

# Santa Cruz County 2003 Health Almanac

## Women's Health

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## Agencies and Information Sources

### **Santa Cruz County (SCC) Health Services Agency** - <http://www.santacruzhealth.org>

The Health Services Agency (HSA) exists to protect and improve the health of the people in Santa Cruz County. The Agency provides programs in Environmental Health, Public Health, Medical Care, Substance Abuse Prevention and Treatment, and Mental Health.

### **California Department of Health Services** - <http://www.dhs.ca.gov/default.htm>

To Protect and Improve the Health of All Californians

### **California Health Interview Survey** - <http://www.chis.ucla.edu/index.html>

The California Health Interview Survey (CHIS) is the largest state health survey conducted in the United States. Every two years, CHIS plans to collect information on the health and health care needs of California's diverse population.

### **Centers for Disease Control and Prevention** - <http://www.cdc.gov/default.htm>

CDC's Mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

## **CDC's Women's Health Web Site**

<http://www.cdc.gov/health/womensmenu.htm> covers:

- **Assisted Reproductive Technology**
- **Breastfeeding**
- **Breast and Cervical Cancer Early Detection Program**
- **Cancer**
- **Cardiovascular Health Program**
- **Cervical Cancer: Pap Smear**
- **Ectopic Pregnancy**
- **Folic Acid -- Healthy Babies**
- **Group B Streptococcal Disease**
- **Hysterectomy**
- **Mammograms**
- **Maternal Health**
- **National Colorectal Cancer Action Campaign**
- **Office of Minority and Women's Health**
- **Parvovirus-B19 and Pregnancy**
- **Pregnancy**
- **Preventing Skin Cancer: The Nation's Most Common Cancer, At A Glance**
- **Sexually Transmitted Diseases**

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- **Teen Pregnancy**
- **Unintended Pregnancy**
- **WISEWOMAN**
- **Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality**
- **Women and Infectious Diseases**

### Overall

(All figures are for U.S.)

Leading Cause of Death (overall): Heart Disease--365,953 (2000)

Leading Cause of Death (35-54 Year Olds): Cancer--32,995 (2000)

Number of Deaths From Breast Cancer: 42,300 (2000)

Number of Annual Office Visits to Physicians (all ages): 488 million (2000)

Number of Annual Hospital Outpatient Department Visits: 50 million (2000)

Number of Annual Emergency Department Visits: 57 million (2000)

Number of Hospital Discharges (Inpatients): 19.2 million (2000)

Number of Surgical Procedures Performed Annually: 24.3 million (2000)

<http://www.cdc.gov/nchs/fastats/women.htm>

### Mammography – See: [Cancer](#)

Percent of Women 40 and Over Having a Mammogram Within the Past 2 Years: 70.3% (2002)

<http://www.cdc.gov/nchs/fastats/mamogram.htm>

### Ever Had a Mammogram by Total and Race/Ethnicity CHIS 2001

	Ever had a mammogram	
	Yes	No
California--Total	72.5	27.5
Santa Cruz --Total	70.4	29.6
California--White	78.6	21.4
Santa Cruz --White	71.4	28.6
California--Black	74.7	25.3
Santa Cruz --Black	.	.
California--Latino	57.5	42.5
Santa Cruz --Latino	*43.2	*56.8
California--Asian	64.2	35.8
Santa Cruz --Asian	.	.
California--Am. Ind.	78.0	22.0
Santa Cruz --Am. Ind.	.	.
California--Other	65.7	34.3
Santa Cruz --Other	.	.

\*Statistically unstable

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### Ever Had a Mammogram by Race/Ethnicity CHIS 2001

	Ever had a mammogram	
	Yes	No
California--0 - 99%	61.9	38.1
Santa Cruz --0 - 99%	51.3	48.7
California--100 - 199%	70.9	29.1
Santa Cruz --100 - 199%	67.1	32.9
California--200 - 299%	72.5	27.5
Santa Cruz --200 - 299%	64.6	35.4
California--300%+	76.1	23.9
Santa Cruz --300%+	70.4	29.6

\*Statistically unstable

### Ever had a Pap Exam by Total and Race/Ethnicity CHIS 2001

	Ever Had a Pap Exam	
	Yes	No
California--Total	92.9	7.1
Santa Cruz --Total	95.1	4.9
California--White	96.3	3.7
Santa Cruz --White	98.2	*1.8
California--Black	96.1	3.9
Santa Cruz --Black	.	.
California--Latino	90.9	9.1
Santa Cruz --Latino	81.3	*18.7
California--Asian	78.4	21.6
Santa Cruz --Asian	89.7	.
California--Am. Ind.	99.2	.
Santa Cruz --Am. Ind.	.	.
California--Other	90.9	9.1
Santa Cruz --Other	89.1	.

