

2014 NORTH CAROLINA WOMEN'S HEALTH REPORT CARD

A progress report on women's health & their health care needs



Center for Women's Health Research, University of North Carolina at Chapel Hill

CAROLINA DEMOGRAPHY

CWHR utilized the services of Carolina Demography to collect the data found within this report card. Carolina Demography is a service of the Carolina Population Center at UNC-Chapel Hill that focuses on population change. They provide a full array of demographic services for North Carolina businesses, foundations, government agencies, schools, not-for-profit organizations, and many more. Carolina Demography may be contacted at demography@unc.edu or visit their website at <http://demography.cpc.unc.edu/>.

INTERPRETING THE REPORT CARD

The North Carolina Women's Health Report Card uses many different data sources to provide an accurate picture of women's health. Data sources vary across years in collection methods, how often they ask certain questions, and sample size. Some sources, such as Pregnancy Risk Assessment Monitoring System (PRAMS), only report in two year increments with the last released report for 2011 data. For this reason the 2014 North Carolina Women's Health Report Card is a mix of 2011 and 2012 data. The year for data is indicated by a small number next to each heading. Unless otherwise indicated, all data are for women age 18 years or older.

A note on 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. Factors such as income, education, access to health care, and where we live are known direct and indirect determinants of health outcomes and they vary by racial/ethnic status. Few sources of health data record these types of socioeconomic variables, although most do collect information on race and ethnicity.

DATA SOURCES

American Community Survey Data (1-year samples from IPUMS-USA); Behavioral Risk Factor Surveillance System (BRFSS); Carolina Demography; Healthy People 2020; NC Central Cancer Registry; NC 2012 HIV/STD Surveillance Report; NC Office of State Budget and Management Population, Census, Economic, and Social Statistics Publications; Pregnancy Risk Assessment Monitoring System (PRAMS); United States Cancer Statistics



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UNIVERSITY of NORTH CAROLINA

CENTER FOR WOMEN'S HEALTH RESEARCH

...advancing women's health through research

For the past twelve years the Center for Women's Health Research (CWHR) at the University of North Carolina, Chapel Hill has produced and distributed the North Carolina Women's Health Report Card biennially. It has been an in-depth review of the health status of our state's women. The data found within these pages is intended to spotlight where we are succeeding and where we still have work to do in regards to women's health. CWHR uses this information to help guide our Core areas of research. It is our hope that this information will be utilized by the state legislature, media, fellow researchers, community organizations, and general public to guide their own decision-making processes.

CWHR's mission is to improve women's health through research by focusing on diseases, disorders and conditions that affect women only, women predominately, and/or women differently than men. CWHR engages in multiple activities to carry out this mission including the following:

- Supporting individual investigators in designing studies, writing and submitting proposals
- Administering awarded grants
- Helping investigators find and develop the resources they need to conduct their research
- Conducting research with Center faculty members
- Mentoring junior investigators



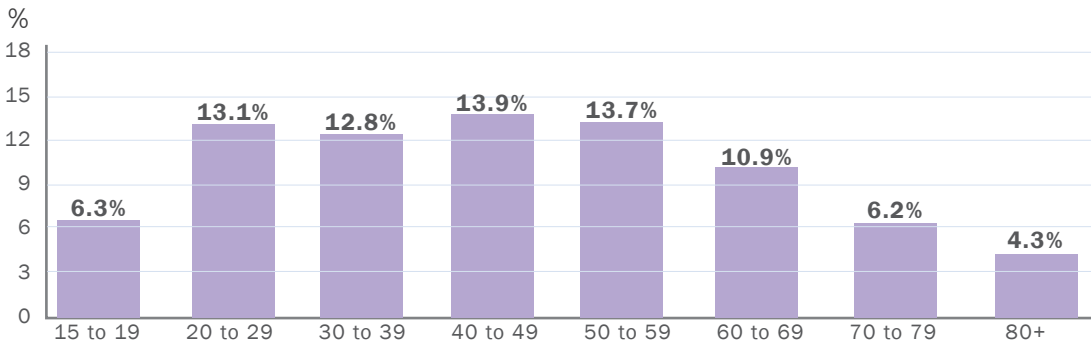
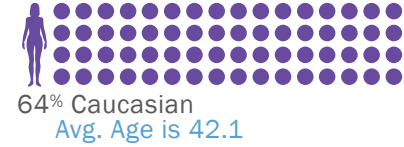
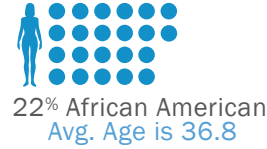
DEMOGRAPHICS

Total North Carolina Female Population

2012: 5,011,884

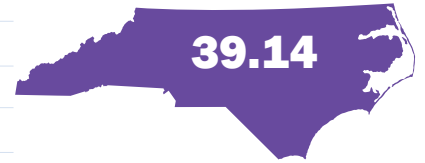
2020: 5,456,980

- In the past decade, the Caucasian demographic has slowly declined, while the Hispanic demographic has slowly increased. All other race/ethnicity demographics have demonstrated a consistent trend.
- The female Hispanic population is significantly younger than the female population as a whole.



