

2016 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

...advancing women's health through research



View the expanded data-set, county-level information,
health recommendations & more at www.med.unc.edu/cwhr



DEMOGRAPHICS 2014

The state's female population is steadily growing and women are projected to outnumber men through 2020.



3% Other
Avg. Age is 28.7



2% Asian
Avg. Age is 34.1



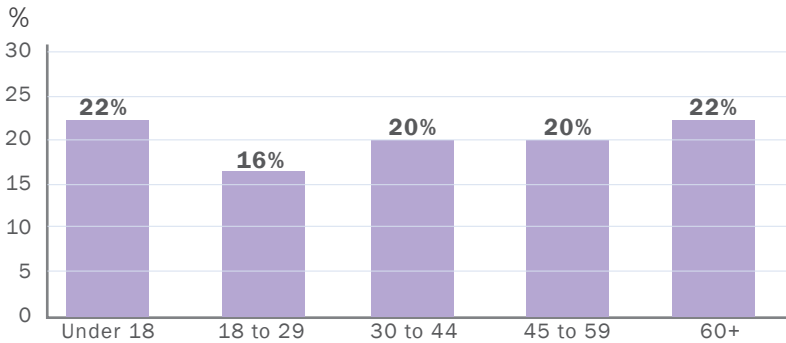
8% Hispanic
Avg. Age is 26.3



22% African American
Avg. Age is 37.3



64% Caucasian
Avg. Age is 42.6



AGE (CATEGORIES) BY PERCENT OF POPULATION

Overall, the median age is increasing, particularly among Caucasian women who have an average age of 42.6. Asian and Hispanic women in NC have an average age of 28.7 and 26.3 respectively, and represent the youngest segments of the population.

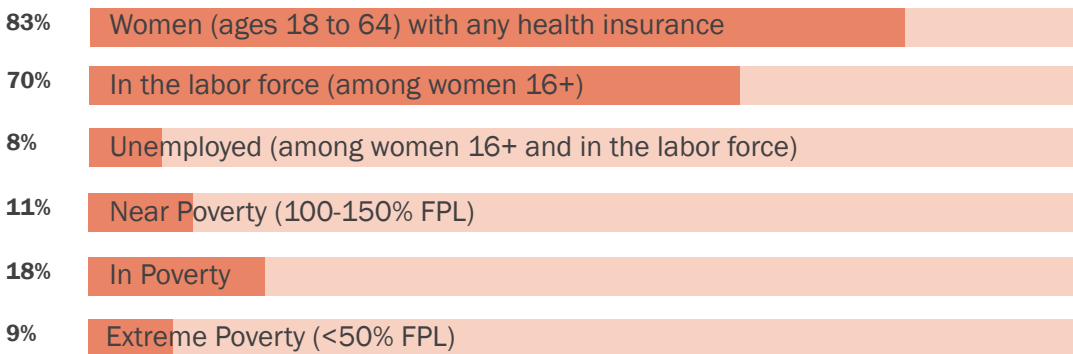
The average life expectancy, at birth, is 80.7 in NC, while the national average is 81.



BARRIERS TO HEALTH 2014

On the whole, the economy is improving in North Carolina, which brings health benefits. However, we are still far from pre-recession levels.

There is an overall improvement in insurance status that doesn't seem to be attributed to employer sponsored insurance or Medicare/Medicaid. However, minority women are 1.82 times as likely to have lacked health insurance at some point in the past year compared to Caucasian women.



African American women were 1.24 times as likely to have not seen a doctor due to cost in the past year as Caucasian women. Despite this, African American women also report higher rates of medical debt than any other group. Other minority women cited not seeing a doctor in the past year due to cost 1.95 times more than Caucasian women.