\*Statistically unstable

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## Ever Had a Pap Exam by Poverty Level CHIS 2001

	Ever Had a Pap Exam	
	Yes	No
California--0 - 99%	87.4	12.6
Santa Cruz --0 - 99%	87.6	12.4
California--100 - 199%	91.9	8.1
Santa Cruz --100 - 199%	92.1	7.9
California--200 - 299%	92.4	7.6
Santa Cruz --200 - 299%	94.7	5.3
California--300%+	95.5	4.5
Santa Cruz --300%+	98.2	1.8

\* Statistically unstable

### Study supports getting Pap test every 3 years

By Ronald Kotulak  
Tribune science reporter

October 16, 2003

The Pap test for cervical cancer, the nation's most commonly used cancer-screening test, can be done every three years instead of annually if a woman has no previous negative findings, according to an article in Wednesday's issue of the New England Journal of Medicine.

The findings are sure to intensify the growing debate over Pap tests, which have a significant problem with false positives--misidentifying normal tissue as abnormal--that leads many women to have unnecessary repeat tests, colposcopy exams and biopsies of cervical tissue.

The American Cancer Society and the American College of Obstetricians and Gynecologists already issued new guidelines advising women who have not previously been at risk for cervical cancer that it is safe to have Pap tests every three years.

Experts say it's likely health insurance companies will re-evaluate how often they will pay for Pap tests and two newer tests, the liquid Pap test and the test for human papillomavirus, which has been linked to cervical cancer.

"I don't think that insurance companies are going to cover these tests on an annual basis for all women," said Dr. Debbie Saslow, the cancer society's director of breast and gynecological cancers. "Doctors are not going to be able to justify doing them every year."

Robert Kiekhefer, spokesman for Blue Cross and Blue Shield of Illinois, said the study would be considered as the group reviews its payment policy for Pap tests.

So far, few physicians are following the three-year guideline because the Pap test has been responsible for greatly reducing the incidence of cervical cancer since its introduction in the 1940s.

They also say it is the main reason women see their doctors annually for mammograms, pelvic exams and other preventive tests, and they are concerned about failing to diagnose cancer early.

"The concern is that if women come in every three years they won't come in for their yearly routine gynecologic examinations," said Dr. Jacob Rotmensch, director of gynecologic oncology at Rush University Medical Center.

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Advocates of the three-year interval say it is safe and it will greatly reduce the burden on millions of women who undergo costly and frightening follow-up tests after false-positive findings.

"Our findings provide reassurance to women and their health care providers that extending the intervals between screenings to three years after three or more consecutive negative Papanicolaou tests is a safe option," said the study's lead author, Dr. George Sawaya of the University of California, San Francisco.

"Individual women should first and foremost speak with their clinicians to see if they are indeed good candidates for less screening if they desire to be screened less often than annually," he said. "Our study provides the information that women can use in determining what is right for them."

Using 10 years' worth of annual Pap test results for 938,576 women, the authors of the study calculated that conducting tests every three years does not significantly increase the risk of missing early cervical cancer.

The calculated risk of cervical cancer was 3 in 100,000 women with tests every three years, compared with 1 to 2 cases per 100,000 women for annual Pap tests, Sawaya said.

"There is no excess risk here," he said. "Many women will be happy to know that they can go longer between screening intervals. Others would rather continue to be screened annually. We know that too-frequent screening can be associated with an increased likelihood of false-positive tests."

"It's a well-done study and gives us good information that it's perfectly safe to go to a Pap test every three years for someone who's truly at low risk and has talked it over with her doctor," said Dr. Diljeet Singh, a gynecologic oncologist at Northwestern Memorial Hospital and Northwestern University Medical School.

"We have to trust our patients," she said. "If the vast majority right now are coming in once a year, then we're going to do well with them coming in once every three years for a Pap test, knowing that in those other years they will come in for other preventive tests."

Alison Szot, 28, of Chicago said she would be happy to get a Pap test once every three years.

"But I would still see my gynecologist or primary-care physicians every year to address other concerns I might have," she said.

In the United States about \$6 billion is spent each year on screening and management of cervical disease. Pap tests cost \$15 to \$25 and are performed on 50 million to 60 million women each year.

An estimated 12,900 cases of cervical cancer are diagnosed each year, and 4,400 deaths occur annually from the disease. Half of the newly diagnosed cases occur in women who have never had a Pap test.

