# North Carolina Women's Health Report Card

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# 2007 North Carolina Women's Health Report Card

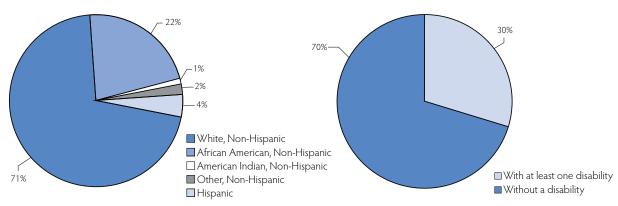
Grading: Grades were based primarily on the percentage of change in the indicators from 2001 to 2005. Large health disparities across racial subgroups and Healthy People 2010 goals were also considered. The following guidelines were used:

- A = > 20% improvement, or current status remains very good
- $\mathbf{B} = 10 20\%$  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: Unless otherwise indicated, all data are for women age 15 years and older and for the years 2001 and 2005.

# Women in North Carolina by Race and Ethnicity<sup>1\*</sup>

### Women and Disability in North Carolina<sup>2</sup>



<sup>\*</sup> There are 4.3 million women in North Carolina.

These data are derived from the Behavioral Risk Factor Surveillance System (BRFSS) which includes questions on various sources of disability and whether such problems limit the respondent in any way. Other national surveys are more specific about what qualifies as a limitation. Therefore, the percentage of disabled women reported here may differ from those calculated from other surveys.

Reproductive Health	2001	2005	Grade
Percentage of women with late (after 1st trimester) or no prenatal	care <sup>3</sup>		
ALL	15.5%	16.4%	C
White, Non-Hispanic	9.1%	9.8%	C
African American, Non-Hispanic	24.0%	23.0%	D
Hispanic	29.8%	30.9%	D
Percentage of women who smoked during pregnancy <sup>3</sup>			
ALL	14.0%	12.1%	В
White, Non-Hispanic	17.8%	15.7%	В
African American, Non-Hispanic	11.3%	10.7%	C
Hispanic	1.4%	1.3%	Α
Percentage of births that were of very low birthweight (<1500g) <sup>3</sup>			
ALL	1.9%	1.9%	C
White, Non-Hispanic	1.5%	1.4%	C
African American, Non-Hispanic	3.5%	3.8%	D
Hispanic	1.1%	1.1%	C
Percentage of births to women age < 18 years <sup>3</sup>			
ALL	4.2%	3.9%	C
White, Non-Hispanic	2.6%	2.3%	В
African American, Non-Hispanic	7.3%	7.1%	C
Hispanic	5.8%	5.0%	В

Number of infant deaths per 1,000 live births (infant mortality ra	te) <sup>3</sup>		
ALL	8.4	8.6	C
White, Non-Hispanic	6.4	6.6	C
African American, Non-Hispanic	15.2	16.1	D
Hispanic	5.0	5.9	C
Percentage of live births that were unintended (2001,2004) <sup>4</sup>			
ALL	42.6%	44.0%	C
White, Non-Hispanic	33.9%	37.2%	C
African American, Non-Hispanic	65.3%	64.1%	D
Hispanic	40.6%	38.6%	C

- North Carolina has the 11th highest infant mortality rate in the nation,<sup>5</sup> and this rate is nearly twice the Healthy People 2010 objective.<sup>6</sup> The infant mortality rate for African Americans is nearly three times that for whites and Hispanics.
- 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	2001	2005	Grade
Note: With the exception of fatal car accidents, all mortality statist small to be reliable.	ics for Hispanics yielded	numbers that	were too
Heart disease deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	249.7 238.5 307.6	214.0 206.4 258.2	В В В
Stroke deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	87.6 82.6 111.1	71.2 66.8 92.0	В В В
Lung cancer deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	52.4 55.6 40.6	55.4 58.7 45.9	C C D
Breast cancer deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	32.6 30.2 43.7	32.4 30.3 44.1	C C
Diabetes deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	33.2 25.1 70.2	30.5 22.3 67.1	С В D
Colorectal cancer deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	21.7 19.7 31.9	18.6 17.1 25.7	В В В
Cervical cancer deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	3.6 3.3 5.2	3.7 3.2 6.3	C C F

Chronic Disease 2005 2001 Grade

### Hospitalizations among women age 65+ for hip fracture per 100,000 women<sup>8</sup>

ALL 1091.9 1044.7 C

Racial breakdowns are not possible for hospital discharge data as almost half of all records are missing race.