AGE (CATEGORIES) BY PERCENT OF POPULATION

- Women are projected to outnumber men through 2020.



Average Age of North Carolina Women in 2012

Women and Family

38% Percentage of women with children

2.64 people

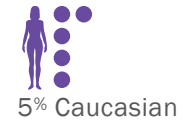
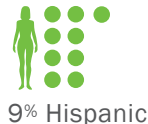
Average family size

Among those with children at home:

1.74 Number of children (per person)

.35 Number of children <5 (per person)

PERCENT OF WOMEN GIVING BIRTH IN PAST YEAR (AGES 15-50)



An expanded map of North Carolina with projected population changes and median ages is available on www.med.unc.edu/cwhr

ACKNOWLEDGEMENTS

The following UNC people were integral to the completion of this report card: Dr. Rebecca Tippet, Carolina Population Center; Dr. Penny Gordon-Larsen, Dr. Amy Herring, Dr. Jennifer Smith, and Catherine Sullivan, School of Public Health; Dr. Kim Boggess, Dr. Giselle Corbie-Smith, Dr. Susan Girdler, Dr. Hendree Jones, Dr. Samantha Meltzer-Brody, Dr. Wanda Nicholson, and Dr. Alison Stuebe, School of Medicine; Dr. Wendy Brewster, Jennifer Rumbach, and Dr. Heather Wasser, Center for Women's Health Research.

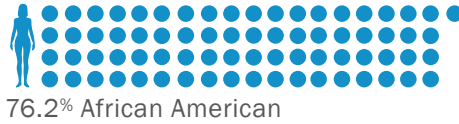


BARRIERS TO HEALTH

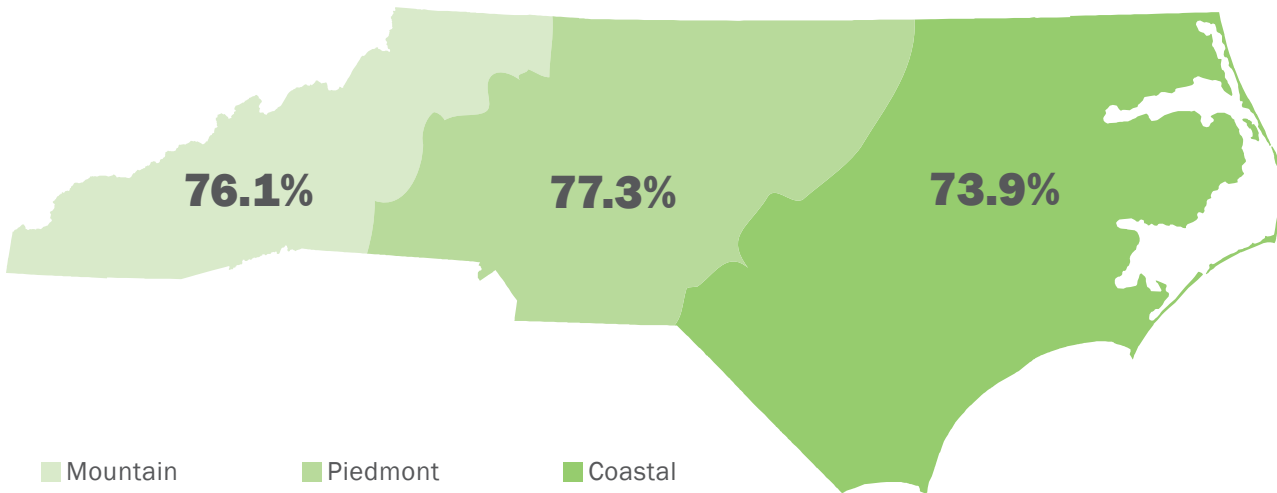
- Hispanic women are more likely to lack health insurance and live in poverty than any other racial/ethnic group.
- Though more women, than previous years, were unemployed in 2012, a greater number had health insurance.*

