



The Delaware Office of

WOMEN'S HEALTH

Newsletter

Winter 2016 Health Awareness

February 2016

Heart Health Month

www.heart.org

Teen Dating Violence Awareness
Month

www.thehotline.org

February 22-28, 2015

National Eating Disorders Awareness
Week

<http://nedawareness.org>

March 2016

Women's History Month

www.womenshealth.gov/nwhw/

Colorectal Cancer Awareness Month

[www.cancer.org/cancer/
colonandrectumcancer/](http://www.cancer.org/cancer/colonandrectumcancer/)

National Endometriosis
Awareness Month

www.cdc.gov/women/az/pregnancy.htm

March 24, 2016

World TB Day

www.cdc.gov/tb/

The Office of Women's Health (OWH) Newsletter

Karen McGloughlin, Editor

To subscribe, call 302-744-4703 or
e-mail OWH@state.de.us.

Have a suggestion?

If you have an idea, resource, news
item, or event you would like to share
with the Office of Women's Health,
contact OWH@state.de.us.

Spread the word.

Forward this email to a friend.
Effective community partnerships
depend upon the sharing of
resources.



As a trainer/educator for the Office of Preparedness, April Cleveland conducts trainings and attends outreach events such as health fairs and conferences.

Cleveland began her Public Health career in 2010 with the Office of Preparedness. Prior to joining the Division of Public Health (DPH), she taught students from kindergarten to the college level. In addition to doing outreach and training, she is involved in quality improvement (QI) as part of a division-wide initiative. She is a certified quality improvement associate as well as a member of the Quality Improvement Council and has worked as a quality improvement facilitator on several QI projects.

In her role as a trainer/educator, Cleveland teaches Delaware residents about the importance of being proactive in developing an emergency plan for themselves and their families.

"Being prepared takes many forms...whether for flu season or hurricane season. We try to teach an all-hazards approach to preparedness and encourage everyone to make a plan for themselves and their families," she said. "Communication is an important component in emergencies. How will you get in touch with your family? If your children are evacuated from their school or daycare, where will they be taken? As a result of Hurricane Katrina, over 5,000 children were separated from their families—some for as long as six months. Don't be a statistic, plan and prepare today!" For more information, visit <http://dhss.delaware.gov/dhss/dph/php/> or enroll in a Family Preparedness training.

Here are some steps to help you prepare:

- Make a family communication plan in case you and your family are not together during an emergency. <http://tinyurl.com/ntxxa3o>
- Gather emergency supplies. Make sure your supply kit is stocked with items that support your unique needs, such as medications. <http://www.ready.gov/kit>
- To monitor changing weather conditions, listen to your local radio and television stations. A battery powered NOAA radio is essential during a power outage.
- Sign up for the Delaware Emergency Notification System (DENS). The purpose of DENS is to inform and warn the public during emergencies. <http://www.dema.delaware.gov/services/DENS.shtml>

For information specific to Delaware residents, visit <http://www.preparede.org/>.

The Office of Women's Health was created to increase the health knowledge of all Delaware women and engage them in leading healthier lives.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Know the Signs and Symptoms of a Heart Attack

Heart disease is the number one killer of women in the United States, and more women than men die from their heart attacks. A heart attack occurs when the blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely.

Listen to your body — it could be telling you it's time to call 9-1-1. Don't ignore or downplay your symptoms. Here are the seven signs of a heart attack every woman should know.

1. Chest pain or discomfort
2. Sharp pain in your upper body
3. Shortness of breath
4. Breaking out in a cold sweat
5. Sudden or unusual tiredness,
6. Light-headedness or sudden dizziness
7. Unexplained nausea.

Acting quickly can help save your life. If you experience any of the symptoms described above, don't wait.

For more information on heart attack symptoms and getting care, visit <http://womenshealth.gov/heartattack/> and watch the video for an easy way to remember the symptoms of a heart attack.



If you are worried that you are having a heart attack, but you are not getting the medical treatment you think you need:

- Be persistent.
- Make it clear these symptoms aren't normal for you.
- Ask for an ECG or EKG (electrocardiogram) and blood tests that can diagnose a heart attack. Insist on these simple, fast, and accurate tests before going home.
- Get a second opinion. Ask to see a doctor who specializes in heart problems.

This article was adapted from a blog post provided by the U.S. Health and Human Services' Office of Women's Health.

2014 National Health Interview Survey Explores E-Cigarette Use

Electronic cigarettes, or e-cigarettes, are an emerging challenge for public health, according to the Centers for Disease Control and Prevention (CDC). Electronic nicotine delivery systems (ENDS) include many different types of products, such as vape pens and e-hookahs. Despite differences in appearance, these devices are quite similar in function – they create an aerosol that can contain nicotine and other additives.

