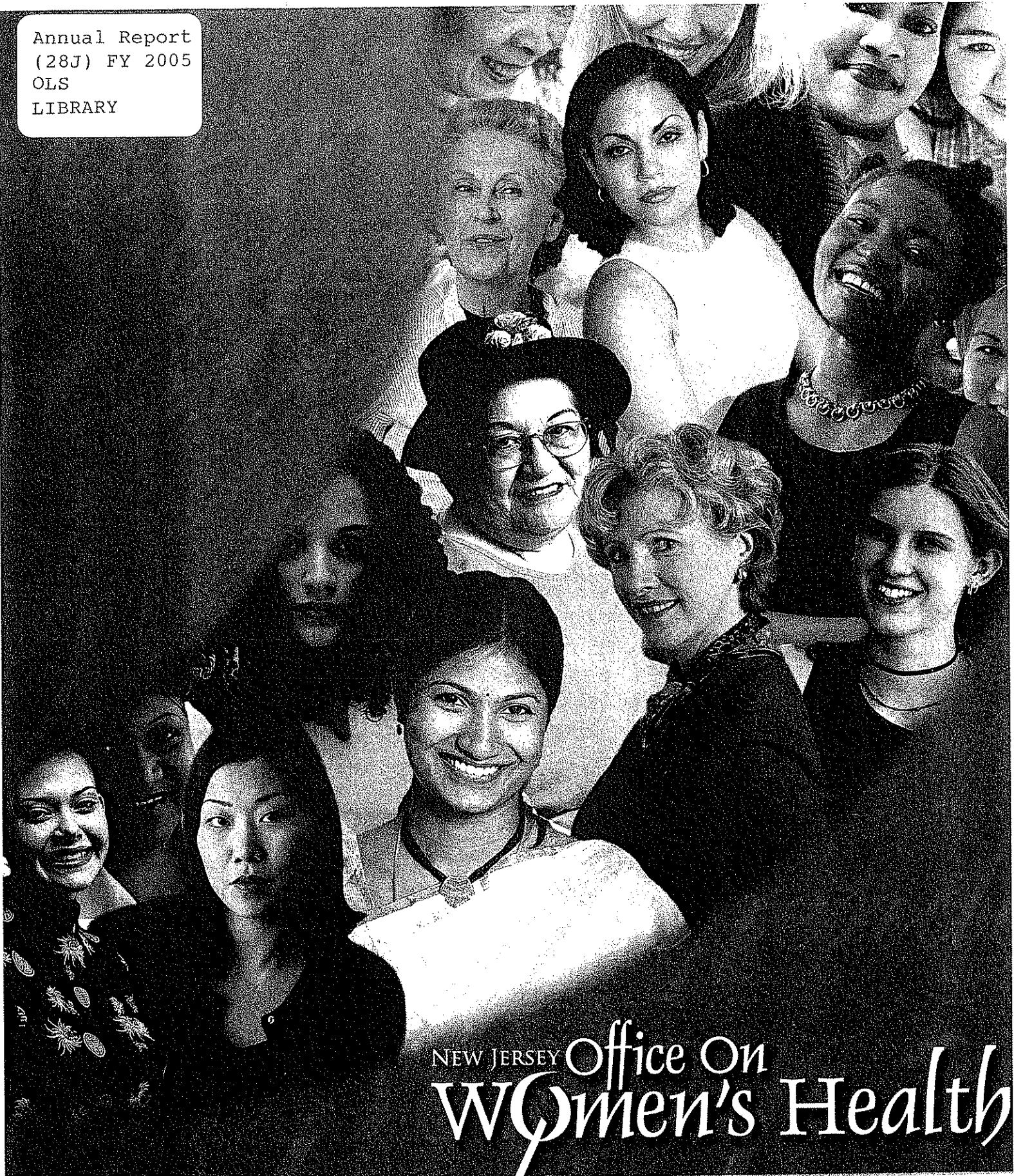


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NEW JERSEY Office On
WOMEN'S Health

ANNUAL REPORT - FY 2005



NEW JERSEY Office On
WOMEN'S Health

ANNUAL REPORT • FY 2005

NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF FAMILY HEALTH SERVICES

CELESTE ANDRIOT WOOD
Assistant Commissioner

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Office on Women's Health - Annual Report

*"The best and most beautiful things in the world cannot be seen,
nor touched...but are felt in the heart."*

- Helen Keller



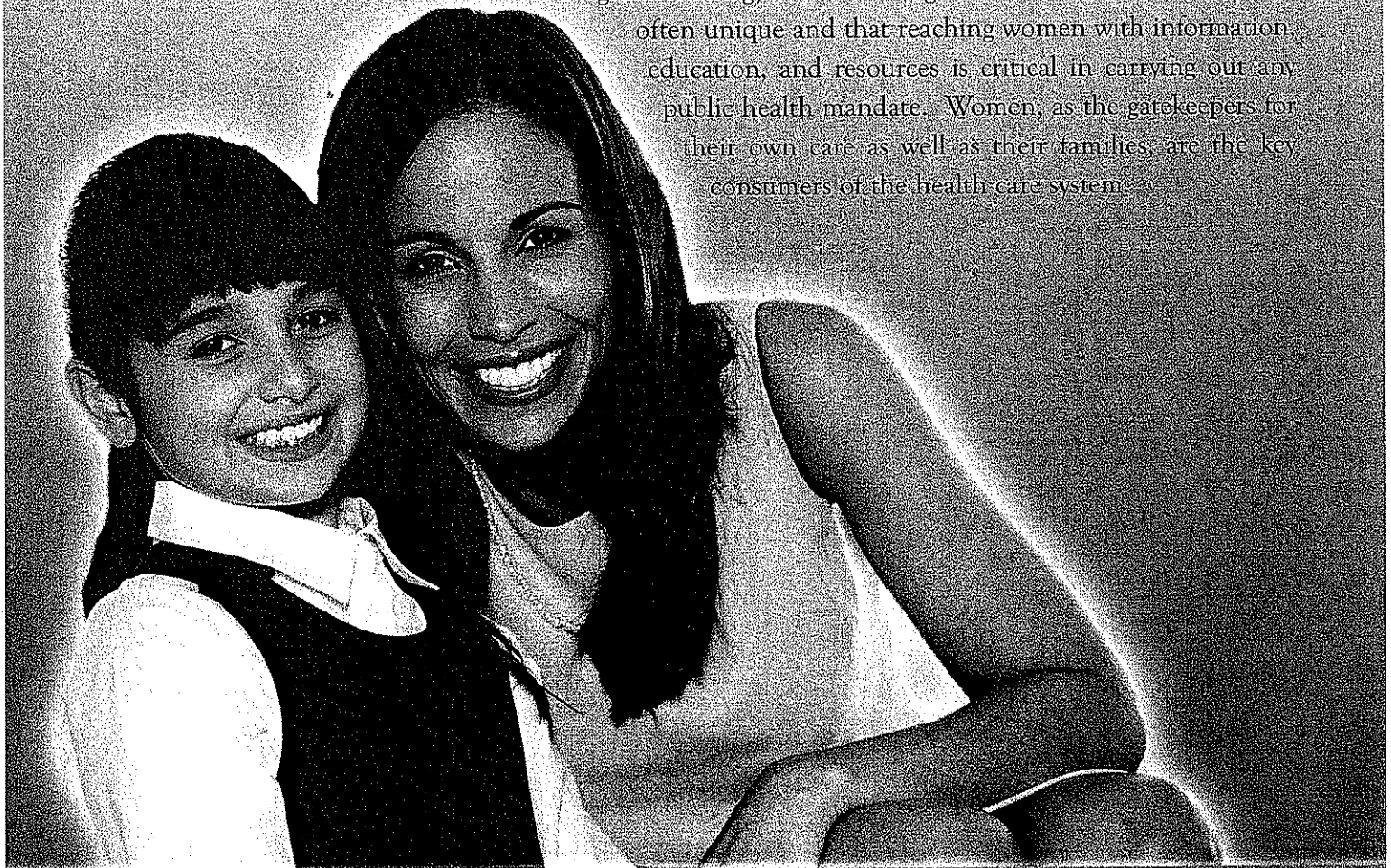
Office on Women's Health - Annual Report

BACKGROUND AND INTRODUCTION

The New Jersey Office on Women's Health (OWH), created by legislation signed in January, 2002 (P.L. 2001, Chapter 376), acts as the lead agency in New Jersey government for women's health, in coordination with other public and private non-profit agencies that serve women's health needs.

