

# Office of Women's Health



Celebrating the Mind, Body, Spirit & Diversity of Women

Volume 3, Issue 1

Winter 2010

Be Active

Eat Smart

Don't Smoke

Get Checked

Live Joyously

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**OWH Mission**

*To improve the health status of women in Los Angeles County by providing education and promoting resources, programs and policies that are helpful and responsive to women, and increasing access to culturally competent, comprehensive health services.*

## Interview with Martha Dina Arguello

Physicians for Social Responsibility, Los Angeles



*Martha Dina Argüello is the Executive Director of Physicians for Social Responsibility, Los Angeles (PSR-LA). For the past 32 years, Martha has served in the non-profit sector as an advocate, community organizer, and coalition builder. She joined PSR-LA in 1998 to launch the environmental health programs, and became*

*Executive Director in November 2007. She is committed to making the credible voice of physicians a powerful instrument for transforming California and our planet into a more peaceful and healthy place.*

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**Martha, you were a speaker at the Convening of Experts on Reproductive Health and the Environment at The California Endowment in January and again in November 2010 for community leaders . Many of us were struck by the information that most of the chemical products in our everyday life have not been properly tested for long term toxicity. What kind of products and what potential harms are we talking about?**

Chemicals are all around us in most of the products we use everyday on our bodies, in our homes, our gardens, and on our hair. A recent report called *Not So Sexy* talked about the chemicals in our perfumes. Perfumes are actually made of a mix of natural essences and synthetic chemicals frequently including petrochemicals such as diethyl phthalate, a chemical found in 97 percent of Americans that has been linked to sperm damage in human epidemiological studies.

Another chemical, Bisphenol A, more commonly known as BPA, is a chemical used to make many hard plastic food containers such as baby bottles, reusable cups and the lining of canned liquid infant formula.

**What kind of health effects should we be worried about?**

We don't know fully all the health effects of exposure but we do know that some of these chemicals are carcinogens and endocrine disrupters. The endocrine disrupters can cause decreased fertility *continued on page 2*

## Interview with Martha Arguello *continued*

in men and early puberty in girls. We are seeing a changing pattern of many chronic diseases that have a link to environmental exposure such as asthma. In the last 50 years, we have seen a huge increase in environmental chemical exposure along with an increase in learning disabilities. We don't know if there is cause and effect there but until we understand what is going on we should do what we can to reduce exposure.

### **What is some of the evidence for environmental causes of breast cancer?**

Breast Cancer is a multifactorial disease so it is hard to point to one cause. Modern life is full of exposure to environmental chemicals and most women who get breast cancer have no family history. So, the question is: what is causing it? There is a report that was put out by the Breast Cancer Fund called the *State of the Evidence* about a study in which it was shown there are about 216 carcinogenic chemicals linked to increasing the risk of breast cancer in lab studies. Parabens are one group of suspect compounds widely used as anti-microbial preservatives in many foods and cosmetics products. Measurable concentrations of six different Parabens have been identified in biopsy samples from breast tumors.

### **What can the average woman do to reduce her exposure to dangerous chemicals?**

We should be conscious of our power as consumers. But we can't

*Continued on page 6*

## Ask The Doctor...

**I just turned 40 years old.**

### **Do I need a mammogram for breast cancer screening?**

The release of updated breast cancer screening recommendations from the US Preventive Services Task Force (USPSTF) in November 2009 has resulted in significant confusion. Although the recommendations no longer advise routine screening for average risk women 40-49 years of age, they do state that screening in this age group should be an individual's choice based on their own assessment of the risks and benefits of screening.

In examining the benefits of screening, it is important to determine if screening will decrease breast cancer mortality. Studies have shown that screening among women 40-49 years will have a 15% reduction in breast cancer mortality. This percentage is similar to the benefit seen among women 50-59 years of age. However, the incidence of breast cancer is lower in younger women so the overall benefit is slightly lower for younger women.

The harms of screening are harder to define. We know that the mammogram is not a perfect test for detecting breast cancer. A factor such as having dense breast tissue (more common in younger, premenopausal women) decreases the effectiveness of the mammogram. This results in more false-positive results (mammogram shows something abnormal but on further testing no abnormalities are found) requiring unnecessary biopsies and additional imaging.

