SELF-REPORTED HEALTH STATUS

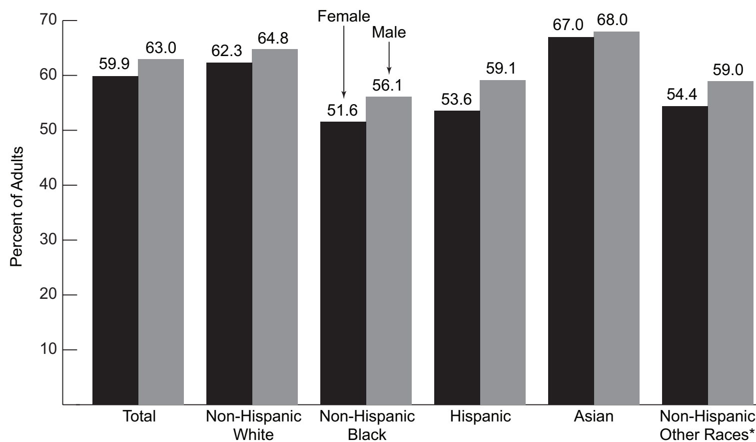
In 2005, men were more likely than women to report being in excellent or very good health (63.0 versus 59.9 percent); this was true in every racial and ethnic group. Among both sexes, Asians most often reported that they were in excellent or very good health, followed by non-Hispanic Whites; non-Hispanic Blacks were the least likely to report themselves to be in excellent or very good health.

Self-reported health status declines with age: 70.9 percent of women aged 18–44 years reported excellent or very good health status, compared to 55.6 percent of those aged 45–64 years, 41.5 percent of those aged 65–74 years, and 32.7 percent of those aged 75 years or more. Among those in the oldest age group, 30.7 percent reported fair or poor health, compared to only 6.2 percent of those in the youngest age group.

The rate of women reporting excellent or very good health also varies with income (data not shown). Among women with family incomes at 300 percent or more of the Federal poverty level (FPL), 73 percent reported excellent or very good health compared to 42 percent of those with family incomes below 100 percent of the FPL.

Adults Aged 18 and Older Reporting Excellent or Very Good Health, by Sex and Race/Ethnicity, 2005

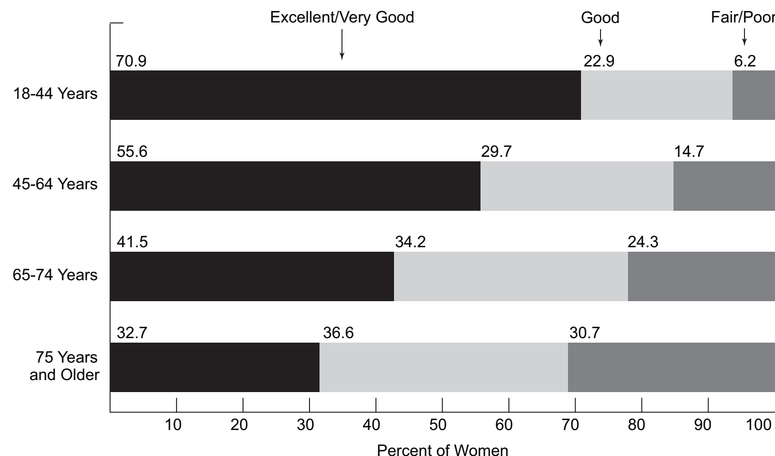
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



**Includes American Indian/Alaska Natives and persons of more than one race.*

Self-Reported Health Status of Women Aged 18 and Older, by Age, 2005

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



HIV/AIDS

Acquired immunodeficiency syndrome (AIDS) is the final stage of the human immunodeficiency virus (HIV), which destroys or disables the cells that are responsible for fighting infection. AIDS is diagnosed when HIV has weakened the immune system enough that the body has a difficult time fighting infections.[1] In 2005, there were an estimated 10,774 new AIDS cases among adolescent and adult females, compared to 29,766 new cases among males of the same age groups. Men have been disproportionately affected by AIDS, but the rate among women is increasing at a faster pace; since 2001, new AIDS cases have increased by 7.2 percent among females compared to a 6.7 percent increase among males.

In 2005, females accounted for 27.1 percent of all adolescents and adults living with HIV/AIDS[2] and 21.5 percent of enrollees in the AIDS Drug Assistance Program (ADAP), a Federal program providing medications for treatment of HIV disease to those who do not have adequate health insurance or other financial resources. Most are enrolled in ADAP only while they await acceptance into an insurance program such as Medicaid.[3] ADAP is funded through Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program). In December 2006, the Act was reauthorized for 3 years to provide funding for a range of programs serving people with HIV/AIDS.

HIV/AIDS disproportionately affects minorities: in 2005, 64.1 percent of adolescent and adult females living with HIV/AIDS were non-Hispanic Black. In 2004, HIV/AIDS was the leading cause of death among non-Hispanic Black women aged 25–34.[4]

1 Centers for Disease Control and Prevention. HIV/AIDS Basic Information. Available from: http://www.cdc.gov/hiv/topics/basic/index.htm. Viewed 8/15/07.

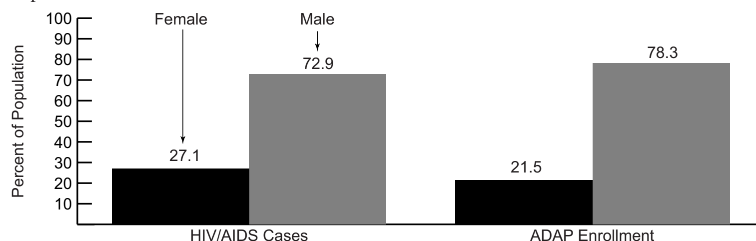
2 Includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS, in 33 States.

3 Health Resources and Services Administration, HIV/AIDS Bureau. ADAP Fact Sheet. Available from: http://hab.hrsa.gov/programs/factsheets/adap1.htm. Viewed 4/18/07.

4 Centers for Disease Control and Prevention. HIV/AIDS Fact Sheet, HIV/AIDS among Women. Rev ed. June 2007. Available from: http://www.cdc.gov/hiv/topics/women/resources/factsheets/pdf/women.pdf. Viewed 8/15/07.

Adolescents and Adults Living with HIV/AIDS* and AIDS Drug Assistance Program (ADAP) Enrollment,** by Sex, 2005

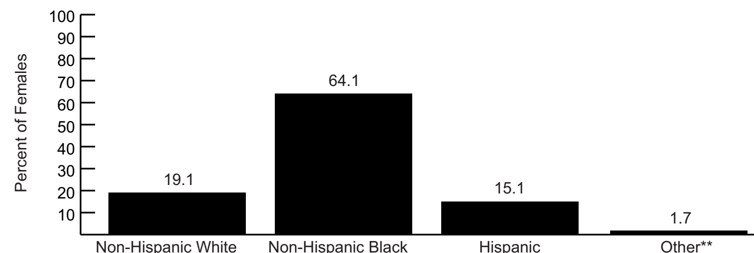
Source II.5, II.6: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report; Health Resources and Services Administration



**Includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS; estimates are based on 33 States with confidential name-based HIV reporting. **Data on HIV/AIDS cases are from CDC; ADAP data are from HRSA.*

Adolescent and Adult Females Living with HIV/AIDS,* by Race/Ethnicity, 2005

Source II.5: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report



**Includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS; estimates are based on 33 States with confidential name-based HIV reporting. **Asian/Pacific Islanders, American Indian/Alaska Natives, persons of more than one race, and unknown.*

ACTIVITY LIMITATIONS AND DISABILITIES

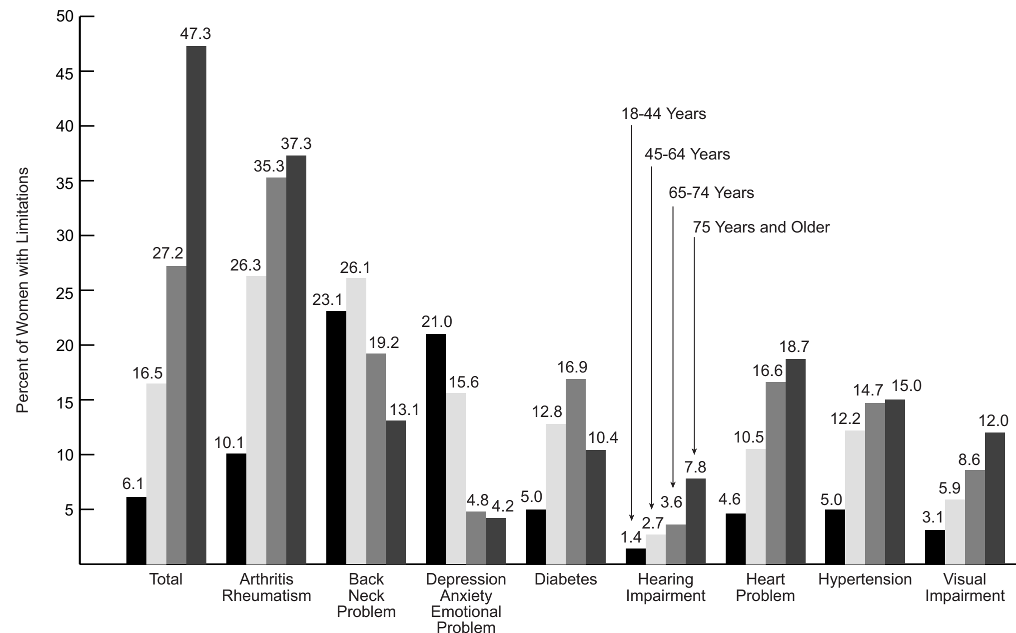
Although there are many different ways to define a disability, one common guideline is whether a person is able to perform common activities—such as walking up stairs, standing or sitting for several hours at a time, grasping small objects, or carrying items such as groceries—without assistance. In 2005, almost 14 percent of the U.S. population reported having at least one condition that limited their ability to perform one or more of these common activities. Women were more likely to report being limited in their activities than men (15.1 versus 12.5 percent).

