



(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Committee on Natural Resources and
Transportation...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

WISCONSIN WOMEN'S HEALTH FOUNDATION PRESENTS
The Badger Heart Program
Taking Your Health to Heart



CARDIOVASCULAR AWARENESS FOR WOMEN

About the Badger Heart Program

The Badger Heart Program of the Wisconsin Women's Health Foundation screens women for cardiovascular disease. Local healthcare partners in each Badger Heart community provide free, quick and confidential screenings.

The goal of the Badger Heart Program is to help women reduce their risk for cardiovascular disease. The screenings are just a first step in educating Wisconsin women about their personal cardiovascular health. The Badger Heart Program also offers a series of monthly meetings focusing on nutrition, exercise, stress reduction and other topics to help participants reduce their risk. We want to give women the tools they need to live longer, healthier and more productive lives.

For more information about cardiovascular disease and the Badger Heart Program, visit our web site at www.wwhf.org. It is time to start taking your health to heart.

CARDIOVASCULAR AWARENESS FOR WOMEN



Key Facts About Cardiovascular Disease in Women

1. It is the #1 killer of women today. More than 500,000 US women die of heart disease each year, exceeding the number of deaths in men and the next seven causes of death in women combined.
2. Many women still believe incorrectly that they are more likely to die of cancer than of cardiovascular disease.
3. Cardiovascular disease claimed more than 10,000 women's lives in Wisconsin last year.
4. Heart attacks are more deadly in women than in men. A staggering 42% of women who have heart attacks do not survive for a year (versus only 24% of male heart attack victims).
5. Cardiovascular disease is not a disease that is suddenly contracted or a "have or have not" condition. Cardiovascular disease develops over time and every woman is somewhere on the disease risk continuum.

Leading a Heart Healthy Life

- Know your personal risk factors and family history.
- Get regular screenings and know what your numbers mean.
- Initiate a discussion with your doctor on how to reduce your risk of heart disease and stroke. Ask questions.
- Lead a healthy lifestyle, exercise and follow your doctor's advice on daily aspirin and other medications.
- If for any reason you suspect a heart attack, call 911 immediately. In the Emergency Room, be assertive. Describe your heart concerns and don't be afraid to ask about heart testing.



Women must be as concerned about heart disease as we have become about breast cancer. We have learned how to perform breast self exams and now we must learn how to manage our personal cardiac risks.

For more information, please see our web site at: www.wwhf.org.



Explaining Your Screening Results

Always carry a card with you and keep track of your cardiovascular health information. Record the dates and results of your tests. Guidelines are listed for good cardiovascular health for women.

Blood Pressure measures the amount of force exerted by the blood against the walls of the arteries.

The optimal goal is Systolic pressure less than 120 mm Hg;
Diastolic pressure less than 80 mm Hg.

Total cholesterol
measures the total level of cholesterol in the blood.

The optimal goal is less than 200 mg/dL.

HDL (good) cholesterol
helps keep cholesterol from building up in the arteries.

A level less than 50 mg/dL is low and increases your risk for heart disease.

LDL (bad) cholesterol
the main source of cholesterol buildup and blockage in the arteries.

Optimal level is less than 100 mg/dL.

Triglycerides
another form of fat in your blood.

A level less than 150 mg/dL is optimal.

Blood Glucose
measures blood sugar to help in diagnosing diabetes.

The optimal goal for Random/Non-Fasting is less than 140 mg/dL.
The optimal goal for Fasting is less than 100 mg/dL.

Body Mass Index (BMI) provides a more accurate measure of total body fat compared with the assessment of body weight alone.

Multiply weight (in pounds) by 703 then divide by the height (in inches) squared. Normal weight BMI goal is 18.5-24.9.

Waist Circumference
excess abdominal fat is an important, independent risk factor for disease.

Goal is less than 35 inches.

Cardiovascular disease screening results are only an indication that you may have a particular risk factor for cardiovascular diseases. Follow-up evaluation by a healthcare professional is important to understand risk factors and develop programs that are specific to you.

Women, Know Your Heart Attack Warning Signs...

A heart attack occurs when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart. Women's symptoms are more generalized, subtle, frequently atypical and can appear unrelated to heart disease. Warning signs may include...

- Discomfort, fullness, tightness, heaviness, squeezing or pressure in the center of the chest that stays for more than a few minutes or that comes and goes.
- Pressure or pain that spreads to upper back, shoulders, neck, jaw or arms without pain in midchest.
- Dizziness, nausea and vomiting or indigestion.
- Clammy sweats, paleness, heart flutters, or palpitations.
- Unexplained feelings of anxiety, fatigue, or weakness – especially with exertion.
- Shortness of breath and difficulty breathing.
- Stomach or abdominal pain.



WISCONSIN
Women's Health
FOUNDATION, INC.

2503 Todd Drive
Madison, WI 53713
(608) 251-1675 ♥ (800) 448-5148

THE WISCONSIN WOMEN'S HEALTH FOUNDATION FOCUSES ON THE GREATEST THREATS TO WOMEN'S HEALTH:

- Every year nearly 10,000 Wisconsin women die from cardiovascular disease - heart attacks and strokes. This is Wisconsin's leading killer and a leading cause of disability for all racial and ethnic groups.
- One of eight women will develop breast cancer during her lifetime. Breast cancer is the most common cancer among Wisconsin women and the second leading cause of cancer death, following lung cancer.
- Depression is the number one cause of disability for women. Up to 25% of all women will experience depression some time in their lives.
- In 2001, 27,454 incidents of domestic violence were reported to the Wisconsin Department of Justice, an increase of nearly 10% from 2000. In the United States, domestic violence is the leading cause of injury to women ages 15-44 - more than car accidents, muggings and rapes combined. A woman is beaten every 15 seconds.
- Eight million American women suffer from osteoporosis, a disease that gradually causes bones to become fragile and break easily. This "silent thief" can rob older women of their mobility.
- Smoking is the most preventable cause of death. More women die from lung cancer each year than from breast cancer. In Wisconsin, 16% of women smoke during pregnancy which is above the national average of 12%.

TAKING ACTION FOR



Women's
H E A L T H



WISCONSIN WOMEN'S HEALTH FOUNDATION

IT ALL BEGINS WITH A
HEALTHY WOMAN.

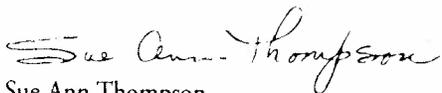
It's time to make women's health a priority, because it all begins with a healthy woman.

Did you know that women make between 85-90% of the healthcare decisions in American households?* That's right - women typically select the doctor, make the appointments, have the children immunized, manage the insurance plan, and are responsible for the family's nutrition which is an important part of prevention.

Women are the healthcare system within the family, and essentially a healthy woman means a healthy family. Women need access to the most up-to-date information about health issues that disproportionately affect women or affect women differently than men in order to make good decisions for themselves and their families.

At the Wisconsin Women's Health Foundation, our philosophy is "knowledge is power." I learned this lesson firsthand, because unlike my mother who died of breast cancer, early detection saved my own life.

We work hard to teach women of all economic groups, education levels, geographic locations, and ages how to become advocates for their own health. I hope you'll help us create a healthier Wisconsin by supporting the Wisconsin Women's Health Foundation.



Sue Ann Thompson

President and Founder,

Wisconsin Women's Health Foundation

**Smith Barney Research. The New Women's Movement:
Women's Healthcare, April 1997*



KNOWLEDGE
is
POWER

Printed courtesy of Marshfield Clinic



**THE WISCONSIN WOMEN'S
HEALTH FOUNDATION
FOCUSES ON THE GREATEST
THREATS TO WOMEN'S HEALTH:**

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- Eight million American women suffer from osteoporosis, a disease that gradually causes bones to become fragile and break easily. This "silent thief" can rob older women of their mobility.
- Smoking is the most preventable cause of death. More women die from lung cancer each year than from breast cancer.
- In Wisconsin, 17% of women smoke during pregnancy.

TAKING ACTION FOR



RURAL

Women's
HEALTH



WISCONSIN WOMEN'S HEALTH FOUNDATION

IT ALL BEGINS WITH A
HEALTHY WOMAN.

It's time to make women's health a priority, because it all begins with a healthy woman.

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At the Wisconsin Women's Health Foundation, our philosophy is "knowledge is power." I learned this lesson firsthand, because unlike my mother who died of breast cancer, early detection saved my own life.

The Wisconsin Women's Health Foundation works hard to teach women of all economic groups, education levels, geographic locations, and ages how to become advocates for their own health. We have created our Rural Women's Health Programs to meet the unique needs of thousands of women who live in Wisconsin's smaller communities and who are often isolated from services, resources and information.

