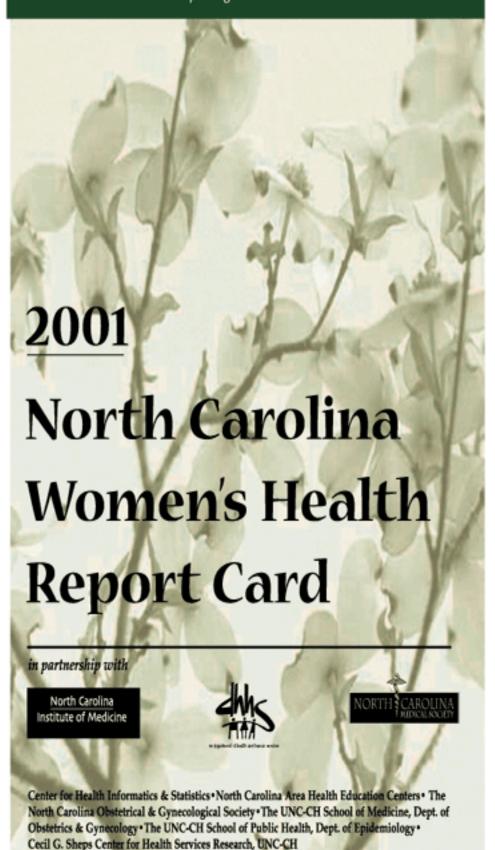
North Carolina Program for Women's Health Research

Dedicated to improving women's health & healthcare



2001 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 or 1992) to 1999. The following guidelines were used: A = >30% improvement or current status remains very good; B = 15-30% improvement or current status remains satisfactory; C = no significant change (between 15% improvement and 15% worsening) or current status remains mediocre; D = 15-30% worse or current status remains unsatisfactory; F = >30% worse or current status remains very poor. Where only one year of data was available, regional comparisons and generally accepted standards were used.

Note: All data are for women age 15 and older unless otherwise noted. All data are for 1990 and 1999 unless otherwise noted.

Reproductive Health	1990	1999	Grade
Percentage of women with late (after 1st trimester) or no			
prenatal care ¹			
All	24.2%	14.9%	A
White	17.2%	11.5%	A
African-American	40.1%	23.7%	В
Hispanic	36.1%	30.7%	C
Percentage of women who smoked during pregnancy ¹			
All	20.6%	14.3%	В
White	22.3%	15.6%	В
African-American	16.7%	10.9%	A
Hispanic	6.6%	1.7%	A
Percentage of births that were of VERY low birth weight (<1500g) ¹			
All	1.7%	1.9%	F
White	1.7%	1.4%	F
African-American	3.0%	3.5%	F
Hispanic*	0.6%	1.3%	F
Percentage of births to women <18 years ¹	6.000	4.00	n
All	6.0%	4.9% 3.6%	В
White	4.1%		В
African-American	10.5%	8.6%	C
Hispanic	5.8%	5.5%	C
Number of infant deaths per 1000 live births			
(infant mortality rate) ¹ All	10.6	9.1	С
White	8.2	6.8	В
African-American	16.5	15.6	D
	6.3	7.8	D
Hispanic*	0.0	7.0	Ъ
Percentage of live births that were unintended ²			
All	NA	41.9%	C
White	NA	35.0%	C
African-American	NA	63.7%	D

^{*}Rates may be unstable in this subgroup due to a small number of events

- North Carolina has one of the highest infant mortality rates in the nation, although the
 overall infant mortality rate has decreased since 1990. Mortality is experienced unequally
 across racial groups. The rate for African-Americans is more than double that for white
 North Carolinians.
- Unintended pregnancies are more likely to result in health problems for the mother and child. This indicator points to the need for accessible family planning services.

Infectious Diseases	1990 1999		Grade	
HIV/AIDS cases per 100,000 women ³				
All	10.7	15.9	F	
White	2.4	3.5	F	
African-American	35.2	59.4	F	
Cases of STDs (syphilis, gonorrhea, chlamydia) per 100,000 women ³				
All	907.7	867.7	D	
White	254.9	305.1	D	
African-American	2,997.8	2,960.5	F	

 The HIV/AIDS rate for African-Americans is nearly 17 times that of whites. Higher rates among African-American women may be due in part to their greater use of public clinics where reporting is more complete.

