

## HEALTH STATUS

Analysis of women's health status enables health professionals and policy makers to determine the impact of past and current health interventions and the need for new programs. Trends in health status help to identify new issues as they emerge.

In the following section, health status indicators related to morbidity, mortality, health behaviors, and maternal health are presented. New topics include gynecological and reproductive disorders, sleep disorders, autoimmune diseases, and maternal morbidity. The data are displayed by sex, age, and race and ethnicity, where feasible. Many of the conditions discussed, such as cancer, heart disease, hypertension, and stroke, have an important genetic component. Although the full impact of genetic risk factors on such conditions is still being studied, it is vital for women to be aware of their family history so that their risk for developing such conditions can be properly assessed.



## LIFE EXPECTANCY

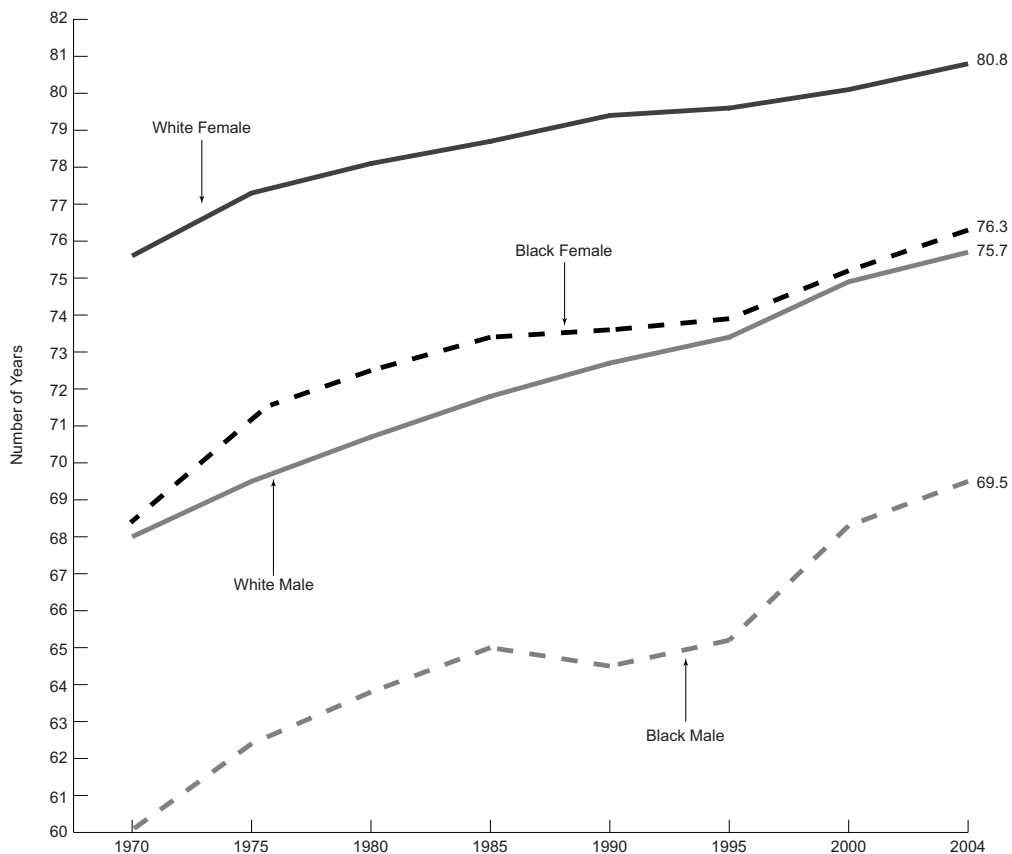
A baby girl born in the United States in 2004 could expect to live 80.4 years, 5.2 years longer than her male counterpart, whose life expectancy would be 75.2 years. The life expectancy at birth for White females was 80.8 years; for Black females, the life expectancy at birth was 76.3 years. The differential between male and female life expectancy was greater among Blacks than Whites; Black males could expect to live 69.5 years, 6.8 years fewer than Black females, while the difference between White males and females was 5.1 years. The lower life expectancy among Blacks may be partly accounted for by higher infant mortality rates.

