



Healthy Woman

News from the Office of Women's Health

Winter 2012

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PAT QUINN, GOVERNOR

ILLINOIS RECEIVES FUNDING TO REDUCE CHRONIC DISEASES, PROMOTE HEALTHY LIFESTYLES

The Illinois Department of Public Health has been awarded a \$25 million grant to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and control health care spending.

The funding, \$4.8 million per year over five years, was awarded after a highly competitive national application process. Created by the Affordable Care Act, the Community Transformation Grant (CTG) program supports states and communities that tackle the root causes of poor health so Americans can lead healthier, more productive lives. By promoting healthy lifestyles, especially among population groups experiencing the highest rates of chronic disease, these grants will help improve health, reduce health disparities, and control health care spending. Furthermore, the CTG is an opportunity for both the Department and the U.S. Centers for Disease Control and Prevention to provide sustainable improvements and programs so that healthy communities can continue when the extra funding is no longer available.

The Department and its state and community partners will use these funds to implement We Choose Health, a statewide initiative to reduce chronic diseases such as heart disease, stroke and diabetes, which are a significant portion (75 percent) of the health care costs in the United States.

The indirect costs of poor health – including absenteeism, disability, and reduced work output – may be several times higher than the direct medical costs. Unfortunately, in too many communities today, healthy choices are neither easy nor affordable. As a result, seven out of 10 deaths among Americans each year are from chronic diseases, and almost one out of every two adults has at least one chronic illness. By giving Americans more choices and making American communities healthier, these grants will help improve health, reduce health disparities, and lower health care costs.

The We Choose Health initiative includes several state agencies, local organizations, health providers, schools, businesses and other community groups. The Office of Women's

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WOMEN'S HEALTH INITIATIVE GRANTS ANNOUNCED

The Illinois Department of Public Health, Office of Women's Health, has awarded more than \$178,000 in grants for women's health programs that focus on cardiovascular disease, diabetes, osteoporosis, and other conditions facing women and girls.

The six-month Women's Health Initiative Grants, which are funded through state general revenue funds, will provide money for four model education programs:

- Building Better Bones, a program for women that offers group education sessions as well as bone density screenings for osteoporosis.
- Heart Smart for Teens, a nine-week nutrition and exercise curriculum geared toward school-aged girls.
- Life Smart for Women, a 10-week comprehensive education curriculum covering a variety of women's health topics including cardiovascular disease, stroke, diabetes, nutrition, fitness, stress, substance abuse, violence against women, sexual health, aging and family health and is appropriate to a widely diverse audience of women.
- Women Out Walking, a 12-week walking challenge for women in which participants use a step counter to track their daily steps.

The 32 non-profit organizations, local health departments, and hospitals, which received the grants include:

- Boone County Health Department, Women Out Walking, \$3,000
- Brethren Home of Girard, Life Smart for Women, \$4,000
- Cass County Health Department, Heart Smart for Women, \$2,000
- Chinese American Service League, Building Better Bones, \$9,000
- City of Evanston, Women Out Walking, \$4,000
- CJE Senior Life, Building Better Bones, \$8,000
- Clay County Health Department, Women Out Walking, \$3,225
- Cumberland County Health Department, Women Out Walking, \$3,000

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HIGH CHOLESTEROL: AN OVERVIEW

Heart disease is the No. 1 killer of women in the United States, causing one in three deaths each year. One of the major risk factors for heart disease is high blood cholesterol. In fact, the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack.

Dietary cholesterol is a waxy substance found only in foods of animal origin such as poultry, beef, fish, eggs and dairy products. 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.

When cholesterol is combined with fats and proteins for use by your body, it forms particles called lipoproteins. There are two types of lipoproteins. Low-density lipoproteins (LDL or "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. High-density lipoproteins (HDL 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 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.

RISK FACTORS

Many things affect the amount of cholesterol in your body.

Did you know that women typically pay more in out-of-pocket costs for health care and are often charged more in premiums just because of their gender? At the same time, women are more likely to need preventive services because they have unique needs and a high rate of chronic disease, including diabetes, heart disease and stroke.

