North Carolina Women's Health Report Card



NORTH CAROLINA
INSTITUTE OF MEDICINE



nc department of health and human services

in partnership with:

State Center for Health Statistics • North Carolina Equity • North Carolina Council on Women Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

In areas where we have focused our attention, good progress has been made, but much remains to be done.

1998 North Carolina Women's Health Report Card

Rationale for grades: Grades were based primarily on the percentage of change in the indicators from 1990 (or in some cases 1991) to the current period. Generally, the following guidelines were used: A = >25% improvement or current status remains very good; B = 11-25% improvement or current status remains satisfactory; C = no significant change (between 11% improvement and 11% worsening) or current status remains mediocre; D = 11-25% worse or current status remains unsatisfactory; F = >25% worse or current status remains very bad. In general, pluses (+) or minuses (-) indicate where a grade falls at the threshold between two letter grades. Where only one year of data are available, regional comparisons and generally accepted notions of standards are used.

Note: All data are for women age 15 and older unless otherwise noted. All data are for 1990 and 1996 unless otherwise noted.

Reproductive Health	1990	1996	Grade	
Percentage of women initiating prenatal care after the first trimester ¹	24.3%	16.5%	Α	
Percentage of live births that were unplanned (June 1994) ²				
All	NA	42.7%	C-	
White	NA	32.2%	C	
Minority	NA	69.0%	D	
Percentage of women who smoked during pregnancy ¹				
All	20.7%	15.8%	B+	
White	22.4%	17.4%	В	
Minority	17.2%	11.8%	A	
Percentage of live births with short interval from previous delivery ^{1,3}	15.6%	13.4%	В-	

◆ Unplanned pregnancies and births soon after a previous delivery are more likely to result in health problems for the mother and the child. These indicators point to the need for available and accessible family planning services.

Infectious Diseases	1990	1996	Grade
HIV/AIDS cases among women per 100,000 population ⁴			
All White African American	9.4 2.3 35.3	19.9 3.7 78.0	F F+ F
Cases of sexually transmitted diseases (syphilis, gonorrhea, chlamydia) among women per 100,000 population ⁴			
All White Minority	907.7 254.9 3057.7	726.7 225.1 2363.8	B B C-

◆ Both of these indicators show much higher rates for minority women. In the case of sexually transmitted diseases, the higher rate for minority women may be partially due to their being more likely to go to public clinics where reporting is more complete.

Chronic Diseases	1990	1996	Grade
Heart disease deaths among women per 100,000 population ⁵			
All	325.8	290.8	В-
White	312.3	274.5	B-
Minority	378.8	358.3	C
Diabetes deaths among women per 100,000 population ⁵			
All	27.2	31.7	D
White	20.5	23.0	D
Minority	55.9	70.1	D-
Breast cancer deaths per 100,000 population ⁵			
All	38.6	35.3	C+
White	36.7	33.0	C+
Minority	45.8	43.8	C
Cervical cancer deaths per 100,000 population ⁵			
All	4.4	4.6	C
White	3.0	3.7	D
Minority	9.9	8.2	В
Lung cancer deaths among women per 100,000 population ⁵			
All	42.1	50.4	D
White	43.8	52.6	D
Minority	34.8	40.2	D
Chronic obstructive lung disease deaths among women per 100,000 population ⁵			
All	28.9	41.2	F+
White	32.5	45.0	F+
Minority	12.8	23.0	\mathbf{F}
Hospitalizations among women for hip fracture per			
100,000 population (age 65+) ⁶	989.3	1206.8	D

- ◆ Many of these chronic diseases are associated with lifestyle factors such as poor nutrition, being overweight, lack of exercise, smoking, and uncontrolled high blood pressure.
- ◆ Death rates from lung cancer and chronic obstructive lung disease are significantly higher among white women, primarily due to higher rates of smoking among white women in earlier decades.
- ◆ Despite a higher incidence of breast cancer among white women, minority women have a higher death rate, primarily due to a later stage of breast cancer diagnosis among minority women. Regular mammograms and Pap smears are important for preventing breast and cervical cancer deaths.
- ◆ Most hip fractures among older women are due to osteoporosis, which can be reduced through increased exercise and improved nutrition.

Substance Abuse	1990	1996	Grade	
Percentage of women who are current smokers (age 18+) ⁷	25.9%	21.9%	В	
Number of women reporting a need for substance abuse services in the last year (1995; age 18+) ⁸	NA	243,000	C	

- ◆ The need for substance abuse services currently exceeds the capacity to provide these services. Public and private health care providers can play a big part in providing services such as early identification, referral and follow-up care
- ◆ Six percent of high school women are heavy users of alcohol and 20 percent are "risky" drug users9

Mental Health	1990	1996	Grade
Suicide deaths among women per 100,000 population ⁵			
All	6.8	5.8	В
White	8.0	7.0	В
Minority	2.6	2.0	B+

- ◆ The suicide death rate is significantly higher among white women and their rate is decreasing more slowly than the rate among minority women.
- ◆ There are no reliable, current data on the prevalence of mental illness among women in NC. National data suggest that 8 percent of women age 26-64 have had major depression in their lifetime. Mental illness involves the whole family. Early diagnosis and treatment of mental illness can substantially improve the functional capacity of the affected women.

