



# Healthy Woman

News from the Office of Women's Health

Summer 2010

ILLINOIS DEPARTMENT OF PUBLIC HEALTH • PAT QUINN, GOVERNOR • DAMON T. ARNOLD, M.D., M.P.H., DIRECTOR

## WOMEN'S HEALTH CONFERENCE ON THE MOVE

The 2010 annual Women's Health Conference has a new look, a new location and a new month.

The 12<sup>th</sup> annual conference will be held Dec. 7-8, 2010, at the Springfield Hilton Hotel in Springfield. This program is designed for those interested in women's issues and health professionals who are interested in educating themselves about diseases and the effects on women's health, including public health personnel and staff, college and university students, and public and private sector health professionals.

One of the highlights of this year's conference will be a session with syndicated advice columnist Amy Dickinson who pens "Ask Amy," which appears in more than 200 newspapers, including the *Los Angeles Times*, *Chicago Tribune*, *Newsday* and the *Washington Post*.

In 2003, Dickinson was chosen to step into the void created by the death of legendary advice columnist Ann Landers. Under her stewardship, the column has come of age, tackling issues from online gambling and porn addictions to custody disputes over the family pet.

Dickinson is a regular panelist on the popular radio current events quiz show, "Wait, Wait, Don't Tell Me," heard on 400 National Public Radio (NPR) stations. Dickinson is also an occasional guest on such programs as "The Today Show," "The Rachel Ray Show," NPR's "Talk of the Nation" and CNN's "American Morning." Her New York Times best-selling memoir, "The Mighty Queens of Freeville: A Mother, A Daughter and the People Who Raised Them," was released in February 2009.

Another exciting session will be "Women, Mindfulness and Eating," with Dr. Judith Wright, a lifestyles expert, inspirational speaker and best-selling author. Called one of "America's Ultimate Experts" by *Women's World* magazine, Dr. Wright demystifies what it takes to lead a great life in all areas — high work productivity and success, meaningful relationships, a thriving family life, career fulfillment, and more. She teaches proven, time-tested perspectives on how to have it

## WISEWOMAN SURPASSES CASELOAD

The Illinois WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program provided cardiovascular screenings to more than 2,000 Illinois women last fiscal year. These life-saving screenings inform women of their cholesterol, glucose, and triglyceride levels as well as their height, weight, BMI and blood pressure readings.

The Illinois WISEWOMAN Program (IWP) lead agencies of Champaign, DuPage, Fulton, Madison, St. Clair and Stephenson county health departments, and Mercy Hospital and Medical Center in Chicago exceeded their caseload of 1,800 between July 1, 2009, to June 30, 2010.

The success of the Illinois WISEWOMAN Program (IWP) is directly tied to the dedicated nurses and staff who administer this program and facilitate the educational life style intervention (LSI) classes in their communities. These Level 3 LSI classes are being offered this fiscal year in pre-scheduled quarterly sessions to better accommodate the busy lives of the participants. This will enable women to sign up for classes well in advance and arrange their personal and work schedules before the four weekly sessions begin. The four sessions teach women how to eat healthy, increase physical activity, problem solve, set goals, and about the importance of a support system.

The WISEWOMAN Program is funded by the U.S. Centers for Disease Control and Prevention (CDC). The IWP is a cardiovascular disease risk factor screening program for eligible women aged 40-64 years old, living at or below 250 percent of the federal poverty level, who participate in the Illinois Breast and Cervical Cancer Program, and currently live in one of the 13 counties served by IWP.

Eligible women interested in these free, fun nutrition and physical activity sessions can call the toll-free Women's Health-Line at 888-522-1282 to find out where and when these classes are held.

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# OVARIAN CANCER: AN OVERVIEW

The ovaries are the part of the female reproductive system that produce eggs every month during a woman's reproductive years. They are located on either side of the lower abdomen. Ovarian cancer occurs when cells in the ovary grow and divide uncontrollably. The cells may form a tumor on the ovary, or they also can break off from the main tumor and spread to other parts of the body.

Although ovarian cancer can spread throughout the entire body, in most cases it stays

in the abdomen and affects organs such as the intestines, liver and stomach.

