



Advancing WOMEN'S HEALTH

Center for the Advancement of Women's Health newsletter

Women and cigarettes

We ALL know that smoking cigarettes is bad for your health.
So how bad is smoking and why do we still smoke?

Smoking cigarettes kills almost 180,000 women in the U.S. each year. Lung cancer, heart disease and chronic lung disease, which are all linked to smoking, account for 71 percent of these deaths. Other complications created or aggravated by smoking account for the remaining deaths. Tobacco use takes a particularly heavy toll on the health of Kentucky women, who have the highest smoking rate for females in the U.S. Smoking rates for Kentucky females are around 28 percent; the national average is 17 percent. Between 2000 and 2004, the annual number of deaths linked to smoking in Kentucky was higher than in any other state, at 370.6 deaths per 100,000 residents. The situation in Kentucky is not improving. In a 2009 report, deaths attributable to smoking decreased in all but 17 states, which unfortunately included Kentucky.

Continued, page 2

Continued, page 2

ALSO IN THIS ISSUE

3 Letter from the director

3 February health awareness dates

5 Spotlight on philanthropy

6 Take the challenge

6 The registry is going green

7 Available clinical trials

8 Questions often asked about the registry

UKHealthCare



Women and cigarettes

Continued from page 1

When thinking of all the frightening consequences of smoking, cancer and heart disease are at the top of the list. The number of deaths due to lung cancer in women has increased nationally by over 600 percent since 1987, and the disease has even surpassed breast cancer as the leading cause of cancer-related deaths in women. At least 90 percent of lung cancer cases in the U.S. are related to smoking or secondhand smoke. Heart disease is an even more common cause of death in women – accounting for almost twice the deaths in women than all cancers put together. Smoking is one of the most important risk factors for developing heart disease.

Health care researchers and providers in Kentucky need to know more about female smokers – why, in the face of

Women who participated in a cessation program that incorporates education, social support and nicotine replacement products were more likely to succeed and remain smoke-free after one year.



all the widely available information that smoking is bad and it kills, do women still smoke? Capturing this information and providing quality programs to help people stop smoking is critically important when considering that smoking is the greatest single cause of preventable death in Kentucky's women.

The Kentucky Women's Health Registry is a useful tool for gathering this kind of information. Recently, data reported by registry participants about their age, health insurance coverage, education, general health status and employment status were analyzed in an effort to determine how they affect smoking behavior. These factors were chosen because previous research has shown that they often have the greatest influence on whether or not a woman smokes.

What have we learned? Compared to women 50+ years old who were current smokers and participated in the Kentucky Health Registry, women ages 18-35 were three times more likely to smoke. This result is similar to national findings and very disturbing. Younger women have the

highest percentage of smokers among all age groups. As people age and the total number of years they have been smoking increases, they are more likely to develop smoking-related illnesses. This drives some people to stop smoking as they get older, which in part explains why young women have higher smoking rates. Youth is also a time when people tend to experiment with more risky behaviors like smoking and are more susceptible to peer pressure. Unfortunately, many smokers report that this period of their lives was when they became truly addicted to cigarettes, and realized they could not stop smoking.

Overall health was also related to smoking status among Kentucky Women's Health Registry participants. Women who had "poor" or "fair" health were two to three times more likely to smoke than women who believed their health to be "excellent." Is this because they smoke or do women smoke because of poor health? This is likely a complicated relationship.

Employment status also influenced smoking. Disabled women and women

Continued, page 4

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Letter from the Director



Leslie J. Crofford, MD
Gloria W. Singletary Chair
Chief, Division of Rheumatology
Department of Internal Medicine
Director, Center for the Advancement
of Women's Health

Welcome to 2010! As we enter this new decade, I would like to encourage each of you to focus on living a healthy lifestyle and to encourage your family and friends to do the same. Just a few small changes – one or two more servings of fruits and vegetables, a small increase in the time spent active rather than sitting every day, one more enjoyable social activity each week – can make a huge difference in your overall health and well-being. We, at the Center for the Advancement of Women's Health, hope that we can help you and those you love make healthy lifestyle changes by sharing ideas for healthy living throughout the New Year.

