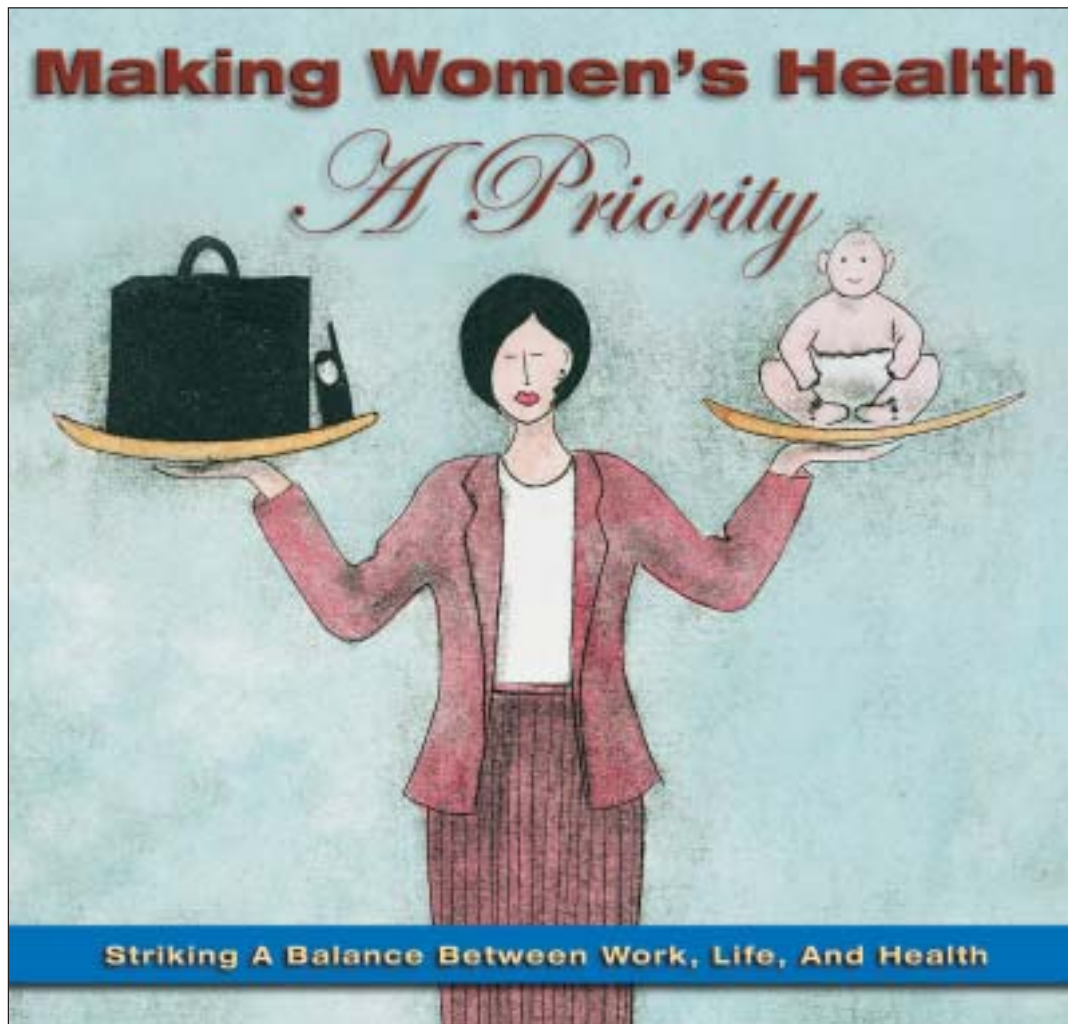


# Absolute ADVANTAGE

VOLUME 2, NUMBER 9

THE WORKPLACE WELLNESS MAGAZINE



#### IN THIS ISSUE:

With women now making up approximately half of the nation's workforce, protecting and enhancing women's health has become an issue of increasing concern. This issue of *Absolute Advantage* explores the health status of working women in the United

States and the concerns that confront them. Under the direction and leadership of some of the best and brightest minds in the field of women's health, this issue of *Absolute Advantage* will bring to light the salient practices and approaches that need to be incorporated into organizations throughout the country.



Each month you can learn more about the articles in *Absolute Advantage*. Simply log on to WELCOA's members only website to get more in-depth coverage of the topics that matter most to you. Find full-length interviews, expert insight, and links to additional information that will help you do your job better!

THE WELLNESS COUNCILS OF AMERICA

Give others in your company the Advantage. Please route to:  Senior Management  Human Resources  Benefits Department  Fitness Center

## A Letter from the Executive Editor



Wellness Councils of America



David Hunnicutt, PhD

*Early in the morning she rises  
The woman's work is never done  
And it's not because she doesn't try  
She's fighting a battle with no one on her side*



Fern Carness, MPH, RN

Dear Colleague,

In April of 1992, singer/songwriter Tracy Chapman released her insightful "Matters of the Heart" compact disc. In a powerful track entitled "Woman's Work," Chapman laments the challenges that many women face in their struggle to make a place in a "man's world."

For too many years, the health and well being of women in the workplace has been relegated to the background...or worse yet—completely neglected. But with recent and profound advancements in research (not to mention the unwavering efforts of many dedicated corporate leaders and health experts), the winds of change are beginning to blow.

In this issue of *Absolute Advantage*, our guest editor, Fern Carness, has once again assembled a cadre of highly respected women's health experts to bring to light the importance of addressing women's health at the workplace. In addition to presenting the important statistics and epidemiology underlying women's health concerns at the workplace, this group of contributing authors also provides many tangible resources that can be accessed to strengthen corporate wellness programs.

With the help of Fern and her colleagues, this issue of *Absolute Advantage* is dedicated solely to improving the health and well-being of women in the workplace. Our hope is that the information will be read and reread for months to come.

Yours in good health,

David Hunnicutt, PhD  
President

# Absolute ADVANTAGE

THE WORKPLACE WELLNESS MAGAZINE

VOLUME 2, NUMBER 9

**Organizational Founder, William Kizer, Sr.**

## Welcome

*Absolute Advantage* is the interactive workplace wellness magazine that helps large and small employers link health and well-being to business outcomes. *Absolute Advantage* arms business leaders and wellness practitioners with leading-edge workplace wellness information straight from the field's most respected business and health experts.

With its online component, *Absolute Advantage* provides the industry's most current and accurate information. By logging on to the magazine's interactive website, you can access a whole new world of health promotion—including in-depth interviews with national health promotion experts and insider's information about industry products.

### Subscription Information

For information about subscribing to *Absolute Advantage*, contact the Wellness Councils of America at (402) 827-3590 or via e-mail at [wellworkplace@welcoa.org](mailto:wellworkplace@welcoa.org).

**Ab•sol•ute Ad•van•tage:**  
When a company can produce more than its competitors—even though they have the same amount of resources—it has an absolute advantage. We believe wellness is that advantage.



### Executive Editor

David Hunnicutt, PhD

Dr. Hunnicutt is President of the Wellness Councils of America. As a leader in the field of health promotion, his vision has led to the creation of numerous publications designed to link health promotion objectives to business outcomes.



### Managing Editor

Brittanie Leffelman

Brittanie is the Assistant to the President and manages major writing projects at WELCOA. With a Master's Degree in Health Promotion, she regularly coordinates national health forums, major grants and state and local wellness initiatives.



### Senior Editor

Dr. Mike Perko

Dr. Perko has significant experience in worksite wellness. Currently an Associate Professor at the University of North Carolina at Wilmington, Dr. Perko also serves on WELCOA's Medical Advisory Board. He has also served as Associate Director of Good Health Makes Sense, in Birmingham, AL.



### Creative Director

David Trouba

With over 15 years experience in magazine, book and catalog design, David oversees all publications produced by WELCOA including *The Well Workplace* newsletter, *Absolute Advantage* magazine, brochures, books and communications materials.



### Graphic Designer

Justin Eggspuehler

A 2001 Graphic Design graduate from Iowa State University, Justin studied design in Rome, Italy before joining the WELCOA design staff. He is responsible for the layout and design of many publications including *The Well Workplace* newsletter and *Absolute Advantage* magazine.



### Communications Director

Bo Abresch

With a strong background in writing and corporate communication, Bo manages all interaction with major news media. He has co-authored several publications including *Self Care Essentials: A Simple Guide to Managing Your Health Care and Living Well*.



### Communications Coordinator

Ethan A. Deas

Ethan acts as liaison with the WELCOA Medical Advisory Board, Board of Directors, and with national media. He is responsible for coordinating national events and developing communications materials for corporate partnership initiatives.

Information in this publication is carefully reviewed for accuracy. Questions, comments, or ideas are welcome. Please direct to Dr. David Hunnicutt, Executive Editor, at the address below.

Information may not be reproduced, copied, cited, or circulated in any printed or electronic form without written permission from the publisher. ©2003 Wellness Councils of America, 9002 Nicholas Street, Suite 315, Omaha, NE 68114; phone (402)827-3590; fax (402)827-3594; visit our website at [www.welcoa.org](http://www.welcoa.org). All rights reserved. ISSN 1538-0084.

## TABLE OF CONTENTS

**A Woman's Work Is Never Done**  
Facing the challenges and opportunities in addressing women's health at the workplace. ....4



**Women's Health '03**  
In this article, find out how to reduce the knowledge gap in women's health research. ....8



**The Heart Of A Woman**  
Heart disease is not just a man's disease. In fact, it's one of the leading causes of death in women today. ....12



**The Courage To Care**  
Approximately 49% of cancer diagnoses are for women. Find out how you can help fight women's cancer at the workplace. ....16



**Out Of The Shadows**  
Intimate partner violence *is* your business. Learn the effects of domestic violence on human capital and productivity. ....20



**Triple Threat**  
Coping with the three most common psychological problems in women. ....24



**Women Of Substance**  
Osteoporosis is not just a disease of the elderly. Learn how to help women protect and preserve healthy bones. ....28



**Perfect Fit**  
Baptist Health addresses the puzzling dilemma of creating a female-friendly healthcare environment. ....32

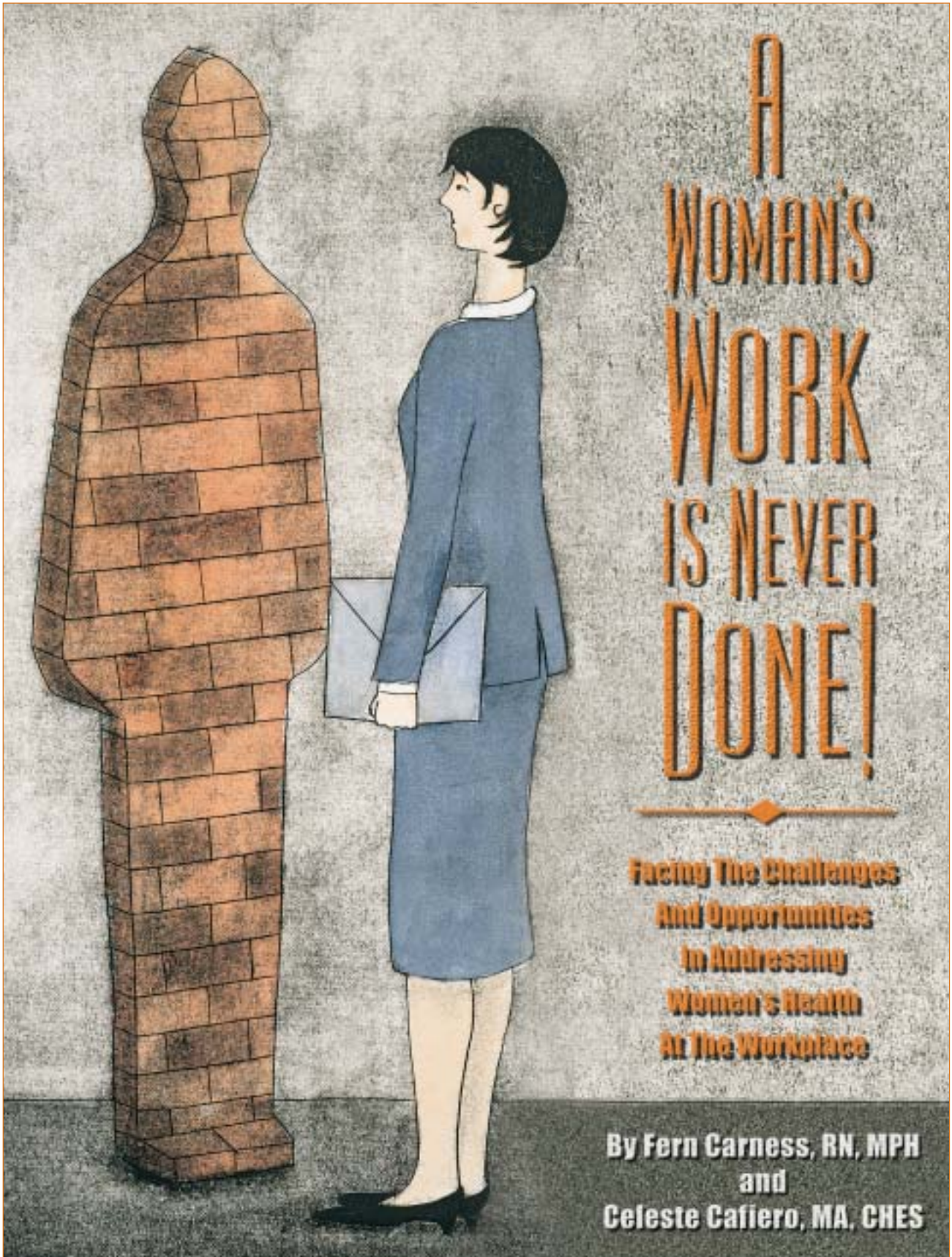


**Medicine At Work**  
Donnica Moore, MD, speaks out on the challenges women face when balancing the demands of work, life, and health. ...36



**Planting The Seeds Of Change**  
The challenge of ensuring that women's health remains at the top of the agenda. ....42





# A WOMAN'S WORK IS NEVER DONE!

**Facing The Challenges  
And Opportunities  
In Addressing  
Women's Health  
At The Workplace**

**By Fern Carness, RN, MPH  
and  
Celeste Caffero, MA, CHES**

**H**ave you noticed that everywhere you look there is a new “women’s” health center, practice, pavilion or some other similarly named facility dedicated to women’s health? Are these examples of the “edifice complex”—if you build it, they will come? Do these facilities and their healthcare providers really meet the varied needs of women of all ages? Can they possibly represent health and medical needs as diverse as pregnancy and menopause, osteoporosis and heart disease, and aging through dying, in a compassionate, coordinated fashion? Or are they just newly decorated doorways through which women receive an uncoordinated, albeit one-stop-shopping approach to healthcare services?

Every hospital, medical center, provider group, community organization and pharmaceutical company is getting on the women’s health bandwagon. Is the focus on women’s health just a marketing ploy, or has the approach to providing care to women fundamentally changed? Women’s healthcare is big business and everyone wants to participate. However, having a new name and pastel walls does NOT mean that you are addressing the complex needs of women today.

What state of health are women in? And how did we get here? In this issue we will look back over the last decade or so and see if we can draw some conclusions about the state of women’s health today. Is it better, or is it worse? How far have we come, and how far do we still have to go? We’ll also examine how the American workplace has helped advance women’s health issues and concerns. For years we have known that women make the majority of healthcare decisions for themselves and their families. Women make a disproportionate number of doctor’s appointments and fill nearly all of the prescriptions in the country. Women are gatekeepers, decision makers, healers, caregivers, as well as healthcare consumers. Or as one of our author’s so aptly puts it, women are Health CEOs of their households. Let’s take a look at how these multiple roles and responsibilities have shaped women’s views, experiences and expectations of healthcare today.

### Points To Ponder

As you prepare to dive into this issue of *Absolute Advantage*, ponder on some of the many health-related “disconnects” our authors discovered in preparing for this issue.

- Many women report they receive more personal and comprehensive care from their dentists than from their PCPs or Ob/GYNs. They report that their dentists (and their staffs) know their names, know the names of others in their family as well as when they were in last, and strive to provide both preventive and palliative care at regular intervals year after year.
- Many women note that they see their Ob/GYN like clockwork but find that those providers do not prompt them to have preventive screenings such as bone density tests or colonoscopies, perhaps assuming that the PCP is handling all that.
- Does it make sense that reportedly 50% of pregnancies are unintended, yet many pharmacy plans do not cover contraceptives while they do cover Viagra?<sup>1</sup>

#### WORKSITE WELLNESS TIP:

Many medical plans do not cover contraceptives. Check and see what coverage your pharmacy plan provides. Compare the cost of adding this benefit against the time lost from work for pregnancy, delivery and maternity leave.

- Some managed care plans still require a visit to one’s PCP to obtain a referral to an Ob/GYN, thus delaying confirmation of pregnancy and early prenatal care by weeks or sometimes months.
- Most health plans and employers regularly encourage women to protect their bones by eating correctly, exercising wisely, promoting calcium supplements and prescription treatments, but don’t make sufficient access to bone density screening.
- Physicians communicate differently with women and unfortunately, women do not communicate clearly with their healthcare providers, whether they are male or female. Women strive to build rapport during an office visit, often obscuring the urgency of symptoms. Men tend to concentrate on facts and details when reporting symptoms and may be taken more seriously based on their presentation style.

#### WORKSITE WELLNESS TIP:

Lunch & Learn programs that teach women how to communicate with their healthcare team can save lives and reduce inappropriate utilization of healthcare services. Simple tips and tools on how to track and report symptoms can save time and help make diagnosis and treatment more accurate.

- Women are entitled to reconstruction after mastectomy and treatment/prevention of lymphodema via the Women’s Health and Cancer Rights Act of 1998. Yet Medicare does not cover lymphodema-related products, such as compression garments. This sends a message to older women that this is not a medically significant complication that should be actively prevented or treated.
- Recently the Journal of American Medicine published a study on pregnancy-associated causes of death. Shockingly, homi-

*“Women tell us they want to be cared for, in addition to being cared about.*

*Although women have some unique needs throughout their lifespan,*

*the quality of care that they are seeking is what is required*

*for all healthcare consumers, male and female alike.”*

cide was the leading cause of death for pregnant women!<sup>2</sup> We concentrate on providing pre-conception care, early and continuous prenatal care, thorough pregnancy and delivery options...but we have done little to help prevent the domestic violence that threatens and takes the lives of pregnant women and their unborn children.

- Cardiovascular disease, including stroke, is the leading cause of death and disability among women. Yet women and their doctors are generally unfamiliar with the different presenting symptoms of heart disease in women thus preventing an accurate and early diagnosis. More research and training in sex-based differences in treatment and diagnosis are needed.
- Encouraging women to participate in clinical trials is necessary to gather data in sex-based biology and gender-based medicine.