I hope you'll help us create a healthier Wisconsin by supporting the Wisconsin Women's Health Foundation.

Sue Ann Thompson

Sue Ann Thompson
President and Founder,
Wisconsin Women's Health Foundation

**Smith Barney Research. The New Women's Movement:
Women's Healthcare, April 1997*



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Women's Health
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KNOWLEDGE
is
POWER

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MEDICINE BASKET RURAL
WOMEN'S HEALTH NETWORK

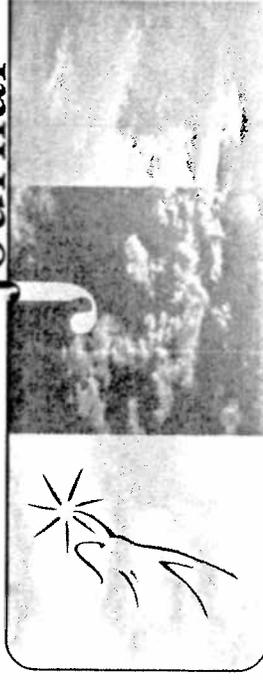
The WWHF's *everywoman's journal* is part of the Medicine Basket Rural Women's Health Network.

Mailing Address:

Wisconsin Women's Health Foundation
Rural Women's Health Programs
1145 Clark Street
Stevens Point, WI 54481
715.344.2074 or
800.898.8818

WISCONSIN WOMEN'S HEALTH FOUNDATION
RURAL WOMEN'S HEALTH PROGRAMS

**everywoman's
journal**

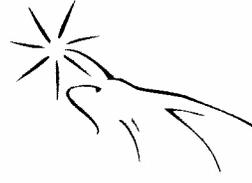


P R O G R A M

For the emotional
and physical
well-being of
Wisconsin women

**THE MISSION OF THE WISCONSIN
WOMEN'S HEALTH FOUNDATION**

Sue Ann Thompson established the WWHF in 1997 to promote and support programs and services that work to improve the health of women in Wisconsin. The mission of the Foundation is to reach all women with the information, opportunity and support they need to be healthy; to encourage women to become advocates for their own health; and to improve the overall quality of life for women and their families.



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FOUNDATION, INC.

www.wwhf.org

YOU CAN REQUEST A WORKSHOP

Anyone can request an *everywoman's journal* workshop by calling the Wisconsin Women's Health Foundation-Rural Women's Health Programs office at 715.344.2074 or 800.898.8818.

The program coordinator works with the community host. Together they schedule the workshop and arrange for a Wisconsin Women's Health Foundation facilitator to present the program.

The workshop can take place in a home, church, library, community center or any public meeting space. The workshop is approximately two and a half hours long and is designed for groups of 15 or fewer women.

The program is available throughout Wisconsin and there is no cost either to host one, or to attend. The Wisconsin Women's Health Foundation provides journals specially designed for the program.

WOMEN CARE FOR EVERYONE AND EVERYTHING BUT SOMETIMES NOT THEMSELVES

In today's hectic world, women often find themselves stretched too far... responsible for the smallest details of everyone's daily life... trying to care for all at once. Somewhere in this endless circle of giving, they can lose themselves.

When a woman's roles, responsibilities and expectations overwhelm her, she may not be able to listen to her body's messages of distress. She might ignore her diet, go without sleep, put off going to the doctor, set aside friends for lack of time, and dream of a quiet vacation... but it's only a dream because she's too busy caring for others.

PROACTIVE HEALTH JOURNALING CAN BENEFIT WOMEN'S HEALTH

Research shows that proactive health journaling can help women take preventive action for better health. It has been successfully

used in recovery programs as a way to cope with devastating disease or traumatic conditions.

Keeping a journal begins as a tool

for increased self-awareness. It helps women learn how their mental and physical health is affected by their bodies' responses to life experiences of all kinds.

Proactive health journaling is a tool for increased self-awareness.

THE *everywoman's journal* PROGRAM

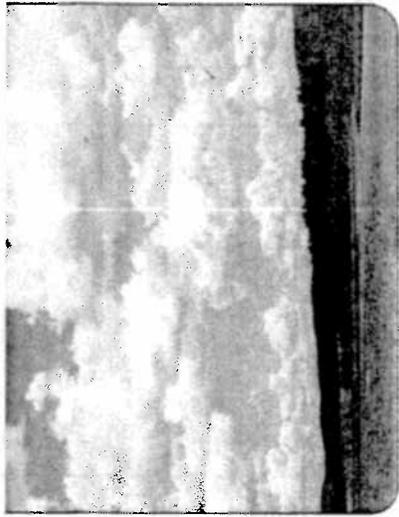
The program offers workshops to help women "stop" a moment and think about how they feel now – so they can prevent disease later. Through the program they gain a better understanding of themselves, which helps them collect their lives and begin listening to themselves again. Keeping a journal helps them reconnect to their heart, so they can hear its needs and feel its hurts and joys.

The *everywoman's journal* program covers five areas:

- self awareness
- grief and loss
- interconnectedness of life
- mutual respect
- celebration of life

In the workshop women learn journaling techniques to increase their sensitivity and help them rediscover the world – starting with themselves, and moving to their family, friends, community and out to the world.

The insights gained from journaling – combined with creative self-care techniques and awareness of local available health care resources – can truly improve the quality of life and health for women.



...help women "stop" a moment and think about how they feel now.

THE *everywoman's journal* ONLINE COMMUNITY

Women who participate in a workshop are invited to be part of our *everywoman's journal* community online. For those who don't have computer access, there is a printed newsletter called "TapRoot," so everyone can share in the program news and updates.

The *everywoman's journal* online community is located on the Wisconsin Women's Health Foundation Web site at www.wvhf.org/outreach/journal.html

Begin your journey today and call now to schedule an *everywoman's journal* workshop. or call the phone number listed on the insert to attend one in your community.

Join us in supporting women's health in Wisconsin – and begin by taking steps on behalf of your own health!



discover the value of proactive health journaling

What is First Breath?

- *First Breath* is a program that helps pregnant women in Wisconsin quit smoking.
- *First Breath* is offered throughout the state by the Wisconsin Women's Health Foundation, a non-profit organization.
- Your local *First Breath* site is:

If You Have Questions about
First Breath, Please Contact:

WISCONSIN WOMEN'S HEALTH
FOUNDATION

2503 Todd Drive
Madison, WI 53713
www.wvhf.org

608-251-1675 • 800-448-5148

To Learn More about Quitting
Smoking or Other Women's
Health Topics, Please Call:

Wisconsin Women's Health Foundation
800-448-5148

Wisconsin Tobacco Quit Line

877-270-STOP

Maternal and Child Health Hotline

800-722-2295

Services Hotline for Women,
Children and Families

877-855-7296

A Healthy
Beginning
is the Best
Beginning



For Expectant Mothers

First Breath

"Making Each Baby's First
Breath a Healthy Breath"

A program to
help you quit
smoking

First Breath



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First Breath is funded in part by the State of Wisconsin
Division of Public Health and the Wisconsin Department of Health Services

Why does First Breath want to help you quit smoking?

Because it is a very important issue and you can make a big difference for your baby.

Smoking during pregnancy can lead to:

- Premature birth
- Miscarriage or stillbirth
- Sudden Infant Death Syndrome (SIDS)
- Respiratory illness, ear infections & asthma
- Future behavior problems & problems in school

We know that you want your newborn to be healthy, so we want to help you quit smoking and help reduce the risk of these serious conditions.

First Breath is here to help you!

Quitting smoking is difficult for everyone, but there are ways to be successful. *First Breath* will provide you with **non-judgmental** support during your quit attempt and will be by your side throughout this difficult time.

First Breath wants you to have a happy, healthy pregnancy, and knows that you can be successful. You do not have to be perfect (nobody is!). **You only have to try** and *First Breath* will support you.

