2020
NORTH CAROLINA
WOMEN’S HEALTH
REPORT CARD
A progress report on women’s health and their health care needs
The state’s female population is steadily growing and women are projected to outnumber men through 2030.

**Ethnicity**

- **Non-Hispanic White**: 63%
  - U.S. avg. 60% / 2030 NC proj. 58%
- **African American**: 22%
  - U.S. avg. 13% / 2030 NC proj. 23%
- **Hispanic**: 9%
  - U.S. avg. 18% / 2030 NC proj. 12%
- **Asian**: 3%
  - U.S. avg. 6% / 2030 NC proj. 4%
- **Other**: 3%
  - U.S. avg. 3% / 2030 NC proj. 3%
- **American Indian**: 1%
  - U.S. avg. 1% / 2030 NC proj. 1%

**Age**

- <18: 21%
- 18-29: 16%
- 30-44: 19%
- 45-59: 20%
- 60+: 24%

**Life Expectancy of North Carolina Women**

- All NC Women: 79.6 years
  - U.S. Avg.: 81.1
- 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%**
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%

U.S. avg.
- Women 50-75 who received recommended colorectal cancer screening tests within the recommended time interval: 73%
- Women 50+ who have ever had a sigmoidoscopy or colonoscopy: 74%
- Women 50+ who have a mammogram in last 2 years: 78%
- Women 18+ who have had a Pap test within the past 3 years: 80%
- Women 18+ who have had a flu shot within the past year: 46%
- Women 65+ who have ever had a pneumonia vaccination: 80%
- Women tested for high blood sugar or diabetes in the past 3 years: 63%
- Women who get sufficient sleep on school nights: 21%
- Women who get sufficient sleep on school nights: 21%
- Women who get sufficient sleep on school nights: 21%
- Women who have visited the dentist in the past year: 75%
- Women who got sufficient sleep each evening: 63%
- Women who get sufficient sleep each evening: 63%
- Women who take a walk for exercise or gardening: 74%
- Women who walked for exercise or gardening: 74%
- Women who had a routine checkup in the past year: 38%
- Women who had a flu shot within the past year: 46%
- Women who got sufficient sleep each evening: 63%
- Women who have visited the dentist in the past year: 75%
- Women who had a routine checkup in the past year: 38%
- Women who have visited the dentist in the past year: 75%
- Women who got sufficient sleep each evening: 63%
- Women who had a routine checkup in the past year: 38%
- Women who have visited the dentist in the past year: 75%
- Women who got sufficient sleep each evening: 63%
- Women who had a routine checkup in the past year: 38%
- Women who have visited the dentist in the past year: 75%
- Women who got sufficient sleep each evening: 63%
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.

- Received prenatal care in first trimester: 87% (Non-Hispanic White: 91%, African American: 86%, Hispanic: 79%)
- Have had a postpartum checkup since baby was born: 93% (Non-Hispanic White: 95%, African American: 93%, Hispanic: 85%)
- Report being pushed, hit, slapped, kicked, choked, or physically hurt in 12 months prior to pregnancy: 3.7%
- Report being pushed, hit, slapped, kicked, choked, or physically hurt during pregnancy: 3.1%

Since baby was born, frequency of feeling down, depressed or hopeless:
- Never: 43%
- Always or often: 6%
- Sometimes: 22%
- Rarely: 29%

NC RANKINGS
- Maternal Mortality #30
- Neonatal Mortality #44
- Prenatal Care Before Third Trimester #34
- Low Birthweight #43
- Preterm Birth #36

Low birth weight <2500 grams
- Non-Hispanic White: 7.7%
- African American: 14.5%
- Hispanic: 7.6%
- American Indian: 11.1%

Premature birth <37 weeks
- 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%.
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%

(Mothers could cite more than one reason)

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%

Initiated breastfeeding: 86%

- Non-Hispanic White: 88%
- African American: 73%
- Hispanic: 95%

Some amount of breastfeeding at 4 or more weeks: 75%

- Non-Hispanic White: 76%
- African American: 58%
- Hispanic: 87%

Some amount of breastfeeding at 8 or more weeks: 67%

- Non-Hispanic White: 69%
- African American: 48%
- Hispanic: 77%
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).
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).

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.

CHRONIC DISEASE: OBESITY
2018

NC RANKINGS

<table>
<thead>
<tr>
<th>Disease</th>
<th>NC Rank</th>
<th>U.S. avg.</th>
</tr>
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<tbody>
<tr>
<td>Obesity</td>
<td>#40</td>
<td>#45</td>
</tr>
<tr>
<td>Diabetes</td>
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<td>#40</td>
</tr>
</tbody>
</table>

All NC Women

- Obese: 34%
- Overweight: 29%
- Recommended Range: 34%
- Underweight/Unknown: 31%

Non-Hispanic White Women

- Obese: 29%
- Overweight: 32%
- Recommended Range: 37%
- Underweight/Unknown: 29%

African American Women

- Obese: 48%
- Overweight: 30%
- Recommended Range: 21%
- Underweight/Unknown: 29%
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.