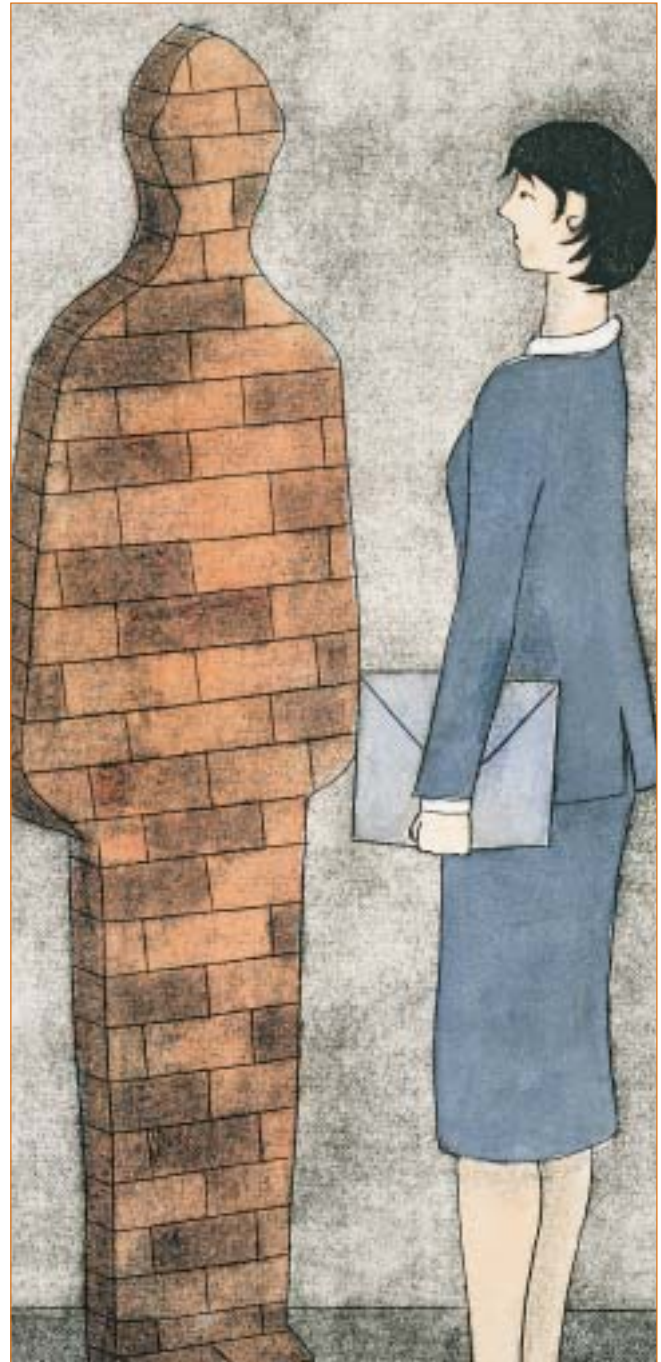
### **So, What Can You Do?**

In this issue you will find the facts and thoughts about many health issues that women are facing today. Read between the lines and ask yourself: How can I address these issues at my workplace? What programs does my organization have in place that can improve the health status of our female employees? What else can we be doing that will be cost effective? How can we be certain that every woman is treated just like a woman should be treated?

We can't build enough hospitals or treatment facilities, or graduate enough doctors and nurses, to ever meet the increasing demand for reactive healthcare. It is incumbent upon us as health promotion practitioners at the workplace to continue to do our part to put prevention first. With all of our help, worksite health promotion will improve the health of this nation, one woman at a time. Women tell us they want to be cared for, in addition to being cared about. Although women have some unique needs throughout their lifespan, the quality of care that they are seeking is what is required for all healthcare consumers, male and female alike.★

### **References**

- 1 Forrest JD, *Epidemiology of Unintended Pregnancy and Contraceptive Use*, American Journal of Obstetrics and Gynecology, 1994, 170(5):1485-1489, Table I.
- 2 Horon, Isabelle, Cheng, Diana; *Journal Of American Medical Association Enhanced Surveillance for Pregnancy Associated Mortality-Maryland 1993-1998*. March 28, 2003



# Women's Health Quiz

Test your knowledge about women's health issues by answering the questions below. This quiz is also available at [www.cdc.com](http://www.cdc.com).

- Breast cancer is the leading cause of death for all women.**  
 True  False
- Intimate partner violence (IPV) is defined as the act of hitting or beating a woman.**  
 True  False
- Pregnant women should be screened for the bacteria Group B Streptococcus (GBS) late in pregnancy to reduce the risk of passing it to their newborn.**  
 True  False
- In the United States, two to three women die each day of pregnancy-related complications.**  
 True  False
- In the United States, more men than women die from stroke.**  
 True  False
- Women who smoke are at an increased risk for reproductive health problems.**  
 True  False
- Women and men aged 50 or older should get screened regularly for colorectal cancer.**  
 True  False

## Answers

### 1. *This statement is false.*

Heart disease is the number one cause of death in women. Heart disease was responsible for approximately 365,953 deaths in women in 2000. Breast cancer caused about 41,872 deaths in women the same year.

### 2. *This statement is false.*

Intimate partner violence (IPV) is more than physical abuse; it includes actual or threatened physical or sexual violence, or psychological/emotional abuse. Also, IPV is defined as violence between intimate partners (current or former spouses, current or former boyfriends/girlfriends, and dates), not strangers.

### 3. *This statement is true.*

Group B Streptococcus (GBS) is a type of bacterium that causes illness in newborn babies, pregnant women, the elderly, and adults with other illnesses such as diabetes or liver disease. GBS is the most common cause of life-threatening infections in newborns, but in most cases it can be prevented. Pregnant women should be screened for GBS during the 35th-37th week of pregnancy to reduce the risk of passing it onto their newborn.

### 4. *This statement is true.*

Every year, nearly 1,000 women die and hundreds of thousands of others experience medical complications from pregnancy. A pregnancy-related death (mortality) is one that occurs during pregnancy or within one year after pregnancy and is caused by pregnancy-related complications. The leading causes of pregnancy-related deaths are hemorrhage, blood clot, high blood pressure, infection, stroke, amniotic fluid in the bloodstream, and heart muscle disease.

### 5. *This statement is false.*

Stroke is the third leading cause of death in men and women, behind disease of the heart and cancer. At all ages, more women than men die of stroke. Compared with whites, young African-American men and women have a two- to three-fold greater risk of ischemic stroke, and African-American men and women are more likely to die of stroke.

### 6. *This statement is true.*

In 1999, approximately 165,000 women died prematurely from smoking-related diseases like cancer and heart disease. Women also face unique health effects from smoking. For example, women who smoke have increased risks for conception delay and for both primary and secondary infertility.

### 7. *This statement is true.*

Colorectal cancer is the 2nd leading cancer killer. Removing the precancerous polyps or growths, which can be present in the colon and rectum for years before invasive cancer develops, can prevent the disease. Several scientific organizations recommend regular screening for all adults aged 50 years or older.

#### ABOUT THE EXPERT: Fern Carness, MPH, RN

Fern Carness, MPH, RN, FAWHP, is a registered nurse with a background in critical care. Known as a voice for women's health, Fern travels extensively to speak to women's groups about health status and how to become empowered to partner with the healthcare system.

Currently, Fern is the co-owner of Just Like a Woman—a retail experience that blends specialty lingerie needs with health education and survivor support services in a feminine environment. Here women with medical challenges will find the products they need while being treated with dignity and kindness.



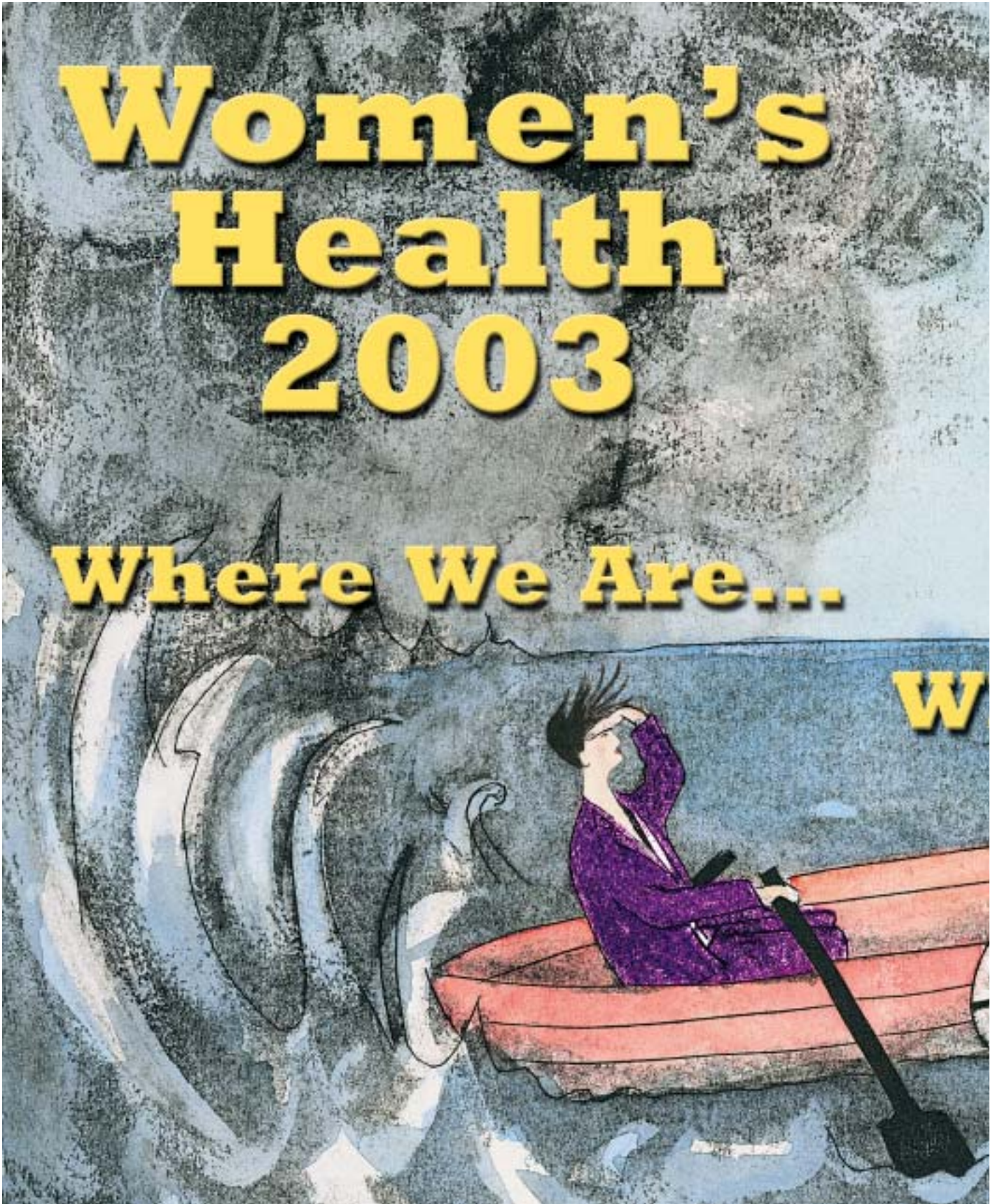
#### ABOUT THE EXPERT: Celeste Cafiero, MA, CHES

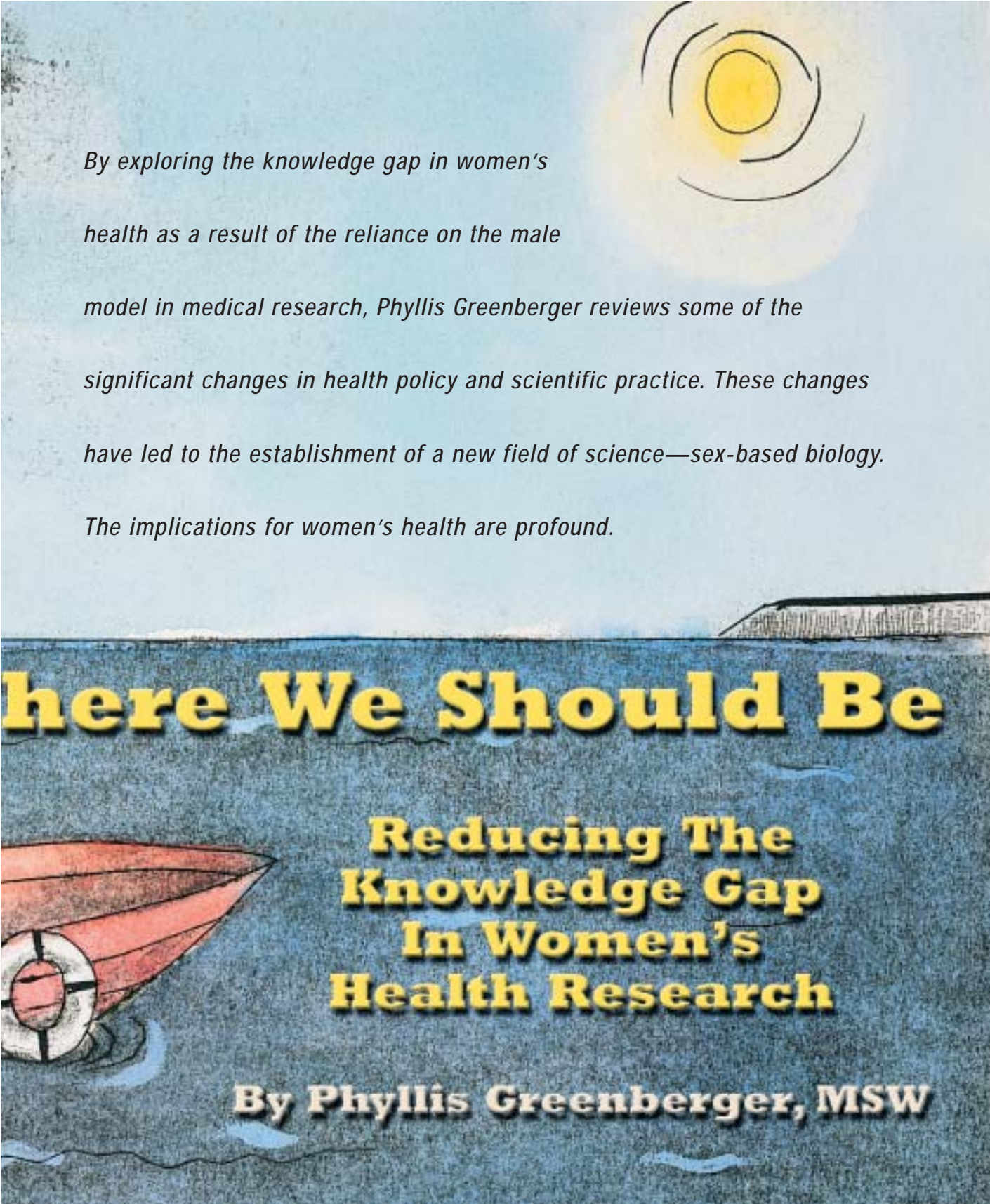
Celeste Cafiero has more than 20 years of health education, product development, training, publishing, and healthcare communications experience. She specializes in creating custom patient and provider support programs, both online and offline, for pharmaceutical companies to enhance compliance with medical and lifestyle treatment plans. Celeste has a master's in health education and is a Certified Health Education Specialist. Email: [ccafiero@msn.com](mailto:ccafiero@msn.com).



# Women's Health 2003

Where We Are...





*By exploring the knowledge gap in women's health as a result of the reliance on the male model in medical research, Phyllis Greenberger reviews some of the significant changes in health policy and scientific practice. These changes have led to the establishment of a new field of science—sex-based biology. The implications for women's health are profound.*

# here We Should Be

## Reducing The Knowledge Gap In Women's Health Research

By Phyllis Greenberger, MSW

Women's health research has seen marked improvements in the last decade. Women are now participating in clinical trials at rates proportionate to their numbers in the general population.<sup>1</sup> This is great progress from 1990 when a report by the US General Accounting Office (GAO) found that women were not routinely being included in federally-funded research studies.<sup>2</sup> As a result of the increased participation of women in clinical trials, we now know more about how the female body works than ever before. For example, increased attention to women's health has led to the recognition that diseases such as heart disease and lung cancer, once considered "men's diseases" have just as significant an impact on women.<sup>3,4</sup> However, it is important not to take these successes for granted. A look at how we got to where we are will help provide a road map for the future direction of medical research.

### **Paternalism and Protectionism**

Until the 1990s, policies relating to the inclusion of women in medical research were characterized by a mixture of paternalism and protectionism. On the one hand, women were regarded as small men—medical professionals simply assumed that a woman's body (with the exception of the reproductive system) worked essentially the same as a man's and therefore there was no need to include them in research.<sup>5</sup> On the other hand, women and their complex hormonal cycles were considered difficult to study as fluctuating hormonal environments had the potential to obfuscate research findings.<sup>6</sup> Further complicating matters was the assumption that women and their potential fetuses needed to be protected from any possible harm that could result from participating in a research trial.

In the early 1960s, thousands of babies were born with severe birth defects as a result of in utero exposure to thalidomide.<sup>7</sup> During the 1970s, researchers discovered that the daughters of women who took diethylstilbestrol (DES) during pregnancy had an increased risk of vaginal cancer.<sup>8</sup> As a result of these two medical tragedies, the US Food and Drug Administration (FDA) issued guidelines that required women of childbearing potential to be excluded from drug trials, except for drugs used in the treatment of life-threatening or serious diseases, until teratogenicity data from animal

studies of the drug were available.<sup>9</sup> Because teratogenicity studies were usually performed at the same time as clinical trials in humans, these guidelines had the effect of excluding women from most drug trials.<sup>10</sup>

### **Sex Matters**

The exclusion of women from clinical trials went largely unquestioned until 1983 when then Assistant Surgeon General Edward Brandt, citing the lack of health information available for women, established a task force on women's health issues to develop an analysis of women's health activities and an agenda for further activities.<sup>11</sup> The task force issued a report which concluded that the lack of research focus on women's health issues compromised the quality of health information available to women as well as the health-care they received.<sup>12</sup> To try and fill the knowledge gap in women's health, the NIH issued guidelines urging the inclusion of women in NIH-funded research.<sup>13</sup>

However, many of those involved in women's health feared that these guidelines were not being enforced. In the late 1980s, a group of women's health professionals organized for change. These founding members of the Society for Women's Health Research (formerly the Society for the Advancement of Women's Health Research) were researchers, lobbyists, activists, doctors, nurses, and administrators who were convinced that the health of American women was at risk due to biases in biomedical research.