Among women with at least one activity limitation, the conditions that caused specific activity limitations varied by age. Activity limitations caused by heart problems were most common among women over 75 years (18.7 percent), and least common among women under 45 years (4.6 percent). Older women were also more likely to report limitations due to arthritis: 37.3 percent of women 75 years or older and 35.3 percent of those aged 65–74 years. Conversely, limitations caused by depression, anxiety, or emotional problems were most common among women under 45 years (21.0 percent), and back or neck problems were most common among those aged 45–64 years (26.1 percent) followed by 18- to 44-year-olds (23.1 percent).

In 2005, the percentage of women reporting at least one activity limitation varied by race and ethnicity (data not shown). Non-Hispanic White and non-Hispanic Black women were most likely to report at least one limitation (16.1 percent), while Asians were least likely (4.9 percent). Eleven percent of Hispanic women reported at least one activity limitation.

Selected Conditions Causing Activity Limitations* in Women Aged 18 and Older with at Least One Limitation, by Age, 2005

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



*Activity limitations are defined as conditions that cause difficulty performing certain physical, leisure, and social activities.

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REVOLUTION

ARTHRITIS

Arthritis, the leading cause of disability among Americans over 15 years of age, comprises more than 100 different diseases that affect areas in or around the joints.[1] The most common type is osteoarthritis, which is a degenerative joint disease that causes pain and loss of movement due to deterioration in the cartilage covering the ends of bones in the joints. Other types of arthritis include rheumatoid arthritis, lupus arthritis, gout, and fibromyalgia.

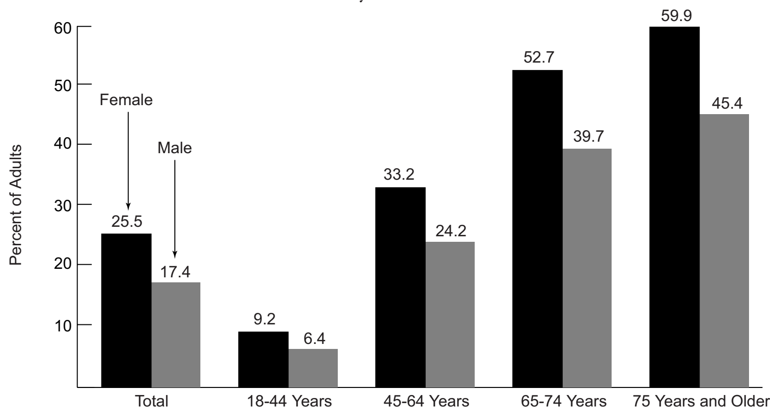
In 2005, over 21 percent of adults in the United States reported that they had ever been diagnosed with arthritis. Arthritis was more common in women than men (25.5 versus 17.4 percent), and rates of arthritis increased dramatically with age for both sexes. Fewer than 10 percent of women in the 18–44 year age group had been diagnosed with arthritis, compared to 52.7 percent among women aged 65–74 years, and almost 60 percent of women 75 years and older.

In 2005, the rate of arthritis among women varied by race and ethnicity. It was most common among non-Hispanic White women (282.1 per 1,000 women), followed by non-Hispanic Black women (243.3 per 1,000). The lowest rates of arthritis were among Asian and Hispanic women (124.4 and 144.2 per 1,000, respectively).

1 Arthritis Foundation. The facts about arthritis. 2004. http://www.arthritis.org. Viewed 4/18/07.

Adults Aged 18 and Older with Arthritis,* by Age and Sex, 2005

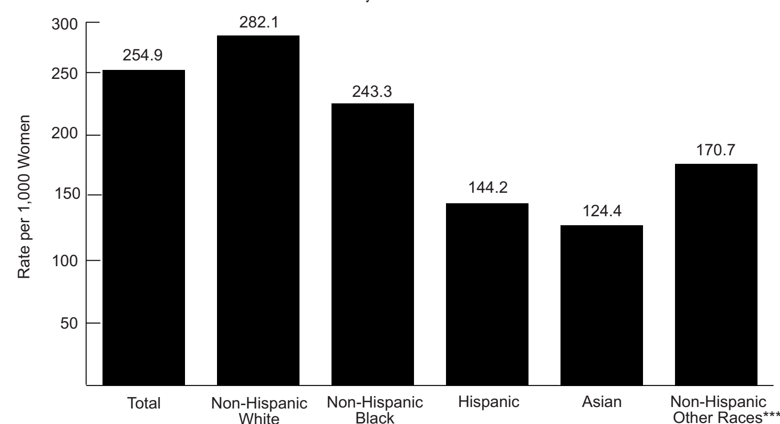
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have arthritis.

Women Aged 18 and Older with Arthritis,* by Race/Ethnicity,** 2005

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



*Reported a health professional has ever told them they have arthritis. **Rates reported are not age-adjusted. ***Includes American Indian/Alaska Natives and persons of more than one race.

ASTHMA

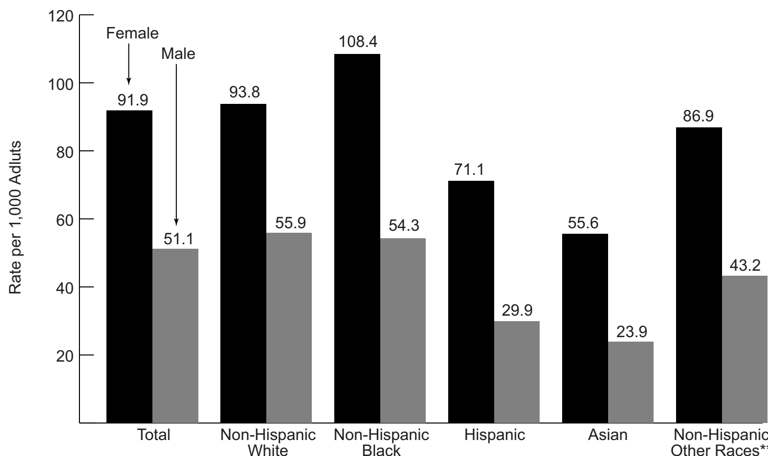
Asthma is a chronic inflammatory disorder of the airway characterized by episodes of wheezing, chest tightness, shortness of breath, and coughing. This disorder may be aggravated by allergens, tobacco smoke and other irritants, exercise, and infections of the respiratory tract. However, by taking certain precautions, persons with asthma may be able to effectively manage this disorder and participate in daily activities.

In 2005, women had higher rates of asthma than men (91.9 per 1,000 women versus 51.1 per 1,000 men); this was true in every racial and ethnic group. Among women, non-Hispanic Black women had the highest asthma rate (108.4 per 1,000 women), followed by non-Hispanic White women (93.8 per 1,000); Asian women had the lowest asthma rate (55.6 per 1,000).

A visit to the emergency room due to asthma can be an indication that the asthma is not effectively controlled. In 2005, asthmatic women with lower family incomes were more likely than women with higher family incomes to have an emergency room visit due to asthma. Among women with family incomes below 100 percent of the Federal poverty level (FPL), 34.2 percent of those with asthma had visited the emergency room in the past year, compared to 19.2 percent of asthmatic women with family incomes of 300 percent or more of the FPL.

Adults Aged 18 and Older with Asthma,* by Sex and Race/Ethnicity, 2005

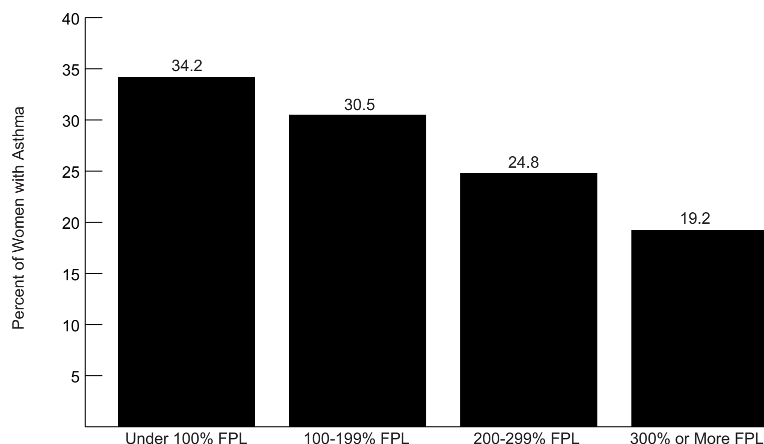
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported that a health professional has ever told them they have asthma and report they still have asthma.
**Includes American Indian/Alaska Natives and persons of more than one race.

Women Aged 18 and Older with an Emergency Room Visit Due to Asthma in the Past Year, by Poverty Status,* 2005

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



*Federal poverty level (FPL) was equal to $19,350 for a family of four in 2005; this amount is determined annually by the U.S. Department of Health and Human Services.

AUTOIMMUNE DISEASES

Autoimmune diseases comprise more than 80 serious, chronic illnesses that can involve almost every human organ system. The common thread among these diseases is that the body's own immune system attacks itself. For largely unknown reasons, about 75 percent of autoimmune diseases occur in women, most frequently in women of childbearing age.

The most common autoimmune diseases include thyroid disease and systemic lupus erythematosus. Hashimoto's disease, or hypothyroiditis, is a disease in which the immune system destroys the thyroid, and it occurs in 10 women for every one man. Graves' disease, in which excessive amounts of thyroid hormone are produced, is another thyroid disease that occurs more frequently in women than men.

Lupus is an inflammation of the connective tissues that can affect multiple organ systems; it occurs in nine women for every one man. In addition to lupus, connective tissue diseases include rheumatoid arthritis, a disorder in which the membranes around joints become inflamed; Sjogren's Syndrome, in which patients slowly lose the ability to secrete saliva and tears; and scleroderma, which activates immune cells to produce scar tissue in the skin, internal organs and small blood vessels.

