

Women's Health USA 2007



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The data book is available in limited quantities in CD format.

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PREFACE AND READER'S GUIDE

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) supports healthy women building healthy communities. HRSA is charged with ensuring access to quality health care through a network of community-based health centers, maternal and child health programs, and community HIV/AIDS programs through the States and Territories. In addition, HRSA's mission includes supporting individuals pursuing careers in medicine, nursing, and many other health disciplines. HRSA fulfills these responsibilities by collecting and analyzing timely, topical information that identifies health priorities and trends that can be addressed through program interventions and capacity building.

HRSA is pleased to present *Women's Health USA 2007*, the sixth edition of the *Women's Health USA* data book. To reflect the ever-changing, increasingly diverse population and its characteristics, *Women's Health USA* selectively highlights emerging issues and trends in women's health. Data and information on autoimmune diseases, gynecological and reproductive disorders, and digestive disorders are a few of the new topics included in this edition. Where possible, every effort has been made to highlight racial and ethnic, sex/gender, and socioeconomic dispari-



ties. In some instances, it was not possible to provide data for all races due to the size of the sample population. A cell size of fewer than 20 was deemed too small to produce reliable results.

The data book was developed by HRSA to provide readers with an easy-to-use collection of current and historical data on some of the most pressing health challenges facing women, their families, and their communities. *Women's Health USA 2007* is intended to be a concise reference for policymakers and program managers at the Federal, State, and local levels to identify and clarify issues affecting the health of women. In these pages, readers will find a profile of women's health from a variety of data sources. The data book brings together the latest available information from various agencies within the Federal government, including the U.S. Department of Health and Human Services, U.S. Department of Agriculture, U.S. Department of Labor, and U.S. Department of Justice. Non-Federal data sources were used when no Federal source was available. Every attempt has been made to use data collected in the past 5 years. It is important to note that the incidence data included is generally not age-adjusted to the 2000 population standard of the United States. This affects the comparability of data from year to year, and the interpretation of differences across various groups, especially those of different races

and ethnicities. Without age adjustment, it is difficult to know how much of the difference in incidence rates between groups can be attributed to differences in the groups' age distributions. Also, presentation of racial and ethnic data may appear differently on some pages as a result of the design and limitations of the original data source.

Women's Health USA 2007 is available online through either the HRSA Office of Women's Health Web site at www.hrsa.gov/womenshealth or the Office of Data and Program Development's Web site at www.mchb.hrsa.gov/data. In an effort to produce a timely document, some of the topics covered in *Women's Health USA 2006* were not included in this year's edition because new data were not available. For coverage of these issues, please refer to *Women's Health USA 2006*, also available online. The National Women's Health Information Center at www.womenshealth.gov also has updated and detailed women's and minority health data and maps through Quick Health Data Online at www.4woman.gov/quickhealthdata. Data are available at the State and county levels, by age, race and ethnicity, and sex/gender.

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INTRODUCTION

In 2005, women represented 51 percent of the 288 million people residing in the United States. In most age groups, women accounted for approximately half of the population, with the exception of people 65 years and older; within this age group, women represented over 57 percent of the population. The growing diversity of the U.S. population is reflected in the racial and ethnic distribution of women across age groups. Black and Hispanic women accounted for 9 and 6.5 percent of the female population aged 65 and older, respectively, but they represented 15.3 and 20.9 percent of females under 15 years of age. Non-Hispanic Whites accounted for nearly 81 percent of women aged 65 years and older, but only 58.6 percent of those under 15 years of age.

In addition to race and ethnicity, income and education are important factors that contribute to women's health and access to health care. Regardless of family structure, women are more likely than men to live in poverty. Poverty rates were highest among women who were heads of their households (25.9 percent). Poverty rates were also higher among Black and Hispanic women (24.2 and 21.7 percent, respectively), who were also more likely to be heads of households than their non-Hispanic White and Asian counterparts.



America's growing diversity underscores the importance of examining and addressing racial and ethnic disparities in health status and the use of health care services. In 2005, 62.3 percent of non-Hispanic White women reported themselves to be in excellent or very good health, compared to only 53.6 percent of Hispanic women and 51.6 percent of non-Hispanic Black women.

Minority women are disproportionately affected by a number of diseases and health conditions, including HIV/AIDS, sexually transmitted infections, diabetes, and overweight and obesity. For instance, in 2005, non-Hispanic Black and Hispanic women accounted for more than three-fourths of women living with HIV/AIDS (64.1 and 15.1 percent, respectively). One-third of non-Hispanic White women had ever been tested for the Human Immunodeficiency Virus (HIV), compared to 52.5 percent of non-Hispanic Black women and 47.3 percent of Hispanic women.

Diabetes is a chronic condition and a leading cause of death and disability in the United States, and is especially prevalent among non-Hispanic Black women. Among non-Hispanic Black women, diabetes occurred at a rate of 106.8 per 1,000 women, compared to 69.1 per 1,000 non-Hispanic White women. Hypertension, or high blood pressure, was also more prevalent among

non-Hispanic Black women than women of other races. This disease occurred at a rate of 353.8 per 1,000 non-Hispanic Black women, compared to 264.5 per 1,000 non-Hispanic White women and 200.2 per 1,000 Hispanic women.