Chronic Diseases	1990	1999	Grade
Heart disease deaths per 100,000 women ⁴			
All	319.7	260.6	В
White	306.7	245.3	В
Minority	370.5	323.3	C
Diabetes deaths per 100,000 women ⁴			
All	26.2	31.7	D
White	19.7	22.8	D
Minority	54.1	71.1	F
Breast cancer deaths per 100,000 women ⁴			
All	38.8	33.7	C
White	36.7	30.6	В
Minority	47.0	45.7	C
Cervical cancer deaths per 100,000 women ⁴			
All	4.6	4.1	C
White	3.1	3.2	C
Minority	10.5	8.3	C

	1990	1999	Grade
Lung cancer deaths per 100,000 women ⁴			
All	40.9	49.7	D
White	42.4	51.6	D
Minority	34.1	41.2	D
Chronic obstructive lung disease deaths per 100,000 women ⁴			
All	27.6	47.5	F
White	31.0	52.3	F
Minority	12.5	24.4	F
Colorectal cancer deaths per 100,000 women ⁴			
All	24.8	21.5	C
White	22.9	19.0	C
Minority	32.6	31.9	C
Stroke deaths per 100,000 women ⁴			
All	94.2	93.1	C
White	86.8	87.1	C
Minority	124.1	117.7	C
Hospitalizations among women aged 65+ for hip fracture per 100,000 population ⁵			
All	991.2	1,048.7	C

- •Smoking is by far the most important modifiable behavior related to chronic disease. Death rates from lung cancer and chronic obstructive lung disease for all racial groups have increased substantially since 1990. These rates are not expected to decline soon. The proportion of women who smoke in NC has not gone down significantly and is actually increasing among black women and younger women. Smoking is also a major contributor to heart disease and stroke mortality and increases the risk of cervical cancer.
- Many of these chronic diseases are associated with lifestyle factors such as poor nutrition, obesity, lack of exercise, and uncontrolled high blood pressure.
- Despite a higher incidence of breast cancer among white women, minority women have a
 higher death rate, primarily due to later diagnosis among minority women. Regular
 mammograms and Pap smears are important for preventing breast and cervical cancer
 deaths. While improvements in the rate of mammography screening have been achieved,
 efforts should be made to ensure that all women have access to excellent breast cancer care.
- Most hip fractures among older women are due to osteoporosis, which can be reduced through increased exercise, improved nutrition, and treatment with medications.

Substance Abuse/Mental Health	1990	1999	Grade
Percentage of women age 18+ who are current smokers ⁶			
All	25.9%	23.0%	C
White	27.4%	22.9%	В
African-American	21.3%	23.8%	C
Percentage of women age 18+ who report drinking 5+ drinks on one occasion in past month ⁶			
All	3.1%	5.3%	F
White	3.5%	6.2%	F
African-American	2.0%	2.4%	C
Hospitalizations among women for substance abuse or mental health diagnoses per 100,000 population ⁵			
All	NA	3,384	C
Suicide deaths per 100,000 women ⁴			
All	6.8	5.7	В
White	8.1	6.7	В
Minority	2.6	2.5	В

- We do not have good information on the extent of problem drinking in North Carolina. The prevalence of binge drinking is likely to be underreported.
- The 1998 national hospitalization rate for mental health and substance abuse problems for all females nationwide was 3,077 per 100,000; North Carolina exceeds this rate for women age 15 and over.

Violence/Injuries	1990	1999	Grade
Homicide deaths per 100,000 women ⁴			
All	5.5	4.7	C
White	3.3	3.0	C
Minority	12.3	9.4	C C
Motor vehicle deaths per 100,000 women ⁴			
All	14.3	14.0	C
White	15.0	13.5	C
Minority	12.5	15.8	D
Percentage of women who report physical abuse in the			
12 months preceding pregnancy ²			
All	NA	6.3%	C
White	NA	4.7%	C
African-American	NA	11.4%	D

- Alcohol and lack of seat belt use are major contributors to deaths from motor vehicle injury.
- No rate of domestic violence is acceptable. These rates are near the national average. We need effective services for victims, their children, and perpetrators informed by improved data.

