

2018 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 the health of women through research*



PREVENTATIVE HEALTH

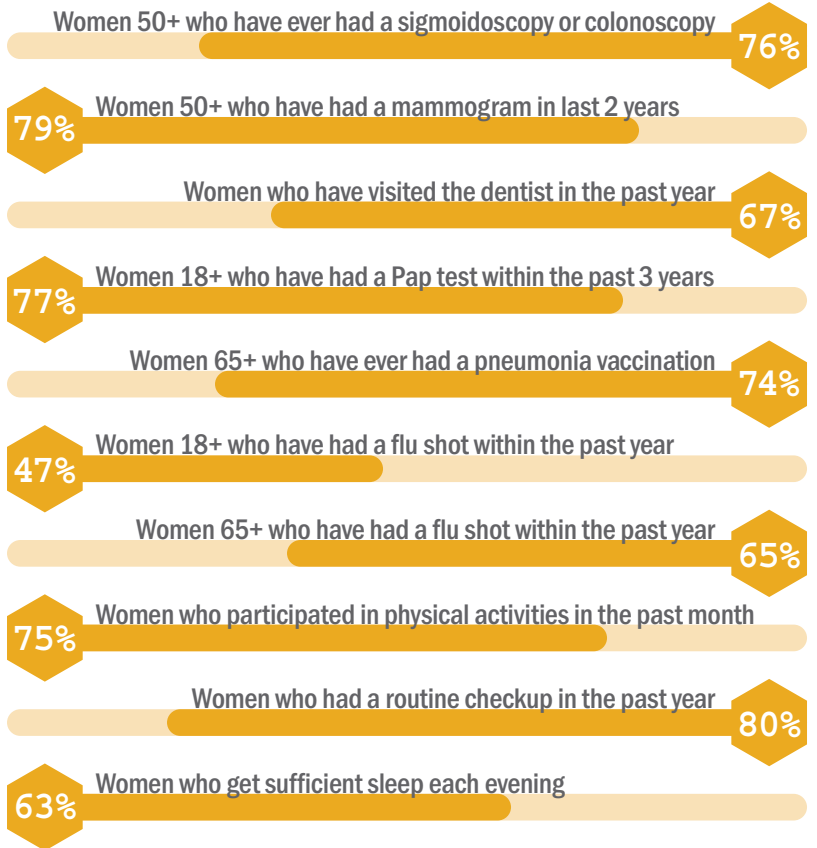
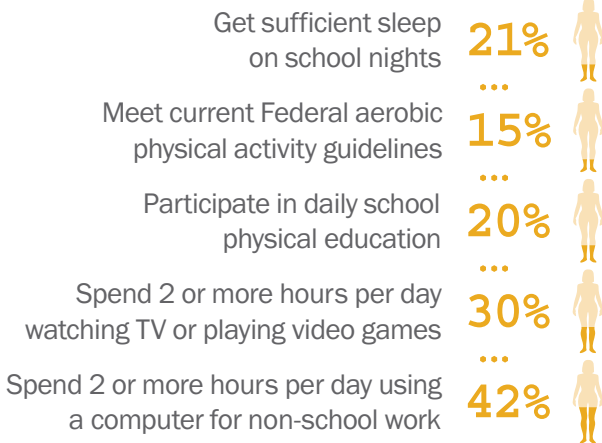
2016

• The number of African American women in NC aged 50-74 who reported receiving a mammogram in the past two years (84%) exceeds the Healthy People 2020 target of 81.1%. Caucasian women are almost at that target at 79%. BRFSS sample size for 2016 was too small for information on other minority groups.

• North Carolina women are exceeding Healthy People 2020 targets for colorectal screenings.

2015 Youth Risk Behavior Surveillance System

Female high school students (9th-12th) who:



• Dental care is a weakness for all women, but particularly African American women.

• 75% of women participated in physical activity outside of their work but we do not know if that is once a month or 5 times a week.



PERINATAL HEALTH

2015

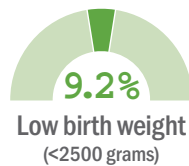


10.4%

Premature Birth (<37 Weeks)

• PRAMS 2015 response rate fell short of the 55% rate that PRAMS has regarded as the epidemiologically valid threshold.