Violence/Injuries	1990	1996	Grade
Number of victims of domestic violence (age 18+)10	16,700	31,200	F
Homicide deaths among women per 100,000 population ⁵			
All	5.7	4.7	C
White	3.4	2.8	C
Minority	12.6	10.4	C-
Deaths among women due to motor vehicle injuries			
per 100,000 population⁵	14.8	15.2	C

- ◆ Domestic violence is a large and growing problem in NC. Domestic violence indicates unsafe house-holds and unstable relationships. It demonstrates the need for services to victims as well as education, treatment and punishment of perpetrators.
- ◆ Women in NC are approximately three times as likely to die from a motor vehicle injury as from homicide. Alcohol and lack of seat belt use are major contributors to deaths from motor vehicle injury.

Behavioral Risks	1990	1996	Grade
Percentage of women who are overweight (age 18+) ⁷			
All	25.4%	29.4%	D
White	21.0%	24.3%	D
Minority	40.1%	45.8%	D
Percentage of women who engage in no leisure-time physical activity (age 18+) ⁷			
All	41.1%	41.9%	C
White	38.2%	38.7%	C
Minority	50.9%	52.3%	C
Percentage of women who do not always use seat belt			
(1991 and 1995; age 18+) ⁷	20.2%	8.0%	A
Barriers to Health	1990	1996	Grade
Percentage of women below the federal poverty level 11			
All	16.7%	NA	C-
White	12.8%	NA	C-
Minority	29.4%	NA	D
Percentage of women who could not see a physician at some time in the past year due to cost (1991 and 1996; age 18+) ⁷			
All	15.1%	16.4%	C-
White	13.7%	14.4%	C
Minority	19.9%	22.3%	D

♦ Minority women are significantly more likely to be living in poverty and to report that they could not see a physician in the last year due to cost. These factors are likely associated with the higher rates for minority women on many other measures of ill health.

Preventive Health Practices	1990	1996	Grade	
Percentage of women who did not have their blood pressure checked in the past 2 years (1991 and 1995; age 18+) ⁷	2.5%	3.6%	В	
Percentage of women who did not have a mammogram within the past 2 years (age $50+$) 7	39.8%	27.5%	A	
Percentage of women who did not have a Pap smear within the past 2 years (for women age 18+ with no history of hysterectomy) ⁷	16.5%	16.3%	C	

♦ Blood pressure screening, mammograms and Pap smears are important for prevention of deaths from cardiovascular disease, breast cancer and cervical cancer. Though not reported here, minority women were somewhat more likely to report that they did not have a mammogram or Pap smear within the past 2 years.

Data Sources and Notes

Comments on breaking out data by race: Data are shown by race only where there were substantial differences. There are advantages of showing data by race for targeting resources and interventions toward populations most in need. However, race 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 information, though most do have information on race. In this report card, "minority" is generally shown as a single category. African Americans comprise about 90% of minority women in NC. It would be desirable to have information for other groups such as Native Americans or Latinos (an ethnic group), but data limitations and relatively small numbers of events for these groups make it difficult to produce reliable estimates for most of the indicators.

¹Live birth certificates for all NC residents.

²Telephone interviews of a random sample of 1,143 women who had a live birth in June 1994. Unplanned means the woman reported that she became pregnant earlier than she wanted to or that she did not want to become pregnant at that time or any time in the future. Data are self reported.

³Short interval means 6 months or less from a previous delivery to the conception of the current live birth. First pregnancies are excluded.

⁴Communicable disease reporting system, NC Division of Epidemiology.

⁵Death certificates for all NC residents. Based on primary or underlying cause of death. Age-adjusted by the direct method using the 1990 NC total female population as the standard.

⁶Statewide hospital discharge data reporting system; NC hospitals only.

NC Behavioral Risk Factor Surveillance System (BRFSS), Office of Epidemiology, Division of Community Health, NCDHHS. BRFSS is an ongoing, monthly telephone survey for which data are collected from randomly selected, noninstitutionalized NC adults (age 18 and older) in households with telephones. In 1996, approximately 1,650 NC women were interviewed for BRFSS; their survey responses were then weighted to represent those of all adult women in the state.

*Substance Use and Need for Comprehensive Treatment and Services in NC's Adult Household Population: 1995, Research Triangle Institute. Telephone interviews of approximately 2,900 randomly chosen women in NC age 18 and older.

⁹Substance Abuse and the Need for Substance Abuse Services in the North Carolina High School Student Population: 1995, Luckey, J.P.V. et al, Research Triangle Institute, Dec. 1997.

¹⁰Number of primary victims of domestic violence reported to the NC Council for Women.

111990 US Census.

Data for the report were compiled by Paul Buescher of the State Center for Health Statistics and Priscilla Guild of the Sheps Center, with input from all partners. Graphic design was by Carolyn Busse of the Sheps Center.

1996 Population Estimates for Women in North Carolina

Race	Total 15 & Over	15-19	20-24	25-44	45-64	65+
All	3,043,000	238,833	265,495	1,159,854	816,011	562,807
White	2,329,319	166,314	190,859	860,880	648,926	462,340
Minority	713,681	72,519	74,636	298,974	167,085	100,467