Behaviorial Risks	1990	1999	Grade
Percentage of women age 18+ who are overweight			
(Body Mass Index 27.3+)6			
All	25.4%	34.1%	F
White	21.0%	31.0%	F
African-American	41.3%	47.5%	D
Percentage of women age 18+ who engage in no leisure-time			
physical activity (1998)6			
All	41.1%	31.3%	В
White	38.2%	28.5%	В
African-American	51.4%	40.3%	В
Percentage of women age 18+ who do not always use seat belt (1991 and 1997) ⁶			
All	20.3%	9.5%	A

 Overweight contributes to diabetes, heart disease, stroke, and arthritis. Although reported levels of physical activity are increasing, so are obesity and illnesses associated with being overweight.

Barriers to Health	1990	1999	Grade
Percentage of women age 18+ with no health insurance coverage (1991) ⁶			
All	15.4%	10.7%	В
White	12.5%	9.3%	В
African-American	25.2%	14.9%	В
Percentage of women below the poverty level	16 7797	15 779/	
All	16.7%	15.7%	C
White	12.8%	10.6%	В
African-American	29.4%	28.4%	D
Percentage of labor force women unemployed and looking for work (1992) ⁷			
All	2.5%	1.5%	A
White	2.1%	1.1%	A
African-American	3.7%	1.8%	Α

 Approximately 1 in 10 women in North Carolina remain uninsured. Many others are underinsured. African-American women are significantly more likely to be living in poverty and to report that they had no health insurance. These factors are likely to be associated with the higher rates for African-American women on many other measures of poor health.

Percentage of women age 18+ with no blood pressure check in last 2 years (1991)*	Preventive Health Practices	1990	1999	Grade
Percentage of women aged 50+ with no mammogram within past 2 years* All 39.8% 19.8% A White 38.2% 18.3% A African-American 46.4% 28.0% A Percentage of women age 18+ who did not have a Pap smear within past 2 years* All 16.5% 12.3% B White 16.5% 12.2% B African-American 16.3% 11.5% B Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam* All 74.3% 67.1% C White 72.4% 65.6% C African-American 82.6% 73.6% C Percentage of women aged 65+ who have not had a flu shot in past 12 months* All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot* All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C				
Past 2 years* All 39.8% 19.8% A White 38.2% 18.3% A A African-American 46.4% 28.0% A A African-American 46.5% 12.3% B A A A A A A A A A	All	2.5%	2.8%	В
All 39.8% 19.8% A White 38.2% 18.3% A African-American 46.4% 28.0% A Percentage of women age 18+ who did not have a Pap smear within past 2 years* All 16.5% 12.3% B White 16.5% 12.2% B African-American 16.3% 11.5% B Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam* All 74.3% 67.1% C White 72.4% 65.6% C African-American 82.6% 73.6% C Percentage of women aged 65+ who have not had a flu shot in past 12 months* All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot* All 74.5% 41.0% A White 74.5% 41.0% A White 74.5% 41.0% A White 71.5% 36.9% A				
White African-American 38.2% 48.3% 4 A African-American 46.4% 28.0% A A Percentage of women age 18+ who did not have a Pap smear within past 2 years* 16.5% 12.3% B B All White African-American 16.5% 12.2% B B Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam* 36.3% 11.5% B B Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam* 74.3% 67.1% C C White African-American 72.4% 65.6% C C Percentage of women aged 65+ who have not had a flu shot in past 12 months* 48.6% 36.0% B B All White African-American 48.6% 32.4% B B Percentage of women aged 65+ who have never had a pneumonia shot* 59.4% 55.3% C C Percentage of women aged 65+ who have never had a pneumonia shot* 74.5% 41.0% A A All White 71.5% 36.9% A A		39.8%	19.8%	Α
African-American 46.4% 28.0% A Percentage of women age 18+ who did not have a Pap smear within past 2 years* All 16.5% 12.3% B White 16.5% 12.2% B African-American 16.3% 11.5% B Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam* All 74.3% 67.1% C White 72.4% 65.6% C African-American 82.6% 73.6% C Percentage of women aged 65+ who have not had a flu shot in past 12 months* All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot* All 48.6% 36.0% A White 59.4% 55.3% C	White	38.2%	18.3%	
within past 2 years* 16.5% 12.3% B All 16.5% 12.2% B African-American 16.3% 11.5% B Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam* 74.3% 67.1% C All 72.4% 65.6% C African-American 82.6% 73.6% C Percentage of women aged 65+ who have not had a flu shot in past 12 months* 48.6% 36.0% B All 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot* 74.5% 41.0% A All 74.5% 41.0% A White 71.5% 36.9% A	African-American	46.4%	28.0%	
All	0 0			
African-American 16.3% 11.5% B Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam ⁶ All 74.3% 67.1% C White 72.4% 65.6% C African-American 82.6% 73.6% C Percentage of women aged 65+ who have not had a flu shot in past 12 months ⁶ All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot ⁶ All 74.5% 41.0% A White 71.5% 36.9% A		16.5%	12.3%	В
Percentage of women 40+ who have never had a sigmoidoscopy or colonoscopic exam ⁶ All 74.3% 67.1% C White 72.4% 65.6% C African-American 82.6% 73.6% C Percentage of women aged 65+ who have not had a flu shot in past 12 months ⁶ All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot ⁶ All 74.5% 41.0% A White 71.5% 36.9% A	White	16.5%	12.2%	В
All 74.3% 67.1% C	African-American	16.3%	11.5%	В
White African-American 72.4% 65.6% C 82.6% 73.6% C Percentage of women aged 65+ who have not had a flu shot in past 12 months ⁶ All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot ⁶ All 74.5% 41.0% A White 71.5% 36.9% A	0			
Percentage of women aged 65+ who have not had a flu shot in past 12 months ⁶ All	All	74.3%	67.1%	C
Percentage of women aged 65+ who have not had a flu shot in past 12 months ⁶ All	White	72.4%	65.6%	C
in past 12 months ⁶ All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot ⁶ All 74.5% 41.0% A White 71.5% 36.9% A	African-American	82.6%	73.6%	C
All 48.6% 36.0% B White 46.2% 32.4% B African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot* All 74.5% 41.0% A White 71.5% 36.9% A	0			
African-American 59.4% 55.3% C Percentage of women aged 65+ who have never had a pneumonia shot* All 74.5% 41.0% A White 71.5% 36.9% A		48.6%	36.0%	В
Percentage of women aged 65+ who have never had a pneumonia shot* All 74.5% 41.0% A White 71.5% 36.9% A	White	46.2%	32.4%	В
a pneumonia shot* All 74.5% 41.0% A White 71.5% 36.9% A	African-American	59.4%	55.3%	C
All 74.5% 41.0% A White 71.5% 36.9% A	0			
White 71.5% 36.9% A		74.5%	41.0%	A
	White		36.9%	
	African-American	87.5%	63.4%	