Multiple sclerosis, twice as common in women as in men, is a disease of the central nervous system characterized by numbness, weakness, tingling or paralysis of the limbs, impaired vision, and/or lack of coordination. Myasthenia Gravis also results in gradual muscle weakness. Antiphospholipid syndrome occurs when antibodies attack body tissues and organs and results in the formation of blood clots in arteries or veins. Autoimmune thrombocytopenic purpura is characterized by the failure of blood to clot as it should. Autoimmune hepatitis and primary biliary cirrhosis both cause the liver to become inflamed which can lead to cirrhosis, or scarring, of the liver and liver failure.

Autoimmune diseases are poorly understood and little comprehensive data exist. However, the LUMINA study has provided new data about the relationship between ethnicity and outcomes among patients with lupus. The study found that Black and Hispanic lupus patients have more active disease and more organ system involvement than White patients. Data also showed that Black patients may accrue more renal damage than White patients and more skin damage than either Hispanic or White patients.[1]

1 Alarcon, GS, K Brooks, J Reveille, JR Lisse. Do Patients of Hispanic and African-American Ethnicity with Lupus Experience Worse Outcomes than Patients with Lupus from Other Populations? The LUMINA Study. SLE in Clinical Practice. 1999; 2(3).

Estimated Female-to-Male Ratios of Selected Autoimmune Diseases, 2006

Source II.7: American Autoimmune Related Diseases Association

	Ratio
Hashimoto's Disease/Hypothyroiditis	10:1
Systemic Lupus Erythematosus	9:1
Sjogren's Syndrome	9:1
Antiphospholipid Syndrome: Secondary	9:1
Primary Biliary Cirrhosis	9:1
Autoimmune Hepatitis	8:1
Graves' Disease/Hyperthyroiditis	7:1
Scleroderma	3:1
Rheumatoid Arthritis	2.5:1
Myasthenia Gravis	2:1
Multiple Sclerosis	2:1
Autoimmune Thrombocytopenic Purpura	2:1

DIABETES

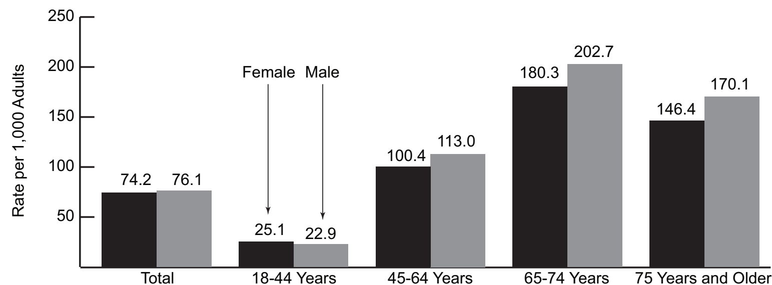
Diabetes is a chronic condition and a leading cause of death and disability in the United States. Complications of diabetes are serious and may include blindness, kidney damage, heart disease, stroke, and nervous system disease. Diabetes is becoming increasingly common among children and young adults. The two main types of diabetes are Type 1 (insulin dependent) and Type 2 (non-insulin dependent). Type 1 diabetes is usually diagnosed in children and young adults, and is commonly referred to as "juvenile diabetes." Type 2 diabetes is more common; it is often diagnosed among adults but is becoming increasingly common among children. Risk factors for Type 2 diabetes include obesity, physical inactivity, and a family history of the disease.

In 2005, women and men reported similar rates of having ever been told they had diabetes, though women under the age of 45 were slightly more likely than men of the same age group. The rate of diabetes increased with age for both sexes; however, older men were more likely to have diabetes than their female counterparts. The rate of diabetes among women under the age of 45 was 25.1 per 1,000 women, compared to 22.9 per 1,000 men of the same age. The rates among women and men 75 years and older were 146.4 and 170.1 per 1,000, respectively.

Non-Hispanic Black women were more likely than women of other racial and ethnic groups to have diabetes: the rate of diabetes among this group was 106.8 per 1,000 in 2005, compared to a rate of 77.1 per 1,000 Hispanic women, 71.6 per 1,000 American Indian/Alaska Natives and women of multiple races, and 69.1 per 1,000 non-Hispanic White women. Asian women had the lowest rate of diabetes (49.7 per 1,000). Most women with diabetes of all racial and ethnic groups do not take insulin, which may indicate that they have Type 2 diabetes. Non-Hispanic White and Hispanic women with diabetes were less likely than non-Hispanic Black women to take insulin in 2005.

Adults Aged 18 and Older with Diabetes,* by Age and Sex, 2005

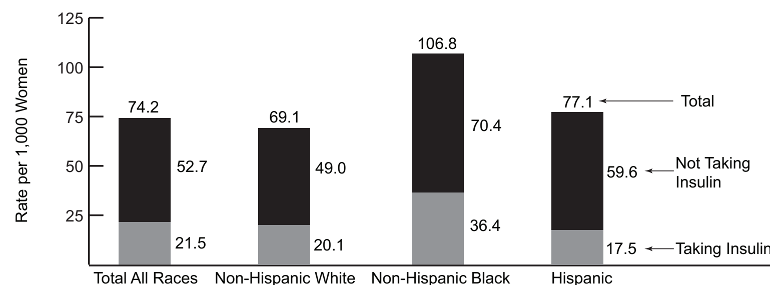
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have diabetes.

Current Insulin Use Among Women Aged 18 and Older with Diabetes,* by Race/Ethnicity,** 2005

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



*Reported a health professional has ever told them they have diabetes. **Rates reported are not age adjusted. The sample of Asian/Pacific Islanders, American Indian/Alaska Natives and persons of more than one race was too small to produce reliable estimates for insulin use.

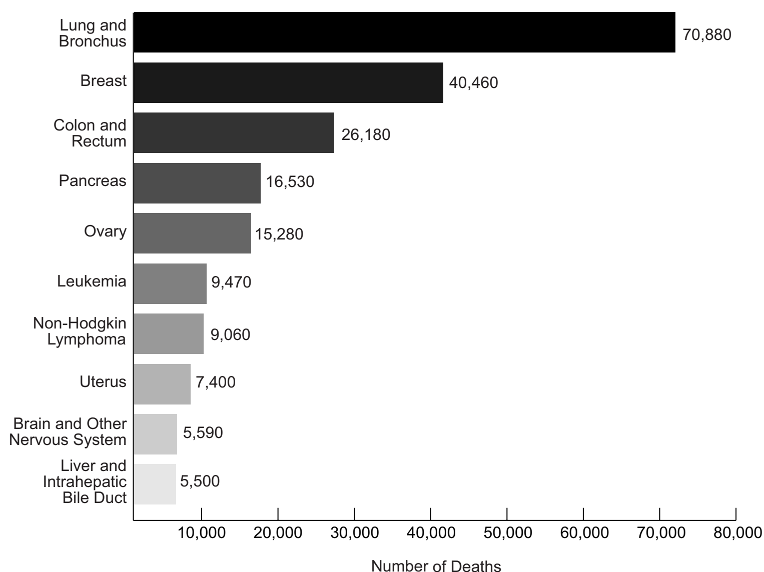
CANCER

It is estimated that just over 270,000 females will die of cancer in 2007. Lung and bronchus cancer is the leading cause of cancer death among females, accounting for 26 percent of cancer deaths, followed by breast cancer, which is responsible for 15 percent of deaths. Colon and rectal cancer, pancreatic cancer, and ovarian cancer are also significant causes of cancer deaths among females. Due to the varying survival rates for different types of cancer, the most common causes of cancer death are not always the most common types of cancer. For instance, although lung and bronchus cancers cause the greatest number of deaths, breast cancer is the most common type of cancer among women. Other types of cancer that are common among females but are not among the top 10 causes of cancer deaths include melanoma, thyroid cancer, and cancer of the kidney and renal pelvis. In addition, other types of cancer, such as some skin cancers, are common but may not lead to death.

There are noticeable differences between the sexes in top causes of cancer mortality. The top 10 causes of cancer deaths among women include breast cancer in addition to 2 sex-specific cancers, ovarian and uterine, while the top 10 causes of

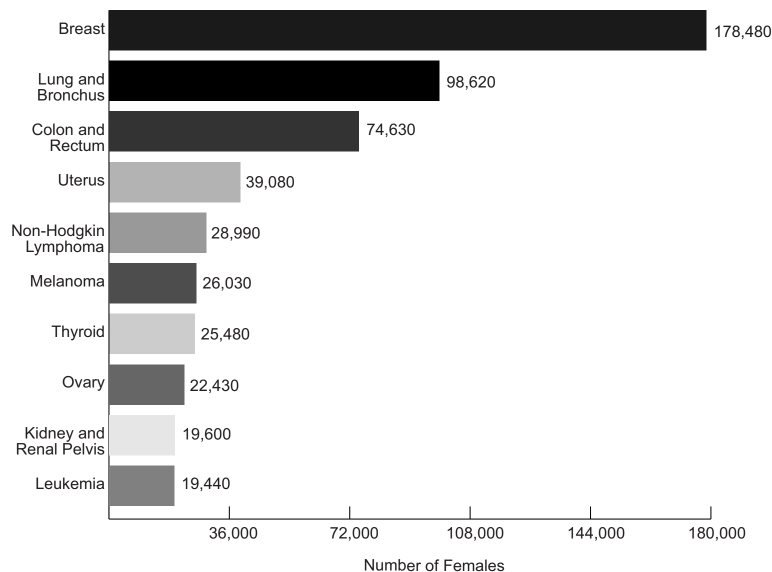
Leading Causes of Cancer Deaths Among Females, by Site, 2007 Estimates

Source II.8: American Cancer Society



New Cancer Cases Among Females, by Site, 2007 Estimates

Source II.8: American Cancer Society

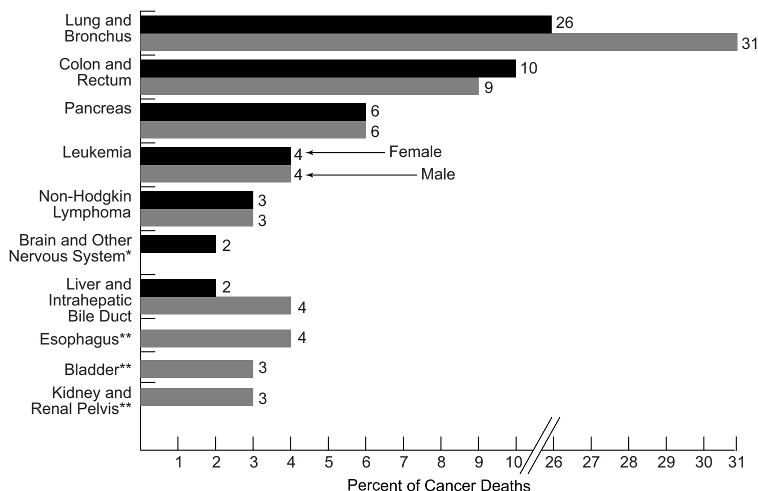


cancer deaths among men include only 1 sex-specific cancer: prostate cancer. Because of differences in the occurrence of sex-specific cancers, several of the top 10 causes of cancer deaths among males do not rank as high among females, including cancers of the bladder and esophagus.