*Continued on page 6*



**Rita Singhal, MD, MPH**  
OWH Medical Director

*If you have a question for  
Ask the Doctor,  
please submit it to  
jstjohn@ph.lacounty.gov*

## Intimate Partner Violence and Chronic Disease

As a clinical social worker in a medical setting, I am often called to meet with patients who are possibly in crisis or about to be in a crisis situation. Often these patients have pre-existing chronic illnesses/conditions which are complicated by the psychosocial issues in their lives such as stress, financial loss, possible abuse, addiction or a mental health condition.

I have found that chronic illnesses and psychosocial issues tend to be connected. Looking to the future to address either psychosocial stressors in life or healthy lifestyle alternatives is the crossroads between public health and mental health. The following research indicates the forgotten link between domestic violence and chronic illness.

~ Elisabeth Gildemontes, MSW, LCSW, MPH(c) ~  
OWH Intern

**Intimate partner violence (IPV)** is a significant public health problem. <sup>(1)</sup> Although most healthcare professionals know that women who experience IPV can sustain acute physical injuries, they may be less knowledgeable about the chronic health problems with which violence survivors often struggle. Research has shown that although women who experience IPV may seek health services, they have poor overall physical health. <sup>(2)</sup>

Violence and abuse leads to as much as a 250% increase in healthcare utilization in adults who've been victimized at some time in their lives, resulting in increased healthcare expenditures of up to \$750 billion annually or 37.5% of all healthcare costs. <sup>(3)</sup>

### Health Risks

Physical health risks associated with IPV include poor general health, adverse physical health symptoms, disability, somatic syndromes, chronic pain, arthritis, migraines, hearing loss, angina, functional gastrointestinal disorders and changes in endocrine and immune functions. <sup>(1)</sup>

Women who report IPV are at risk for costly chronic medical conditions such as cardiovascular disease, diabetes, and hypertension. They make more visits to emergency rooms, hospitals, and mental health services. Elevated stress hormones affect the nervous, endocrine, and immune systems, which in turn adversely affect other organs and systems. Researchers found that victims of IPV had higher incidences of obesity, diabetes, COPD, rheumatoid arthritis, lung cancer, and thyroid disorders. <sup>(2)</sup>

In a 2008 study, 70,000 respondents in 16 states were asked questions about IPV within the Behavioral Risk Factor Surveillance System. The study found that there was a relationship between IPV and high cholesterol, heart disease, and stroke and that women who reported IPV victimization during their lifetime were more likely to report joint disease, current asthma, activity limitation, HIV risk factors, current smoking, heavy binge drinking, and not having a checkup with a doctor in the past year. <sup>(1)</sup> (con't on p.4)

"Without Hope, there are no new moments."

~ Michelle Allen ~



## Intimate Partner Violence and Chronic Disease *continued*

### Role of Providers

Many health care professionals prefer to treat the specific complaint the woman came in for and view abuse as a criminal justice or social service issue. However, there are numerous studies that show abuse predisposes people to chronic illness due to biochemical and physiological changes brought on by abuse. <sup>(4)</sup>

Brief discussions with healthcare providers to inquire about IPV history in a concerned nonjudgmental manner may help change the way abused women view their situations and may even be a turning point for them. Evidence suggests that some victims of abuse will seek services if given information or referrals. <sup>(1)</sup> Women who are abused often may seek medical attention for injuries or other conditions that may or may not appear to be abuse-related. Healthcare providers have an opportunity to screen, identify and assist survivors of abuse and offer information about services.

Teaching healthcare professionals how to speak to patients about abuse may be difficult to expect. Many believe there isn't the time to delve into delicate, complex issues during a typical office visit; however taking time can save more time later. It is important to remember that the healthcare professional is planting a seed. At times, women are not ready to disclose abuse and/or make changes for safety. A conversation from a trusted healthcare professional assists in beginning to think about options and resources.

