



# CPR's THE VOICE for Women & Families

## CAN STRESS MAKE YOU SICK?

### TABLE OF CONTENTS

Can Stress Make You Sick?	1
Warning: Tuna and Other Fish Can Be Too Risky to Eat	2
Winning the War on Weight	3
Social Security: Safety Net for Kids and People with Disabilities	4
Senator Snowe: CPR's New Advisory Board Member	5
Working Moms Harm Kids: Fact or Fiction?	6
On Campus: Meet our Affiliates	7

The National Center for Policy Research (CPR) for Women & Families uses research-based information to promote the health and well-being of women, children and families.

Graphic design contributed by neo design. 

Can stress make you sick? The answer is a resounding yes.

### What you need to know about stress

Anything that an individual perceives as a problem can cause stress. Stressors can be physical, such as breaking a bone or undergoing radiation therapy, or emotional, such as losing a job or going through a divorce. According to Dr. Esther Sternberg, Director of the Integrative Neural Immune Program at the National Institute of Mental Health, the body's response to stress is natural and helps us cope. However, stress that lasts a long time may be harmful to our health.

When faced with stress, your body responds with a "fight or flight reaction," producing the hormones cortisol and adrenaline. These hormones work to increase your energy level, pumping more blood to your muscles, enabling you to maintain the exertion needed to avoid danger. Unfortunately, these hormones that help defend the body in the short-term can become physically dangerous in the long run, because they impair the immune system.

**Chronic stress weakens the immune system.** This means you can't respond effectively to viruses and bacteria. You also become more susceptible to gastrointestinal conditions such as ulcers and irritable bowel syndrome, as well as diseases of the cardiovascular system, including hypertension, stroke and heart disease. Even wounds heal more slowly.

### Helping women cope

Studies show that women and men cope with stress differently. Dr. Sternberg pointed out at a recent CPR Fourth Fridays lunch seminar that **friendships and other social support systems, more common in women than men, may help relieve stress**, enhancing the immune response and resistance to diseases. Studies have shown that women with breast cancer who have strong social supports have significantly longer life spans than women who do not. Interestingly, researchers found that the social support provided *by* women is more effective at lowering blood pressure responses to stress in *both* males and females than social support provided by men.

On the negative side, **scientists find that women are three times more likely to develop depression** in reaction to the stress in their lives. In addition, **those who care for sick and elderly family members are usually women. Studies indicate that caregivers have high cortisol levels, and therefore weakened immune systems.** A study of caregivers for Alzheimer's patients showed that when given a flu vaccine, caregiver's antibody response and T-cell production were weaker than non-caregivers of the same age. Another study showed that **women caring for dementia patients took an average of nine days longer to heal a small biopsy wound, compared to other women.**

## WARNING: TUNA AND OTHER FISH CAN BE RISKY TO EAT

Tuna salad. Tuna sushi, sashimi and maki. Golden bass. Grilled swordfish, or tuna steak. If you eat a lot of these foods, you might want to consider replacing some with pizza and burgers instead.

**Sound crazy? Everyone knows that fish are part of a healthy diet, but how many people know that concerns about methylmercury in fish resulted in a government warning that has been in place since 2001?**

The Food and Drug Administration (FDA) issued a Consumer Advisory in 2001, warning consumers that swordfish, shark, king mackerel, and tilefish (also known as golden bass or golden snapper) exceed safe methylmercury levels-- and that many other kinds of fish should be eaten in limited quantities. Mercury, a mineral in our environment, can naturally transform into methylmercury, which is a toxin. Unfortunately, this poisonous substance is sometimes in the fish we eat. Methylmercury can accumulate in water, soil, even the food chain. That's why **methylmercury levels are higher in people who eat a lot of fish.**

Methylmercury poisoning can cause depression, blurred vision, or a pricking, tingling or creeping sensation on the skin called paraesthesia. Research also suggests that mercury consumed by pregnant women and babies can effect the behavior of developing infants, including attention span, language, visual-spatial skills, memory, and coordination. **The National Academy of Sciences estimates that nearly 60,000 children are born at risk for neurological**

**problems due to methylmercury exposure in the womb each year.** A recent study found that 8 percent of US women have mercury levels exceeding safe limits.