80.8% Employed women (ages 18 to 64) WITH health insurance

% EMPLOYED WOMEN (18-64) WITH HEALTH INSURANCE BY RACE/ETHNICITY



PERCENT OF WOMEN (<65) WITH HEALTH INSURANCE BY REGION



59% In the labor force (among women 16+)

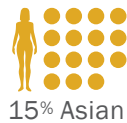
10% Unemployed (among women 16+ and in the labor force)

11% Near Poverty (100-150% FPL)

20% In Poverty

10% Extreme Poverty (<50% FPL)

% POVERTY BY RACE/ETHNICITY



*Comparisons pulled from 2012 North Carolina Women's Health Report Card

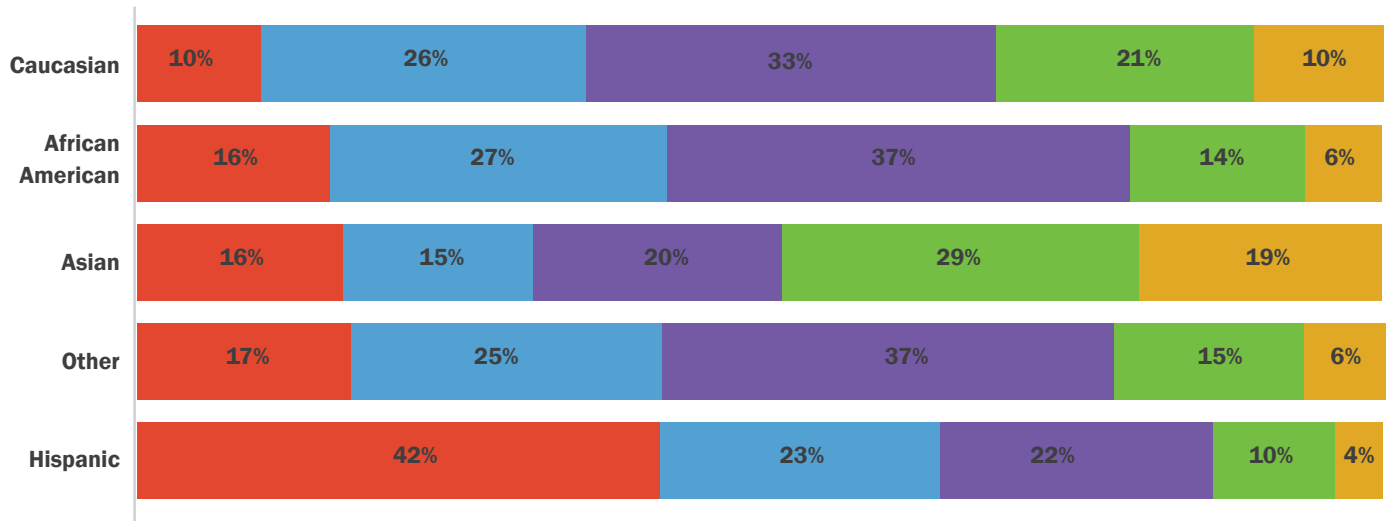


EDUCATION

EDUCATIONAL ATTAINMENT FOR NORTH CAROLINA WOMEN

■ Less than HS
 ■ HS/GED
 ■ Some College
 ■ Bachelors Degree
 ■ Masters or Higher

Data is for women ages 25 and over



•Among all women 25 and older, 13% did not have a high school diploma



•Among all women, 33% had attended some college but did not have a four-year degree



•19% of all women have a bachelor's degree



•9% of all women have a master's or more (Ph.D.s, MDs and JDs)