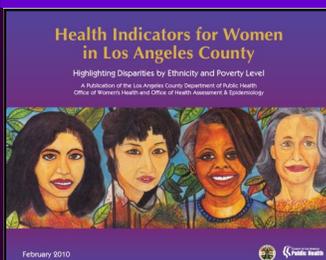
IPV is a significant public health issue for women and for society as a whole.

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Sources:

- 1) Breiding, M., Black, M., and Ryan, G. (2008). Chronic disease and health risk behaviors associated with intimate partner violence-18 U.S. states/territories, 2005. *Annals of Epidemiology*;18:538-544.
- 2) Macy, R., Ferron, J., and Crosby, C. (2009). Partner violence and survivors' chronic health problems: informing social work practice. *Social Work*,54,1: 29-43.
- 3) Dolezal, T. McCollum D., Callahan, M., Eden Prairie, MN: The Hidden Costs in Healthcare: The Economic Impact of Violence and Abuse. Academy on Violence and Abuse; 2009.
- 4) Bell, H. (2009). The hidden toll of abuse. *Minnesota Medicine*, 92,(8):26-31.

## Health Indicators for Women in Los Angeles County 2010



Earlier this year, the OWH presented a community dialogue on the findings and program/policy implications from the new data report **Health Indicators for Women in Los Angeles County, Highlighting Disparities by Ethnicity and Poverty Level**. Held at the Dorothy Chandler Pavilion, "Making the Data Come Alive" featured a panel of distinguished speakers including Marjorie Kagawa-Singer, PhD, RN; Vickie Mays, PhD, MSPH; Rita Singhal, MD, MPH; Beatriz Solis, PhD, Yaga Szalchich, MD; and Susie Baldwin, MD, MPH.

The report can be accessed on the web at: <http://publichealth.lacounty.gov/owh/docs/Health-Indicators-2010.pdf>. The slides from the panel discussion can be accessed at: <http://publichealth.lacounty.gov/owh/docs/pagelayout.pdf>.



## Spotlight on our Community Partners

### *Black Women for Wellness*



Black Women for Wellness (BWW) is a grassroots community-based organization created in 1997 by a group of six visionary women with the mission of enhancing the health and well-being of African American and Black women in the Los Angeles Area. In its 13-year history, BWW has created positive change in the lives of 15,000 women and their families through prevention, cultivation of cultural awareness, working to end institutional racism, and helping to change unhealthy lifestyle patterns that perpetuate illness and disease.

The organization utilizes a combination of culturally-appropriate strategies to achieve success within the African American and Black community including: increasing information sharing among health care professionals, developing and implementing culture and gender-appropriate health programs, publishing culturally relevant health information, research and validation of effective prevention strategies, and being an advocate for the health status of African American and Black women.

Under the leadership of Executive Director Janette Robinson Flint, Black Women for Wellness has successfully developed programs and initiatives benefitting the health of African American and Black Women. Here are just a sampling of such innovative projects:

- ♥ Training Peer Health Motivators to educate community members on breast & cervical cancer as well as reproductive justice including STI prevention
- ♥ Participating on advisory committees at multiple levels to ensure the inclusion of the health and wellness concerns of Black women in health policies
- ♥ Publishing an electronic newsletter and websites and maintaining a strong cyberspace presence including Facebook and Twitter
- ♥ Producing radio programs with Some of Us Are Brave Black Women's Radio Collective, viral videos for the internet, and cable access television programs.

In addition, the BWW has convened seven conferences centered on gathering and reporting community data with titles ranging from Birth Stories (1999), Woman to Woman (2006), and Respect (2009). The organization also publishes health media targeting African American and Black women in the community including a series of eye-catching postcards and a breast and cervical health directory entitled "Keep In Touch."

BWW is currently launching a Healthy Hair Guide in conjunction with Region IX Environmental Protection Agency. Future plans include additional publications on the intersection of environmental health and reproductive justice.

If you would like to know more about Black Women for Wellness, please visit [www.bwwla.com](http://www.bwwla.com) or [www.bwwla.org](http://www.bwwla.org). Additionally, BWW can be found on YouTube at Black Women 4 Wellness Los Angeles and you may become a fan of the organization on Facebook by searching for "Black Women for Wellness Los Angeles."