- The statute specifically noted cardiovascular disease, cancer, prenatal care, AIDS, and violence against women as major public health concerns to be addressed through prevention, early detection of disease, and equality of care. Additionally, the legislation mandated the establishment of a Women's Health Advisory Commission. This nine member commission will advise the OWH on program and service development, organize women's health priorities in the state, and provide assistance to the Office in carrying out its duties. Appointments and confirmation of members are pending at the present time.

The New Jersey Department of Health and Senior Services (DHSS), recognizing the importance and value of having a designated office to focus on women's health issues, moved ahead with implementation without state appropriations. DHSS supports the OWH with federal Maternal and Child Health Block grant funding, understanding that women's health needs are often unique and that reaching women with information, education, and resources is critical in carrying out any public health mandate. Women, as the gatekeepers for their own care as well as their families, are the key consumers of the health care system.



Women's Health Summit

In May, 2003, as a kick-off event for this office, DHSS and the New Jersey Public Health Association presented a one-day statewide summit entitled Working Together for Comprehensive Women's Health. The goal was to foster collaboration among public and private leadership to address the health needs of New Jersey women in areas such as maternal and child health, health promotion, chronic illness, addictions, HIV/AIDS, sexually transmitted diseases, mental health, and violence against women.

As a result of this event, a report was published in September, 2003 outlining policy recommendations and implementation strategies to improve the status of women's health in New Jersey.

Policy recommendations were broad, and included a call for:

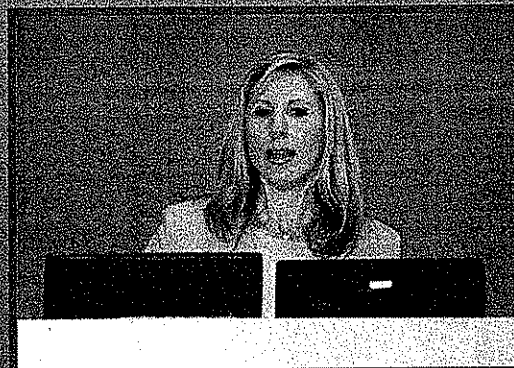
- gender-specific research to ensure effective and successful treatment planning,
- educational and outreach programs that provide accurate and timely information, dispel myths and misperceptions and empower women to advance their own, and their families' health,
- the establishment of collaborative partnerships among governmental, non-profit and private sectors to maximize resources.



Deputy Commissioner Carolyn Holmes rallies the forces.



Assistant Commissioner Celeste Andriol Wood presents the New Jersey perspective on women's health.



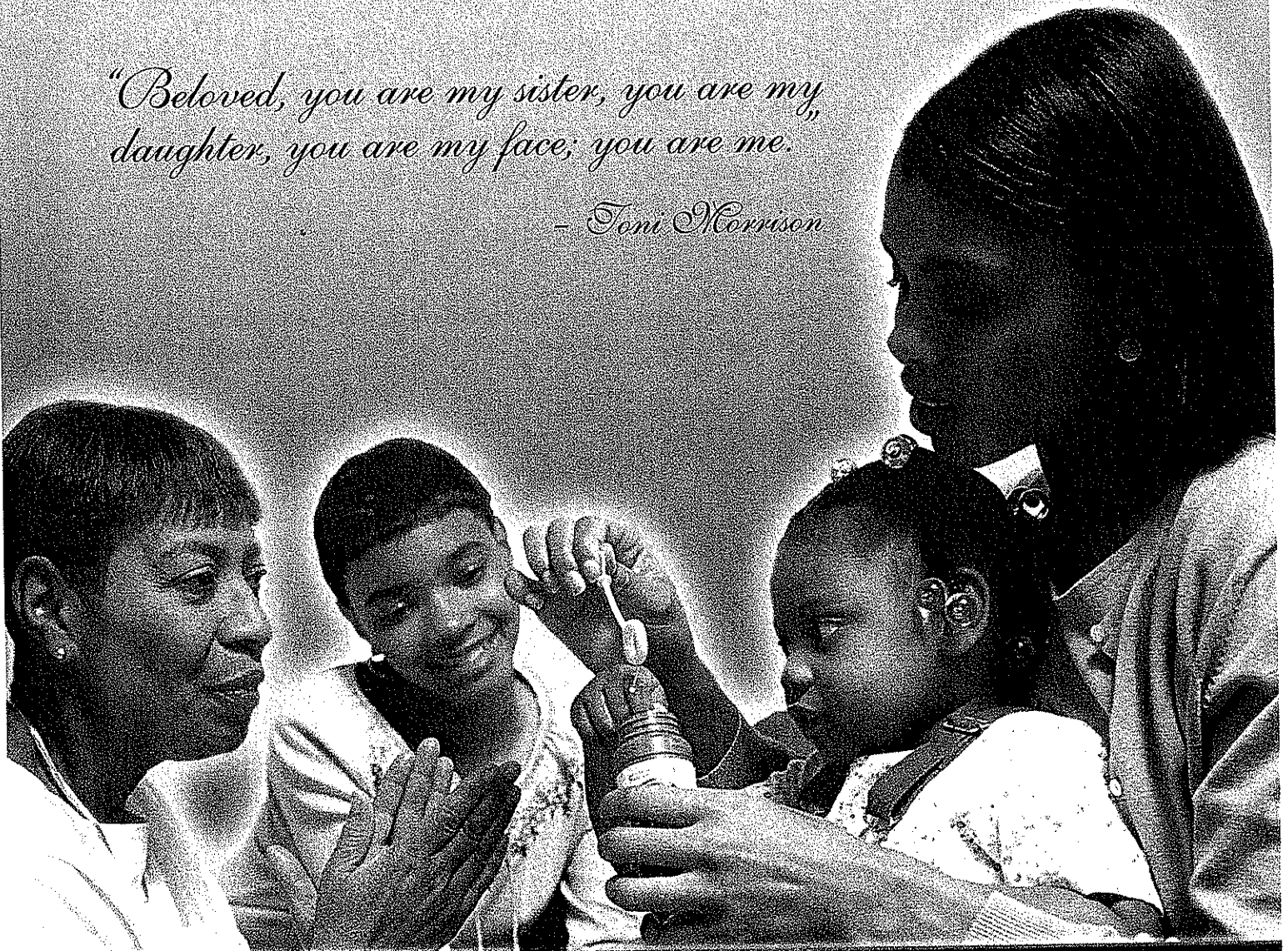
Special Office on Women's Health Director Debi Searon highlights the main message.

MISSION STATEMENT

The New Jersey Office on Women's Health (OWH) works to raise awareness of women's health issues across the lifespan, serves as a resource for information and referrals, advocates for gender specific research, the development of effective programs to improve women's health and coordinates with existing programs and organizations that provide health services to the women of New Jersey.

