

2020

NORTH CAROLINA

WOMEN'S HEALTH

REPORT CARD

*A progress report on women's health
and their health care needs*



SCHOOL OF MEDICINE

Center for
Women's Health
Research

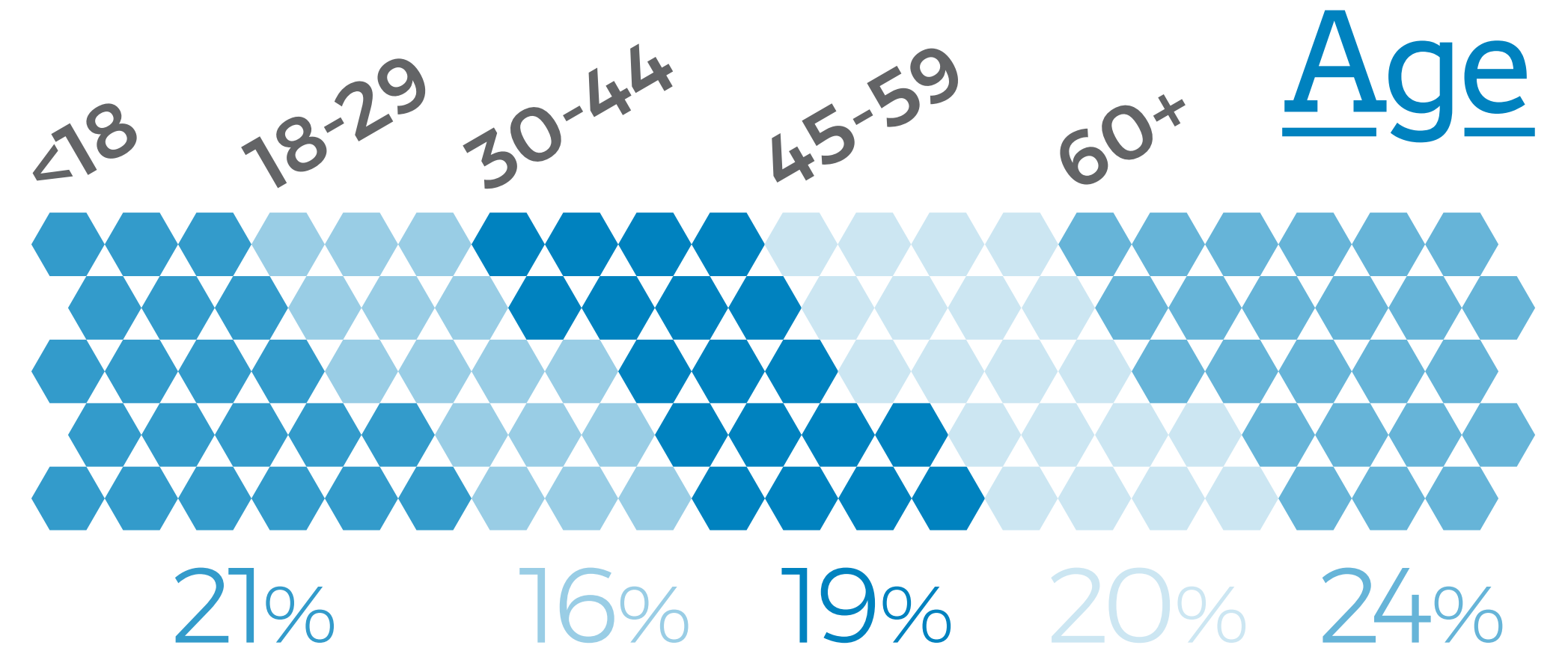
... advancing the health of women through research