Life expectancy has steadily increased since 1970 for males and females in both racial groups. Between 1970 and 2004, White males' life expectancy increased from 68.0 to 75.7 years (11.3 percent), while White females' life expectancy increased from 75.6 to 80.8 years (6.9 percent). Black males' life expectancy increased from 60.0 to 69.5 years (15.8 percent) during the same period, while Black females' life expectancy increased from 68.3 to 76.3 years (11.7 percent).

Life expectancy data have not been reported for American Indian/Alaska Natives, Asian Pacific Islanders, Hispanics alone, and persons of more than one race.

## Life Expectancy at Birth, by Race\* and Sex, 1970-2004

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics



\*Data presented may include Hispanics.

## PHYSICAL ACTIVITY

Regular physical activity promotes health, psychological well-being, and a healthy body weight. To reduce the risk of chronic disease, the *Dietary Guidelines for Americans, 2005* recommends engaging in at least 30 minutes of moderate-intensity physical activity on most days of the week for adults. To prevent weight gain over time, the Guidelines recommend about 60 minutes of moderate to vigorous physical activity on most days while not exceeding caloric intake requirements.<sup>1</sup>

In 2005, only 50.9 percent of women reported engaging in at least 10 minutes of moderate

leisure-time physical activity per week, and 32.0 percent reported at least 10 minutes of vigorous activity. Among those reporting any physical activity in the last week, men were more likely to engage in at least 10 minutes of vigorous activity (41.8 percent) and, overall, participated in physical activity for a greater average number of minutes than women. While men reported an average of 235 minutes of moderate or vigorous physical activity per week, women reported spending an average of 194 and 179 minutes, respectively.

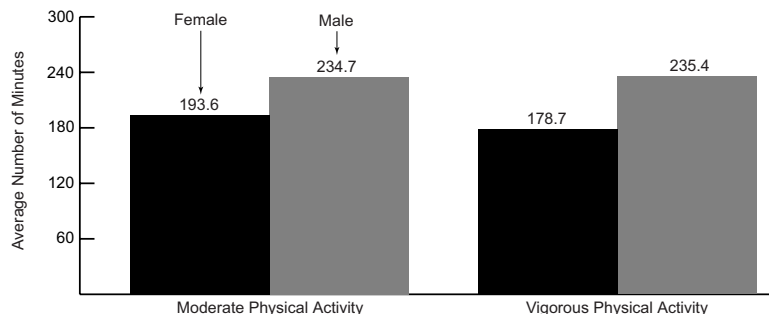
The percentage of women reporting at least 10 minutes of physical activity in the past week

varied with age. Younger women were much more likely to participate in both moderate and vigorous activity than older women. For instance, more than 50 percent of women under the age of 65 participated in at least 10 minutes of moderate physical activity, compared to only 36 percent of women 75 years and older. The difference is greater when comparing vigorous physical activity: 40.1 percent of women 18–44 versus 8.9 percent of women 75 years and older report at least 10 minutes of vigorous activity.

<sup>1</sup> U.S. Department of Health and Human Services; U.S. Department of Agriculture. *Dietary Guidelines for Americans 2005*. Washington, DC: U.S. Government Printing Office, January 2005.

### Average Minutes of Physical Activity per Week Among Adults Aged 18 and Older,\* by Sex and Level,\*\* 2005

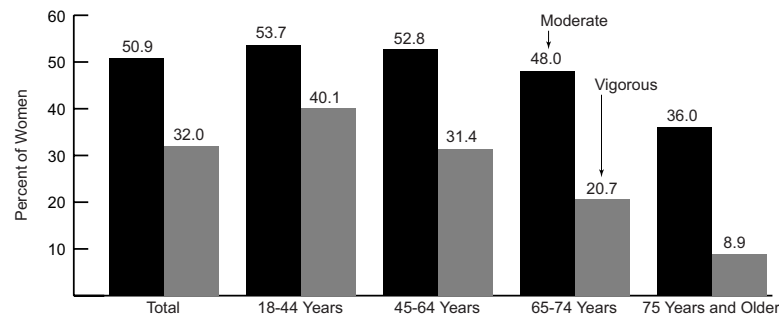
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Among adults who were physically active at least 10 minutes in the week prior to the survey. \*\*Moderate is defined as causing light sweating and/or a slight to moderate increase in breathing or heart rate; vigorous is defined as causing heavy sweating and/or large increases in breathing or heart rate.