While mercury isn't good for anyone, the FDA warns that the four fish in their Consumer Advisory should be **completely avoided** by pregnant women, nursing mothers, babies, and small children. But that's not all. **The FDA recommends that pregnant women limit their consumption of all types of fish.**

**What about tuna?** While mercury levels are lower in tuna than in the fish on the FDA Advisory, Americans eat much more tuna than shark or swordfish. That's why **tuna poses a serious risk.** If tuna is potentially dangerous, why didn't the FDA specifically name it? Only the FDA can answer that question, but consumer groups assume that the decision was influenced by the tuna industry, which is certainly more powerful than shark fishermen in this country. The bottom line is that too much tuna can be bad for your health.

**Based on Environmental Protection Agency guidelines, we recommend that pregnant women and nursing mothers eat no more than 5-6 oz. of canned tuna per week, or approximately one can.**

In addition, you should keep an eye out for public warnings. If there's an advisory about fish in your area, take it seriously -- even junk food might be healthier than mercuried filet.

### Fish to avoid if pregnant, nursing or a young child:

Shark  
Swordfish  
King Mackerel  
Tilefish (a.k.a. Golden Bass or Golden Snapper)  
Tuna Steak (also used in sushi and sashimi)

### Fish to consume in limited quantities if pregnant, nursing or a young child:

Canned Tuna  
Sea Bass  
Gulf Coast Oysters  
Marlin  
Halibut  
Pike  
Walleye  
White Croaker  
Largemouth Bass  
Mahi Mahi  
Blue Mussel  
Eastern Oyster  
Cod  
Pollack  
Great Lakes Salmon  
Gulf Coast Blue Crab  
Channel Catfish (wild)  
Lake Whitefish

### Fish Lowest In Methylmercury:

Catfish (farmed)  
Blue Crab (mid-Atlantic)  
Croaker  
Fish Sticks  
Flounder (summer)  
Haddock  
Trout (farmed)  
Salmon (wild Pacific)  
Shrimp

# WINNING THE WAR ON WEIGHT



Miller, Squires and Zuckerman  
Photo courtesy of Gwen Lewis

Obesity is claiming more lives in the US than ever. How do people who enjoy food and have hectic work schedules, family responsibilities, and limited time for exercise manage to control their weight?

With this in mind, CPR turned to Dr. Wayne Miller, Professor of Exercise and Nutrition at George Washington University and author of *Negotiated Peace: How to Win the War Over Weight*, and Sally Squires, *Washington Post* health correspondent and columnist for the *Lean Plate Club*. Both spoke at a recent Fourth Fridays lunch, CPR's monthly seminar series. Each Fourth Fridays is unique, featuring different topics, speakers, and lively roundtable discussion. Miller and Squires were able to cut through the hype and provide useful advice.

**Dr. Miller describes successful weight loss as a negotiated peace between what we know we should do, which is to exercise more and eat less, and what we want to do--exercise less and eat more.**

The key to weight loss is calories, activities and metabolism. To lose weight you need to use up more calories than you consume. So why don't very low calorie diets work? According to Dr. Miller, much like a bear in hibernation,

when you don't consume enough calories, your body thinks it's starving. Instead of using up calories and stored fat, your body saves them, and you don't lose the weight. When you give up your diet in frustration, you may gain weight until your metabolism finally adjusts.

Dr. Miller stresses that there are no cure-alls: there is no food or pill that will increase your metabolism, no magic diet that will work wonders. The Atkins diet only works if you consume fewer calories than usual. "Not eating at night won't make a difference if you eat the same amount during the day instead," cautions Dr. Miller.

"To negotiate the peace you must find healthy foods and activities that you like," says Miller. Sally Squires points out that a balanced diet of fruits, vegetables, whole grains, and lean protein is the cornerstone to healthy eating. Squires suggests finding healthy substitutions for foods you love, such as pasta tossed with fresh vegetables as a delicious alternative to fettuccine alfredo. "If you eat low-fat, nutritious foods that you enjoy, you won't feel deprived-- and you'll stick to your new healthy habits," she urges.