% POVERTY BY RACE/ETHNICITY



28% Other



13% Asian



32% Hispanic



27% African American



14% Caucasian

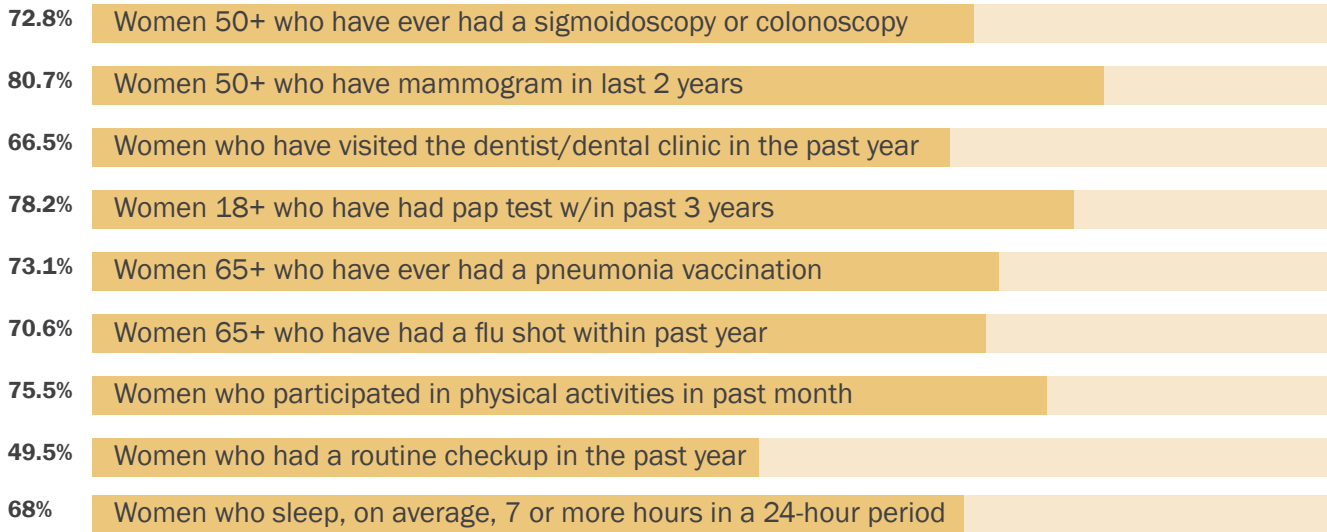
ACKNOWLEDGEMENTS

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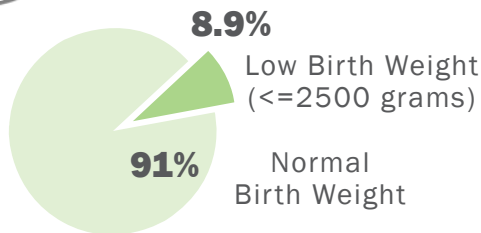


PREVENTATIVE HEALTH 2014

- North Carolina women are exceeding Healthy People 2020 targets for colorectal screenings.
- The number of Caucasian women aged 50-74 who reported receiving a mammogram in the past two years (80.9%) is almost at the Health People 2020 target of 81.1%. African American women in North Carolina exceed the target (81.3%).
- Dental care is a weakness for all women, but particularly non-Caucasian women.



PERINATAL HEALTH 2014



• Reliable data for North Carolina with an adequate sample size has remained unavailable since 2011. Previous data and comments are available from the 2011 PRAMS Survey.

• More North Carolina babies are born with a low birth weight (8.9%) than the Healthy People 2020 target of 7.8%. African American women were more likely than other ethnicities to experience premature birth, and have babies with a lower birth weight. Preterm birth and low birthweight can both have lifelong implications for the health and well-being of families.