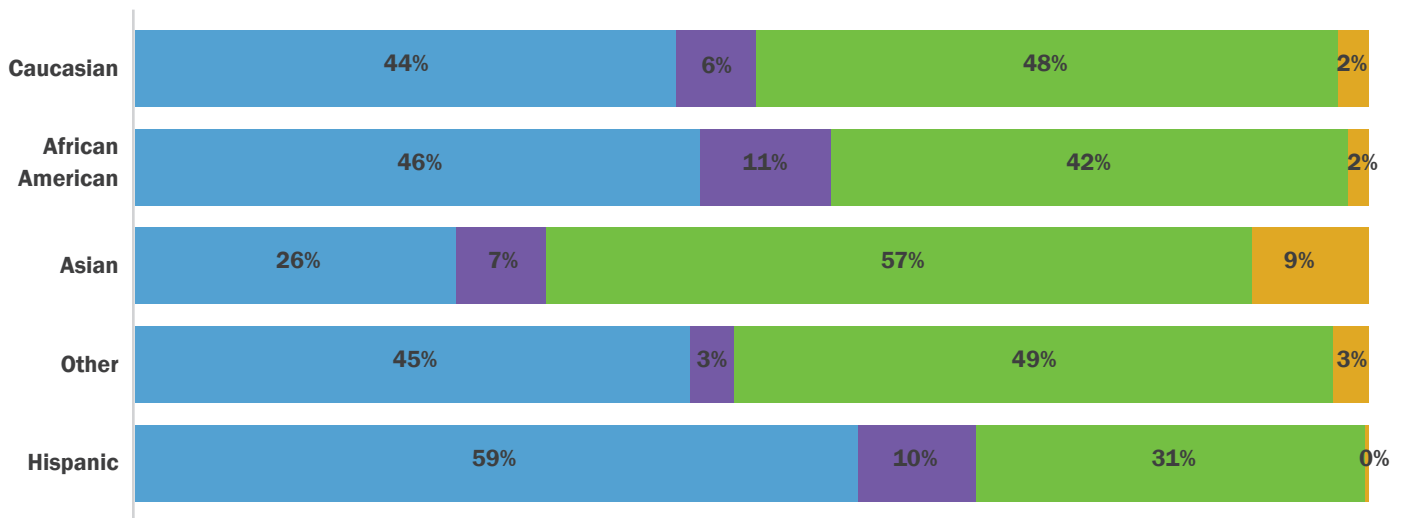


•Among women 18-24, 55% are currently enrolled in school

CURRENT SCHOOL ENROLLMENT FOR NORTH CAROLINA WOMEN

■ Not in School
 ■ Grades 5 to 9
 ■ College Undergraduate
 ■ Graduate or Professional Program