Because the nicotine in these products is typically derived from tobacco, the Food and Drug Administration (FDA) has proposed to regulate e-cigarettes as tobacco products. However, these proposals have not yet been implemented, and electronic cigarettes remain unregulated at the federal level. Nicotine exposure at a young age may cause lasting harm to brain development, promote nicotine addiction, and lead to sustained tobacco use – making any use of these products among U.S. youth a concern, the CDC reports.

The 2014 National Health Interview Survey, conducted by the CDC and released in October 2015, showed that younger adults were more likely than older adults to have tried e-cigarettes and to currently use e-cigarettes. Of the more than 36,500 of those surveyed, 21.6 percent of Americans between the ages of 18 and 24 said they had tried the battery-powered aerosol nicotine-delivery device, while usage among those 65 and older was less than 4 percent. In addition, the data showed that 5.1 percent of Americans between the ages of 18 to 24 were current users, whereas just over 1 percent of current users were 65 and older.

Other key findings of the survey revealed the following, according to the CDC:

- In 2014, 12.6 percent of adults had ever tried an e-cigarette at least one time, with use differing by sex, age, and race and Hispanic or Latino origin.

- Current cigarette smokers and former smokers who quit smoking within the past year were more likely to use e-cigarettes than former smokers who quit smoking more than one year ago and those who had never smoked.

- Among adults who had never smoked cigarettes, 3.2 percent had tried an e-cigarette at least once. The percentage of those who tried an e-cigarette at least once was highest among ages 18-24 who had never smoked cigarettes (9.7 percent), and declined with age.



What's happening in Delaware:

Delaware has seen significant achievements in addressing this issue at the state level. In June, lawmakers voted to add e-cigarette devices to the Clean Indoor Act (CIAA), a move that DPH believes has extremely important implications for protecting the public from toxic emissions and sending a message that nicotine exposure is not safe. Delaware has also banned the sale of e-cigarettes to minors.

For more information about the 2014 National Health Interview Survey, visit <http://www.cdc.gov/nchs/data/databriefs/db217.pdf>.

Source: Centers for Disease Control and Prevention

Delaware Health Officials Support ‘No Alcohol During Pregnancy’ Report

How much alcohol is safe to drink when you’re expecting? None. Zero. Not a drop. That’s according to a report published in the November issue of the American Academy of Pediatrics’ (AAP) Pediatrics magazine. The report identifies prenatal alcohol exposure as the leading cause of preventable birth defects and neurodevelopmental disabilities.

Drinking during pregnancy greatly increases the chances that the baby will develop a fetal alcohol spectrum disorder (FASD). Signs and symptoms of the various FASDs range from mild to severe and include a combination of physical, emotional, behavioral, and learning problems. Prenatal alcohol exposure is a frequent cause of structural or functional effects on the brain, heart, bones and spine, kidneys, vision and hearing. It’s also associated with a higher incidence of attention-deficit/hyperactivity disorder and specific learning disabilities such as difficulties with mathematics and language, information processing, memory, and problem solving.

“We wholeheartedly support the AAP’s announcement regarding no alcohol use during pregnancy,” said Dr. Karyl Rattay, Director of the Division of Public Health (DPH). “The only sure way to prevent FASDs is to completely avoid alcohol use while pregnant. This also applies to women who are trying to get conceive. Damage from prenatal alcohol exposure can occur even during the earliest weeks of pregnancy, even before a woman realizes she’s pregnant.”

“It is vital for those of us in the pediatric community to deliver this very important message,” said Dr. Catherine Zorc, President of the Delaware Chapter of the American Academy of Pediatrics. “We appreciate this clear guidance to help us correct misunderstandings about the risks of alcohol use during pregnancy and to educate on the importance of abstaining from alcohol use during this critical time in their child’s development.”

Some physicians have advised pregnant women that it may be acceptable to consume limited quantities of alcohol during their third trimester. However, the AAP report disputes that logic. First-trimester drinking, compared to no drinking, results in 12 times the odds of giving birth to a child with FASDs. First- and second-trimester drinking increased FASDs odds 61 times, and women who drink during all trimesters were 65 more likely to have children who would develop an FASD.

“Alcoholism can make it much more difficult for a pregnant



woman to quit drinking altogether,” said Michael Barbieri, Director of the Division of Substance Abuse and Mental Health (DSAMH). “Many women may be able to cease casual drinking easily but we must remember that alcohol addiction is still very real and very difficult to overcome. DSAMH is working closely with providers to increase the amount of addiction treatment services, including to pregnant women.”