In fact, there are some important examples of how these biases in research have affected women's health. In the area of pharmacology, studies have shown that the safety and effectiveness of a number of widely-used drugs including antihistamines, antibiotics, and pain relievers varies depending upon the sex of the user. Yet despite this evidence showing that men and women respond differently to the same drug, most physicians and their patients are still not aware that sex matters when prescribing medications. One of the reasons for this is that the Food and Drug Administration and the pharmaceutical industry, groups responsible for drug labeling, only recently began to analyze safety data by gender. In fact, reporting of gender-based data analysis in medical journals, while increasing, is still not routine practice. This shortcoming of the system keeps gender-specific risks as well as benefits buried beneath heaps of data.

The risks of particular drugs have been noted; a 2001 GAO examination of prescription drugs withdrawn from the US market determined that most that had been withdrawn posed more health risks to women. Ten prescription drugs have been withdrawn since January 1997, eight of which the GAO says caused more adverse events in women. Users of four of the drugs were mostly women, and the other four drugs were widely prescribed to both men and women.

Heart disease also provides an important example of how the knowledge gap in medical research has led to disparities in care today. Women may not receive the same levels of preventive or symptom-associated treatment for cardiovascular disease as men, largely due to the misperception that cardiovascular disease is a male disease. As recently as 1996 the American College of Physicians suggested women not be screened or treated for high cholesterol as a primary means of CVD prevention. However, it is now known that women benefit as much as men from cholesterol-lowering drug regimens. It has also been documented that women are less likely to receive standard diagnostic and treatment procedures such as catheterization for cardiovascular symptoms such as unstable angina. Women are also less likely than men to receive several standard diagnostic and treatment procedures for heart attack, such as angiography, thrombolytic therapy, reperfusion therapy, aspirin, beta-blockers, coronary-artery bypass grafting, and coronary angioplasty.

### **Every Single Cell**

In the summer of 1990, concerned about health disparities, the fledgling all-volunteer Society was the force behind a landmark event. The previous year, at the suggestion of the Society's leadership, the Congressional Caucus on Women's Issues had asked the GAO to investigate the progress the National Institutes of Health had made in implementing its 1986 policy encouraging the inclusion of women as subjects in clinical research. The report found that little, if any, progress had been made.<sup>2</sup> On June 18, 1990, congressional hearings were held. Follow-up coverage in the press, generated by the Society's efforts, reported the GAO's findings. A month after the GAO report was released, the Congressional Caucus on Women's Issues introduced the Women's Health Equity Act (WHEA) of

1990.<sup>14</sup> This legislative response consisted of twenty separate bills to improve women's health research, access to health-care, and disease prevention services. The following day, WHEA's chief Senate sponsor, Senator Barbara Mikulski (D-MD), attached three provisions—creating an Office for Women's Health Research (OWHR) at NIH, requiring that women be included in clinical trials, and establishing five contraceptive and infertility research centers—to legislation reauthorizing NIH. Faced with the prospect of swift congressional action, the NIH quickly issued a strengthened policy and created a new Office of Research on Women's Health to coordinate women's health research activities at the office.<sup>15</sup>

Since those early events, both the Society and the field of women's health research have grown enormously. In 1993, the Food and Drug Administration issued new guidelines regulating women's participation in pre-market clinical trials.<sup>16</sup> Also in 1993, the Society worked with the Clinton Administration and Members of Congress to pass the NIH Revitalization Act of 1993 that was signed by the President and explicitly requires the inclusion of women in federally-funded clinical research.<sup>15</sup>

From this very successful beginning, the Society continues its work to improve women's health through research. The Society offers a growing number of meetings and educational programs for both professionals and the public. It is raising money to fund research on sex differences and has formed an advocacy coalition of leaders at scientific and research institutions. Yet, despite the Society's efforts, many in the research community still believed that there really were no significant differences between men and women.<sup>17</sup> In 2001, the Institute of Medicine (IOM) released its landmark report, "Exploring the Biological Contributions

to Human Health: Does Sex Matter?" which made the unequivocal case for the importance of sex-based biology.<sup>18</sup> The report, which was initiated and sponsored by the Society for Women's Health Research, found that every cell in the human body has a sex and that sex affects human health at every level. This report helped to validate the emerging field of sex-based biology which seeks to uncover the biological and physiological differences between men and women. The field of sex-based biology has revolutionized the way in which the scientific community views the sexes. As researchers uncover more and more biological differences between men and women, they are gaining a greater understanding of the biological and physiological environments of both sexes.

### The Road Ahead

The field of sex-based biology will not continue to thrive, however, without policies and practices to support sex-based research. First, of the more than 50 million eligible patients, only five to six million enroll in clinical research studies.<sup>19</sup> Clinical research cannot move forward without research volunteers. The Society for Women's Health Research has been working to improve the recruitment and retention of women in clinical trials through its public education campaign, "Some Things Only A Woman Can Do" and through workshops to educate investigators to the unique needs of the female study volunteer. Second, researchers must ensure that their plans for data analysis include subgroup analysis to detect sex differences. Third, the results of these analyses must be published in the medical literature, even when no sex differences are found. Finally, there is a need for continued funding of sex-based research by both public and private funding agencies. With these policies and practices firmly in place, the field of sex-based biology will be able to grow.★

#### ABOUT THE

#### EXPERT: Phyllis Greenberger, MSW

Phyllis Greenberger, MSW, is the first President and CEO of the Washington, DC-based Society for Women's Health Research, an advocacy organization formed in 1990 to improve the health of women through research. The Society's work has increased awareness and advocacy for women's health research issues. The Society was the driving force behind the recent Institute of Medicine report, "Exploring the Biological Contributions to Human Health: Does Sex Matter?" which called on researchers to understand the implications of basic biological sex differences for the betterment of human health.



### References

1. NIH Has Increased Its Efforts to Include Women in Research. Washington, DC: United States General Accounting Office; 2000. GAO/HEHS-00-96.
2. National Institutes of Health: Problems in Implementing Policy on Women in Study Populations: United States General Accounting Office; 1990. GAO/T-HRD-90-50.
3. Anderson RN. Deaths: Leading Causes for 2000. National Vital Statistics Reports. Hyattsville, MD: National Center for Health Statistics; 2002. Vol. 50 No. 16.
4. Cancer Facts and Figures 2003. American Cancer Society. Available at: <http://www.cancer.org/downloads/STT/CAF2003PWSecured.pdf>. Accessed May 12, 2003.
5. Healy B. A new prescription for women's health. New York: Viking Penguin; 1995.
6. Johnson TL, Fee E. Women's Health Research: An Introduction. In: Haseltine FP, Jacobson BG, eds. Women's Health Research: A Policy Primer. Washington, DC: American Psychiatric Press; 1997:3-26.
7. Botting J. The History of Thalidomide. Drug News Perspect. 2002;15(9):604-611.
8. Herbst AL, Ulfelder H, Poskanzer DC. Adenocarcinoma of the vagina. Association of maternal stilbestrol therapy with tumor appearance in young women. N Engl J Med. 1971;284(15):878-881.
9. General Considerations for the Clinical Evaluation of Drugs. Washington, DC: Department of Health, Education, and Welfare, U.S. Food & Drug Administration; 1977. Publ No. HEW/FDA 88-3040.
10. Honig SF. Ethical Issues in Recruitment: Communicating Risk to Women of Child-bearing Potential. Paper presented at: Women and Clinical Research: Breaking Through the Barriers to Recruitment and Retention, 2000; New Orleans, LA.
11. Brandt EN, Jr. Some thoughts about women's health and its evolution. J Gen Specif Med. 1998;1(1):48-49.
12. Report of the Public Service Task Force on Women's Health Issues: U.S. Public Health Service; 1985.
13. NIH Guide for Grants and Contracts. Bethesda, MD: National Institutes of Health; October 24 1986.
14. Women's Health Equity Act of 1990; 1990.
15. NIH guidelines on the inclusion of women and minorities as subjects in clinical research. Vol 59. Federal Register; 1994:14508-14513.
16. Guideline for the study and evaluation of gender differences in the clinical evaluation of drugs; notice. Vol 58. Federal Register: U.S. Food & Drug Administration; 1993:39406-39416.
17. Meinert CL, Gilpin AK. Estimation of gender bias in clinical trials. Stat Med. 2001;20(8):1153-1164.
18. Wizemann TM, Pardue M-L, Eds. Exploring the Biological Contributions to Human Health: Does Sex Matter? Washington, DC: Board on Health Sciences Policy, Institute of Medicine; April 25 2001.
19. Nationwide Survey Reveals Public Support of Clinical Research Studies on the Rise. Harris Interactive. Available at: <http://www.harrisinteractive.com/news/printerrfriend/index.asp?NewsID=323>. Accessed May 12, 2003.

# HEART OF A WOMAN

BY JILL A. WARD

Today's woman takes on many more roles than the traditional homemaker. She is colleague, professional, friend, and community leader, to name a few. But no matter how many hats a woman wears, it is likely that she is the primary source of health information for her family. Women provide guidance on topics like nutrition, keeping active, and developing healthier habits and healthier kids. They may care for extended family members, which may include elderly parents. In short, women wield a considerable amount of influence when it comes to making health decisions.



**T**he sad fact is that most women do not know enough about the seriousness of heart disease and stroke. In 1997, the American Heart Association mounted a major public awareness campaign about women and heart disease. The results showed that six out of 10 women reported cancer as their greatest threat. Only 8 percent of women perceived heart disease as their leading health problem. The truth is that heart disease and stroke kill over half a million women in the United States every year (505,661 in 2000). This represents more than the next seven causes of death combined, and nearly twice as many as all forms of cancer (267,009 in 2000). One woman in eight will develop breast cancer over the course of her lifetime, and one in every 29 deaths of women is from breast cancer. [*American Cancer Society; CDC/NCHS*] As devastating as that is, one in every 2.4 deaths of women is from heart disease, stroke or other cardiovascular diseases.

### **Heart Disease Is Not Just A Man's Disease**

Women need to know that cardiovascular disease is not just a man's problem. In fact, every year since 1984, cardiovascular disease has claimed the lives of more women than men. So what are the facts that women need to know to become more heart healthy and to influence those around them as well? Knowing the risks factors for heart disease is an important first step.

### **Risk Factors You Can't Change**

#### **Race**

Certain population groups have higher rates of heart disease than others, because they are prone to have one or more risk factors for cardiovascular diseases. It is important for you to be aware of your heritage and how it may affect your health risks.

#### **Personal Medical History**

Individuals who have already had a heart attack are more likely to have another one than someone who has never had a heart attack. Other conditions such as high blood pressure and diabetes increase risk, too.

#### **Family Medical History**

We get our eye and hair color from our parents or grandparents. We also inherit tendencies toward some medical conditions. For example, if one or both parents have high blood cholesterol, their children may be prone to having it as well. Close blood relatives who had a heart attack or a stroke or died of heart disease at an age younger than 55 may also indicate risk.

#### **Gender**

Every 33 seconds an American dies from some form of heart disease. That's more than 1.4 million deaths annually (53% women and 47% men). The main difference between the sexes is not whether women are likely to get heart disease, but when. Men are more likely to have heart attacks earlier in life, but the risk for women changes when they go through menopause.

After menopause, a woman's risk of heart attack begins to rise steadily. Within 10 years, her risk level is nearly the same as a man's. While the incidence of heart disease in men has declined in the last 20 years, it has increased in women.

#### **Increasing Age**

As people get older, their risk of heart attack increases. More than half of all heart attack victims are age 65 or older.

### **Things You Can Change**

#### **Cigarette/Tobacco Smoke**

Smoking is the greatest single cause of preventable death. For women, smoking is the biggest risk factor for heart attack. Today 22.7 million American women smoke. Women who smoke run more than twice the risk of having a heart attack as a nonsmoker. Women smokers who use oral contraceptives with high doses of estrogen and progestin may have a much higher risk of heart disease. Any smoker who has a heart attack is more likely than a nonsmoker to die from it, and is two to four times more likely to die suddenly. If a woman starts to smoke, she is less likely to quit than a man.

#### **High Blood Cholesterol**

Cholesterol is a soft, fat-like substance found in human and animal tissue. Research tells us that a high level of cholesterol in the blood is a major risk factor for heart disease. The higher the blood cholesterol level, the more likely that fats and cholesterol will build up in artery walls, which may cause a heart attack or stroke.

Lipoproteins are carriers of cholesterol in the blood. High density lipoproteins (HDL) cholesterol has been called the "good" cholesterol because HDL is believed to carry cholesterol out of the arteries to the liver, where it is passed from the body. An HDL level of greater than 40 mg/dL is considered optimal. High levels of low density lipoprotein (LDL) cholesterol, the so-called "bad" cholesterol, tend to stay in the body and build up in the artery walls. LDL cholesterol less than 100 mg/dL is also optimal.

#### **High Blood Pressure**

High blood pressure is a major risk factor for heart attack and the most important risk factor for stroke. It is often called the "silent killer" because it usually has no symptoms. High blood pressure is defined as a reading of 140/90 or greater that stays high over an extended period of time. It means that the heart is working harder than normal, putting the heart and arteries under a greater strain, which increases risk of stroke, heart and kidney disease. Citing the newly released American Heart Association blood pressure guidelines, a blood pressure reading of 120/80 or lower is considered optimal.

Women have an increased risk of developing high blood pressure if they are 20 pounds or more over a healthy weight (for height and build); have a family history of high blood pressure (especially African-American women); take certain types of oral contraceptives; have reached the age of menopause (about 60 percent of all women ages 65 to 74 have high blood pressure); or are pregnant, especially in the last three months.

#### **Physical Inactivity**

Many studies have found that lack of physical activity can make a person almost twice as likely to develop heart disease as those who are more active. About 60 percent of American women are not active enough to keep their hearts healthy [CDC]. The best exercises are those that help strengthen the heart, better known as aerobic exercises. But marathon runner dedication to exercise is not necessary to get health benefits from physical activity. In fact, moderate activities, done often, can reduce risk for heart attack. People who do more vigorous activities have an even lower heart attack risk.



### ***Body Weight/Body Shape***

Body weight can be an indicator of how much body fat a person has. If a person weighs more than what is desirable for their height, most of their extra weight is probably excess body fat. People who are overweight due to excess body fat are more likely to have high blood pressure, diabetes and high blood cholesterol.

Body shape may be as important as the amount of body fat someone has. Recent studies suggest that the places on the body where fat is located may effect heart attack risk. For example, a woman's waist measurement should not be more than 80% of her hip measurement (waist hip ratio greater than 0.8).

### ***Diabetes Mellitus***

Diabetes mellitus is a progressive disease in which the body doesn't make enough insulin or can't use its own insulin as well as it should, or both. This causes blood glucose ("blood sugar") levels to build up too high. Diabetes mellitus is defined as a fasting blood glucose of 126 mg/dL or more, measured on two occasions. Diabetes appears most often in middle-aged and overweight people. However, it's becoming an increasing problem in children and teenagers. It affects many more women than men after age 50. Women with diabetes have from three to seven times the risk of heart disease and heart attack. [AHA/ACC Scientific Statement — Guide to Preventive Cardiology for Women, 1999] Women with diabetes are more likely to die from a heart attack and more likely to have a second attack. [American Diabetes Association and the National Diabetes Education Program] Women with diabetes are two to four times more likely to have a stroke. [American Diabetes Association] Many women with diabetes also have high blood pressure and high blood cholesterol, putting them at even greater risk.

Healthcare is changing. Now, more than ever, women must take more responsibility for their own health and their families' healthcare. Many resources exist to help women take action against the risk factors that contribute to heart disease and stroke. Seek them out and become one step closer to reducing risk by making healthy lifestyle changes and controlling risk factors. ★

## ***Log On And Learn***

### ***American Heart Association Online Programs For Women***

Heart disease and stroke affect one out of two women, but these diseases are largely preventable. Listed below are American Heart Association's free programs that focus mainly on women. These programs provide information that may help you live a longer, healthier life. If you'd like to receive important information about heart disease and stroke go to: [www.americanheart.org/women](http://www.americanheart.org/women).

#### ***Simple Solutions***

A free educational program sponsored by the California Walnut Commission. Its goal is to educate women about how to incorporate simple steps into their life to reduce their risk for heart disease and stroke. Participants will receive a series of communications and incentives that reinforce the theme that they can live a healthy life by taking one simple step each day.

#### ***Choose To Move***

This is a fun, free, flexible physical activity program for women. It lasts 12 weeks and helps participants gradually increase their physical activity to 30 minutes on most days of the week—a level shown to reduce the risk of heart disease and stroke.

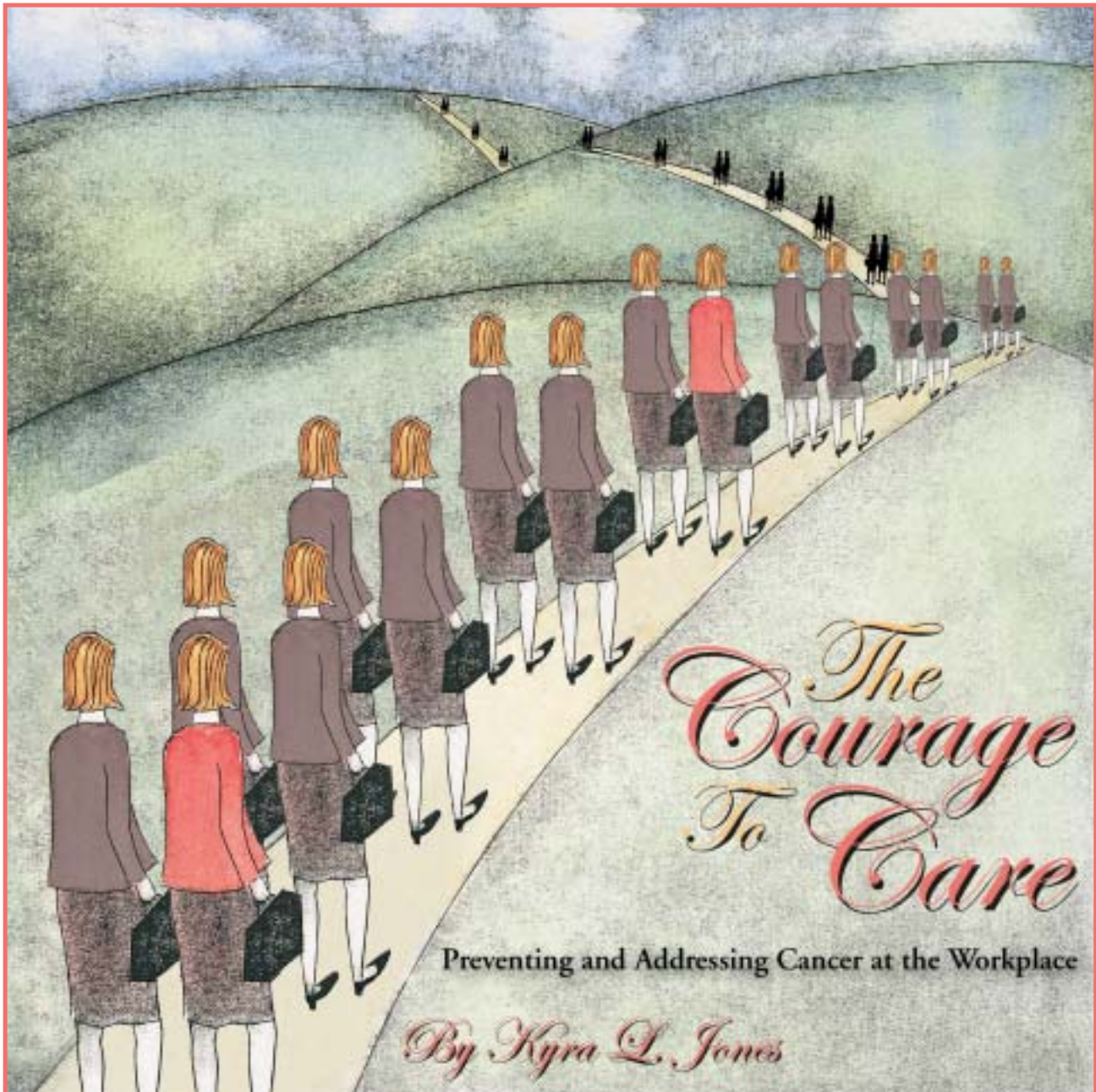
#### ***Take Wellness To Heart***

Raising awareness and providing solutions. These are the goals of the American Heart Association's "Take Wellness To Heart" campaign. We want to reach as many women as possible, and we challenge you to do the same.