There are several types of ovarian cancer. However, most ovarian cancers are either ovarian epithelial carcinomas (cancer that begins in the cells on the surface of the ovary) or malignant germ cell tumors (cancer that begins in egg cells).

## SIGNS AND SYMPTOMS

According to the U.S. Centers for Disease Control and Pre-

vention, a woman's risk of getting ovarian cancer during her lifetime is about one in 72. The risk of getting this cancer and dying from it is one in 95. Ovarian cancer is the eighth most common cancer in women, excluding skin cancer. It is the fifth leading cause of cancer death in women. Most cases occur in women older than the age of 50, but this disease also can affect younger women.

Early ovarian cancer may not cause obvious symptoms. But,

as the cancer grows, symptoms may include:

- Pressure or pain in the abdomen, pelvis, back, or legs
- A swollen or bloated abdomen
- Nausea, indigestion, gas, constipation, or diarrhea
- Feeling very tired all the time

The initial symptoms are similar to gastrointestinal illness and indigestion, making the disease hard to diagnose. Less common symptoms include:

- Shortness of breath
- Feeling the need to urinate often
- Unusual vaginal bleeding (heavy periods, or bleeding after menopause)

Most often these symptoms are not due to cancer, but only a doctor can tell for sure. Any woman with these symptoms should tell her doctor.

## RISK FACTORS

The exact causes of ovarian cancer are not known. However, studies show that the following risk factors may increase the chance of developing this disease:

- Family history — first-degree relatives (mother, daughter, sister), especially if two or more have had the disease. A family history of breast or colon cancer also is associated with an increased risk of developing ovarian cancer.
- Age — most ovarian cancers occur in women 50 years of age or older, with the highest risk in women older than 60.
- Non-childbearing — women who have never had children.

Ovarian cancer causes more deaths than any other cancer of the female reproductive system. The sooner ovarian cancer is found and treated, the better a woman's chance for recovery. In fact, if diagnosed and treated early, the five-year survival rate is more than 90 percent.

But ovarian cancer is hard to detect early. When in its early stages, the symptoms are often subtle and easily confused with other diseases. Many times, women with ovarian cancer have no symptoms or only mild or vague symptoms until the disease is in an advanced stage and the prognosis is poor. Because these symptoms are few and often mimic those of many other illnesses, ovarian cancer is often referred to as the "silent killer."

I urge women to see their gynecologist if they experience any of the following symptoms daily for more than two weeks: bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly and urinary urgency or frequency may be associated with ovarian cancer.

Scientists are studying ways to detect ovarian cancer before symptoms develop. In the meantime, women need to become educated about the disease so they can recognize potential symptoms in order that cancer can be found, and treated, early. While it's true that most women who experience these symptoms will not have ovarian cancer, some will have it. Until there is an accurate screening test, recognizing the early symptoms of ovarian cancer is key.

September is Ovarian Cancer Awareness Month. Each year in September, awareness is raised about this silent killer. By learning more about risk factors and maintaining regular visits with their health care provider, women have their best chance of early detection of ovarian cancer. Please take the time to learn about ovarian cancer.

Sincerely,



Shannon R. Lightner  
Deputy Director, Office of Women's Health

## Healthy Woman

In fact, the more children a woman has had, the less likely she is to develop ovarian cancer.

- **Personal history** — women who have had breast, uterine, or colon cancer may be at greater risk. Women who have endometriosis (a condition where tissue from the lining of the uterus grows elsewhere in the body) also are at increased risk.
- **Obesity** — women who are obese have a higher rate of death from ovarian cancer.
- **Ancestry** — women who are from an Eastern European (Ashkenazi) Jewish background have an increased risk.
- **Fertility drugs** — drugs that cause women to ovulate may slightly increase a woman's risk.
- **Talc** — some studies suggest that women who have used talc in the genital area for many years may be at increased risk of developing ovarian cancer.
- **Hormone replacement therapy (HRT)** — some evidence suggests that women who use HRT after menopause may have a slightly increased risk of developing this disease.