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 Overall, these grades are good evidence that a statewide focus on screening services and immunization has led to improved preventive health care for NC women.

Data Sources and Notes

Comments on reporting data by race/ethnicity: Data are shown by race 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 information, though most do have 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.

'Live birth certificates for all NC residents.

Pregnancy Risk Assessment Monitoring System (PRAMS) for North Carolina, Center for Health Informatics & 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. In 1999, approximately 1,780 NC women were interviewed for PRAMS; their responses were then weighted to represent those of all women giving birth in the state.

Communicable disease reporting system, NC Division of Public Health.

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

Statewide hospital discharge data reporting system, Center for Health Informatics & Statistics; NC hospitals only.

*NC Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Informatics & Statistics. BRFSS is an ongoing, monthly telephone survey for which data are collected from randomly selected, non-institutionalized NC adults (age 18 and older) in households with telephones. The 1990 interview queried sigmoidoscopy and protoscopic exams; 1999 queried sigmoidoscopy and colonoscopy exams. In 1999, approximately 1,481 women were interviewed for BRFSS; their survey responses were then weighted to represent those of all adult women in the state.

7US Census Current Population Survey of the civilian non-institutional population, North Carolina.

Data for the report were compiled by Paul Buescher of the Center for Health Informatics & Statistics, Charles Lanier of the Office of State Budget, Planning, and Management and Priscilla Guild, Sue Hall, Katherine Hartmann and Valerie King of the Sheps Center, and Gordon DeFriese of the NC Institute of Medicine. Graphic design was by Erica Pirrung and Carolyn Busse of the Sheps Center.

1999 Population Estimates for Women in North Carolina

Race	Total 15 & Over	15-19	20-24	25-44	45-64	65+
All	3,175,268	250,579	256,916	1,176,296	899,049	592,428
White	2,429,588	174,395	183,513	874,683	709,189	487,808
Minority	745,680	76,184	73,403	301,613	189,860	104,620

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.