"Beloved, you are my sister, you are my daughter, you are my face; you are me."

- Toni Morrison

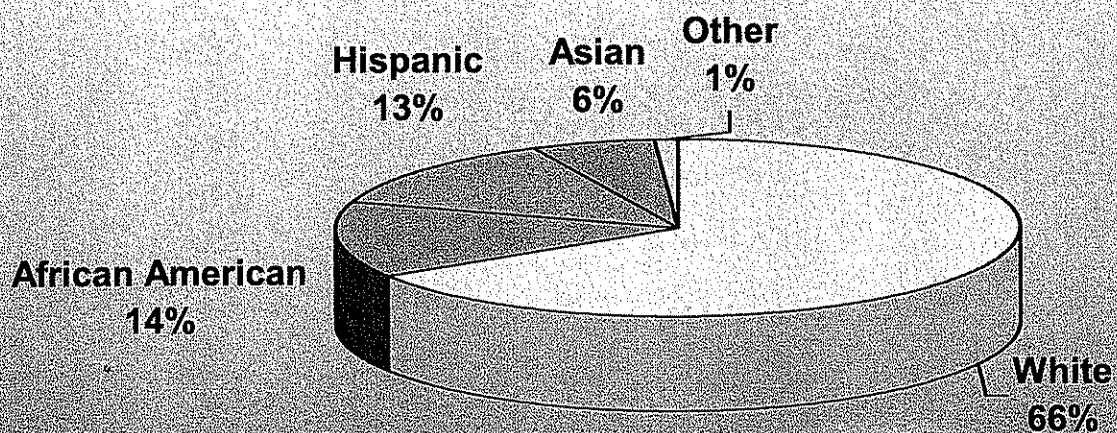


STATUS OF WOMEN IN NEW JERSEY

More than 4.3 million women live in New Jersey, representing many cultures. White women represent 66 percent of the female population, followed by African American (14 percent), Hispanic (13 percent), Asian American (6 percent), and Other (1 percent) women. Approximately 80 percent of New Jersey women are under the age of 65, and just over half (55 percent) are married.

Race/Ethnicity of Women in New Jersey, 2000

Bureau of the Census



Economics

Women's Economic Status in New Jersey By Race/Ethnicity

(Adapted from the Institute for Women's Policy Research, 2004)

	All	White	African American	Asian	Hispanic	American Indian	Other/Two or More
Work Force Participation, 2000	58.1%	57.4%	62.9%	57.9%	56.4%	64.3%	59.1%
Median Annual Earnings for Full-Time, Year-Round Workers, 1999 (2003 Dollars)	\$36,400	\$38,700	\$33,100	\$44,200	\$25,400	\$28,700	\$30,900
Wage Ratio, 1999	66.0%	70.0%	60.0%	80.0%	46.0%	52.0%	56.0%
Women, 16 and Older Living Above Poverty, 1999	90.9%	94.3%	81.9%	93.0%	81.2%	86.5%	85.5%



The majority of women (58 percent) are in the workforce. However, women earn only 66 percent as much as non-Hispanic white men earn in full-time, year-round jobs. For women employed in full-time, year-round positions, the median annual salary is \$36,400, with Asian women earning the most, at \$44,200, and Hispanic women earning the least, at \$25,400. Nearly nine percent of women live in poverty.

Political Participation

Over 63 percent of women age 18 and older were registered to vote in 1996 and 2000, but only 45 percent actually voted in the 1998 and 2002 elections.

Nationally, New Jersey does not have any women in the 15-member delegation to the United States Congress. Historically, and

five women have represented the state in the House of Representatives and none have represented New Jersey in the Senate.

Christine Todd Whitman was New Jersey's first woman governor and was the first Republican woman governor in the United States to be re-elected. Currently, 19 women serve in the state legislature and hold less than 16 percent of the seats, placing New Jersey 43rd out of 50 states in the proportion of women in the state legislature. Of these women, 13 are white, 4 are African American, and 2 are Hispanic. Six women are in the state Senate and 13 are in the Assembly.

Additionally:

- 4 of the 19 members of Acting Governor Richard J. Codey's cabinet are women.
- 3 women sit on the 7-member State Supreme Court.
- Less than 30 percent of the 137 county freeholders are women.
- Just over 13 percent of mayors are women.

Health

According to the Centers for Disease Control and Prevention, more than four out of five New Jersey women rate their health status as good, very good, or excellent. Among women, nearly 13 percent do not have health insurance coverage. Heart disease is the number one killer of women across the state. New Jersey has the highest proportion of females among people living with AIDS in the country.

Risk factors for New Jersey women age 18 and older include:

- Nearly 30 percent are overweight and more than 20 percent are obese.
- Over 49 percent experience health problems related to being overweight.
- 29 percent report no leisure time physical activity.
- About 7 percent of women report binge drinking (5 or more drinks on 1 occasion).
- 12 percent smoke tobacco everyday.
- More than 17 percent of current smokers experience smoking-related illnesses.
- About 6 percent of women have diabetes.
- 36 percent of African American women, 22 percent of white women, and 21 percent of Hispanic women have been diagnosed with high blood pressure.
- 80 percent of individuals living with HIV/AIDS are women and more than 80 percent of these women are minorities.

Preventative care among women:

- 21 percent of women report having had a routine medical check-up within the past 2 years.
- 65 percent of women have visited the dentist in the past year.
- 60 percent of women age 40 and older have had their breasts examined in the past 2 years.

- 84 percent of women age 18 and older have had a pap smear within the past 3 years.
- To test for colorectal cancer, 25 percent have had a blood stool test during the past 2 years and almost 55 percent of women had a sigmoidoscopy at some time in their lives.
- Among pregnant women, 66 percent receive early and adequate prenatal care.