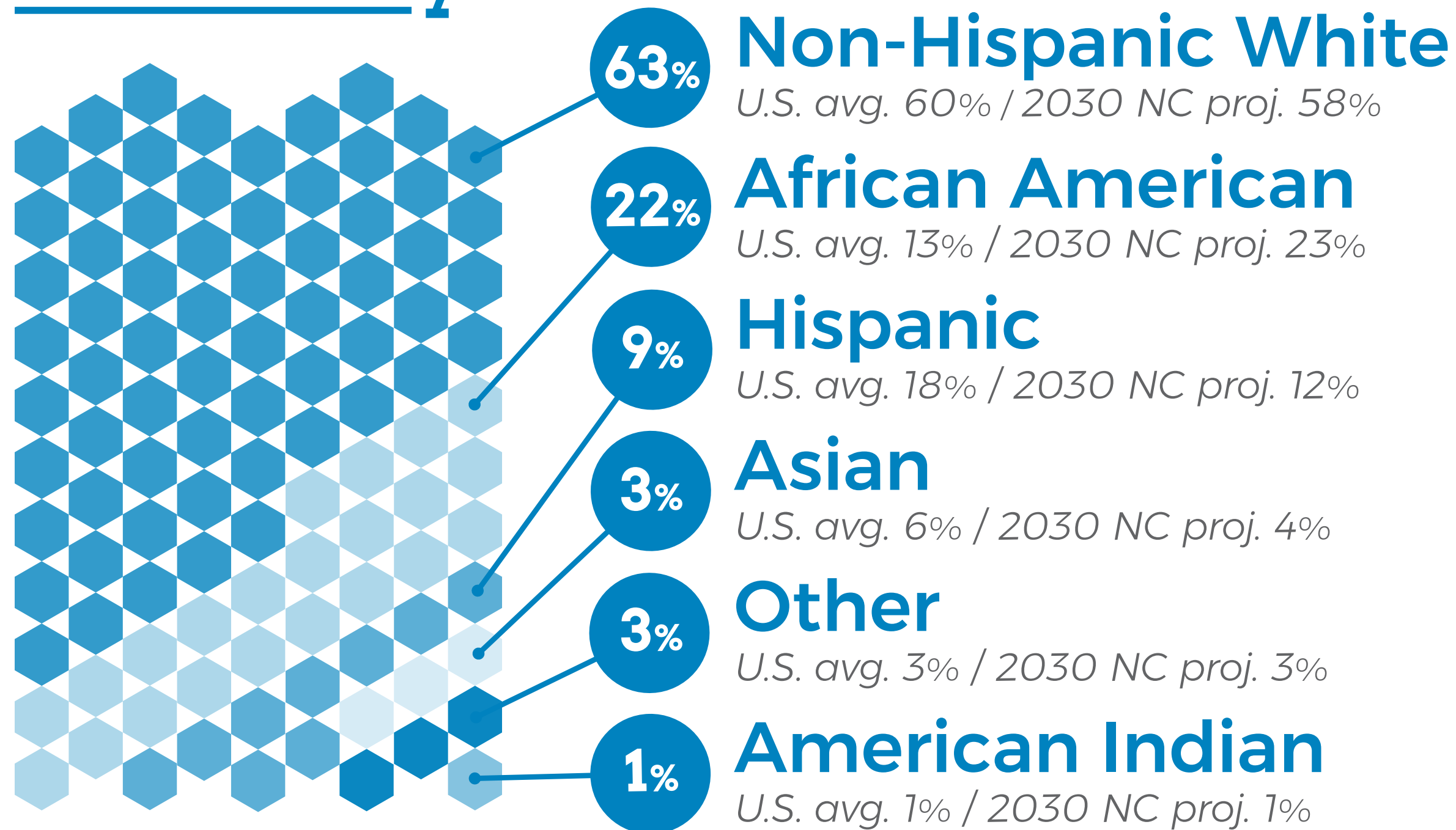
DEMOGRAPHICS

2017

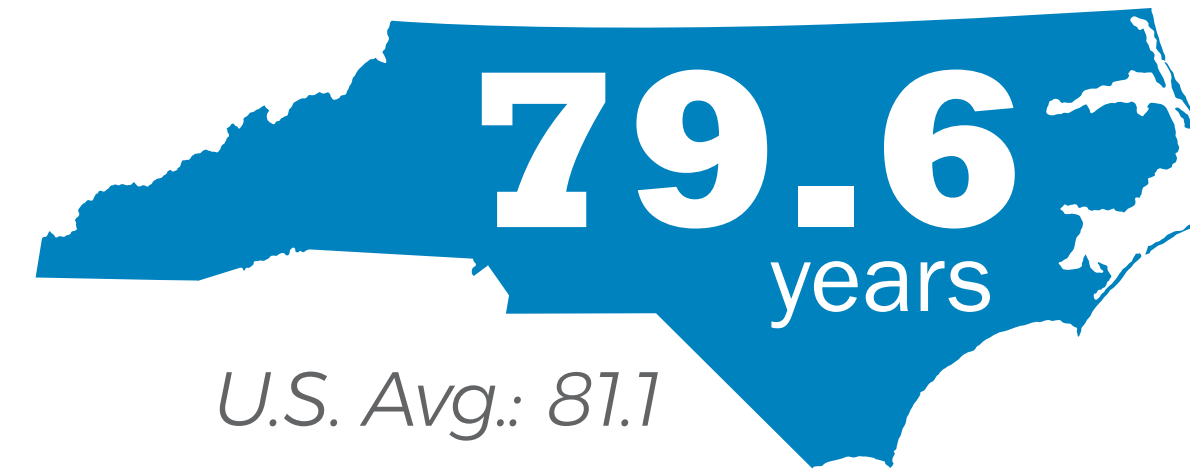
■ The state's female population is steadily growing and women are projected to outnumber men through 2030.



Ethnicity



Life Expectancy of North Carolina Women



Average Age

All NC Women	40.1
Non-Hispanic White	43.3
African American	38.3
Hispanic	27.5
Asian	35.2

■ Overall, the median age is increasing, particularly among Non-Hispanic White women, who have an average age of 43.3. Asian and Hispanic women in NC have an average age of 35.2 and 27.5 respectively, and represent the youngest segments of the population.

NC women who are single and never married: **29%**
NC women with children in home: **38%**



PREVENTATIVE HEALTH

2018

Women 50-74 who reported receiving, within the recommended time interval, a mammogram or recommended colorectal cancer screening are exceeding the Healthy People 2020 targets.

Sleep impairment is implicated as a contributing causal factor in many chronic illnesses that are leading causes of morbidity and mortality worldwide including depression, cardiovascular disease, and metabolic disorders. Given that only 21% of high school females and 63% of women aged 50-75 report adequate sleep, interventions aimed at improving sleep for women would be expected to exert significant benefit for mood and overall medical well-being.

2017 Youth Risk Behavior Surveillance System

Female high school students who:

Get sufficient sleep on school nights: **21%**

Meet current Federal aerobic physical activity guidelines: **14%**

Participate in daily school physical education: **20%**

Spend 2 or more hours per day watching TV or playing video games: **40%**

Spend 2 or more hours per day using a computer for non-school work: **46%**

NC RANKINGS

Well-Woman Visits **#5**

Cervical Cancer Screening **#3**

#30 HPV Immunization

U.S. avg.



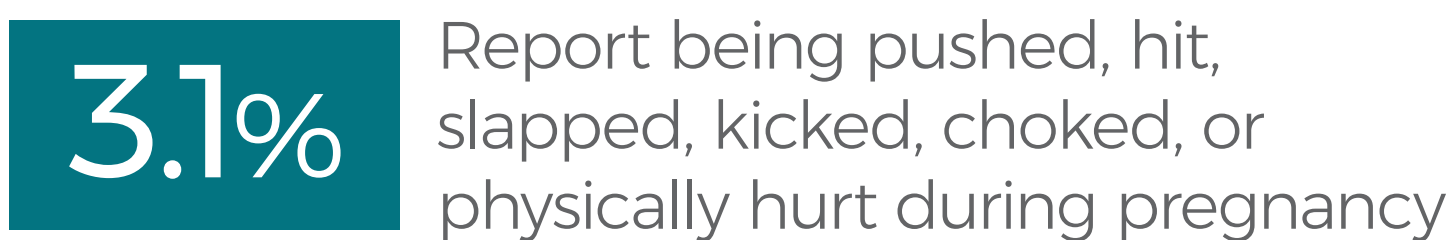
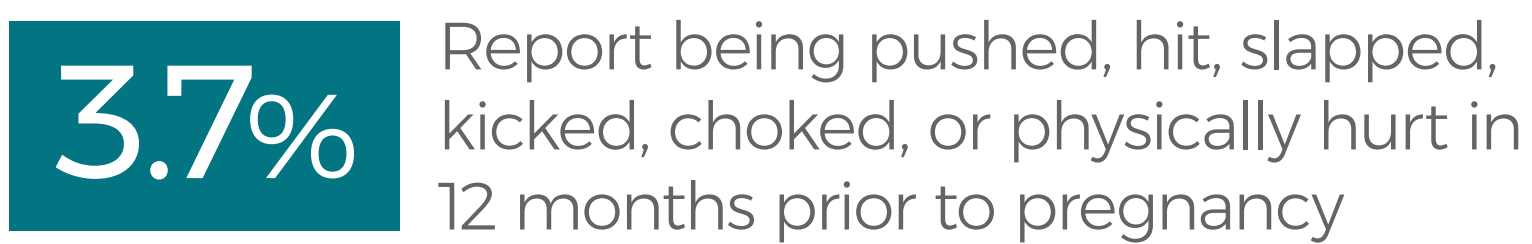
*Participating in any physical activities such as running, calisthenics, golf, gardening, or walking for exercise