### PREVENTION

There is no known way to prevent ovarian cancer. But these things may lower your chance of getting ovarian cancer —

- Having used birth control pills for more than five years
- Having had a tubal ligation (getting your tubes tied), both ovaries removed, or a hysterectomy (an operation in which the uterus, and sometimes the cervix, is removed)
- Having given birth

### SCREENING

Currently, there is no widely accepted and effective screening test for ovarian cancer. The Pap test does not screen for ovarian cancer; it only screens for cervical cancer.

High-risk women may be candidates for screening using transvaginal ultrasound and CA-125 blood tests on an annual or biannual schedule, though the benefits of such screening is unproven. For most women, ultrasound and CA-125 screening is not presently advised due to problems with false positive results leading to unnecessary surgery.

CA-125 is a serum marker approved for detecting recurrent ovarian cancer in women with a personal history of ovarian cancer. Several large trials have investigated the use of CA-125 (alone or in combination with transvaginal ultrasound [TVU]) as a screening test for ovarian cancer. However, this test generally has been associated with a low positive predictive value, and trials have concluded that screening asymptomatic women in the average-risk population with CA-125 is not beneficial. Still, widespread discussion continues, and ovarian cancer screening tests that include CA-125 are being marketed.

### DIAGNOSIS

Because many women with ovarian cancer have no symptoms or just mild symptoms until the disease is in an advanced stage, ovarian cancer is difficult to diagnose and is often diagnosed after the disease is advanced. Some diagnostic exams and tests that may be useful are:

- **Pelvic exam** — includes feeling the uterus, vagina, ovaries, fallopian tubes, bladder and rectum to find any abnormality in their shape or size.
- **Ultrasound** — uses high-frequency sound waves. These waves are aimed at the ovaries and produce a pattern of echoes to create a picture (sonogram). Healthy tissues, fluid-filled cysts and tumors look different on this picture.
- **CA-125 assay** — a blood test used to measure the level of CA-125, a tumor marker that is often found in higher-than-normal amounts in the blood of women with ovarian cancer as well as other cancers.
- **Lower Gastrointestinal series or barium enema** — a series of X-rays of the colon and rectum. The pictures are taken after the patient is given an enema with a white, chalky solution containing barium. The barium outlines the colon and rectum making tumors or other abnormal areas easier to see.
- **Computerized Axial Tomography (CAT) scan** — a series of detailed pictures of the organs inside the body created by a computer linked to an X-ray machine.
- **Biopsy** — the removal of tissue for examination under a microscope. A definitive diagnosis of ovarian cancer requires surgery. The initial surgery

has two purposes. First, to remove any cancer that exists (or as much as possible), including removing the ovaries and the uterus; and second, to sample tissues and surrounding lymph nodes to determine where the tumor has spread and the stage of the disease. The best prognosis for survival occur when all the cancer can be removed.

### TREATMENT

After diagnosis, a doctor will suggest one or more options for treatment. The type of treatment depends on the type of cancer and the stage of the disease. The stage is based on whether the tumor has invaded nearby tissues, whether the cancer has spread, and if so, to what parts of the body. If surgery has not been performed yet, the exact stage may not be known. The main treatments for ovarian cancer are surgery, chemotherapy and radiation or a combination of the three. People with ovarian cancer may want to take part in a clinical trial, which studies new potential treatment options.

### STATISTICS

- In 2010, it is estimated that there will be 21,880 new cases of ovarian cancer and 13,850 deaths in the United States. In Illinois this year, it is estimated that there will be 990 cases of ovarian cancer and 660 deaths.
- In Illinois in 2006, the most recent year that data is available, there were 932 cases of ovarian cancer and 630 deaths.
- From 2003-2007, the median age at diagnosis for cancer of the ovary in the United States was 63 years of age.
- Due to ovarian cancer's non-specific symptoms and lack of early detection tests, only 19 percent of all cases in the United States are found at this early state.

### THE FUTURE

- **Finding ovarian cancer early** -- Better methods for finding ovarian cancer early could have a great impact on the cure rate. A national "bank" for blood and tissue samples from women with ovarian cancer is being set up. This will allow researchers to look for patterns of blood proteins in women with ovarian cancer, which may help them find new ways to screen for ovarian cancer.