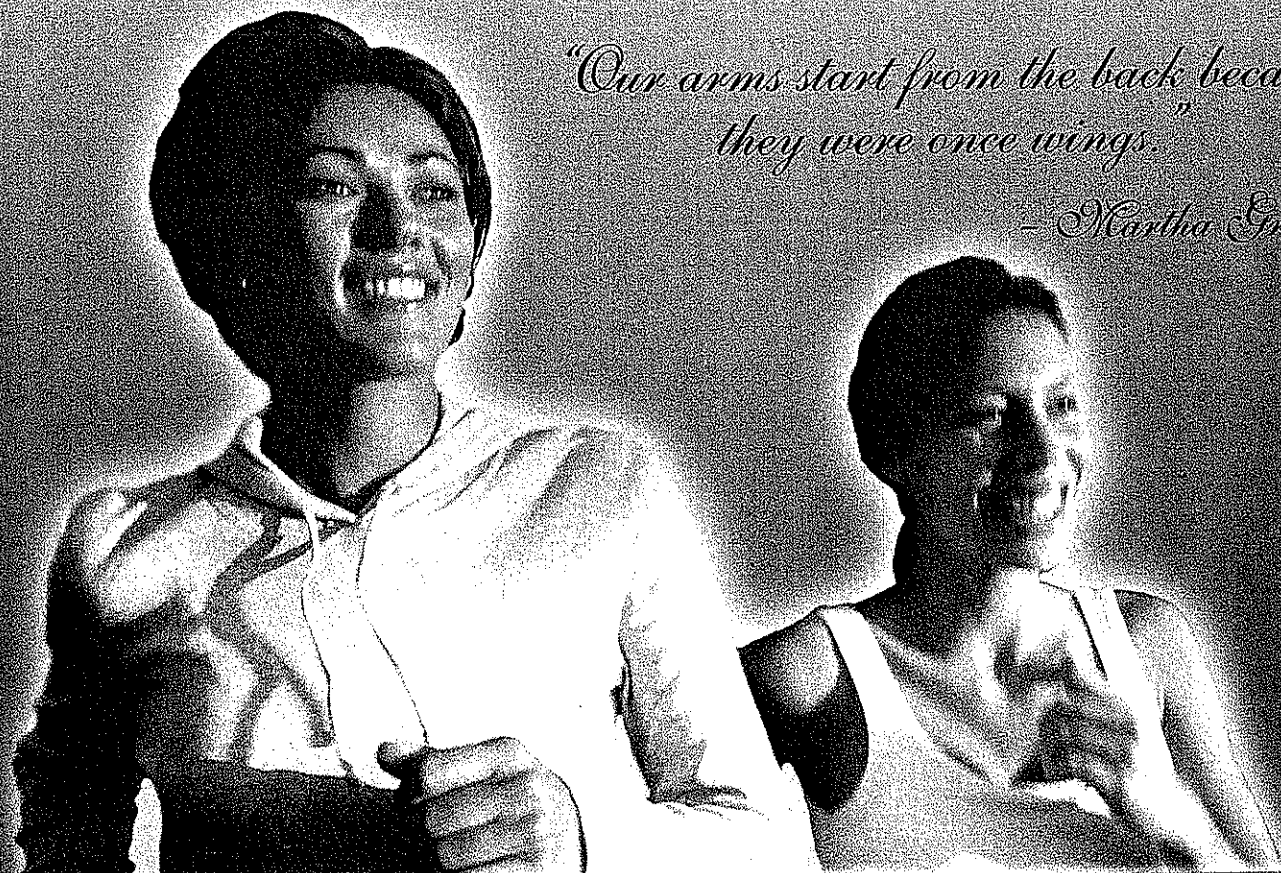
Mortality Among New Jersey Women, 2002 ¹ (New Jersey Center for Health Statistics, 2005)						
	All	White	African American	Asian/Pacific Islander	Other	Hispanic ²
All Causes	39,200	33,830	4,870	470	510	1,510
Heart Disease	12,110	10,710	1,280	120	130	370
Total Cancer	9,100	7,900	1,070	130	130	330
Lung	2,120	1,870	230	20		40
Breast	1,480	1,250	200	20		60
Colorectal	990	860	120	10		30
Stroke	2,430	2,050	320	50	50	70

¹ Numbers have been rounded to the nearest 10.

² Hispanic mortality totals are not included in the mortality totals because Hispanic ethnic classifications were recorded separate from white, African American, Asian/Pacific Islander, and Other racial classifications.

"Our arms start from the back because they were once wings."

- Martha Graham



ACTIVITIES

Cardiovascular Disease

Cardiovascular disease (CVD) is the number one killer of all women in both the United States and New Jersey. CVD refers to a variety of different conditions, including coronary heart disease, that affect the heart and blood vessel system. In 2002, of over 39,000 deaths of New Jersey women, more than 12,000 of these deaths were related to diseases of the heart. Women often experience different symptoms and risk factors than men, such as nausea, stomach pain, exhaustion and flu-like symptoms, or a burning sensation in the chest. They also have an increased risk with age as estrogen levels decrease, and an increased risk for a second heart attack. African American and Mexican American women have more risk factors than white women, and African American women have a higher death rate from CVD than white women.

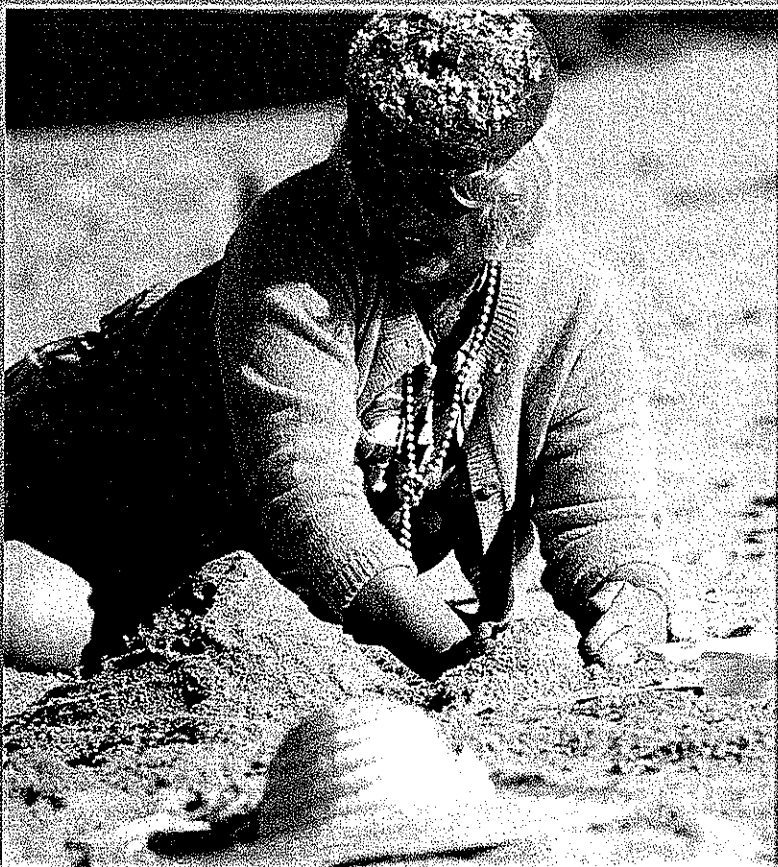
To raise awareness and educate the general public as well as professionals about heart disease in women, the OWH funded a 20-month campaign (November, 2003 - June, 2005), Take New Jersey Women to Heart. Designed by the Women's Heart Foundation (WHF), a small non-profit, New Jersey-based organization, this program provided education, outreach, and resources to women about heart disease through a variety of initiatives. The campaign also focused on preventive strategies and healthy lifestyles. The grant came from part of the settlement of a nationwide class action lawsuit. A federal court required each state to use the payout for women's health, education, vocation, and safety programs.

WOMEN'S WELLNESS DAYS TRAINING —

WHF conducted several of these "train the trainer" workshops to expose nurses to a curriculum addressing heart health and healthy living. The trainings gave 55 nurses tools and resources to provide ongoing training to other professionals and consumers in their community.

GENDER CARE CONFERENCE — Held in

October 2004 at the Robert Wood Johnson University Hospital in New Brunswick, New Jersey, WHF gathered a prominent group of cardiologists and other medical professionals who presented on the unique aspects of cardiovascular disease in women. More than 500 professionals and community members



WOMEN'S HEART DAY —In recognition of Women's Heart Day on February 5, 2005, WHF partnered with St. Joseph's Healthcare System to offer 350 free heart screenings and to distribute information about women and heart disease to 2,000 people at Willowbrook Mall in Wayne, New Jersey.