Sex-specific cancers among females have varying survival rates. Breast cancer has the highest 5-year survival rate, with 89.1 percent of females diagnosed with cancer living for at least 5 years after diagnosis. This high survival rate explains why breast cancer is the most common type of cancer among women but not the leading cause of cancer death. Uterine cancer also has a high survival rate (83.0 percent), followed by cervical cancer (71.3 percent). The lowest survival rate for sex-specific cancers among females occurs with ovarian cancer at a rate of 44.9 percent. For each of the sex-specific cancers shown, survival rates are higher for White females than Black females. The two leading causes of death due to non-sex-specific cancers among females are lung and bronchus cancer and colon and rectum cancer, with a 5-year survival rate of 17.7 percent and 64.1 percent respectively (data not shown).

Distribution of Deaths Due to Non-sex Specific Cancers, by Sex, 2007 Estimates

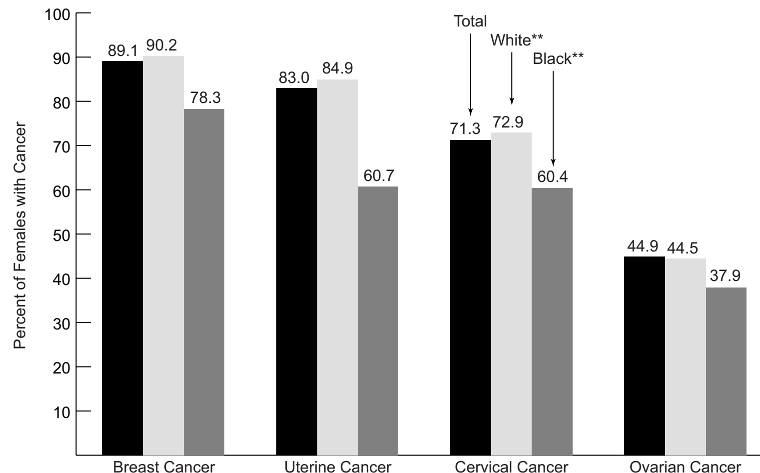
Source II.8: American Cancer Society



**Not one of the top causes of cancer death among males. **Not one of the top causes of cancer death among females.*

Five-year Period Survival Rates for Sex-specific Cancers Among Females, by Race/Ethnicity,* 1996-2003

Source II.9: National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program



**Data not avilable for American Indian/Alaska Natives, Asian/Pacific Islanders, Hispanics and persons of more than one race. **May include Hispanics.*

GYNECOLOGICAL AND REPRODUCTIVE DISORDERS

Gynecological disorders affect the internal and external organs in a woman's pelvic and abdominal areas and may affect a woman's fertility. These disorders include vulvodynia—unexplained chronic discomfort or pain of the vulva—and chronic pelvic pain, which is a consistent and severe pain occurring mostly in the lower abdomen for at least 6 months. While the causes of vulvodynia are unknown, recent evidence suggests that it may occur in up to 16 percent of women, usually beginning before age 25, and that Hispanic women are at greater risk for this disorder.[1] Chronic pelvic pain may be symptomatic of an infection or indicate a problem with one of the organs in the pelvic area.[2]

Reproductive disorders may affect a woman's ability to get pregnant. Examples of these disorders include polycystic ovary syndrome (PCOS), endometriosis, and uterine fibroids. PCOS occurs when immature follicles in the ovaries form together to create a large cyst, preventing mature eggs from being released. In most cases, the failure of the follicles to release the eggs results in a woman's inability to become pregnant. An estimated 5–10 percent of women in the United States are affected by PCOS. Endometriosis, in which tissue resembling that of the uterine lining grows outside of the uterus, is estimated to affect nearly 5.5 million women in North America. Uterine fibroids are non-cancerous tumors that grow underneath the lining, between the muscles, or on the outside of the uterus. A hysterectomy — abdominal surgery to remove the uterus — is one option to treat certain conditions including chronic pelvic pain, uterine fibroids, PCOS, and endometriosis when symptoms are severe.[2]

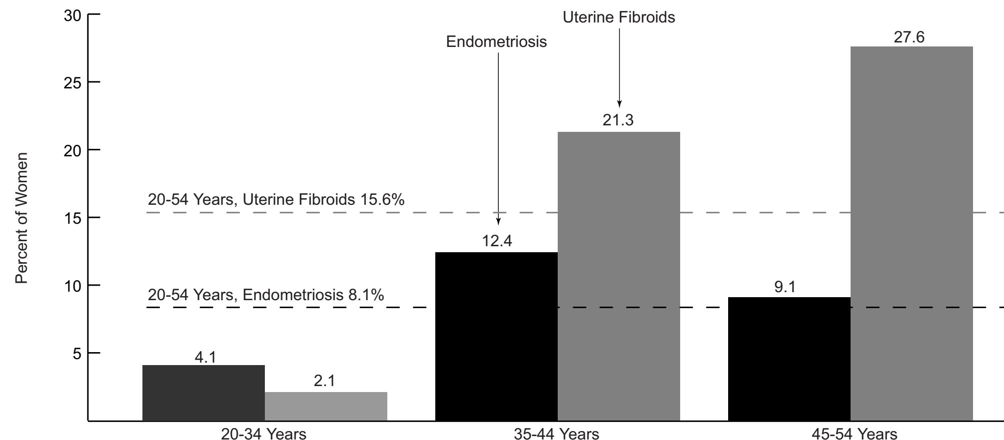
In 2004, 8.1 percent of women aged 20–54 years had endometriosis and 15.6 percent had uterine fibroids, but the prevalence of both disorders varied with age. Of women aged 20–54 years, endometriosis was most common among the 35- to 44-year-old age group (12.4 percent), while uterine fibroids were most common among 45- to 54-year-olds (27.6 percent). Women aged 20–34 years were least likely to have either disorder (4.1 and 2.1 percent, respectively).

1 Harlow et al A Population-Based Assessment of Chronic Unexplained Vulvar Pain: Have we underestimated the prevalence of vulvodynia? JAMWA. 2003; 58: 82-88.

2 National Institutes of Health, National Institute of Child Health and Human Development. www.nichd.nih.gov. Viewed 4/16/07.

Endometriosis and Uterine Fibroids Among Women Aged 20-54, by Age, 2004

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



INJURY

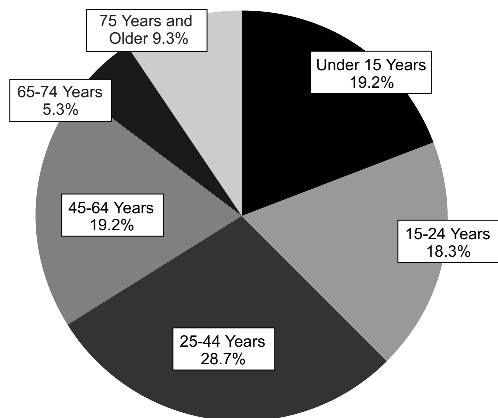
Often, injuries can be controlled by either preventing an event that causes injury or lessening the impact of such an event. This can occur through education, engineering and design of safety products, enactment and enforcement of policies and laws, economic incentives, and improvements in emergency care. Some examples include the design, oversight, and use of car safety seats and seatbelts, workplace regulations regarding safety practices, vouchers for items such as smoke alarms, and tax incentives for fitting home pools with fences.

There were over 41 million injury-related emergency department (ED) visits in 2004. Among females of all ages, nearly 33 percent of all ED visits were injury-related, compared to 43 percent of all ED visits by males. This represents an annual rate of 13.3 injury-related visits per 100 females compared to 15.4 visits per 100 males (data not shown). Among females, the highest rate of injury-related ED visits occurred among those aged 75 years and older; however, due to the age distribution of the population, they represented only 9.3 percent of all female injury-related ED visits.

Unintentional and intentional injuries represented a higher proportion of ED visits for men than women in 2004. Among women and men aged 18 years and older, unintentional injuries accounted for 20.1 and 27.2 per 100 ED visits, respectively, while intentional injuries represented 1.7 and 3.0 per 100, respectively. Among both women and men, the two most common causes of injury were falls and motor vehicle crashes.