*(continued on Page 5)*

## **SPRINGFIELD BODYWORKS PROGRAM A SUCCESS**

A group of Springfield-area parents and caregivers spent the spring learning how to improve the health of their daughters and other adolescent girls.

Approximately 15 people attended all 10 weeks of BodyWorks, an obesity prevention program developed by the U.S. Department of Health and Human Services' Office of Women's Health to assist parents and caregivers of adolescent girls in improving family eating and exercise habits.

The Illinois Department of Public Health's Office of Women's Health (OWH) conducted the program at Calvary Baptist Church in Springfield. The participants – comprised of mothers, grandmothers, fathers, and grandfathers – were given materials focused on a different topic each week. Two well-liked components were fast food nutrition and the nutrition label.

The participants also were given a BodyWorks toolkit with materials to use at home. The toolkit included a recipe book, weekly family meal planner, family food and fitness journal, "Let's Shop, Cook & Eat Together" DVD, a tear-off pad of shopping lists, and a few books written for adolescent girls.

Participants and their children participated in a healthy potluck in June to commemorate the completion of the program.

While the program has officially ended, some of the participants have already taken steps to practice what they've learned by starting a community garden. These women, along with a few members of Calvary Baptist Church, prepared land and planted fruits and vegetables. They plan to harvest their crops and share with anyone in need of fresh food. They will hold summer sessions for youth to come learn about healthy foods and to work in the garden. The women also plan to erect a sign at the garden acknowledging the OWH for providing BodyWorks, which they credit with giving them the drive to plant the garden.



Participants of the BodyWorks program at Calvary Baptist Church in Springfield celebrate the completion of the 10-week program with a potluck.

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*Ovarian Cancer, continued from Page 3*

Two large studies of screening tests were done in the United States and the United Kingdom. Both studies looked at using the CA-125 blood test along with ovarian ultrasound to find ovarian cancer. These studies have found early cancers in some women. But it is not known whether the outcomes of these women have been improved compared with women who have not had the screening.

• **Treatment** – Research into treatment includes testing methods now in use, as well as finding new treatments. New chemo combinations that may help treat cancers that resist current treatments are always being studied.

For cancer to grow, new blood vessels must grow to "feed" the tumor. This process is called *angiogenesis*. New drugs are being developed that may prevent these blood vessels from forming. One drug (called Avastin®), which is given along with chemo, has shown good results in terms of shrinking (or stopping the growth of) tumors. But there have been problems with patients developing holes in the bowel wall during treatment. This can be fatal. Experts are still looking at the safest way to give this drug with other chemo.

Other treatments are being studied. These include ways to slow down the growth of the cancer cells. Another approach is to make tumor vaccines that program the immune system to better spot cancer cells. Also, antibodies that find and attack ovarian are being developed. Perhaps some or all of these approaches, along with chemo, will lead to cures for this disease.

Treatments that are given after first line therapy to prevent the cancer from coming back (this is called consolidation therapy) are being studied in clinical trials. Some of these trials are using monoclonal antibodies. Monoclonal antibodies are like the antibodies our bodies make to fight infection, but these are made in the lab and are aimed at the cancer cells.

### SOURCES

Illinois Department of Public Health  
800-782-7860  
[www.idph.state.il.us](http://www.idph.state.il.us)

American Cancer Society  
800-ACS-2345  
<http://www.cancer.org>

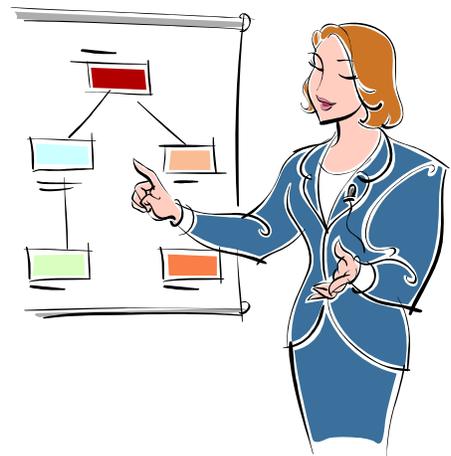
National Institutes of Health, National Cancer Institute  
800-422-6237  
[www.cancer.gov/cancertopics/types/ovarian](http://www.cancer.gov/cancertopics/types/ovarian)