Overweight and obesity are occurring at an increasing rate among Americans of all ages and both sexes. Body Mass Index (BMI) is a measure of the ratio of height to weight, and is often used to determine whether a person's weight is within a healthy range. A BMI of 25–29.9 is considered overweight, and a BMI of 30 or greater is considered obese. In 2003–04, 61.4 percent of women were overweight or obese; rates were highest among non-Hispanic Black (79.9 percent) and Hispanic women (68.4 percent).

Some conditions, such as arthritis and heart disease, disproportionately affect non-Hispanic White women. For instance, in 2005, the rate of arthritis among non-Hispanic White women was 282.1 per 1,000 women, compared to 243.3 per 1,000 non-Hispanic Black women and 144.2 per 1,000 Hispanic women.

Other conditions are more closely linked to family income than to race and ethnicity. Rates of asthma decline as income increases and women with higher incomes are more likely to effectively manage their asthma. Among women with

incomes below the Federal poverty level (FPL), more than one-third had an asthma-related emergency room visit in the past year, compared to 19.2 percent of women with family incomes of 300 percent or more of the FPL.

Mental health is another important aspect of women's overall health. A range of mental health problems, including depression, anxiety, phobias, and post-traumatic stress disorder, disproportionately affect women. Unlike many other health concerns, younger women are more likely than older women to suffer from serious psychological stress and major depressive episodes.

Physical disabilities are more prevalent among women as well. Disability can be defined as impairment of the ability to perform common activities like walking up stairs, sitting or standing for 2 hours or more, grasping small objects, or carrying items like groceries. Therefore, the terms "activity limitations" and "disabilities" are used interchangeably throughout this book. Overall, 15.1 percent of women and 12.5 percent of men reported having activity limitations.

Men, however, bear a disproportionate burden of some health conditions, such as HIV/AIDS, diabetes and heart disease. In 2005, for instance, adolescent and adult males accounted for almost 73 percent of those living with HIV/AIDS, though a smaller proportion of men had ever

been tested for HIV than women (33 versus 38 percent, respectively).

Certain health risks, such as overweight and injury, occurred more commonly among men than women. In 2003–04, 69.6 percent of men were overweight or obese, compared to 61.5 percent of women. Among men, 30.2 percent of emergency department visits were injury related, while only 21.8 percent of women's visits were due to injury. In addition, men were less likely than women to seek preventive care (375 versus 535 million physician office visits), and were more likely to lack health insurance (22.5 versus 18.8 percent uninsured, respectively).

Many diseases and health conditions, such as those mentioned above, can be avoided or minimized through good nutrition, regular physical activity and preventive health care. In 2004, 18.6 percent of women's visits to physicians were for preventive care, including prenatal care, preventive screenings, and immunizations. Overall, 60.5 percent of older women reported receiving a flu shot in 2005; however, this percentage ranges from 38.9 percent among non-Hispanic Black women to 63.8 percent of non-Hispanic White women. In addition to preventive health care, preventive dental care is also important to prevent dental caries and gum disease. In 2003–04, 71.2 percent of women who had health insurance with a dental component

saw a dentist in the past year, compared to 58.6 percent of women with health insurance but no dental component, and 38.6 percent of women with no insurance at all.

There are many ways women (and men) can promote health and help prevent disease and disability. Thirty minutes of physical activity on most days of the week may reduce the risk of chronic disease; women who reported participating in any physical activity had an average of 194 minutes of moderate exercise each week in 2005, although only 50 percent of women reported at least 10 minutes of moderate activity.

Healthy eating habits can also be a major contributor to long-term health and prevention of chronic disease. In 1999–2004, however, more than half of all adult women had diets that included more than the recommended amount of saturated fat and sodium and less than the recommended amount of folate. Overall, 63.5 percent of women exceeded the maximum daily intake of saturated fat, and 70 percent exceeded the maximum amount of sodium.

While some behaviors have a positive effect on health, a number of others, such as smoking and alcohol and illicit drug use, can have a negative effect. In 2005, 22.5 percent of women smoked. However, 44.8 percent of female smokers tried to quit at some point in the past year. During the same year, 45.9 percent of women reported any

alcohol use in the past month, but relatively few women (15.2 percent) reported binge drinking (five or more drinks on the same occasion) and even fewer (3.1 percent) reported heavy alcohol use (binge drinking on 5 days or more in the past month).

Cigarette, alcohol, and illicit drug use is particularly harmful during pregnancy. While use of illicit drugs is reported by only 3.9 percent of all pregnant women, it is more common among 15- to 17-year-olds who are pregnant — 12.3 percent of them reported drug use in the past month. The use of tobacco during pregnancy has declined steadily since 1989. In 2004–05, 16.6 percent of pregnant women aged 15–44 reported smoking during pregnancy. This rate was highest among non-Hispanic White women (21.5 percent) and lowest among Hispanic women (7.2 percent).

Women's Health USA 2007 can be an important tool for emphasizing the importance of preventive care, counseling, and education, and for illustrating disparities in the health status of women from all age groups and racial and ethnic backgrounds. Health problems can only be remedied if they are recognized. This data book provides information on a range of indicators that can help us track the health behaviors, risk factors, and health care utilization practices of women throughout the United States.