### **ABOUT THE EXPERT: Jill A. Ward**

Jill has more than 20 years of experience with the American Heart Association. In that time she has been involved in and directed health education activities, product development, professional education offerings, publishing and training. In her current role as Vice President for Health Initiatives at the Pacific Mountain Affiliate, she is responsible for directing the implementation of community based programs designed to bring about system changes to improve patient outcomes. Ms. Ward also directs the Pacific Mountain Affiliate's research program, which provides over 8 million dollars of funding to biomedical research grants in 10 western states annually.





**M**y darkest day was kneeling at my father's bedside, watching him take his last, shallow breath after over two years of agonizing cancer treatments. The second darkest day was picking up the telephone at work and hearing my mother's

voice say, "Are you sitting down? I have breast cancer." Not the dreaded "C" word. Having lost both my father and grandfather to esophageal cancer, and my grandmother to ovarian cancer, those words, to me, meant that after all her hair and all but 95

pounds was lost, if we were lucky, we would spend a couple more years together before the cancer would finally kill her. And all I could do was stand powerless by her side. "Powerless" isn't a word in my vocabulary; neither should it be in yours.

*“One in every four Americans is diagnosed with cancer,  
with an estimated 1,334,100 diagnoses in 2003.  
Approximately 49% of those diagnosed with cancer are women.”*

It's amazing how little people know about cancer. That is, until they have a personal experience with it. Suddenly, they are faced with a decision. They will either empower themselves to learn more, or they will shut the doors completely and pretend to enjoy their vacation in the state of denial. Cancer is a scary word, and certainly, a scary disease. The less that is known, the scarier it becomes. This is as true in the workplace as it is in the home. With the reality of an increasing number of working women being diagnosed with cancer, it isn't surprising that employers are beginning to take the initiative to increase awareness not just about cancer in general, but also about resources that can help them deal with the situation at the worksite.

One in every four Americans is diagnosed with cancer, with an estimated 1,334,100 diagnoses in 2003. Approximately 49% of those diagnosed with cancer are women. Among the cancers that most frequently affect women are breast, lung, colorectal and ovarian. According to American Cancer Society statistics, these four cancers make up for over 59% of the total cancer diagnoses in women and account for 56% of cancer deaths. Knowing about these cancers, how they can be prevented or detected early, and the resources available in the workplace can help save lives as well as increase the quality of life for cancer patients. It may also help take away some of the fear that is associated with cancer in the workplace.

### **Breast Cancer**

One out of eight women will be diagnosed with breast cancer in her lifetime. An estimated 211,300 women will be affected in 2003. The disease will claim 39,800 lives, ranking it second among cancer deaths in women.

The risk of breast cancer increases with age. Other risk factors include having a personal or family history of the disease, a long menstrual history (menstrual cycles beginning early and ending late in life), obesity, having a first child after age 30 or never having children, and consuming one or more alcoholic beverages per day. Breast cancer can occur at any age, and occurs most often in women with no family history.

Breast cancer at its earliest stage is most often detected as an abnormality during a mammogram. Other signs include breast lumps, thickening, swelling, dimpling or distortion of the skin, tenderness, nipple pain, scaliness, ulceration, or retraction. Breast pain is often a sign of a benign (non-cancerous) condition and is not generally the first symptom of breast cancer.

Breast cancer detected at its earliest stage has a 98% survival rate. To date, mammography is the most valuable tool for early detection. However, it is not a perfect tool. A small percentage of breast cancers go undetected, particularly in young women, and false positives can occur. Three out of four abnormalities detected during a mammogram are benign. Magnetic Resonance Imaging (MRI) and ultra-sound have also proven to be effective in the early detection of breast cancer. Mammography is recommended annually for women ages 40 and older. (The American Cancer Society's "Tell A Friend" program is designed to train women to encourage other women they know to obtain a mammogram. For more information on Tell A Friend in your area, call the American Cancer Society at 1-800-ACS-2345.)

Other early detection methods include clinical exams (CBEs) and self-breast

exams (BSEs). The American Cancer Society has made recent changes regarding these methods. Women between the ages 20 and 39 are encouraged to get a CBE as part of their regular physical check-up every three years, and annually after age 40. Women are encouraged to ask their health providers about breast health and risk factors, as well as early detection testing. BSE guidelines have also changed. Women in their 20's are encouraged to learn about the benefits and limitations of BSE and that it is an optional practice. This change occurred as a result of research showing that BSE plays a very small role in early detection, and often, a lump may be detected outside of a regular BSE (for example, in the shower or while getting dressed). My mother, for instance, found her cancer when she was putting on lotion. Emphasis is placed on self-awareness.

### **Lung Cancer**

Lung cancer is the leading cause of cancer death among women. An estimated 80,100 new cases of lung and bronchus cancer in women are expected in 2003, and approximately 68,800 will die of the disease, accounting for about 25% of all cancer deaths in women. This is truly tragic because lung cancer is almost totally preventable.

Women who smoke cigarettes are at the greatest risk of developing lung cancer. In women, tobacco use also increases risk of low birth weight in infants, stillbirths, miscarriages, and pre-term delivery. About 79% of lung cancers among women are caused by smoking. Other risk factors include occupational or environmental exposures to radon, asbestos, arsenic, air pollution and tuberculosis.

Symptoms of lung cancer don't usually appear until it is at an advanced stage.

Symptoms may include persistent cough, blood-streaked sputum (phlegm), chest pain, and difficulty swallowing. Other symptoms are marked by recurring pneumonia or bronchitis.

The early detection of lung cancer includes chest x-rays, analysis of cells in sputum, fiberoptic examination of the bronchial passages, and x-ray techniques called spiral or helical low-dose CT scans. These methods, however, have not yet been proven to improve survival.

Almost all lung cancers are the result of smoking tobacco products. The best way to improve the chances of survival, not to mention an improvement in overall wellness, is to quit smoking. If you're not a smoker, do yourself and your family a favor: don't start.

### **Colorectal Cancer**

Colorectal cancer can develop in any of the four sections of the colon or the rectum.

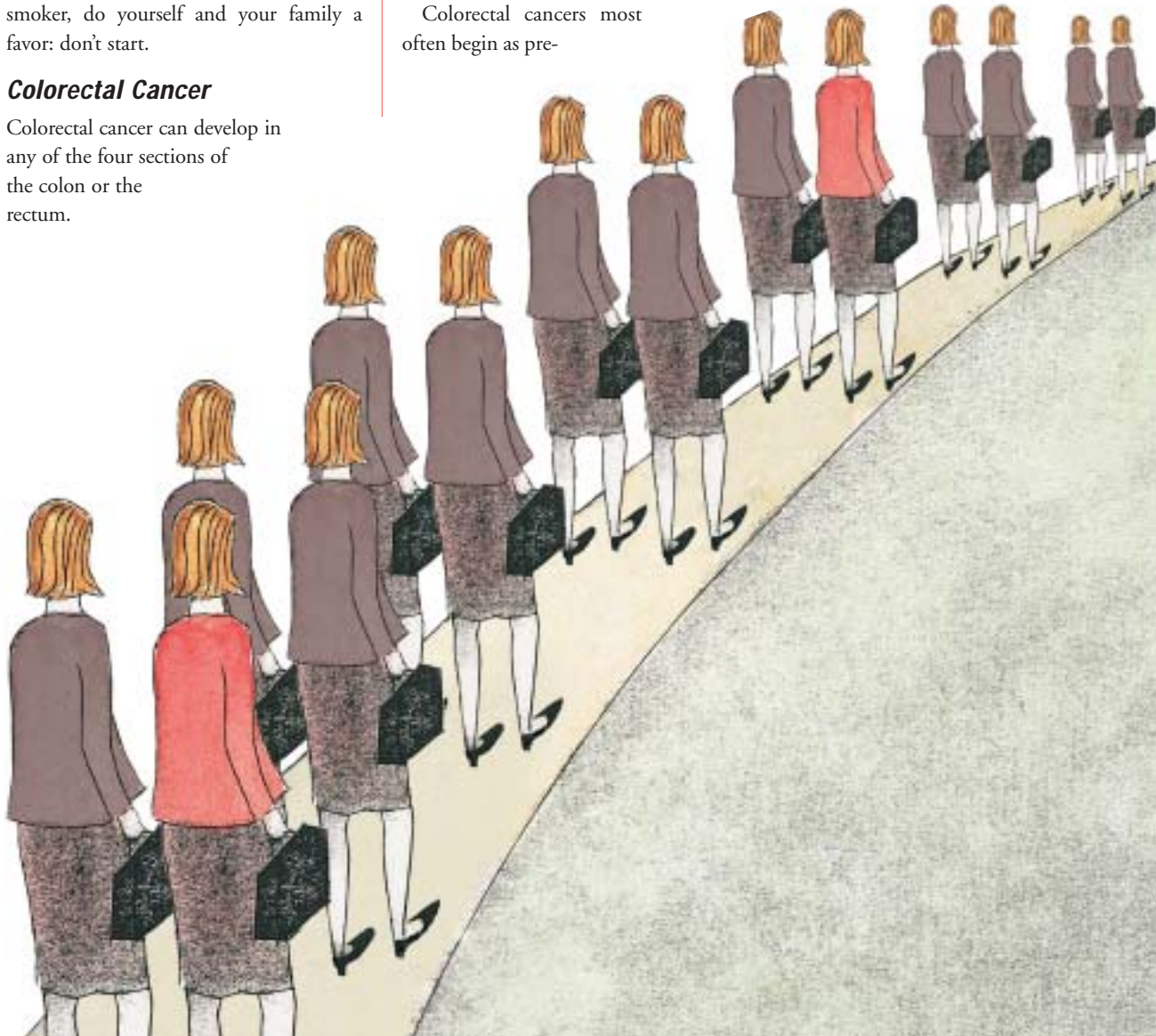
Because they share many of the same features, they are most often referred to together as colorectal cancer. Colorectal cancer is the third most common cancer in women, accounting for an estimated 56,500 cases of colon and 18,200 cases of rectal cancer this year. Of these cases, a combined 28,800 deaths are expected.

Anyone is at risk for colorectal cancer, however, most diagnoses occur in people over the age of 50. Other risk factors include family history, polyps, chronic inflammatory bowel disease, physical inactivity, obesity, diets high in animal fat and low in fiber, lack of vegetable and fruit consumption, smoking and heavy use of alcohol.

Colorectal cancers most often begin as pre-

cancerous polyps, which usually cause no symptoms and can be removed without invasive surgery. If, however, cancer has developed, symptoms may include rectal bleeding, blood in the stool, a change in bowel habits, and pain or cramping in the lower abdomen.

The American Cancer Society recommends that beginning at age 50, men and women at average risk should have one of the following: fecal occult blood test (FOBT) every year, or flexible sigmoidoscopy every five years, or a combination of FOBT and flexible sigmoidoscopy every five years



*"The American Cancer Society has developed free Workplace Wellness Programs designed to help your employees make informed, healthy lifestyle choices.*

*The American Cancer Society Workplace Wellness Programs help to promote wellness in the workplace, enhance job satisfaction through a more supportive work environment, and encourage employees to pursue personal health goals."*

(which is preferred), or colonoscopy every 10 years (if normal), or double-contrast barium enema every five years (if normal).

Detected at its earliest stage, patients diagnosed with colorectal cancer have a 90% survival rate. However, only 37% of colorectal cancers are detected at this stage.

### **Ovarian Cancer**

It is estimated that 25,400 new cases of ovarian cancer will be diagnosed in 2003. Approximately 14,000 deaths will occur, more than any other cancer of the female reproductive system. These deaths account for nearly 4% of all cancers among women and rank second among gynecologic cancers.

Risk for ovarian cancer increases with age. Women who have never had children, have a family history of ovarian cancer, and who have a personal history of breast cancer are at higher risk for ovarian cancer. However, most women who are diagnosed with ovarian cancer do not have any of these risk factors. Pregnancy, tubal ligation (the cutting or blocking of the fallopian tubes for purposes of sterilization or birth control), and the use of oral contraceptives seem to decrease the risk of developing ovarian cancer.

The most common sign of ovarian cancer is enlargement of the abdomen, caused by fluid accumulation. Although rare, it can also be marked by abnormal vaginal bleeding. Other symptoms may include stomach discomfort, gas or distention. A thorough pelvic examination and Pap test can help detect ovarian cancer, albeit usually in its later stages. Transvaginal ultrasound and a tumor marker, CA125, may also help, but are not used for routine screenings. Research is current-

ly being done to develop early detection screening tests in the future.

Currently, if diagnosed and treated early, the survival rate is 95%. However, only 25% of ovarian cancers are detected at this stage. Approximately 80% of ovarian cancer patients survive one year; 53% survive longer than five years.

### **Wellness And Cancer Resources For The Workplace**

The American Cancer Society has developed free Workplace Wellness Programs designed to help your employees make informed, healthy lifestyle choices. The American Cancer Society Workplace Wellness Programs help to promote wellness in the workplace, enhance job satisfaction through a more supportive work environment, and encourage employees to pursue personal health goals. The free BecauseWeCare E-newsletter provides tips on wellness and prevention, as well as solutions to boost wellness efforts. Active for Life is a free workplace wellness program that helps employees stay active and improve health. The Workplace Wellness Web is a free electronic resource that helps

you manage wellness activities and provides links to other resources.

The American Cancer Society offers free materials to help educate individuals about healthy habits and prevention, as well as cancer-related issues. The website, [www.cancer.org](http://www.cancer.org), includes an abundance of in-depth cancer information and can be accessed from work or home. Visitors can order Society publications, read articles, or browse other helpful resources in the community. Trained cancer information specialists are also available 24-hours a day, seven days a week at 1-800-ACS-2345. These trained specialists can help connect you to the Society's free programs and services, as well as other local resources for cancer patients, families and caregivers.

Contact the American Cancer Society anytime, day or night, for information and support. ★

*The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer through research, education, advocacy and service.*

#### **ABOUT THE EXPERT: Kyra L. Jones**

Kyra was a volunteer for the American Cancer Society's Relay for Life for two years prior to being hired as Community Cancer Control Manager in the Portland, Oregon office in March of 2002. In her current role, she is responsible for managing the breast health programs, including Tell A Friend, a program for the early detection of breast cancer, and Reach to Recovery, a program matching breast cancer survivors with newly diagnosed patients for peer support. She is also an advocate for all cancer patients and their families by providing community outreach, training, education and support. Kyra has a bachelor's degree in Communications from Montana State University. She can be reached at 1-800-ACS-2345 (ask for the Portland, Oregon office) or 1-503-295-6424.





# OUT OF THE SHADOWS

## Intimate Partner Violence—It *Is* Your Business

By Donna Allen, PhD, CHES, FAWHP

**D**omestic Violence. The term itself lends one to initially conclude that “domestic” violence is a private affair of the home. The truth is, domestic violence doesn’t stay at home when a victim or perpetrator goes to work. When someone is the victim of domestic violence, oftentimes personal life circumstances become a 24-hour a day life consuming challenge. Increasingly, corporate leaders are recognizing the bottom line impact of domestic violence, also referred to as intimate partner violence (IPV), and understanding that domestic violence affects both the private lives and working lives of their employees.

Domestic violence is defined as a pattern of assaults and controlling behaviors including verbal, physical, sexual and psychological attacks, and economic control that adults and adolescents use against their intimate partners. Domestic violence is lethal, common, and affects people of all cultures, religions, ages, sexual orientations and income brackets.

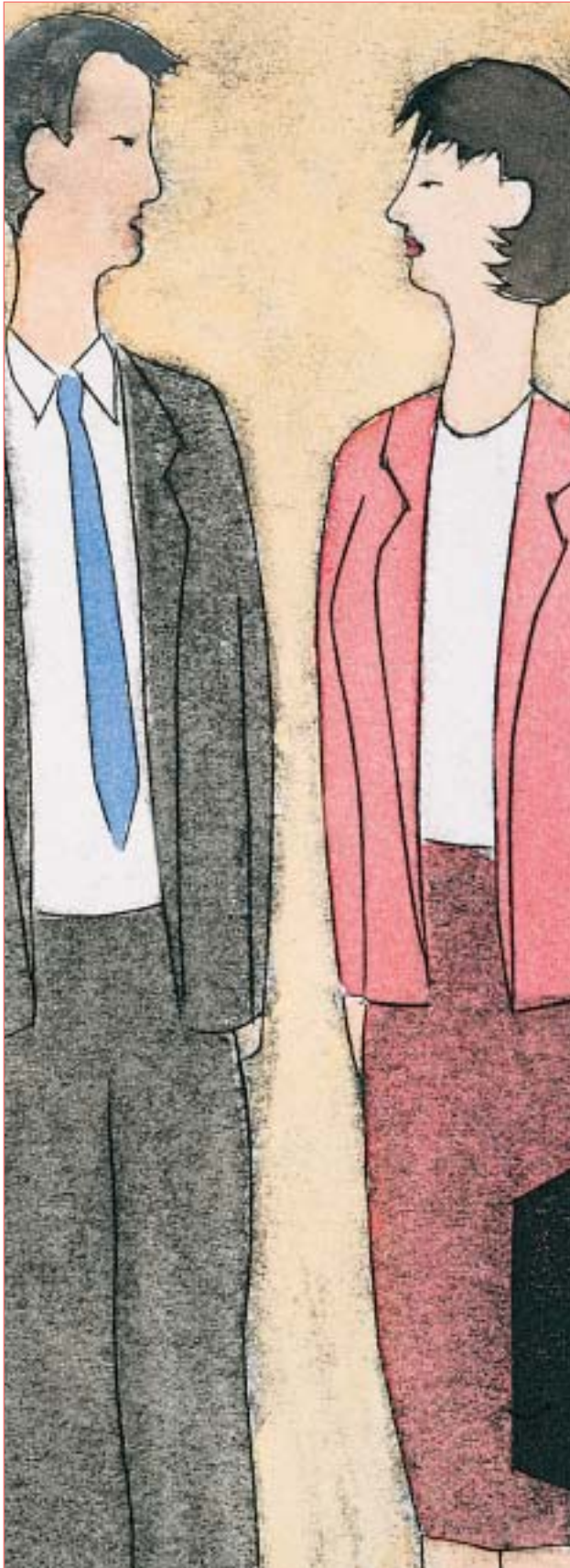
Domestic violence has immediate and far-reaching effects including the victim, perpetrator, immediate family, relatives, friends and co-workers. A February 2003 UCLA School of Public Health survey estimated that nearly 11 million adult Californians—45.4 percent of the state’s adult population, reported knowing a victim of domestic violence. Of that total, 86.5 percent reported knowing a victim who incurred physical harm, and only 18.3 percent of the injured victims sought medical care. Complete survey results were reported in the Winter 2003 edition of the peer-reviewed Journal of American Medical Women’s Association.