Premature Birth (<37 weeks)
11.4%



INTIMATE PARTNER VIOLENCE 2011

• 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

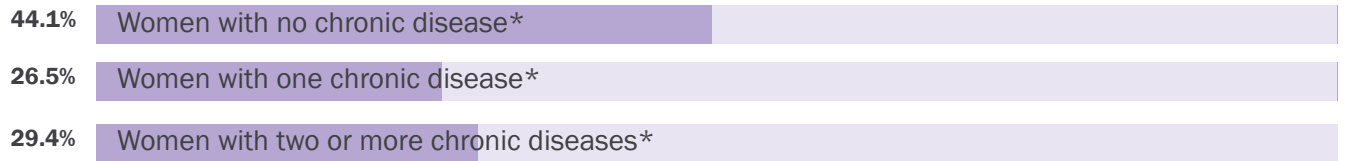
• No amount of IPV is acceptable. IPV during pregnancy increases the risk of adverse birth outcomes with short and long-term complications for women.

• Studies demonstrate that children exposed to violence may be at risk for repeating those patterns in their adult years.



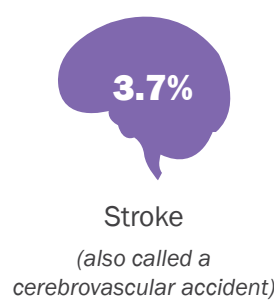
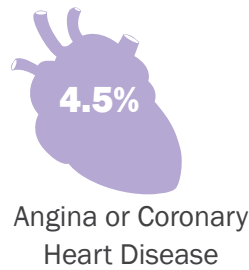
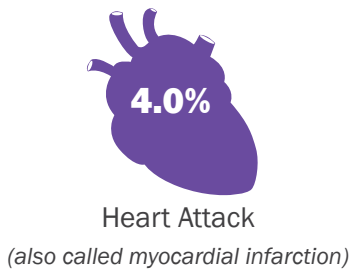
CHRONIC DISEASE 2014

- After age 65, over half of North Carolina women are living with two or more chronic diseases. Chronic disease has a negative impact on the overall physical, mental, and financial well-being of women. Those with one chronic disease are at a higher risk of developing other chronic diseases.
- Obesity plays an important role in the risk factors for chronic diseases like 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.

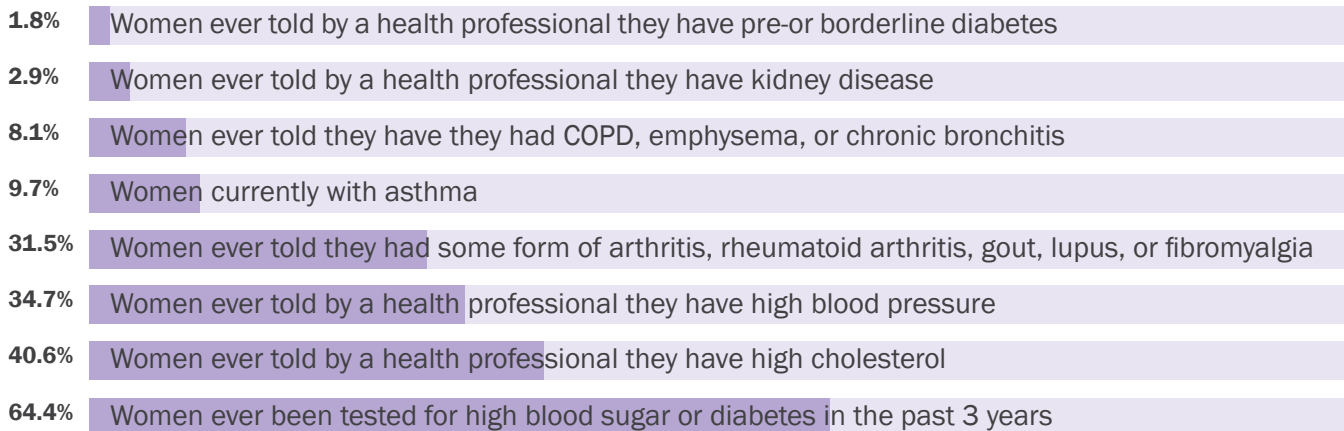


*Chronic disease: heart disease, asthma, cancer, COPD, arthritis, depression, kidney disease, diabetes