"Don't forget your portions," Squires reminds us. It's important to eat 5-7 portions of fruits and vegetables a day, but portions are a lot smaller than we think. Keep in mind that obesity is often caused by huge restaurant portions that are often double (or triple) the USDA's recommended size. "Even at-home portions are larger than they were thirty years ago," she adds. **"Forget what your mother told you. You don't have to clean your plate. If there is more food on your plate than you need, leave it."**

Squires also points out that weight loss is easier if you don't try to make dramatic changes. If you can eliminate

100-200 calories on most days - one can of soda, a small bag of chips, or 2 or 3 cookies -- you'll lose weight every month. Be aware of hidden calories: salads or fried fish can be more fattening than a cheeseburger, and even that extra cookie or drink adds up over time. During the holidays, just try to maintain your weight. "Most adults gain at least one pound between Thanksgiving and Christmas, and they never lose it. Heavier people gain an average of 5 pounds during the holidays. "If you can avoid that weight gain, you'll have less need to lose weight," she points out. "It takes a lot of exercise to make up for even a few hors d'oeuvres."

What you do with your body is as important as what you put in it. Exercise burns calories and may boost your metabolism. Find an exercise that you enjoy. "It's intimidating to join an aerobics class filled with teenagers in thongs," said one Fourth Fridays lunch guest. Find a place where exercising feels good, and if you're embarrassed to exercise in public, try a home workout video featuring your favorite music. "Don't force yourself to participate in activities you don't like. Find activities that you look forward to, and can be part of your lifestyle," says Dr. Miller.

Scheduling a time to exercise is as important as finding the right activity. "Build exercise into your day," suggests Dr. Miller. Meet friends for dance lessons on Saturday mornings, instead of bagels. Take 'exercise' breaks at work instead of coffee breaks. Take your kids to the tennis court rather than the mall.

Both Miller and Squires agree: Don't starve yourself. Find healthy foods and activities that you enjoy, and don't give up if you sometimes cave in to cravings.

## SOCIAL SECURITY: SAFETY NET FOR KIDS AND PEOPLE WITH DISABILITIES

Everyone knows that Social Security is a retirement program, but did you know that millions of children and adults with disabilities also depend on Social Security?

Social Security benefits are made to adults who were disabled before the age of 22, children of retired or disabled workers, adults with disabilities who have been injured and can no longer work, and children whose working parents have died.

**In the current debate about how to reform Social Security, pundits sometimes misrepresent the facts. Let's set the record straight.**

Social Security is not bankrupt, or even close to bankrupt. Every year it collects much more money than it spends on benefit checks. The surplus that is left over goes into the Social Security Trust Fund.

The Social Security Trust Fund does not have cash in it. The surplus cash is actually used to pay for other government programs, much as money in the bank is not all in the vault but is used for mortgages and car loans.

However, the money is promised to you when needed for retirement and other benefits. This trust fund will be needed to help pay Social Security benefits when baby boomers retire, around 2012.

**About one-third of all Social Security benefits go to nearly 18 million beneficiaries who aren't retired.**

Children and adults with disabilities rely on Social Security. Social Security

helps support people with disabilities, including children whose parents receive disability benefits. Currently, Social Security benefits are made to over 5 million workers with disabilities, nearly 1.5 million children of workers with disabilities, about 160,000 spouses of workers with disabilities, and 742,000 adults who were disabled before age 22 and whose parents received Social Security.

**Children of deceased workers rely on Social Security.** When working parents die, whether it is in the World Trade Center, in a car accident, or from disease, Social Security helps to support their children. Currently, 1.3 million children of deceased workers benefit from Social Security.

**Social Security helps reduce child poverty.** More than 5 million children live in families that receive Social Security benefits, not counting the 880,000 children with disabilities on Supplemental Security Income (SSI). In addition, many children live in families where adults receive SSI. Without these benefits, about 1.1 million more children would now live in families with incomes below the poverty line.

**Social Security's children's benefits are especially important to the African American community.** While 7% of all Social Security beneficiaries are children, 15% of African American beneficiaries are children. According to a 2001 report by the National Urban League, African American children are almost four times more likely to be lifted out of poverty by Social Security than white children.

If changes aren't made before 2024, Social Security will only have 75% of the money it needs. Action is needed to protect Social Security, just as it protects us---and the sooner, the better.

### Privatization 101

Privatization is a hot topic in the Social Security debate. Some politicians claim that private accounts would reap greater rewards, but that's only true for some Americans.

Currently, the money you pay to Social Security (called FICA on your tax forms) is not put into an account with your name on it. Instead, the money is used to pay people who are currently retired, disabled, or dependent survivors of people who worked. When you retire (or become disabled), your checks will be paid for by other workers, depending on how much you earned while working.