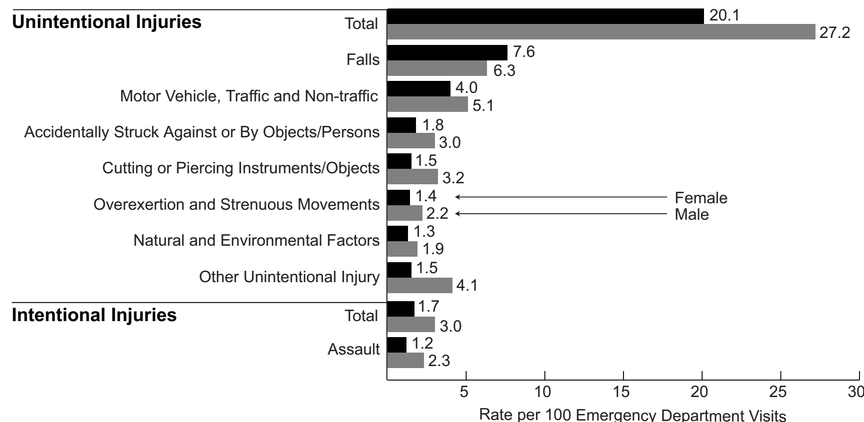
Injury-Related Emergency Department Visits for Females, by Age, 2004

Source II.10: Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey



Injury-Related Emergency Department Visits Among Adults Aged 18 and Older, by Sex and Mechanism, 2004

Source II.11: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey



HEART DISEASE AND STROKE

In 2004, heart disease was the leading cause of death among women. Heart disease describes any disorder that prevents the heart from functioning normally. The most common type of heart disease is coronary heart disease, in which the arteries of the heart slowly narrow, reducing blood flow to the heart muscle. Risk factors include obesity, lack of physical activity, smoking, high cholesterol, hypertension, and old age. While the most common symptom of a heart attack is chest pain or discomfort, women are more likely than men to experience other symptoms, such as shortness of breath, nausea and vomiting, and back or jaw pain.[1]

Stroke is a type of heart disease that affects blood flow. Warning signs are sudden and can include facial, arm or leg numbness, especially on one side of the body; severe headache; trouble walking; dizziness; a loss of balance or coordination; or trouble seeing in one or both eyes.[1]

In 2005, adult women under 45 years had a higher rate of heart disease than men of the same age (50.9 versus 35.2 per 1,000 adults, respectively). However, men had a slightly higher overall rate of heart disease than women. Heart disease rates among both sexes increased with age.

In 2004, women were less likely than men to undergo an operation on the cardiovascular system, (202.0 per 10,000 women and 277.7 per 10,000 men). For example, the rate of coronary artery bypass procedures was 8.3 per 10,000 women and 21.1 per 10,000 men.[2]

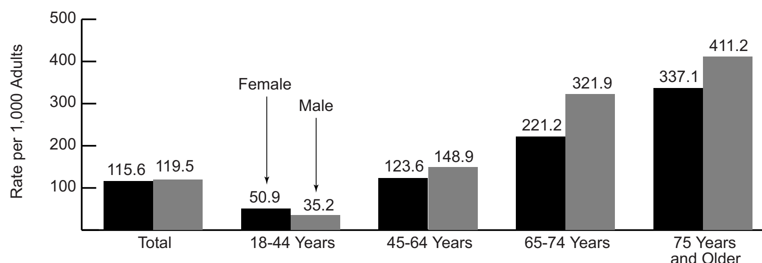
In 2005, the highest rate of heart disease was among non-Hispanic White women (128.7 per 1,000), followed by non-Hispanic Black women (107.1 per 1,000); Asian women had the lowest rate (51.1 per 1,000). Although non-Hispanic White women experience the highest rates of heart disease, deaths from heart disease are highest among non-Hispanic Black women.

1 American Heart Association. Heart Attack, Stroke, and Cardiac Arrest Warning Signs. 2007. www.americanheart.org/presenter.html?identifier=3053#Heart_Attack. Viewed 4/25/07.

2 Kozak LJ, DeFrances CJ, Hall MJ. National Hospital Discharge Survey: 2004 annual summary with detailed diagnosis and procedure data (Table 33). National Center for Health Statistics. Vital Health Stat 13(162). 2006. http://www.cdc.gov/nchs/data/series/sr_13/sr13_162.pdf. Viewed 4/18/07.

Adults Aged 18 and Older with Heart Disease,* by Age and Sex, 2005

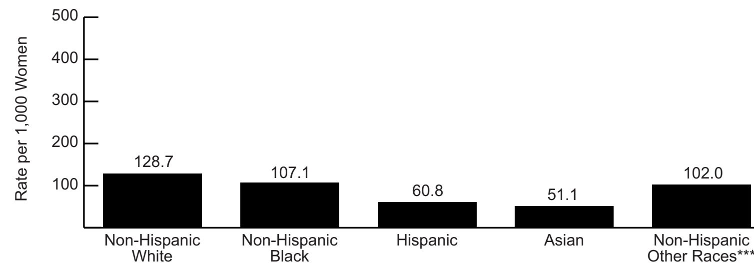
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have a heart condition or heart disease.

Women Aged 18 and Older with Heart Disease,* by Race/Ethnicity,** 2005

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



*Reported a health professional has ever told them they have a heart condition or heart disease. **Rates reported are not age-adjusted. ***Includes American Indian/Alaska Natives and persons of more than one race.

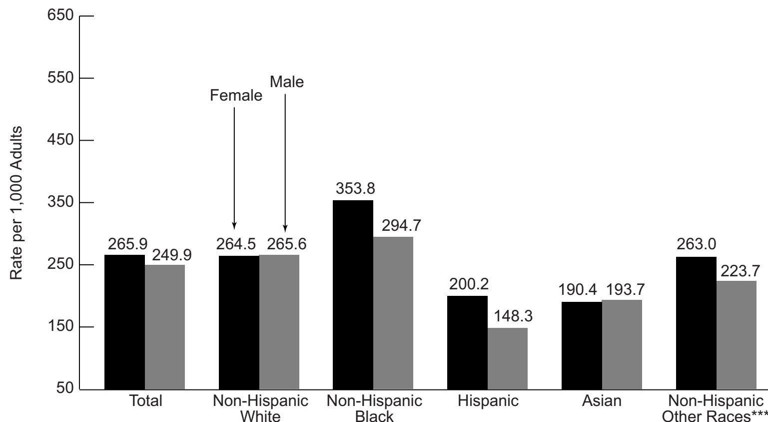
HYPERTENSION

Hypertension, also known as high blood pressure, is a risk factor for a number of conditions, including heart disease and stroke. It is defined as a systolic pressure (during heartbeats) of 140 or higher, and/or a diastolic pressure (between heartbeats) of 90 or higher. In 2005, women had higher overall rates of hypertension than men (265.9 versus 249.9 per 1,000 population); however, these rates varied by race and ethnicity. For instance, non-Hispanic Black and Hispanic women had higher rates of hypertension than their male counterparts, while non-Hispanic White and Asian women had rates similar to men. Among women, non-Hispanic Blacks had the highest rate of hypertension (353.8 per 1,000 women), followed by non-Hispanic Whites (264.5 per 1,000); Asian women had the lowest rate (190.4 per 1,000).

Rates of hypertension increase substantially with age and are highest among those 75 years and older, which demonstrates the chronic nature of the disease. The rate among women aged 18–44 years was 90.7 per 1,000 women in 2005, compared to a rate of 345.8 per 1,000 women aged 45–64 years, 570.6 per 1,000 women aged 65–74 years, and 633.0 per 1,000 women aged 75 years and older. This means that almost two-thirds of those in the oldest age group have ever been diagnosed with hypertension.

Adults Aged 18 and Older with Hypertension,* by Sex and Race/Ethnicity,** 2005

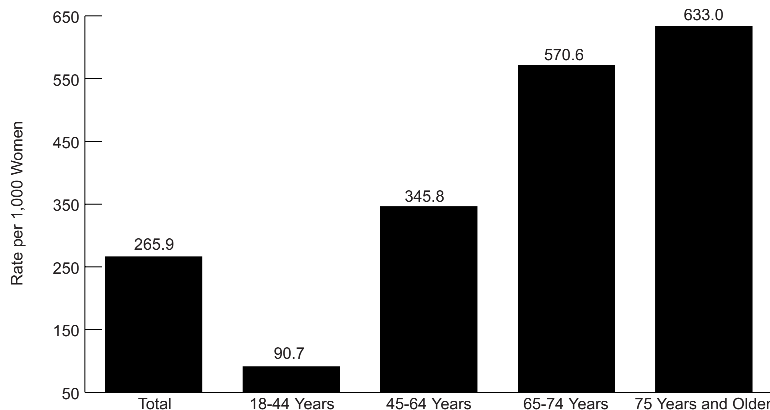
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported a health professional has ever told them they have hypertension. **Rates reported are not age-adjusted. ***Includes American Indian/Alaska Natives and persons of more than one race.

Women Aged 18 and Older with Hypertension,* by Age, 2005

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



*Reported a health professional has ever told them they have hypertension.

LEADING CAUSES OF DEATH

In 2004, there were 1,215,947 female deaths in the United States. Of these deaths, nearly half were attributable to heart disease and malignant neoplasms (cancer), responsible for 330,513 and 267,058 deaths, respectively. The next two leading causes of death were cerebrovascular diseases (stroke), which accounted for 7.5 percent of deaths, followed by chronic lower respiratory disease, which accounted for 5.2 percent.

Heart disease was the leading cause of death for women in almost every racial and ethnic group; the exception was Asian/Pacific Islander females, for whom the leading cause of death was cancer. One of the most noticeable differences in leading causes of death by race and ethnicity is that chronic lower respiratory disease was the fourth leading cause of death among non-Hispanic White females while it was the seventh leading cause of death among other racial and ethnic groups. Similarly, diabetes mellitus was the eighth leading cause of death among non-Hispanic White females, while it was the fourth among other racial and ethnic groups. Among Hispanic females, death in the perinatal period was the ninth leading cause of death, and hypertension was the tenth leading cause among Asian/Pacific Islander females. Also noteworthy is that Native American/Alaska Native females experienced a higher proportion of deaths due to unintentional injury (8.5 percent) and liver disease (4.2 percent) than females of other racial and ethnic groups.

Ten Leading Causes of Death Among Females (All Ages), by Race/Ethnicity, 2004

Source II.12: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

Rank		Total	Non-Hispanic White	Non-Hispanic Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaska Native
		%	%	%	%	%	%
1	Heart Disease	27.2	27.5	26.9	23.8	23.7	19.4
2	Malignant Neoplasms (cancer)	22.0	22.0	21.3	21.4	26.9	19.2
3	Cerebrovascular Diseases (stroke)	7.5	7.5	7.4	6.6	9.8	5.6
4	Chronic Lower Respiratory Disease	5.2	5.8	2.4	2.7	2.3	4.2
5	Alzheimer's Disease	3.9	4.2	2.2	2.4	1.8	N/A
6	Unintentional Injury	3.3	3.2	2.9	4.8	4.0	8.5
7	Influenza and Pneumonia	3.1	2.8	2.1	2.8	3.4	2.5
8	Diabetes Mellitus	2.7	2.6	5.1	5.8	4.0	6.4
9	Nephritis (kidney inflammation)	1.8	1.6	3.0	2.0	1.7	2.3
10	Septicemia (blood poisoning)	1.5	1.4	2.3	N/A	N/A	1.6

N/A = not in the top 10 leading causes of death for this racial/ethnic group.

