

PHYSICAL ACTIVITY

Regular physical activity promotes health, psychological well-being, and a healthy body weight; enhances independent living; and improves one's quality of life. To reduce the risk of chronic disease, the *Dietary Guidelines for Americans, 2005*, recommended that adults engage in at least 30 minutes of moderate-intensity physical activity, above usual activity at work or home on most, or preferably all, days of the week.¹ For most people, greater health benefits can be obtained by engaging in more vigorous or longer periods of physical activity. The Healthy People 2010 objectives include increasing the percentage of adults participating

in regular moderate or vigorous physical activity.²

In 2006, only 10.3 percent of women reported participating in adequate physical activity (defined as engaging in moderate-intensity physical activity for at least 30 minutes per day on a minimum of 5 days per week or vigorous-intensity activity for at least 20 minutes per day for a minimum of 3 days per week). While there was little variation between women and men engaging in adequate physical activity, the percentage of women reporting regular physical activity varied by race/ethnicity, age, and income.

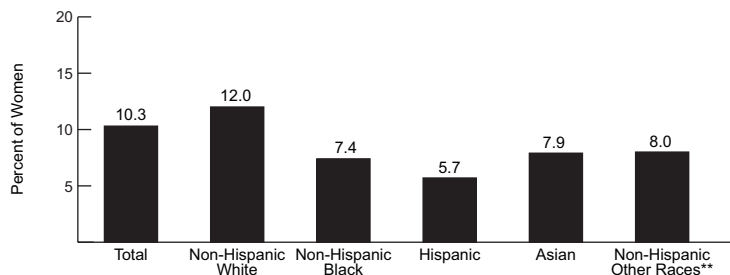
In 2006, non-Hispanic White women were more likely than women of other races/ethnicities to report adequate physical activity (12.0

percent). Hispanic women were least likely to report adequate physical activity (5.7 percent).

Among women in all income groups, rates of adequate physical activity peak during the ages of 25–44 years and decline as women grow older. In addition, among women in most age groups, those with higher income levels are more likely to engage in adequate physical activity. The women most likely to do so are those aged 25–44 years with incomes of 200 percent or more of poverty (19.2 percent), compared to 13.4 percent of women in the same age group with incomes of 100–199 percent of poverty and 12.7 percent of women in the same age group with incomes less than 100 percent of poverty.

Women Aged 18 and Older Engaging in Adequate* Physical Activity, by Race/Ethnicity, 2006

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

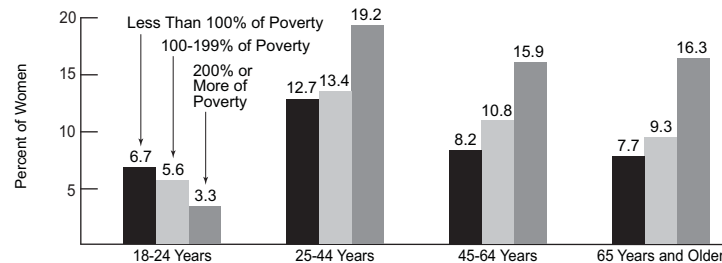


*Adequate physical activity is defined as 30 minutes per day or more of moderate-intensity activity on 5 or more days per week or 20 minutes per day of vigorous-intensity activity on 3 or more days per week.

**Includes American Indian/Alaska Natives, persons of more than one race, and persons of all other races not specified.

Women Aged 18 and Older Engaging in Adequate* Physical Activity, by Age and Poverty Status,** 2006

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



*Adequate physical activity is defined as 30 minutes per day or more of moderate-intensity activity on 5 or more days per week or 20 minutes per day of vigorous-intensity activity on 3 or more days per week.

**Poverty level, defined by the U.S. Census Bureau, was \$20,444 for a family of four in 2006.

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.¹

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 2003–2004, 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).