Cost sharing, or having to pay copayments, co-insurance, and deductibles, reduces the likelihood that a woman will use preventive services. In fact, according to a recent study, in 2009 more than half of women delayed or avoided preventive care because of the associated costs.

Those financial barriers will be eliminated with the new guidelines for women's preventive services. Part of the Affordable Care Act, the new guidelines will give women access to the preventive health care they need and deserve without the cost sharing that often prevents women from accessing such services.

The Affordable Care Act already covers some women's preventive care services - such as mammograms, screenings for cervical cancer and other services - with no cost sharing for new plans. The expanded guidelines will extend this coverage to an annual well-woman visit, breastfeeding support, contraceptives and domestic violence screening for new health plans starting in August 2012.

By removing cost sharing requirements, the extended guidelines will improve women's access to important preventive services. The new guidelines also mean fewer health disparities. Not all Americans have equal access to health care. While minorities and those with low income often have higher rates of disease, they also have reduced access to care. By eliminating the cost sharing requirements, these guidelines help improve access to quality health care for all women.

Please take the time to read more about the guidelines for women's preventive services at www.hrsa.gov/womensguidelines/, and then share this information with all of the women in your life!



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

Healthy Woman

These are factors you can do something about:

- **Diet.** Saturated fat and cholesterol in the food you eat make your blood cholesterol level go up. Saturated fat is the main culprit, but cholesterol in foods also matters.
- **Weight.** Being overweight is a risk factor for heart disease. It also tends to increase your cholesterol.
- **Physical Activity.** Not being physically active is a risk factor for heart disease.

These risks you have no control over:

- **Age and Gender.** As women and men get older, their cholesterol levels rise. Before the age of menopause, women have lower total cholesterol levels than men of the same age. After the age of menopause, women's LDL levels tend to rise.
- **Heredity.** Your genes partly determine how much cholesterol your body makes. High blood cholesterol can run in families.

SIGNS AND SYMPTOMS

High blood cholesterol itself does not cause symptoms, so many people are unaware that their cholesterol level is too high. It is important to find out what your cholesterol numbers are because lowering cholesterol levels that are too high lessens the risk for developing heart disease and reduces the chance of a heart attack or dying of heart disease, even if you already have it.

DIAGNOSIS

Everyone age 20 and older should have their cholesterol measured at least once every five years. . You may need to check your cholesterol more often if you have risk factors for heart disease. Ask for a blood test called a lipid profile to measure your cholesterol levels. A small sample of blood is taken from your finger or arm. Usually you cannot eat or drink anything (except water or sugar-free drinks) for nine to 12 hours before the test.

Your lipid profile will measure the following:

- **Total cholesterol** -- a total cholesterol level of less than 200 is good.
- **HDL cholesterol** – this is the good

type of cholesterol that lowers your risk for heart disease. Having HDL cholesterol higher than 60 helps protect against heart disease. Having HDL cholesterol less than 40 is a major risk against heart disease.

- **LDL cholesterol** -- This is the bad type of cholesterol that can block your arteries. If you are at low risk for heart disease and diabetes, having LDL cholesterol less than 160 is good. If you have heart disease, diabetes, or a history of stroke, keep your LDL cholesterol less than 100. For most other people, having LDL cholesterol less than 130 is good.

- **Triglycerides**-- triglycerides are a type of fat in your blood. Keep this number less than 150.

If it is not possible to get a lipoprotein profile done, knowing your total cholesterol and HDL cholesterol can give you a general idea about your cholesterol levels. If your total cholesterol is 200 mg/dL or more or if your HDL is less than 40 mg/dL, you will need to have a lipoprotein profile done.

PREVENTION AND TREATMENT

The benefits of lowering blood cholesterol are substantial. According to studies by the National Heart, Lung, and Blood Institute, for every 1 percent that total blood cholesterol is lowered, heart attack risk is lowered by 2 percent. For most people, the best way to lower cholesterol is to:

- **Get Moving** – 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.

- **Lose Weight** – 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.

- **Eat Healthy** – 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.

In addition, if you smoke cigarettes, make your plan to quit today. Quitting smoking will help lower your cholesterol levels. Plus, you'll feel better right away.

DRUG TREATMENT

For some people, high cholesterol levels may continue despite other lifestyle changes. For these persons, lipid-lowering drugs may be recommended.