ORAL HEALTH AND DENTAL CARE

Oral health conditions can cause chronic pain of the mouth and face, and can impair the ability to eat normally. Regular dental care is particularly important for women because there is some evidence of an association between periodontal disease and certain birth outcomes, such as increased risk of preterm birth and low birth weight.[1] To prevent caries (cavities) and periodontal (gum) disease, the American Dental Association recommends maintaining a healthy diet with plenty of water, and limiting eating and drinking between meals.[2] Other important preventive measures include daily brushing and flossing, regular dental cleanings to remove plaque, and checkups to examine for caries or other potential problems.[3]

In 2003–04, women were less likely than men to have untreated dental caries (23.9 versus 30.5 percent). Among women, non-Hispanic Black and Hispanic women were most likely to have untreated caries. Sealants — a hard, clear substance applied to the surfaces of teeth — may help to prevent caries, but only 21.2 percent of women had sealants. Non-Hispanic Black and Hispanic women were the least likely to have sealants (7.7 and 11.4 percent, respectively).

Having health insurance—particularly dental insurance—influences how often women see a dentist. 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 health insurance. Uninsured women were the most likely to have not seen a dentist in more than 5 years (24.6 percent).

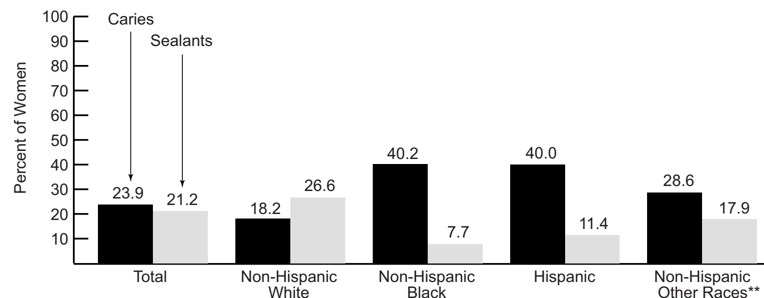
1 Brown A. (2007) Research to Policy and Practice Forum: Periodontal Health and Birth Outcomes: Summary of a Meeting of Maternal, Child, and Oral Health Experts. Washington, DC: National Maternal and Child Oral Health Resource Center.

2 American Dental Association. Diet and oral health: overview. Available from http://www.ada.org/public/topics/diet.asp. Viewed 4/18/07.

3 American Dental Association. Preventing periodontal disease. JADA 2001 Sep;132:1339.

Untreated Dental Caries and Presence of Sealants Among Women,* by Race/Ethnicity, 2003–04

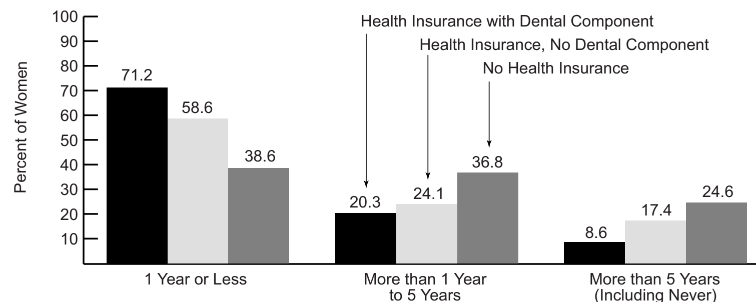
Source I.7: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Caries are among women aged 18 years and older; sealants are among women aged 18-34 years.
**Includes Asian/Pacific Islander, Native American/Alaska Native, and persons of more than one race.

Time Since Last Seen a Dentist Among Women Aged 18 and Older, by Health Insurance, 2003–04

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



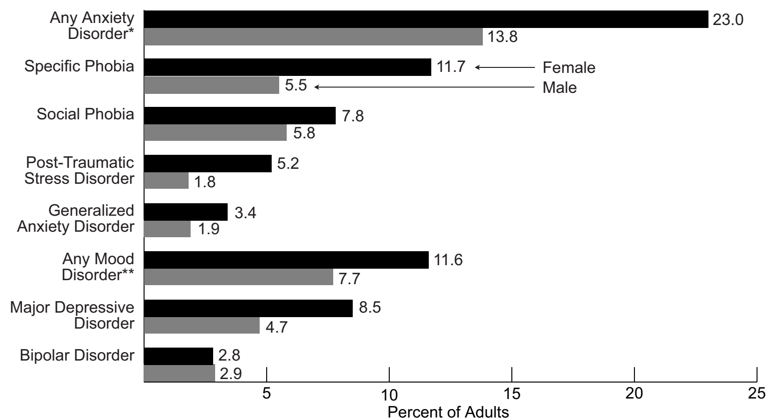
MENTAL ILLNESS AND SUICIDE

Mental illness affects both sexes, although many types of mental disorders are more prevalent among women. Among adults interviewed in 2001–03, 23.0 percent of women had experienced any anxiety disorder in the past year, compared to 13.8 percent of men. Post-traumatic stress disorder (PTSD) is a type of mental disorder that can occur in those who have experienced or witnessed life-threatening events such as natural disasters, serious accidents, terrorist incidents, acts of war, or violent personal assaults such as rape.[1] While PTSD was previously thought of as primarily affecting male war veterans, it is now understood that the disorder affects both sexes and is actually more prevalent in females (5.2 versus 1.8 percent). Other common mental disorders include social phobia, generalized anxiety disorder, and major depressive disorder, all of which are more common among women than men.

Among women, mental disorders are most common among those aged 18–25 years. Serious psychological distress occurs among almost 23 percent of women in this age group, compared to nearly 16 percent of women aged 26–49 years and 9.0 percent of women aged 50 years and older. Major depressive disorder displays a similar pattern, occurring most frequently among those women 18–25 years (12.9 percent), compared to 26- to 49-year-olds and those aged 50 years and older (10.5 and 6.6 percent, respectively).

Selected Mental Disorders Among Adults Aged 18 and Older in the Past Year, by Sex, 2001-03

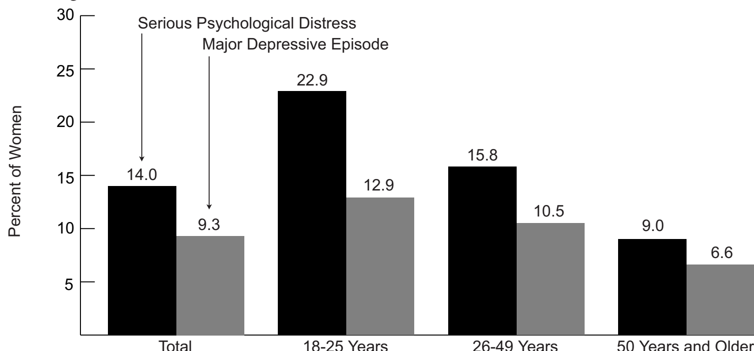
Source II.13: National Comorbidity Survey Replication (NCS-R), as published in Kessler, et al, 2003



*Anxiety disorders include panic disorder, phobias, obsessive-compulsive disorder, and generalized anxiety disorder. **Mood disorders include major depressive disorder, bipolar disorder, and dysthymia.

Serious Psychological Distress or Major Depressive Episode* Among Women Aged 18 and Older, by Age, 2005**

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



*Serious psychological distress is an overall indicator of past year nonspecific psychological distress that is constructed from the K6 scale, which consists of six questions related to psychological distress. Major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms for depression as described in the DSM-IV. **Occurring in the past year.

Although most people who suffer from mental illness do not commit suicide, mental illness is a major risk factor. Women attempt suicide three times as often than men, but men are much more likely to die of suicide injury than women.[2] In 2004, the female suicide death rate among those aged 15 years and older was 5.7 per 100,000 females, compared to a rate of 22.4 per 100,000 males. Although mental disorders affect women in younger age groups more often than women in older age groups, women aged 45–54 years have the highest suicide death rate among females (8.6 per 100,000). Among males, the highest suicide death rate occurs in the 65–84 age group (27.2 per 100,000).

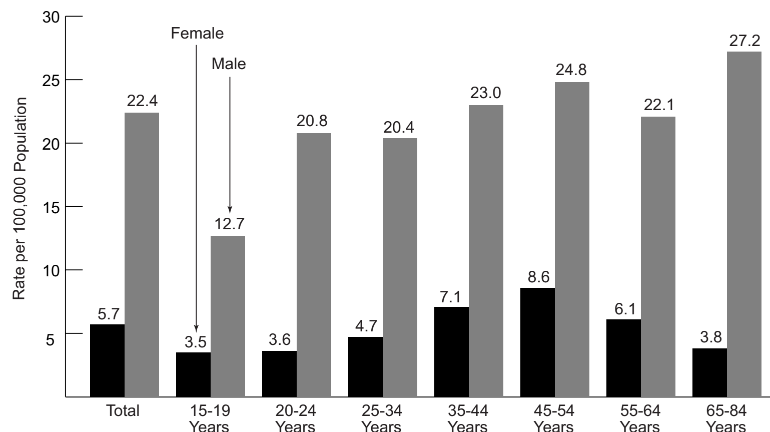
There are also disparities in suicide rates among racial and ethnic groups. Among females aged 15 years and older, American Indian/Alaska Natives have the highest suicide rate (8.0 per 100,000 females), followed by non-Hispanic Whites (6.8 per 100,000). Non-Hispanic Black females have the lowest suicide rates among all racial and ethnic groups (2.3 per 100,000), closely followed by Hispanic females (2.5 per 100,000).

