

North Carolina Program for Women's Health Research

Dedicated to improving women's health & healthcare

2003 North Carolina Women's Health Report Card

in partnership with



State Center for Health Statistics • North Carolina Medical Society • The North Carolina Obstetrical & Gynecological Society • The UNC-CH School of Medicine, Dept. of Obstetrics & Gynecology • The UNC-CH School of Public Health, Dept. of Epidemiology • Cecil G. Sheps Center for Health Services Research, UNC-CH

2003 North Carolina Women's Health Report Card

Rationale for grades: Grades were based primarily on the percentage of change in the indicators from 1996 (or in some cases, 1995 or 1997) to 2001 (or in some cases, 1999 or 2000). The following guidelines were used:

- A = > 20% improvement, or current status remains very good;
- B = > 10 - 20% improvement, or current status remains satisfactory;
- C = no significant change (between 10% improvement and 10% worsening) or current status remains mediocre;
- D = > 10 - 20% worse, or current status remains unsatisfactory;
- F = > 20% worse, or current status remains very poor.

Note: All data are for women age 15 and older, unless otherwise noted. All data are for 1996 and 2001, unless otherwise noted.

Reproductive Health	1996	2001	Grade
Percentage of women with late (after 1st trimester) or no prenatal care ¹			
All	16.4%	15.5%	C
White	11.9%	12.6%	C
African-American	28.0%	24.0%	C
Hispanic	31.8%	29.8%	D
Percentage of women who smoked during pregnancy ¹			
All	15.8%	14.0%	B
White	17.4%	15.0%	B
African-American	11.6%	11.3%	B
Hispanic	2.5%	1.4%	A
Percentage of births that were of VERY low birth weight (<1500g) ¹			
All	1.8%	1.9%	D
White	1.2%	1.4%	D
African-American	3.3%	3.5%	D
Hispanic	1.0%	1.1%	C
Percentage of births to women age <18 years ¹			
All	6.0%	4.2%	A
White	4.2%	3.2%	A
African-American	11.0%	7.3%	A
Hispanic	5.9%	5.8%	C
Number of infant deaths per 1,000 live births (infant mortality rate) ¹			
All	9.2	8.5	C
White	7.1	6.1	B
African-American	15.5	15.8	C
Hispanic	3.3*	4.9	D
Percentage of live births that were unintended (1997, 2000) ²			
All	47.7%	45.3%	C
White	37.4%	37.8%	C
African-American	69.7%	65.9%	C

* Rate may be unstable in this subgroup due to a small number of infant deaths.

- North Carolina has one of the highest infant mortality rates in the nation. Mortality is experienced unequally across racial groups. The rate for African-Americans is more than twice that for whites and three times that for Hispanic North Carolinians.
- Unintended pregnancies are more likely to result in health problems for the mother and child. This indicator points to the need for available and accessible family planning services.

Chronic Disease	1996	2001	Grade
Heart disease deaths per 100,000 women ³			
All	295.5	248.5	B
White	282.2	236.2	B
Minority	345.9	296.0	B
Stroke deaths per 100,000 women ³			
All	97.5	87.1	B
White	90.4	81.8	C
Minority	125.9	107.7	B
Lung cancer deaths per 100,000 women ³			
All	49.0	52.5	C
White	51.7	55.2	C
Minority	37.5	40.3	C
Chronic obstructive lung disease deaths per 100,000 women ³			
All	40.3	46.5	D
White	44.3	52.2	D
Minority	22.3	20.2	C
Breast cancer deaths per 100,000 women ³			
All	36.1	32.6	C
White	33.9	29.9	B
Minority	43.5	41.5	C
Diabetes deaths per 100,000 women ³			
All	31.4	33.1	C
White	23.0	25.0	C
Minority	66.3	67.7	D
Colorectal cancer deaths per 100,000 women ³			
All	23.7	21.7	C
White	22.3	19.5	B
Minority	29.6	30.4	C
Cervical cancer deaths per 100,000 women ³			
All	4.8	3.6	A
White	3.9	3.2	B
Minority	8.4	4.9	A

