Key Findings in the 2016 North Carolina Women’s Health Report Card

POSITIVE FINDINGS

• **Meeting Healthy People 2020 targets:** NC women are exceeding Healthy People 2020 targets for colorectal cancer screenings, and are close to matching targets for mammograms.
  - Healthy People 2020 colorectal screening target is: 70.5%¹
    - 73.9% of North Carolina women aged 50-75 are receiving colorectal screenings²
  - Healthy People 2020 mammogram target is: 81.1%¹
    - 80.7% of North Carolina women aged 50-74 are receiving mammograms ever two years to screen for breast cancer.²

• **Improvements in insurance status:** there is an overall improvement in insurance status that does not seem to be attributed to employer sponsored insurance or Medicare/Medicaid.
  - 83% of women 18-64 years of age reported having health insurance of any kind compared to 79% in 2012 and 2013.³
    - 71% of women 18-64 years of age reported having *private* health insurance. Of that number:
      - 80% had insurance from employer/union
      - 19% purchased insurance directly
      - 6% had insurance through TRICARE
    - 15% of women 18-64 years of age reported having *public* health insurance. Of that number:
      - 79% had insurance through Medicaid
      - 30% had insurance through Medicare
      - 5% had insurance through US Dept. of Veterans Affairs
      - 0.3% had insurance through Indian Health Services

• **Increase in educational attainment:** there is a slight increase in the number of women completing high school and seeking a higher education.
  - North Carolina women over the age of 25 reported an educational attainment of:³
    - Less than high school: 12%
    - High school graduate/GED: 25%
    - Some college: 33%
    - A bachelor’s degree or higher: 29%
  - Research has demonstrated that people with more education are likely to live longer, to experience better health outcomes and to practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings.

ADVERSE FINDINGS

• **Racial disparities:** disparities were noticeable when it came to data reflecting health access and screenings.
  - On the whole, Caucasian women are much more likely to be diagnosed with a range of illnesses, such as chronic disease, cardiovascular disease, and depression. They are also more likely to report cancer, and less likely to die from cancer. This suggests a racial health disparity in doctor willingness to diagnose or a lack of doctor access.
Although data is often unavailable, Hispanic/Asian/Other women appear to have very low health screening rates.

- **Chronic disease:** over a quarter of the state’s women are living with one or more chronic diseases which has a negative impact on the overall physical, mental, and financial well-being of women.²
  - Women with no chronic diseases: 44.1%
  - Women with 1 chronic disease: 26.5%
  - Women with 2 or more chronic diseases: 29.4%
  - The data shows that after age 65, over half (52.7%) of North Carolina women are living with two or more chronic diseases.

- **Rates of obesity remain high:** More women in North Carolina are now classified as either overweight or obese than are within their recommended weight range.²
  - African American women have the highest rate of obesity at 44.9%
  - Obesity plays an important role in the risk factors for diabetes, cardiovascular disease and stroke. These increased risks place a greater burden on the health care system and economy

**Sources**
1. Healthy People 2020
2. 2014 Behavioral Risk Factor Surveillance System (BRFSS)
3. American Community Survey Data (1-year samples from IPUMS-USA)