The National Women's Health Information Center, Office on Women's Health, U.S. Department of Health and Human Services  
<http://www.4woman.gov/faq/ovarian.htm>

U.S. Centers for Disease Control and Prevention  
800-CDC-INFO (800-232-4636)  
[www.cdc.gov/cancer/ovarian/](http://www.cdc.gov/cancer/ovarian/)

**Need a speaker to talk about women's health issues? The Office of Women's Health is creating a speakers' bureau. OWH staff may be available to speak at your organization or engagement at no charge to you, on a number of different women's health topics, including :**

- ◆ **Women and Heart Disease**
- ◆ **Osteoporosis**
- ◆ **Understanding Menopause**
- ◆ **Girls' Health**
- ◆ **Breast Cancer**



**To request a speaker, contact the Women's Health-Line at 888-522-1282.**

## SEPTEMBER IS NATIONAL CHOLESTEROL AWARENESS MONTH

September is National Cholesterol Awareness Month, and a good time to have your cholesterol checked.

When cholesterol is combined with fats and proteins for use by your body, it forms particles called lipoproteins. A cholesterol screening measures your level of high-density lipoproteins (HDL) and low-density lipoproteins (LDL).

LDLs, known as the “bad” cholesterol, are associated with the buildup of excess cholesterol on the walls of the arteries. This buildup (plaque) forms on the inner walls of the arteries, reducing blood flow to the heart and brain. HDLs, or “good” cholesterol, remove excess cholesterol from the bloodstream and carry it to the liver for excretion. HDL prevents the accumulation of cholesterol and other fats along the artery walls. A healthy level of HDL also may protect against heart attack and stroke, while low levels of HDL (less than 50 mg/dL for women) have been shown to increase the risk of heart disease.

Cholesterol comes from two sources: your body and food. Your liver and other cells in your body make about 75 percent of blood cholesterol. The other 25 percent comes from the foods you eat. Cholesterol is only found in animal products. Fruits and vegetables do not contain cholesterol.

Cholesterol is necessary to keep the body functioning normally. The liver manufactures enough cholesterol for normal cell processes such as building cell walls and producing hormones.

Having high blood cholesterol puts you at risk for heart disease, the leading cause of death in the United States. About one of every six adult Americans has high blood cholesterol. Your cholesterol level can be affected by your age, gender, family health history and diet.

A number of medical studies have found that a high level of cholesterol is a major factor in developing atherosclerosis, the narrowing of arteries through a buildup of fatty plaque. The typical American diet tends to be high in cholesterol and dietary fat.

People who consume large amounts of cholesterol and saturated fats tend to have higher levels of blood cholesterol, as well as a higher incidence of atherosclerosis. Cholesterol buildup in the arteries is the most common cause of heart disease and stroke and happens so slowly that you may not even be aware of it.

Anyone can have high blood cholesterol; there are no warning signs. The only way to find out about your cholesterol level is to have your health care professional perform a lipoprotein profile test (after a nine- to 12-hour fast), which measures total blood cholesterol, LDL, HDL and triglycerides. The National Cholesterol Education Program (NCEP) has developed a series of recommendations for the evaluation of total blood cholesterol. Total blood cholesterol should be measured at least once every five years in adults age 20 and older.

The benefits of lowering blood cholesterol are substantial. According to studies by the National Heart, Lung, and Blood Institute, for every 1 percent lowering in total blood cholesterol, Americans can reduce heart attack risk by 2 percent. For most people, the best way to lower cholesterol is to reduce their intake of saturated fats and to increase physical activity.

Accumulation of moderately intense physical activity (30 minutes or more on most, preferably all, days each week) is recommended for adults. For example, 10 minutes of physical activity three times a day or two 15 minute sessions will meet the minimum requirements for physical activity. Activities can include walking, riding a bicycle, gardening or washing the car by hand.