### Women Aged 18 and Older Participating in Physical Activity,\* by Age and Level,\*\* 2005

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Participants reported being physically active at least 10 minutes in the week prior to the survey. \*\*Moderate is defined as causing light sweating and/or a slight to moderate increase in breathing or heart rate; vigorous is defined as causing heavy sweating and/or large increases in breathing or heart rate.



## NUTRITION

The *Dietary Guidelines for Americans, 2005* recommends eating a variety of nutrient-dense foods while not exceeding caloric needs. For most people, this means eating a daily assortment of fruits and vegetables, whole grains, lean meats and beans, and low-fat or fat-free milk products, while limiting added sugar, sodium, saturated and *trans* fats, and cholesterol.<sup>1</sup>

Some fats, mostly those that come from sources of polyunsaturated or monounsaturated fatty acids, such as fish, nuts, and vegetable oils, are an important part of a healthy diet. However, high intake of saturated fats, *trans* fats, and cholesterol may increase the risk of coronary heart disease. Most Americans should consume fewer than

10 percent of calories from saturated fats, less than 300 mg/day of cholesterol, and keep *trans* fatty acid consumption to a minimum. In 2003–04, 63.5 percent of women exceeded the recommended maximum daily intake of saturated fat—most commonly non-Hispanic White women and non-Hispanic Black women (65.9 and 64.4 percent, respectively). Salt, or sodium chloride, also plays an important role in heart health, as high salt intake can contribute to high blood pressure. Almost 70 percent of women exceed the recommended intake of less than 2,300 mg/day of sodium (about 1 teaspoon of salt).

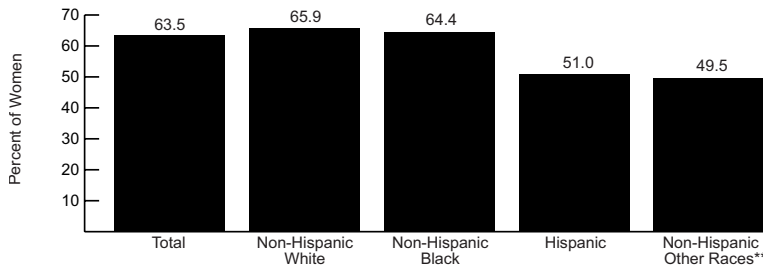
Folate is an important part of a healthy diet, especially among women of childbearing age,

since it can help reduce the risk of neural tube defects early in pregnancy. The Healthy People 2010 objective for red blood cell (RBC) folate concentration is 220 ng/mL. Non-pregnant women aged 15–44 have met this goal, but average RBC folate levels fell from 260 ng/mL in 2001–02 to 235 ng/mL in 2003–04, representing a decrease of almost 10 percent. The largest decline was among non-Hispanic White women (16 percent), but rates among non-Hispanic Black and Mexican American women also dropped.

<sup>1</sup> U.S. Department of Health and Human Services; U.S. Department of Agriculture. *Dietary Guidelines for Americans 2005*. Washington, DC: U.S. Government Printing Office, January 2005.

### Women Exceeding the Recommended Maximum Daily Intake of Saturated Fat,\* by Race/Ethnicity, 2003-04

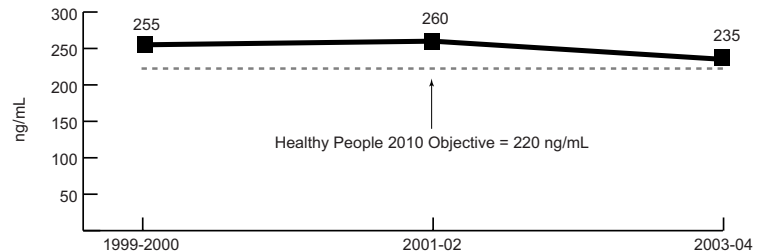
Source I.7: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



\*Recommended daily intake of saturated fat is 10 percent of daily caloric intake or less. \*\*Includes American Indian/Alaska Natives, Asian/Pacific Islanders, and persons of more than one race.