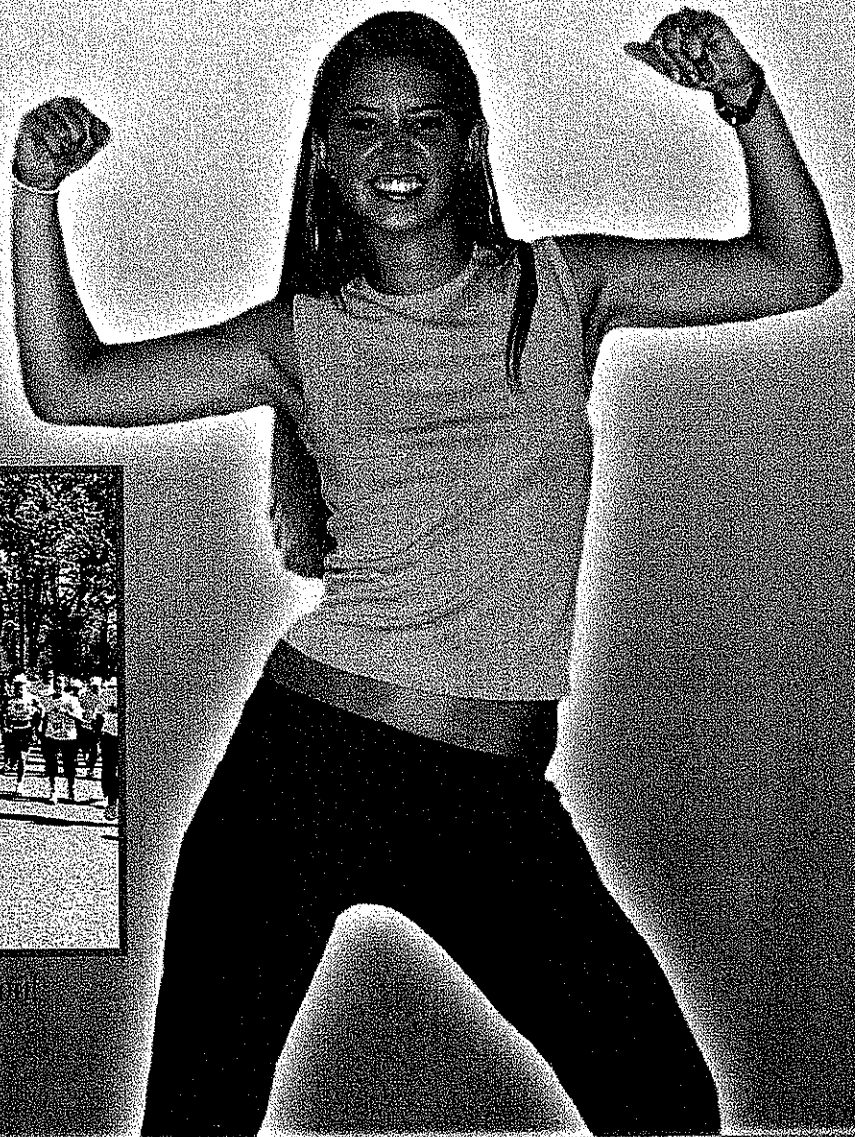
WOMEN'S HEART WALK/RUN —On May 7, 2005, the OWH served as the primary sponsor for WHF's second annual Women's Heart Walk/Run. The event highlighted the issue of CVD in women and celebrated the commencement of National Women's Health Week. Before an audience of over 400 participants, Assemblywoman Linda Greenstein (D-14th Legislative District) delivered the welcome. Additionally, the director of the OWH delivered the Governor's proclamation for National Women's Health Week.



One of many winners!

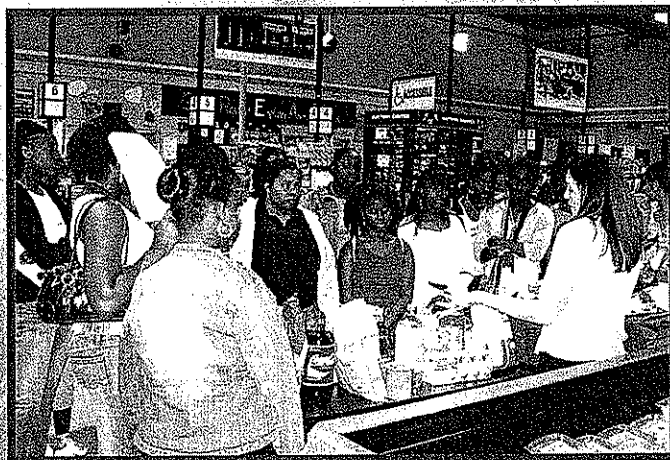


Ready, set, Go...and the race is on!

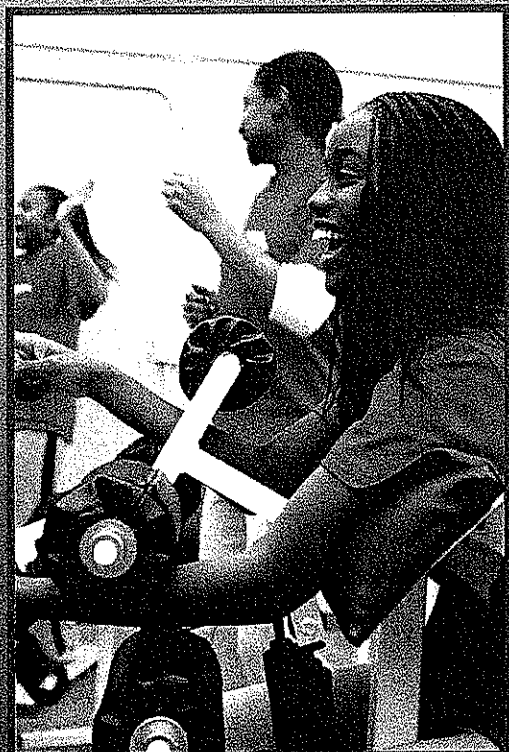


TEEN ESTEEM PROGRAM —In partnership with Trenton Central High School and the Rutgers University Department of Nursing, WHF developed and implemented the first year of a research study and fitness program for 130, 10th grade young women. The study measures the long-term effect of risk reduction interventions for CVD while tracking early onset of Type 2 Diabetes as well as self-esteem and its possible role in weight management in adolescent girls.

As an alternative to traditional physical education and health classes, the young women learned about nutrition, food preparation, health and fitness, and self-esteem using hands-on activities, a personal trainer, and exercise equipment. Special events were also incorporated into the program such as an educational trip with five University of Medicine and Dentistry of New Jersey (UMDNJ) dieticians to Wegmans Supermarket in Princeton, New Jersey to learn about shopping and eating for a healthy heart, and reading food labels. Wegmans generously provided a healthy lunch to the students at the end of the program.



In June, Senator Shirley Turner (D-15th Legislative District) helped to celebrate the completion of Teen Esteem's first year at an end of the year awards ceremony, highlighting the accomplishments of some of the most ambitious young women in the Teen Esteem program.



Throughout the year, the fitness program and research study received repeated media coverage by area newspapers, local television stations, and a video filming of the program's highlights. Teen Esteem has the potential to serve as a national model for CVD intervention and prevention in adolescent girls.

In addition to its work with WHF and the Take New Jersey Women to Heart campaign, the OWHE provided community education and outreach at the Sister to Sister Health Fair in February, 2005 at Madison Square Garden. This event attracted hundreds of women who received a variety of information, health education materials, and health screenings. The OWHE also participated in the second annual Women in Government Conference in March, 2005 in Phoenix, Arizona. The Summit and its working groups, women legislators and Offices of Women's Health, published the issue of CVD.

Disabilities

In the United States, over 12 percent of Americans report experiencing disabilities, or limitations in usual activities due to chronic conditions. More than 50 percent are women. Disabilities include physical and mental limitations arising from a variety of health conditions. Women with disabilities often do not receive necessary health care because of a lack of transportation and support services, inability to locate accessible exam tables, lack of reproductive health care, some physician's lack of awareness and knowledge about disabilities, and other accessibility issues.

To address the specific conditions of women with disabilities, the OWH provides representation on the Disability Health & Wellness Advisory Board, through the Department of Human Services, Division of Disability Services. The Advisory Board focuses on health promotion and prevention of additional conditions among people with disabilities as well as discusses the Disability Health & Wellness Initiative. The goals of the Initiative include improving access to care and resources, increasing education and training among professionals and consumers, raising awareness about minority statuses and women's issues, improving statistical tracking mechanisms, and increasing evaluation and research among this population.