The five major types of cholesterol-lowering medicines, include statins, bile acid sequestrants, nicotinic acid, fibric acids, and cholesterol absorption inhibitors. The statin drugs are very effective in lowering LDL levels and are safe for most people. Bile acid sequestrants also lower LDL and can be used alone or in combination with statin drugs. Nicotinic acid lowers LDL and triglycerides and raises HDL. Fibric acids lower LDL somewhat but are used mainly to treat high triglyceride and low HDL levels. Cholesterol absorption inhibitors lower LDL and can be used alone or in combination with statin drugs.

Even if you begin drug treatment to lower your cholesterol, you will need to continue your treatment with lifestyle changes. This will keep the dose of medicine as low as possible, and lower your risk in other ways as well.

While medicines can help control high blood cholesterol, they do not cure it. You must continue taking your medicine to keep your cholesterol level in the recommended range.

See Page 11 for cholesterol guidelines

SOURCES:

Illinois Department of Public Health
Phone 217-782-4977
<http://www.idph.state.il.us>

National Institutes of Health
National Heart, Lung and Blood Institute
800-575-9355
<http://www.nhlbi.nih.gov>

U.S. Department of Health and Human Services
<http://healthfinder.gov/>

MAKE THE CALL, DON'T MISS A BEAT

A woman suffers a heart attack every 90 seconds in the United States. Yet, according to a 2009 American Heart Association survey, only half of women indicated they would call 911 if they thought they were having a heart attack and few were aware of the most common heart attack symptoms.

The *Make the Call. Don't Miss a Beat.* campaign aims to change that. Developed by the U.S. Department of Health and Human Services' Office on Women's Health, the purpose of the national campaign is to educate women and their families about the seven most common symptoms of a heart attack and to encourage them to call 911 as soon as those symptoms arise.

KNOW THE SYMPTOMS

The first step toward surviving a heart attack is learning to recognize the symptoms. The most common signs of heart attack in both women and men are:

- **Unusually heavy pressure on the chest** – Most heart attacks involve chest pain or discomfort in the center or left side of the chest. It usually lasts for more than a few minutes or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain. It may even feel like heartburn or indigestion.
- **Sharp upper body pain in the neck, back and jaw** – This symptom can include pain or discomfort in one or both arms, the back, shoulders, neck, jaw, or upper part of stomach (not below the belly button). Pain in the back, neck or jaw is a more common heart attack symptom for women than it is for men.
- **Severe shortness of breath** – This symptom can come on suddenly. It may occur while you are at rest or with minimal physical activity. You may struggle to breathe or try taking deep breaths. Shortness of breath may start before or at the same time as chest pain or discomfort, and can even be your only symptom.
- **Cold sweats (not caused by hot menopause)** – Unexplained or excessive sweating, or breaking out into a “cold sweat,” can be a sign of heart attack.
- **Unusual or unexplained fatigue** – Sudden and unusual tiredness or lack of energy is one of the most common symptoms of heart attack in women, and one of the easiest to ignore. It can come on suddenly or be present for days. More than half of women having a heart attack experience muscle tiredness or weakness that is not related to exercise.
- **Unfamiliar dizziness or light-headedness** – Unlike in the movies, most heart attacks do not make you pass out right away. Instead, you may suddenly feel dizzy or light-headed.
- **Unexplained nausea or vomiting** – Women are twice as likely as men to experience nausea, vomiting or indigestion during a heart attack. These feelings are often written off as having a less serious cause. Remember, nausea and vomiting may be signs that something is seriously wrong, especially if you have other symptoms.

If you have any one of these symptoms and it lasts for more than five minutes, call 911 for emergency medical care. Even if your symptoms go away in less than five minutes, call your doctor right away—it could be a sign that a heart attack is coming soon.

Looking back, many women say that they felt “off” or that something was “just not right” before their heart attack, but they did not realize their symptoms could be related to their heart. It is important to realize that not all heart attacks feel the same. Although some are sudden and intense, others may start slowly with mild pain or discomfort and/or other symptoms, which can come and go over several hours.

CALL FOR HELP

Calling 911 is the best and fastest way to get to the hospital; emergency medical personnel can begin life-saving treatment even before you get to the hospital. **Do not drive yourself** or have someone drive you unless you have no other choice.