†8+ hours from women 18-21 and 7+ for women over 21

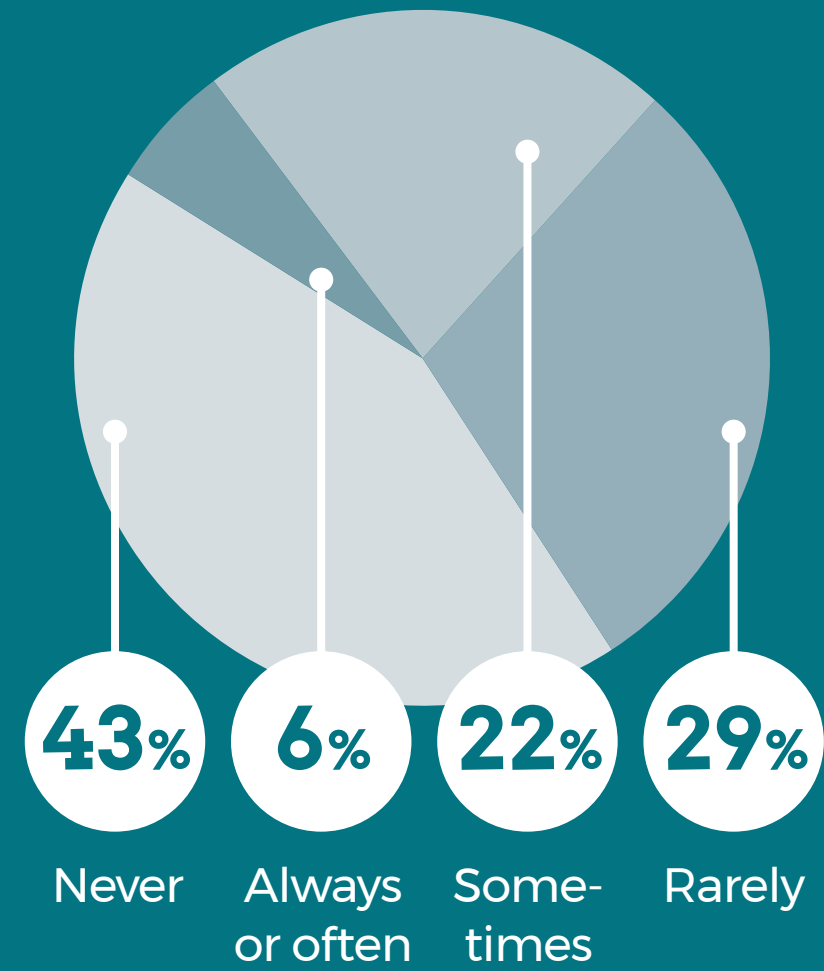


PERINATAL HEALTH 2017

More NC babies are born with a low birth weight (9.4%) 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.



Since baby was born, frequency of feeling down, depressed or hopeless.



NC RANKINGS

Maternal Mortality #30

#44 Neonatal Mortality

Prenatal Care Before Third Trimester #34

#43 Low Birthweight

Preterm Birth #36

Low birth weight <2500 grams

9.4%

Non-Hispanic White: 7.7%
African American: 14.5%
Hispanic: 7.6%
American Indian: 11.1%

Premature birth <37 weeks

10.5%

Non-Hispanic White: 9.6%
African American: 13.8%
Hispanic: 9.2%
American Indian: 11.1%

Short interval births

<6 months, first pregnancies excluded

12.3%

Risk Factors

Diagnosed with gestational diabetes: 10%

Smoked during last 3 months of pregnancy: 10%

Continuous smoking before, during, and after pregnancy: 9%

E-cigarette use during last 3 months of pregnancy: 3%

Alcohol use during last 3 months of pregnancy: 10%

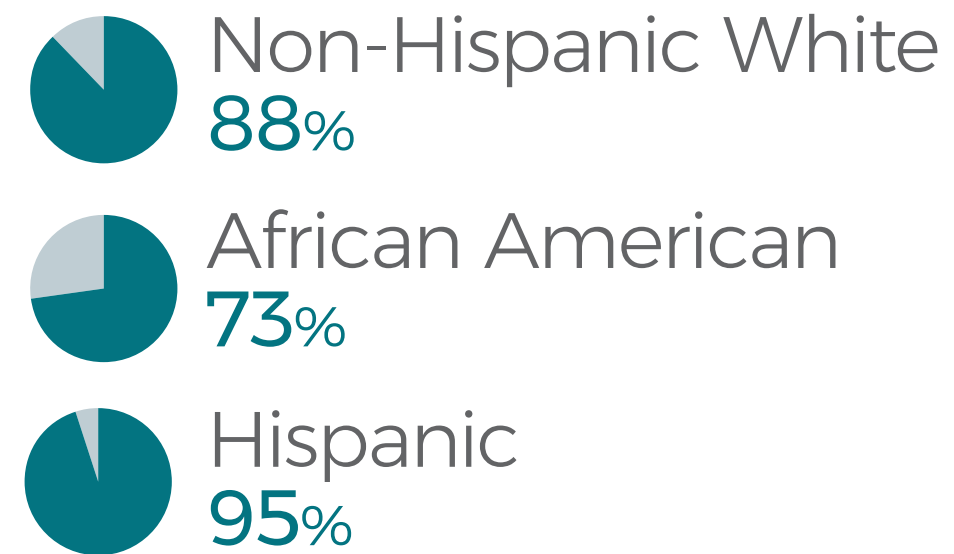
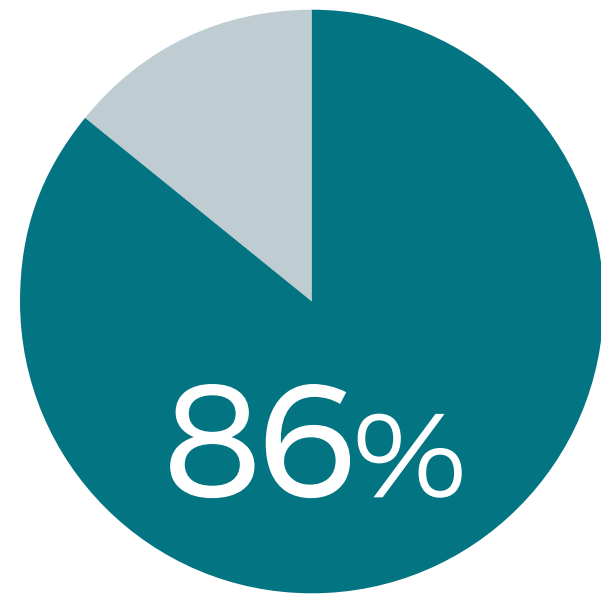
While the average number of NC women who reported smoking during pregnancy is about 9%, the highest rates were in Graham (30%), Clay (29%), and Swain (26%) counties, with a total of 13 counties reporting over 20%.



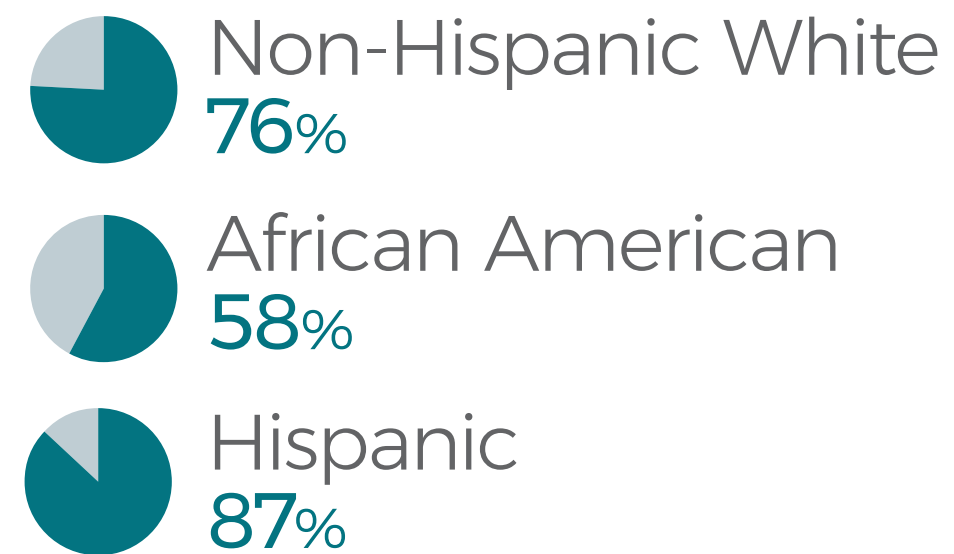
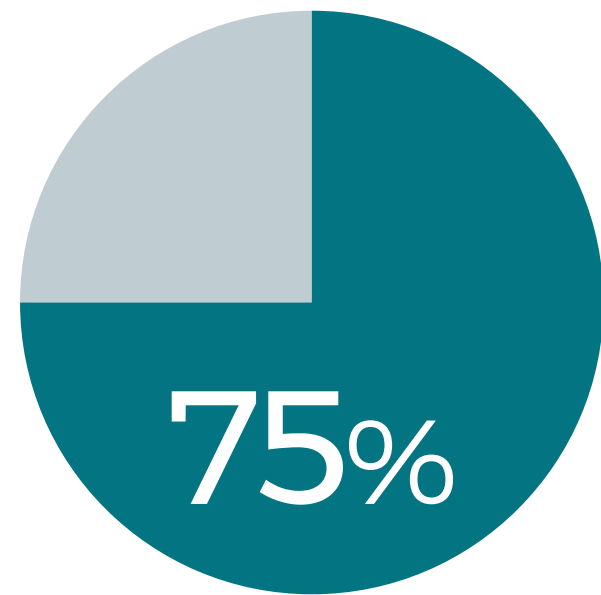
PERINATAL HEALTH: BREASTFEEDING