Chronic Disease	1996	2001	Grade
-----------------	------	------	-------

Percentage of women age 18+ with high blood pressure (1995)⁴

All	21.2%	28.9%	F
White	19.3%	26.0%	F
African-American	28.7%	41.5%	F

Percentage of women age 18+ with high cholesterol (1995)⁴

All	25.7%	30.5%	D
White	27.0%	31.3%	D
African-American	21.6%	29.4%	F

Percentage of women age 18+ with diabetes⁴

All	4.6%	6.7%	F
White	3.8%	5.4%	F
African-American	8.3%	10.8%	F

Percentage of women age 18+ who are obese (BMI 30.0+)⁴

All	17.7%	23.2%	F
White	13.9%	18.9%	F
African-American	31.9%	40.2%	F

Hospitalizations among women age 65+ for hip fracture per 100,000 women⁵

All	1,206.2	1,094.2	C
-----	---------	---------	---

- Despite recent declines in heart disease and stroke death rates, these rates are 50% higher than Healthy People 2010 goals for the US. Many of these chronic diseases are associated with lifestyle factors such as tobacco use, physical inactivity, and obesity.
- High blood pressure and high cholesterol are major risk factors for heart disease and stroke. The percentage of North Carolina women with these risk factors is increasing in all racial groups. This parallels increasing rates of obesity, largely resulting from poor nutrition and physical inactivity.
- Tobacco use is a major contributor to lung disease, heart disease, and stroke mortality and is associated with breast and cervical cancer and other diseases. The proportion of North Carolina women who smoke is increasing among white women (see Substance Abuse/Mental Health). Lung cancer and chronic obstructive lung disease death rates are increasing in nearly all racial groups and are not expected to decline soon.
- Despite a higher incidence of breast cancer among white women, minority women have a higher death rate, primarily due to later diagnosis and treatment among minority women. Regular mammograms are important for preventing breast cancer deaths. While improvements in the rate of mammography screening have been achieved (see Preventive Health Practices), efforts should be made to ensure that all women have access to excellent breast cancer care.

Infectious Disease

	1996	2001	Grade
HIV/AIDS cases per 100,000 women ⁶			
All	17.7	15.2	C
White	3.4	3.3	C
African-American	66.7	54.1	C
STD cases (syphilis, gonorrhea, chlamydia) per 100,000 women ⁶			
All	704.6	803.9	D
White	201.4	247.6	D
African-American	2,389.2	2,521.9	F

- Although declining in recent years, the incidence rate of HIV/AIDS among African-Americans is 16 times that of whites. The rate of recorded STDs among African-Americans is 10 times that of whites and these rates are increasing among all racial groups. Higher rates among minority women may be partially due to their greater use of public clinics where reporting is more complete.

Substance Abuse/Mental Health

	1996	2001	Grade
Percentage of women age 18+ who are current smokers ⁴			
All	21.9%	23.1%	C
White	21.8%	23.8%	C
African-American	22.5%	21.3%	C
Percentage of women age 18+ drinking 5+ drinks on one occasion in past month (1995) ⁴			
All	2.3%	4.5%	F
White	2.4%	4.8%	F
African-American	1.0%	2.7%	F
Hospitalizations among women for substance abuse or mental health diagnosis per 100,000 women ⁵			
All	2,936.8	3,882.9	F
Suicide deaths per 100,000 women ³			
All	5.8	5.9	C
White	7.1	7.1	C
Minority*	1.8	2.5	D

*Rates may be unstable in this subgroup due to a small number of deaths.

- The percentage of women who reported binge drinking increased significantly among all racial groups. The prevalence of binge drinking is likely to be underestimated.
- The 2000 national hospitalization rate for mental health and substance abuse problems for all females nationwide was 3,477 per 100,000.⁵ North Carolina exceeds this rate for women age 15 and over and is getting worse. Mental illness involves the whole family. Early diagnosis and treatment of mental illness can substantially improve the function and quality of life of the affected woman.

Violence/Injuries

1996 2001 Grade

Homicide deaths per 100,000 women³

All	4.6	3.6	A
White	2.8	2.9	C
Minority	9.4	5.6	A

Motor vehicle deaths per 100,000 women³

All	14.8	13.5	C
White	14.5	13.5	C
Minority	15.4	13.6	B

Percentage of women who reported physical abuse in the 12 months preceding pregnancy (1997, 2000)²

All	8.4%	6.4%	A
White	6.6%	5.5%	B
Minority	13.0%	8.4%	A

- Women in North Carolina are approximately three times as likely to die from a motor vehicle injury as from homicide. Alcohol is a major contributor to deaths from motor vehicle injury.
- No rate of domestic violence is acceptable. Domestic violence during pregnancy increases the risk of adverse outcomes for women before, during and after pregnancy. It demonstrates the need for effectively targeted health, community, and criminal justice services for victims, their children and perpetrators.

Barriers to Health

1996 2001 Grade

Percentage of women age 18+ with no health insurance coverage⁷

All	13.0%	13.0%	C
White	11.1%	11.5%	C
Minority	20.2%	15.4%	A

Percentage of women below the poverty level⁷

All	14.7%	13.7%	C
White	9.2%	9.4%	C
Minority	29.6%	25.1%	C

Percentage of labor force women unemployed and looking for work⁷

All	3.2%	3.6%	D
White	2.2%	2.3%	C
Minority	6.1%	7.2%	D

- Minority women are significantly more likely to be living in poverty and to report that they do not have health insurance than white women. These factors may partially explain the higher rates for minority women on many measures of ill health. Overall, the percentage of North Carolina women who are unemployed is increasing, which is likely to result in more women being uninsured.