Talk to the 911 operator and follow their instructions. Try not to panic. Take long, deep breaths, stay calm, and speak slowly and clearly. The dispatcher will ask for your name, where you are, and what is wrong. Say: “I think I am having a heart attack.” Stay on the line until you are sure the operator has all the information they need.

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Don't Miss A Beat, continued from Page 4

If you feel faint or dizzy after you hang up the phone, unlock the door and lie down on the floor where emergency responders can see you as soon as they come in. Try to stay calm and take slow, deep breaths.

GET PROPER TREATMENT

Persistence is often the key to getting necessary help. Remember, it is your heart, and no one knows your body like you do. Don't give up until you get the care you need.

- **Describe your symptoms in a clear, direct manner.** Tell the doctor your symptoms and how you feel.
- **Be specific.** Describe how your symptoms feel, where you feel them, how bad they are, and how long you have had them.
- **Make it clear that these symptoms are not normal for you** and that you think something is seriously wrong. Using the words “I have never felt this before” can help the doctor realize that something may be seriously wrong.
- **Stay calm.** Having a heart attack is frightening, but being too emotional or upset when talking about your symptoms is not helpful. Sometimes it can cause confusion and delays.
- **Do not give up.** Keep describing your symptoms until you feel you are understood.
- Listen carefully to any questions you are asked and answer them directly. Do not be afraid to take time to organize your thoughts.
- You may be asked to describe the pain you are feeling on a scale of zero to 10, with zero being no pain and 10 being the worst pain imaginable. **Be honest** and do not downplay your symptoms.
- **Speak up.** Don't be afraid to ask questions. If you have continued pain while you are in the hospital, make sure the doctor or nurse knows how you are feeling. Continued pain will be treated differently than pain that goes away.
- **Be persistent.** Never stop seeking care as long as you have a problem, even if the doctor says there is nothing wrong.
- **Be direct.** Say “I think I'm having a heart attack.” If you are told it is just nerves or indigestion, say “Have you checked to see if I've had a heart attack?” Ask for more tests. Insist on having an electrocardiogram (ECG) and blood tests before agreeing to go home. These tests are simple, fast and very accurate at finding any heart problems. Even if your test results are normal, if you still have pain or discomfort, insist on being admitted to the hospital overnight for observation.
- **Get a second opinion.** If you feel the emergency department doctor is not taking you seriously, ask to see a clinical cardiologist, who specializes in heart attacks.

For more on the *Make the Call. Don't Miss a Beat.* campaign, visit www.womenshealth.gov/heartattack.

Source:

U.S. Department of Health and Human Services, Office on Women's Health
800-994-9662
www.womenshealth.gov



THIS IS WHAT A HEART ATTACK FEELS LIKE TO A WOMAN.
(CHEST PAIN, DISCOMFORT, PRESSURE OR SQUEEZING, LIKE THERE'S A TON OF WEIGHT ON YOU)

Make the Call. Don't Miss a Beat.

To learn the other six symptoms visit: WomensHealth.gov/HeartAttack



WOMEN LEGISLATORS PLEDGE TO TAKE ACTION AGAINST HEART DISEASE



The Illinois Department of Public Health joined the Conference of Women Legislators (COWL) and the American Heart Association (AHA) on Feb. 8 in the Capitol rotunda to bring awareness to heart disease and to encourage everyone to *Go Red for Women*.

Illinois Legislators were asked to sign up for the COWL Walking Challenge. Those who signed up were given a pedometer and asked to record the number of steps they take each day between March 5 and April 29, and report the total number of steps to the Department.

“Today we are challenging the women of COWL to help us spread awareness of the fight against heart disease by taking personal action to prevent it,” said Mark E. Peysakhovich, senior director of governmental relations with

AHA. “We challenge each participant to track their steps over the next several weeks of the legislative session with the pedometer.”

Pfizer Inc. will donate \$1 for every mile walked, up to \$5,000, to go toward the COWL scholarship fund.

“Having the opportunity to add funds to the COWL scholarship fund while improving our own health is a win-win,” said state Sen. Carole Pankau, co-chair of COWL. “We are excited to jump on this challenge with IDPH and AHA.”