## Ask the Doctor *continued*

Other potential harms to screening that should be considered include exposure to radiation and over diagnosis.

Last, it is important to remember that these guidelines are pertinent to women of average risk. If you have any breast cancer risk factors (family or personal history of breast cancer, *BRCA1* or *BRCA 2* mutations, previous chest irradiation or breast biopsies), then you may need screening with mammography or other imaging at an earlier age. Please discuss your risk for breast cancer and your preferences for screening with your health care provider.

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## Interview with Martha Arguello *continued*

shop our way out of the problem. A boutique industry is growing around providing chemical-free products but not all women can afford those higher priced goods. Our aim is for solutions that protect the health of all women. We need to become engaged in fixing the broken regulatory system. Women should tell their representatives that they want full disclosure of ingredients and a commitment to the use of less toxic ingredients in all products.

### **What is PSR-LA doing to reduce hormone-disrupting chemicals in the environment?**

We are actively engaged in National and State policy to regulate chemicals based on their hazard.

### **What are some of the big successes you have had?**

Locally, we were able to reduce the pesticides that were used in schools and homes and educate communities on methods to control pests safely. We have done a lot of work on the new Green Chemistry Initiative to ensure that those new laws get implemented in ways that are protective of women's health, workers and communities.

### **What are the 3 or 4 big issues PSR-LA is tackling next?**

We are pushing for national reform of toxic law to move away from the risk-based laws and toward hazard-based assessments. The current system is to treat chemicals as innocent until proven guilty and this is a model that does nothing to prevent exposure.

We are working to get the best possible regulations to reduce vehicle emissions that will promote the new generation of low and zero emission vehicles. This is a very important issue to women because it has been shown that women living closest to freeways have poorer birth outcomes. We are also continuing education programs to change the way the public understands pest management.

### **You serve on the board of several other organizations including Californians for Pesticide Reform, California Environmental Rights Alliance, Californians for a Healthy and Green Economy, and the Coalition for Environmental Health and Justice. What are some of projects you are working on with those organizations?**

In addition to the ones I've mentioned above, the Coalition for Environmental Health and Justice is looking at the impact of the 710 freeway and health. We are making sure city and traffic planners understand that protecting public health is a primary concern.

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*For more information, call PSR-LA at 213-689-9170 or visit their website: [www.psrla.org](http://www.psrla.org)*

## Women's Health Policy Summit

### ***Building Multi-Cultural Women's Health: Setting an Agenda for Los Angeles***

#### **Women's Health Summit Recommendations—Implementation Update**

The May 2007 Women's Health Policy Summit convened by the Office of Women's Health (OWH) and collaborating organizations brought together over 400 women's health leaders who developed policy recommendations to eliminate health disparities and improve the health of women in Los Angeles County. The OWH, together with our internal and external partners, began the implementation phase of the 48 recommendations in the Fall of 2007. Funding was received from Kaiser Permanente for a Summit Implementation Coordinator, Susan Berke Fogel, JD, who, with key OWH staff, provides leadership to the committee work.

Implementation of the Summit Recommendations is achieved through collaboration with The Summit Leadership Task Force (composed of over 50 community-based advocates, researchers, medical professionals, and representatives of key departments of the Los Angeles County Departments of Public Health and Health Services); Summit Working Groups; community-based organizations, and other key stakeholders.

Recent Activities include:

