

CENTER FOR WOMEN'S HEALTH RESEARCH

at the University of North Carolina at Chapel Hill

2005 North Carolina Women's Health Report Card

in partnership with



UNC

THE CECIL G. SHEPS CENTER
FOR HEALTH SERVICES RESEARCH



2005 NORTH CAROLINA WOMEN'S HEALTH REPORT CARD

Rationale for grades: Grades were based primarily on the percentage of change in the indicators from 1999 to 2003 (or in some cases, 2002). Large health disparities across racial subgroups and the Healthy People 2010 Goals were also considered. 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 indicated. All data are for 1999 and 2003, unless otherwise noted.

Reproductive Health	1999	2003	Grade
Percentage of women with late (after 1st trimester) or no prenatal care ¹			
All	14.9%	15.4%	C
White	8.9%	9.1%	C
African-American	23.7%	23.0%	D
Hispanic	30.7%	29.9%	D
Percentage of women who smoked during pregnancy ¹			
All	14.3%	12.7%	B
White	17.5%	16.2%	C
African-American	10.9%	10.8%	C
Hispanic	1.7%	1.3%	A
Percentage of births that were of VERY low birth weight (<1500g) ¹			
All	1.9%	1.8%	C
White	1.4%	1.3%	C
African-American	3.5%	3.5%	C
Hispanic	1.3%	1.2%	C
Percentage of births to women age <18 years ¹			
All	4.9%	3.9%	A
White	3.4%	2.5%	A
African-American	8.6%	7.2%	B
Hispanic	5.5%	5.1%	C
Number of infant deaths per 1,000 live births (infant mortality rate) ¹			
All	9.1	8.2	C
White	6.7	5.9	B
African-American	15.6	15.6	C
Hispanic	7.8	6.4	B
Percentage of live births that were unintended (1999, 2002) ²			
All	41.9%	40.6%	C
White	35.0%	32.5%	C
African-American	63.7%	65.3%	D

- 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 White and 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	1999	2003	Grade
Heart disease deaths per 100,000 women ³			
All	268.7	241.1	B
White	258.2	228.4	B
Minority	306.5	287.3	C
Stroke deaths per 100,000 women ³			
All	96.2	82.2	B
White	91.9	76.2	B
Minority	111.6	106.4	C
Lung cancer deaths per 100,000 women ³			
All	50.8	52.8	C
White	53.6	55.9	C
Minority	39.1	38.8	C
Breast cancer deaths per 100,000 women ³			
All	34.0	32.3	C
White	31.5	29.8	C
Minority	42.8	40.8	C
Diabetes deaths per 100,000 women ³			
All	32.4	34.5	C
White	23.8	26.7	C
Minority	67.6	67.8	D
Colorectal cancer deaths per 100,000 women ³			
All	22.0	19.6	B
White	19.8	18.5	C
Minority	30.3	23.3	A
Cervical cancer deaths per 100,000 women ³			
All	4.1	2.9	A
White	3.2	2.6	B
Minority	7.9	4.3	A
Hospitalizations among women age 65+ for hip fracture per 100,000 women ⁴			
All	1,090.0	1103.4	C
Percentage of women age 18+ with high blood pressure (1995) ⁵			
All	25.0%	30.0%	D
White	22.8%	28.4%	F
African-American	34.2%	38.4%	D

Chronic Disease	1999	2003	Grade
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Percentage of women age 18+ with high cholesterol⁵

All	30.8%	34.6%	D
White	31.2%	35.8%	D
African-American	27.6%	30.9%	D

Percentage of women age 18+ with diabetes⁵

All	6.7%	8.1%	F
White	5.4%	7.2%	F
African-American	10.9%	11.8%	F

Percentage of women age 18+ who are obese (BMI 30.0+)⁵

All	22.0%	25.2%	D
White	19.5%	20.8%	C
African-American	32.3%	42.3%	F

- Despite recent declines in heart disease and stroke death rates, these rates are more than 50% higher than Healthy People 2010 goals for the US. The percentages of women with diabetes are more than three times as high as the 2010 goals and are steadily increasing among all racial groups. 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 and is associated with breast and cervical cancer. The proportion of North Carolina women who smoke remains well above the Healthy People 2010 goals (see Substance Abuse/Mental Health). Similarly, lung cancer and chronic obstructive lung disease death rates (not shown) are high and 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	1999	2003	Grade
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HIV Disease cases per 100,000 women⁶

All	14.6	19.0	F
White*	3.3	4.4	F
African-American*	54.6	67.0	F
Hispanic	6.8	26.6	F

Primary and secondary syphilis cases per 100,000 women⁶

All	6.1	1.3	A
White*	1.8	0.4	A
African-American*	19.9	4.8	A
Hispanic	3.4	0.8	A

Infectious Disease	1999	2003	Grade
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Chlamydia cases per 100,000 women⁶

All	525.5	617.9	F
White*	189.0	227.8	F
African-American*	1610.8	1828.9	F
Hispanic	977.7	1169.2	F

Gonorrhea cases per 100,000 women⁶

All	258.8	210.3	B
White*	64.4	55.3	B
African-American*	940.5	745.6	B
Hispanic	121.8	108.2	B

*non-Hispanic

- A portion of the increase in HIV Disease reports among North Carolina women is likely due to enhanced surveillance efforts initiated by DHHS in 2002. However, HIV Disease is an ongoing problem, especially for African-American women who have a rate 15 times higher than that of White women.
- Rates of syphilis and gonorrhea have declined in North Carolina women pointing to the success of STD-prevention efforts, particularly the Syphilis Elimination Project. The observed increase in chlamydia rates primarily reflects increased screening in the community which finds more cases.

