2022
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
Interpreting the Report Card

The North Carolina Women’s Health Report Card uses various data sources to provide an accurate picture of women’s health in the state. Sources vary in collection methods, frequency, and sample size. For this reason, the 2022 Report Card data range mostly from 2018-2022. The year for data is indicated by the number beneath each section heading with any exceptions noted along with the data.

Unless otherwise indicated, all data are for women ages 18 years or older. Due to limitations in data reporting, all instances of “Women” in this publication refer to those assigned female at birth.

For all “NC Women Rankings” segments, a lower number indicates a positive trend.

“Years of Potential Life Lost” is the difference between life expectancy and death age.

Due to rounding, not all percentage breakdowns will combine to exactly 100%.

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 and ethnic status. Few sources of health data record socioeconomic variables, though most collect information on race and ethnicity.

To maintain clarity, language used for race and ethnicity data has not been changed from how it was originally recorded/reported with the exception that, for consistency, all data reported as Black and/or African American is presented here as “Black/AA.” For data in which ethnicity is considered, Non-Hispanic is denoted by “NH” in superscript. “American Indian” includes Alaska Native; “Asian” includes Pacific Islander.

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

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The state’s woman population is steadily growing and women are projected to continue to outnumber men through at least 2030. 50% of NC women live in the 12 most populous counties; 50% live in the remaining 88.

Orange and Transylvania Counties have the highest average life expectancy for women of 84.3 years; Swain County has the lowest of 74.1 years—a 10 year gap.

Overall, the median age is increasing, particularly among Non-Hispanic White women with an average age of 43.8. Hispanic and Non-Hispanic Other women in NC have an average age of 27.8 and 25 respectively, representing the youngest segments of the population.
Demographics

**2019**

**Marital Status**

- Married: **46%**
- Single/Never Married: **30%**
- Divorced/Separated: **15%**
- Widowed: **9%**

**Women with Children in Home**

- Regardless of child’s age
  - **All NC Women**: **37%**
  - White NH: **33%**
  - Black/AANH: **39%**
  - Hispanic: **53%**
  - Asian NH: **51%**
  - Other NH: **37%**
  - American Indian NH: **38%**
  - U.S. Average: **38%**

**Average Family Size**

- **All NC Women**: **2.72**
  - White NH: **2.56**
  - Black/AANH: **2.78**
  - Hispanic: **3.61**
  - Asian NH: **3.19**
  - Other NH: **2.95**
  - American Indian NH: **2.91**
  - U.S. Average: **2.86**

**Given Birth in the Past Year**

- **All NC Women**: **5%**
  - White NH: **5%**
  - Black/AANH: **5%**
  - Hispanic: **7%**
  - Asian NH: **7%**
  - Other NH: **6%**
  - American Indian NH: **5%**
  - U.S. Average: **5%** overall and for all races/ethnicities

Female children who live in a single-female headed household, regardless of their relationship to householder: **25%**

Women (18+) residing in single-female headed household, regardless of their relationship to householder: **17%**

(Not including women living alone or with roommates (and no children)
- **Women 50-74** who reported receiving, within the recommended time interval, a mammogram or recommended colorectal cancer screening are exceeding the Healthy People 2030 targets.
- **Healthy People 2030** has a goal to increase the proportion of adolescents who receive the recommended doses of the HPV vaccine to 80%.