1 American Psychiatric Association. Let's talk facts about Posttraumatic stress disorder. 2006 Nov. http://healthyminds.org/factsheets/LTF-PTSD.pdf. Viewed 4/18/07.

2 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Suicide: Fact Sheet. www.cdc.gov/ncipc. Viewed 4/18/07.

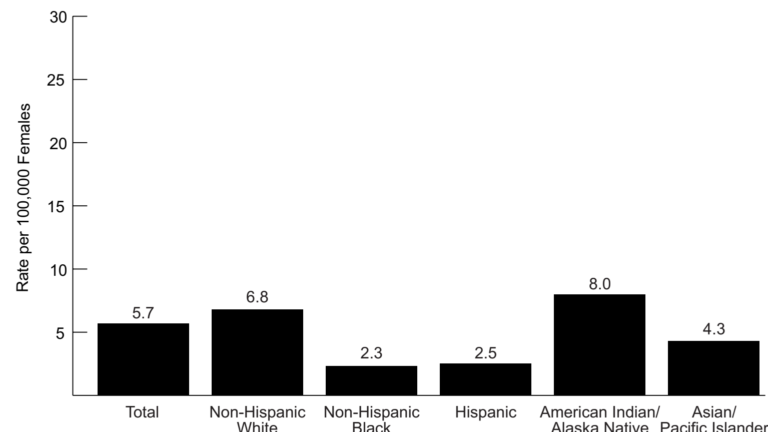
Suicide Death Rates Among Adults Aged 15 and Older, by Age, 2004

Source II.14: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control



Suicide Death Rates Among Females Aged 15 and Older, by Race/Ethnicity, 2004

Source II.14 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control



OSTEOPOROSIS

Osteoporosis is the most common underlying cause of fractures in the elderly, but it is not frequently diagnosed or treated, even among individuals who have already suffered a fracture. An estimated 10 million Americans now have osteoporosis, while another 34 million have low bone mass and are at risk for developing osteoporosis; 80 percent of them are women. By 2020, an estimated 1 in 2 Americans over age 50 will be at risk for osteoporosis and low bone mass. Each year more than 1.5 million people suffer a bone fracture related to osteoporosis, with the most common breaks in the wrist, spine and hip. Fractures can have devastating consequences. For example, hip fractures are associated with an increased risk of mortality, and nearly 1 in 5 hip fracture patients ends up in a nursing home within a year. Direct care for osteoporotic fractures costs $18 billion yearly.[1]

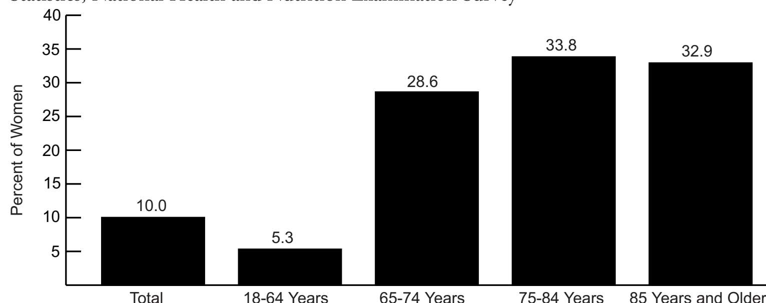
In 2003–04, women aged 18 years and older were more likely than men to report having been told by a health professional that they have osteoporosis (10.0 versus 1.7 percent, respectively.) In addition, 72.4 percent of women with osteoporosis received treatment, compared to 52.1 percent of men. The rate of osteoporosis among women varied significantly with age. While only 5.3 percent aged 18–64 years had osteoporosis in 2003–04, 33.8 percent of women aged 75–84 years and 32.9 percent of those aged 85 years and older reported having osteoporosis.

Osteoporosis may be prevented and treated by getting the recommended amounts of calcium, vitamin D, and regular weight-bearing physical activity (i.e. walking), and by taking prescription medication when appropriate. Bone density tests are recommended for women over 65 years and for any man or woman who suffers a fracture after age 50. Treatment of osteoporosis has been shown to reduce the risk of subsequent fractures by 30–65 percent.[1] Despite these findings, national data in 2005 indicate that only 20.1 percent of female Medicare beneficiaries aged 67 years and older who had a fracture received either a bone mineral density test or a prescription to treat osteoporosis.

1 U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: Office of the Surgeon General; 2004.

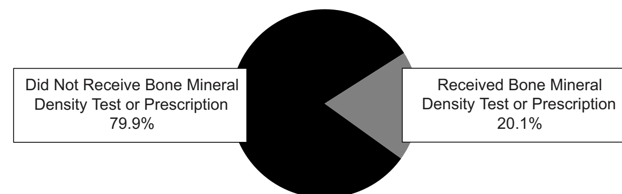
Women Aged 18 and Older with Osteoporosis, by Age, 2003-04

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



HEDIS®* Measure of Osteoporosis Management in Women Aged 67 and Older Who Had a Fracture, 2005**

Source II.15: National Committee for Quality Assurance



**HEDIS (Health Plan Employer Data and Information Set) is a registered trademark of NCQA. **The HEDIS Osteoporosis Management in Women Who Had a Fracture measure estimates the percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density test or a prescription for a drug to treat or prevent osteoporosis in the 6 months after the date of fracture. This measure only applies to Medicare plans.*

OVERWEIGHT AND OBESITY

Being overweight or obese increases the risk for numerous ailments, including high blood pressure, diabetes, heart disease, stroke, arthritis, cancer, and poor reproductive health.[1] According to the Centers for Disease Control and Prevention, 61.5 percent of women and 69.6 percent of men were overweight or obese in 2003–04. Measurements of overweight and obesity are based on Body Mass Index (BMI), which is calculated using height and weight. Overweight is defined as a BMI of 25.0–29.9, and obese is defined as a BMI of 30.0 or more; a BMI of 18.5–24.9 is considered normal weight while a BMI below 18.5 is considered underweight.

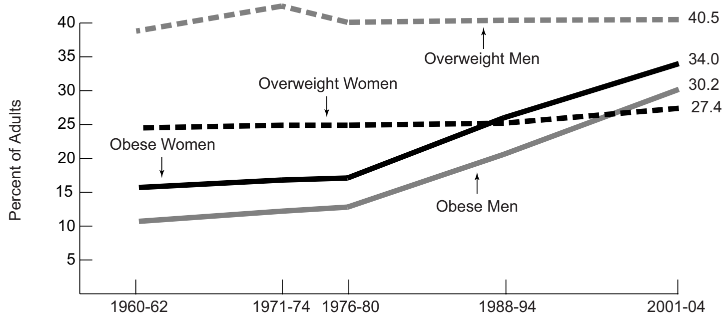
Since 1960, rates of overweight and obesity among men and women have increased dramatically. In 1960–62, 24.5 percent of women were overweight and 15.7 percent were obese, compared to 27.4 and 34.0 percent, respectively, in 2001–04. This marks an 11.8 percent increase in female overweight and a 116.6 percent increase in female obesity over the past 4 decades. Men saw a smaller increase in rates of overweight (4.4 percent), but a larger increase in rates of obesity (182.2 percent). However, men are more likely to be overweight than women, while the reverse is true for obesity.

Rates of overweight and obesity among women vary by race and ethnicity. In 2003–04, Hispanic women (32.1 percent) were more likely than non-Hispanic White and non-Hispanic Black women to be overweight (28.4 and 26.9 percent, respectively). Non-Hispanic Black women were most likely to be obese (53.0 percent), while non-Hispanic White women were least likely to be obese (30.3 percent).

1 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Overweight and obesity. June 2004. www.cdc.gov/nccdphp/dnpa/obesity. Viewed 4/16/07.

Overweight and Obesity* Among Adults Aged 20-74,** by Sex, 1960-2004

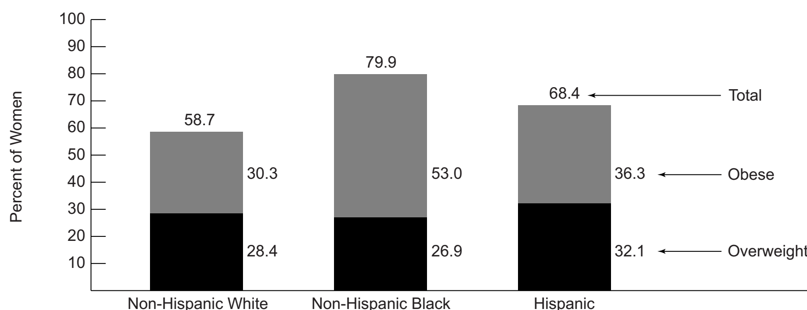
Source II.16: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Overweight represents a BMI of 25.0-29.9 and obesity represents a BMI of 30.0 or more. **Rates are age adjusted.*

Overweight and Obesity* Among Women Aged 18 and Older, 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



*Overweight represents a BMI of 25.0-29.9 and obesity represents a BMI of 30.0 or more. **The sample of American Indian/Alaska Natives, Asian/Pacific Islanders and persons of more than one race was too small to produce reliable estimates.*

SEXUALLY TRANSMITTED INFECTIONS

Reported rates of sexually transmitted infections (STIs) among females vary by a number of factors, including age and race/ethnicity. Rates are highest among adolescents and young adults, and non-Hispanic Blacks and American Indian/Alaska Natives. In 2005, there were 1,729 cases of chlamydia and 590 cases of gonorrhea per 100,000 non-Hispanic Black females, compared to 237 and 43 cases, respectively, per 100,000 non-Hispanic White females. American Indian/Alaska Native females also have high rates of STIs with 1,778 and 170 cases of chlamydia and gonorrhea, respectively, per 100,000 females.