Substance Abuse/Mental Health	1999	2003	Grade
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Percentage of women age 18+ who are current smokers⁵

All	22.9%	21.8%	C
White	22.8%	23.1%	C
African-American	23.7%	18.0%	A

Percentage of women age 18+ drinking 5+ drinks on one occasion in past month⁵

All	5.3%	3.9%	A
White	6.2%	4.6%	A
African-American	2.4%	2.8%	D

Hospitalizations among women for substance abuse or mental health diagnosis per 100,000 women⁴

All	3318.9	4330.2	F
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Suicide deaths per 100,000 women³

All	5.6	5.7	C
White	6.6	6.7	C
Minority*	2.3	2.3	B

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

- North Carolina hospitalization rates for mental health and substance abuse exceed the 2002 national hospitalization rate of 4,077 per 100,000 for all females.⁴ Early diagnosis and treatment of mental illness can substantially improve the function and quality of life.

Violence/Injuries

Homicide deaths per 100,000 women³

All	4.5	3.8	B
White	3.0	2.8	C
Minority	8.4	6.3	B

Motor vehicle deaths per 100,000 women³

All	13.6	14.6	C
White	13.5	15.2	D
Minority	14.5	13.2	C

Percentage of women who reported physical abuse in the 12 months preceding pregnancy (1999, 2002)²

All	6.3%	4.4%	A
White	4.7%	4.0%	B
African-American	11.4%	5.8%	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

Percentage of women age 18+ with no health insurance coverage⁵

All	10.7%	15.5%	F
White	9.5%	12.2%	F
African-American	14.7%	15.5%	C

Percentage of women below the poverty level⁷

All	15.9%	15.9%	C
White	10.7%	11.9%	D
African-American	29.3%	27.0%	C

Percentage of labor force women unemployed and looking for work⁷

All	2.0%	5.6%	F
White	1.7%	3.6%	F
African-American	2.3%	11.0%	F

- African-American women are more likely to be living in poverty and not have health insurance than White women. Poverty rates may partially explain the higher rates for African-American 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

1999 2003 Grade

Percentage of women age 50+ who did not have a mammogram within the past 2 years (1999, 2002)⁵

All	19.8%	16.7%	B
White	19.2%	16.9%	B
African-American	28.0%	13.2%	A

Percentage of women age 18+ who did not have a Pap smear within the past 2 years (1999, 2002)⁵

All	12.3%	13.1%	C
White	12.2%	14.6%	D
African-American	11.5%	6.6%	A

Percentage of women age 50+ who have never had a sigmoidoscopy or colonoscopic exam (1999, 2002)⁵

All	61.1%	51.5%	B
White	60.2%	49.6%	B
African-American	65.9%	55.4%	B

Percentage of women age 65+ who did not have a flu shot in the past 12 months⁵

All	36.0%	34.5%	C
White	32.4%	30.1%	C
African-American	55.3%	57.3%	C

Percentage of women age 65+ who have never had a pneumonia shot⁵

All	41.6%	34.1%	B
White	36.9%	30.7%	B
African-American	63.4%	50.5%	A

Percentage of women age 18+ who engage in no leisure-time physical activity⁵

All	31.1%	27.7%	B
White	28.3%	24.7%	B
African-American	40.3%	35.0%	B

- 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 to 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. Factors such as income, education, access to health care, and stress are likely 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/ethnicity. In this report card, "minority" is sometimes shown as a single category. African-Americans comprise about 87 percent of minority women in NC. In addition, there have been recent quality control initiatives and better tracking of Hispanic populations which has allowed for more accurate reporting of their health status.

¹Live birth certificates and death 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. There is no minimum age specification for PRAMS.

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.

⁴Statewide 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 2002 National Hospital Discharge Survey, National Center for Health Statistics, CDC.

⁵NC 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 2003, 5,977 women were interviewed for BRFSS; their survey responses were weighted to represent those of all adult women in the state.

⁶NC Division of Public Health, Epidemiology Section, HIV/STD Prevention and Care Branch.

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

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2003 Population Estimates for Women in North Carolina

Race	Total 15 & over	15-19	20-24	25-44	45-64	65+
All	3,440,565	285,071	292,232	1,238,041	1,030,723	594,498
White	2,583,437	198,699	206,172	898,761	793,751	486,054
Minority	857,128	86,372	86,060	339,280	236,972	108,444



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