### Red Blood Cell (RBC) Folate Concentration Among Non-Pregnant Women Aged 15-44, 1999-2004

Source II.3: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



## CIGARETTE SMOKING

According to the U.S. Surgeon General, smoking damages every organ in the human body. Cigarette smoke contains toxic ingredients that prevent red blood cells from carrying a full load of oxygen, impairs genes that control the growth of cells, and binds to the airways of smokers. This contributes to numerous chronic illnesses, including several types of cancers, chronic obstructive pulmonary disease (COPD), cardiovascular disease, reduced bone density and fertility, and premature death.<sup>1</sup>

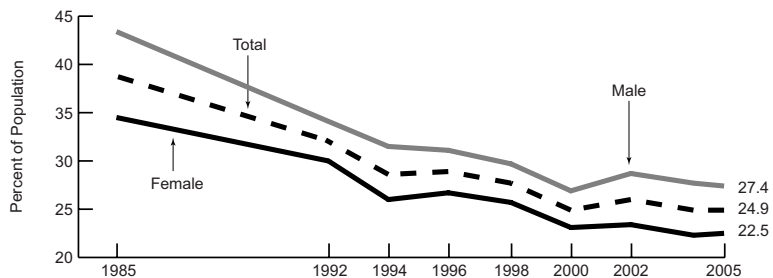
In 2005, over 60 million people in the United States aged 12 and older smoked cigarettes within the past month. Smoking was less common among females aged 12 and older (22.5 percent)

than among males of the same age group (27.4 percent). The rate has declined over the past several decades among both sexes. In 1985, the rate among males was 43.4, percent while the rate among females was 34.5 percent.

Quitting smoking has major and immediate health benefits, including reducing the risk of diseases caused by smoking and improving overall health.<sup>1</sup> In 2005, over 42 percent of smokers reported trying to quit at least once in the past year. Females were more likely than males to try to quit smoking (44.8 versus 40.7 percent). Among both males and females, non-Hispanic Blacks were the most likely to attempt to quit (48.4 and 49.6 percent, respectively).

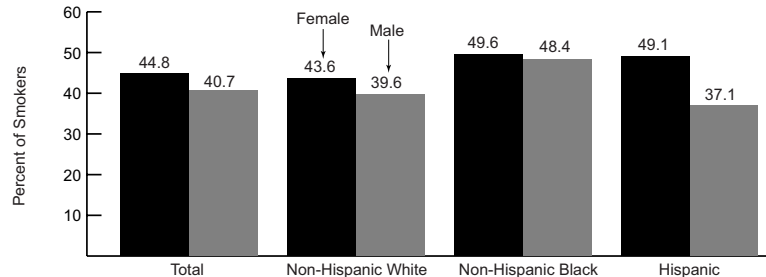
### Persons Aged 12 and Older Reporting Past Month Cigarette Use, by Sex, 1985-2005

Source II.4: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



### Adults Aged 18 and Older Who Tried to Quit Smoking in the Past Year, by Sex and Race/Ethnicity,\* 2005

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*The sample of American Indian/Alaska Natives, Asian/Pacific Islanders, and persons of more than one race was too small to produce reliable estimates.

Smoking during pregnancy can have a negative impact on the health of infants and children by increasing the risk of complications during pregnancy, premature delivery, and low birth weight—a leading cause of infant mortality.<sup>1</sup>

According to the National Survey on Drug Use and Health, 16.6 percent of pregnant women aged 15–44 smoked in 2004–05; however, this varied by race and ethnicity. Non-Hispanic White women (21.5 percent) were more likely to smoke during pregnancy than women of other races. Hispanic women were least likely to smoke during pregnancy (7.2 percent), while 15 percent of non-Hispanic Black women did so.