In this edition of our newsletter, Michael Mitchell and Angela Brumley-Shelton from the University of Kentucky College of Public Health and the Lexington-Fayette

County Health Department have written an update on cigarette smoking. This article is based in part on an analysis of the Kentucky Women's Health Registry (KWHR) and also provides wonderful resources for smokers who want to quit.

The great news is that women participating in the KWHR are far less likely to smoke than Kentucky women overall. However, one of the things that most alarms me in reviewing the study is that smoking rates are HIGHER among YOUNGER women. With everything we

know about smoking and the risks for pregnancy complications, heart disease, lung diseases and cancer – how can it be that more young women take up smoking? There are clearly multiple factors contribute to smoking behavior – not least of which is that nicotine is a powerful drug that can affect everything from appetite to sleep to mood. However, we also evaluated the role of stress in harmful behaviors such as smoking. We found that there is a dramatic increase in smoking behavior in women experiencing large or overwhelming levels of stress. Stress is also associated with a sedentary lifestyle, depression, anxiety and many other chronic health conditions.

One goal for all of us is to recognize that smoking and other adverse health behaviors are not simple, and that there are many factors that go into why a woman may start and continue to smoke. How can you help your loved ones who smoke cut back or quit?

- Be available to support your friends and family during times of stress so that smoking doesn't become the only stress-relief outlet.
- Help your friends and family members who smoke discover healthy outlets to avoid the sedentary behaviors and social isolation that often go along with smoking.
- Encourage smokers to move cigarettes, lighters and ashtrays away from sitting areas so that every cigarette smoked requires an active decision.
- Help smokers identify the situations that trigger smoking and suggest alternative behaviors, like taking a short walk after meals.

After just three weeks, a behavioral change can become a habit leading to improved health for a lifetime! Let's work together to help support all Kentucky's women in making healthier choices this year. Please share this newsletter with your friends and family!

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FEBRUARY HEALTH AWARENESS DAYS

February is International Prenatal Infection Prevention Month
February 1-5 National Teen Dating Violence Awareness and Prevention Week

February 3: National Girls and Women in Sports Day

February 5: American Heart Month's National Wear Red Day

February 14: Valentine's Day

February 21-27: National Eating Disorders Awareness Week





Women and cigarettes

Continued from page 2

who were unemployed at the time they took the survey were more likely to smoke than women who were employed. This could be explained by the fact that boredom and stress relief are commonly reported smoking triggers, and women who are either unemployed or disabled tend to experience both conditions. Kentucky females are also more likely to have insufficient or no health insurance coverage than women in nearby states. This is important to know because help with stopping smoking and health care for illnesses resulting from smoking can be expensive. This keeps some women from seeking treatment and cessation help until they are very ill or have been smoking for many years and are firmly addicted to tobacco.

Education has consistently been proven as one of the strongest indicators for whether a woman smokes, and whether or not she will successfully stop smoking during her lifetime. Women in the Kentucky Women's Health Registry with less education were seven times more likely to smoke than

other women who had education beyond college. Nationally, women are also less likely to either seek cessation help or succeed if they do try to stop smoking. As the chart below shows, the same patterns appear in smokers who participated in the Kentucky Women's Health Registry.

Permanently stopping smoking is one of the toughest journeys a person will ever take for many reasons. In addition to financial barriers mentioned earlier, women may not seek help to stop smoking because they are unaware of resources available in their community, transportation issues, lack of support from spouse or partner, or because other smokers in their home have no interest in quitting. Women are more likely than men to be so intimidated by providers or fearful of being scolded for smoking that they delay medical care even when experiencing serious health problems.