The authors of the study estimated that testing 100,000 women ages 30 to 59 for three consecutive years instead of once in three years would result in an additional 278,989 repeat Pap tests and 15,363 colposcopic examinations to find one additional case of cancer.

"These additional tests are both costly and emotionally upsetting to the patient, without materially affecting the rate of cervical cancer," Dr. Sarah Feldman of Brigham and Women's Hospital in Boston wrote in an accompanying perspective article.

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Rotmensch, however, noted that the findings were based on a formula that calculated cervical cancer risks, not on a comparison between women who had a Pap test annually and those who had one every three years.

"I think it's a little bit early to be conclusive," he said. "I personally will still screen every year.

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### **WomenHeart: the National Coalition for Women with Heart Disease**

<http://www.womenheart.org/index.asp>

Also see: [Heart Disease and Stroke](#)

#### **GOAL**

To decrease death and disability among women resulting from heart disease.

##### **Objectives:**

- To improve the quality of life for the 8,000,000 American women living with heart disease, and to extend as far as possible their years of healthy life.
- To promote early diagnosis and proper treatment of women with heart disease, while minimizing their preventable pain and disability.
- To promote the healing powers of support and connection through an interactive Web site and a national network of support groups.
- To provide women with relevant and reliable information to make necessary behavioral changes and informed healthcare decisions.
- To improve the knowledge, attitudes, and practices of health care professionals in the diagnosis and treatment of women and heart disease.
- To advocate for state and federal public policies that affect women with heart disease, their access to quality medical care, advanced treatments, and health insurance.
- To create national, state and local partnerships with medical societies, nursing and allied health associations, women's organizations, and health advocacy groups.
- To support medical research into the causes, diagnosis, progression, and treatments of heart disease in women, and to investigate disparities therein with men.

##### **Target Audiences:**

- Women diagnosed with heart disease, especially those in the workforce.
- Women in recovery from cardiac events and surgeries, such as heart attack and arrhythmia, bypass and valve replacement surgeries, and transplantation.
- Family members and friends of women with heart disease.
- African American women, and women living in the South and Appalachia.
- Healthcare and mental health professionals, and clergy.
- State and federal legislative and executive branch officials.

##### **Support:**

- Interactive Web site, network of support groups, and leadership training.

##### **Information:**

Print materials, radio PSAs, Web site, and quarterly newsletter.

##### **Advocacy:**

- Health coalitions, speakers' bureaus, and public testimony.
- Governance; A 501(c)(3) nonprofit organization incorporated in the District of Columbia, overseen by a Board of Directors composed of women with heart disease, an Advisory Board of prominent healthcare professionals and women's health advocates, and a Corporate Advisory Committee of sponsors.

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### Hormone Use Found to Raise Dementia Risk

By Denise Grady

Hormone therapy doubled the risk of Alzheimer's disease and other types of dementia in women who began the treatment at age 65 or older, a large study has found.

The finding disappointed many researchers and doctors, who had hoped for the opposite result: that hormone therapy would prevent Alzheimer's disease.

"No one anticipated this outcome," said Dr. Marilyn Albert, a professor of neurology at Johns Hopkins, in a statement issued by the Alzheimer's Association.

The new report on dementia, being published today in *The Journal of the American Medical Association*, is one more piece of bad news about hormone therapy. Indeed, it is the latest in a string of studies showing that purported benefits do not exist and that the hormones actually raise the risk of several serious diseases, including some they were thought to prevent.

The latest finding is based on a four-year experiment involving 4,532 women at 39 medical centers. Half took placebos, and half took Prempro, a combination of estrogen and progestin, the most widely prescribed type of hormone therapy.

In four years, there were 40 cases of dementia in the hormone group, and 21 in the placebo group. Translated to an annual rate for a larger population, the results mean that for every 10,000 women 65 and older who take hormones, there will be 45 cases of dementia a year, with 23 of them attributable to the hormones.

"The clear message is that there's no reason for older women to be taking combination hormone therapy," said Dr. Sally A. Shumaker, the director of the study and a professor of public health sciences at Wake Forest University, in Winston-Salem, N.C.

Wyeth, the company that makes Prempro, said it would add a new warning about the increased risk of dementia to the drug's labeling.

Researchers said the risk to individual women was slight, and that even though the numbers worked out to a doubling of the risk, 23 cases for every 10,000 women should not be cause for alarm.

"A small number doubled is still a small number," said Dr. Samuel E. Gandy, vice chairman of the medical and scientific advisory council of the Alzheimer's Association, and director of the Farber Institute of Neurosciences at Thomas Jefferson University in Philadelphia.

Still, Dr. Shumaker said, women 65 and older who are taking Prempro or other hormone combinations should discuss why they are taking the drugs with their doctors and decide whether to quit.