• More NC babies are born with a low birth weight (9.2%) than the Healthy People 2020 target of 7.8%. African American women are more likely than other ethnicities to experience premature birth and have babies with a lower birth weight. Preterm birth and low birth weight can have lifelong implications for the health and well-being of families.



INTIMATE PARTNER VIOLENCE

2015

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

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

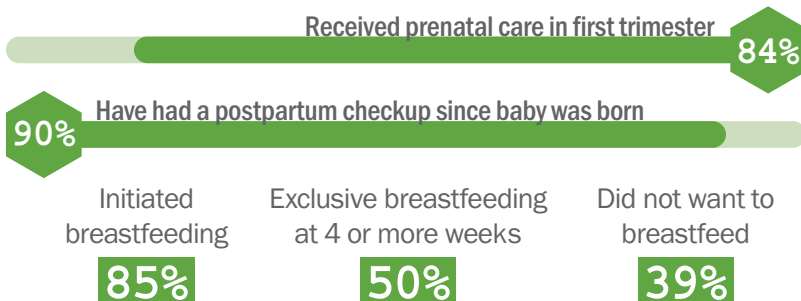
• Studies demonstrate that children exposed to violence may be at risk for repeating those patterns in their adult years.

1.3%

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

2.1%

Report being pushed, hit, slapped, kicked, choked, or physically hurt during pregnancy





CHRONIC DISEASE 2016

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

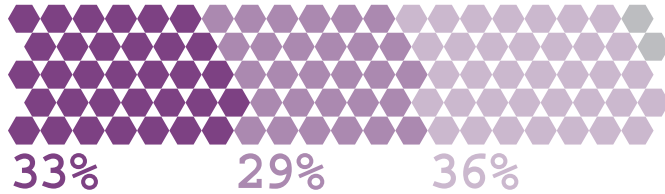
• After age 65, over half of North Carolina women are living with two or more chronic diseases. Chronic disease has a negative impact on the overall physical, mental, and financial well-being of women. Those with one chronic disease are at a higher risk of developing other chronic diseases.

• 62% of women are overweight or obese. Obesity plays an important role in the risk factors for chronic diseases such as diabetes, cardiovascular disease, arthritis, and stroke. Particular attention to lifestyle factors such as diet and physical activity have been shown to have a positive impact on weight data.

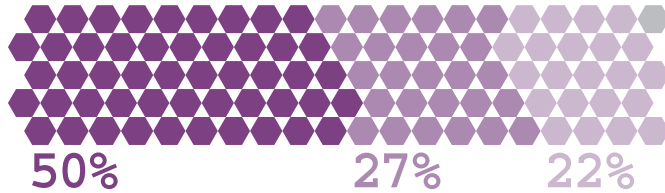
Obesity



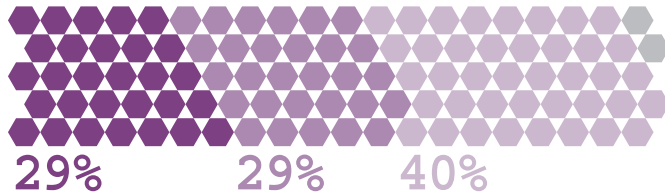
All Women



African American Women

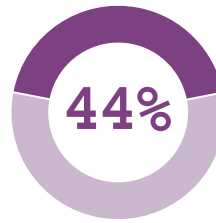


Caucasian Women

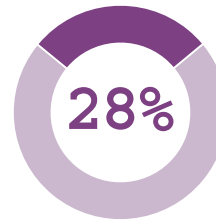


• African American women are nearly twice as likely as Caucasian women to meet criteria for obesity. This is undoubtedly a major contributor to the finding that 47% of the state's African American women have been diagnosed with high blood pressure. It also reflects their increased risk for metabolic disorders such as diabetes. Importantly, 71% of African American women are being appropriately screened for diabetes.