Preventive Health Practices	1996	2001	Grade
Percentage of women age 50+ who did not have a mammogram within the past 2 years (1995, 1999) ⁴			
All	32.1%	19.8%	A
White	32.1%	18.3%	A
African-American	32.7%	28.0%	B
Percentage of women age 18+ who did not have a Pap smear within the past 2 years (1995, 1999) ⁴			
All	16.6%	12.3%	A
White	16.5%	12.2%	A
African-American	15.0%	11.5%	A
Percentage of women age 50+ who have never had a sigmoidoscopy or colonoscopic exam (1997) ⁴			
All	62.1%	53.2%	B
White	61.4%	50.7%	B
African-American	63.3%	60.6%	C
Percentage of women age 65+ who did not have a flu shot in the past 12 months (1995) ⁴			
All	46.3%	30.1%	A
White	43.2%	29.1%	A
African-American	59.7%	35.7%	A
Percentage of women age 65+ who have never had a pneumonia shot (1995) ⁴			
All	69.5%	33.0%	A
White	66.1%	30.1%	A
African-American	84.6%	46.2%	A
Percentage of women age 18+ who engage in no leisure-time physical activity ⁴			
All	41.9%	29.5%	A
White	38.7%	25.9%	A
Minority	52.7%	40.9%	A

- Overall, these grades suggest that statewide screening services and immunization efforts have led to improved preventive health care for North Carolina women.
- Women and their care providers should have an opportunity to review individual screening and prevention needs each year.

Data Sources and Notes

Comments on reporting data by race/ethnicity: Data are shown by race/ethnicity only where there were substantial differences. There are advantages of showing data by race/ethnicity for targeting resources and interventions toward populations most in need. However, race/ethnicity in and of itself does not cause a particular health problem or status. It is likely that factors such as income, education, access to health care, and stress are among the major causes of the poorer health status of minorities on many health measures compared to whites. Few sources of health data record these types of socioeconomic data, though most do collect information on race. In this report card, “minority” is sometimes shown as a single category. African-Americans comprise about 90 percent of minority women in NC. It would be desirable to have information for other groups, such as Native Americans or Hispanics for all indicators, but data limitations and relatively small numbers of events for these groups make it difficult to produce reliable estimates for many of the indicators.

¹Live birth certificates for all NC residents.

²Pregnancy Risk Assessment Monitoring System (PRAMS) for North Carolina, State Center for Health Statistics. PRAMS is an ongoing mail/phone survey. Women who have recently given birth are selected monthly from a random sample of NC birth certificates. Each year, approximately 1,800 NC women are interviewed for PRAMS; their responses are then weighted to represent those of all women giving birth in the state. NC PRAMS surveys began with mothers giving birth in July 1997, thus the 1997 PRAMS data are for July-December only (approximately 800 respondents). Data for Hispanics include women of any race.

³Death certificates for all NC residents. Based on primary cause of death. Age-adjusted by the direct method, using the projected 2000 US total population as the standard.

⁴NC Behavioral Risk Factor Surveillance System (BRFSS), State Center for Health Statistics. BRFSS is an ongoing, monthly telephone survey through which data are collected from randomly selected, non-institutionalized NC adults (age 18 and older) in households with telephones. In 2001, 3,823 women were interviewed for BRFSS; their survey responses were weighted to represent those of all adult women in the state.

⁵Statewide hospital discharge data reporting system, State Center for Health Statistics, NC hospitals only. Records with a primary or additional diagnosis of hip fracture or mental disease/substance abuse are included. National rate from the 2000 National Hospital Discharge Survey, National Center for Health Statistics, CDC.

⁶Communicable disease reporting system, NC Division of Public Health.

⁷US Census Bureau, Current Population Survey of the civilian non-institutionalized population, ages 15 years and older, North Carolina.

Data for the report were compiled by Paul Buescher and other staff of the State Center for Health Statistics; Bob Coats of the State Data Center Office of State Budget and Management; Sarah McCracken of the Women’s and Children’s Health Section; and Priscilla Guild, Sarah Landis, Katherine Hartmann and Valerie King of the Cecil G. Sheps Center for Health Services Research. Graphic design was by Christine Shia of the Cecil G. Sheps Center for Health Services Research.

2001 Population Estimates for Women in North Carolina

Race	Total 15 & Over	15 - 19	20 - 24	25 - 44	45 - 64	65+
All	3,350,825	273,031	277,994	1,243,932	970,134	585,734
White	2,523,533	190,047	194,993	907,495	752,365	478,633
Minority	827,292	82,984	83,001	336,437	217,769	107,101

The North Carolina Program for Women’s Health Research is a collaborative program of The School of Medicine, The School of Public Health, and the Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill.