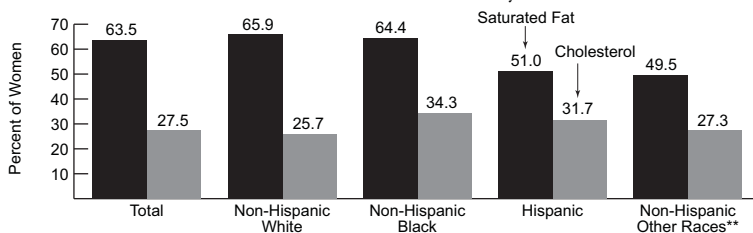
Salt, or sodium chloride, also plays an important role in heart health, as high salt intake can contribute to high blood pressure. In 2003–2004, nearly 70 percent of women exceeded the recommended maximum intake of less than 2,300 mg/day of sodium, or about 1 teaspoon of salt (data not shown).

Calcium is important for strengthening bones and teeth, and inadequate calcium consumption can lead to lower bone density, bone loss, and

increased risk of osteoporosis. The recommended intake of calcium is 1,000 mg/day for women aged 19–50 and 1,200 mg/day for women aged 51 years and older. In 2003–2004, 20.2 percent of women met or exceeded the recommended daily intake. Folate is also 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. In 2003–2004, fewer than 30 percent of women consumed the recommended daily intake of folate (400 µg/day). Fewer than 20 percent of non-Hispanic Black women consumed the recommended amount of folate, compared to more than 30 percent each of non-Hispanic White and Hispanic women.

Women Exceeding the Recommended Daily Intake of Saturated Fat and Cholesterol,* by Race/Ethnicity, 2003–2004

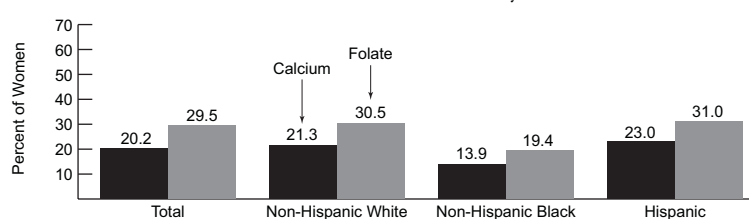
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Recommended maximum daily intake of saturated fat is 10 percent of daily caloric intake or less; recommended maximum daily intake of cholesterol is less than 300mg/day. **Includes American Indian/Alaska Natives, Asian/Pacific Islanders, persons of more than one race, and persons of other races not specified.

Women Meeting the Recommended Daily Intake of Calcium and Folate,* by Race/Ethnicity,** 2003–2004

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



*Recommended daily intake of calcium is 1,000 mg/day for women aged 19–50 and 1,200 mg/day for women aged 51 years and older; recommended folate intake is 400 µg/day. **The sample of American Indian/Alaska Natives, Asian/Pacific Islanders, persons of more than one race, and persons of other races not specified was too small to produce reliable results.

ALCOHOL USE

In 2006, 50.8 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 54.7 percent (data not shown). According to the Centers for Disease Control and Prevention (CDC), 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.³ 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 alcohol dependency.

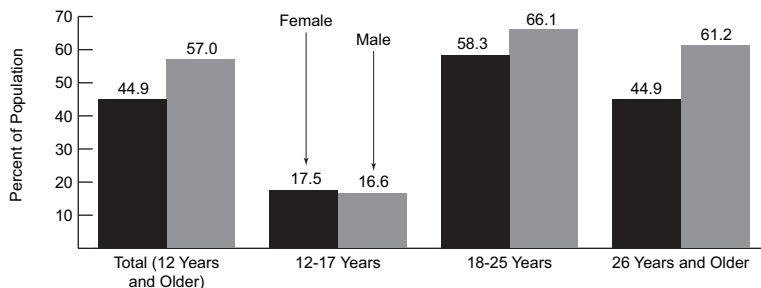
Overall, males are more likely to drink alcohol than females, with past-month alcohol use reported by 57.0 percent of males and 44.9 percent of females aged 12 years and older. This is true across all age groups with the exception of 12- to 17-year-olds; in that group, 17.5 percent of females and 16.6 percent of males reported past-month use.