As a First Breath participant, you will receive:

- Non-judgmental, personal support
- One-on-one smoking cessation counseling
- Self-help materials
- Access to the toll-free statewide Wisconsin Tobacco Quit Line (1-877-270-STOP)
- Follow-up support after delivery
- Motivation by learning about *First Breath* success stories
- Smoking education materials for your family
- Free incentives and a gift at delivery

First Breath will give you the necessary tools to quit smoking successfully:

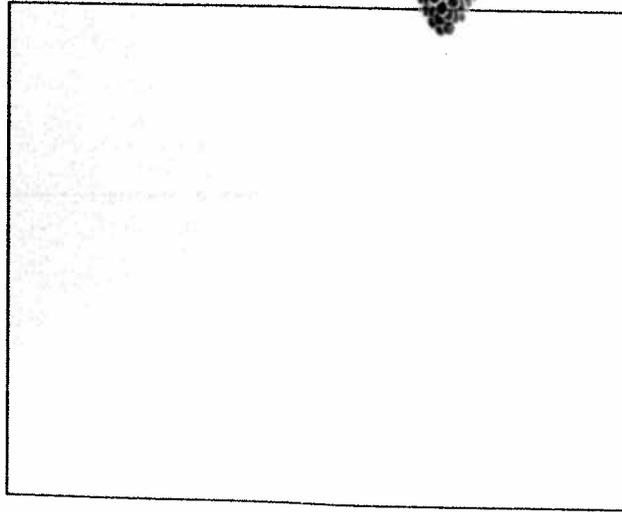
- **Knowledge**
 - about the dangers of smoking for you and your baby
 - about the benefits of quitting
 - about how to manage stress
 - about your unique trigger situations
 - about how you can be successful quitting
- **Support**
 - from your *First Breath* healthcare professional
 - from your doctor
 - from the Wisconsin Tobacco Quit Line counselors
 - from your personal support network



First Breath

*Attend a
GrapeVine Project
women's health session!*

Contact:



If you would like more information on **The GrapeVine Project**, contact Bobbie Kolehouse at kolehouse@coredcs.com or via phone at 715-344-2074 or 1-800-898-8818.

WISCONSIN WOMEN'S HEALTH FOUNDATION
RURAL WOMEN'S HEALTH PROGRAMS

The GrapeVine Project

The Wisconsin Women's Health Foundation, Inc. is a non-profit, 501(c)(3) organization dedicated to improving the health of Wisconsin women through education, increased access to information, research, scholarship and grants and health care resources, and to encourage women to be advocates for their health and the health of their families.

The Wisconsin Women's Health Foundation received the Johnson & Johnson Community Health Care Program 2004 Leadership Award for **The GrapeVine Project**.

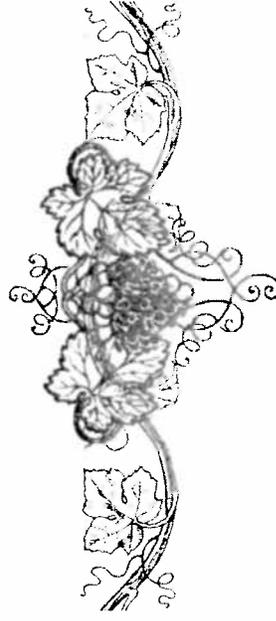
The GrapeVine Project is supported in part by the Wisconsin Dept. of Health & Family Services, Division of Public Health, Wisconsin Well Woman Program and Johnson & Johnson.

The Wisconsin Women's Health Foundation
2503 Todd Dr.
Madison, WI 53713
(608) 251-1675 or (800) 448-5148

Rural Office
Rural Women's Health Programs
1145 Clark St.
Stevens Point, WI 54481
(715) 344-2074 or (800) 898-8818
email: kolehouse@coredcs.com

*A Medicine Basket
Rural Women's Health
Network Project*

*A partnership with Parish Nurses
to bring the best in women's health
information to rural communities.*



Have you heard? The GrapeVine Project offers rural women expert information on their health from trusted Parish Nurses.

The GrapeVine Project is designed in a series of educational units based on the six Foundation topic areas. These comprehensive Study Units include the latest information on the topic, references, hand-outs, transparencies together with models and incentives. The materials are recommended and reviewed by our partner organizations and medical advisors.

Each Parish Nurse prepares her sessions to be most useful to her parish women. Sessions are free and women who attend receive special gifts along with educational materials. Gifts, such as, 30-minute calling cards, can be used to encourage friends and family to have routine health screenings, and pedometers to help women begin self-care plans like 10,000 steps a day.

Educational Study Units covered by **The GrapeVine Project** include:

- ❖ breast and cervical cancer
- ❖ heart disease in women
- ❖ osteoporosis
- ❖ depression and mental health
- ❖ domestic violence
- ❖ smoking cessation

Parish Nurses Partner on The GrapeVine Project

Parish Nurses from around Wisconsin volunteer to be a partner with the Wisconsin Women's Health Foundation on The GrapeVine Project. Each Parish Nurse is trained to present the Project and is then ready to offer more resources to rural women.

GrapeVine Project Parish Nurse Partners work with the Wisconsin Women's Health Foundation to bring women health information to their church members and community. They connect women with local healthcare providers and programs like the Wisconsin Well Woman Program as well as additional financial or support services.



The Wisconsin Women's Health Foundation's President, Sue Ann Thompson and Director of Women's Health Programs, Bobbie Kolehouse, with some of the Parish Nurse Partners. Left to Right: Betsy Sachs (Waupaca County), Dorothy Flees (Wood County), Theresa Weiland

(Sauk County), Sue Ann Thompson, Joyce Groshek (Marathon County) and Bobbie Kolehouse.



*Parish Nurses,
a health consultant,
advocate and friend.*

Parish Nurses promote health and healing by supporting individuals and families in their faith community. Encouraging people to consider their health with faith, Parish Nurses are kind friends, ready to listen and help sort through health concerns and options.

They are licensed, registered nurses who have taken special training to be a Parish Nurse. They consider each person holistically, physically, emotionally and spiritually, throughout their life.



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*If you're 20, 50, 70, or in
between...Ask your health
professional these questions
and live well!*

Do I need to have a
mammogram? When? How
often? Or if not, why not?

How often should I do
a breast self-exam?

How will I know if
hormone replacement
therapy is right for me?

How often should I have
my blood pressure checked?

Can you provide me with
diet/nutrition advice?

Should I be checked for
osteoporosis? Perhaps a bone
density test? If not, why not?

How do I prevent
(or treat) osteoporosis?

How much calcium is
right for me? What is the
best way for me to obtain
this calcium?



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Dr. Judith Stitt M.D.

Dr. Judith Anne Stitt M.D. was a Professor of Medicine in Human Oncology at the University of Wisconsin–Madison and director of the Breast Care Center for the UW Hospital and Clinics. Throughout her lifetime, Dr. Stitt taught at multiple schools including the Medical College of Wisconsin, Wayne State University and the University of New Mexico. This award represents Dr. Judith Stitt's unwavering commitment to women's health.



Wisconsin Women's Health Foundation, Inc.
2503 Todd Drive
Madison, WI 53713

608/251-1675 [phone]
608/251-4136 [fax]

wihealth@chorus.net
www.wwhf.org



PRESENTING THE
Dr. Judith Stitt
WOMAN FACULTY
SCHOLAR AWARD

Ensuring the future of
women in academic medicine
and research.



WISCONSIN
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FOUNDATION, INC.

Why Take Action on Women's Health

- Every year, nearly 10,000 Wisconsin women die from cardiovascular disease—heart attack and stroke.
- One out of eight women develop breast cancer during her lifetime.
- Twenty million women in America suffer from osteoporosis.
- Depression is the number one cause of disability for women.
- There are over 50,000 domestic abuse crisis calls each year. A woman is beaten every 15 seconds.
- Tobacco prematurely kills 2,500 Wisconsin women each year. Tobacco use is the biggest preventable health risk to Wisconsin women.

The Wisconsin Women's Health Foundation (WWHF) is taking action on these statistics by making a difference in Wisconsin women's health.

WWHF is a not-for-profit foundation established in September 1997 by First Lady Sue Ann Thompson.

The mission of the Foundation is to:

- Reach all Wisconsin women with the information, opportunity and support they need to be healthy.
- Encourage women to become advocates for their own health.
- Provide scholar awards to support women engaged in on-going women's health research.

Dr. Judith Stitt Woman Faculty Scholar Award

The *Dr. Judith Stitt Woman Faculty Scholar Award* encourages women to embark on health research careers by providing salary support to women junior faculty members conducting women's health research within the State of Wisconsin. By supporting women junior faculty in their efforts to perform research, write grants and present papers, this award strengthens their development as future leaders in academic medicine.

The Wisconsin Women's Health Foundation (WWHF) will award the recipient \$25,000 a year for two years to continue her work in women's health. Eligible candidates include any Wisconsin female junior faculty member currently involved in a healthcare profession including, life sciences, biomedical sciences and social sciences. Priority will be given to women whose work is directly relevant to women's health, who exhibit leadership skills and whose research falls within WWHF's six targeted areas: breast cancer, osteoporosis, cardiovascular disease, mental health, domestic violence and tobacco use.