## Percentage of women age 18+ with high blood pressure<sup>2</sup>

28.9%	30.3%	C
26.4%	28.5%	C
41.3%	44.0%	C
20.5%	17.4%	В
	26.4% 41.3%	26.4% 28.5% 41.3% 44.0%

### Percentage of women age 18+ with high cholesterol<sup>2</sup>

ALL	30.5%	36.5%	D
White, Non-Hispanic	31.5%	37.6%	D
African American, Non-Hispanic	29.7%	35.2%	D
Hispanic .	12.8%	27.9%	F

### Percentage of women age 18+ with diabetes<sup>2</sup>

entage of women age 10+ with diabetes			
ALL	6.7%	8.5%	F
White, Non-Hispanic	5.4%	7.6%	F
African American, Non-Hispanic	11.3%	14.4%	F
Hispanic	*	3.5%	

### Percentage of women age 18+ who are obese (BMI 30.0+)<sup>2</sup>

0	0	*				
ALL				23.2%	26.6%	D
White, No	n-Hispanic			18.8%	22.7%	F
African Am	nerican, Non-Hispar	ic		40.9%	45.4%	F
Hispanic				21.6%	20.4%	$\subset$

- Despite improvements for these measures, the rate of heart disease and stroke deaths are 30% and 50% higher than Healthy People 2010 objectives. Many of these chronic diseases are associated with factors such as tobacco use, diet, and lack of exercise. Following the American Heart Association's 2007 Guidelines for the Preventing Cardiovascular Disease in Women is a step in the right direction towards decreasing women's risk.9
- · Despite a higher incidence of breast cancer among white women, minority women have a higher death rate, primarily due to later diagnosis and treatment. 10
- Overall, the death rate due to diabetes in North Carolina is below the Healthy People 2010 objectives. 6 However, the rate among African Americans is 50% higher than the Healthy People 2010 objectives, and more than twice the rate among whites.
- The percentage of women who are obese increased 20% for whites and 11% for African Americans. Obesity is an important risk factor for several conditions including heart disease, stroke, and diabetes.

### Infectious Disease 2001

Grade · Chlamydia is a disease that often occurs without symptoms. It is frequently under-diagnosed, and the number of

2005

cases depends on the number of women who were screened for the disease. Because case reporting is unlikely to capture the true distribution of disease in North Carolina, the chlamydia indicator was dropped from the 2007 Report Card.

### HIV disease cases per 100,000 women<sup>11</sup>

ALL	11.6	11.5	C
White, Non-Hispanic	2.7	3.0	C
African American, Non-Hispanic	40.3	37.3	F
Hispanic .	7.7	12.9	F

<sup>\*</sup> Asterisk indicates that data were not available for this group in that year.

Infectious Disease	2001	2005	Grade
Early latent, primary, and secondary syphilis cases per 100,0	000 women <sup>11</sup>		
ALL	10.5	3.4	Α
White, Non-Hispanic	2.9	1.2	Α
African American, Non-Hispanic	30.5	9.9	Α
Hispanic	8.8	2.3	Α

Early latent syphilis cases were added to this indicator. The rates of syphilis for the 2007 Report Card are not comparable to those in the 2005 Report Card.

# Gonorrhea cases per 100,000 women<sup>11</sup>

White, Non-Hispanic

Hispanic

African American, Non-Hispanic

ALL	188.5	173.8	C
White, Non-Hispanic	45.4	51.8	D
African American, Non-Hispanic	658.0	555.1	C
Hispanic	67.7	71.2	C

• A portion of the increase in HIV disease reports among North Carolina women is likely due to enhanced surveillance efforts initiated by the state's Department of Health and Human Services in 2002. However, HIV disease is an ongoing problem and racial and ethnic disparities persist. Although cases among African American women have decreased since 2001, their rate is 12 times that of white women. The rate among Hispanic women is 4 times that of white women.

Substance Abuse/Mental Health	2001	2005	Grade
* Asterisk indicates that numbers were too small (fewer than 10) to calcu	ılate reliable estim	ates.	
Percentage of women age 18+ who are current smokers <sup>2</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic Hispanic	23.1% 23.8% 21.0% 21.9%	19.8% 21.5% 17.0% 8.9%	В С В А
Percentage of women age 18+ drinking 5+ drinks on one occasion	n in past month <sup>2</sup>		
ALL White, Non-Hispanic African American, Non-Hispanic Hispanic	4.5% 4.8% 2.8%	5.1% 5.6% 3.2% 5.4%	D D D
Suicide deaths per 100,000 women <sup>7</sup>			
ALL White, Non-Hispanic African American, Non-Hispanic	5.9 7.3 2.1	6.6 8.4 2.4	D D C
Percentage of women age 18+ who reported poor mental health problems with emotions) for 8 or more days over the past month		, depression,	and
ALL White, Non-Hispanic African American, Non-Hispanic Hispanic	13.7% 14.4% 11.2% 5.4%	15.2% 15.5% 16.9% 7.8%	D C F D
Percentage of new mothers who reported being moderately or vedelivery (2000, 2003) <sup>4</sup>	ery depressed in	the months	after
ALL	19.7%	18.9%	C