### ***The Effects Of Domestic Violence On Human Capital And Productivity***

Domestic violence is a serious social problem that has received significant attention in the last 15 years but isn’t often seen as a workplace issue. This is slowly changing by corporate leaders. The health-related costs of violence among intimate partners, including stalking, physical rape, and homicide exceeds \$5.8 billion each year. Of this total, nearly \$4.1 billion are for direct medical and mental healthcare services. According to a report by the Centers for Disease Control and Prevention, productivity losses account for nearly \$1.8 billion (Costs of Intimate Partner Violence Against Women in the United States, US Centers for Disease Control. Report released April 28, 2003)

According to statistics compiled by the Corporate Alliance to End Partner Violence:

- 74% of victims are harassed at work by their abuser. (Report on Costs of Domestic Violence, Victim Services of New York, 1987)
- 25% of workplace problems such as absenteeism, lower productivity, turnover and excessive use of medical benefits are due to family violence. (Employee Assistance Providers/MN)
- 56% of battered women arrive an hour late for work five times a month. (Report on Costs of Domestic Violence, Victim Services of New York, 1987)
- 78% of human resources professionals consider partner violence a workplace issue.



- 37% of women involved in partner violence have felt its effects on the workplace—reflected in lateness, missed work, difficulty keeping a job, and difficulty advancing in their careers. (Results of EDK National Telephone Poll, September 1997)
- An estimated 24-30% of abused working women lose their jobs due to their domestic violence situation. (“Prisoners of Abuse,” The Taylor Institute)

### ***Cost Of Intimate Partner Violence***

The Centers for Disease Control and Prevention has recognized the need to better measure both the extent of the problem of intimate partner violence (IPV) as well as resulting economic costs—in particular, those related to healthcare. Congress funded the Centers for Disease Control and Prevention (CDC) to obtain national estimates of the occurrence of IPV-related injuries, to estimate their costs to the healthcare system, and to recommend strategies to prevent IPV and its consequences. The resulting report, *Costs of Intimate Partner Violence* was released April 28 2003, in concurrence with the Center for Injury Prevention and Control’s national conference, “Safety in Numbers.” It is based on data from the 1995 National Violence Against Women Survey, as well as other federal sources. This report substantiates intimate partner violence as an important national health issue, reporting losses in direct and indirect costs, and specifies lost earnings and productivity due to affliction of intimate partner violence. The full report on the *Costs of Intimate Partner Violence Against Women* in the United States is available online at: [http://www.cdc.gov/ncipc/pub-res/ipv\\_cost/ipv.htm](http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm) or at the CDC website at <http://www.cdc.gov/ncipc>.

### ***Corporate Business And Intimate Partner Violence***

Why should employers get educated and proactive about having workplace programs, policies and procedures for addressing intimate partner violence? For starters, American businesses pay an estimated \$3 billion to \$5 billion a year in medical expenses associated with domestic violence. In addition businesses forfeit another \$100 million in lost wages, sick leave, absenteeism and nonproductivity, sometimes referred to as presenteeism (Business and Legal Reports, 2003). Presenteeism is a term used to describe a person’s limited work production while at work. These people are at work, but not working to full capacity.

According to the CDC, intimate partner violence victims lose a total of nearly 8.0 million days of paid work—the equivalent of more than 32,000 full-time jobs—and nearly 5.6 million days of household productivity as a result of the violence. In addition, medical expenses from domestic violence are estimated to cost American businesses at least \$3 to \$5 billion per year.

### ***Corporate Response To Domestic Violence***

For progressive and proactive companies, domestic violence is regarded as a major interference in the health and well-being of employees that is costly and in some cases deadly. Stepping up to the charge, in 1995 senior corporate executives from State Farm Insurance Companies recognized domestic violence as a major

problem. State Farm senior leaders started the organization Corporate Alliance to End Partner Violence (CAEPV), paying initial start-up costs to recruit Fortune 500 companies to join ([www.caepv.org](http://www.caepv.org)). This effort raised the bar on domestic violence awareness, creating a social pressure for other organizations to join in. CAEPV is the only national nonprofit started by businesses themselves to exchange information, collaborate on projects, and use their influence to instigate change.

Their mission is to educate and aid in the prevention of partner violence by assisting employers in developing a workplace violence prevention policy and providing resources for training and education of managers and employees. Member organizations can be for-profit, nonprofit or governmental. The only criteria are that the organization is an employer, and that there is a commitment from top management to develop an internal program that creates a culture of understanding and awareness of domestic violence issues. Members also commit to partnering with their local community agencies to spread the message about domestic violence and support the agencies' work.

### **Health Promotion Practitioner's Role**

As a health promotion practitioner, one of our duties is to respond to the needs of our employees. Given the magnitude and far reaching effects of intimate partner violence, there are things that can be done immediately by health promotion practitioners, human resources departments and employee assistance programs to address and support victims of intimate partner abuse and domestic violence.

- Create a task force of stakeholders, employee assistance, human resources, security, public relations, and senior management to implement the program.
- Review policies or create policies that address domestic violence. CAEPV has sample policies available.
- Be familiar with community resources, including the names of shelter directors, and have information readily available throughout your company. Brainstorm ways to build relationships and work in collaboration with hometown community resources.
- Create a culture of understanding and awareness of domestic violence issues.
- Assure employees that significant workplace safety, security and employee health issues are caused by this problem.

Perhaps the most effective methods a practitioner can engage in is understanding and knowing the variety of services available for those who are victims of intimate partner violence. Oftentimes there is a hotline, shelter, hospital or community center that can aid in finding community resources. Simultaneously, a diverse task force should be working with upper management support to review and create policies that address violence in the workplace. Finally, develop a culture that can detect those who may need help, and then provide literature or resources to transition the victim or perpetrator to specific agencies that have expertise and protocol for addressing these issues. ★

## **Resources For Intimate Partner Violence And Domestic Violence As A Workplace Issue**

[www.caepv.org](http://www.caepv.org) (or call 309-664-0667)

Corporate Alliance to End Partner Violence

[www.endabuse.org](http://www.endabuse.org)

Provides CDC information and political advocacy updates.

National Center for Injury Prevention and Control

Mailstop K65

4770 Buford Highway NE

Atlanta, GA 30341-3724

Phone: 770.488.1506

Fax: 770.488.1667

[www.cdc.gov/ncipc/pub-res/ipv\\_cost/ipv.htm](http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm)

*Costs of Intimate Partner Violence Against Women in the United States* is available through the CDC's web site.

[www.ncadv.org](http://www.ncadv.org)

National Coalition Against Domestic Violence (NCADV)

[www.ojp.usdoj.gov/vawo](http://www.ojp.usdoj.gov/vawo)

U.S. Department of Justice

Office of Justice Programs

Office On Violence Against Women

### **ABOUT THE EXPERT:**

#### **Donna Allen, PhD, MS Ed, CHES, FAWHP**

Donna has made over 100 presentations and has been an invited keynoter to numerous conferences, presenting to diverse audiences around the United States.

Ms. Allen is a Professor and new Chairperson of Health Promotions for Nebraska Methodist College, Omaha, Nebraska. During her career, Donna has earned prestigious professional recognition for her excellence in teaching including Kansas Health Educator of the Year, University Teacher of the Year, and the Excellence in Teaching awards.

In 2003 she was awarded the Innovation in Teaching Award, one of the highest honors bestowed on a faculty member at Emporia State University. She is a Certified Health Education Specialist (CHES) and Fellow of the Association for Work-site Health Promotion (FAWHP).

Donna can be reached at [dallen2@methodistcollege.edu](mailto:dallen2@methodistcollege.edu).



# TRIPLE THREAT

## COPING WITH THE THREE MOST COMMON PSYCHOLOGICAL PROBLEMS IN WOMEN

BY CAROL LANDAU, PHD

**P** psychological functioning and stress management should be seen as the foundation of good health in women. The psychological problems of women, therefore, should not be viewed as separate and distinct from other women's health concerns. Recent research reveals that the mind-body dichotomy is simplistic and that stress affects our daily functioning in many ways. In reality, psychological or stress related complaints account for up to 60% of visits to primary care doctors.

The three conditions that are the focus of this paper—depression, anxiety and alcohol abuse—have been selected because they are quite common in women. I use the expression the “Triple Threat” because of their prevalence as well as their overlap and interrelationship. A good manager then, should have a heightened sensitivity to them so as to provide accurate and helpful support to female employees.

Clinical depression, a common disorder

in women, is the second most common diagnoses made by physicians. (The first is hypertension). Depression is one of the 15 leading causes of disability in industrialized countries.

Anxiety disorders also have an enormous impact on women's health. Like depression, they are under diagnosed. The anxiety disorders include panic disorder, with or without agoraphobia, generalized anxiety disorder, and social anxiety. Almost 25 million Americans suffer from an anxiety disorder. Seventy percent of people treated for panic disorder are women.

Finally, substance abuse is an enormous public health problem. Although much-needed attention has been focused on drug abuse, alcohol remains the most common form of substance abuse. More than 20% of people employed full time indicated that they drank alcohol to excess within the previous month, and 12% reported illicit drug use. Although women tend to abuse substances less often than





men do, their rates are increasing. Women account for one-third of alcoholics and spend over 30 billion dollars annually on alcohol. Alcohol is particularly important because women develop higher blood alcohol levels than men when they consume the same amount. Consequently, if a woman drinks more than one drink per day she puts herself at greater risk for health problems, including breast cancer. In addition, many women struggle with the substance abuse of their significant others and children.

I call these the “Triple Threat” because of their overlap. Medical and psychological professionals use the term “co-morbid” for conditions that tend to overlap. That is to say, many people who are anxious are also depressed. And women may turn to alcohol to self-medicate their anxious or depressed mood. This may provide short-term relief, but is always counterproductive. Alcohol does reduce anxiety—but only for a few hours. It disrupts sleep, and withdrawal leads to more anxiety and depressed mood. This leads to a vicious cycle if it is not broken—thus the Triple Threat.

### **Depression**

The categories of depression include the severe major depressive episode, time-limited depressive reactions, and the less severe but more long-term dysthymic disorder. A major depression episode is a change from usual functioning that has lasted more than two weeks. It includes such symptoms as sadness or loss of interest, a change in weight, sleep, appetite and activity level, fatigue, inability to concentrate, and recurrent thoughts of death. Any woman who makes suicidal

comments or has suicidal behavior should be referred for immediate evaluation.

### **Anxiety**

Anxiety, another prevalent problem in female mental health, is also common. The types of anxiety disorders can include panic attack, with or without agoraphobia, other phobias, and generalized anxiety disorder. The symptoms of panic disorder include four of the following symptoms: racing or pounding heart, dizziness, tingling, breathing difficulties, chest tightness or pain, faintness, sweating, trembling, hot or cold flashes, a sense of unreality or a fear of dying. A phobia is an unrealistic fear that leads to avoidance. Common phobias include fear of public speaking and claustrophobia. Generalized anxiety disorder is a feeling of pervasive fear, worry, and a feeling of vigilance.

### **Alcohol Abuse**

Conservative estimates are that at least 10% of all Americans

experience alcohol abuse or dependence. According to the American Psychiatric Association, alcohol abuse is a maladaptive pattern of alcohol use leading to impairment or distress in the following areas: work, school, home or legal. If a person continues to use alcohol despite these impairments, it is considered alcohol abuse. Another concern is the recurrent use of alcohol in hazardous situations, such as driving while intoxicated.

Sorting out the Triple Threat is a complex process. First, a woman should review any medications or medical illnesses that can be a cause of depressed or anxious mood. A visit to a primary care physician or healthcare professional is a good idea for this reason.



In addition, certain medical conditions can cause mood changes. Thyroid disorders and diabetes are common culprits. Many of the commonly used blood pressure medications cause these symptoms. Other medications with definite or possible effect on mood include steroids, Fiorinal, amphetamines, chemotherapeutic drugs, and ibuprofen.

A caring and straightforward approach is best. A manager might be hesitant to approach a colleague or employee who has symptoms of depression, anxiety or substance abuse. This is understandable given the shame attached to psychological problems. And, of course, females with alcohol problems have long been subject to severe social disapproval. Nonetheless, if an employee came in wearing a cast on her arm, we would inquire about her health. The Triple Threat problems should be approached with the same care and compassion.

**The first step is to approach an employee with the data.** A supervisor can reflect that she seems sad or nervous, for example. Or perhaps she has come to work with the smell of alcohol on her breath. Or she has begun to be late or takes many Mondays or Fridays off as sick days. This encounter should occur in a private setting. Even though a manager may be frustrated, it is critically important to be as non-judgmental as possible. Most employees will then reveal more of their situation, whether it is a depression or an anxiety problem. Alcohol abuse tends to provoke more shame and may therefore require more patience. Behavioral evidence provided in a clear but kind fashion is the most powerful, e.g., "You have been an exemplary employee until three months ago. Since then you have been late X times, your work has not been up to your usual standards, and we have noticed that you seem distracted. In my experience this is often a result of an alcohol or other substance abuse or psychological problem."

**The next step is to offer help.** After expressing concern, if the woman has not seen a primary care physician or health professional, that is the next step. But she may need encouragement to share her problems with that person. Primary care professionals can also often manage the use of antidepressant medication. A referral to an employee assistance program, or mental health professional, or 12-step program is also in order.

**Be aware of what treatment involves.** Women need to know about the effective-

ness of psychotherapy and medication in treating these disorders.

Alcohol abuse has a long history of being treated effectively by Alcoholics Anonymous. Unfortunately, many women find AA to be too "male oriented" and may avoid groups. In response to this issue, however, AA now offers groups specifically for women. However, abstinence from alcohol must be accomplished before any other psychological diagnosis is made. Most states license alcohol counselors, and mental health professionals sometimes have specialized training in this area.

The general approach to treating women who are depressed or anxious is with psychotherapy, antidepressant medication, or a combination of the two. It is clear that an active rather than a reflective form of psychotherapy is more effective in treating depression. Research on treatment of depression reveals that patients can achieve relief of symptoms relatively quickly, especially when their depression is identified early.

The woman who suffers from anxiety should be approached, according to the most recent treatment guidelines, recommending the use of behavior therapy. Many patients benefit from learning paced respirations, a technique that teaches the patient to breathe normally throughout a panic attack and serves as a coping mechanism. Other researchers are investigating the possibility of biofeedback in the treatment of anxiety and sleep disturbances. Antidepressants such as imipramine (Elavil) or the SSRIs (selective serotonin re-uptake inhibitors, the category of medication that includes fluoxetine (Prozac) and paroxetine (Paxil) and others) are very useful in treating panic disorder. Anti-anxiety medications may be effective on a short-term basis until the antidepressant takes effect. The long-term use of anti-anxiety medications, however, should be avoided because they can lead to dependence.

## Follow-up

A referral for any part of the Triple Threat may well require more than one session. In fact, it is often helpful to have a woman take more control over a referral. So a good approach is to first meet with her and offer referral resources, then check back to see if she has made an appointment. It is a good idea to check in again after the first appointment. Any mental health professional may have excellent qualifications but not be able to establish a good rapport with a particular woman. Such issues as race and sexual preference should be considered in order to provide the best match for the woman. Therefore, more than one name should be included in a good referral.

## Make Educational Materials Available

Helpful books for women include:

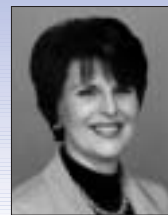
- [A Woman's Way Through the Twelve Steps](#) by Stephanie S. Covington, PhD.
- [Coping With Anxiety and Phobias](#) by Harvard Health Publications
- [Feeling Good: The New Mood Therapy](#) by David Burns, MD.
- [Women Who Think Too Much: How to Break Free of Overthinking and Reclaim Your Life](#) by Susan Nolen-Hoeksema, PhD.

## Always Summarize And End On A Positive Note

Employees are often unnerved by these conversations. So they may not process information well. A summary can help. It is also important to communicate a positive expectation to the woman and to engage her in a discussion about appropriate treatment alternatives. ★

### ABOUT THE EXPERT: Carol Landau, PhD

Carol Landau, PhD is Clinical Professor of Psychiatry and Human Behavior at Brown Medical School. Dr. Landau is also author, lecturer and consultant on women's health issues. Her forthcoming book, co-authored with Michele G. Cyr, MD, is *The New Truth About Menopause: Straight Talk About Treatment and Choices from Two Leading Women Doctors*. It will be published in November by St. Martin's Press.



# *Women of* **SUBSTANCE**

*Helping Women Protect and Preserve Healthy Bones*

**By Mary Anne Burkman, MPH, RD**

---

---

You  
outgrow  
your need for  
training wheels  
on your bicycle; you  
outgrow your need for a  
child seat in a car—these are  
precautions that are age-sensitive.

But you never outgrow the need to protect your bones. Lifestyle choices made throughout the adult years—nutrition, physical activity, alcohol intake, smoking—are safeguards that can significantly impact bone health and reduce the risk of osteoporosis.



## Not Just A Disease Of The Elderly

Osteoporosis is not just a health concern of the elderly. Safeguards to protect and preserve bone health need to begin in the twenties and thirties, when progressive bone loss can begin. Twenty-five to thirty million Americans are affected with osteoporosis, 80% of whom are women.

Osteoporosis is characterized by thin, porous bones that become weak and brittle...and easily fractured. The effects of this painful disease can be devastating to victims and their families. The disease accounts for approximately 1.5 million bone fractures each year, costing at least \$15 billion annually in medical costs, lost wages, nursing home care, and related expenses.