2017

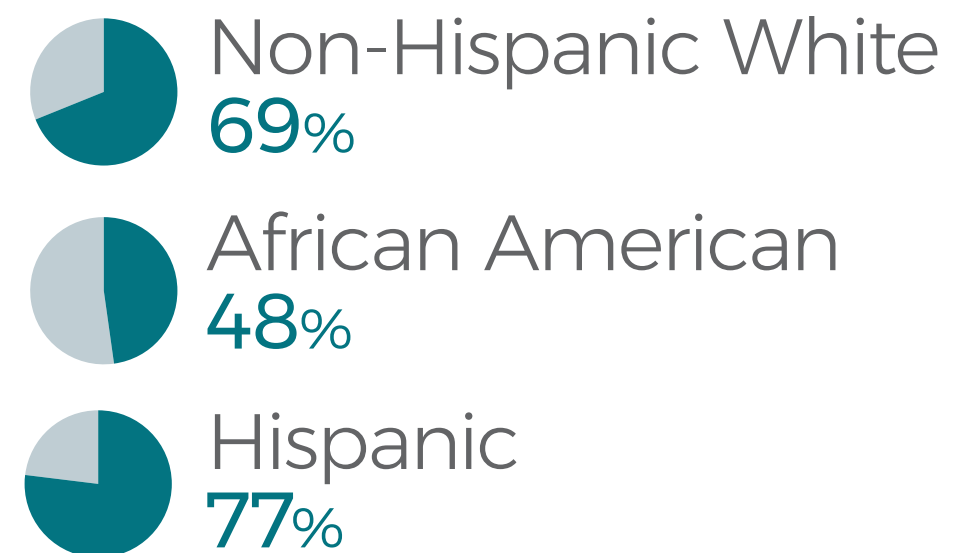
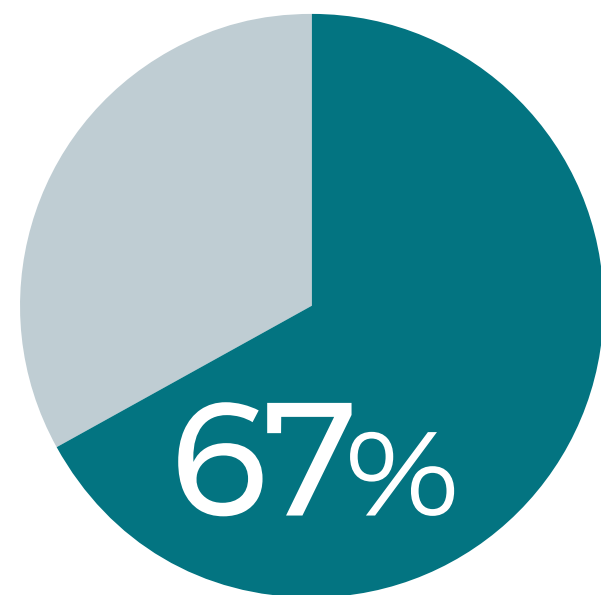
Initiated
breastfeeding



Some amount of
breastfeeding at 4
or more weeks



Some amount of
breastfeeding at 8
or more weeks



(Mothers could cite more than one reason)

Reasons cited for not breastfeeding

- Other children to take care of: **22%**
- Was sick or on medicine: **14%**
- Too many household duties: **15%**
- Went back to work or school: **19%**
- Tried but it was too hard: **18%**
- Did not like breastfeeding: **13%**
- Did not want to breastfeed: **43%**
- Other unspecified reason: **16%**

Reasons cited for stopping breastfeeding

- Baby not gaining enough weight: **16%**
- Too many other household duties: **16%**
- Felt it was right time: **13%**
- Became sick and could not: **10%**
- Baby became jaundiced: **6%**
- Baby had difficulty latching: **34%**
- Thought not producing enough milk: **56%**
- Breast milk alone didn't satisfy my baby: **36%**
- Went back to work or school: **25%**
- Nipples sore, cracked, or bleeding: **24%**
- Partner did not support breastfeeding: **7%**
- Other unspecified reasons: **15%**