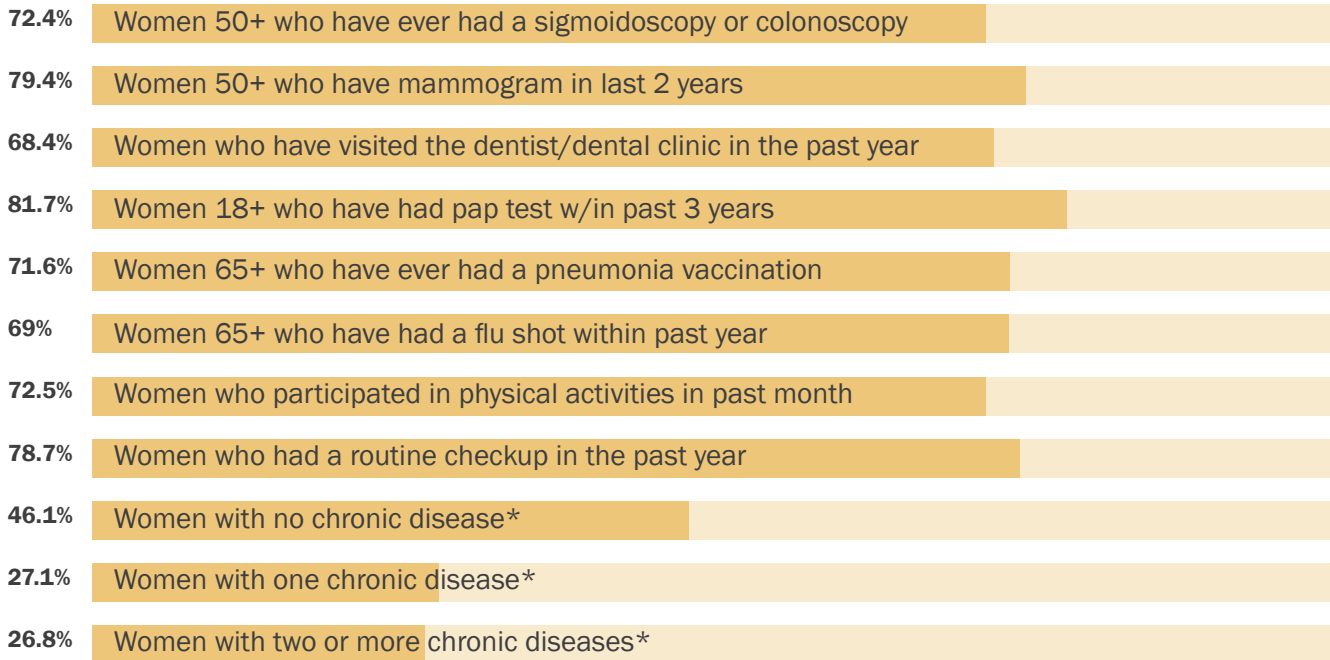
Data is for women ages 18 to 24





PREVENTATIVE HEALTH

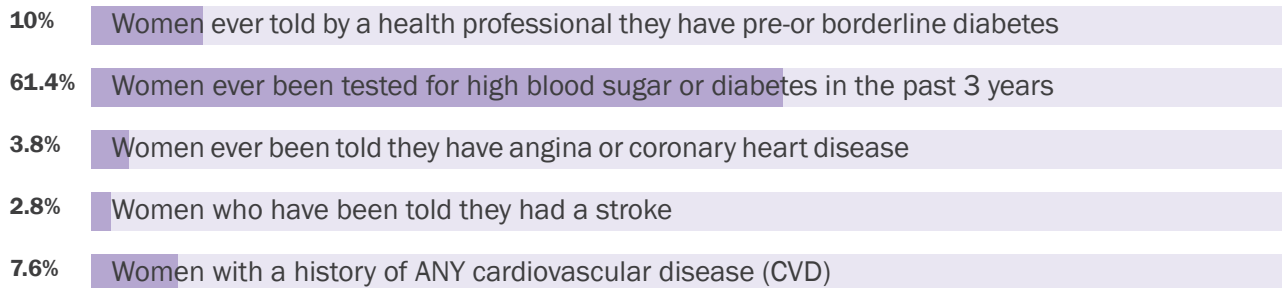
- Two thirds or more of women are receiving preventative health screenings. This may well contribute to the positive finding that 46.1% of women in NC are free of any chronic illness.
- North Carolina women exceeded the Healthy People 2020 goals for receiving mammograms, colonoscopy, and adequate dental care (target is 49%).



*Chronic disease: heart disease, asthma, cancer, COPD, arthritis, depression, kidney disease, diabetes



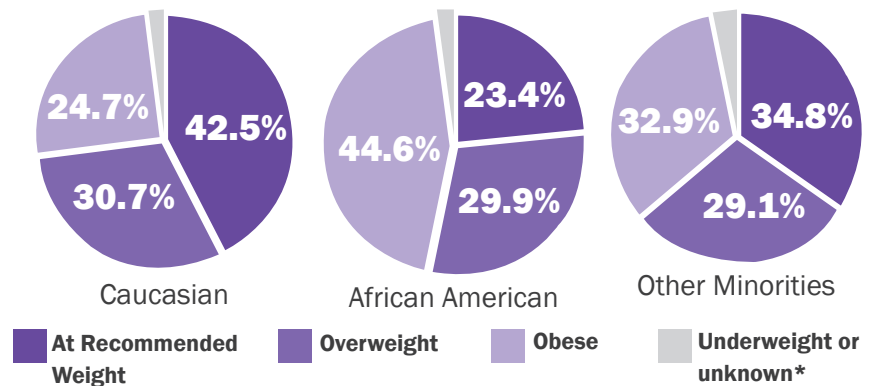
CARDIOVASCULAR DISEASE, OBESITY & DIABETES



•Obesity plays an important role in the risk factors for diabetes, cardiovascular disease, and stroke.

•Medical screenings and interventions continue to increase. Particular attention to lifestyle factors such as diet and physical activity have been shown to have a positive impact on weight data.

•CVD is the #1 killer of women, killing more women each year than all cancers combined. Rates are substantially higher in older women and women at higher risk for CVD, (such as those with obesity).