In addition, individual legislators in each chamber who walk the most miles will have the opportunity to co-host a heart-health education event in their district with AHA. The winner will be announced at COWL’s annual member event on May 9.

Being physically active is a key step in decreasing your risk of heart disease. Other steps you can take include controlling your weight, blood pressure and cholesterol. Eating a nutritious diet, reducing your stress level and quitting smoking also can help you lower your risk of heart disease.

“Many women are unaware that heart disease is the No. 1 killer of women. It takes the lives of more women each year than all cancers combined,” said Teresa Garate, assistant director for the Illinois Department of Public Health. “And less than half of all women know what are considered healthy blood pressure and cholesterol levels, two major risk factors for heart disease. This February, I encourage everyone to *Go Red for Women* and make sure the women in your life know about heart disease and how to reduce their risk.”



WOMEN'S HEALTH CONFERENCE HAILED AS BEST EVER

More than 300 people attended the 13th annual Women's Health Conference held in November 2011. The two-day conference included sessions on a variety of topics, including cardiovascular disease, obesity, cancer, bowel diseases and birth control.

Co-sponsored by the Illinois Department of Public Health's Office of Women's Health and the Illinois Public Health Association, the conference has always been one of the most prestigious conferences about women's health held in Illinois. The 2011 conference, according to comments and evaluations, was the best one yet.

One event that made this conference special was the reception at the Abraham Lincoln Presidential Museum, where participants were able to tour the museum after networking and socializing with colleagues while enjoying appetizers and refreshments.

Another new activity was the conference walking challenge. Interested participants wore pedometers to track their steps while in attendance at the conference. Stephanie Frambes was the winner on the first day with 8,619 steps and Allison Burque won the second day with 18,271 steps. Both received a fitness bag with fitness equipment.

The grand prize winner with the most total steps was Ruby Nalzar, who won an Ab Coaster with 21,559 steps. The first runner-up was Allison Burque, who won a \$50 Scheels gift card with 21,263 steps. The second runner-up was Myra Sbini, who received a Timex pedometer for walking 20,337 steps.

Featured speakers included Kris Carr and Eliz Greene. Carr is an author, filmmaker, motivational speaker and founder of crazysexylife.com. She is the subject of the uplifting documentary "Crazy Sexy Cancer." The film, which she wrote and directed for TLC and the Discovery Channel, chronicles her adventure of living and thriving with stage four cancer. Carr took the audience on her inspirational journey about living a full and healthy life with cancer survival.

Greene, a health educator and director of Embrace Your Heart Wellness Initiative in Milwaukee, Wisc., was seven-months pregnant with twins when she suffered a massive heart attack. Greene survived a 10-minute cardiac arrest, the cesarean delivery of her daughters and open-heart surgery – all on the same day. She also gained perspective and passion for life, which led her to develop strategies to fit activity and healthy habits into her life. She lost the more than 80 pounds she gained while pregnant and has since become a recreational triathlete.

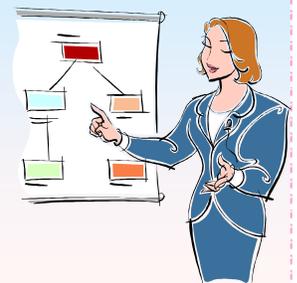
In addition, Dr. Karen Kim spoke about women, bowel diseases and cancer. She educated the audience on the relationship between symptoms that manifest in the gastrointestinal tract and cancer. Dr. Kim will elaborate on this topic when she returns for the 2012 conference.

This year's conference will be held Dec. 5 and 6 at the Springfield Hilton Hotel. Be sure to check the Office of Women's Health website (www.idph.state.il.us/about/womenshealth/owh.htm) for more information.

Conference photos are on the next page.

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.

Healthy Woman



ORAL HPV IS ON THE RISE

While genital human papillomavirus (HPV) is the most common sexually transmitted infection in the United States, oral HPV is on the rise.