Sexual Assault

Nearly one in every six women in the United States experiences rape during her life and the majority (70 percent) of women know the perpetrator. In 2003, there were nearly 200,000 victims of rape, attempted rape, or sexual assault over the age of 12, and nine out of ten victims were women. Of women who are raped, 54 percent are victimized before age 18. Those women with a history of rape or sexual violence are also at a higher risk of repeated assaults than women without a history of rape. Minority women are slightly more likely to be raped or experience attempted rape in their lives than white women.

In New Jersey, rape occurs nearly once every seven hours and one out of every 100 women has been raped in her lifetime.

were a total of 1,283 reported rapes. However, these statistics are estimates and may be substantially higher because it is believed that almost 60 percent of rapes are not reported to the authorities. Many victims do not contact law enforcement officials due to the lack of obvious physical injury, their uncertainty as to the definition of rape, fear of reprisal by the assailant, feelings that the crime is a private and personal matter, and fear of social stigmas that blame or doubt the victim. Statewide rape crisis centers receive about 30,000 phone inquiries each year from women and men who experience rape, family members, friends, and other community members.

To address the prevalence of rape and sexual assault in the state, the OWH provides representation for Fred M. Jacobs, M.D., J.D., Commissioner of the New Jersey Department of Health and Senior Services (DHSS) on the Governor's Advisory Council Against Sexual Violence. The Council, established by Executive Order No. 40 (2002), seeks to prevent sexual violence by evaluating the effectiveness and implementation of existing state policies and protocols, examining the needs and programs related to sexual violence in the state, and increasing provider awareness of services for people who experience sexual violence. It is charged with the task of providing a comprehensive report to the Governor, issuing policy and legislative recommendations on how to proceed in addressing this very serious public health issue.

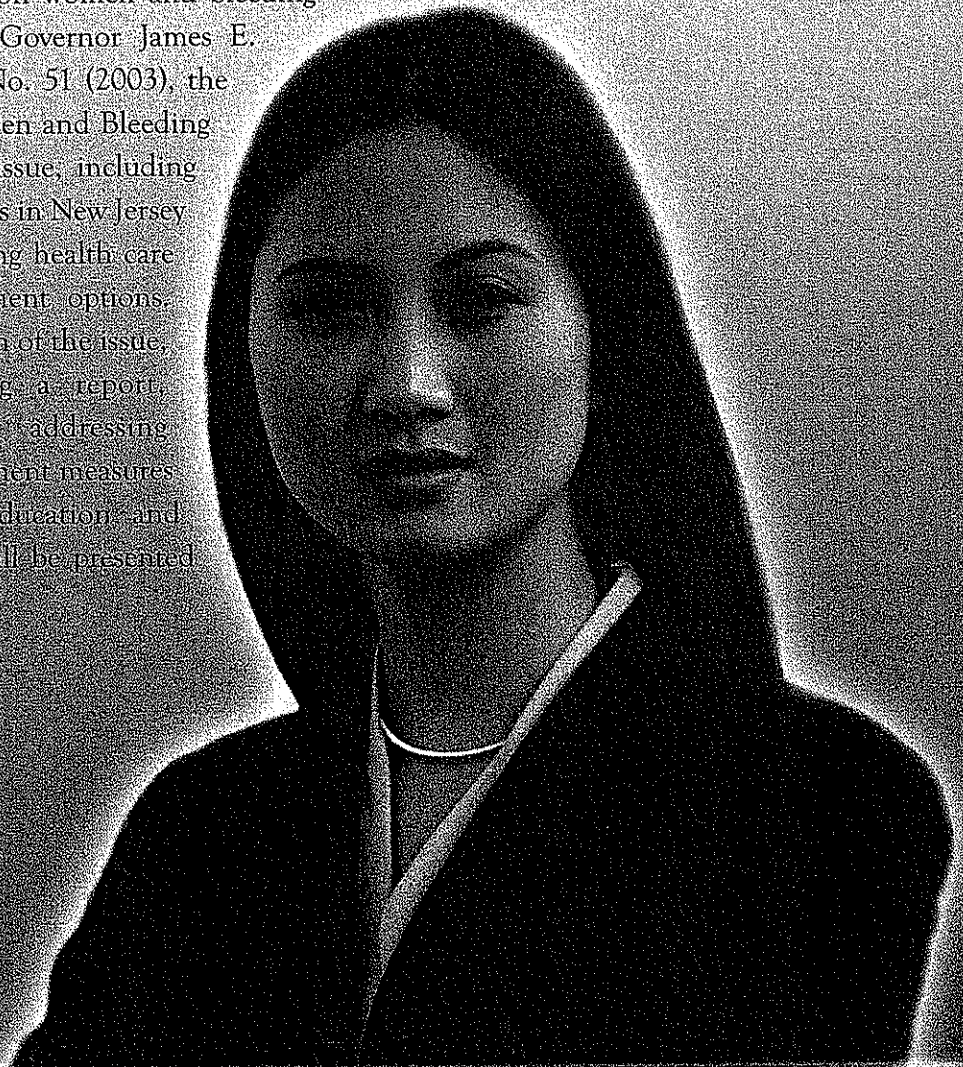
The Council has four subcommittees, representing protocols and standards, prevention and education, needs research, and legislative review. Members of the prevention and education subcommittee and the OWH participated in a two-day PREVENT Institute workshop during September, 2004 in Durham, NC to prepare a strategy to develop a statewide plan for primary prevention, which is stopping sexual violence before it occurs. The PREVENT Institute trainers, through the University of North Carolina, continue to provide follow-up training and oversight during the year.

To further the state's efforts on violence prevention, on May 16, 2005, the OWH and the Department of Community Affairs, Division on Women submitted an application to the Centers for Disease Control and Prevention (CDC) for a 3-year grant for \$300,000 to fund the development of a primary prevention plan. Approval for the grant is pending.

Bleeding Disorders

A bleeding disorder, such as hemophilia or von Willebrand Disease (VWD) exists when it is hard for a person to stop bleeding, and there are not enough blood platelets or clotting factors in the blood. This causes a person to bleed more, and for longer periods of time than normal. Although more commonly associated with men, bleeding disorders affect up to 2.5 million American women and can cause problems in reproduction. One of the more common symptoms of bleeding disorders in women is heavy menstrual bleeding, or menorrhagia. Research indicates that bleeding disorders may be responsible for half of the cases of menorrhagia where a cause cannot be determined and may be treated with hysterectomies. Of the 500,000-600,000 hysterectomies performed annually in the U.S., many of which may be unnecessary, 20 percent are done to treat excessive bleeding. However, most women are not screened for a bleeding disorder and thus go undiagnosed because of a lack of awareness among health professionals and community members about bleeding disorders.

New Jersey has taken steps to address the problem of women and bleeding disorders. The OWH facilitates a fourteen member task force on women and bleeding disorders. Created by former Governor James E. McGreevey's Executive Order No. 51 (2003), the Governor's Task Force on Women and Bleeding Disorders serves to assess the issue, including the number of bleeding disorders in New Jersey women, diagnostic issues among health care professionals as well as treatment options. Through comprehensive research of the issue, the task force is developing a report, including recommendations, addressing screening, diagnostic, and treatment measures in addition to community education and outreach efforts. This report will be presented to the Governor in early 2006.



Caregiving

As the American population ages, a growing number of adults require assistance in performing daily life activities. Over 44 million of U.S. adults care for another adult over the age of 18 without remuneration. Women of all races provide the majority (61 percent) of caregiving, and women typically spend four more hours each week providing care than caregiving men. In addition, 40 percent of women report emotional stress from caregiving versus 26 percent of men. As caregivers spend more time providing care, levels of emotional stress, physical health, unmet needs, and other risk factors increase.