Individuals who are overweight can have high total cholesterol levels and low levels of protective HDL cholesterol; studies show that, as weight rises, HDL levels decline and LDL levels creep gradually upward. Controlling your caloric intake and losing excess weight contributes greatly to reducing blood cholesterol. Reduce your intake of fats, particularly those saturated fats found in animal sources. No more than 30 percent of total daily calories should come from fat. Consume a diet rich in fruits and vegetables (these foods include carrots, citrus fruits and broccoli) and whole grains such as whole wheat bread.

For some people, high cholesterol levels may continue despite other lifestyle changes. For these persons, lipid-lowering drugs may be recommended. Your health care provider can help to determine whether this option is best suited for your needs.

*(See cholesterol guidelines on Page 7)*



Left:  
Syndicated advice columnist Amy Dickinson, who writes "Ask Amy."



Right:  
Dr. Judith Wright, lifestyle expert, inspirational speaker and author.

all through her writing, teaching, coaching and public speaking. Dr. Wright is the author of "The Soft Addiction Solution," and "The One Decision." A media favorite, Dr. Wright has appeared on more than 450 radio stations and 70 television shows, including "20/20," "Oprah," "The Today Show" and "Good Morning America."

Pre-conference workshops will include information on HPV and cervical cancer vaccines, Best Bones Forever and Seven Generations Ahead.

Best Bones Forever is a national bone health campaign aimed at helping girls ages 9- 14 (and their parents) understand that now is the time to build strong bones for life. The campaign, developed by the U.S. Department of Health and Human Services' Office on Women's Health, encourages girls and their BFFs (Best Friends Forever) to eat more foods with calcium and vitamin D and get lots of physical activity, particularly activities that involve running and jumping, like basketball or soccer.

Incorporated in 2001, Seven Generations Ahead's mission is to promote the development of ecologically sustainable and healthy communities. Seven Generations Ahead advocates for local community solutions to global environmental issues, and promotes clean, renewable energy; eco- effective materials and products; intelligent, sustainable building design; local, sustainable food; zero waste; and strategies designed to create ecologically effective communities.

Workshop topics will include cardiovascular disease; obesity; diabetes; HIV/AIDS and sexually transmitted infections; the effects of smoking; mental health; cancers of the head and neck; gynecological cancers; female sexual dysfunction; trauma and women; and social marketing.

Attendees also will learn about the effects of health care reform and have the chance to participate in yoga and Zumba classes.

Following the closing session of the conference, participants of the Illinois WISEWOMAN Program will meet, followed by the Illinois Breast and Cervical Cancer Program.

A special hotel room rate of \$70 is available for conference attendees, exhibitors and sponsors. The conference room block cut-off date is November 22, 2010. Mention that you are with the Illinois Women's Health Conference - Illinois Department of Public Health when making your reservation. Phone: 217-789-1530 or 800-HILTONS E-mail: <http://www.springfieldil.hilton.com>.

## CHOLESTEROL GUIDELINES

Total Blood Cholesterol	
Desirable	200mg/dL or less
Borderline-high	200 to 239mg/dL
High	240mg/dL
HDL (Good) Cholesterol	
Desirable	Above 40mg/dL
LDL (Bad) Cholesterol	
Optimal	Less than 100mg/dL
Near/Above optimal	100-129mg/dL
Borderline-high	130-159mg/dL
High	Over 160mg/dL
Triglycerides	
Normal	Less than 150mg/dL
Borderline-high	150-199mg/dL
High	200-499mg/dL
Very High	500mg/dL and above

Developed by the National Cholesterol Education Program

# OCTOBER IS BREAST CANCER AWARENESS MONTH



In a couple of months, a sure sign of fall will begin to appear. It's not the changing of the leaves or the cooling of the weather, but the emergence of pink!

Pink, especially a pink ribbon, has come to symbolize breast cancer awareness and can be seen worn by both men and women during October, which is Breast Cancer Awareness Month. The month serves as a reminder to educate yourself and the women in your lives about the disease and to get screened because early detection can help save lives.

Breast cancer is the most common type of cancer in women. Most women who develop breast cancer have no special risk factor for the disease. It is critical that women take charge and get screened. When breast cancer is diagnosed early, the five-year survival rate is 98 percent; however, when breast cancer is found late, the five-year survival rate drops to 26 percent.