CHRONIC DISEASE

2018

NC women with no chronic diseases



NC women with 1 chronic disease



NC women with 2 or more chronic diseases

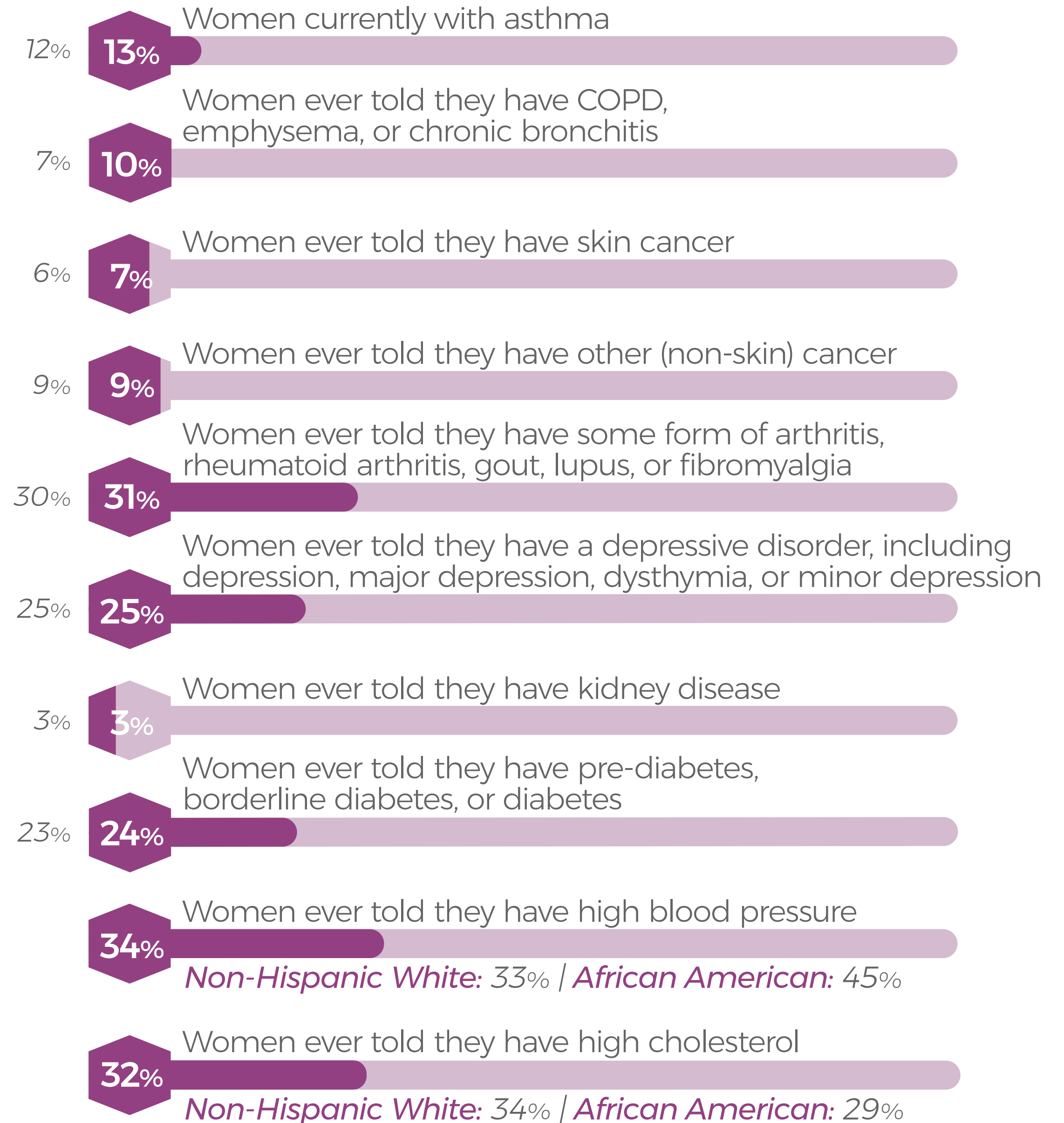


After age 65, nearly half of North Carolina women are living with two or more chronic diseases. Chronic disease has a negative impact on the overall physical, mental, and financial well-being of women. Those with one chronic disease are at a higher risk of developing other chronic diseases.

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 – and refrain from smoking – to decrease their risk of heart disease.

Diseases of the heart account for 19% of deaths (112,118 years of potential life lost per year), cerebrovascular diseases account for 6% of deaths (35,533 years of potential life lost per year), and chronic lower respiratory diseases account for 6% of deaths (42,589 years potential life lost per year).

U.S. avg.





CHRONIC DISEASE: OBESITY

2018

63% of NC 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.

NC RANKINGS

Obesity
#40

Diabetes
#45

Obese Overweight Recommended Range Underweight/Unknown

All NC Women



U.S. avg. 31%

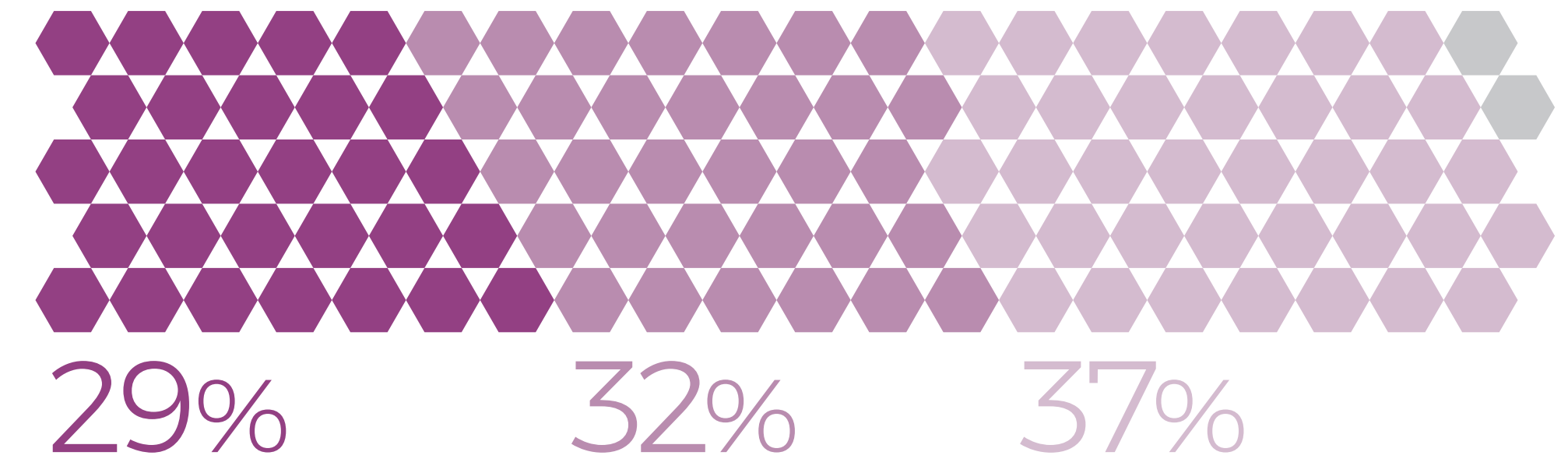
29%

36%

African American women are 65% more likely than Non-Hispanic White 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. It also reflects their increased risk for metabolic disorders such as diabetes.

Diabetes mellitus accounts for 3% of deaths annually (21,665 years of potential life lost per year).

Non-Hispanic White Women



African American Women





MENTAL HEALTH & SUBSTANCE USE DISORDERS

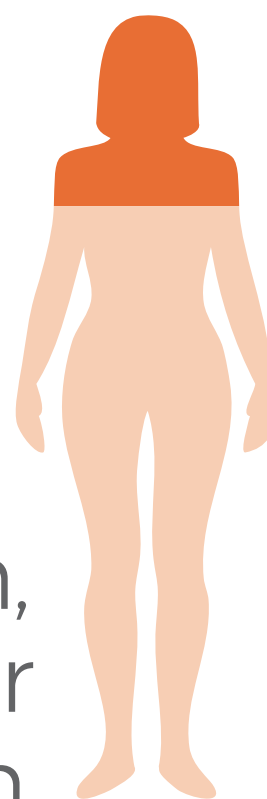
2018

Adverse Experiences

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

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.

25% of NC women have been diagnosed with depression, minor depression, dysthymia, or major depression



Non-Hispanic White: **28%**
African American: **18%**

NC RANKINGS

Drug Deaths **#33**

Excessive Drinking **#25**

#24 Frequent Mental Distress

A quarter of NC women reported three or more adverse childhood experiences – higher than national averages – and should be an area to highlight for intervention efforts. Depression in later life is a common consequence of childhood adversity.