The award is named in honor of Dr. Judith Stitt, a leader in academic medicine who fought many battles for equity in women's health issues, but who lost her final battle to bone marrow cancer.

Join us in supporting Women's Health

Yes! I want to support the *Dr. Judith Stitt Woman
Faculty Scholar Award \$1 Million Campaign.*

I'm enclosing a gift of:

- Corporate \$ _____
- \$1,000 Charter Member Society
- \$750
- \$500
- \$250
- \$ Other _____

I would like to make my donation in honor of:

I would like to make my donation in memory of:

Name: _____

Daytime Telephone: _____

Address: _____

City: _____

State, Zip: _____

Please send this form and contributions to:

Wisconsin Women's Health Foundation, Inc.
2503 Todd Drive
Madison, WI 53713

Corporate and individual sponsors are needed

The Wisconsin Women's Health

*Foundation depends on corporate and
individual sponsors to support our
scholar award program.*

*Through financial contributions, the
Dr. Judith Stitt Woman Faculty Scholar
Award will provide the opportunity for
more women to reach leadership positions
where they can introduce health policies
to eliminate cultural, ethnic, racial and
gender prejudice, and contribute to
scientific study to benefit the health
of women.*

*By donating to the Dr. Judith Stitt Woman
Faculty Scholar Award, you join the team
dedicated to making a difference in
women's health.*

Facts Supporting the Need for Women Leaders in Academic Medicine

Historically, major advances in women's health research have been initiated by female academic leaders. Yet the number of women entering leadership roles in academic medicine remains disproportionately small. The Dr. Judith Stitt Woman Faculty Scholar Award addresses the need for stronger representation of women in academic medicine. Here's why:

Leaders in academic medicine set the nation's medical research agenda.

Women's life experiences are different from men. Women researchers offer new perspectives that inspire new avenues of research.

Leaders in academic medicine inform policymakers.

Policymakers consult deans, chairs and professors where women are strikingly under-represented. Policymakers need to hear about the experiences of women whose voices have not traditionally been heard at decision-making tables.

Leaders in academic medicine are trailblazers for others to follow.

Nationally, there are only two women chairs of Departments of Medicine and only four deans of medical schools. Providing support to women junior faculty enables them to work on research and achieve decision-making positions. Once promoted to this level, these women can mentor other women seeking opportunity and growth within women's health issues, and influence healthcare policy.



Time to Focus On Women's Health

Start Investing In Your Good Health Today!



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It's A Great Time To Be A Wisconsin Woman

"Women have long been stewards of their families' health, yet until recently, little attention was given to women's unique health issues. New research initiatives now focus on women's health, with many important findings being integrated into medical training and practice.

The Wisconsin Women's Health Foundation believes that by giving you access to the most up-to-date research, forums in which to listen to professionals, and opportunities to learn from one another, we create a culture in which you can best advocate for yourself and your family.

I am proud to be working with the UW National Center of Excellence in Women's Health to promote women's health and provide women with the information they need to live productive and healthy lives."

Sue Ann Thompson
President and Founder
Wisconsin Women's Health
Foundation

on the cover:
Sue Ann, daughter Kelli, and
granddaughter, Sophie.

"The University of Wisconsin National Center of Excellence in Women's Health brings together researchers, clinicians, educators, health care administrators, policy makers, community groups and patients into a common dialogue about the health needs of women and how we can all work together to address those needs. We are delighted to join Sue Ann Thompson to share information and better understand your health concerns. This is an exciting time for the field of women's health and we are glad that you are taking an active part."

Molly Carnes, M.D.
Director
National Center
of Excellence in
Women's Health
and Board Member,
Wisconsin Women's
Health Foundation



University of Wisconsin
National Center of Excellence
in Women's Health

BREAST CANCER

One out of seven women will develop breast cancer during her lifetime. The only cure is early detection.

The good news is that breast cancer is very treatable. Since the tumors are normally slow growing, self-examination and mammography can catch them in early stages. Don't let fear of finding the truth interfere with your preventive action. Discovering breast cancer early gives you a much greater chance of a complete recovery.

What you can do to prevent breast cancer:

- Know your family history and personal risks—and tell your doctor.
- Do a complete breast self-examination every month.
- If you are in your 40s or older, get a mammogram on a regular basis, every 1 to 2 years.
- Talk with your doctor or nurse about planning your personal schedule for screening mammograms and breast exams.

OSTEOPOROSIS

Twenty-five million Americans suffer from osteoporosis — twenty million are women.

Osteoporosis is a disease in which bones become fragile and can break easily. There are often no symptoms until a bone breaks or the spine becomes curved or painful. The wrist, hip and spine are the most commonly affected areas.

Osteoporosis can be disabling. If you break your hip, you have a 50% chance of never walking unaided again. Getting enough calcium throughout your lifetime is important because it helps to build and keep strong bones.

Osteoporosis is not a normal part of aging.

You are never too young or too old to take preventive action.

- Be sure you get enough calcium (1200 mg per day/1,500 mg at menopause and beyond—500 mg at a time is best) and vitamin D (400 IU per day/400–800 IU per day at menopause and beyond).
- Engage in regular physical activity combining strength-training exercises (good for the upper body) with weight-bearing exercise such as walking.
- Don't smoke.

DOMESTIC VIOLENCE

Domestic violence is the leading cause of injury to women ages 15-44 in the US—more than car accidents, muggings and rapes combined. A woman is beaten every 15 seconds.

What you can do for someone who is being battered

- Give her lots of time to talk. Ask direct questions, but be gentle and not quick to offer solutions.
- Be a good listener without judging. Abused women often hear and believe negative messages from their abusers. They fear judgments.
- Firmly insist that she's not responsible for the violence. Only the abuser can stop it.
- Be clear that nothing excuses the violence—not alcohol, drugs, financial pressures, depression, or jealousy. Physical violence is never acceptable.
- If she has children, confirm her concern that the violence is damaging to them. If you can, let her children know you're there for them, too.
- Supply information and phone numbers for local resources—the domestic violence hotline, support groups, counseling, shelter programs and legal advocacy services.

How to help yourself if you are being battered

Create a safety plan to get out of the house and review the plan monthly.

- Think about escape routes: doors, windows, basement exits, elevators, stairwells. Rehearse if possible.
- Choose a place to go: a friend or relative, a hotel, a shelter—anyplace you'll feel safe.
- Pack a survival kit: money, change of clothes, extra keys, birth certificates, passports, medications, legal/financial documents. Conceal the kit or leave it with someone you trust.
- Try to start a savings account in your name only.
- Don't argue in a room with potential weapons: kitchen, garage, or small spaces without an outside door.
- Know the telephone number of the domestic violence hotline.

TOBACCO ADDICTION

Tobacco addiction is the leading health risk for Wisconsin women. In Wisconsin, 37 percent of women in their reproductive years smoke—the highest percentage of any state in the nation. More than 2,500 Wisconsin women die prematurely each year because of diseases caused directly by their tobacco use.

- Lung cancer has surpassed breast cancer as the number-one cancer killer among women. Smoking is the cause of more than 90 percent of lung cancer.
- Smoking is associated with a variety of hazards during reproductive years including: decreased fertility rates, increased risk of negative side effects from oral contraceptive use, ectopic pregnancy, spontaneous abortion, low birthweight babies and sudden infant death syndrome.
- Smoking is a leading cause of cardiovascular disease, including heart attacks and strokes.

Women motivated to quit can succeed

While women have a harder time than men in quitting smoking, studies show that the following five steps, used together, give you the best chance of succeeding in your smoking cessation efforts.

- *Get ready.* Plan ahead to quit smoking on a certain day. When your "Quit Smoking Day" arrives, make sure you have thrown out all ashtrays and cigarettes you have in your home so you will not be tempted.
- *Get support.* Join a support group and actively participate; it often helps when difficult times or emotional conflicts occur.
- *Learn new skills and behaviors.* Many women fear weight gain as a result of quitting smoking. Participating in a vigorous exercise program three times per week may help you quit and reduce subsequent weight gain. Keep raw vegetables (carrot sticks and celery) handy for times you need to have something in your hand/mouth.
- *Get medication and use it correctly.* In addition to your personal commitment to quit, the nicotine patch is one of the most successful aids to promote cessation. Studies demonstrate that a six-week course of the nicotine patch doubles the likelihood that a woman can successfully quit.
- *Be prepared for difficult situations or relapse.* Shortly after quitting, many women experience headaches, irritability, tiredness, constipation or trouble concentrating. If you are not as cheerful or energetic the first several weeks after quitting, do not feel guilty. These symptoms are signs that your body is recovering from smoking. Most symptoms end within 2-4 weeks. Don't take a relapse as a sign you cannot quit—nevertheless get back on the non-smoking track immediately.