For people who retire, benefits are usually higher for those who earned more. However, the current Social Security system is generous to low earners, most of whom are women. It is generous to men or women who earned much less than their spouse, such as a wife (or husband) who stayed home to raise children or worked part-time, and to those who live the longest (most of whom are women).

Private accounts wouldn't be so generous. If a worker was injured, or died at a young age, it's most likely that funds in a private account would be insufficient for the care of the disabled adult or surviving children. This is a key reason why Social Security's current disability and survivor benefits work: they are there when they are needed, for whom they are needed.

# SENATOR SNOWE JOINS ADVISORY BOARD



Senator Olympia J. Snowe

CPR is delighted to welcome Senator Olympia Snowe (R-Maine) as the newest member of our National Advisory Board. Sen. Snowe's strong leadership in Congress has been welcomed by women's groups across the country.

Sen. Snowe has been a great champion for women and families. Her *Women's Health and Cancer Rights Act of 2001* would have required health plans to cover hospital stays for patients undergoing mastectomies and lymph node dissection. The legislation also would require insurers to cover second opinions, increasing a patient's opportunity to make an informed choice about her treatment.

When the bill did not pass in the last Congress, we worked with the Senator to ensure that breast cancer patients can afford all safe surgical options. Her revised bill, the *Women's Health and Cancer Rights Act of 2003*, will include coverage for lumpectomy and radiation, in addition to inpatient mastectomies and second opinions. The goal is to increase safe options for patients across the country.

CPR thanks Sen. Snowe for her commitment to women and families, including her strong stand on budget priorities and her continued efforts on behalf of breast cancer patients. We look forward to working with her on our *Breast Cancer Patients Have Options* project, which will help patients make the treatment choices that are best for them. CPR is also partnering with the National Cancer Institute, the Agency for Healthcare Research and Quality, the NIH Office for Research on Women's Health, and the HHS Office on Women's Health to develop free booklets for patients.

## National Advisory Board

Judy Woodruff, Prime Anchor and Senior Correspondent, CNN

Michael Weitzman, M.D., Director, Center for Child Health Research, AAP

The Honorable Kathleen Kennedy Townsend, Former Lt Governor of Maryland

Abigail Stewart, Ph.D., Associate Dean, Academic Affairs, U. of Michigan

The Honorable Olympia Snowe, U.S. Senator, Maine

Shari Miles, Ph.D., Ex. Director, Society for the Psychological Study of Social Issues

Mary McDonough, Actress and Director

Irene S. Levine, Ph.D., Nathan S. Kline Institute for Psychiatric Research

Sally Kenney, Ph.D., Director, Center for Women and Public Policy, U. of Minnesota

Patricia Hendel, President of the National Association of Commissions for Women

Mark Frankel, Ph.D., American Association for the Advancement of Science

Iris Chang, author

## Board of Directors

Arthur L. Caplan, Ph.D., Director, Center for Bioethics, U. of Pennsylvania School of Medicine

Bonnie Bazilian Finkel, J.D., Finkel Consulting

Hope Burness Gleicher, Ex. Director, Trellis Fund

Mary G. Hager, M.A., Journalist

Judith L. Harris, J.D., Managing Partner, Reed Smith

Roberta F. Havel, Social Policy Consultant

Phyllis A. Katz, Ph.D., Director, Institute for Research on Social Problems

Michael E. Lamb, Ph.D., National Institute of Child Health and Human Development

Lisa Lopez, J.D., Haemonetics Corporation

Patricia N. Olson, D.V.M., Ph.D., Guide Dogs for the Blind

Diana Zuckerman, Ph.D., President, CPR for Women & Families

## WHAT YOU CAN DO TO RELIEVE STRESS

*continued from page 1*

### What can you do?

**Exercise!** It's often the most effective stress-reduction strategy. Physical exertion releases endorphins, which can make you feel better, and boost the immune system.

**You are what you eat!** A balanced diet can help the body respond to stress. Reducing caffeine can also help. People who have a high intake of caffeine experience more stress and produce more stress hormones.

**Get your Zzzzs!** Adult and kids do best with 8-9 hours of sleep a night. Lack of sleep can make an individual more susceptible to stress, and stress interferes with the ability to sleep.

**Express yourself!** Researchers have found that expressing emotions to a support group, friends or family, or even writing down feelings can help reduce stress.

**Ask for help!** Healthy habits to help us feel better and live longer. And remember that you can't always do it all. If you're feeling overwhelmed, seek professional help.