All Women **27%**

Non-Hispanic White

28%

African American

18%

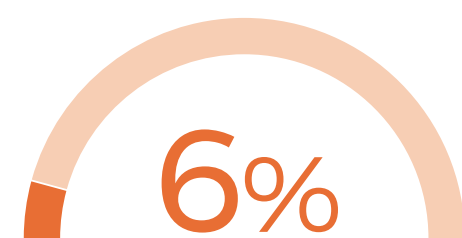
Substance Use



Currently smoke



Use e-cigarettes every day or some days



Engage in heavy drinking
>7 drinks in a week



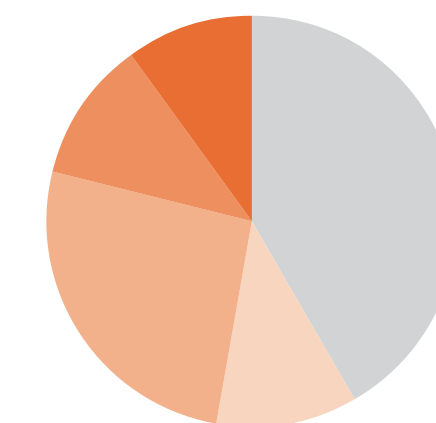
Engage in binge drinking
5+ drinks on one or more occasions in the past month

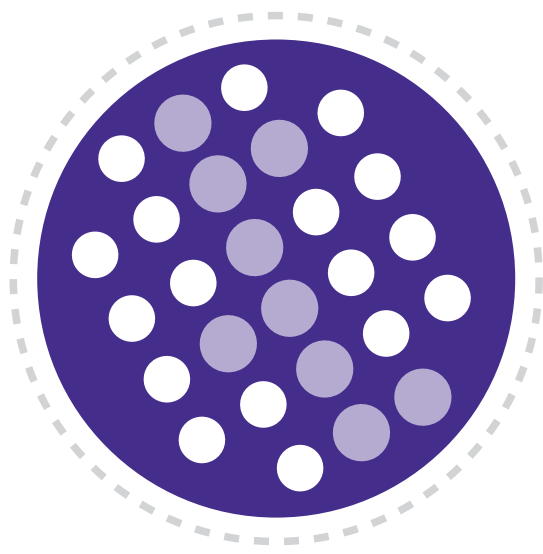
Cognitive Decline

10% of NC women 45+ have experienced progressive memory decline (confusion or memory loss that is happening more often or is getting worse) in the past 12 months.

Frequency that women have given up day-to-day household activities or chores they used to do (such as cooking, cleaning, taking medications, driving, or paying bills) due to memory decline

- Always: **10%**
- Usually: **11%**
- Sometimes: **26%**
- Rarely: **11%**
- Never: **41%**





CANCER 2017

Effective strategies exist to combat the four most prevalent cancers among the state's women, including education on lifestyle, activities, HPV vaccination, and screenings for breast, colorectal, and cervical cancer. NC ranks 3rd in cervical cancer screenings but 30th in HPV vaccination.

Although the incidence rates are nearly identical, minority women are 25% more likely to die of breast cancer than Non-Hispanic White women and twice as likely to die of cervical or uterine cancer.

Cancer, more than any other cause, accounts for 20% of deaths (163,105 years of potential life lost annually). Breast cancer alone accounts for 3% (28,352 years of potential life lost annually).

All Cancers

Incidence per
100,000 NC women

413.4

*Non-Hispanic
White: 420.1*

Minority: 380

Mortality per
100,000 NC women

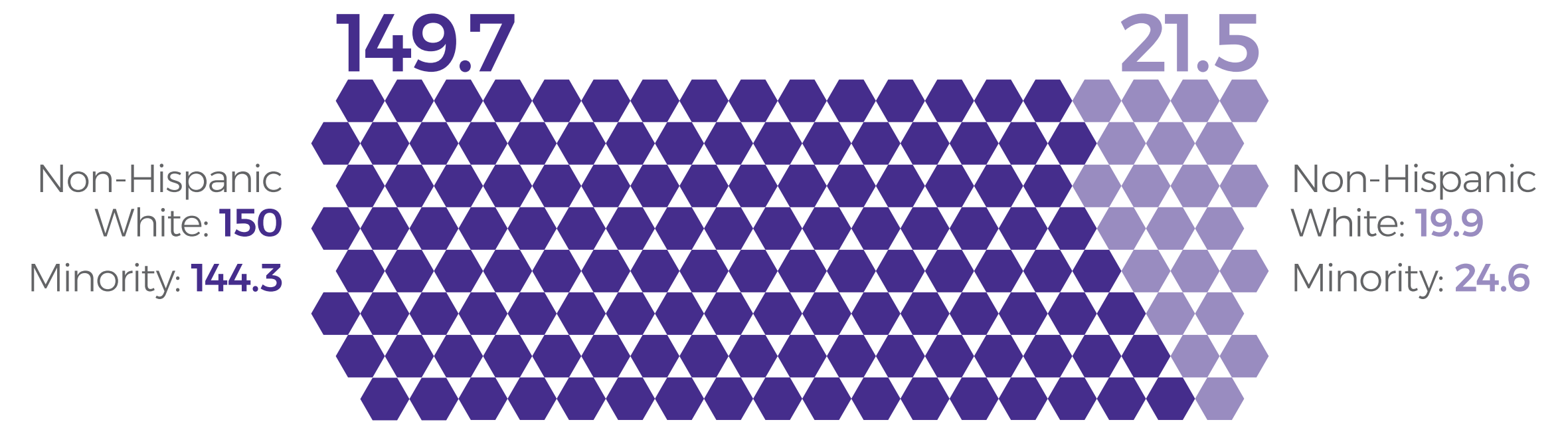
134.6

*Non-Hispanic
White: 130.1*

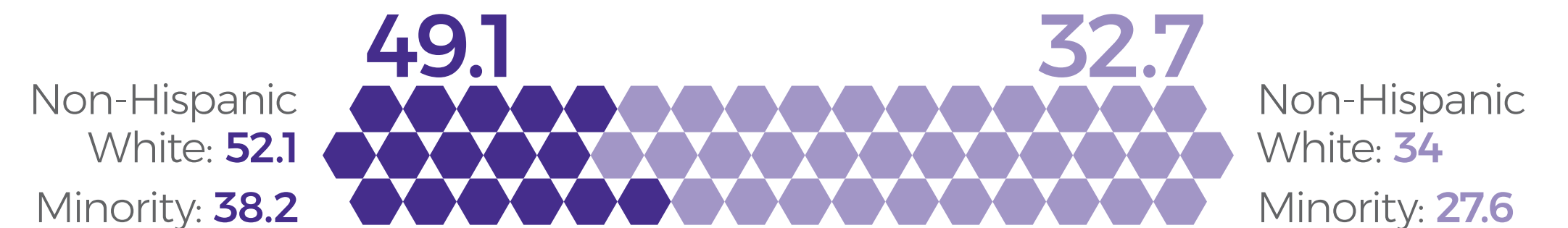
Minority: 142.3

Cases per 100,000 NC women

Incidence Mortality



Breast



Lung & Bronchus



Colon & Rectum



Uterus

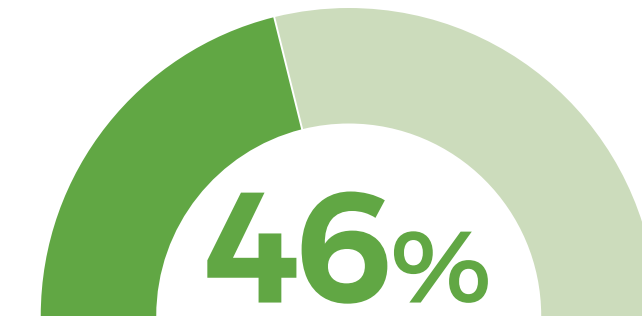


Cervix



INFECTIOUS DISEASE

2018



NC women ever tested for HIV

North Carolina continues to be well below the Healthy People 2020 goal of having 73.6% of all adolescents and adults tested for HIV, though still above the US average (39%). African American women are much more likely to have been tested (63%) than Non-Hispanic White women (40%).