Nicotine is highly addictive and easily accessible. Smoking is a social activity that cannot be easily replaced. Smoking cessation causes powerful physical and psychological withdrawal, and around



Nicotine replacement products and affordable or free counseling services are available through local health departments in most counties in Kentucky.

(See next page for a list of resources)

Smoking and Education in The KWHR Sample

Education Level	Current Smokers	Former Smoker, Now Quit	Attempted to Quit and Failed
<or some High School	49%	15%	56%
High School Diploma or GED	24%	25%	46%
Some College or Vocational Certificate	20%	26%	46%
College Graduate	10%	25%	38%
Post Graduate	6%	24%	37%

80 percent of people who stop smoking start back within the first year off cigarettes. All of these barriers can be overcome with help from a trusted healthcare provider or a trained tobacco cessation counselor from your local health department. Nicotine replacement products and affordable or free counseling services are available through local health departments in most counties in Kentucky. People who want to stop smoking are most likely to succeed and remain smoke free after one year if they participate in a cessation program that incorporates three

Continued, page 5





Women and cigarettes

Continued from page 4

key components: education, social support and nicotine replacement products. Additional resources for stopping smoking are also available from the Kentucky Tobacco Prevention and Cessation program on-line or by phone through the Kentucky Quitline (1-800-QUIT-NOW).

Information in this article was provided by Angela Brumley-Shelton and Michael Mitchell.

WHERE TO GET INFORMATION

U.S. Department of Health and Human Services
www.hhs.gov

American Lung Association
1-800-LUNG-USA (1-800-586-4872)
www.lungusa.org

National Cancer Institute
1-800-4-CANCER (1-800-422-6237)
www.cancer.gov

National Cancer Institute's Smoking Quitline
1-877-44U-QUIT (1-877-448-7848)
Centers for Disease Control and Prevention (CDC)
www.cdc.gov/tobacco/

About.com
quit smoking about.com

Kentucky's Tobacco Quit Line
1-800-QUIT-NOW (1-800-784-8669)

Kentucky Cancer Program (KCP)
Cooper/Clayton Method of Stop Smoking
(859)-219-0772
www.kcp.uky.edu/cc_classes

Spotlight on Philanthropy

100 Kentucky Women...For Women, By Women

The Center for Advancement of Women's Health is pleased to announce the launch of 100 Kentucky Women, a leadership giving circle for women who are passionate about advancing research focused on the health needs of women.

The Center seeks the collaboration of 100 women leaders across the state of Kentucky. The 100 will represent the diversity of all Kentuckians through proactive recruitment in previously underrepresented communities. The "100" will serve as ambassadors for the center's outreach efforts in recruiting participants in the registry and will make the Women's Health Registry a philanthropic priority by making a gift each year for the next five years. These contributions will directly support the Kentucky Women's Health Registry's educational and community outreach efforts, enabling more women to learn more about their health options. In this way, 100 Kentucky Women will combine their skills, experience and resources to support the center and to make an appreciable impact on the awareness of women's health issues in our communities.

For more information about the benefits of giving, or to become an inaugural member of 100 Kentucky Women, please call Pradnya Haldipur at **859-323-7901** or e-mail **pradnya.haldipur@uky.edu**.

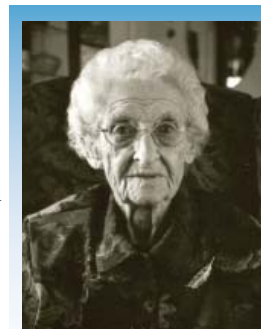
A bequest to support arthritis research

Mrs. Hagar Heddleson Koostra of Bowling Green, Ky, was devoted to her family and friends. Their challenges and struggles to maintain good health guided her decisions

about her estate. After living 97 years, she created a legacy with a bequest gift of \$100,000 to the University of Kentucky Medical Center. She designated her gift to four areas that were important to her because they had affected friends, family members or herself: cancer, cardiovascular research, Alzheimer's disease and arthritis research. With her family's blessing, the \$25,000 that Mrs. Koostra designated for arthritis research is being used to support the Kentucky Women's Health Registry and the arthritis research being conducted using the registry data.