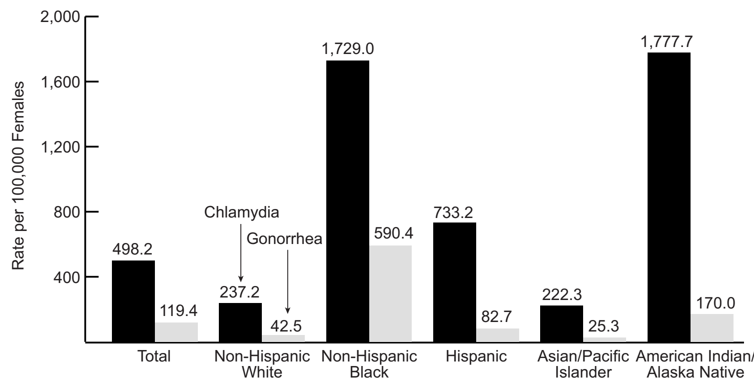
Although these STIs are treatable with antibiotics, they can have serious health consequences. Active infections can increase the odds of contracting another STI, such as HIV, and untreated STIs can lead to pelvic inflammatory disease, infertility, and adverse pregnancy outcomes.

Another STI, genital human papillomavirus (HPV), has been estimated to affect at least 50 percent of the sexually active population. The first study to examine the prevalence of HPV in the United States was recently released, based on data from the National Health and Nutrition Examination Survey. Overall, 26.8 percent of females aged 14–59 years were found to have HPV, with the highest rates occurring among the 20- to 24-year-old age group (44.8 percent). There are many different types of HPV, and some, which are referred to as "high-risk," can cause cancer. In 2006, the Food and Drug Administration approved a vaccine that protects women from four strains of HPV that can be the source of cervical cancer, precancerous lesions, and genital warts.[1]

1 FDA News. FDA Licenses New Vaccine for Prevention of Cervical Cancer and Other Diseases in Females Caused by Human Papillomavirus. June 8, 2006.

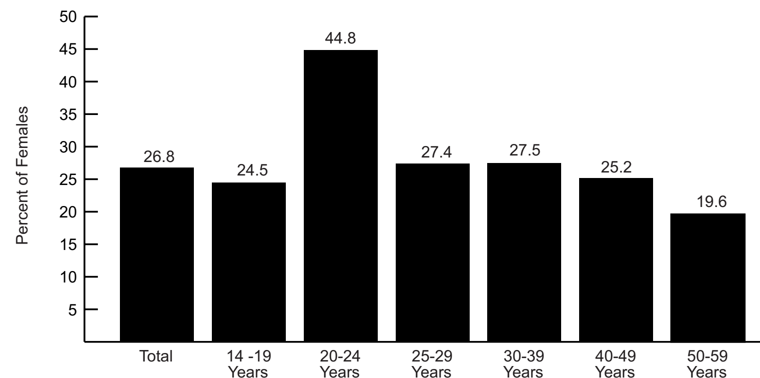
Reported Rates of Chlamydia and Gonorrhea Among Females Aged 10 and Older, by Race/Ethnicity, 2005

Source II.17: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance



Prevalence of Human Papillomavirus (HPV) Among Females Aged 14-59, by Age, 2003-04

Source II.18: National Health and Nutrition Examination Survey, as published in Dunne et al, 2007



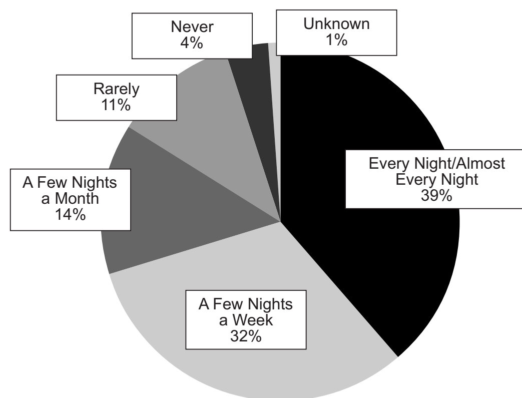
SLEEP DISORDERS

Sleep is a necessity of life; however, in a 2007 poll by the National Sleep Foundation, almost one-third of women reported getting "a good night's sleep" (as defined by respondents) only a few nights a month or less. In the same poll, 39 percent of women reported getting a good night's sleep every night or almost every night, while another 32 percent report getting a good night's sleep a few nights a week. Pregnant and postpartum women were more likely than women overall to report rarely or never getting a good night's sleep (30 and 42 percent versus 15 percent, respectively). Women who reported having a good night's sleep only a few nights a month or less are significantly more likely than those who reported a good night's sleep every night or almost every night to experience certain effects of sleep deprivation, including daytime sleepiness at least a few days a week (43 versus 7 percent) and driving drowsy at least once a month (39 versus 18 percent).

Overall, about two-thirds of women reported experiencing a sleep problem at least a few nights a week within the past month, with 46 percent reporting that this occurred every night or almost every night. The most common sleep problem was waking up feeling unrefreshed, which was reported to occur at least a few nights a week by half of all women. Almost half of women (49 percent) reported being awake a lot during the night at least a few nights a week, 37 percent reported difficulty falling asleep a few nights a week, and just over one-third of women reported waking up too early and not being able to fall back asleep.

Women Reporting That They Had a Good Night's Sleep,* 2007

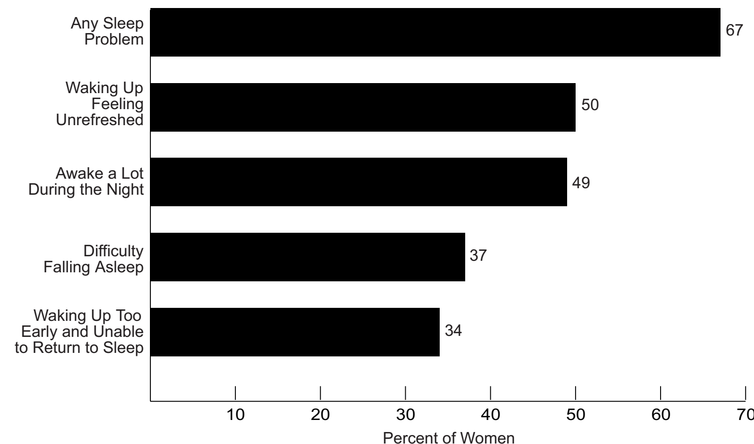
Source II.19: National Sleep Foundation, Sleep in America Poll



*As defined by respondent.

Women Reporting Sleep Problems at Least a Few Nights per Week in the Past Month, 2007

Source II.19: National Sleep Foundation, Sleep in America Poll



VIOLENCE AND ABUSE

According to the National Crime Victimization Survey, which estimates victimization based on household and individual surveys, there were over 2.1 million violent crimes committed against females aged 12 and older in the United States in 2005;[1] these crimes included rape, sexual assault, robbery, aggravated assault, and simple assault. In 1993, the rate of violent victimization among males was 59.8 per 1,000 population and the rate among females was 40.7 per 1,000. Those rates had dropped to 25.5 and 17.1 per 1,000, respectively, in 2005. This follows the downward trend in violent crime victimization rates over the past decade.

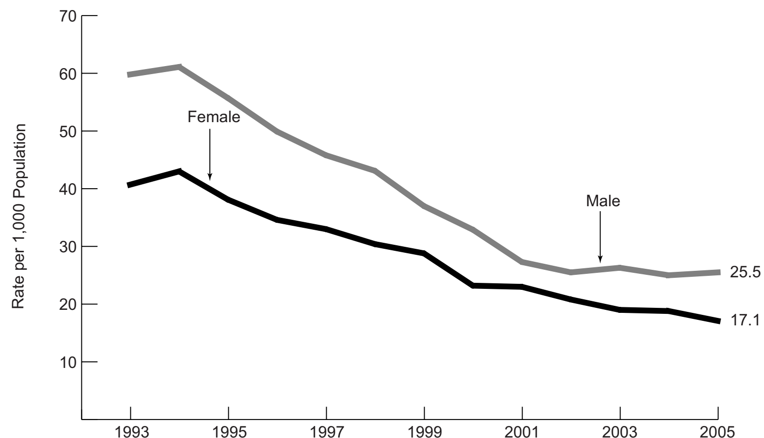
Females are more likely than males to be victims of rape and sexual assault, while males are more likely to be victims of robbery and assault.

For all types of violent crime, women are more likely than men to know the offender. Among all rape and sexual assault cases in 2005, 73 percent of women were attacked by someone that they knew, either an intimate partner (28 percent), other relative (7 percent), or friend/acquaintance (38 percent). Another 26 percent were attacked by a stranger, while the victim/offender relationship in the remaining cases was not determined. Similarly, female victims of 50 percent of robberies, 62 percent of aggravated assaults, and 66 percent of simple assaults knew their assailant.

1 These estimates are based on household and individual surveys that are intended to capture all incidents regardless of whether or not they were reported to law enforcement.

Violent Crime Victimization* Rates Among People Aged 12 and Older, by Sex of Victim, 1993-2005

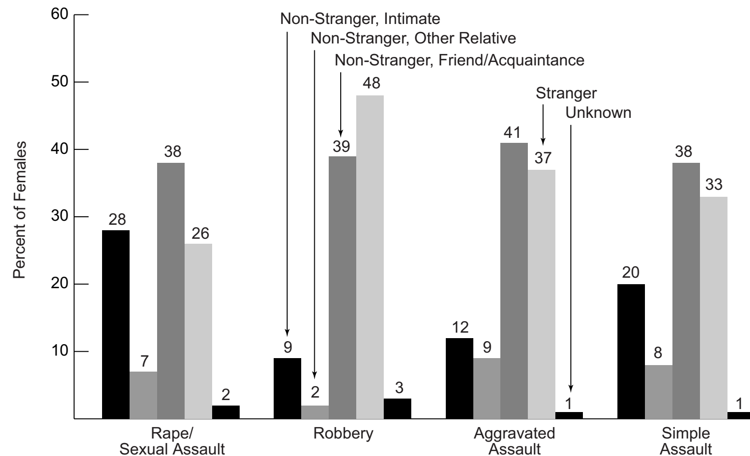
Source II.20: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey



**Includes rape/sexual assault, robbery, and assault.*

Victim and Offender Relationship,* Females Aged 12 and Older Who Were Victims of Violent Crime, 2005

Source II.20: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey



**Some rates are based on 10 or fewer sample cases.*