A recently released report by the Ohio State University Comprehensive Care Center in Columbus, Ohio, examined the prevalence of oral human papillomavirus. Researchers randomly sampled more than 5,000 men and women in mobile testing centers across the country. The overall prevalence of oral HPV infection for people ages 14-69 was 6.9 percent. Researchers found that there were peak ages where a higher prevalence was found. In 30- to 34-year-olds, the prevalence was 7.3 percent and 60- to 64-year-olds had a prevalence of 11.4 percent.

The prevalence of oral HPV was three times higher in men than in women. Smoking, heavy alcohol use and having many sexual partners also increased the chances that a participant would have contracted oral HPV. Researchers concluded that oral HPV is mainly contracted through sexual contact, so prevalence was seven times higher in those participants who reported having sex versus those who reported never having sex.

Oral HPV has visible symptoms of warts and blisters (or a cold sore) around the mouth, tongue and palate. When the body's immune system cannot eliminate the HPV infection, the virus can turn into cancer. Oral HPV can cause oropharyngeal squamous cell carcinoma (OSCC), a type of head and neck cancer that has increased over the past 30 years in the United States.

According to the authors of the study, oral HPV cancer will continue to rise. In fact, the U. S. cancer registry projects that the number of HPV-positive oropharyngeal cancers diagnosed each year will surpass that of invasive cancers by the year 2020. Invasive cancer is cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissue.

Currently, the HPV vaccine, which helps protect against genital HPV and cervical cancer, has not been proven to protect against oral HPV. Further trials need to be done to determine the benefits, especially as they affect men, who have a higher rate of HPV-positive OSCC.

Sources:

U.S. Center for Disease Control - Basic Information About HPV Associated Cancers: http://www.cdc.gov/cancer/hpv/basic_info/index.htm

Journal of the American Medical Association:
<http://jama.ama-assn.org/content/early/2012/01/23/jama.2012.101.full>

TRAININGS OFFER FRESH IDEAS TO IMPROVE HEALTH

With the economic downturn over the last few years, people have begun to grow their own food in an effort to save money. But the benefits of gardening extend well beyond saving a little green. Homegrown foods have a positive impact on overall health. The more whole foods we consume, the less processed foods our body receives which, in turn, helps reduce obesity in adults and children.

In an effort to improve the health outcomes for Illinois children who are suffering alarming rates of obesity and physical activity, the Office of Women's Health (OWH) has partnered with Seven Generations Ahead (SGA), a non-profit healthy communities organization serving the Midwest, to offer trainings on how to create a healthier school environment.

The training sessions are part of the Fresh from the Farm (FFF) program, which uses a fun and hands-on approach to learning, and threads together ecology, healthy eating, organics, and local farming through year-round curriculum lessons and activities.

FFF sessions educate organizations on how to work with children to improve their understanding of fresh foods and how they contribute to a healthy lifestyle while improving the environment. The mission is to grow a culture of healthy eating and environmental awareness among children. Schools participating in the FFF program receive training and tools for implementing a successful program.

OWH first offered the Fresh from the Farm training sessions as a pre-conference workshop at the 2010 Women's Health Conference. As a result of that training, 94 percent of participants are now able to identify how to create a healthier school environment and take leadership in their school or community.

In 2011, OWH offered this same training to organizations in Chicago, Springfield and Benton. Nearly 75 participants from more than 40 organizations attended. The information and materials they received as a result of this trainings allowed these groups to go back into their schools and communities and implement these skills and techniques.

OWH plans to offer two more trainings this year – one in Springfield and one downstate. If you would like to be on the OWH contact list for upcoming trainings, please contact Angela Hamm at angela.hamm@illinois.gov.

For more information on Fresh from the Farm, please visit the Farm to School section (under Programs) on the Seven Generations Ahead website at www.sevengenerationsahead.org.

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Health staff will play an integral part in the development of initiatives.

At the state level, efforts will include increased enforcement of the Illinois Smoke Free Act and promoting breastfeeding. At the community level, efforts will be directed to consumers, health care providers, businesses and educational institutions. Programs will focus on reducing exposure to second-hand smoke and discouraging access to tobacco; increasing screening and treatment for tobacco-related illness, hypertension and high cholesterol; improving nutrition; and increasing physical activity. Strategies will be targeted toward serving residents in rural counties and racial and ethnic minority groups in urban areas to reduce health disparities.