MENTAL HEALTH

One in four women is likely to experience severe (clinical) depression.

Helping yourself

- Take on small, step-by-step goals: "I'll make this phone call." "I'll clean the sink." "I'll take a walk." Set some priorities, and do what you can.
- Try to spend time with other people.
- Do things that make you feel better: exercise or go to a movie, a ballgame, religious or social activity.
- Give yourself time to recover. Don't blame yourself.
- Don't accept negative thinking.
- Talk to your doctor about medical help—but remember, even with this help you still need support from family and friends.

CARDIOVASCULAR DISEASE, HEART ATTACK & STROKE

Cardiovascular disease is the number-one cause of death for American women over 35.

To prevent heart attacks and strokes, don't take risks you can avoid. Some risks can't be changed—family health history, race and increasing age. **But there are risks you can eliminate.**

- **Stop smoking completely and reduce exposure to other people's smoke.**
- **Measure your blood pressure at least every 2 years. If you are diagnosed with high blood pressure, follow your doctor's recommended treatment. (High blood pressure increases the risk of stroke.)**
- **Eat lots of fruits, vegetables and low-fat dairy products. Eliminate high fat and cholesterol foods. If your family history puts you at risk, see your doctor for diet advice.**
- **Get moderate exercise 30 minutes almost every day (walking, gardening, dancing, golf); or more vigorous exercise 3 to 4 times each week (brisk walking, jogging, swimming, singles tennis).**

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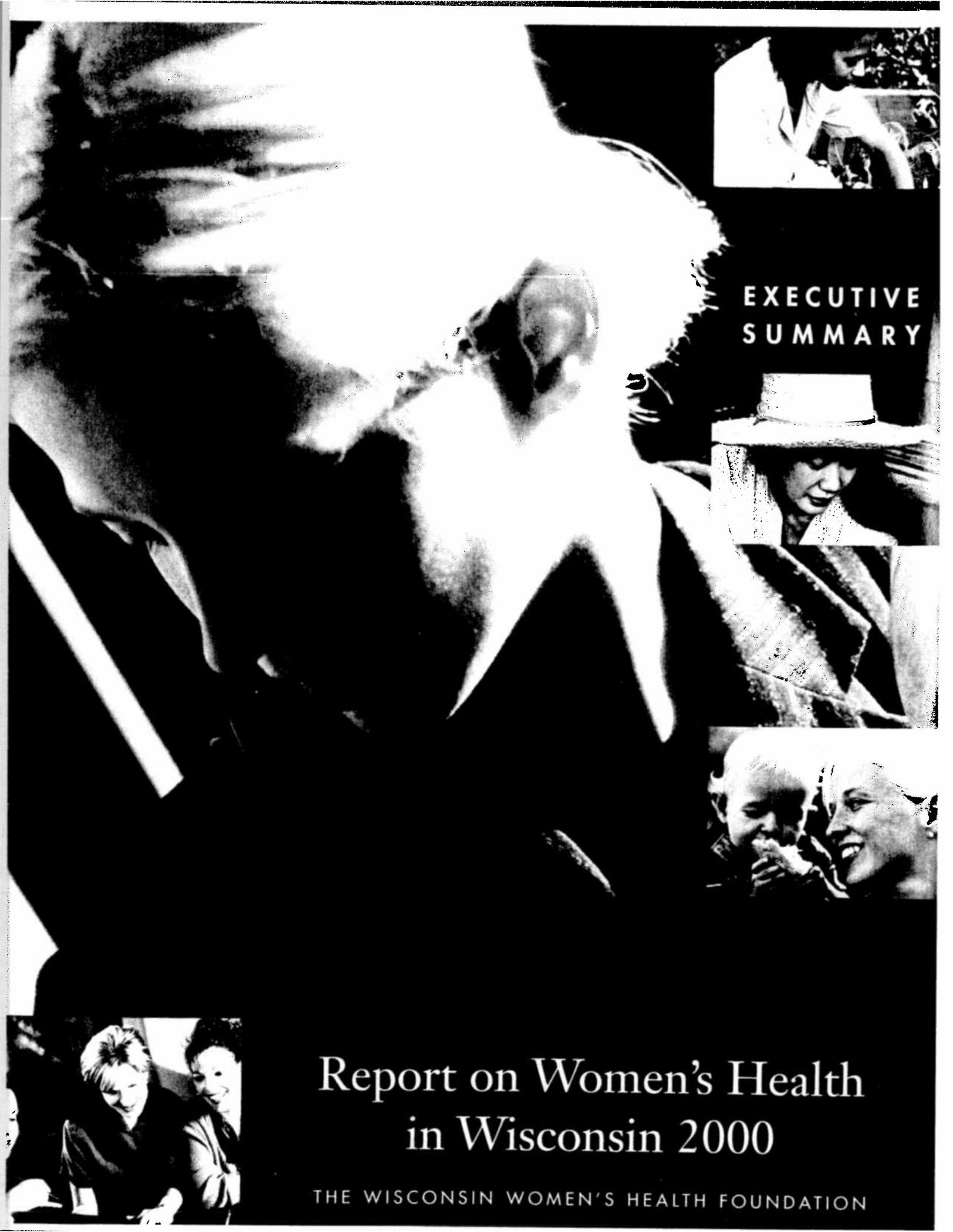
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WISCONSIN
Women's Health
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EXECUTIVE
SUMMARY



Report on Women's Health in Wisconsin 2000



THE WISCONSIN WOMEN'S HEALTH FOUNDATION

A Message to the Women of Wisconsin from Sue Ann Thompson

In August 1998, we formed the Wisconsin Women's Health Foundation to promote and support those programs and services that work to improve the health of women in Wisconsin. As a teacher for many years, I know the value of education. Knowledge is the catalyst for change, self-knowledge the engine that drives self-improvement. That's why the primary focus of the Foundation is the dissemination of health information to women. Research has proven that 85-90 percent of all of the health care dollars are in the hands of women. Therefore, if women have the information they need to keep their families healthy, it will be a healthy society. Given the knowledge and the tools, we can change our health for the better.

On behalf of the Foundation, I am proud to note the accomplishments of our first two years, dedicated to educating and helping Wisconsin women obtain the information, opportunity and support they need to keep themselves healthy.

Throughout the state, the Foundation held Roundtable Discussions, bringing women together to learn about important health issues: osteoporosis, breast cancer, mental health, domestic violence, smoking and cardiovascular disease. Women from all socio-economic strata participated, and all had a common interest: women's health. Through these and future roundtables, we hope to encourage women to become better custodians of their own health and better advocates for the health of their families.

The Foundation also worked in collaboration with local public health agencies and the University of Wisconsin-Madison Center for Tobacco Research and Intervention (CTRI) to distribute educational smoking cessation materials to women. Smoking is a major contributing factor in the rise of cardiovascular disease among women in Wisconsin and the United States. Even though smoking is a prominent cause of many diseases that disproportionately affect women, it is also one of the most preventable. Tobacco use also contributes to cancer, emphysema and other diseases, as well as preventable health problems in the babies and children of women who smoke. We must continue to make our young women aware of this.

Recently, Wisconsin's two major medical institutions, the Medical College of Wisconsin and the University of Wisconsin Medical School, conducted a comprehensive assessment of the health status and health needs of Wisconsin's residents. It is noteworthy that eighty-nine percent of the respondents indicated women's health was a major concern. This confirms that the Foundation is in the right place at the right time.

Today, I am also proud to present to you the latest effort of the Foundation, the "Report on Women's Health in Wisconsin 2000." The Foundation felt it was important to take an assessment of the state of women's health in Wisconsin to form a benchmark, a starting point from which we can build and measure our progress. To help us target our efforts, we asked, "How healthy are Wisconsin women?" The answers are found in this report. To arrive at this assessment, we have utilized both public and commercial data to evaluate a number of factors that contribute to the health of Wisconsin women: demographics, health statistics, social issues and health behaviors—(including prevention and screening activities).

In addition to reporting what we found, the Foundation has compiled "Recommendations for Future Activity." Our goal is to encourage the implementation of those recommendations and to foster continued research into problems specific to Wisconsin women. Using this report as a road map and continuing to work with you, the citizens of Wisconsin, the Foundation will reach out to all our state's women in a continuing effort to improve the overall quality of their lives and the lives of their families.