Most people are unaware that they have the disease, as many of the early signs of bone loss can go undetected until a fall or other injury results in a fracture. Over the age of fifty, one in two women will experience a fracture related to osteoporosis – greater than the risk for breast cancer. These fractures can result in pain, loss of strength and height, as well as restricting mobility. The 300,000 hip fractures suffered each year in the US are particularly concerning, with 20% of victims dying within a year and 50% never again being able to live independently.

### Who Is Most At Risk?

Women are four times more likely to suffer from osteoporosis than men. Thin, small-boned women are more susceptible, as are postmenopausal women. While Caucasian and Asian women are more likely to develop the disease, African-American and Hispanic women are also at risk.

### Protecting Your Bones

One can think of a triad of factors that support bone health and reduce the risk of osteoporosis: nutrition, physical activity, and hormones.

Estrogen helps to maintain strong bones; after menopause the accelerated bone loss observed is due to reduction in those hormone levels. Some women, on the advice of their physician, take hormone replacement therapy (HRT) as a way to slow the rate of bone loss and to increase bone mass. Every woman should be encouraged to discuss the use of HRT with a physician.

Regardless of whether HRT is used or not, there are several positive steps that women can take to protect their bones:

- Eat a balanced diet rich in calcium and Vitamin D
- Exercise regularly (weight-bearing activities are especially beneficial to bones)
- Don't smoke
- Limit alcohol intake

Early diagnosis of osteoporosis is key, as the disease can go undetected for decades. A painless and non-invasive way to assess one's bone health is through a bone mineral density (BMD) test. This cost-effective procedure can evaluate individuals for their risk of fractures and/or to monitor response to osteoporosis therapies. Insurance coverage varies, but most will cover the cost of a scan if specific medical criteria are met.

### Bone-Building Food Choices

Consuming adequate calcium and other bone-building nutrients is key. American women, however, fall dismally short of meeting recommended calcium intakes. More than 85% of women ages nineteen to fifty consume less than the recommended 1000 milligrams of calcium each day. Daily calcium requirements are listed in the table below:

Age	Daily Calcium Requirement (mg)
19-30 years	1000 mg
31-50	1000 mg
51-70	1200 mg
70+	1200 mg
<i>(National Academy of Sciences, DRIs, 1997)</i>	

The best sources of calcium in the diet include dairy foods like milk, yogurt and cheese. These foods provide about 70% of the calcium consumed in the US diet. Dairy products like milk contain a nearly perfect package of bone-building nutrients including protein, Vitamin D, phosphorous, Vitamin A, magnesium, and zinc.

Dairy products also provide other health benefits. Research suggests a possible link with weight management strategies. Studies have shown that individuals consuming larger amounts of dairy products (3 servings a day) weigh less and have less body fat mass. Dairy calcium and protein may both play a role there. There is also strong evidence of a positive role for low fat dairy products in treating mild hypertension. Finally, research suggests a protective effect of dairy products in risk for colon and breast cancer.

Even for individuals with lactose intolerance, dairy products can still contribute significantly to their daily calcium intake. Generally, smaller amounts of milk (up to two cups each day) can be consumed comfortably with meals. Yogurt and some hard cheese, like cheddar, are usually easier to digest. Lactose-reduced milks are also available.

Other food sources of calcium include broccoli, kale, almonds, turnip greens, corn tortillas made with lime, and tofu made with calcium. Calcium-fortified foods are becoming more plentiful, but do not always provide the same package of bone-building nutrients as found in nature. Calcium from fortified foods may also be less completely absorbed than calcium found naturally in foods. For



example, the calcium in fortified soy beverages is absorbed at 75% the efficiency of calcium absorbed from cow's milk.

For individuals who can't meet their calcium needs through diet, supplements are an option. It's best to supplement in small amounts throughout the day – in the form of calcium citrate or calcium carbonate. These supplements should be taken separately from iron supplements, as calcium interferes with iron absorption.

### Good Food Sources Of Calcium

Food Source	Serving	Calcium (mg)
Milk	1 cup	300-350 mg
Yogurt	3/4 cup	300 mg
Sardines (canned w/ bones)	8 medium	370 mg
Cheese	1 oz	200-250 mg
Broccoli	1 cup	178 mg
Corn tortillas, with lime	4	125 mg
Tofu, made w/ calcium	1/4 cup	125 mg
Kale	1/2 cup	100 mg
Turnip greens	1/2 cup	95 mg
Almonds, dry roasted	1/4 cup	95 mg
Soybeans, mature	1/2 cup	90 mg

### Physical Activity Is A Bone-Wise Investment

Maintaining an active lifestyle helps protect against bone loss. Weight-bearing exercise and resistance training can benefit your bones and muscles as well as help your overall health. Thirty minutes of moderate intensity activity nearly every day of the week is the goal most experts support.

Three ten-minute sessions are just as effective as one longer period...and may be easier to fit into busy schedules.

Weight-bearing activities include walking, jogging, hiking, dancing, tennis, stair climbing or aerobics, to name just a few.

For many people, brisk walking is a great choice; it's a simple activity that can be done anywhere. Individuals should be sure, however, to consult with their physician before beginning a new activity regimen.

Resistance exercises, such as lifting weights, help strengthen muscles surrounding the bones. This is particularly important for older individuals in minimizing the risk of debilitating falls.

### What Can Be Done In The Workplace?

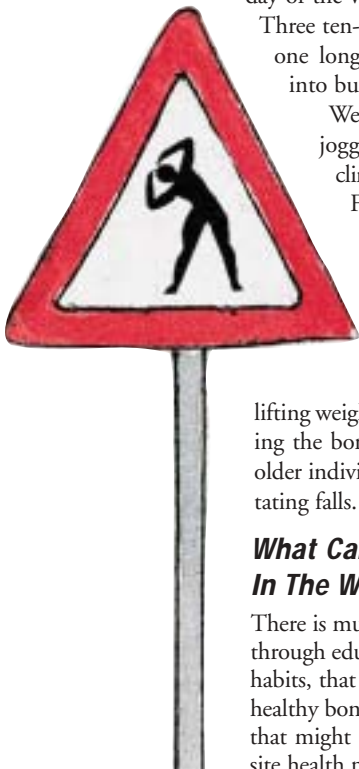
There is much that can be done in the workplace, through education and support of healthy lifestyle habits, that can help women protect and preserve healthy bones. Consider the following suggestions that might be incorporated into your own workplace health promotion program:

- Make calcium-rich food sources readily available in your cafeteria or vending machines. Provide cartons of milk and/or yogurt as options. String cheeses make a great snack, as do small packets of almonds. Shredded cheese is a healthy and tasty salad topping, along with kidney beans. Make sure sliced cheeses are available if you have a sandwich bar.
- Encourage physical activity at lunchtime and/or breaks. Walking groups are easy to form, and the encouragement of others to participate can be very motivating. Many companies now distribute pedometers, which track the number of steps one takes each day. There's positive reinforcement in seeing that number rise as one opts for the stairs vs. elevator, or parks at the far end of the lot instead of right by the entrance.
- Collaborate with local health services or other vendors to arrange for BMD testing at the worksite. An ultrasound test, often scanning the heel, is the least expensive (\$20-35 per person), and can accurately screen individuals who may need to be referred to their physician for a confirming diagnostic test (DEXA—dual energy x-ray absorptiometry).
- Add appropriate web resources that provide expanded information on bone health to your company intranet. Good examples include the National Osteoporosis Foundation ([www.nof.org](http://www.nof.org)), the National Women's Health Information Center ([www.4women.org](http://www.4women.org)), and the Dairy Council of California ([www.dairycouncilofca.org](http://www.dairycouncilofca.org)). At the latter site, individuals can utilize online interactive tools to assess their calcium consumption and receive recommendations on food choices that will boost their intakes.
- Many good print resources are available that would be strong additions to any company library of education materials about bone health. The above organizations would be a good place to start in securing such materials.

In this day and age, with the advances in medicine that we have enjoyed, we not only expect to live longer, but to live better, healthier and more productive lives. Protecting our bones, from childhood to retirement and beyond, is one step we can take to achieve that. Use the information above to help your organization's staff in this effort. Remember, women never outgrow their need to protect their bones...and there are positive steps they can take, regardless of their age. ★

#### ABOUT THE EXPERT: Mary Anne Burkman, MPH, RD

Mary Anne Burkman has been with the Dairy Council of California for over 12 years, and is presently serving as Director of Program Services. Ms. Burkman obtained her Bachelor of Science and Master of Public Health degrees from UCLA. She has 28 years of experience as a registered dietitian working in university medical centers, directing a dietetics training program at UC Berkeley, and has done extensive work with nutrition education during her tenure with the Dairy Council of California.



# PERFECT FIT

*Baptist Health Addresses  
The Puzzling Dilemma Of Creating  
A Female Friendly Healthcare  
Environment*



*“...the reality is working in healthcare is no easy task. Especially in an institution like Baptist Health South Florida, where their more than nine thousand employees take care of more than 100,000 people annually. In order to provide the quality of care that has characterized Baptist Health’s long and rich history, its employees, which are 75% female, have to be its number one priority.”*

**B**aptist Health South Florida knows the importance of addressing women’s health issues at the workplace. In fact, they’ve done it so well, that they’ve received numerous national accolades including 11 recognitions as one of the top 100 companies to work for by Working Mother Magazine, and 3 recognitions as one of the top 100 companies to work for from Fortune Magazine—just to name a few.

It might seem reasonable that it’s easy for employees of hospitals and healthcare systems to stay ahead of their health and

well-being. But the reality is working in healthcare is no easy task. Especially in an institution like Baptist Health South Florida, where their more than 9,000 employees take care of more than 100,000 people annually. In order to provide the quality of care that has characterized Baptist Health’s long and rich history, its employees, who are 75% female, have to be its number one priority.

### **Enter Wellness Advantage**

Wellness Advantage is Baptist Health

South Florida’s employee wellness program that focuses on employee health and well-being by providing the resources that support a healthier, happier lifestyle. “It’s part of Baptist Health’s commitment to its employees,” says Jackie Romeo-Cuty, Manager of Wellness Advantage. “We want to educate, stimulate, and motivate our employees to get and stay healthy.”

Wellness Advantage offers its employee participants a variety of benefits designed to help employees stay ahead of their health, and balance the demands of working in the healthcare field with the demands of everyday life, especially for women.

### **Targeting In And Improving Health**

To begin, Wellness Advantage offers employees—from the start—free risk factor assessments and free or low cost (\$15 co-pay as part of their health plan benefits) annual physicals to help in the early detection of possible illness and to help employees better understand their current health status. By offering such assessments, Baptist Health employees—who might not otherwise take the time to see a doctor or other healthcare provider—have been able to detect health problems before they become serious or unmanageable.

Armed with a better understanding of their current health status, employees can take advantage of the various, leading edge health promotion programs Baptist Health provides its employees. Employees can take advantage of the onsite free employee fitness centers located at all of the hospital and corporate institutions under the Baptist Health umbrella. Here, employees can work one-on-one with a personal trainer or can have a personal exercise prescription drawn up to help them improve their physical activity.





*Baptist Health provides a number of programs and services offered multiple times throughout the day, during the evenings, and even on weekends, to help employees manage their work and family life.*

Employees can also take part in a number of free or reduced-cost classes and support groups revolving around the health conditions most important to them. One such class focuses exclusively on heart disease. Employees have their blood pressure screened to assess risk, and then are counseled on the steps they can take to prevent heart disease and manage any conditions they might be currently facing such as high blood pressure or cholesterol. Support groups for osteoporosis, infertility, care giving, and fibromyalgia are just some of the 50 support groups designed to help employees focus on, improve, or manage the health conditions they may be facing.

### ***The Work/Life Balance***

Where Baptist Health's program excels above and beyond that of most worksite wellness programs is in the great care they take to make sure Wellness Advantage is accessible to all of their employees regardless of the shifts they work, or the positions those employees fill. They are keenly aware that because their employee population is 75% female, many of these employees, after a long shift in the hospital, head home to a "second shift" as a

parent and caregiver.

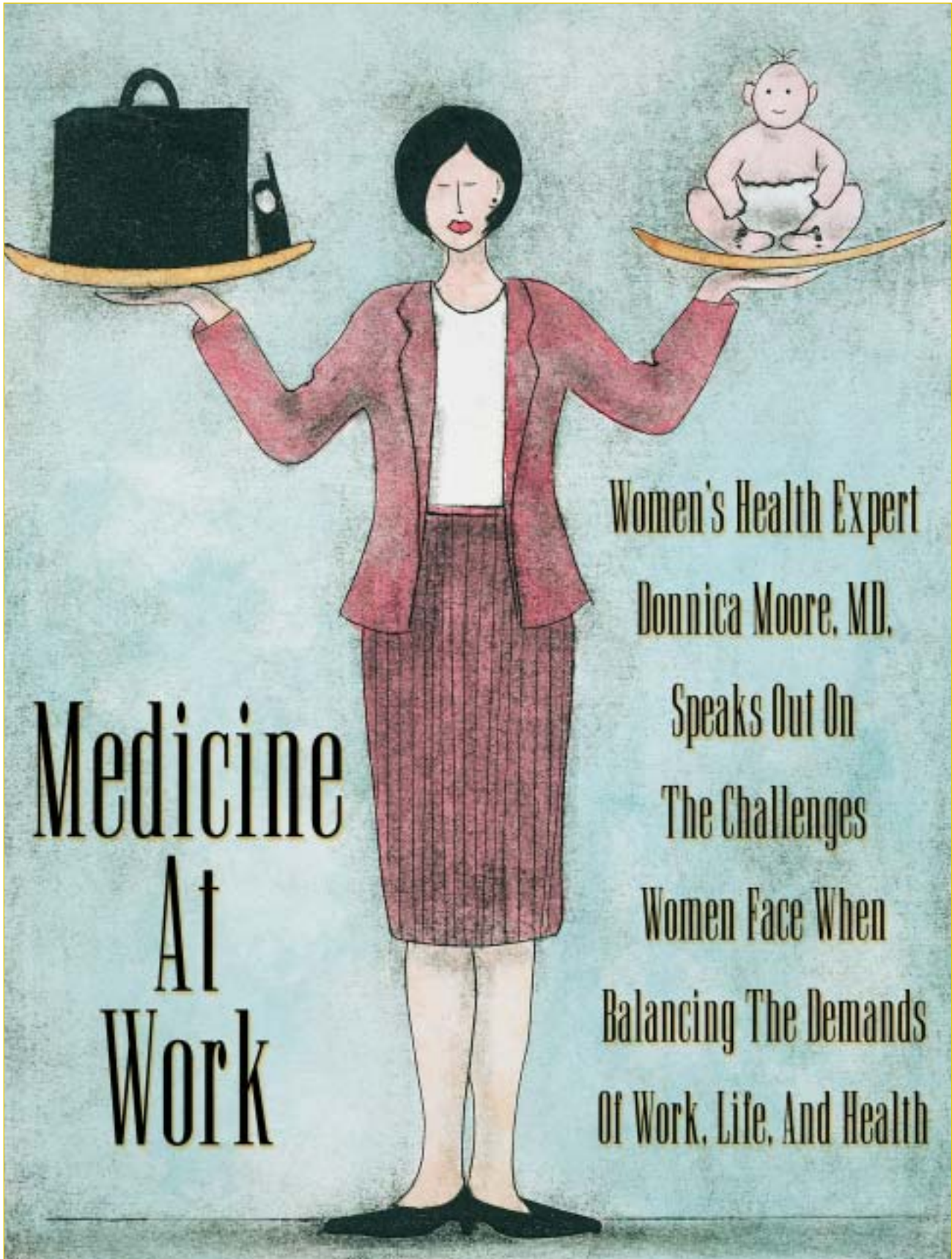
To this end, Baptist Health provides a number of programs and services offered multiple times throughout the day, during the evenings, and even on weekends, to help employees manage their work and family life. One of their most popular programs is their childcare program. More than 350 children are cared for in Baptist's onsite childcare centers, which are open Sunday through Saturday from 6:30 AM to 8:00 PM and on Wednesdays until 11:00 PM. The childcare centers include an accredited pre-school, and provide aftercare for children in kindergarten through 2nd grade.

To help its care giving parents take care of the home front, Baptist Health offers employees many options on flexible work times, such as compressed work weeks (three 12-hour shifts for 36 hours or four 10-hour days) and job sharing. The pinnacle of these options, however, is their paid time off (PTO) program. Instead of using sick leave, employees can take paid time off to take care of their family's doctor or dentist appointments, or whatever else is pressing on the home front. And by utilizing this program, Baptist has also been able to

minimize the impact of absenteeism. When an employee needs paid time off, they simply inform their manager ahead of time, which allows for a substitute to fill in for that person, balancing out the effect of the absent employee.

Baptist also offers a number of convenient services including an onsite dry cleaner, car wash service, take-home cafeteria meals, discount diapers, onsite credit union and ATM machines, and even onsite hair salons at their largest hospital. Baptist has found that these types of services, in addition to the childcare and flexible work times, have created an environment that allows employees to better focus on their jobs knowing that their child is safe—just a short walk away—or that they don't have to feel bad about taking care of their family and themselves.

By providing these leading-edge benefits to their employees, Baptist has found that employees are both healthier and happier. Employees are better able to focus on the demanding tasks of working for one of the nation's largest and busiest healthcare institutions—providing their community with the best healthcare services possible. ★



# Medicine At Work

Women's Health Expert  
Donnica Moore, MD,  
Speaks Out On  
The Challenges  
Women Face When  
Balancing The Demands  
Of Work, Life, And Health

*"I'm always an optimist. To me the cup is always half full.*

*As a society we complain an awful lot about things that aren't quite right.*

*But I am very grateful to be living in a country that has, in my opinion,  
the best healthcare delivery system in the world—by far."*

**Q:**

**Dr. Donnica, in your estimation, how healthy are women in America today?**

**MOORE:** There are many ways we can measure the current health status of women in America. First there's life expectancy. Life expectancy for women is now longer than it ever has been in history. Is that in large part because of their health? Absolutely, and that's a very good sign.

However, we can look at other, more specific health parameters and say, in some respects, that we are less healthy than we ever have been in history. For example, more than 50% of our overall population is more than 20% overweight. That's unacceptable. Obesity is a major risk factor for numerous chronic diseases, including, but not limited to, heart disease, high blood pressure, elevated cholesterol, joint problems, etc. So that is not a good sign. Stress among women is also at very high levels.

**Q:**

**So when you look at the overall health status of women, are you optimistic about what lies ahead?**

**MOORE:** I'm always an optimist. To me the cup is always half full. As a society we complain an awful lot about things that aren't quite right. But I am very grateful to be living in a country that has, in my opinion, the best healthcare delivery system in the world—by far. When I talked to Hillary Clinton years ago about healthcare reform and how critical she was of our system, my comment to her was, "As a mother, if your daughter is sick, what country do you want her to be treated in?" The answer is undeniably the United States. So yes, I am truly optimistic about the future of women's health.