Mrs. Koostra received her education at Strawberry Point High School and Iowa State College. She taught school for eight years and worked for Farm Security. She married Andrew Koostra, DVM in 1938. They worked together and farmed until retirement. She was a devoted mother of three, grandmother of seven, great-grandmother of fourteen and great-great-grandmother to three. She was a member of the Barren River Baptist Church for 53 years and a long-time member of the Warren County Extension Homemakers. Through her generosity, Mrs. Koostra's legacy will live on and will benefit the lives of Kentucky women for generations to come.

For more information about supporting the Center for Women's Health with a bequest or other planned giving opportunities with the center, please call Pradnya Haldipur at **859-323-7901** or e-mail **pradnya.haldipur@uky.edu**.



Mrs. Hagar Heddleson Koostra of Bowling Green, KY designated her gift to cancer, cardiovascular research, Alzheimer's disease, and arthritis research.





Kentucky women are UP to the challenge!

The CHALLENGE: In order to achieve our goal of enrolling 2,500 women each year into the registry, we would like to ask each of you to help us enroll three or more of your friends, family or co-workers. In order for the registry to get an accurate account of the state of women's health in Kentucky, we need women of all ages, all states of health, smokers and nonsmokers, sick and well, young and old, from all across the Commonwealth to be a part of your Kentucky Women's Health Registry. All you do is simply complete a 20-minute survey once a year.

Visit the Web site:
www.kywomensregistry.com
or call 1-800-929-2320
for more information.

Don't forget to renew your own survey each year!

The Registry is trying to go green to help our environment!

You may not know that surveys completed online take less time to complete. If you have completed paper surveys in the past, we can help you to complete your next survey online. However, for those who still prefer to complete a paper survey, they will always be available to you for your convenience. For those who have completed an online survey and no longer have computer access, we want you to continue to be a valuable part of the Registry and complete a paper survey! If you have questions, please call us at 1-800-929-2320 or email ammcco6@email.uky.edu.





Clinical Trials

Clinical research studies are scientific investigations in which people participate as volunteers to test drugs, devices or medical procedures. Controlled, scientific studies are necessary to help answer specific health questions and to develop safe and effective therapies. Please consider taking part in any clinical trial that relates to you.

SCOT Study

SCOT is a clinical research study designed for people with severe forms of scleroderma. SCOT stands for Scleroderma: Cyclophosphamide Or Transplantation. The SCOT study will compare the potential benefits of stem cell transplant and high-dose monthly cyclophosphamide (Cytoxan) in the treatment of scleroderma. More information about the SCOT trial can be found at www.sclerodermatrial.org. You may also contact **Mary Johnson** at **859-323-1377** or by e-mail at majohng@email.uky.edu.

The Pregnancy Complications and Heart Disease Study

Dr. Dawn Scantlebury and Dr. Alison Bailey are conducting a study titled 'The Pregnancy Complications and Heart Disease Study'. There is an increased risk of developing high blood pressure or diabetes if you have had a pregnancy complication such as hypertension or diabetes, but it is currently unknown whether the risk of abnormal heart rhythms is increased. This study looks at whether women who have had irregular heart rhythms may have been predisposed to these by pregnancy and pregnancy complications. They are enrolling women who are older than 40 years of age and have responded to the KWHR survey question asking about abnormal heart rhythms (arrhythmias). The study involves the completion of a simple health questionnaire (mailed or online) which will include questions on your physical health, especially your heart health, any pregnancy history and some

basic demographic information. Participants may or may not have a history of pregnancy or pregnancy complications. If you are interested in participating, please contact **Dr. Scantlebury** at **859-948-2968** or by e-mail at dcscan2@email.uky.edu.