Photo by John Urban

PURPOSE OF REPORT, METHODOLOGY, RESOURCES USED

The purpose of this report is to inform and educate people on the needs and status of various women's health and social issues within the state of Wisconsin. The Wisconsin Women's Health Foundation identified the need for a single, complete source of information on women's health and social issues. The Report on Women's Health in Wisconsin answers that need. It presents a broad picture of the diverse components that constitute knowledge of one's own health.

This report was constructed by reviewing many sources of information, sources that until this point have not been presented together. The report also reveals the many different ways information is gathered, assembled and reported. The content was reviewed by a panel of experts (see "Acknowledgements"), who brought a broad and focused knowledge of women's health issues to the project. We have made every effort to present data in a meaningful, easy-to-read format.

The report utilizes a number of existing data sources concurrently gathering and assessing important health information. It attempts to summarize those sources and, at the same time, focus on women's health. For this reason, there are a number of inconsistent comparisons. The most apparent are comparisons on race. Some data sources define and categorize races and ethnic groups differently. For example, some sources cite "Asian" as a race; others cite "Laotian/Hmong."

Where possible, comparisons are made to prior years, national statistics or men's health statistics. Again, the diversity of the data sources makes consistent comparisons difficult. For example, prior year comparisons may look at four racial groups, but only two racial groups may be available with recent national numbers. Also, due to rounding, many of the charts do not equal 100 percent.

Sources are cited for each data reference. A source list can be found at the end of the report. We have made every effort to include the most recent data, but there will always be more current data available as new studies are released. Readers should note that much of the information included comes from self-reported sources, that the years of study vary throughout the report, and that rates and percentages are often drawn from a sample rather than the full population. We worked within these limitations due to the different nature of the underlying sources and the various methods used to capture the data.

Data from the Behavioral Risk Factor Survey and the Youth Behavioral Risk Factor Survey are based on a sample population, not a true count. As a result, percentages represent estimates based solely on the sample population. In addition, the surveys are self-reported data. Based on the question and issue, there may be a risk for either under-reporting or over-reporting an issue or condition. These and other data considerations are outlined in the original Behavioral Risk Factor Surveys. Where Behavioral Risk Survey data are presented, the report may provide a sample of the original question. This is important, because the phrasing of the question can affect the interpretation of the results.

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EXECUTIVE SUMMARY

Report on Women's Health in Wisconsin 2000

Background

The Wisconsin Women's Health Foundation, Inc., commissioned a research project to explore the availability of data that measure the status of various women's health and social issues within the state of Wisconsin. Meridian Resources was initially contracted to supervise the data discovery and integration process. Knupp & Watson Inc., was brought in at a later date to summarize the findings and to create the overall report design.

The report utilizes a number of existing data sources that assess important women's health information. When available, comparisons are made to prior years and/or national statistics. However, the primary focus is on baseline measures of women's health in Wisconsin.

To provide oversight and direction, the Wisconsin Women's Health Foundation established a panel of experts to review all aspects of the report development process. This included providing recommendations for future research needs regarding women's health in Wisconsin. Panel

members brought diverse experiences and backgrounds and came together from various parts of the state. For a list of those on the panel, please refer to the Acknowledgments section of the report.

Critical Health Issues

The Wisconsin Women's Health Foundation identified six critical health issues for which data were to be captured: (1) tobacco, (2) breast cancer, (3) domestic violence, (4) cardiovascular disease, (5) osteoporosis, and (6) mental health. Unfortunately, a lack of available data for the study limits the ability to provide extensive baselines in many of these categories.

The lack of available data highlights the need for future research efforts that generate a more detailed picture of the status of women's health in Wisconsin on these identified health issues.

Data Summary Procedure

Efforts were made to include the most recent data available. However, there will always be more current data available as new studies are released. Readers should note that much of the summarized information comes from self-reported sources, that the years of study vary throughout the report, and that rates and percentages are often drawn from a sample rather than the full population. Further limitations include the varied nature of the underlying data sources and the different methods used to capture the data.

Sources are cited for each data reference, and are listed at the end of the report. Some data have been presented in an abbreviated format. Due to rounding, some of the charts may not equal 100 percent. If readers require additional information they should refer to the actual data sources for a more comprehensive understanding of particular findings.

Data from the Behavioral Risk Factor Survey and the Youth Behavioral Risk Factor Survey included in the report are based on a sample population, not a true count. As a result, percentages represent estimates based solely on the sample population. In addition, the surveys are self-reported data. Based on the question and issue, there may be a risk for either under-reporting or over-reporting an issue or condition. These and other data considerations are outlined in the original Behavioral Risk Factor Surveys. Where Behavioral Risk Survey data are presented, the report may provide a sample of the original question, if available. This is important because the phrasing of the question can affect the interpretation of the results.

Data are summarized across each of the critical health issues identified by the Wisconsin Women's Health Foundation. An additional Health Statistics category is also included.



EXECUTIVE SUMMARY

Women's Health Issue 1: Tobacco, Alcohol, and Drug Abuse

Tobacco use and smoking was one of the key health issues identified by the Wisconsin Women's Health Foundation. Two related health data categories have been added for this report – alcohol abuse and drug abuse.

Smoking

For Wisconsin women age 18 and older, the highest incidence of smoking is in the 18-44 age bracket (28%), followed by 45-64 (22%).⁵ Women 65+ are least likely to smoke (10%).⁵ Adult women smoke considerably less than their male counterparts for both the 18-44 age (28% vs. 33%) and 45-64 (22% to 28%) age brackets.⁵

Approximately 32% of high school teen girls in Wisconsin smoke.¹¹ This is slightly lower than the national average of 35%.¹¹ Unfortunately, the percent of teen girl students who smoke has not decreased over the years and is higher than the smoking rates for adult women.¹² (However, the surveys asked different questions and reflect different definitions of "smoking".)

Approximately 18% of Wisconsin women smoke during their pregnancy (1998 data), which is down from 22% in 1992.¹³ Native American women have the highest rate of smoking during pregnancy (41%); followed by African American (22%), Caucasian (18%), Hispanic (9%), and Laotian/ Hmong (1%) women.¹³ Wisconsin women smoke more than their national counterparts in every ethnic/racial group except Laotian/Hmong.¹⁴

More women in Wisconsin smoke during their pregnancy than on a national level, in every age group.¹⁴ Rates are highest for Wisconsin women aged 15-24.¹³ Smoking during pregnancy is a concern for our state.

Alcohol Abuse

Women are less likely to participate in binge drinking than men (a person is considered a binge drinker if he/she reports having five or more alcoholic drinks on a single occasion at least once in the month). This holds true across all age groups. Approximately 23% of

Wisconsin women between the ages of 18 and 24 report binge drinking (compared to 54% for men).¹⁵ Binge drinking prevalence drops to about 10% for women between the ages of 46 and 65 (23% for men), and <1% of Wisconsin women over age 65 (6% for men). However, both Wisconsin men and women rank 50th in the nation, with the highest rates of binge drinking compared to every other state.¹⁶

Alcohol consumption by teen girls in Wisconsin is slightly less than the national level – 46.3% of teen girls in Wisconsin reported having had one or more drinks on one or more days in the last month, compared to 47.8% in national surveys.¹¹ A total of 22.8% of Wisconsin teen girls grades 9 through 12 reported having had their first drink of alcohol before the age of 13.¹¹ Although, this is less than the national average of 25.7%, underage drinking continues to be a major concern for our state.¹¹

Wisconsin women accounted for 18.2% of arrests for driving under the influence of alcohol in 1997, compared to 81.8% for men.¹⁷

Drug Abuse

With the exception of inhalants, teen girls in Wisconsin use drugs less frequently than the national average. Other than alcohol and tobacco, the most prevalent drug used by Wisconsin teen girls is marijuana – 31.2% of Wisconsin teen girls report they have used it (compared to 42.9% nationally).¹¹ The next drug most often used by Wisconsin teen girls is in the inhalant category (15.5% vs. 14.1% nationally); followed by cocaine (4.6% vs. 7.2% nationally), and sniffed or breathed substances (1.2% vs. 1.5% nationally).¹¹

A total of 25.3% of the sampled teen girls in Wisconsin reported that they have been offered drugs while on school property – this is comparable to the national average of 24.7%.¹¹

EXECUTIVE SUMMARY

Women's Health Issue 2: Breast Cancer

A second key health care issue identified by the Wisconsin Women's Health Foundation is breast cancer. This report takes a broader approach to studying cancer. Specifically, data for several cancer types are presented first, followed by breast cancer, cervical cancer and uterine cancer.