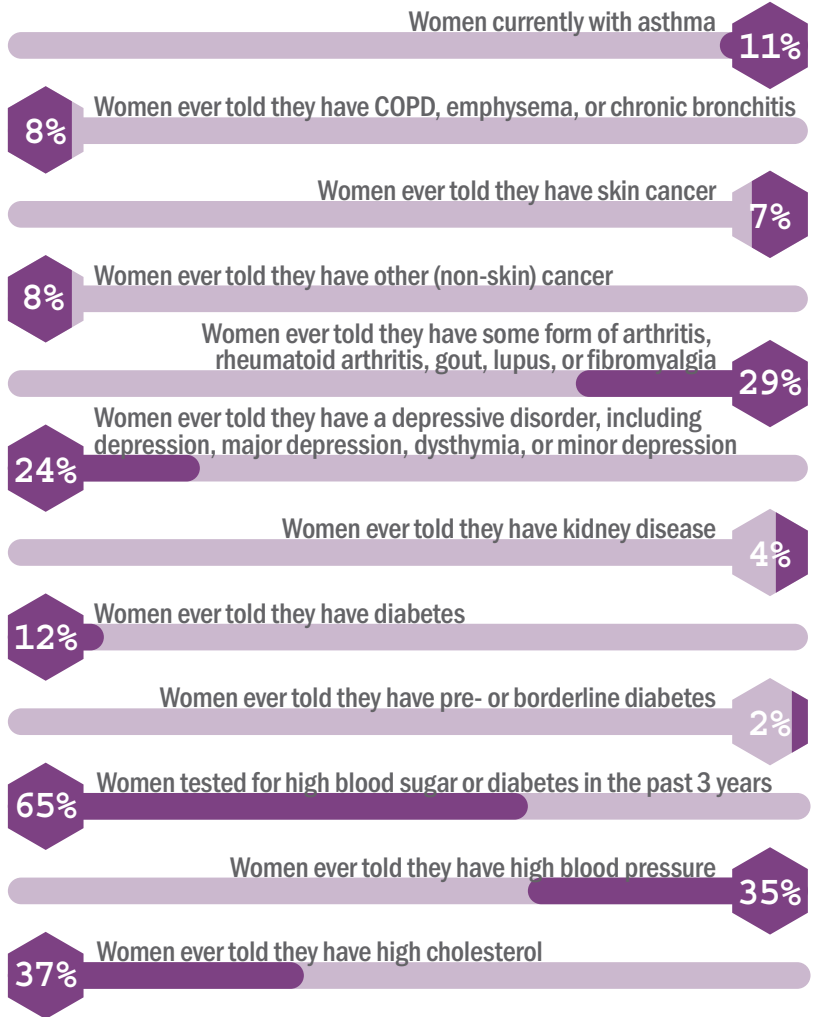
Women with no chronic diseases



Women with 1 chronic disease



Women with 2 or more chronic diseases



• 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.

Percent of women who have had:

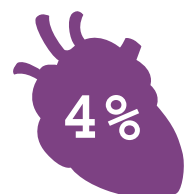
A Heart Attack



A Stroke



Angina or Coronary Heart Disease



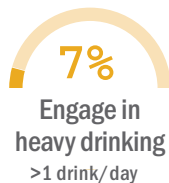


MENTAL HEALTH & SUBSTANCE ABUSE

2016

• One in four NC women has been diagnosed with a depressive disorder and, unlike other chronic conditions, the rate of depression does not increase with age. So, even among young women, almost a quarter have suffered from some form of depression. Stressful life events contribute to both mental and physical illness. Assessing current stressful events as part of a clinical history may improve the clinical care and outcomes for women in NC and beyond.

24% of NC women have been diagnosed with depression, minor depression, dysthymia, or major depression



Women reporting 3+ adverse childhood experiences (abuse, traumatic stress, living with a drug/alcohol abuser)

All Women
27%

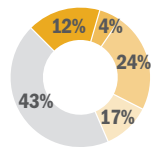
African American Women
18%

Caucasian Women
28%

• A quarter of 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 underscore 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.

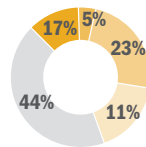
Cognitive Decline

Frequency with which women need assistance with day-to-day activities as a result of memory loss



Always
Usually
Sometimes
Rarely
Never

Frequency with which cognitive decline has interfered with ability to work, volunteer, or engage in social activity outside the home



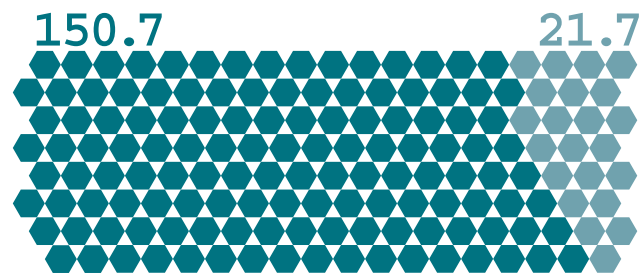
CANCER

2015

• 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.