21.6%

18.2%

11.2%

20.5%

16.5%

15.9%

C

 $\mathsf{C}$ 

- Tobacco use is a major contributor to lung disease, heart disease, and stroke mortality and is also associated with breast and cervical cancers. The percentage of North Carolinia women who smoke is decreasing in all racial groups, but remains 65% higher than the 2010 Healthy People objectives.<sup>6</sup>
- Data for indicators of mental health and substance abuse are very sparse. Few of the national surveys include questions
  on depression or other major psychiatric disorders. In North Carolina, there is limited information available regarding
  usage of state-run mental health facilities, including outpatient community mental health centers and inpatient
  psychiatric hospitals.
- Postpartum depression is a widespread but under-acknowledged problem. A rapid decline in hormone levels after giving birth contributes to this condition. Many other factors are also suspected, such as the strength of support from family and friends, problems with previous pregnancies, anxiety about the well-being of the infant, and a family history of depression.<sup>12</sup> Educating physicians and screening new mothers are important steps in treating this illness.

Violence/Injuries	2001	2005	Grade
Homicide deaths per 100,000 women <sup>7</sup>			
ALL	3.6	3.8	C
White, Non-Hispanic	2.9	3.0	C
African American, Non-Hispanic	5.9	5.9	D
Motor vehicle deaths per 100,000 women <sup>7</sup>			
ALL	13.5	13.4	C
White, Non-Hispanic	13.5	13.3	C
African American, Non-Hispanic	12.0	13.5	D
Hispanic	8.7	13.3	F
Percentage of women who reported physical abuse in the	e 12 months preceding p	regnancy (20	001,2004)4
ALL	6.4%	6.6%	C
White, Non-Hispanic	6.4%	5.2%	В
African American, Non-Hispanic	7.3%	7.3%	C
Hispanic	5.1%	12.6%	F

- Women in North Carolina are 3.5 times as likely to die from a motor vehicle accident 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 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	2001	2005	Grade
* Asterisk indicates that data were not available for this group in that year.			
Percentage of women age 18+ with no health insurance coverage <sup>2</sup>			
ALL	13.0%	16.6%	F
White, Non-Hispanic	11.5%	11.4%	C
African American, Non-Hispanic	15.8%	17.9%	D
Hispanic	13.9%	63.8%	F
Percentage of women below the poverty level <sup>13</sup>			
ALL	13.7%	16.6%	F
White, Non-Hispanic	9.4%	13.2%	F
African American, Non-Hispanic	25.1%	26.4%	D
Hispanic	*	27.2%	
Percentage of women age 16+ who are unemployed and looking for	or work <sup>13</sup>		
ALL	3.0%	3.2%	C
White, Non-Hispanic	1.9%	2.4%	F
African American, Non-Hispanic	6.5%	6.1%	D
Hispanic	*	2.9%	

African American and Hispanic women are twice as likely to live in poverty as white women. White women are
 1.6 times as likely as African American women and 6 times as likely as Hispanic women to have health insurance.

 Poverty and lack of health insurance may partially explain the higher rates of some measures of ill health among minority women.

Preventive Health Practices	2001	2005	Grade	
* Asterisk indicates that numbers were too small (fewer than 10) to calcula	te reliable estima	ates.		
Percentage of women age 50+ who did not have a mammogram wit	hin the past 2 y	ears (2000,	2004) <sup>2</sup>	
ALL	19.7%	19.0%	C	
White, Non-Hispanic	20.2%	19.1%	C	
African American, Non-Hispanic	19.3%	16.7%	В	
Hispanic	*	19.6%		
Percentage of women age 18+ who did not have a Pap smear within the past 2 years (2000,2004) <sup>2</sup>				
ALL	17.0%	11.3%	Α	
White, Non-Hispanic	18.3%	11.5%	Α	
African American, Non-Hispanic	13.2%	10.2%	Α	
Hispanic	24.8%	11.7%	Α	
Percentage of women age 50+ who have never had a sigmoidoscop	y or colonosco <sub>l</sub>	py exam (20	01,2004) <sup>2</sup>	
ALL	53.2%	46.8%	В	
White, Non-Hispanic	50.6%	44.9%	В	
African American, Non-Hispanic	61.0%	52.0%	В	
Hispanic	70.0%	61.6%	В	
Percentage of women age 65+ who did not have the flu shot in the	past 12 months	2		
ALL	30.1%	34.8%	D	
White, Non-Hispanic	28.9%	31.1%	C	
African American, Non-Hispanic	34.7%	51.2%	F	
Hispanic	*	33.8%		
Percentage of women age 65+ who have never had a pneumonia sh	ot <sup>2</sup>			
ALL	33.0%	32.6%	C	
White, Non-Hispanic	29.9%	27.7%	C	
African American, Non-Hispanic	46.3%	53.7%	D	
Hispanic	*	60.1%		
Percentage of women age 18+ who did not meet the minimum reco	mmended phy	sical activity	<sup>2</sup>	
ALL	61.1%	61.7%	C	
White, Non-Hispanic	59.2%	58.0%	C	
African American, Non-Hispanic	72.1%	71.9%	C	
Hispanic	59.2%	71.7%	F	
Percentage of women age 18+ who have not visited a dentist within	the past 12 m	onths (2001,	,2004) <sup>2</sup>	
ALL	26.9%	30.1%	D	
White, Non-Hispanic	23.9%	26.6%	D	
African American, Non-Hispanic	34.4%	38.7%	D	
Hispanic	42.0%	46.9%	D	

