Americans to bring the message to youth across the nation. DHHS efforts to reduce teen pregnancy include abstinence-focused demonstration programs as well as support for community-wide coalitions to test innovative approaches. DHHS has published a community guidebook entitled "*Preventing Teen Pregnancy: Promoting Promising Strategies.*"
- **Microbicide Initiative.** This DHHS effort, which includes a \$100-million commitment for research and development, is focused on developing safe and effective topical microbicides to help women protect themselves against HIV infection.
- **Initiative on Older Women.** Launched in 1994 by the Administration on Aging, this initiative is creating partnerships designed to address the needs of older women and the capacity of women to contribute significantly to society throughout their lives.
- **Minority Women's Health.** In 1994, DHHS co-sponsored the first National Minority Women's Conference on the Status of Health and, in collaboration with the Indian Health Service, convened a National American Indian and Alaska Native Conference on the Status of Women's Health. Health education projects for women of color have also been sponsored in several regions.

In 1997, the Office on Women's Health convened a national minority women's health conference, *Bridging the Gap: Enhancing Partnerships to Improve Minority Women's Health*, to focus attention on special health issues affecting women of color and to develop partnerships to improve the health of minority women. A national panel of experts was established to implement an action plan that advances the conference's recommendations to improve minority women's health.

- **Prevention of Adolescent Smoking.** A Presidential initiative is under way to end the epidemic of adolescent smoking by limiting access to, and the appeal of, tobacco products to young people. Smoking prevention campaigns feature influential role models, including the U.S. Women's National Soccer Team, emerging rock singer Leslie Nuchow, and fashion super model Christy Turlington. These campaigns target messages specifically to young women. OWH has also developed smoking prevention initiatives with the Girl Scouts, including a merit badge program and educational materials.

[www.4woman.gov](http://www.4woman.gov) -- 800-994-9662 -- 888-220-5446 (TDD)

## Office on Women's Health - U.S. Department of Health and Human Services

- **Young Women's Health Promotion.** DHHS is implementing a major strategy<sup>3/4</sup> called Safe Passages<sup>3/4</sup> to promote a healthy and productive transition from childhood to adulthood for the nation's 12 million girls between the ages of 9 and 14. SAMSHA has developed "Girl Power," a public information campaign to help reduce and delay the onset of drug use among girls ages 9 to 14.

In addition, a public/private partnership is educating the public and health care professionals about eating disorders. "Get Real: Straight Talk on Young Women's Health," a video educational kit targeting young women between the ages of 18 and 22, has been developed and widely distributed. A roundtable series on healthy behaviors that uses this kit has been launched on college campuses nationwide.

**SAMHSA (Public Affairs):** 301-443-8956 - [www.samhsa.gov](http://www.samhsa.gov)

- **Violence Against Women.** New programs dedicated to fighting violence against women are being implemented. Joint DHHS-Department of Justice initiatives include establishing a National Advisory Council on Domestic Violence to develop strategies for eradicating this public health problem. Increased funding has been provided to support research, develop intervention and prevention programs, and train health care professionals. A domestic violence hotline, 1-800-799-SAFE, has been established to refer people to community resources and services.
- **Elder Abuse Prevention.** The Administration on Aging (AoA) and the Administration on Children and Families (ACF) are funding a 3-year study of the national incidence of elder abuse. The Centers for Disease Control and Prevention (CDC) is providing funding to improve data collection, identify effective prevention strategies, and explore new ways to increase public awareness.

**AoA:** 202-619-0724 - [www.aoa.dhhs.gov](http://www.aoa.dhhs.gov)

**ACF:** 202-401-9215 - [www.acf.dhhs.gov](http://www.acf.dhhs.gov)

**CDC:** 1-800-311-3435 - [www.cdc.gov](http://www.cdc.gov)

- **Reproductive Health Initiatives.** DHHS initiatives include efforts to develop new and more effective means of contraception, prevent teen pregnancy, examine the causes of infertility, develop effective treatments, and evaluate alternative interventions for hysterectomy for noncancerous uterine conditions such as endometriosis and fibroids. DHHS also supports a \$100 million prevention initiative for the development of safe and effective microbicides to help women protect themselves against HIV infection.

**DHHS:** 202-690-7850

- **Family Planning.** DHHS supports the provision of reproductive health and family planning services through the Title X program. Each year, some 5 million persons receive Title X-supported services. Total Title X funding in FY 1996 was \$192 million, an increase of about \$40 million since 1992.

**OPA:** 301-594-4001 - [www.dhhs.gov](http://www.dhhs.gov)

- **Women's Health and the Environment.** The Office on Women's Health (OWH) has established the Federal Coordinating Committee on the Environment and Women's Health, which is focusing attention on how occupational, home-based, atmospheric, and other environmental exposures affect women's health and developing a national strategy to identify these preventable health hazards and eliminate them from the lives of American women.

[www.4woman.gov](http://www.4woman.gov) -- 800-994-9662 -- 888-220-5446 (TDD)

**OWH:** 202-690-7650 - [www.4woman.org/owh/owhhome.htm](http://www.4woman.org/owh/owhhome.htm)

**Integration of Prevention Services Into Reproductive Health Services.** CDC is supporting a national effort to develop improved training strategies for service providers in the delivery of integrated reproductive health and HIV prevention services. Regional Training Centers, one in each of the 10 DHHS regions, develop, conduct, and evaluate theory-based training and other service integration interventions to reproductive health services providers in a variety of settings, including Title X family planning clinics, primary care clinics, community-based organizations, managed care organizations, and state and local health departments.

**CDC:** 770-488-5227 - [www.cdc.gov/nccdphp/drh](http://www.cdc.gov/nccdphp/drh)

## **DHHS AGENCIES/ OFFICES**

The major agencies and offices within DHHS that stimulate initiatives on women's health issues are described below.

**The Office on Women's Health (OWH)** coordinates and stimulates efforts to advance women's health in the United States and internationally. OWH coordinates women's health research, service delivery, and education programs across the agencies, offices, and regions of DHHS and with other federal agencies and public and private organizations. OWH has established the following goals, which provide a framework for the Department's efforts in women's health:

- To help reduce racial and ethnic disparities in women's health.
- To support health promotion/disease prevention programs for women.
- To promote access to health care services for women of all ages and backgrounds.
- To strengthen research on women's health issues.
- To support public education and healthcare professional education on women's health issues.
- To promote the recruitment, retention, and promotion of women in the health professions and in scientific careers.

**OWH:** 202-690-7650 - [www.4woman.gov/owh/](http://www.4woman.gov/owh/)