*"My eyes and my mind keep taking me
where my old legs can't keep up."*

- Lora Neale Hurston

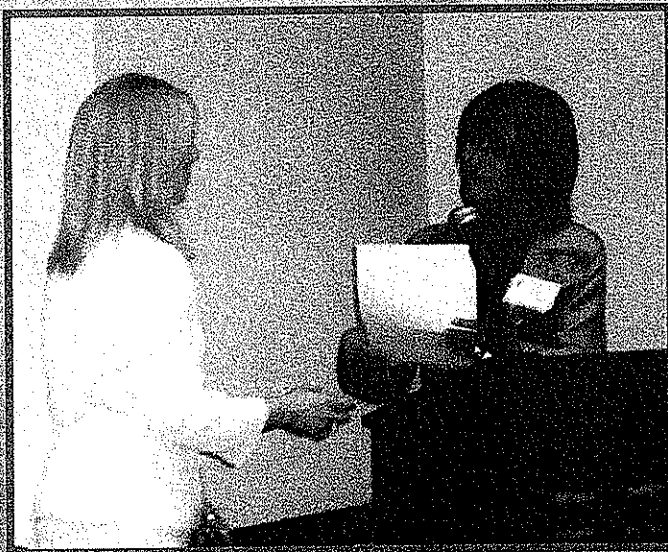


Caregiver Recognition Day

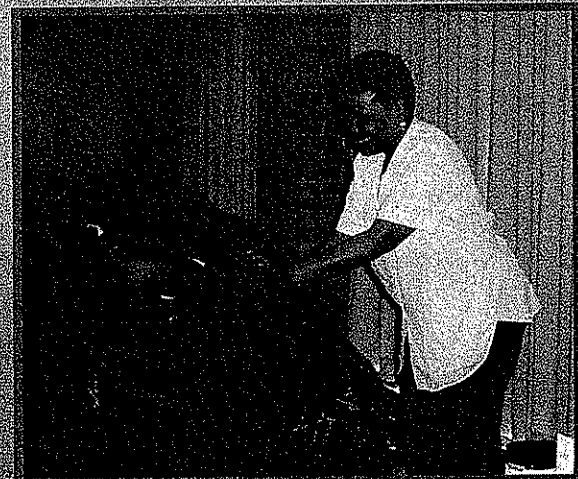
In partnership with the Family Resource Network's Family Support Center of New Jersey and the DHSS Division of Aging and Community Services, the OWH developed and sponsored Caregiver Recognition Day. Held at the New Jersey Law Center in New Brunswick during Women's Health Week in May, the all-day event focused on caregiving as both a public health and as a women's issue. Senator Barbara Buono (D-18th Legislative District) offered the welcome and presented the Governor's proclamation for National Women's Health Week. The program provided the women with fitness demonstrations, stress reduction sessions, makeovers, and other informational exhibits. Rosemarie D. Poverman, MSW, LCSW delivered the keynote speech, "The Positive Power of Humor" on how to develop and use humor in challenging life situations. Educational information and resource materials were distributed to over 75 women caregivers who attended the event. After the success and overwhelmingly positive feedback, Caregiver Recognition Day is expected to be an annual event.



Warm greetings for our caregivers.



Senator Barbara Buono delivers the Governor's proclamation to OWH Director Pam E. Nealon.



A relaxing massage for a hard-working caregiver.

Partnerships, Community Participation, & Conferences

In addition to the organizations previously named, the OWH partnered with other public and private non-profit organizations such as the American College of Nurse Midwives, American Stroke Association, and Women Against Lung Cancer in consultations, networking, and projects. The OWH also distributed women's health information to hundreds of girl scouts and their mothers at the Girl Scout Council of Bergen County Breast Cancer Run and Health Fair. In April, the OWH provided representation at an arts event at the Edna Mahan Correctional Facility in Clinton, New Jersey and interacted with inmates about women's health and the need for women's health programs at the prison. Additionally, the OWH is represented on the Office of Cancer Control's Cervical Cancer workgroup, as well as the New Jersey Diabetes Council.

To foster professional networking and raise awareness about a variety of women's health issues, the OWH attended and participated in several conferences during 2004-2005:

- **Domestic Violence/Disabilities Conference** - Focused on the prevalence of violence against women with disabilities and strategized prevention and treatment issues for this population.
- **New York Academy of Medicine Conference on Obesity** - Explored designing and implementing programs to stress good nutrition and increased physical activity to prevent obesity.
- **State Women's Health Directors National Meeting** - Promoted networking and sharing of "best practice" programs among state offices.
- **Minority Women's Health Summit** - Highlighted cultural diversity and cultural competency in addressing women's health topics.
- **The Governor's Conference on Women** - Facilitated a workshop on infertility, including the most up-to-date fertility options, legal issues, psychological and emotional issues, and alternative therapies.

Networking

The New Jersey OWH is a member of a network of women's health offices throughout the country. As part of Region II of the U.S. Department of Health and Human Services' Office on Women's Health, the New Jersey office participates in regional monthly calls with New York, Puerto Rico, and the U.S. Virgin Islands, facilitated by the regional women's health coordinator. These calls provide up-to-date information regarding women's health issues on the federal level. In addition, there are monthly regional calls with other state offices that provide women's health services. Experts present on a variety of health and mental health issues during these calls.

Inside the OWH

During June, 2005, Erin Bungler joined the office for a paid summer internship. During her nine-week tenure, she completed a variety of projects that included developing the Office's new webpage, researching and writing sections of the Governor's Council Against Sexual Violence, Prevention and Education subcommittee's report to the governor, and assisting in the preparation of the FY 2005 Annual Report. In the fall, Ms. Bungler returned for her final year at Susquehanna University in Selinsgrove, Pennsylvania, where she is studying Psychology and Women's Studies.

Legislation

In May, 2005, Senator Barbara Buono (D-18th Legislative District) introduced S2589 to the New Jersey Senate for a supplemental appropriation of \$750,000 for the OWH. Peri L. Nearon, Director of the OWH, along with Assistant Commissioner Celeste Andriot Wood provided testimony to the Senate Health, Human Services, and Senior Citizen's Committee describing the background, current activities, and future potential of the office. In addition, Sherry Marts, Ph.D., vice president of Scientific Affairs for the Society for Women's Health Research, a Washington, D.C. based organization, testified on behalf of the OWH. At the time of this report's publication, the bill remained in Committee.

The OWH operates with limited resources from the Maternal Child Health Block grant but lacks stable, ongoing funding. While it has not been able to meet the full intent of the legislation that established the Office, the OWH continues to make progress.