That being said, I think we still have major issues to address. Obesity, as I mentioned before, is completely out of hand. It's only been recently that public health officials have decided to take on the issue of overweight and obesity in this country.

There are other public health issues that have tremendous

room for improvement, too. Take cigarette smoking, for example. Teenage girls are the only demographic in our country where smoking is on the rise. For women—or anyone at all—to smoke in this day and age in our country is unacceptable. We have all the information we need to help people quit, yet 25% of the population still smokes.

Recently, there have been some employers who have done a tremendous job in implementing smoking cessation programs, and they've had great results. Some large corporations have also initiated worksite weight management programs that have been successful. You know it only makes sense—since people who are employed spend the majority of their time at work—the workplace can have phenomenal influence on helping people change health behaviors for the better.

Organizations are also doing some good things with cholesterol management programs. Johnson & Johnson recently conducted an 8-week program where they demonstrated a significant reduction in cholesterol just by providing regular information, meetings, and, of course, cholesterol screenings for their employees. That's a situation where a little effort on the part of the company can pay big dividends in the health status of their employees. The bottom line, of course, is that good health will always be good business, for our employees as well as for our customers.

**Q:**

**What are some of the most significant challenges that working women face?**

**MOORE:** In my opinion, the number one challenge is childcare. Maybe it's because I'm a mother of young children, but the fact of the matter is, it always comes back to childcare. Working Mother magazine has their annual issue on The 100 Best Companies For Working Women, and the number one criteria they identify as influencing the life of working women, is what kind of support companies provide in terms of childcare.

How is this a health issue? Well, first, childcare is certainly the most stressful issue that working mothers have to deal with. This stress can be reduced if working moms have access to quality childcare. Even better, if a company has onsite childcare, it allows working mothers to be close

*"If the organization helps parents finance childcare, or at least helps working mothers locate reliable childcare options, female employees will have peace of mind that their children are well taken care of. That can help contribute to increased productivity as well as increased loyalty."*

to their children throughout the day. If the organization helps parents finance childcare, or at least helps working mothers locate reliable childcare options, female employees will have peace of mind that their children are well taken care of. That can help contribute to increased productivity as well as increased loyalty.

Also, if companies can provide sick childcare options or flex time so that mothers can be available to take care of their own children when they're sick, this is an incredible benefit for women.

**Q:**

**Do you think women really understand their health and what they need to do to be healthy, or do you think it's still a little bit of a mystery in terms of their cognitive understanding?**

**MOORE:** I think there's a big difference between cognitive understanding and implementation. Women physicians are a classic example. There is no group that is more educated about what they need to do for their health than women physicians, and yet, according to the women's physicians study done by Dr. Erika Frank at Emory University, 4% of women physicians in 1998 were still smoking. An equal percentage of women physicians are overweight to the general population.

It is apparent that female physicians are not doing the things that we tell other women they should be doing. I can even speak for myself. I made one New Year's resolution this year and that was to start practicing what I preach. I am really good at telling everybody else what they should be doing with their health, but I was 30 pounds overweight. I wasn't exercising regularly; I wasn't even taking my vitamins every day. I was one of the biggest advocates for the use of an aspirin a day to reduce cardiac risk factors, but I wasn't taking aspirin, either. So all of those things changed for me on January 1st.



## Q:

**So when we start to bridge the gap between knowledge and action, how can we help women—who are approximately 50% of the workforce—take that information and then translate it into action?**

**MOORE:** First of course, we have to remember that knowledge is power. We live in an information super age. There is tons of information available. But it's simply not being accessed the way it should be—it has to be acted upon. To act upon that information, individuals have to first admit and accept that there is a problem that needs to be changed. Change is easier once the decision to change has been made. Making that decision is the hard part.

I think the way we give women information makes it difficult to act upon. We simply give too much information. We say, "Here's the 2,700 things that you need to do to maintain your health, now go do them." On the contrary, I think if we said, "Okay, make one small change this week. Then make one small change next week," we'd be much better off. Small changes yield big results.

## Q:

**Are there differences in the way that health promotion programs need to be offered to women as opposed to men?**

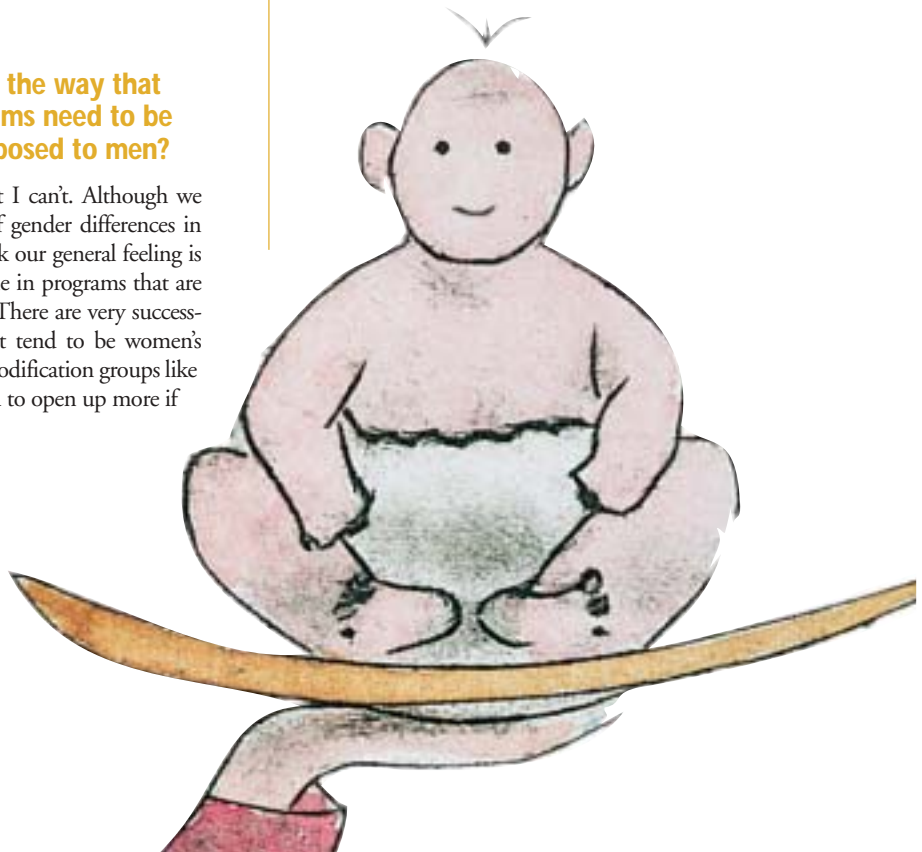
**MOORE:** I would like to say no, but I can't. Although we don't have much data in the area of gender differences in health promotion programs, I think our general feeling is that women are more comfortable in programs that are specifically targeted to women. There are very successful walking club programs that tend to be women's group programs. In behavior modification groups like Weight Watchers, women tend to open up more if it's only women in the room.

In past years when I did Lunch 'n Learn programs for women at the worksite, I was shocked at the kinds of questions women felt comfortable asking in front of other female coworkers. They asked questions about their sex lives, about intimate symptoms, questions about the stress they felt at the workplace and at home. They asked questions about depression, mental status, and anxiety disorders, too. So, when you consider that these women are much more open and much more supportive of each other when they're in groups comprised of only other women, it may be wise to consider offering health promotion programs to women-only groups. Of course, it goes without saying that the program would benefit from being led by a woman, too.

## Q:

**From your perspective as a woman physician, are there disparities in healthcare between men and women?**

**MOORE:** The jury is still out on that one. There are certain disease areas where there are some striking differences, but, in general, it's difficult to say if there is a disparity between the care that women receive compared to the care men receive.



*“We do know that women access the healthcare system more than men—but this can be a misleading fact. As anyone who is married will tell you, women are more high maintenance—they depend on the healthcare system for many more “non-disease” conditions than men do. For example, there’s contraception. 25% of all women of reproductive age take birth control pills, and they have to access the healthcare system to get them. There’s no male equivalent to that.”*

It should be noted here, though, that there is a big difference between the way women and men are treated when it comes to heart disease. For the most part, women and their physicians are still acting as though heart disease is a man’s problem. If a woman has chest pains, she’s more likely to be treated for panic attacks or anxiety. If a man comes in complaining of chest pain, he’s going to be taken very seriously and evaluated for a heart condition until proven otherwise.

We do know that women access the healthcare system more frequently than men—but this can be a misleading fact. As anyone who is married will tell you, women are more high maintenance—they depend on the healthcare system for many more “non-disease” conditions than men do. For example, there’s contraception. 25% of all women of reproductive age take birth control pills, and they have to access the healthcare system to get them. There’s no male equivalent to that.

There’s also hormone replacement therapy for menopausal women. Again, hormone replacement therapy is not intended to treat a specific disease condition, but rather, it’s preventive or symptomatic care. Women require more invasive, preventive examinations, too. While men and women do require an annual rectal exam, which is certainly invasive, women also require an internal pelvic exam, Pap smear, and a mammogram, for which, of course, there is no male equivalent.

## Q:

**What can women do to maximize their relationship with their physicians? How can they make that relationship a great one?**

**MOORE:** First of all, women need to accept that their interaction with their doctor is a relationship. Women are relationship experts. We love nurturing relationships. But somehow, when we’re dealing with perceived authority figures like doctors, we forget the doctor is a person, too. Unfortunately, sometimes the doctors forget that as well.

As with any relationship, the hallmark for making a doctor-patient relationship successful is communication. That communication has to go in both directions. The woman

needs to be as open and honest as possible so the doctor can do his or her best work, and the doctor needs to be as communicative as possible with the patient, putting her at ease and explaining things satisfactorily. Most importantly, both parties need to listen to each other. Establishing a good relationship with a physician you’re comfortable with and letting that physician be your personal trusted healthcare professional for all of your healthcare needs is very, very valuable.

Many women are more willing to “vote with their feet” and simply find a new doctor instead of putting in the time to establish a great, lifelong relationship with their physician. And often, we wait until there’s a crisis before we take action. Women need to improve in this area.

The second thing women should remember when it comes to interacting with their physicians is that they need to know what they want. Think of it this way. Women who go to the grocery store with a shopping list generally come out with what they need, and very little of what they don’t need. They also go back to the grocery store less frequently. I’d love for women to take that approach with their doctors. They should go to the doctor with a three-part list.

First, they should list out the symptoms they’re experiencing—what is it that prompted the visit? Second, what are the issues that need to be reviewed since the last visit? And finally, women should ask follow-up questions or get clarification on any confusing points. If women went to the doctor with their three-part “grocery list,” they’d generally come away from the visit better educated and prepared to treat their condition.

## Q:

**What are the three or four most important pieces of advice you would give working women to help them preserve and enhance their health?**

**MOORE:** The first thing I would say is put your health on your priority list. I would like to say put your health on the top on your priority list, but I know that’s unrealistic. So if it’s at least on the priority list, I’m happy.

Second, I'd tell women they've got to realize and accept that they can't do their best taking care of others or doing their job if they haven't taken care of themselves first.

I fly a lot and I've got that whole airline speech memorized. The line that always strikes me is, "In the event of an emergency, put on your own oxygen mask first, then take care of the person sitting next to you." As women, our instinct is always to put everybody else's oxygen masks on first.

Number three, I honestly believe that it is possible to do it all and be it all. But you can't then have it all, because in the process you lose yourself. What do I mean by that? Well, everything has its time and its place. You can do it all and be it all, but just not all at the same time. When you're at work, you focus on work. When you're at home, you focus on your home life. If you don't take care of yourself properly, you're not going to be as effective as you could be if you were in better shape.

Now, those are global recommendations. With regard to specific health behaviors I'd tell women to concentrate their efforts in four areas—sleep, nutrition, exercise, and water intake.

First, you've got to get a good night's sleep. Women notoriously have sleep deprivation problems. The average working woman gets 6-1/2 hours sleep per night, which is simply not sufficient.

Second, women have to eat a well-balanced diet. I can't emphasize the importance of this enough. "Well balanced" not only means food from the different food groups, but it also means eating appropriate portions. As Americans, we've come to think of portion size as how much can be eaten in one sitting. That is not an appropriate portion size. We need to realize overfeeding our bodies can be just as dangerous as underfeeding our bodies.

Next is exercise. Exercise benefits us in so many ways—and we don't have to go to the gym to get it. Exercise can be walking around the campus of your workplace for twenty minutes at lunchtime, or taking the stairs instead of the elevator.

Finally, women need to drink more water. Most women do not drink enough water. Drinking 8-10 glasses per day reduces the risk of colon cancer by up to 40% and helps us maintain proper bowel and bladder habits.

## Q:

**Donnica, if you could give advice to CEOs, what advice would you give them about enhancing and protecting the health of women at their workplace?**

**MOORE:** I like to put it this way—every CEO has a mother. Most of them have wives and daughters, too. Getting CEOs to really think about this fact usually has a big impact on how they address women's health in the workplace. They begin to see it as more of a priority.

I would also try to get them to realize that healthy women

in the workplace will reflect a healthy bottom line. As I said before, good health really is good business. Any indicator management wants to examine—whether it's employee productivity, days lost from work, accident days, sick days, health insurance utilization, health insurance costs, etc., how improving the health of women employees improves business, period.

Lastly, I would tell CEOs to step up and set an example for making health a priority in the workplace. Here's an example of how a CEO can really set the tone. Years ago, I was invited to speak to the women employees at Fannie Mae. It was a real surprise to me that I was introduced by Fannie Mae's CEO Frank Rains. I wasn't introduced by the nurse in charge of employee health, or by the director of HR which is usually how it happens, I was introduced by the CEO himself. I could tell that made a big impact on the women who attended. He made it clear that women's health was important to him and important to the company. In doing so, he made it clear that the women workers at Fannie Mae were important to him, and their health was particularly important to him. More CEOs should follow his lead. ★

#### ABOUT THE EXPERT: **Donnica Moore, MD**

Donnica Moore, MD is highly regarded as a women's health educator and as a media commentator. Dr. Moore is President, Sapphire Women's Health Group, a multimedia women's health education and communications firm. She also hosts DrDonnica.com, a popular women's health information website. Her impact online goes beyond this site: she is also the women's health expert for YahooHealth.com.

Dr. Moore is most well known for her former role as the weekly women's health contributor for NBC's Later Today Show (1999-2000) and for her frequent appearances on NBC's Weekend Today Show, "The Oprah Winfrey Show", "The View", and others. Her voice was heard daily in 132 markets from September 2000 through March 2002 on her nationally syndicated radio spot, "Dr. Donnica's Women's Health Report".

Dr. Moore has received more than 30 prestigious awards. She is a popular speaker for professional, consumer, and medical audiences. Her work has been featured in more than 40 periodicals such as Business Week, The New York Times, and The Wall Street Journal. She serves on the editorial board of the Journal of Women's Health and as the regular "Doctor on Call" columnist for First for Women magazine.

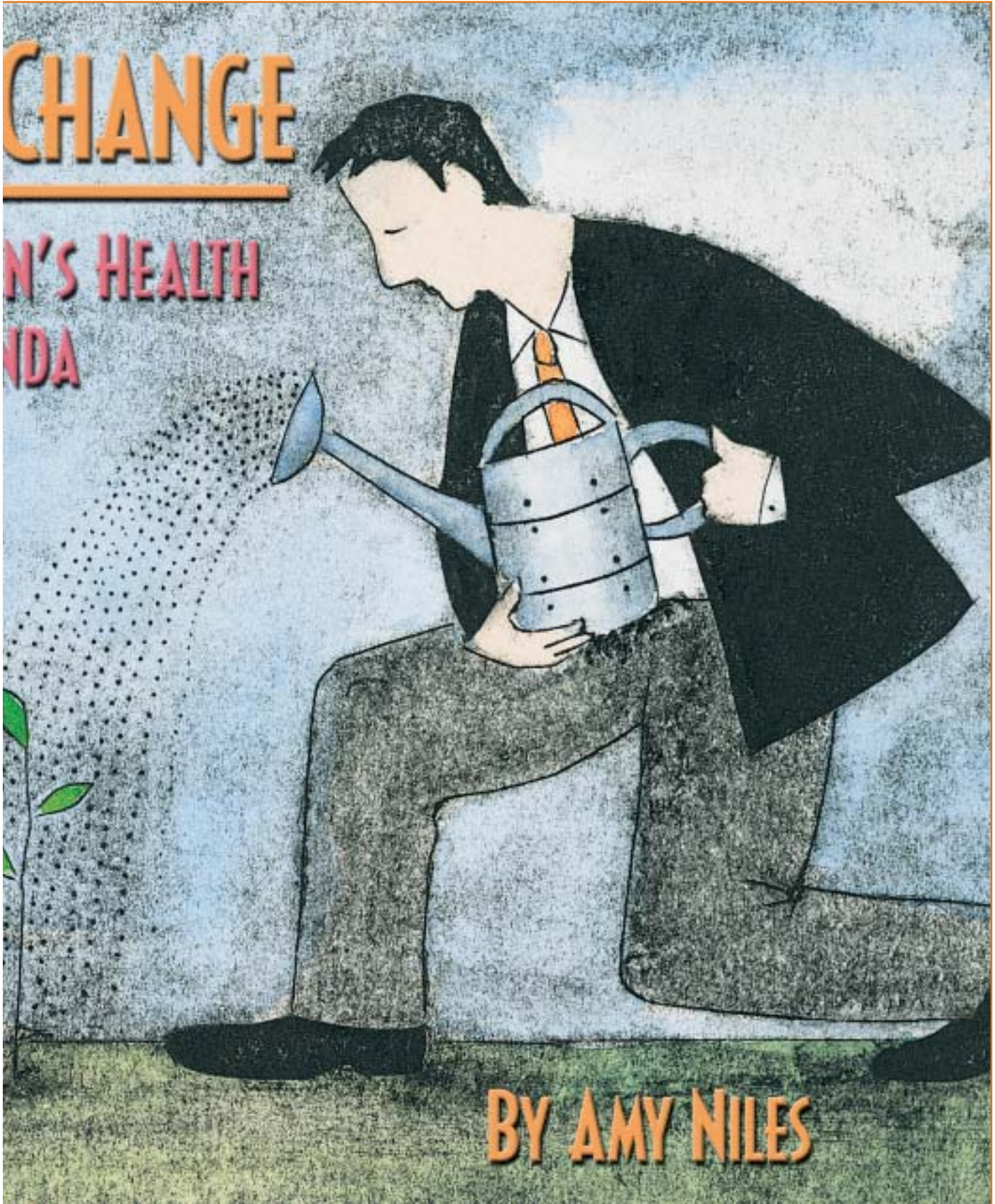
Dr. Moore graduated from Princeton University and the SUNY School of Medicine. She undertook residency in OB/Gyn at Temple University and family medicine at Memorial Hospital of Burlington County. She has served on the Boards of Directors of the American Medical Women's Association, the Society for Women's Health Research, and Research!America.