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	209	827
Non-Hispanic White	2	1	2	59	252
African American	18	14	13	420	1,239
Hispanic	6	2	3	56	670
Asian	3	1	2	20	163
American Indian	2	2	4	364	1,064

COVID-19

NC WOMEN CASES: 27,858 (50%) **NC WOMEN DEATHS: 598 (47%)**

Data from NC Department of Health and Human Services as of June 24, 2020

At the time of publication, the full impact of COVID-19 infections is not yet known. North Carolina has the 14th highest rate of cases in the country. Consistent with national data, the disease is disproportionately affecting African Americans in both incidence and mortality.

CASES Men and women combined

White: **55%**
 African American: **25%**
 Asian: **2%**
 American Indian: **1%**
 Other: **17%**

By age

0-17: **10%**
 18-24: **12%**
 25-49: **45%**
 50-64: **20%**
 65-74: **7%**
 75+: **7%**

DEATHS Men and women combined

White: **58%**
 African American: **34%**
 Asian: **2%**
 American Indian: **1%**
 Other: **5%**

By age

0-17: **0%**
 18-24: **0%**
 25-49: **5%**
 50-64: **14%**
 65-74: **20%**
 75+: **60%**



EMERGING ISSUES 2018

NC RANKINGS

Health Insurance Coverage **#42**

#40 Domestic Violence

20% of NC women live in poverty with an additional 10% near poverty – a trend that has remained constant over the past 10 years. Consistent with national data, NC women of color are more likely to live in poverty.

1 in 5 women didn't see a physician in the past year due to cost. African American women were 50% more likely to have not seen a doctor as Non-Hispanic White women yet 50% more likely to have accrued medical debt.

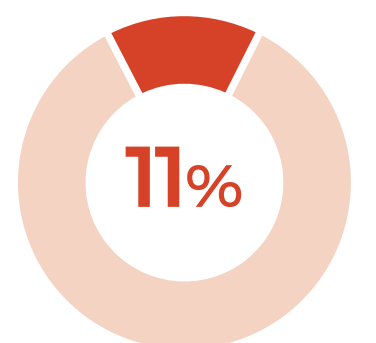
4,183
Homeless North Carolina Women (2017)

9%
LIVING NEAR POVERTY
100-150% FPL

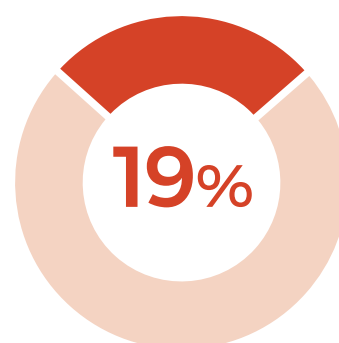
14%
LIVING IN POVERTY

7%
IN EXTREME POVERTY
<50% FPL

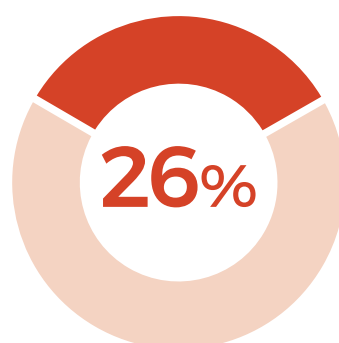
Poverty by Race/Ethnicity



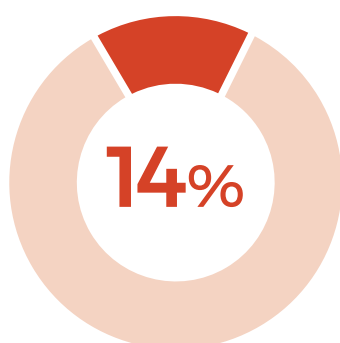
Non-Hispanic White



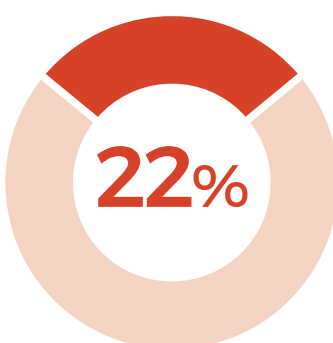
African American



Hispanic

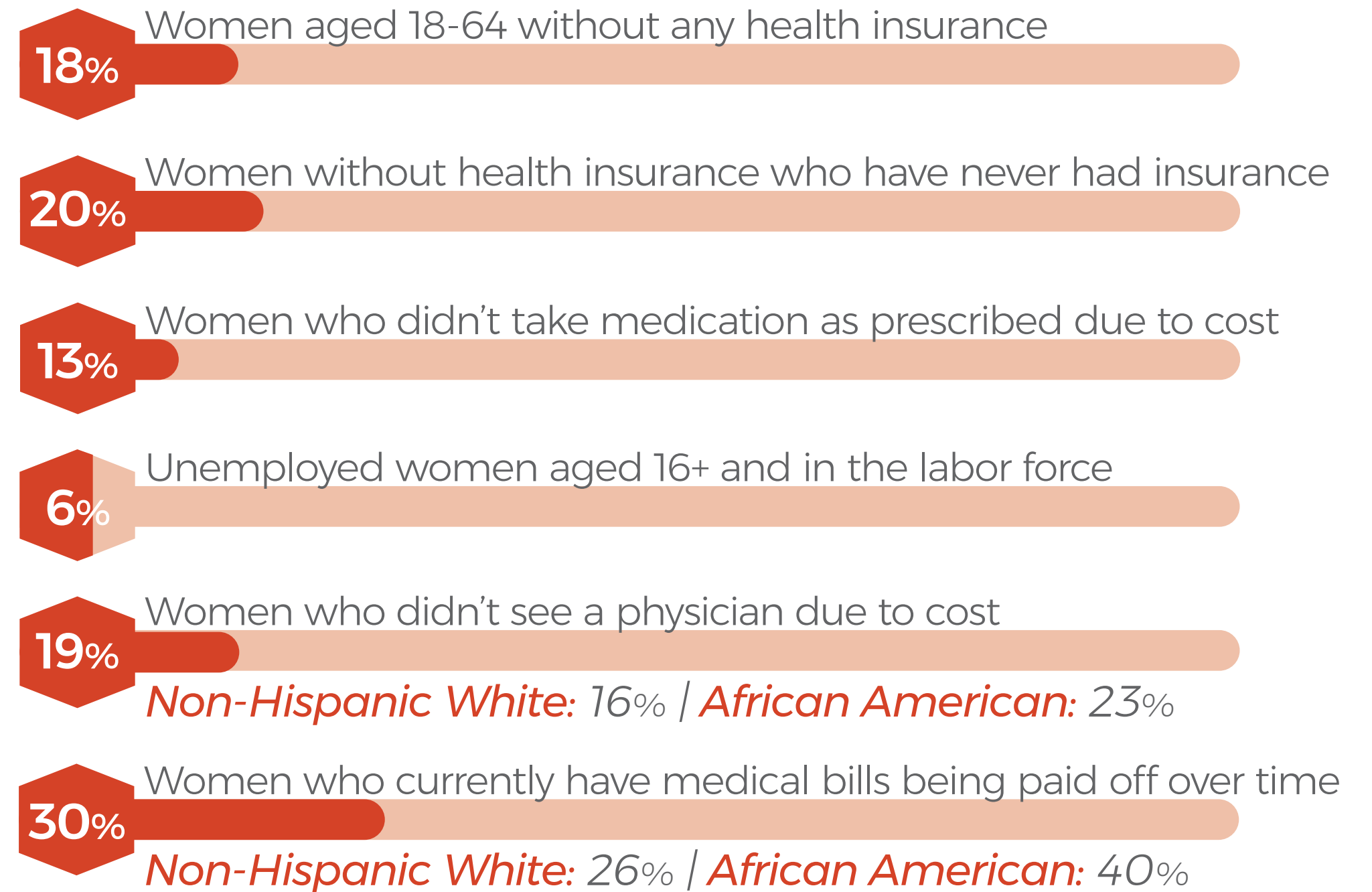
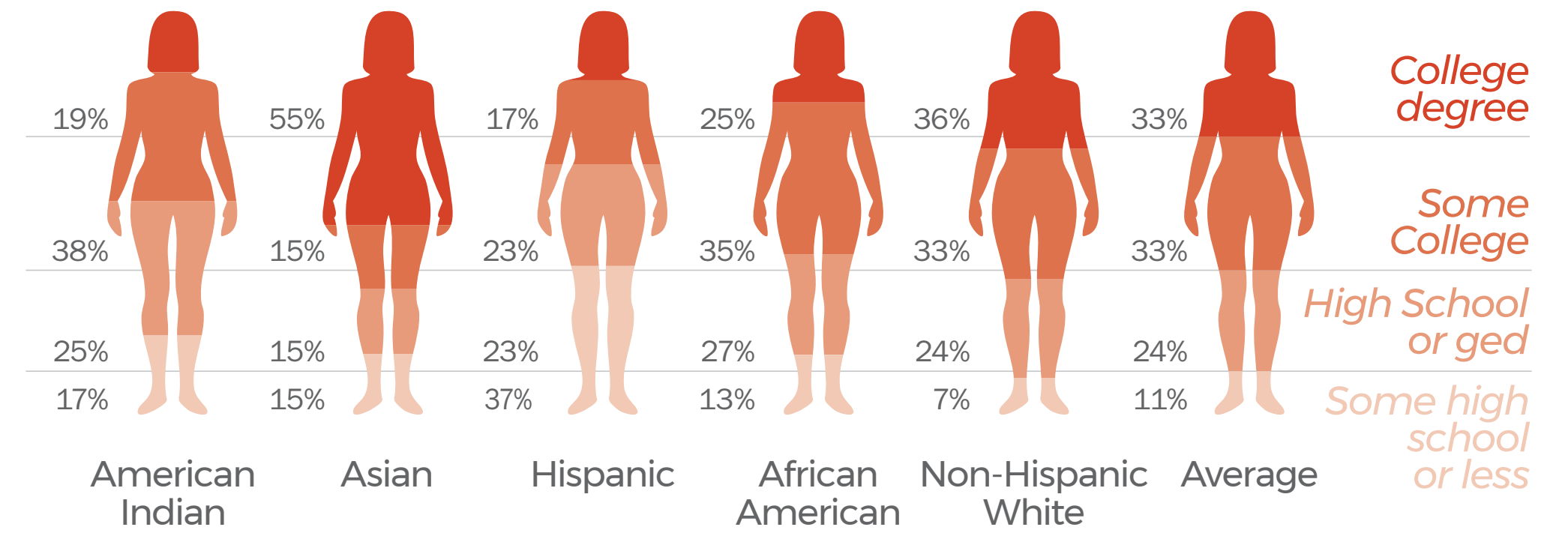