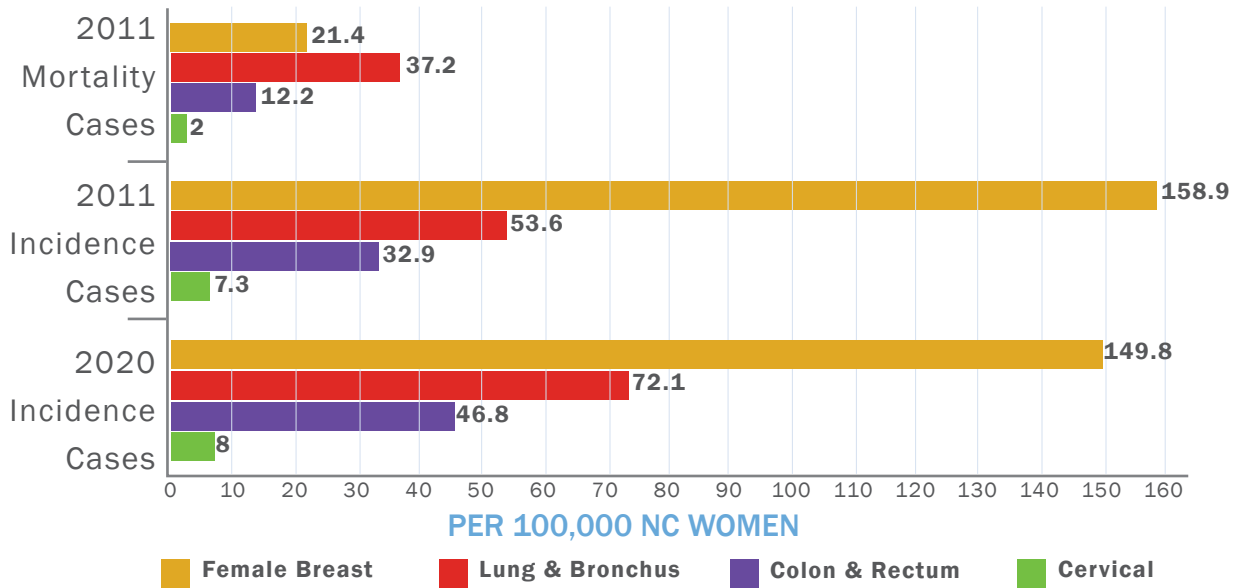


*The estimate for underweight data was suppressed because it did not meet statistical reliability standards.



CANCER

•Breast, lung and bronchus, colon and rectum, and cervical cancers remain the most common malignancies in North Carolina women. This trend is expected to continue through 2020.



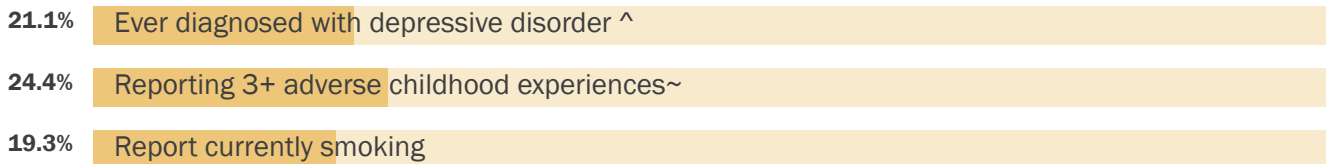
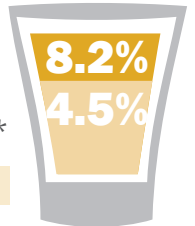
• Effective strategies exist for prevention and early detection of colorectal and cervical cancers.



MENTAL HEALTH & SUBSTANCE ABUSE

Participating in binge drinking*

Participating in heavy drinking*



^ Depression, major depression, dysthymia, or minor depression
 ~ Sexual abuse, living with someone who abuses drugs/alcohol, etc
 *Heavy drinking = >1 drink/day for females; Binge drinking = 5+ drinks on one or more occasions in the past month)

•Binge drinking and smoking rates for women in North Carolina exceed national averages and continue to underscore the need for effective prevention and treatments for women.

•One in four women report three or more adverse childhood experiences that may include childhood sexual abuse, living with someone who abuses drugs/alcohol. This suggests an increased need for vigilance in the safety of our children.



INFECTIOUS DISEASES

2012 HIV/AIDS/STDs cases across per 100,000 women

7.5	HIV	790.5	Chlamydia
5.4	AIDS	163.6	Gonorrhea
1.4			Syphilis

42.3%

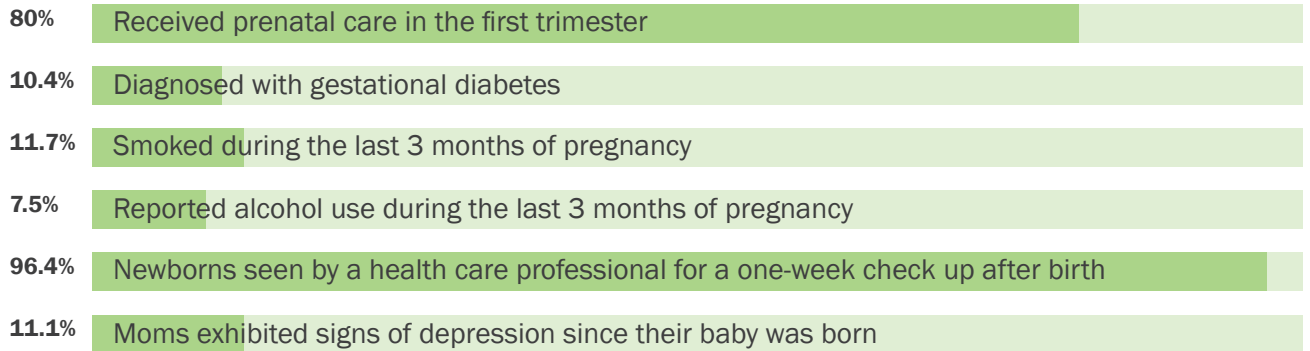
Percent ever tested for HIV

•North Carolina is well below the Healthy People 2020 goal of having 79.2% of all adolescents and adults tested for HIV.