Alcohol use, and the frequency of use, also vary by race and ethnicity. Among women aged 18 and older, non-Hispanic White women were most likely to report any alcohol use in the past

month (53.5 percent), while Asian/Pacific Islander women were least likely (28.4 percent), followed by American Indian/Alaska Native women (31.1 percent). American Indian/Alaska Native women were more likely than women of other races and ethnicities 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 (19.6 percent), and heavy drinking, which is defined as five or more drinks on the same occasion at least five times in the past month (6.9 percent). Non-Hispanic White women reported the next highest percentages of binge drinking and heavy drinking (16.8 and 4.1 percent, respectively).

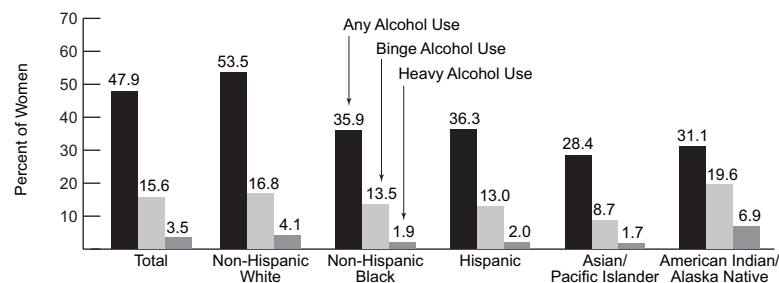
Past Month Alcohol Use, by Sex and Age, 2006

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



Past Month Alcohol Use Among Women Aged 18 and Older, by Type* and Race/Ethnicity, 2006

Source II.3: 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.

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.⁴

In 2006, more than 61.5 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

(22.4 percent) than among males of the same age group (27.8 percent). Cigarette use has declined over the past several decades among both sexes, though it has leveled off in recent years. In 1985, the rate among males was 43.4 percent while the rate among females was 34.5 percent.

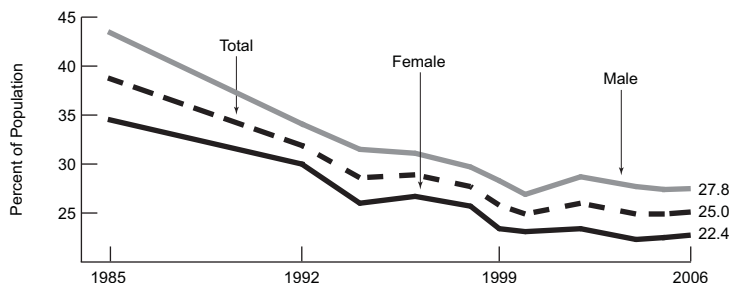
Among women, the rate of smoking varied by race and ethnicity in 2006. American Indian/Alaska Native women were most likely to have smoked cigarettes in the past month (39.1 percent), followed by non-Hispanic White women (24.9 percent). Asian/Pacific Islander women were least likely to have smoked cigarettes (9.7 percent).

Quitting smoking has major and immediate health benefits, including reducing the risk of

diseases caused by smoking and improving overall health.³ In 2006, nearly 46 percent of female smokers aged 18 and older reported trying to quit at least once in the past year; however, this varied by age. Women aged 18–44 were most likely to have attempted quitting (49.3 percent), followed by women aged 45–64 years (44.3 percent). Fewer than 30 percent of female smokers aged 65 years and older attempted to quit smoking in 2006 (data not shown).⁵ Research indicates that smoking cessation programs, including behavioral therapy, telephone support, and pharmacotherapy, may increase the likelihood of quitting smoking,⁶ although participation rates in such programs are unknown.