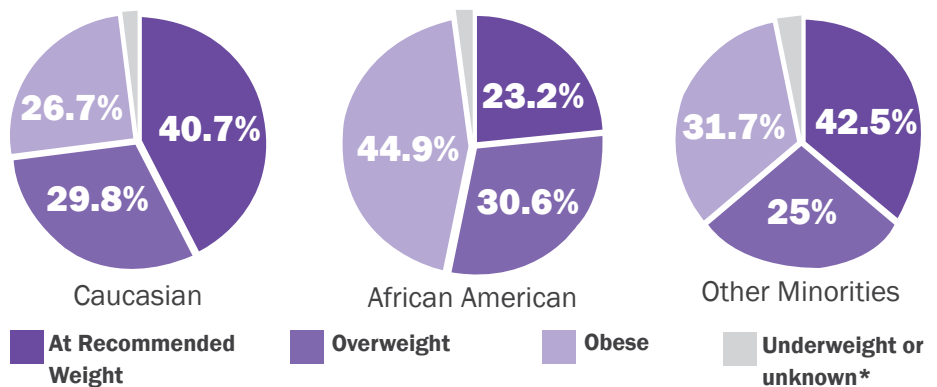
% OF WOMEN EVER TOLD BY A HEALTH PROFESSIONAL THEY HAVE HAD A



• Heart disease is the number one killer of women. While it is a serious concern for women of all ages, rates of heart disease increase dramatically between age groups 55-64, 65-74, and 75+. Women should strive to maintain a healthy weight and diet while engaging in exercise to decrease their risk of heart disease.



•African American women are nearly twice as likely as Caucasian women to meet criteria for obesity. This is undoubtedly a major contributor to the finding that 45% of the state's African American women have been diagnosed with high blood pressure, and diabetes. It also reflects their increased risk for metabolic disorders, such as diabetes. Importantly, 69.5% of African American women are being appropriately screened for diabetes.

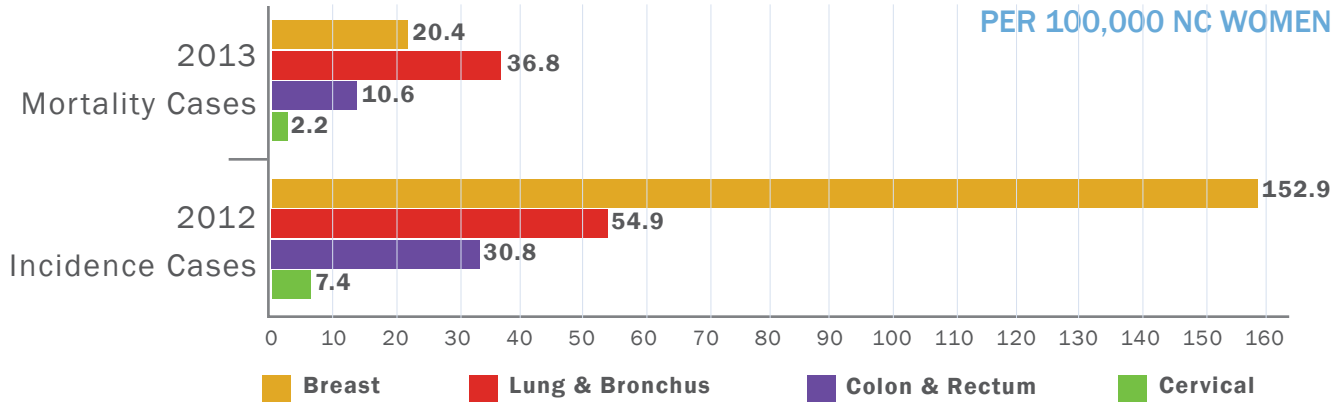


*The estimate for underweight data was suppressed because it did not meet reliability standards.