There are three methods for early detection that all women should practice: monthly breast self-exams, annual clinical breast exams by a health care professional and regular mammograms. Most women should get a mammogram every one to two years after the age of 40 or as recommended by the health care professional. Women with symptoms or breast changes, or family history of breast cancer should talk to their health care professional as they may require mammograms earlier and more often than other women.

Women have different warning signs for breast cancer. Some do not have any signs or symptoms at all. Some may find out they have breast cancer after a routine mammogram.

Some warning signs of breast cancer are —

- new lump in or near the breast or under the arm
- thickening or swelling of part of the breast
- irritation or dimpling of breast skin
- redness or flaky skin in the nipple area or the breast
- pulling in of the nipple or pain in the nipple area
- nipple discharge other than breast milk that occurs without squeezing
- any change in the size or the shape of the breast
- pain in any area of the breast

Keep in mind that some of these warning signs can happen with other conditions that are not cancer. To learn more about breast cancer go to the Illinois Department of Public Health's Web site at [www.idph.state.il.us](http://www.idph.state.il.us).

The Illinois Breast and Cervical Cancer Program (IBCCP) offers free mammograms, breast exams, pelvic exams and Pap tests to eligible women. Women diagnosed with breast cancer also may qualify to receive free treatment. To learn more about the Illinois Breast and Cervical Cancer Program go to [www.cancerscreening.illinois.gov](http://www.cancerscreening.illinois.gov).

Since the inception of IBCCP, the program has provided more than 150,000 screening mammograms to women and more than 130,000 women have received services through IBCCP. During fiscal year 2010, IBCCP provided more than 18,000 screening mammograms to women in Illinois.



### QUITTING TOBACCO - HOW IT WORKS

- **Getting Started** - Participating groups and individuals receive instructional materials about our service.
- **Convenient access** - Callers are greeted by a live medical professional through our toll-free services, Monday-Friday 7 a.m.-9 p.m. Voice messages can be left at any time after hours and will be returned the next business day. Information can be accessed via the Internet at any time.
- **Assessing needs** - Professional counselors ask the callers about readiness to quit, history of tobacco use and previous quit attempts.
- **Customizing a Program** - A cessation program is customized to each caller's needs.
- **Reinforcement** - A quit-kit including self help materials, information about nicotine replacement therapies, and requested health information is mailed to the caller.
- **Follow-up** - Our counselors maintain weekly communication with participants for a minimum of six weeks. Thereafter, follow-up calls are made at three months, six months and 12 months.
- **Tracking Success** - Each call/counseling session is well documented. Data is available as needed to monitor success of the overall program.
- **Feedback** - An evaluation of the program is completed by each caller and participating group.
- **Whole Health** - Our counselors are qualified to discuss all issues relating to lung health. Physician referrals and information about medicines and treatments are also available.

## EVENTS CALENDAR:

- September** — Ovarian Cancer Awareness Month  
Gynecological Cancer Awareness Month
- September 23** — Falls Prevention Awareness Day
- September 29** — National Women's Health and Fitness Day
- October** — National Breast Cancer Awareness Month
- October 22** — National Mammography Day
- October 20** — World Osteoporosis Day
- December 7 and 8** — Women's Health Conference

Healthy Woman newsletter is published semiannually by the Illinois Department of Public Health. Story ideas, suggestions and comments are welcome and should be forwarded to Tammy Leonard, Illinois Department of Public Health, Office of Women's Health, 535 W. Jefferson St., First Floor, Springfield, IL 62761; or call 217-524-6088.

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## Women's Health-Line 888-522-1282

If you have health-related questions or concerns, the health-line staff will help you find the answers. You may call the toll-free number weekdays from 8 a.m. to 5 p.m. After hours, calls are recorded on voice mail and responded to during the next workday. Always completely confidential and free of charge, the Women's Health-Line is one resource for all women in Illinois. The Women's Health-Line can help you find:

- the answer to a question about a women's health issue
- the nearest clinic offering mammography through the Illinois Breast and Cervical Cancer Program
- information about sexually transmitted diseases in women
- where to take your adolescent child for therapy for an eating disorder
- a supply of brochures or fact sheets about healthy lifestyles