Because the women in the study were 65 or older, it is not known whether the findings apply to younger postmenopausal women. It is not known, either, whether the results apply to women who take other hormone combinations or estrogen alone. Women who take estrogen alone are being studied separately.

Estrogen alone can cause cancer of the uterus and so is prescribed only for women who have had hysterectomies. But adding progestin protects the uterus, so women who have not had hysterectomies are given combination treatment.

The report on the study is accompanied in the journal by two other reports that also have unfavorable findings on combined hormone therapy and the brain. One study found that women

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on the drugs did not perform as well on cognitive tests as women on placebos; the other confirmed previous research showing that the combination therapy increased the risk of stroke.

About 2.7 million American women take combination hormone therapy, including 1.2 million who use Prempro. Wyeth said that the majority of users were 51 to 55 years old, and only 14 percent of all new prescriptions were for women 65 or older.

The hormones were never approved to prevent or treat Alzheimer's disease. They are approved by the Food and Drug Administration for only two purposes: to treat menopausal symptoms like hot flashes, night sweats and vaginal irritation; and to prevent the bone-thinning disease osteoporosis. But because the hormones can slightly increase the risk of breast cancer, strokes and heart attacks, the agency recommends that women use the lowest dose for the shortest time possible, and that they consider other treatments to prevent osteoporosis.

Last July, a large federal study of the combination therapy was halted ahead of schedule because the drugs were found to cause a small but significant increase in the risk of invasive breast cancer. That study, the Women's Health Initiative, also found that hormones increased the risks of heart attack and stroke, which they were once thought to prevent. The drugs increased the odds of blood clots as well. The study, which included 16,000 women, was the first and the largest to compare women on hormones with a group taking placebos.

Many women gave up hormone therapy after the study came out. Before it was published, about 6 million women were taking combination therapy.

After the disappointing findings, the last great hope for hormone therapy was that it might protect the brain and help prevent Alzheimer's disease. Some women, encouraged by their doctors, clung to that belief and continued taking the drugs despite the negative reports, figuring that the risks would be worthwhile if hormones could offer that protection from dementia.

The dementia study is part of the Women's Health Initiative. Dr. Shumaker said it was the most comprehensive and rigorous study to investigate whether combination hormone therapy could prevent Alzheimer's.

"Unfortunately, the risks outweigh the benefits," she said.

The theory that estrogen might prevent Alzheimer's was based on earlier, survey-type studies suggesting that women on hormones had lower rates of dementia than women not on hormones. But those studies were not considered as reliable as the Women's Health Initiative, because they were smaller and did not contain control groups. Evidence also came from studies in test tubes and in laboratory animals showing that estrogen seemed almost to nourish the brain, making new connections sprout in areas that control learning and memory.

The new study suggests that what goes on in the body is much more complicated than what happens in laboratory rats and test tubes. Even if hormones have some good effects on brain cells, Dr. Shumaker said, those benefits may be offset by harmful effects.

She said that it was not known how the combination therapy might increase the risk of dementia, but one possibility was that it increased the risk of blood clots and clogged tiny blood vessels in the brain, which might injure brain cells and contribute to Alzheimer's disease and a condition called vascular dementia.

Some researchers have suggested that hormone therapy may help protect the brain if women take it around the time of menopause, when natural hormone levels plummet, instead of waiting until age 65.

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They think there may be a "critical period" in which hormone therapy can protect brain cells from the sudden withdrawal of hormones and that once the period is over the damage is done and it is too late. But no one knows whether such a period exists, and no studies now under way will answer that question.

Dr. Gandy said that some of the most promising earlier results on hormone therapy and the brain came from studies of estrogen alone, and that the progestin in the combination pills might cancel out estrogen's good effects. He said that another part of the Women's Health Initiative, still in progress, was studying women who take estrogen alone. That study is scheduled to be completed in 2005.

"That is the most likely place to show any benefit against Alzheimer's, if indeed one does exist," Dr. Gandy said.

Dr. Wolf Utian, executive director of the North American Menopause Society, agreed that benefits might come from estrogen alone, and suggested that research should be done to find out whether hormone regimens that use lower doses over all and give progestin only on some days of the month might have less of a negative effect than Prempro and other treatments that use progestin every day.

Shares of Wyeth were hit hard last summer when the Women's Health Initiative study was published. Prempro and related products had been the company's top-selling drugs, accounting for more than \$2 billion in sales in 2001. The stock, which traded as high as \$58.48 in May, fell by roughly half to a low of \$28.25 in July.

The New York Times newspaper.

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