Asian



American Indian

Educational Attainment



Median income, if any earned: **\$28,971**

Women 18+ with some disability: **16.1%**

Women 18+ in households receiving food stamps: **13.9%**



EMERGING ISSUES: AGING 2018

Alzheimer's Disease accounts for 6% of deaths (26,446 years of potential life lost per year).

NC Women:

60+ years old **24%**

60+ with some disability **24%**

65+ living alone **33%**

65+ living in a nursing home **4%**

45+ who have suffered 1 or more falls in past 12 months **28%**

65-74 told they have high blood pressure **59%**

65-74 told they have high cholesterol **49%**

65-74 with history of cardiovascular disease **16%**

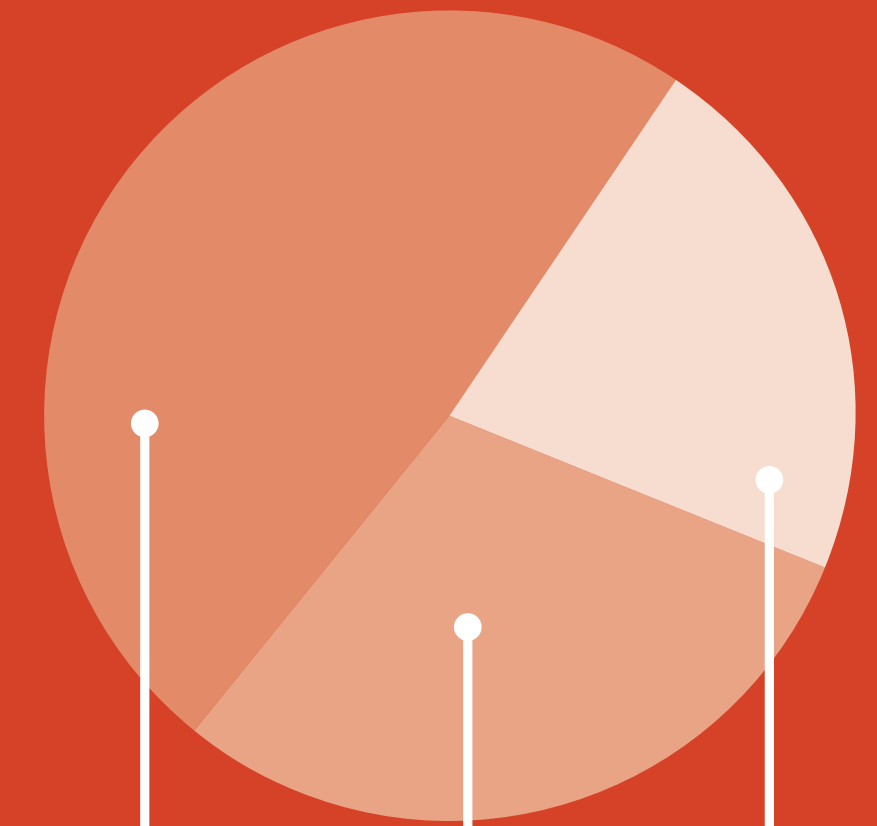
COVID-19

Data from NC Department of Health and Human Services as of June 24, 2020 (men and women combined)

Cases by age group: 65+ **7,427 (14%)**

Deaths by age group: 65+ **1,028 (60%)**

Number of chronic illnesses in women aged 65-74



Two or more One None

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

View the expanded data set, county-level information, health recommendations, and more at cwhr.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 2017 data. For this reason the 2020 North Carolina Women's Health Report Card is a mix of data ranging from 2017-2018. The year for data is indicated by a small number beneath each section heading with any exceptions noted along with the data. Unless otherwise indicated, all data are for women age 18 years or older.

Due to rounding, some percentage breakdowns may not combine to exactly 100%. For all "NC Rankings" segments, a lower number indicates a positive trend.

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.

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. Get more information by visiting their website, ncdemography.org.

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 2018 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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Center for Women's Health Research: Dr. Wendy Brewster and Michael Kerr



SCHOOL OF MEDICINE

Center for
Women's Health
Research

...advancing the health of women through research

For the past 16 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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