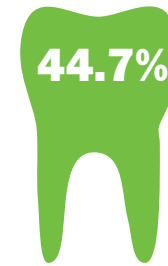
HIV/AIDS are new reported cases, STDs are total reported cases; Syphilis cases include Primary, Secondary and Early Latent



PERINATAL HEALTH



- North Carolina exceeds the Healthy People 2020 target for first trimester prenatal care.
- The percent of women receiving dental care during pregnancy is encouraging. A surge in pregnancy hormones can increase the risk of gingivitis and other oral diseases that may lead to health implications for the mother and fetus.
- Rates for initiating breast-feeding are comparative to the national average; however, by the eight-week mark the percent of mothers exclusively breast-feeding is well below the national average.



Percent who received dental care during pregnancy



Reasons cited for not breast-feeding:

20.2%	Other children to care for	10.2%	Tried but was too hard
13.6%	Was sick or on medicine	37.7%	Did not like breast-feeding
20.5%	Too many household duties	48.5%	Did not want to breast-feed
20.5%	Went back to work or school	11.2%	Other unspecified reasons
12.2%	Wanted body to herself		



INTIMATE PARTNER VIOLENCE

• Data on intimate partner violence (IPV) is challenging to quantify. Measurement tools vary in their definitions of IPV, making comparisons across groups and time difficult. Almost all of these measures rely on self-report which in turn depends upon accurate recall and willingness to report the violence.

4.2%

Percent pushed, hit slapped, kicked, choked, or physically hurt in 12 months prior to pregnancy

3.4%

Percent pushed, hit, slapped, kicked, choked, or physically hurt during pregnancy

- No amount of IPV is acceptable. IPV during pregnancy increases the risk of adverse birth outcomes with short and long-term complications for women.
- Studies demonstrate that children exposed to violence may be at risk for repeating those patterns in their adult years.

HEALTH RECOMMENDATIONS

2014 North Carolina Women's Health Report Card

Always consult with your doctor if you have a higher risk for any of the following conditions, or have concerns

RECOMMENDATIONS BASED ON AGE

18-39

40-49

50-64

65+

ALCOHOL USE

Excessive alcohol consumption can have social and medical implications. Studies have shown that alcohol use during pregnancy can result in long-term complications for the child.[^]

A standard drink is equal to 14.0 grams (0.6 ounces) of pure alcohol. Moderate drinking for women is defined as having up to 1 drink per day. Heavy drinking for women is defined as 8 or more drinks a week. Binge drinking for women is defined as 4 or more drinks within about 2 hours. Women who may become pregnant or who are pregnant should not drink alcoholic beverages.[^]

BLOOD PRESSURE TEST

Having high blood pressure means the pressure of the blood in your blood vessels is higher than it should be. This common condition increases the risk for heart disease and stroke, two leading causes of death for Americans.[^]

Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).
Get tested once a year if you have blood pressure between 120/80 and 139/89.
Discuss treatment with your doctor or nurse if you have blood pressure 140/90 or higher.*

BONE MINERAL DENSITY TEST

Osteoporosis or “porous bone” is a disease of the skeletal system characterized by low bone mass and deterioration of bone tissue. Osteoporosis leads to an increase risk of bone fractures typically in the wrist, hip, and spine.[^]

Discuss with your doctor or nurse if you are at risk of osteoporosis.*

Get this test at least once. Talk to your doctor or nurse about repeat testing.*

BREAST CANCER SCREENING

Breast cancer is the most common cancer among American women. A mammogram is utilized to detect cancer, however every woman should learn how to practice monthly self examinations.[^]

Discuss with your doctor or nurse.*

Starting at age 50, get screened every 2 years. Age 75 and older, ask your doctor or nurse if you need to be screened.*

BREAST-FEEDING

Breast-feeding results in improved infant and maternal health outcomes.[~]

Infants should be breast-fed exclusively up to six months. Appropriate foods may be introduced at 6 months and breast-feeding should be continued through 1 year or as mutually desired by mother and infant.[~]



RECOMMENDATIONS BASED ON AGE

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65+

CERVICAL CANCER SCREENING

The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.[^]

Get a Pap test every 3 years if you are 21 or older and have a cervix. If you are 30 or older, you can get a Pap test and HPV test together every 5 years.*