### Preventative Health 2020

| All NC Women | Had a routine checkup in past year | Visited the dentist/dental clinic in past year | Ages 50-74 who have had a mammogram in last 2 years | Ages 50-74 who have had a colonoscopy | Ages 50-75 who received one or more of the recommended colorectal cancer screening tests within the recommended time interval | Ages 18+ who have had a Pap test within the past 3 years | Ages 45+ who have ever had a sigmoidoscopy*
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>84%</td>
<td>72%</td>
<td>80%</td>
<td>73%</td>
<td>91%</td>
<td>82%</td>
<td>8%</td>
</tr>
<tr>
<td>Black/AA</td>
<td>88%</td>
<td>67%</td>
<td>89%</td>
<td>73%</td>
<td>91%</td>
<td>86%</td>
<td>9%</td>
</tr>
<tr>
<td>U.S. Average</td>
<td>80%</td>
<td>70%</td>
<td>78%</td>
<td>70%</td>
<td>93%</td>
<td>78%</td>
<td>12%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 65+ who have ever had a pneumonia vaccination</th>
<th>Ages 65+ who have had a flu shot within past year</th>
<th>Ages 18+ who have had a flu shot within past year</th>
<th>Ages 13-17 who received all recommend doses of the HPV vaccine</th>
<th>Sleep, on average, 7 or more hours in a 24-hour period</th>
<th>Participated in physical activities† in past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>All NC Women</td>
<td>75%</td>
<td>74%</td>
<td>53%</td>
<td>61%</td>
<td>69%</td>
</tr>
<tr>
<td>White</td>
<td>78%</td>
<td>75%</td>
<td>57%</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Black/AA</td>
<td>69%</td>
<td>67%</td>
<td>49%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>U.S. Average</td>
<td>75%</td>
<td>69%</td>
<td>52%</td>
<td>59%</td>
<td>69%</td>
</tr>
</tbody>
</table>

*A diagnostic test used to check the lower part of the large intestine

†Participating in activities such as running, calisthenics, golf, gardening, or walking for exercise
Youth Risk Behavior Surveillance System

NC women in high school who:

- Sleep for 4 to 7 hours a night: 84%
- Sleep for 8 to 9 hours a night: 15%
- Sleep for 10+ hours a night: 1%
- Use a computer for 3 or more hours per day for non-school work: 48%
- Are currently sexually active*: 30%
- Did not use a condom during last sexual intercourse: 53%

*Had sexual intercourse with at least 1 person during the 3 months prior to the survey

U.S. Average:
- Sleep for 4 to 7 hours a night: 78%
- Sleep for 8 to 9 hours a night: 28%
- Sleep for 10+ hours a night: 8%
- Use a computer for 3 or more hours per day for non-school work: 53%
- Are currently sexually active*: 24%
- Did not use a condom during last sexual intercourse: 48%
Risk Factors

While the 2015-2019 average number of NC women who reported smoking during pregnancy is about 9%, the highest rates were in Graham (27%) and Mitchell (24%) Counties, with a total of 15 counties reporting above double the state's average. The lowest rates were in Wake (2%) and Mecklenburg (3%) Counties.

Intimate Partner Violence

5% report being pushed, hit, slapped, kicked, choked, or physically hurt in the 12 months prior to pregnancy.

4% report being pushed, hit, slapped, kicked, choked, or physically hurt during pregnancy.
Overall, fewer NC babies are born preterm (less than 37 weeks gestational age) than the Healthy People 2030 target of 9.4%.

Black or African American women are more likely than other women to experience preterm 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

- Never: 44%
- Always or often: 6%
- Sometimes: 20%
- Rarely: 32%

Low Birth Weight
≤ 2500 grams

- White*: 6.4%
- Black/AA*: 11.2%
- Hispanic: 6.3%
- Other*: 7.5%
- American Indian*: 9.4%

Preterm Birth
< 37 weeks gestational age

- White*: 8.1%
- Black/AA*: 10.6%
- Hispanic: 7.7%
- Other*: 7.2%
- American Indian*: 9.3%

Short Birth Interval
Delivery to conception < 6 months

- 12.7%
Adolescent Births 2020

Ages 13-19
5,901 Births / 5.05% of NC Total

- White*: 2,109 / Black/AANH*: 2,015 / Hispanic: 434
- Other*: 125 / Not reported: 1,218

- Ages 13-15: 200 Births
- Age 16: 392 Births
- Age 17: 829 Births
- Age 18: 1,669 Births
- Age 19: 2,811 Births

When you got pregnant with your new baby, were you or your partner doing anything to keep from getting pregnant?