<sup>1</sup> U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General. 2004.*

## ALCOHOL USE

In 2005, 51.8 percent of the total U.S. population aged 12 and older reported using alcohol in the past month; among those aged 18 and older, the rate was 55.9 percent (data not shown). According to the Centers for Disease Control and Prevention, alcohol is a central nervous system depressant that, in small amounts, can have a relaxing effect. Although there is some debate over the health benefits of small amounts of alcohol consumed regularly, the negative health effects of excessive alcohol use and abuse are well-established. Short-term effects can include increased risk of motor vehicle injuries, falls, domestic violence, and child abuse. Long-term

effects can include pancreatitis, high blood pressure, liver cirrhosis, various cancers, and psychological disorders including dependency.

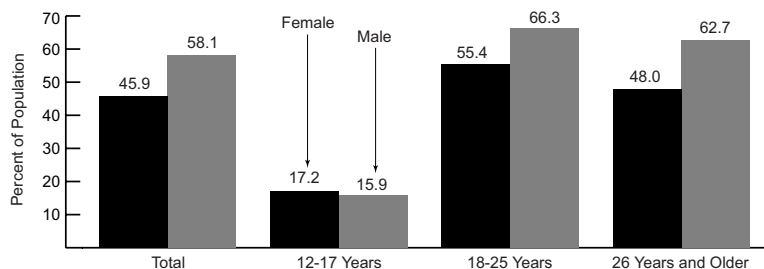
Overall, males are more likely to drink alcohol than females with past-month alcohol use reported by 58.1 percent of males and 45.9 percent of females aged 12 years and older. This is true across all age groups with the exception of 12- to 17-year-olds; in that group, 17.2 percent of females and 15.9 percent of males reported past-month use. Males are also more likely than females to engage in binge drinking, which is defined as drinking five or more drinks on the same occasion at least once in the past month (30.5 versus 15.2 percent), and heavy drinking, which is defined as five or more

drinks on the same occasion at least five times in the past month (10.3 versus 3.1 percent).

Alcohol use during pregnancy can be a special concern for women of childbearing age. Drinking alcohol during pregnancy can contribute to Fetal Alcohol Syndrome (FAS), low birth weight in infants, and developmental delays. In 2004–05, 12.1 percent of pregnant women reported drinking alcohol in the past month. This was most common in the 15–17 and 26–44 year age groups (13.9 and 13.5 percent, respectively) and least common among those in the 18–25 year age group (9.7 percent; data not shown).

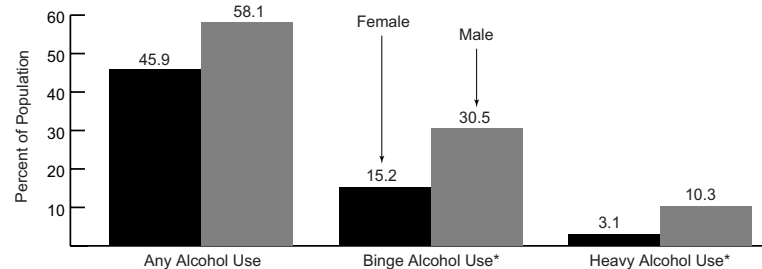
### Past Month Alcohol Use, by Sex and Age, 2005

Source II.4: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



### Past Month Alcohol Use Among Those Aged 12 and Older, by Type and Sex, 2005

Source II.4: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



\*Binge alcohol use is defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days. Heavy alcohol use is defined as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days. All heavy alcohol users are also binge alcohol users.

## ILLICIT DRUG USE

Illicit drugs are associated with serious health and social consequences, such as addiction. Illicit drugs include marijuana/hashish, cocaine, inhalants, hallucinogens, crack, and prescription-type psychotherapeutic drugs used for non-medical purposes. In 2005, nearly 12.7 million women aged 18 years and older reported using an illicit drug within the past year; this represents 11.2 percent of women. The past-year illicit drug

use rate was significantly higher among women aged 18–25 years than among women 26 years and older (30.1 versus 8.1 percent). Among adolescent females aged 12–17 years, 20.0 percent reported using illicit drugs in the past year.