All Cancer

The predominant types of cancer in all Wisconsin women are breast, lung and colon cancers followed by cervical and other cancers of reproductive organs. The leading cancers in men are prostate, lung and colon cancers. The overall cancer rates for men and women of all ages are very similar. In terms of incidence per 100,000 females, the top three forms of cancer per age group are:

Age	Cancer Type (rate per 100,000 females) ¹⁸
0-19:	Leukemia (3.53), Eye/Brain, Central Nervous System (3.26), Lymph Nodes (1.9)
20-34:	Breast (6.8), Melanoma (6.8), Cervix Uteri (5.62)
35-49:	Breast (92.35), Other Genital (16.01), Cervix (15.51)
50-64:	Breast (297.47), Trachea, Bronchus, Lung (95.95), Corpus Uteri (69.36)
65+:	Trachea, Bronchus, Lung (457.21), Breast (433.04), Colon (271.21)

Cancer is the leading cause of death across all races for Wisconsin women 45-64 years old. Cancer is also the leading cause of death for Caucasian, Asian, and Hispanic women age 25-44, and Caucasian and Asian women 65-74.

Breast Cancer

Screening: The preceding data highlight that breast cancer diagnoses increase with age. Data were also amassed regarding mammogram screening. Overall, mammogram screening for Wisconsin women 40 years of age and older is slightly less than the national average across all age categories:

Breast Cancer Screening (Mammograms)

Age	Wisconsin %	U.S. %
40-49	58.8	60.3
50-59	70.7	71.3
60-64	68.7	72.3
65 +	67.6	69.5

Although mammogram examinations across age groups are slightly lower in Wisconsin than nationally, the percent by race is generally higher for Wisconsin women, (excluding Caucasians (62.5% Wis. vs. 65% U.S.)), most notably among Hispanic (83.6% vs. 64% U.S.) and African American (74.4% vs. 67.3% U.S.), women.¹⁰

Breast Cancer By County: In terms of incidence per 100,000 population, the highest rates for breast cancer are in Florence (274), Green Lake (272) and Lincoln (270) counties.¹⁸ The lowest rates are in Pepin (0), Portage (9) and Pierce (11) counties.¹⁸

Cervical Cancer

Screening: Screening for cervical cancer in Wisconsin declines with age and Wisconsin screening rates are similar to national statistics.

Cervical Cancer Screening¹⁰

Age	Wisconsin %	U.S. %
18-39	78.9	79.3
40-49	68.1	67.8
50-59	68	67
60-64	58	60.9
65 +	46.4	49.9

Excluding Caucasian women (66.2% Wis. vs. 67.6% U.S.), cervical cancer screening by race is generally higher for Wisconsin women, including Hispanic (84% Wis vs. 72.8% U.S.) and African American (83% Wis vs. 77.1% U.S.) women.¹⁰

By County: The highest rates for cervical cancer diagnoses per 100,000 population are in Juneau (91), Sheboygan (87) and Price (76) counties.¹⁸

Uterine Cancer

The highest rates for uterine cancer are in Washburn (79), Bayfield (67) and Vernon (65) counties.¹⁸



EXECUTIVE SUMMARY

Women's Health Issue 3: Domestic Violence

Sexual Assault

The highest rates (per 1,000 people) of reported sexual assault for 1997 occurred in Oneida (2.8), Douglas (2.4) and Eau Claire (2.4) counties.²⁴ Although the majority of sexual assaults are against women, the sexual assault data were not separated by gender.

Sexual assaults are not equally distributed between ethnic groups in Wisconsin. African Americans comprise <10% of Wisconsin's population, but account for 23% of sexual assault victims.²⁵

Domestic Abuse (against family/children)

Reported domestic abuse rates are not evenly distributed across the state. The highest reported rates of domestic abuse are in Milwaukee County.²⁵ Other counties with relatively high rates are Adams, Dane, Juneau, Monroe, Rusk, Sawyer and Walworth.²⁵

Homicide

Homicide is the:

- Leading cause of death for African American girls and women age 15-44.²⁸
- Second most frequent cause of death for African American girls under the age of 14.²⁸
- Fourth most common cause of death among Hispanic and Native American girls under the age of 14.²⁸



Women's Health Issue 4: Cardiovascular

Heart disease is the most common cause of death in Wisconsin for women of all races over 75 years old.²⁸ Heart disease is also the most common cause of death for African American, Hispanic and Native American women between the age of 65-74.²⁸

Wisconsin's heart disease death rate for women from 1991-1995 is lower than the national average in every ethnic/racial group except Native American women.²⁶ Wisconsin's heart disease death rates for women were lower than the national average in every age group from 25-85+.²⁹ Geographically, the highest death rates due to heart disease are clustered in the northern counties of Wisconsin.²⁷



EXECUTIVE SUMMARY

Women's Health Issue 5: Osteoporosis/Osteoarthritis

Consistent with national statistics, arthritis is much more common than osteoporosis for women 65 years of age or older. For women 65-74, 49% have been diagnosed with arthritis and 11% with osteoporosis.³⁰ For women 75 years or older, 58% have been diagnosed with arthritis and 19% were diagnosed with osteoporosis.³⁰

Nationally, 18 million women were diagnosed with low bone mass in 1997, putting them at risk for osteoporosis.³¹



Women's Health Issue 6: Mental Health

Psychotherapy is the third ranked outpatient procedure for women in Wisconsin (2.6% of total expenditures).³²

Affective psychoses was one of the top four ranked *inpatient diagnoses* for females 1-64 years old.³³

Psychotherapy or evaluation was a top five ranked *inpatient procedure* for females 1-44 years old.³⁴

EXECUTIVE SUMMARY

Additional Health Statistics

Sexual Activity

Approximately 40% of teen girls (in grades 9 through 12) in Wisconsin have engaged in sexual intercourse.¹¹ This is less than the national average of 48%.¹¹ Approximately 22% of teen girls in Wisconsin reported having more than one sexual partner.¹¹ Again, this is below the national average.

Maternal & Child Health

An examination of birth rates for 1998, stratified by race, showed Hispanic women as having the highest birth rate (55.7 per 1,000) in Wisconsin, followed by African American (44.4 per 1,000), Native American (38.4 per 1,000), Asian (26.1 per 1,000) and Caucasian (22.9 per 1,000) women.¹³ Of the total births in Wisconsin, the percent of African American and Hispanic births are increasing, while the percent of Caucasian births is decreasing.¹³

Racial disparities exist in prenatal care. In 1998, during their first trimester of pregnancy, 88% of Caucasian women accessed prenatal care, while only 48% of Hmong/Laotian women accessed prenatal care.¹⁴ Although access to prenatal care has been increasing in recent years in all ethnic/racial groups, emphasis must be placed upon more ethnic minority women receiving prenatal care early in their pregnancies.

Most ethnic/racial groups showed little change or a decrease in teen birth rates since 1988.¹³ Despite the small population of Hmong/Laotian teens in Wisconsin (1.5% of total), these girls account for 23% of all teen births in the state.¹³ African American teens showed the largest decline in teen birth rates between 1988 and 1998.¹³ When stratifying teen birth rates by age, 18 and 19 year old girls account for 65% of teen births.¹³

African American mothers have the highest rate of low birth weight infants (<2,500 grams), more than double the rate of any other ethnic group.¹³ As an additional note, almost 11% of mothers under the age of 18 have low or very low birth weight infants (<1,500 grams).²⁰ This compares to an overall percent of 6.4% low birth weight infants from all Wisconsin mothers.²⁰



Geriatric Health

Life expectancy for Wisconsin women stratified by race/ethnicity shows African American women having the lowest average life expectancy at birth (75.3 years) and at age 65 (83.5 years).³⁶ The U.S. average for all women is 78.1 years at birth and 84.8 years at age 65.³⁶

Women in Wisconsin show fewer mobility and self-care limitation than the U.S. average for women 75 years old (10.2% versus 13.8% respectively).¹⁵ Although the number of Wisconsin women being admitted to a nursing home has decreased between 1985 and 1997, most residents of skilled-nursing homes over age 65 are women.¹⁷

Access to Health Care Resources

The majority of Wisconsin counties have a rate of 50 to 92 primary care providers to every 100,000 residents.³⁸ Primary care providers include family and general practitioners, internists, OB/GYNs, pediatricians, nurse practitioners and physician assistants. Rural areas tend to have fewer primary care providers per 100,000 residents as compared to larger metropolitan areas.³⁸ Some type of health insurance covers most Wisconsin women. Among women 45 to 64 years old, 6% were uninsured and 7% of 18 to 44 year old women were uninsured.³⁹

RECOMMENDATIONS FOR FUTURE ACTIVITY

The Report on Women's Health in Wisconsin includes a large amount of data, yet it leaves us with questions unanswered. Those questions provide avenues for additional analysis, more in-depth research and give direction to outreach efforts. Numerous initiatives are possible and worthy of further discussion. Not all can be accomplished in the immediate future and priorities must be set based on available resources, the degree of perceived need and the potential for success. As a next step, the Wisconsin Women's Health Foundation recommends consideration of the following actions.