The Department of Health and Social Services began a pregnancy and addiction project led by the Secretary’s office, DPH, DSAMH and the newly re-formed FASD Task Force. DHSS and the Task Force are currently reviewing available education, diagnosis, and treatment services for reproductive age women with the goal of increasing women and medical provider awareness of the dangers of alcohol and drugs during a pregnancy, and developing additional information on identifying FASD symptoms early in infants and young children. Neurocognitive and behavioral problems from prenatal alcohol exposure are lifelong, but early recognition, diagnosis, and therapy for any FASD condition can improve a child’s long term prospects and overall health.

For further information about the project or the FASD Task Force, call 302-744-4704. And for tips for a healthy pregnancy and healthy baby, visit <http://dethrives.com/healthy-mothers>. If you’re a mother struggling with addiction, visit <http://www.helpisherede.com> for local resources.

February is Teen Dating Violence Awareness Month

Dating violence is any type of physical, emotional, or sexual abuse that happens in a dating relationship. It can happen to people of all ages, races, cultures, incomes, and education levels. It can happen in heterosexual or same-sex relationships. Violence can happen on a first date or when you are deeply in love. But no matter how it happens, dating violence is always wrong, and help is available.

Kelly Vrooman was 15 when her boyfriend started hurting her. The abuse continued for about two years. More than 10 years later she began sharing her story. Read more in the U.S. Health and Social Services Office of Women’s Health Spotlight interview at: <http://womenshealth.gov/news/Spotlights/2015/10.html>.

If you or someone you love has been abused, contact The National Domestic Violence Hotline at 800-799-SAFE (7233). It’s free and confidential.

Did you know?

Study Examines Workplace Accommodations to Support Breastfeeding

The Jacobs Institute of Women's Health has published a study titled, "Access to Workplace Accommodations to Support Breastfeeding after Passage of the Affordable Care Act," examining the associations between the access as mandated by the federal law and breastfeeding initiation and duration.

The study found that only 40 percent of women in the U.S. had access to both break time and private space. Women with both adequate break time and private space were 2.3 times as likely to be breastfeeding exclusively at six months and 1.5 times as likely to continue breastfeeding exclusively with each passing month, when compared with women without access to these accommodations.

For further information about the access to workplace accommodations study, read a full article from *Women's Health Issues*, Volume 26, Issue 1, The Jacobs Institute of Women's Health at <http://www.whijournal.com/article/S1049-3867%2815%2900117-6/fulltext>.



What's happening in Delaware:

The state of Delaware has been an active participant in the important mission of promoting and supporting breastfeeding. In August, Delaware became the third state to have "banned the bag," now that all maternity facilities have stopped distributing gift bags that contained cans of formula, coupons, and other advertising. Eliminating the formula gift bags is a nationwide effort supported by the CDC and the American Academy of Pediatrics.

Racism Webinar Recordings, from APHA and AAP

The American Public Health Association (APHA) released recordings from the recent webinar series about racism's impact on health and disparities. The series, "The Impact of Racism on the Health and Well-Being of the Nation" can be found by visiting <http://www.apha.org/events-and-meetings/webinars/racism-and-health>.

An additional recorded webinar co-hosted by the American Academy of Pediatrics (AAP), titled "Racism and Its Impact on Children's Health," is also available online. The webinar discusses racism as an adverse childhood event and a cause of toxic stress, and the role of racial socialization in helping children learn to navigate race issues. The webinar can be viewed at <http://youtu.be/vHnhlV62URk>.

What's happening in Delaware:

The Division of Public Health (DPH) is working with many community leaders, non-profit organizations, other state agencies, and stakeholders to address health equity issues within our state and improve overall health for Delawareans. To empower communities to address larger environmental issues, DPH and members of the University of Delaware's School of Public Policy & Administration recently released the *Health Equity Guide for Public Health Practitioners and Partners*. The guide is available at: <http://www.dhss.delaware.gov/dhss/dph/mh/healthequityguide.html>. For further information, call 302-744-4879.

RECIPE



Artichoke and Ripe Olive Tuna Salad

Servings: 5

Ingredients:

- 12 ounce fish, tuna, light, packed in water drained and flaked
- 1 cup artichoke hearts
- 1/2 cup olives, pitted chopped
- 1/3 cup mayonnaise, reduced-fat
- 2 teaspoons lemon juice
- 1 1/2 teaspoon oregano, fresh chopped or 1/2 teaspoon dried

Instructions:

Combine tuna, artichokes, olives, mayonnaise, lemon juice, and oregano in a medium bowl.

—EatingWell.com