**For more information,** see [www.center4policy.org/stress.html](http://www.center4policy.org/stress.html), or Dr. Sternberg's book, *The Balance Within: The Science Connecting Health and Emotions*.

## WORKING MOMS HARM KIDS: FACT OR FICTION?



Jeanne Brooks-Gunn, Ph.D.

### **"Working moms are bad for kids!"**

If you've recently heard that message in a news story, chances are it was a mangled sound bite garnered from a sophisticated, carefully conducted study by Jeanne Brooks-Gunn, a member of CPR's Research Network.

### **Brooks-Gunn found that there is no measurable impact on babies when mothers are employed less than 30 hours per week, and no impact of moms' full-time employment on children ages 1-4.**

Accurate articles in *The New York Times* and other national media were 'simplified' into misleading articles and TV news stories. "It's shocking how inaccurate the coverage was," said CPR President Dr. Diana Zuckerman.

"It's so frustrating when news stories guilt-trip moms who are doing their best to juggle work and family responsibilities," says Brooks-Gunn, a professor at Columbia University. "I first started researching daycare and working mom issues in 1991, when I had a baby, so I know how important it is to get this information out to women, and make sure it is accurate."

There is no evidence that moms' employment harms their children when their children are between the ages of

1-4. In fact, there may be some small positive impact.

There are some negative effects on a child's development when mothers are employed more than 30 hours per week in the child's first **9 months of life**.

However, there is no measurable impact when mothers are employed less than 30 hours per week.

The kind of childcare, and the kind of relationship the mother has with her child, are as important as work hours. If a mother is employed fulltime during her child's first 9 months of life, and the baby is in high quality childcare, and the mother is responsive, engaged, and consistent, the child will do well. If the mother is employed fulltime, and the child is in low quality care, and the mother is harsh or non-responsive to her baby, that child will be at risk for learning problems in future years.

The impact of fulltime employment seems to be more of a problem for low-income moms - probably because they tend to have lower quality childcare. This has important implications for new welfare reform proposals, which would push more low-income single mothers into full-time employment.

Brooks-Gunn found that it did not matter whether childcare was provided by relatives, at family daycare settings, or at a center -- what mattered was the quality of care. Quality was measured 4 ways: (1) ratio of caregivers to children, (2) caregiver and child interaction, (3) amount of time babies spent in 'jumpy seats' by themselves, and (4) how much 'aimless wandering' there was among toddlers and older children.

Brooks-Gunn is enthusiastic about working with CPR to improve family leave policy and improve the quality of

daycare, saying, "If you can provide paid leave during the first nine months, including letting fulltime workers reduce their hours below 30 hours per week, you can make an important difference for your workers and their children."

In addition, Brooks-Gunn shares CPR's goal to advocate for better quality childcare. Excellent infant care is rarely available because it is more expensive, particularly if childcare workers are to earn a living wage. "Research also shows that poorly paid childcare workers are less likely to stay at the childcare center or in the childcare field, resulting in fewer experienced childcare providers and disrupted relationships between childcare workers and the children they care for," Zuckerman points out.

Center-based care tends to be lower in quality for babies, improving for pre-school age children. Care provided by relatives and in family daycare ranges from excellent to abysmal, since such arrangements are often unmonitored and unregulated.

The research can't provide meaningful advice to individual women, because the studies are relatively small and not based on children with specific kinds of mothers and specific daycare arrangements. However, the research findings can be used to advise moms that if they are employed full-time they should try to get the best quality childcare possible especially for infants. Moreover, moms should ask for the help they need, so the stress of work and family is not making them harsh, depressed, or conflicted as a mother.

"I hope my research will be a wake-up call," says Brooks-Gunn. "If we had better family-leave policies and better quality childcare, mothers could choose what works best for them."

## MEET OUR NEW PARTNERS

CPR is working with women's research centers, family and gender studies departments, and university women's centers to bring attention to their important work. Here's an introduction to just a few of the centers we are proud to affiliate with.



**IRWG**  
**Director**  
**Barbara**  
**Gutek**

**University of Michigan's Institute for Research on Women and Gender (IRWG)**, is bringing together faculty from across the university, including ethnic studies and international programs, to work on projects like *Violence Across the Lifespan*. The kaleidoscope program, fostering collaboration between scholars and disciplines, plans to establish a national center for research on family violence.