In 2005, marijuana was the most commonly used illicit drug among females in each age group, followed by the non-medical use of prescription-type psychotherapeutic drugs. Use of both categories of drugs was highest among females

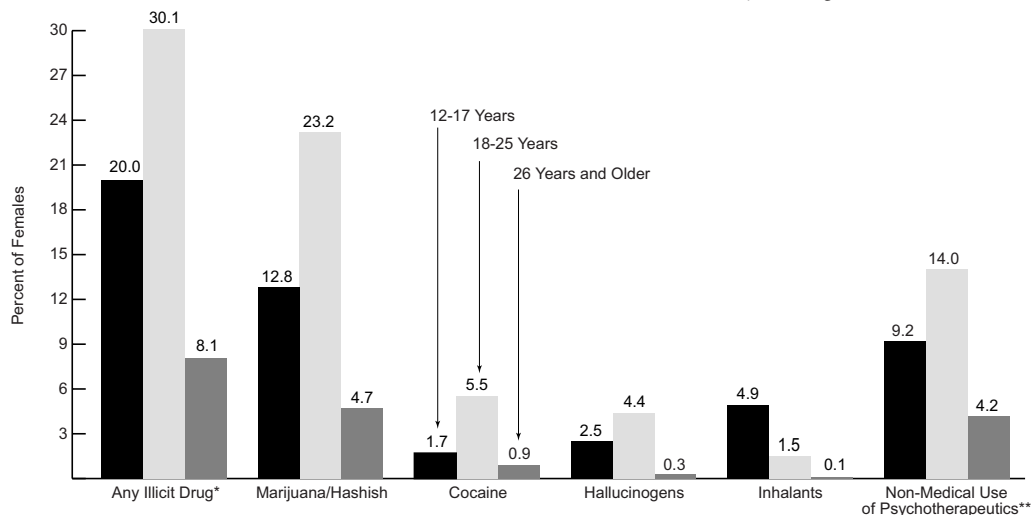
aged 18–25 (23.2 and 14.0 percent, respectively).

Methamphetamine is a stimulant with a high potential for abuse, and use can result in decreased appetite, increased respiration and blood pressure, rapid heart rate, irregular heartbeat, and hyperthermia. Long-term effects can include paranoia, anorexia, delusions, and hallucinations.<sup>1</sup> While limited data exist on adult methamphetamine use, the Monitoring the Future Survey has tracked use among students since 1999. In 2006, 1.8 percent of 8th and 10th graders and 2.5 percent of 12th graders reported using methamphetamine in the past year (data not shown).<sup>2</sup>

According to the National Survey on Drug Use and Health's 2004–05 estimates, 3.9 percent of pregnant women reported using illicit drugs in the past month. Among pregnant 15- to 17-year-olds, 12.3 percent, or 1 in 8, reported past month illicit drug use. Women 18 and older were less likely to report illicit drug use during pregnancy: the rate was 7.0 percent among 18- to 25-year-olds, and 1.6 percent among those aged 26–44 years (data not shown).

### Females Reporting Past Year Use of Illicit Drugs, by Age and Drug Type, 2005

Source II.4: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



\*Includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and any prescription-type psychotherapeutic drugs used for non-medical purposes. \*\*Includes prescription-type pain relievers, tranquilizers, stimulants, and sedatives.

1 National Institutes of Health, National Institute on Drug Abuse. InfoFacts: Methamphetamine. March 2007. [www.nida.nih.gov/Infofacts/methamphetamine.html](http://www.nida.nih.gov/Infofacts/methamphetamine.html). Viewed 4/18/07.

2 Johnston, LD, O'Malley, PM, Bachman, JG, & Schulenberg, JE. *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2006*. [NIH Publication No. 07-6202] Bethesda, MD: National Institute on Drug Abuse, 2007. <http://www.monitoringthefuture.org>. Viewed 5/31/07.