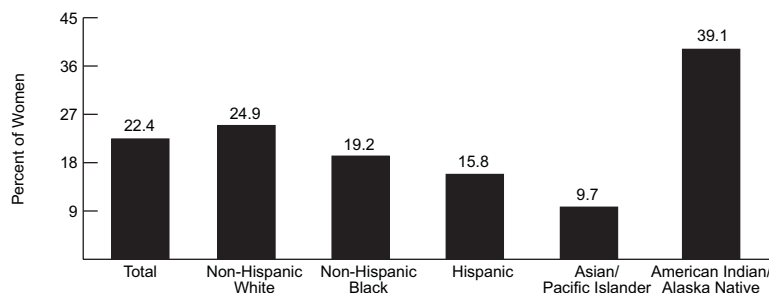
Past Month Cigarette Use Among Persons Aged 12 and Older, by Sex, 1985–2006

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



Past Month Cigarette Use Among Women Aged 18 and Older, by Race/Ethnicity, 2006

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



ILLICIT DRUG USE

Illicit drug use is associated with serious health and social consequences, such as impaired cognitive functioning, kidney and liver damage, drug addiction, and decreased worker productivity.⁷ Illicit drugs include marijuana/hashish, cocaine, inhalants, hallucinogens, crack, and prescription-type psychotherapeutic drugs used for non-medical purposes. In 2006, nearly 12.6 million women aged 18 years and older reported using an illicit drug within the past year; this represents 11.0 percent of women. In comparison, 18.2 million men, representing 17.1 percent of the adult male population, used at least one

illicit drug in the past year. Past-year illicit drug use was significantly higher among women aged 18–25 years than among women 26 years and older (30.3 versus 7.8 percent). Among adolescent females aged 12–17 years, 19.7 percent used at least one illicit drug in the past year.

In 2006, 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. Short-term effects of marijuana use can include difficulty thinking and solving problems, memory and learning problems, and distorted perception. Prescription drugs commonly used or abused for non-medical

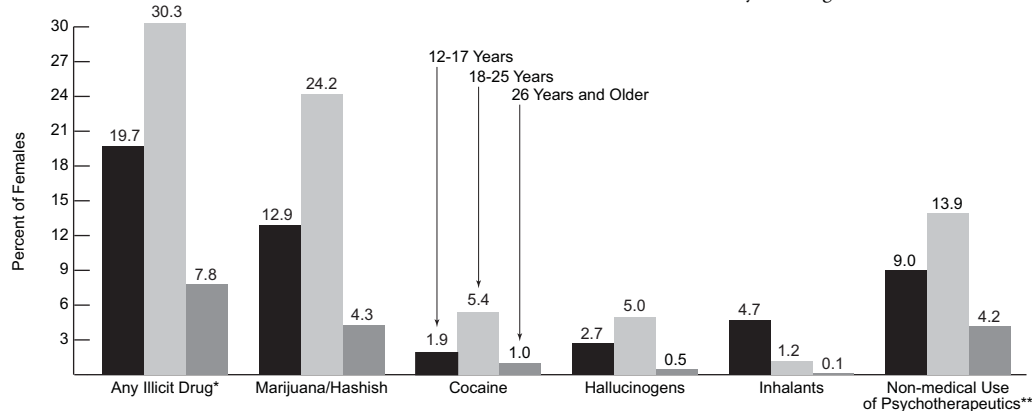
purposes include opioids, central nervous system depressants, and stimulants. Long-term use of these drugs can lead to physical dependence and addiction. In addition, when taken in large doses, stimulant use can lead to compulsivity, paranoia, dangerously high body temperature, and an irregular heartbeat.⁷

Use of all drug types, except inhalants, was highest among females aged 18–25 years, with 24.2 percent reporting past-year marijuana use and 13.9 percent reporting non-medical use of prescription-type psychotherapeutic drugs. Use of inhalants in the past-year was highest among females aged 12–17 (4.7 percent), compared to 1.2 percent of those aged 18–25 and 0.1 percent of those aged 26 years and older.

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, delusions, hallucinations, and stroke.⁷ The Monitoring the Future Survey estimates that, in 2006, 1.8 percent of women aged 19–30 years used methamphetamine and 1.3 percent used crystal methamphetamine. Use of crystal methamphetamine was more common among females than males in this age group, while there was no difference in the use of methamphetamine (data not shown).⁸

Females Reporting Past Year Use of Illicit Drugs, by Age and Drug Type, 2006

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, but not over-the-counter drugs.