- **Education and Training/Cultural Competency**: Cultural competency resources developed by a coalition of experts are being vetted and compiled for the OWH website.
- **Sexual Orientation & Gender Identity**—CDC-approved Lesbian Health provider trainings on cultural competency were held in Fall 2009 and Spring 2010. Over 240 people have been trained to date and, in collaboration with OWH partners, a sustainable system for ongoing training is being developed.
- **Healthy Aging**: A Community Dialogue on Women & Healthy Aging was held on October 5th at The California Endowment with the support of 22 collaborating organizations and support from Kaiser Permanente, The California Endowment, Aetna Foundation, Planned Parenthood-LA, and Las Encinas Behavioral Hospital. Experts and stakeholders discussed strategies for addressing the multiple issues facing an increasing population of aging women and their healthcare providers. Powerpoint presentations and other resources are available on the OWH website: [preventionmatters.org](http://preventionmatters.org).
- **Women & Health Care Reform**: 6 key community organizations collaborated with OWH on a Community Dialogue held in tandem with Healthy Aging on October 5th, featuring expert panels on the challenges and opportunities of health care reform.
- **Women's Health Data**: A second data report focused entirely on women, *Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level* was released and distributed. OWH held a data briefing for the media and another for community leaders to disseminate the findings.
- **Reproductive Health and the Environment**: In January, the Iris Cantor-UCLA Women's Health Education & Resource Center, in partnership with the OWH, held a *Convening of Experts* to explore the impact of environmental factors on reproductive health. A follow-up conference for key stakeholders took place on November 16.
- **Women with Disabilities**: Working with the American College of Obstetricians and Gynecologists, and disability experts throughout California, OWH developed a provider survey that was distributed to California ACOG members to help assess and improve their ability to serve their patients with disabilities. Survey results are being analyzed for next steps.
- **DPH/DHS Working Group on Reproductive Health**: Implementing a Board of Supervisors' Motion on reproductive health, the Departments of Public Health and Health Services and community-based organizations are working to improve systems of delivery of reproductive health services within County facilities.

We welcome your participation in any of these activities. For more information, please contact the OWH.

~ **OWH Staff** ~

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**OWH IN ACTION**

**Public Health Week 2010**



Denise Dador, ABC7 Health Reporter, & OWH staff member **Monica Gonzalez** at the kick-off event of Public Health's "A Healthier LA County: One Community at a Time."

~ **Presentations** ~

**Rita Singhal, MD, MPH** in collaboration with the UCLA School of Public Health  
*Factors Influencing HPV Vaccination among Low Income Minority Populations in Los Angeles County* (Public Health Science Conference)

*Role of the Physician Recommendation in HPV Vaccine Uptake among Low-income Ethnic Minority Girls in LA County.* (APHA)

*Addressing Disparities in Cervical Cancer & HPV* (2010 CA Cervical Cancer & HPV Vaccine Summit)

**Susan Nyanzi, DrPH, CHES**  
*The Effectiveness of a Multi-Lingual Telephone-Based Cardiovascular Risk Assessment for Urban Low-Income, Uninsured Women in Los Angeles Co.* (Public Health Science Conference)

*Implement Performance What?* Performance Improvement Measures, with Dawn Jacobson, MD, MPH (APHA)

OWH Nurse, **Elizabeth Stillwell, RN** was on the winning team of the **2010 Public Health Nursing Practice Conference**

Honored for Outstanding Oral Presentation  
**BREAST HEALTH EDUCATION, PROMOTION AND SCREENING:**  
*A collaborative approach towards reducing breast cancer mortality rates among low-income Asian and Hispanic women in SPA 3.*

**Advocacy through Education: Women's Reproductive Health and the Environment in Los Angeles County**

November 16, 2010

A presentation of goals and objectives regarding environmental toxins and women's health developed by a Convening of Experts on Reproductive Health & the Environment.

In collaboration with the Iris Cantor- UCLA Women's Health Education & Resource Center

**2010 Community Dialogues**

**May 18 — Making the Data Come Alive:** Findings and Program/Policy Implications of Health Disparities Among Women in L.A.C.

**Oct. 5 — Women & Healthy Aging** Featuring a panel discussion on *The Diabetes, Heart Disease, and Dementia Connection* & Breakout Groups  
**Women & Health Care Reform Opportunities & Challenges**

**In Loving Memory**



**Michelle Allen, LVN**, artist and creator of the OWH symbol of 4 multi-cultural women, passed away on May 5th due to complications from a recent surgery. She was 53.

In spite of the many obstacles she faced throughout her life, including health problems and bouts with homelessness, Michelle forged ahead with dignity and an indomitable spirit and touched many lives with her loving kindness and her wonderful art. Like the butterflies she used as her symbol, she now flies free.