Program Development

Smoking, Alcohol, and Other Drug Abuse

- Combat alcohol and drug abuse through the development of strategic partnerships between public and non-profit organizations (e.g., University of Wisconsin campuses, public health agencies, community organizations) and private industry.
- Develop programs to reduce and/or eliminate non-smokers' exposure to environmental tobacco smoke.
- Develop programs that target pregnant smokers, and include educational messages that identify cessation measures.

Cancer

- Develop educational programs regarding breast cancer, specifically focusing on the African American population.
- Assure that these programs are culturally sensitive and address the populations at greatest risk.
- Develop programs that will focus interventions on specific risk factors such as age, reproductive history, weight control and family history.
- Develop educational programs that promote screening for cervical cancer.
- Establish and maintain strong breast cancer support groups, as well as projects that highlight the successes in breast cancer screening, treatment and survival.

Domestic Violence

- Develop curricula to teach medical and nursing school students, other health professionals and community service professionals about sexual assault and its relationship to other health issues, such as depression, drug and alcohol dependency, insomnia, eating disorders and an impaired ability to access care for breast and gynecological concerns.

Cardiovascular Disease

- Develop integrative programs that reduce women's CVD risk through health-promoting activities and lifestyle changes, (exercise, improving diet, reducing stress) i.e. MOOVE Wisconsin.

Osteoporosis

- Combat the incidence of osteoporosis by promoting educational programs that emphasize the importance of nutrition and exercise during adolescence and young adulthood.
- Promote exercise, avoiding smoking, reducing of alcohol intake and improving nutrition, particularly including calcium and Vitamin D.

Mental Health

- Increase the awareness of the impact of stress, its prevention and treatment and the need for enhanced coping skills.
- Develop educational programs that will recognize mental disorders as legitimate. Mental disorders are highly responsive to appropriate treatment, which promises to be a potent antidote to eliminating stigma.

Other

- Encourage the distribution of scholarships and grants to women who may reach leadership positions where they can introduce health policies to eliminate cultural, ethnic, racial and gender prejudice and contribute to scientific study to benefit the health of women.

RECOMMENDATIONS FOR FUTURE ACTIVITY - *continued*

Education and Outreach

Smoking, Alcohol, and Other Drug Abuse

- Healthcare professionals should assess and document smoking status as a part of the vital signs for every patient during every clinical visit. Physicians should learn and use a brief intervention message to help patients quit smoking.
- In addition to physician counseling, a more intensive intervention would include individual, group, or telephone counseling that provide social support and training in problem-solving skills.
- Recognize cigarette smoking as a chronic disease and provide appropriate long-term assistance to patients who smoke.
- Promote smoking cessation and prevent initiation of tobacco use among young people through a multi-faceted program. Necessary elements include media (counter-marketing activities), school-based and community-based activities focused on preventing smoking during adolescence.
- Develop physician education messages that emphasize the dangers of binge drinking to all patients.

Cancer

- Encourage women and their health care providers to ensure that all women over age 40 have a mammogram at least once every 2 years and perform monthly self-breast exams. Mammograms are a significantly underutilized life-saving screening tool. Populations that under-utilize mammography tend to be minorities, lower-income older and rural women. However in Wisconsin, minority populations utilize mammography screening more than their national counterparts.
- Combat the higher breast cancer mortality rate in African American women with more aggressive treatments, earlier diagnoses, better availability of existing services, as well as an increase in resources to cope with illness (including follow up).
- Develop programs that raise awareness of the importance of cervical cancer screenings for all women over 18.

Domestic Violence

- To better meet the medical needs of women who are victims of violence, healthcare professionals should receive comprehensive training on the physical consequences of violence against women and appropriate treatment and intervention strategies.
- Promote the development of Sexual Assault Nurse Examiner Programs in all Wisconsin hospitals and health care systems to ensure competent and comprehensive services to victims.
- Encourage education of law enforcement officials on domestic violence and how to effectively respond to victims.

Cardiovascular Disease

- Physicians should attempt to help all patients quit smoking and emphasize that smoking is the most preventable cause of CVD.
- Promote changes in health behaviors that contribute to CVD risk and raise awareness of hereditary risk factors.
- Annual screenings for blood pressure and cholesterol levels should be encouraged for all adult patients, especially those with a family history of heart disease.



RECOMMENDATIONS FOR FUTURE ACTIVITY - *continued*

Osteoporosis

- Provide a broad approach to bone health and osteoporosis to determine controllable and non-controllable risk factors in pre-menopausal women. Recommend lifestyle changes to promote bone health and encourage all post-menopausal women to have an assessment of bone mineral density.
- Wisconsin women are aging and they need to be educated in the benefits and risks associated with post-menopausal hormone replacement therapy, as well as advocate for insurance coverage for physician counseling on this complicated issue.

Mental Health

- Work to lift the shroud of secrecy and the stigma of seeking care for mental health concerns.
- Encourage women to take advantage of mental health resources available to them in their communities, but which they may not be aware of.
- In addition to promoting mental wellness, we need to address the challenge of enhancing women's health and well being through physical activity, healthy diets, and other health-promoting measures.
- Support activities that require insurance coverage for mental health disorders at the same level as physical disorders.

Other

- Raise awareness of the ethnic disparities in access to prenatal care and subsequent birth outcomes.
- Support women in rural areas of the state through targeted educational and outreach programs.

Data Collection and Evaluation

Smoking, Alcohol, and Other Drug Abuse

Develop comprehensive surveillance programs to determine accurate rates of smoking among women and teenage girls. Evaluate current smoking cessation programs and expand upon effective interventions.

Breast Cancer

Gather additional information on mammography screening to ensure that early breast cancer detection efforts are optimal. Use the Governor's Women's Health Campaign to evaluate appropriate screenings according to age guidelines. If data is unavailable by age and race, conduct or support a survey to collect the data.

Domestic Violence

Improve systems to collect data on sexual assault. Currently, statistics are collected by such entities as elder abuse agencies, mental health agencies, domestic violence agencies, sexual assault service provider programs and hospital emergency rooms. When combined into one resource, the data will be more useful and will present a more accurate picture of the prevalence of sexual assault in Wisconsin.

Probe more deeply into the relationship of geographic disparities and the incidence of domestic violence. Research aimed at understanding and preventing partner violence against women should be stressed because women are more likely to be injured by intimate partners.

Research is needed to determine how much of the racial differences in domestic violence rates can be explained by the respondents' willingness to report information to interviewers and how much by social, demographic, and environmental factors.

RECOMMENDATIONS FOR FUTURE ACTIVITY - *continued*

Cardiovascular Disease

Collect comprehensive data on women's cardiovascular disease, diagnoses and appropriate intervention strategies. Emphasize the need for research on gender differences in cardiovascular disease and collect data on the warning signs specific to women.

Osteoporosis

Collect accurate data on osteoporosis diagnosis and risk factors that include age, ethnicity and health status. Evaluate the effectiveness of interventions among Wisconsin women and report the findings.

Mental Health

Determine reasons for the high incidence of depression and suicide among women within certain racial and age groups.

Stakeholders in the mental health community could develop a data collection system that accurately reflects the incidence and prevalence of mental health conditions among Wisconsin women and use the data to develop avenues that ensure effective outreach and prevention programs and access to treatment.

Determine why data on mental health, one of the top five reasons for an inpatient admission for women, is not more prevalent from other sources and outreach activities.

Examine state contributions to counties to ensure that they are sufficient and allow counties to meet their statutory obligation to provide mental health services to citizens in need.

Other

Support the investigation of health disparities associated with the rates of low birth weight babies. Assist in the evaluation of current intervention strategies among African American women and birth outcomes.

There is a need for comprehensive and measurable programs that encourage exercise, healthy diet, reducing overweight, and binge drinking.

Study female enrollment in clinical trials to assure trials carried out in Wisconsin include adequate numbers of female patients.

Research should focus on women's health status and include racial, ethnic and socioeconomic disparities in health conditions.

By collaboration and coordination, Wisconsin programs can have an impact on the status of women's health. All parties need to look towards other programs for linkages and common strategies so resources are used wisely.

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