Contribution of altered muscle hemodynamics to fatigability in older persons with and without fibromyalgia

Researchers at the University of Kentucky are examining how the muscle response to exercise may contribute to fatigue in some, but not others in a study titled: "Contribution of altered muscle hemodynamics to fatigability in older persons with and without fibromyalgia." You may be eligible for this research if: you are a women between the ages of 50 and 70 years old; have normal blood pressure; do not have any other diseases or movement disorders that would prevent you from performing weight lifting; are not obese; are diagnosed with fibromyalgia or have muscle weakness (but have not been diagnosed with fibromyalgia). Subjects will be compensated for their time. For more information, please contact: Douglas Long, Research Coordinator, at **859-323-5438** or by e-mail at delong@uky.edu.

Physiology of the Stress Response in Patients with Temporomandibular Disorders and Fibromyalgia

Dr. Juan Yepes is enrolling subjects for his study "Physiology of the Stress Response in Patients with Temporomandibular Disorders and Fibromyalgia." The study looks at the relationship between symptoms of temporomandibular disorders and fibromyalgia, and to study the impact of stress and perceived stress on these medical conditions. Dr. Yepes is enrolling women from the registry who are between 18 and 65 years of age and who have

temporomandibular disorder or fibromyalgia or both. For more information, please call the **Donna Fogle**, study coordinator, at **859-323-5412**.

For any of the above studies, you can also call UK Health Connection (toll free) at **1-800-333-8874**

or call Mary Johnson at **859-323-1377** and toll free at **1-800-929-2320**.

Studies at the University of Kentucky Clinical Research Organization:

- Study to prevent postmenopausal osteoporosis while simultaneously treating menopausal symptoms. More information about this study can be found by visiting the Web site at www.menopauseresearchstudy.com or contact **Debbie** at **859-257-8448**.
- Needed for a study: female runners with or without Patellofemoral Pain Syndrome. Runners should run at least 6 miles a week with or without Patellofemoral Pain Syndrome. For more information, call **Zack Sanches** at **859-218-0581** or e-mail zack.sanches@uky.edu.
- Women who are currently using prescription opiates/pain pills for non-medical reasons and are interested in participating in a confidential research study can call **1-866-933-4UKY**. For more information, visit www.UKclinicalresearch.com.

Clinical Trials Web site links:

Clinical trials at the University of Kentucky:
<http://ccts.uky.edu/Participants/opportunities.aspx>

Clinical trials at the University of Louisville:
<http://www.clinicaltrials.gov/ct/search?term=University+of+Louisville>

National listing of clinical trials:
<http://www.clinicaltrials.gov/>

Question often asked about the registry

Q “What steps do you take to protect my confidentiality?”

A The study has obtained a Certificate of Confidentiality from the National Institute of Health (NIH). These certificates protect identifiable research information from forced disclosure. They allow the investigator and others who have access to research records to refuse to disclose identifying information on research participants in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. Certificates of Confidentiality may be granted for studies collecting information that, if disclosed, could have adverse consequences for subjects or damage their financial standing, employability, insurability, or reputation. By protecting researchers and institutions from being compelled to disclose information that would identify research subjects, Certificates of Confidentiality help achieve

the research objectives and promote participation in studies by assuring confidentiality and privacy to participants. For more information, visit the Web site <http://grants.nih.gov/grants/policy/coc/faqs.htm>. We also keep your contact information in a separate database than your survey responses. Paper surveys we receive are shredded after the data has been securely scanned into the database. Researchers that use data are never provided with anyone's personal information (name, address). Researchers that may be approved by our Scientific Advisory Committee to recruit women for studies only are told that you met the criteria to be included in their research (for example you are between 20 and 40 and have two children and hypertension). No ones survey information is connected with their name or other identifying information for any reason. Project statisticians are not allowed access to the subject demographic information.

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