Cases per 100,000 NC women

Incidence Mortality



Breast



Lung & Bronchus



Colon & Rectum



Cervix

• Although the incidence rates are nearly identical, minority women are 1.5 times as likely to die of breast cancer as Caucasian women and twice as likely to die of cervical or uterine cancer.



INFECTIOUS DISEASE

2016



• North Carolina continues to be well below the Healthy People 2020 goal of having 73.6% of all adolescents and adults tested for HIV. African American women are nearly twice as likely to have been tested (57%) as Caucasian women (33%).

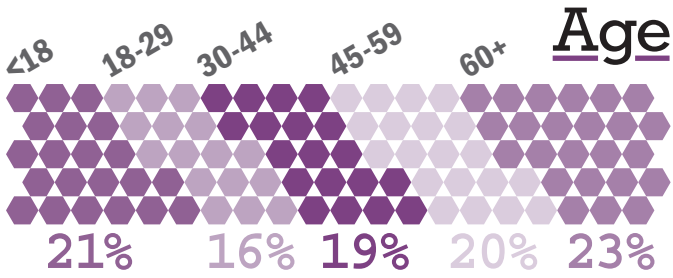
Cases per 100,000 NC women

HIV/AIDS are new reported cases, STIS are total reported cases

	HIV	AIDS	Syphilis	Gonorrhea	Chlamydia
All (Average)	6	4	5	183	789
Caucasian	2	1	2	42	229
African American	19	14	16	382	1,196
Hispanic	5	3	2	61	638
Asian/Pacific Islander	8	3	1	13	144
Native American	2	4	5	240	977



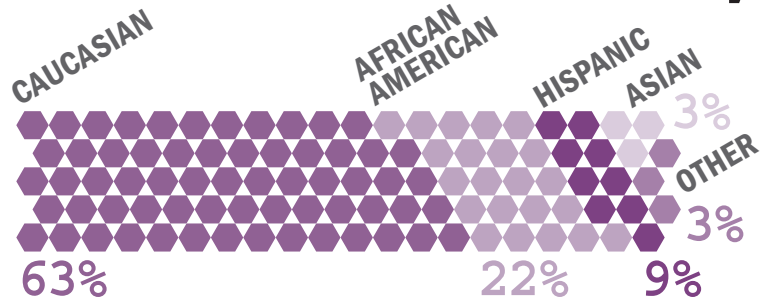
DEMOGRAPHICS 2016



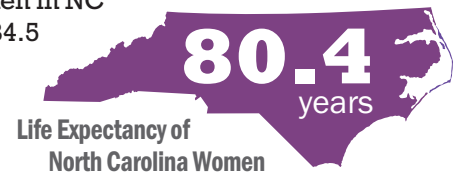
Average Age



Ethnicity



- The state's female population is steadily growing and women are projected to outnumber men through 2020.
- Overall, the median age is increasing, particularly among Caucasian women, who have an average age of 43.1. Asian and Hispanic women in NC have an average age of 34.5 and 27 respectively, and represent the youngest segments of the population.



EMERGING ISSUES 2016

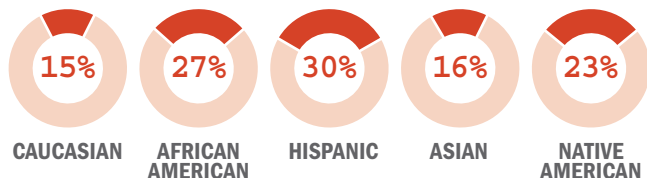
4,183

Homeless NC Women (2015)