This grant will dovetail with Illinois' State Health Improvement Plan (SHIP), a prevention-focused, comprehensive approach to improving the health of Illinois residents. In July 2011, Gov. Pat Quinn appointed the SHIP Implementation Coordination Council, which also will work collaboratively with the Governor's Healthcare Reform Implementation Council to promote statewide improvements in public health.

Approximately \$103 million in prevention funding was awarded to 61 states and communities serving approximately 120 million Americans. These awards were distributed among state and local government agencies, tribes and territories, and state and local non-profit organizations within 36 states, including seven tribes and one territory.

The Department will be launching a We Choose Health website later this year. In the meantime, visit www.cdc.gov/communitytransformation to learn more about CTG.



Grants, continued from Page 1

- Fayette County Health Department, Women Out Walking, \$2,500
- Hancock County Health Department, Building Better Bones, \$6,000
- Henderson County Health Department, Women Out Walking, \$2,500
- Henry County Health Department, Women Out Walking, \$3,500
- Illinois Migrant Council, Life Smart for Women, \$5,000
- Korean American Senior Center, Women Out Walking, \$2,000
- Lawrence County Health Department, Women Out Walking, \$2,000
- Lee County Health Department, Women Out Walking, \$3,000
- Livingston County Health Department, Heart Smart for Teens, \$7,000
- Logan County Health Department, Heart Smart for Teens, \$8,000
- Macoupin County Health Department, Heart Smart for Teens, \$7,000
- McDonough County Health Department, Life Smart for Women, \$6,000
- McHenry County Health Department, Life Smart for Women, \$7,000
- McLean County Health Department, Heart Smart for Teens, \$6,500
- Mercer County Health Department, Heart Smart for Teens, \$6,000
- Michael Reese Research and Education Foundation, Building Better Bones, \$8,000
- Midwest Asian Health Association, Life Smart for Women, \$8,000
- Provena Hospital, St. Joseph Hospital, Life Smart for Women, \$7,000
- Rock Island County Health Department, Heart Smart for Teens, \$6,000
- Rosalind Franklin University Health System, Building Better Bones, \$8,500
- Sangamon County Health Department, Heart Smart for Teens, \$8,500
- Sarah Bush Lincoln Health Center, Heart Smart for Teens, \$9,000
- Warren County Health Department, Heart Smart for Teens, \$6,000
- Whiteside County Health Department, Heart Smart for Teens, \$7,000

EVENTS CALENDAR:

March 10 — Women and Girls HIV/AIDS Awareness Day
 April — Sexual Assault Awareness and Prevention Month
 Women’s Eye Health and Safety Month
 May — National Osteoporosis Prevention and Awareness Month
 May 13-19 — National Women’s Health Week
 May 14 — National Women’s Checkup Day

Asian-Style Steamed Salmon

Prep time	Cook time	Yields	Serving Size
15 minutes	10 minutes	4 servings	3 oz. salmon, ¼ cup broth

Ingredients

1 cup low-sodium chicken broth
 ½ cup shiitake mushroom caps, rinsed and sliced (or substitute dried shiitake mushrooms)
 2 Tbsp fresh ginger, minced (or 2 tsp ground)
 ¼ cup scallions (green onions), rinsed and chopped
 1 Tbsp lite soy sauce
 1 Tbsp sesame oil (optional)
 12 oz salmon fillet, cut into 4 portions (3 oz each)

Directions

- Combine chicken broth, mushroom caps, ginger, scallions, soy sauce, and sesame oil (optional) in a large, shallow sauté pan. Bring to a boil over high heat, then lower heat and simmer for 2–3 minutes.
- Add salmon fillets, and cover with a tight-fitting lid. Cook gently over low heat for 4–5 minutes or until the salmon flakes easily with a fork in the thickest part (to a minimum internal temperature of 145 F).
- Serve one piece of salmon with ¼ cup of broth.

Nutrition Information

175 calories, 9 g total fat, 2 g saturated fat, 48 mg cholesterol, 208 mg sodium, 1 g total fiber, 19 g protein, 4 g carbohydrates, and 487 mg potassium.

Recipe Source: Deliciously Healthy Dinners from the National Heart, Lung, and Blood Institute’s website.

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

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 4:30p.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