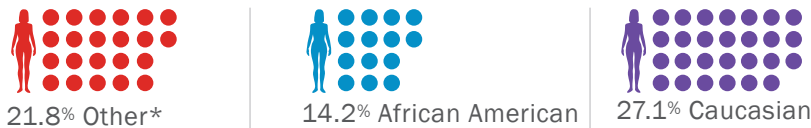


CANCER 2013, 2012

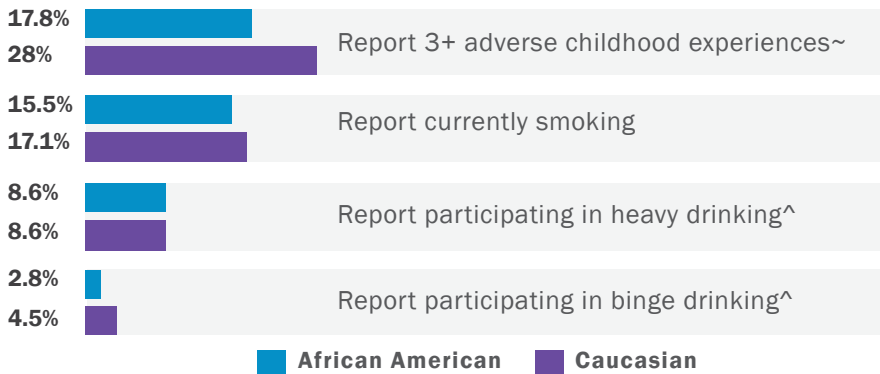
- Effective strategies exist to combat the four most prevalent cancers amongst the state's women, including education on lifestyle, activities, HPV vaccination, and screenings for breast, colorectal, and cervical cancer.
- Minority women are 1.4 times as likely to die of breast cancer as Caucasian women, and twice as likely to die of cervical cancer.



MENTAL HEALTH & SUBSTANCE ABUSE 2014



PERCENT OF WOMEN EVER DIAGNOSED WITH DEPRESSIVE DISORDER



• Smoking continues to be a big problem for Caucasian women, more than women of any other race.

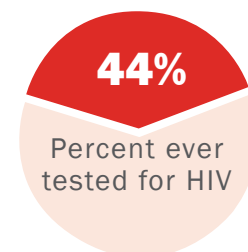
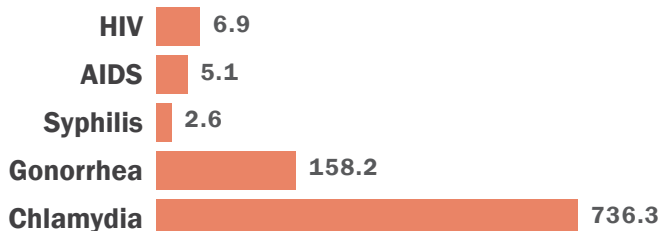
• One in four North Carolina women reported three or more adverse childhood experiences. This rate is higher than national averages and should be an area to highlight for intervention efforts. The data underscores not only the prevalence and problem of childhood adversity, but that it cuts across all socioeconomic and racial divides. Depression in later life is a common consequence of childhood adversity.

*Includes Hispanic, Asian, Native American and Other identifying ethnicities. Depressive disorder includes 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



INFECTIOUS DISEASES 2014

HIV/AIDS/STDS CASES PER 100,000 WOMEN



• North Carolina continues to be well below the Healthy People 2020 goal of having 73.6% 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

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. Topical areas, such as perinatal health and breastfeeding last had reliable PRAMS reporting data in 2011. For this reason the 2016 North Carolina Women's Health Report Card is a mix of data ranging from 2011-2014. 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 2014 HIV/STD Surveillance Report; NC Office of State Budget and Management Population, Census, Economic, and Social Statistics Publications; Pregnancy Risk Assessment Monitoring System (PRAMS)



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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