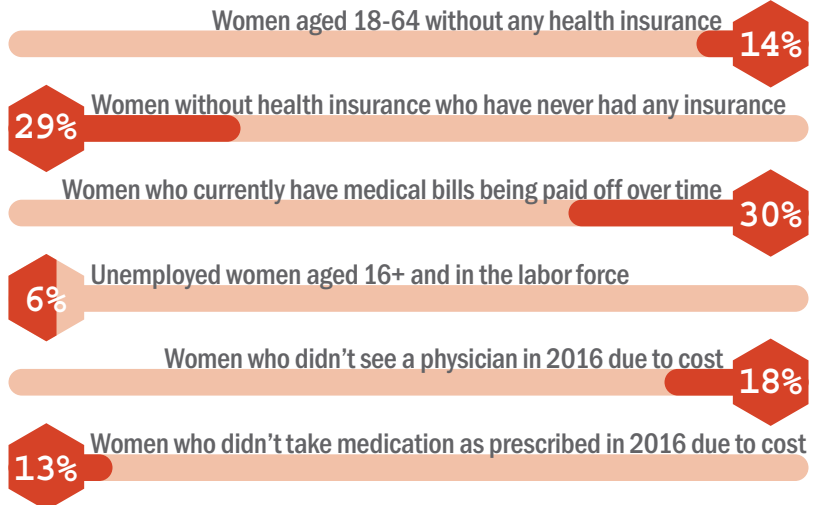
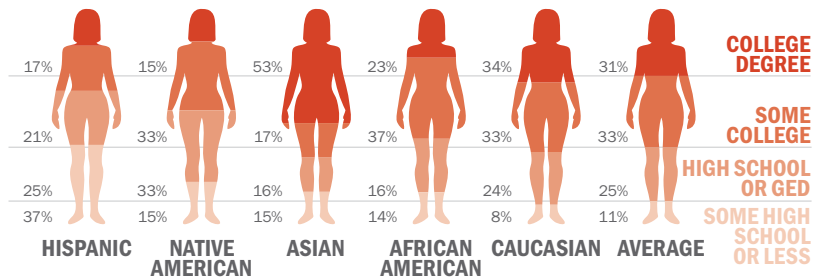
• It is disheartening that 30% of NC women live in poverty with an additional 10% near poverty – a trend that has remained relatively constant over the past 10 years. Consistent with national data, NC women of color are more likely to live in poverty, particularly African American women, who have nearly twice the poverty rate (27%) of Caucasian women (15%). In contrast, Caucasian women are 1.5 times more likely to have experienced 3 or more adverse childhood experiences (28%) than African American women (18%). Although the nature of adversity may differ by race, these data underscore that about 1 in 4 women residing in North Carolina experience significant stress at some point in their life.



Poverty by Race/Ethnicity



Educational Attainment



• Almost 1 in 5 women did not see a physician in the past 12 months due to cost. African American women were 1.5 times as likely to have not seen a doctor as Caucasian women. Despite this, African American women also report higher rates of medical debt than any other group.

• Only three states (Texas, Alaska, and Nevada) have higher percentages of uninsured women than NC.

View the expanded data set, county-level information, health recommendations, and more at cwhr.unc.edu.

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 more. Carolina Demography may be contacted at demography@unc.edu or by visiting their website, 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 2015 data. Topical areas, such as perinatal health and breastfeeding last had reliable PRAMS reporting data in 2015. For this reason the 2018 North Carolina Women's Health Report Card is a mix of data ranging from 2015-2016. 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, health care access, and where we live are known direct and indirect determinants of health outcomes and vary by racial/ethnic status. Few sources of health data record these types of socioeconomic variables, though most 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 2016 HIV/STD Surveillance Report; NC Office of State Budget and Management Population, Census, Economic, and Social Statistics Publications; Pregnancy Risk Assessment Monitoring System (PRAMS)

Acknowledgements

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UNIVERSITY of NORTH CAROLINA

CENTER FOR WOMEN'S HEALTH RESEARCH

For the past 14 years the Center for Women's Health Research (CWHR) at the University of North Carolina at Chapel Hill has produced and distributed the North Carolina Women's Health Report Card biennially. 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 women's health. CWHR uses this information to help guide our Core areas of research and it is our hope that this information will be utilized by the Legislature, media, fellow researchers, community organizations, and general public to guide their own decision-making processes.

CWHR's mission is to improve the health of women 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 avenues to carry out this mission, including:

- Facilitating the creation of multidisciplinary research endeavors
- Supporting individual investigators in designing studies, writing, and submitting proposals
- Administering awarded grants
- Conducting research with Center faculty members
- Mentoring junior investigators



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