# PLANTING THE SEEDS OF

THE CHALLENGE OF ENSURING THAT WOMEN  
REMAINS AT THE TOP OF THE AGENCY





A colleague of mine recently asked me, “Is there a future in women’s health? Will we always be working so hard to improve the health of women in this country?” My answer?

**Absolutely**, there is a future in women’s health. We must all continue to work hard to improve the health of women...there’s an awful lot yet to be done. We have to work toward a time when disease prevention and health promotion are ingrained in all that we do—as we live our personal lives, in our work environment, in the time we spend with healthcare professionals.

No doubt, we are making progress. Advances in research, treatment, diagnosis, and the ways in which we deliver healthcare to Americans have been unprecedented within the past several decades. While we can celebrate our accomplishments and advances, we need to be vigilant about moving the women’s health agenda forward in future years.

### Being CEO

Ask a woman today, “Who makes the health decisions for your family?” and chances are she will say, “I do.” And the statistics bear this out. A recent report (April 2003) published by The Henry Kaiser Family Foundation entitled, “Women, Work, and Family Health: A Balancing Act” found that, approximately 80% of all mothers are responsible for selecting their child’s doctor, taking children to appointments, and follow-up care. More than half (54%) are caring for a parent or parent-in-law, and one in five are caring for another relative.

Women are the **Health CEOs** of their households. As Health CEO, just like the CEO of a corporation, the woman is a role model for those she cares for. Women play a key role in ensuring that their families are healthy and adopt healthy lifestyle behaviors.

### Focusing On The Future

Ensuring that women’s health is at the top of our agendas remains all of our responsibility. It is our personal responsibility as Health CEOs, and it is the responsibility of advocacy and community-based organizations, healthcare professionals, healthcare providers, employers, insurers, NIH, government, media, pharmaceutical and other industries, and schools/academic institutions.

Where do I see our focus for the future? What are the key women’s health trends?

### Wellness and healthy lifestyle behaviors.

A focus on WELLNESS, at as early an age as possible, will encourage healthy behaviors and

prevent premature morbidity and mortality.

**Attention to heart disease** must rise to the top of our health agendas. And so it should, being the number one killer of women. More dollars are needed for research, more attention should be placed on educating the public about gender differences in the treatment and diagnosis of the disease, and never has it been more important to advocate for healthy lifestyle behaviors—no smoking, good nutritional habits, and an active lifestyle, to name a few.

Along with heart disease, there should be an **increased focus on diabetes**—of epidemic proportions in this country. Related is the need for private/public initiatives to educate the public about the devastating health consequences of obesity.

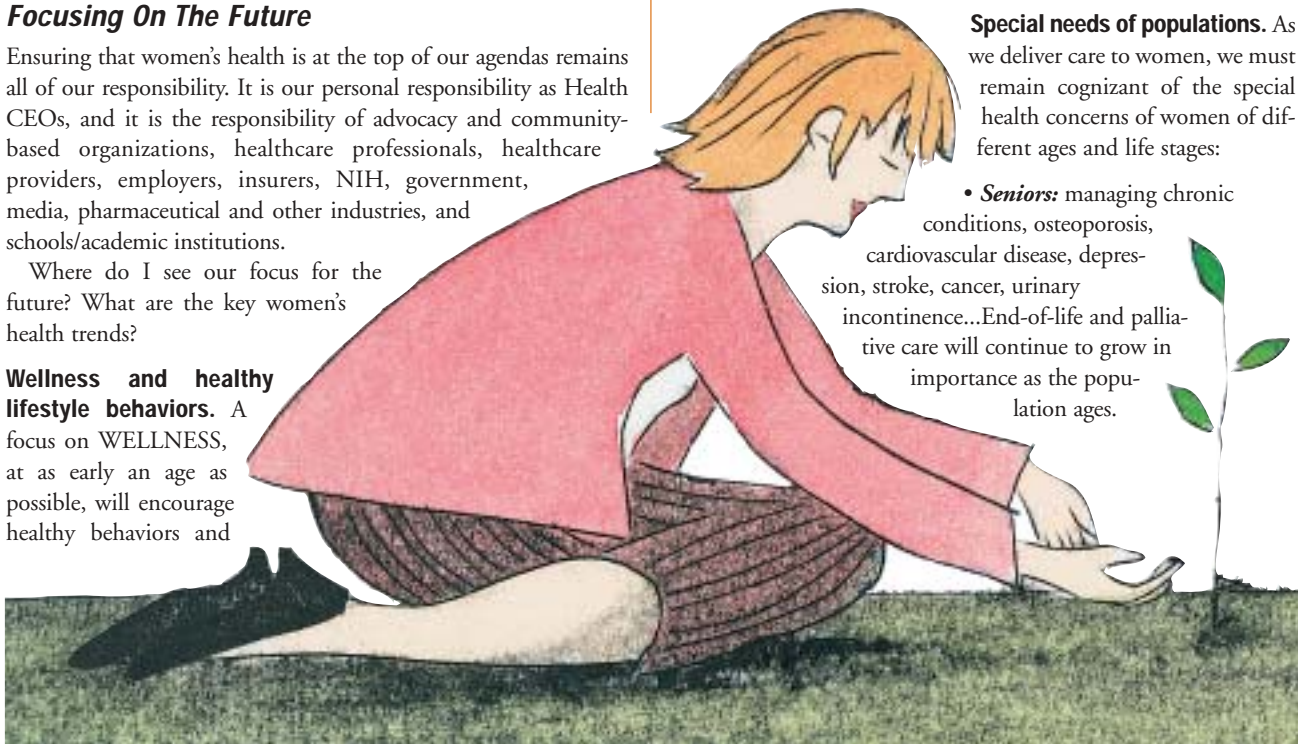
**Striking medical taboos.** Not so long ago, we dared not mention “breast cancer” or “menopause” in public. Today, these words are part of our daily conversation, while others are still not spoken freely without embarrassment or stigmas. Words like “depression” and “urinary incontinence”—critical women’s health concerns—need to be “mainstreamed” into our vocabularies as well.

**The difference between women and men.** The advocacy and health professional community must continue to push for more research in sex-based biology and gender-based medicine. To accomplish this, women must continue to be encouraged to participate in clinical trials.

**Self care.** Americans are feeling increasingly confident in their ability to take responsibility for their own health needs, and to make decisions about their healthcare. The search for personal health control, interest in “integrative medicine,” natural remedies, supplementation, and continued frustration with our healthcare delivery system, will fuel this trend.

**Special needs of populations.** As we deliver care to women, we must remain cognizant of the special health concerns of women of different ages and life stages:

- **Seniors:** managing chronic conditions, osteoporosis, cardiovascular disease, depression, stroke, cancer, urinary incontinence...End-of-life and palliative care will continue to grow in importance as the population ages.



*"Women are the Health CEOs of their households.*

*As Health CEO, just like the CEO of a corporation, the woman  
is a role model for those she cares for. Women play a key role in ensuring  
that their families are healthy and adopt healthy lifestyle behaviors."*

- **Baby Boomers:** Menopausal issues, hormone therapy, cardiovascular disease, breast health, care giving.
- **Gen Xers:** Reproductive health, sexually transmitted diseases, autoimmune diseases, smoking.
- **Girls:** Nutrition, active lifestyle, self-esteem, reproductive and gynecological health, eating disorders, depression.

**Stress-Relief.** While impossible to eliminate stress in our lives, adopting strategies to reduce stress for women, both at home and at the workplace, is vitally important for long-term health.

#### **Marketing to women.**

Recognizing the role and purchasing power of women as Health CEOs, pharmaceutical companies, product companies, retailers, and industry in general will have a growing awareness of the importance and benefits of reaching out directly to women.

**A more informed healthcare consumer.** With a focus on education and the explosion of the Internet, we will continue to see a consumer who is more informed, asks questions, seeks options, and engages in dialogue with her healthcare professional.

#### **Role of healthcare professionals.**

- The generalist or family practitioner will continue to play a critical role in the delivery of care to women. Healthcare professionals will need increased education about the unique health concerns of women and an understanding of sex-based differences in treatment and diagnosis.
- There will be a growing emphasis on multidisciplinary collaboration. This will become vitally important in growing fields such as immunology.

- A growing number of medical schools will begin adopting gender-specific information into their curricula.

- Pharmacists, nurse professionals and physician assistants will continue to be a primary source of care and information for women.

- Primary care centers will continue to increase in number.

**Health Literacy.** Literacy greatly affects one's ability to comprehend illness and to take care of oneself. Literacy is much more than just the number of syllables in a sentence.



*“Women have already surpassed men on the web as it relates to searching for health information. There will continue to be an increase in the number of ‘health seekers’ on the web. The delivery of health information on the web will become increasingly sophisticated and personalized. Increased scrutiny will help guide consumers to the best health information sites on the web.”*

Educators must adopt a patient-centered approach to developing educational materials, taking into account reading ability, visual impairment, proficiency in English, cultural backgrounds, emotional roadblocks, health beliefs, and learning styles.

**The Community.** Community and grassroots organizations/agencies will continue to be instrumental in developing innovative strategies to access hard-to-reach populations, including, but not limited to, those in rural communities.

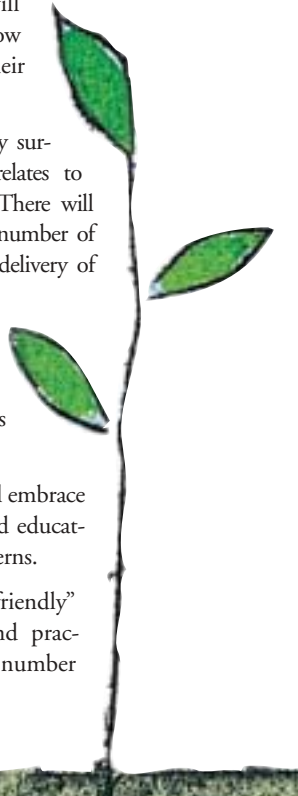
**Health Promotion.** There will be a growing body of knowledge that addresses gender-differences in behavior changes and acceptance of health promotion programs.

**Our Culture.** A greater understanding of multicultural factors will enable us to better understand how women view, seek and manage their healthcare needs.

**The Internet.** Women have already surpassed men on the web as it relates to searching for health information. There will continue to be an increase in the number of “health seekers” on the web. The delivery of health information on the web will become increasingly sophisticated and personalized. Increased scrutiny will help guide consumers to the best health information sites on the web.

**Role of the Media.** The media will embrace an increasing role in reporting and educating women about key health concerns.

**Employers/Insurers.** “Woman-friendly” and “family-friendly” policies and practices will be evident in a growing number of employers and insurers.



**Pharmaceutical and Biotech World.** These companies must continue their mission to uncover new therapies and diagnostic tools to improve women’s health. As such, we encourage them to focus on the sex-based differences in treatment and diagnosis.

**Schools.** From the elementary level on up, schools can be instrumental in creating awareness about the importance of one’s health, as well as promoting interest in scientific careers. ★

#### ABOUT THE EXPERT: Amy Niles

Amy Niles is President and CEO of the National Women’s Health Resource Center, Inc., based in New Brunswick, New Jersey and Washington, DC. The NWHRC is the nation’s leading independent nonprofit organization dedicated to educating women about their health. Its services include a broad array of print products, a comprehensive web site—[www.healthywomen.org](http://www.healthywomen.org), the development of national public education campaigns, and partnerships with other nonprofits, industry, publishers, healthcare professionals, and the media.

Ms. Niles has served as President and CEO of the NWHRC for 11 years. Prior to the NWHRC, Ms. Niles held numerous positions in hospital administration and consulting, both in New York and Washington, DC.

She holds a Bachelors of Science degree in biology, and a Masters in Business Administration from Baruch College, City University of New York.

For information about women’s health, call NWHRC toll-free, at 1-877-986-9472, or visit [www.healthywomen.org](http://www.healthywomen.org).



# Fern Carness M.P.H., R.N. A Voice for Women's Health



*Fern Carness*

**CLIENT LIST**

**Large Employers**

- ARCO
- Boeing
- Chevron
- City of Portland
- Dairy Council of California
- IBM
- Intel
- Kinkos Corporate
- Los Angeles Times
- NBC
- Nike

**Managed Care-Health Plans**

- Blue Cross of CA
- Blue Cross of WA & AK
- Health Net
- Medical Services Corporation
- PacifiCare Health Systems
- Swedish Health Systems
- Tahoe Forest Hospital

**Pharmaceutical Companies**

- Eli Lilly
- Genentech
- Glaxo-Wellcome
- Johnson & Johnson
- Merck
- Parke-Davis
- Pharmacia-Upjohn
- Roche
- Wyeth-Ayerst

If you like your healthcare information with lots of spice, a little salt and no artificial sweetener, then you'll like the way Fern Carness, MPH, RN, delivers the message. An advocate for women's health, she helps put complex information into understandable terms, giving people answers and tools to deal with prevention strategies as well as the medical maze of treatment options. Her experience is front-line, as a provider, health educator and a patient. And she's passionate about helping women negotiate this challenging terrain.

Fern founded Wellness at Work, Inc. a company dedicated to health promotion and wellness. Integrating her clinical and business backgrounds, she designed and implemented programs that transition from the medical model to the wellness model.

Today, she leads Carness Health Management, LLC and is a well respected, highly acclaimed health professional, who has served many Fortune 200 companies in the area of strategic health management. Fern has authored numerous publications and audio-albums, including "Ready, Set, Stop," a smoking cessation program, and "Wise Woman's Approach to Healing and Cancer."

As a breast cancer survivor, Fern's perspectives both as a patient and a healthcare professional, give empathy and levity to topics she knows intimately. Articulate and knowledgeable, Fern brings a powerful, passionate, health-centered philosophy to every program with which she is involved.

Author	Popular Topics	Awards	Affiliations
<ul style="list-style-type: none"> <li>• Ready, Set, Stop, On-Line: An internet-based smoking cessation program</li> <li>• Live chat moderator on OnHealth.com</li> <li>• Monthly column, Entrepreneurial Nursing in Nursing Matters, magazine</li> <li>• Ready, Set, Stop! Smoking cessation audiocassette album</li> <li>• Wise Woman's Approach to Healing and Cancer, audiocassette album</li> <li>• Changing Patient's Health Behavior, contributing author</li> </ul>	<ul style="list-style-type: none"> <li>• It's Your Body, Ladies. Take Charge!</li> <li>• Keeping Abreast—How to be Your Own "First Opinion"</li> <li>• Women's Health From A Clear View</li> <li>• The Heart of a Woman</li> <li>• Smoking Cessation—Helping Smokers Get Ready to Quit</li> <li>• Female Entrepreneurs: How to be Your Own Best Boss</li> <li>• Wise Woman's Approach to Gender-based Biology</li> </ul>	<p><b>American Heart Association:</b></p> <ul style="list-style-type: none"> <li>• Outstanding Volunteer, 1991</li> <li>• Exceptional Service Award, 1992</li> <li>• Chairperson, 1993</li> <li>• Dedicated Service Award, 1994-95</li> </ul> <p><b>National Breast Cancer Awareness Month, Profiles in Progress, Achievement Award:</b></p> <ul style="list-style-type: none"> <li>• Honorable Mention 1994</li> </ul>	<ul style="list-style-type: none"> <li>• American Association For Worksite Health Promotion</li> <li>• American Heart Association</li> <li>• American Lung Association</li> <li>• American Public Health Association</li> <li>• National Speakers Association</li> <li>• National Wellness Association</li> <li>• Susan G. Komen Foundation</li> </ul>

Contact Fern Carness At: Carness Health Management, LLC  
PO Box 509, Lake Oswego, Oregon 97034 • Phone: 503-636-7513



## Women and Wellness: Keeping Women's Health A Priority In The Workplace

In recent years, women's health has been receiving more and more attention from healthcare providers, physicians, insurance groups, and employers alike. But, despite this increased attention, much work must still be done before we can say that women—and their unique health needs—are truly being given the attention they demand.

In this issue of *Absolute Advantage* we'll explore several of the leading health issues facing working women today. Women's health advocate Fern Carness, RN, and her colleagues from across the nation have brought together a compelling group of articles focusing on the health issues that present unique challenges for the female working population. Not only have the authors included some of the most recent research, but they have also offered pragmatic tips and strategies for addressing these health issues at the workplace.

Covering the topics of heart disease, cancer, depression, anxiety, alcohol abuse, intimate partner violence, bone health, and appropriate child care as they relate to working women, this issue of *Absolute Advantage* is designed to help health promotion professionals better understand—and program for—the specific health needs of their female populations, allowing women to be healthier, happier, and more productive as they balance the multiple roles of worker, mother, caregiver, and spouse.

As we continue to build our capacities in the field of health promotion, it will be important for us to focus on the unique gender-based needs of our working populations. It is my hope that after reading this issue, you as a health promotion practitioner will be better prepared to address the needs of working women in your workplace. Devoting resources to this important demographic will not only pay dividends for working women and their families, but also to your organization's bottom line.

David Hunnicutt, PhD  
President

**PS. To order additional copies of this issue of *Absolute Advantage*, contact the Wellness Councils of America at 402-827-3590 or go to our website at [www.welcoa.org](http://www.welcoa.org).**

## ABSOLUTE ADVANTAGE UP NEXT...

### Prevention Revolution

There is plenty that ails America. In addition to the enormous burden on individual lives, poor health and extended periods of disability put a tremendous burden on the nation's economy in terms of lost productivity and rising healthcare costs. In the next issue of *Absolute Advantage*, join us as The Cooper Institute explores the current state of healthcare in America today, and lays out a strategy for improving health and reducing the overwhelming burden of increasing costs and poor health habits.

### What's Needed to Create a Healthier America?

As a nation, we are in a health crisis—and we've brought this crisis upon ourselves because of our poor lifestyle habits. Providing work environments that are supportive of healthy living, and getting involved in efforts to promote healthy communities can go a long way toward improving our situation. Find out what Steve Blair, President and CEO of the Cooper Institute has to say about creating a healthier nation.



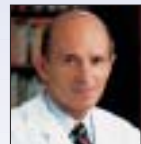
### Building the Healthy Executive

There is no doubt that successful companies are led by dynamic men and women who have great energy and stamina. Healthy leaders have a powerful influence, as they affect the corporate culture and become role models and examples to others. Conversely, unhealthy leadership can have a toxic effect. So how do the best organizations keep executives—and their bottom line—healthy and well?



### Dr. Ken Cooper's Views on The Future of Health and Wellness in America

A company, no matter what its bottom line states, cannot be considered successful unless it takes responsibility for the physical well-being of its employees. As a nation, we are facing epidemic proportions of obesity, diabetes, heart disease, and cancer. Does your company mirror these national results? Find out what the Father of Aerobics, Ken Cooper, MD, has to say about keeping your organization both healthy and competitive in these challenging times.



**DON'T MISS THE NEXT ISSUE  
OF ABSOLUTE ADVANTAGE**