IRWG is reaching out to girls ages 8 to 16 in cyberspace, operating a website, [www.SmartGirl.org](http://www.SmartGirl.org), where thousands of girls share their writing, participate in surveys, and engage in social science research using SmartGirl survey data.

IRWG is also working on ADVANCE, a five-year project designed to improve Michigan's science and engineering environment for women faculty, with the aim of increasing recruitment, retention and promotion of tenure-track women.

**The Women's Place (TWP) at The Ohio State University** is a clearinghouse for information and assistance needed by women. TWP offers services such as

identifying campus resources for international students or sponsoring programs like the *Working Mothers Support Group*, which meets monthly to discuss topics such as *Family-Friendly Vacation Ideas* and *University Work/Life Initiatives*.

TWP also advocates for women at the University, partnering with over 30 groups, programs and departments, such as Women Engineers, the Jewish Women's Collective, and the Black Cultural Center. TWP helps these groups reach a greater audience and coordinates with them to support or create essential programs.

A lecture on *Women in Science: Success Stories*, was TWP's first event of the 2002-2003 school year. TWP later co-hosted the lecture *From Girl to Woman to Elder: An Introduction to Gender Issues for Women with Disabilities Throughout the Life Cycle* by Harilyn Rousso. Ms. Rousso is a 2003 National Women's History Month Honoree, and is well-known for her work on behalf of disability rights, particularly for women and girls.



**Women's**  
**Place**  
**Director**  
**Judith B.**  
**Fountain**

The center not only addresses women's concerns, it tabulates them: TWP produced the 2002 *Summary Status Report on Women at Ohio State University*, a first-of-its-kind report identifying key needs for women on campus.



**Students at the Chellis House**

**The May Belle Chellis Women's and Gender Studies Center at Middlebury College** is a public education and awareness center. In April the Center hosted Sexual Violence Awareness Month. This campus and community-based event included lectures, self-defense workshops, and a Take-Back-The-Night march on April 3. Jean Kilbourne presented the latest version of her classic women-and-advertising documentary, *Killing Us Softly*, on April 7. Jackson Katz, an anti-sexist male activist, presented his film *Tough Guise: Violence, Media and the Crisis in Masculinity* on April 14.

Also in April, the Center, with the Women's and Gender Studies Program, co-sponsored the Women in Prison Symposium. This multi-media series, held April 8-24, examined the circumstances leading up to women's incarceration and the unique conditions they find once behind bars.

Kathryn Watterson discussed her book *Women in Prison: Inside the Concrete Womb*, the basis for ABC's Nightline documentary *Crime and Punishment*, on April 8. Jan Warren, advocate, CUNY faculty member and contributing writer for *Aliens at the Border*, *Doing Time: Twenty-five Years of Prison Writing*, and *Borrowed Light*, discussed her incarceration for drug use in her lecture *Doing Time in NY* on April 24.

IN THIS ISSUE OF *THE VOICE*...

## **Can Stress Make You Sick?** Page 1

## **Warning: Tuna and Other Fish Can Be Risky to Eat** Page 2

## **Winning the War on Weight** Page 3

## **Social Security: Safety Net for Kids and People with Disabilities** Page 4

## **Working Moms Harm Kids: Fact or Fiction?** Page 6

AND MUCH, MUCH MORE!

*For more information on health, programs and policies that affect women and families everyday, visit [www.center4policy.org](http://www.center4policy.org).*

### **WE WELCOME YOUR SUPPORT!**

You can donate to us by designating #9884 when you give to the United Way or Combined Federal Campaign, or please use the enclosed envelope to make your tax-deductible donation, which entitles you to receive our newsletter.

*CPR gratefully acknowledges these recent supporters of our work:*

Aid Association for the Blind  
of Washington, D.C.

Agency for Healthcare Research and Quality

The Agnes L. Peacock Foundation

Bloomingtondale's

National Cancer Institute

NIH Office of Research on Women's Health

Tides Foundation

U.S. Department of Health and Human  
Services Office on Women's Health

Wal-Mart Foundation

*Special thanks to our Fourth Fridays  
lunch seminar supporters: Baja Fresh, Corner  
Bakery, Preferred Office Club, and Reed Smith.*



**National Center for  
Policy Research for  
Women & Families**

1901 Pennsylvania Ave., NW  
Suite 901  
Washington DC 20006

NONPROFIT  
ORGANIZATION  
U.S. POSTAGE  
PAID  
PERMIT NO. 2442