- Screening exams and preventive health practices have increased in every racial and ethnic group. However 60% of all North Carolina women are not getting the minimum recommended physical activity.
- Tooth decay and gum disease are responsible not only for oral pain but if left untreated, abscessed teeth allow infections to spread, which in some cases can be life-threatening. Recent evidence also suggests an association between gum disease and preterm birth.<sup>14</sup> For every person in the US over age 19 who has dental insurance, three lack coverage.<sup>15</sup>

# **Data Sources and Notes**

Reporting data by race and ethnicity: There are advantages to showing data by race and ethnicity for targeting resources and interventions toward populations in need. However, race and ethnicity themselves do not cause a particular health problem. 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, although most do collect information on race and ethnicity.

<sup>1</sup> Population estimates were compiled by the State Center for Health Statistics based on estimates produced by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS). These bridged-race population files contain estimates of the resident population of the United States as of July 1 of each year by age, sex, bridged-race category, and Hispanic origin.

<sup>2</sup> NC 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 2005, 11,078 women were interviewed for BRFSS; their survey responses were weighted to represent those of all adult women in the state.

<sup>3</sup> Live birth certificates for all NC residents. Infant deaths were taken from the matched infant death and birth file, State Center for Health Statistics.

<sup>4</sup> Pregnancy Risk Assessment Monitoring System (PRAMS) for North Carolina, State Center for Health Statistics. PPRAMS is an ongoing mail/telephone survey of women who have recently given birth. Each month, a random sample of mothers are selected from 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.

<sup>5</sup> United Health Foundation, "America's Health: State Health Rankings - 2004 edition. Infant Mortality." www.unitedhealthfoundation.org/shr2004/components/infantmortality. html

<sup>6</sup> "Healthy People 2010." www.healthypeople.gov/document/tableofcontents.htm#parta

<sup>7</sup> Death certificates for all NC residents, State Center for Health Statistics. Based on primary cause of death. Ageadjusted by the direct method, using the projected 2000 US total population as the standard.

<sup>8</sup> Statewide hospital discharge data reporting system, State Center for Health Statistics. NC hospitals only. Records with a primary diagnosis of hip fracture.

<sup>9</sup> Mosca L, Banka CL, Benjamin EJ, et al. Evidence-based guidelines for cardiovascular disease prevention in women: 2007 update. Circulation Mar 20 2007; 115: 1481-1501.

<sup>10</sup> Ali, S. 2006. "Female Breast Cancer Incidence, Stage at Diagnosis, Treatment, and Mortality in North Carolina." North Carolina Public Health, State Center for Health Statistics. www.schs.state.nc.us/SCHS/pdf/SCHS150.pdf

<sup>11</sup> NC Division of Public Health, Epidemiology Section, HIV/ STD Prevention and Care Branch

<sup>12</sup> US Department of Health and Human Services, "Depression During and After Pregnancy." www.womenshealth.gov/faq/postpartum.htm

<sup>13</sup> US Census Bureau, Current Population Survey of the civilian, non-institutionalized population, ages 15 years and older, North Carolina

<sup>14</sup> Offenbacher S, Boggess KA, Murtha AP, et al. Progressive periodontal disease and risk of very preterm delivery. Obstet Gynecol Jan 2006; 107: 29-36.

15 Centers for Disease Control and Prevention, "Fact Sheet: Oral Health for Adults." December 2006. www.cdc.gov/ oralhealth/factsheets/adult.htm

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