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.

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.

Substance Use

15% Currently smoke
20% Use e-cigarettes every day or some days
6% Engage in heavy drinking >7 drinks in a week
11% Engage in binge drinking 5+ drinks on one or more occasions in the past month
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).
Cases per 100,000 NC women

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

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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.

- 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%).

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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.

**Poverty by Race/Ethnicity**

- **Living near poverty (100-150% FPL)**
  - Non-Hispanic White: 11%
  - African American: 19%
  - Hispanic: 26%
  - Asian: 14%
  - American Indian: 22%

- **Living in poverty (<50% FPL)**
  - Non-Hispanic White: 14%
  - African American: 19%
  - Hispanic: 26%
  - Asian: 14%
  - American Indian: 22%

- **In extreme poverty (<50% FPL)**
  - Non-Hispanic White: 19%
  - African American: 19%
  - Hispanic: 26%
  - Asian: 14%
  - American Indian: 22%

**NC Rankings**

- **Health Insurance Coverage #42**
  - American Indian: 17%
  - Asian: 23%
  - Hispanic: 25%
  - African American: 36%
  - Non-Hispanic White: 33%
  - Average: 33%

- **Domestic Violence #40**
  - American Indian: 17%
  - Asian: 15%
  - Hispanic: 23%
  - African American: 27%
  - Non-Hispanic White: 24%
  - Average: 24%

**Educational Attainment**

- **College degree**
  - American Indian: 19%
  - Asian: 38%
  - Hispanic: 19%
  - African American: 19%
  - Non-Hispanic White: 19%
  - Average: 19%

- **Some College**
  - American Indian: 26%
  - Asian: 33%
  - Hispanic: 26%
  - African American: 26%
  - Non-Hispanic White: 33%
  - Average: 33%

- **High School or Ged**
  - American Indian: 14%
  - Asian: 7%
  - Hispanic: 13%
  - African American: 7%
  - Non-Hispanic White: 11%
  - Average: 11%

- **Some high school or less**
  - American Indian: 38%
  - Asian: 33%
  - Hispanic: 36%
  - African American: 33%
  - Non-Hispanic White: 33%
  - Average: 33%

**Women aged 18-64 without any health insurance #42**

- American Indian: 38%
- Asian: 15%
- Hispanic: 23%
- African American: 27%
- Non-Hispanic White: 24%
- Average: 24%

**Women without health insurance who have never had insurance #40**

- American Indian: 17%
- Asian: 15%
- Hispanic: 23%
- African American: 27%
- Non-Hispanic White: 24%
- Average: 24%

**Unemployed women aged 16+ and in the labor force #6**

- American Indian: 25%
- Asian: 15%
- Hispanic: 37%
- African American: 13%
- Non-Hispanic White: 7%
- Average: 7%

**Women who didn’t see a physician in the past year due to cost #19**

- Non-Hispanic White: 16%
- African American: 23%

**Women who didn’t take medication as prescribed due to cost #13**

- Non-Hispanic White: 26%
- African American: 40%

**Women who currently have medical bills being paid off over time #19**

- Non-Hispanic White: 16%
- African American: 23%

**Women aged 18-64 without any health insurance**

- American Indian: 19%
- Asian: 25%
- Hispanic: 17%
- African American: 25%
- Non-Hispanic White: 26%
- Average: 26%

**Women without health insurance who have never had insurance**

- American Indian: 25%
- Asian: 23%
- Hispanic: 17%
- African American: 17%
- Non-Hispanic White: 14%
- Average: 14%

**Unemployed women aged 16+ and in the labor force**

- American Indian: 6%
- Asian: 2%
- Hispanic: 6%
- African American: 5%
- Non-Hispanic White: 2%
- Average: 2%

**Women who didn’t see a physician in the past year due to cost**

- Non-Hispanic White: 19%
- African American: 25%

**Women who didn’t take medication as prescribed due to cost**

- Non-Hispanic White: 22%
- African American: 30%

**Women who currently have medical bills being paid off over time**

- Non-Hispanic White: 26%
- African American: 40%

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

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

**Women 18+ in households receiving food stamps:** 13.9%
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:
- Cases by age group: 65+: 7,427 (14%)
- Deaths by age group: 65+: 1,028 (60%)

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

EMERGING ISSUES:
AGING
2018

Number of chronic illnesses in women aged 65-74

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

Two or more: 49%
One: 30%
None: 22%
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

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