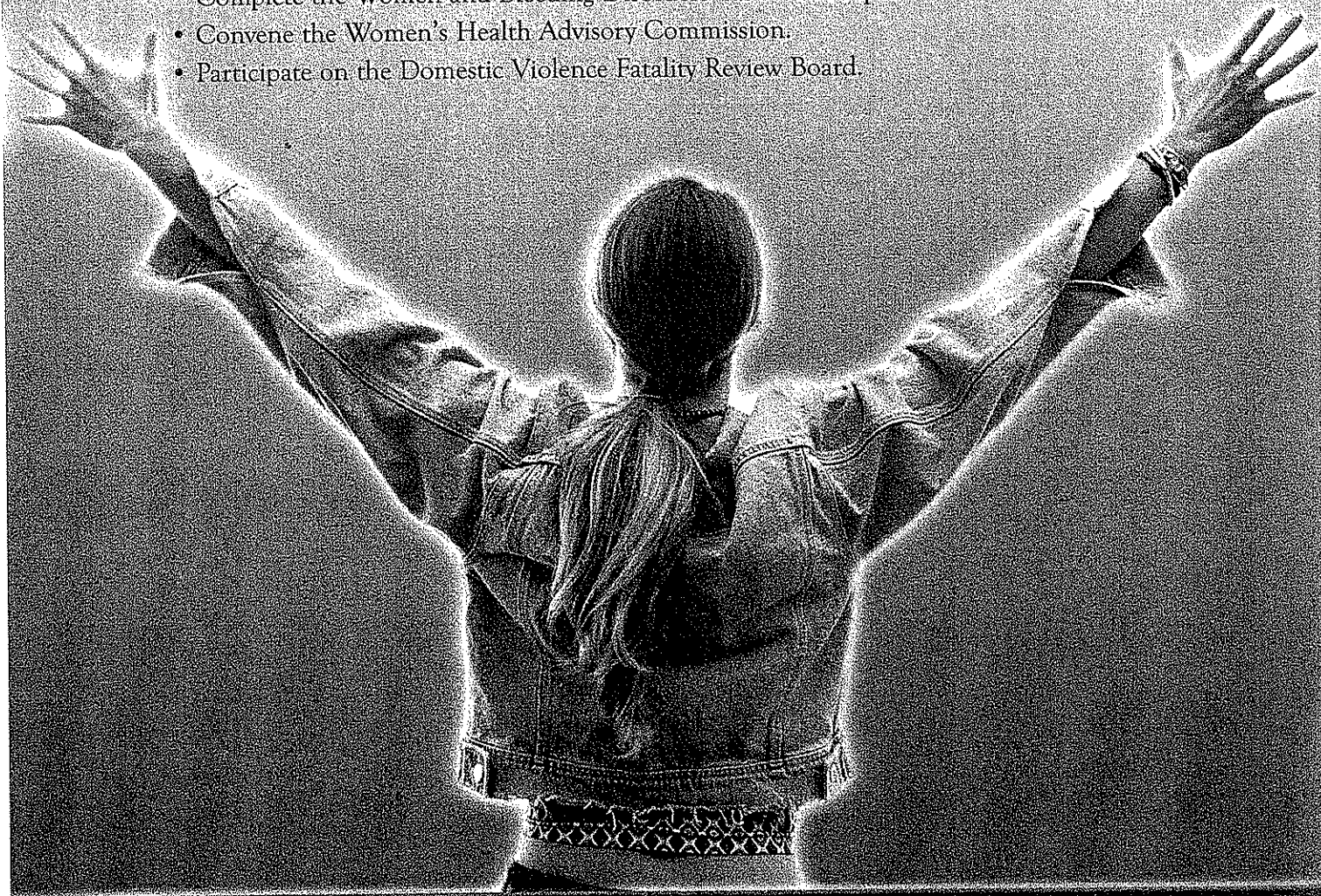


THE NEXT YEAR

The Office on Women's Health will maintain most of its current activities and partnerships over the course of the next year, as well as find creative ways to begin new initiatives. We remain hopeful that funding for the office will be forthcoming, and we will be able to coordinate with existing programs and provide support for select community women's health projects.

Upcoming/Pending Initiatives:

- If funded, develop a statewide, primary prevention strategy for sexual assault.
- Host, in partnership with New Jersey College of Nurse-Midwives, "A Night of the Blues," on September 24, 2005 to recognize Acting Governor Codey's Postpartum Wellness Initiative at the Trenton War Memorial.
- Present at the October 15th conference, **Take Charge of Your Health: The Health Conference and Networking Event for New Jersey Women**, sponsored by the Society for Women's Health Research and Garden State Woman Magazine.
- Develop and roll-out a comprehensive women's health web page.
- Complete the Women and Bleeding Disorders Task Force report.
- Convene the Women's Health Advisory Commission.
- Participate on the Domestic Violence Fatality Review Board.



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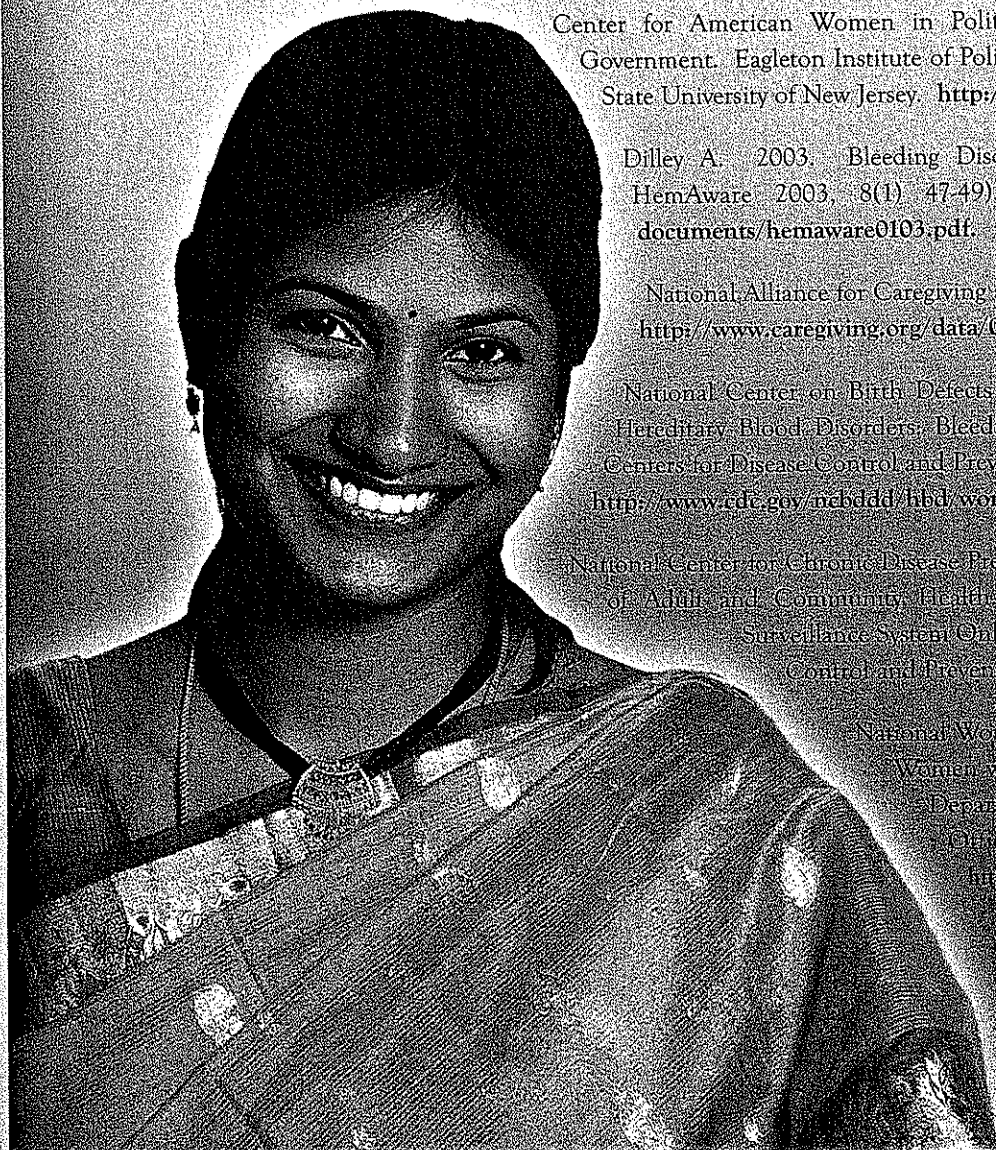
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*"In search of my
mother's garden, I
found my own."*

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