Get this test at least once. Talk to your doctor or nurse about repeat testing.*

CHLAMYDIA TEST

Chlamydia is the most commonly reported STD in the United States. Although it is easy to cure, chlamydia can make it difficult for a woman to get pregnant if left untreated.[^]

Get tested for chlamydia yearly through age 24 if you are sexually active or pregnant. Age 25 and older, get tested for chlamydia if you are at increased risk, pregnant or not pregnant.*

CHOLESTEROL TEST

Excess cholesterol can build up within the arteries and lead to heart disease.[^]

Starting at age 20, get a cholesterol test regularly if you are at increased risk for heart disease. Ask your doctor or nurse how often you need your cholesterol tested.*

COLORECTAL SCREENING

Detects the presence of precancerous polyps—abnormal growths in the colon or rectum. Screening helps find colorectal cancer at an early stage, when treatment often leads to a cure.[^]

Starting at age 50 through age 75, get screened for colorectal cancer. Talk to your doctor or nurse about which screening test is best for you and how often you need it.*

DENTAL VISITS

Regular dental visits aide in the prevention and detection of tooth decay, oral cancers, and other diseases.[^]

Visit your dentist regularly, particularly if you are planning on getting pregnant or are pregnant.**

DIABETES SCREENING

Diabetes is a disease in which blood glucose levels are above normal. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations.[^]

Get screened for diabetes if your blood pressure is higher than 135/80 or if you take medicine for high blood pressure.*



RECOMMENDATIONS BASED ON AGE

18-39

40-49

50-64

65+

EATING WELL

Visit ChooseMyPlate.gov to learn about healthy eating habits, weight loss and maintenance and more. Guidelines for pregnant or breastfeeding women are included.

Visit ChooseMyPlate.gov to learn about healthy eating habits, weight loss and maintenance and more. Guidelines for pregnant or breast-feeding women are included.

GONORRHEA TEST

Gonorrhea is a sexually transmitted disease which, if left untreated, can cause serious health problems.

Get tested for gonorrhea if you are sexually active and at increased risk, pregnant or not pregnant.*

Get tested for gonorrhea if you are sexually active and at increased risk.*

HEALTH INSURANCE

The Affordable Care Act requires most U.S. citizens and legal residents to have health insurance. Speak to your employer, or visit www.healthcare.gov to learn about Marketplace or Medicaid/CHIP coverage.

HIV TEST

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome, or AIDS.^

Get tested for HIV at least once. Discuss your risk with your doctor or nurse because you may need more frequent tests. All pregnant women need to be tested for HIV.**

Get tested for HIV at least once. Discuss your risk with your doctor or nurse because you may need more frequent tests.*

HPV VACCINE

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. HPV can lead to health problems like genital warts and cancer^

All girls ages 11 or 12 years should get vaccinated. Catch-up vaccines are recommended through age 26. ^

INFLUENZA VACCINE

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. ^

Everyone over six months of age should be vaccinated each year. CDC does not recommend one flu vaccine over the other. The proper vaccine will be determined by your healthcare provider based on your age and health status. ^



RECOMMENDATIONS BASED ON AGE

18-39

40-49

50-64

65+

INTIMATE PARTNER VIOLENCE

Abuse is never acceptable. Visit www.thehotline.org, call 800-799-SAFE (7233), or speak to a trusted medical provider to learn more about getting help.

PHYSICAL ACTIVITY

Adults who are physically active are healthier and less likely to develop many chronic diseases than adults who are inactive. They also have better fitness, including a healthier body size and composition.#

Perform 150 minutes of moderate intensity aerobic physical activity each week. Also do muscle-strengthening activities on at least 2 days each week. Currently inactive adults should work up to the recommended guidelines. #

Women 65 and older should remain physically active. Discuss a plan with your doctor or nurse.#

PNEUMOCOCCAL VACCINE

The major types of pneumococcal disease are pneumonia (lung infection), bacteremia (blood infection), and meningitis (infection of the covering of the brain and spinal cord). Less severe clinical diseases include ear and sinus infections. An estimated 5-7% of the population die from it each year.^

Discuss with your doctor or nurse to see if you are at a high risk of pneumococcal disease. ^

All adults 65 and older should receive the vaccine.^

SYPHILIS TEST

Syphilis is a sexually transmitted disease that can have very serious complications when left untreated.^

Get tested for syphilis if you are at increased risk or pregnant.*

Get tested for syphilis if you are at increased risk.*

*Women's Health.gov

^ CDC

~American Academy of Pediatrics

#National Guidelines on Physical Activity

**American Dental Association



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