- Yes: 32%
- No: 68%

- Withdrawal: 51.2%
- Condoms: 37%
- Birth control pill: 31.6%
- Rhythm method: 14.6%
- Other: 12.5%
- Injection (e.g., Depo-Provera): 7.5%
- IUD (e.g., Mirena, Paragard): 6.7%
- Implant (e.g., Nexplanon): 4.7%
- Patch or ring: 1.1%

Are you or your partner doing anything now to keep from getting pregnant?

- Yes: 79%
- No: 21%

- Condoms: 28.2%
- Birth control pill: 27.1%
- Withdrawal: 25%
- IUD (e.g., Mirena, Paragard): 17.4%
- Abstinence: 12.7%
- Female sterilization (e.g., tubes tied or blocked): 11%
- Injection (e.g., Depo-Provera): 7.1%
- Implant (e.g., Nexplanon): 6.7%
- Vasectomy: 4%
- Rhythm method: 2.9%
- Patch or ring: 2.6%
- Other: 2.2%
Initiated breastfeeding:
- White NH: 89%
- Black/AANH: 80%
- Hispanic: 96%

Some amount of breastfeeding at 4 or more weeks:
- White NH: 76%
- Black/AANH: 58%
- Hispanic: 87%

Some amount of breastfeeding at 8 or more weeks:
- White NH: 69%
- Black/AANH: 55%
- Hispanic: 79%

Reasons cited for not initiating breastfeeding:
- Did not want to breastfeed: 43%
- Did not like breastfeeding: 28%
- Other unspecified reason: 27%
- Went back to work or school: 26%
- Tried but it was too hard: 24%
- Was sick or on medicine: 21%
- Other children to take care of: 15%
- Too many household duties: 13%

Reasons cited for stopping breastfeeding:
- Thought not producing enough milk: 53%
- Breast milk alone didn't satisfy my baby: 36%
- Baby had difficulty latching: 36%
- Nipples sore, cracked, or bleeding: 26%
- Went back to work or school: 25%
- Felt it was the right time: 19%
- Baby not gaining enough weight: 19%
- Too many other household duties: 18%
- Other unspecified reason: 15%
- Had to stop for medical reasons: 12%
- Baby became jaundiced: 9%
- Partner did not support breastfeeding: 9%
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.

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 20% of deaths (117,393 years of potential life lost annually), cerebrovascular diseases account for 6% of deaths (34,487 years of potential life lost annually), and chronic lower respiratory diseases account for 6% of deaths (41,329 years potential life lost annually).
### Chronic Disease 2020

<table>
<thead>
<tr>
<th>Condition</th>
<th>All NC Women</th>
<th>White</th>
<th>Black/AA</th>
<th>Other</th>
<th>U.S. Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of any cardiovascular disease</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Ever told they had a heart attack (myocardial infarction)</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Ever told they have angina or coronary heart disease</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Ever told they had a stroke</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Currently with asthma</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Ever told they have skin cancer</td>
<td>7%</td>
<td>11%</td>
<td>1%</td>
<td>1%</td>
<td>6%</td>
</tr>
<tr>
<td>Ever told they have another type of cancer</td>
<td>7%</td>
<td>10%</td>
<td>5%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Ever told they have COPD, emphysema, or chronic bronchitis</td>
<td>3%</td>
<td>8%</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Ever told they have kidney disease</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Ever told they have diabetes</td>
<td>12%</td>
<td>11%</td>
<td>19%</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>Ever told they have pre- or borderline diabetes</td>
<td>14%</td>
<td>15%</td>
<td>24%</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Ever told they have high blood pressure (2019)</td>
<td>35%</td>
<td>34%</td>
<td>45%</td>
<td>21%</td>
<td>28%</td>
</tr>
<tr>
<td>Ever told they have high cholesterol (2019)</td>
<td>36%</td>
<td>39%</td>
<td>33%</td>
<td>33%</td>
<td>28%</td>
</tr>
<tr>
<td>Ever told they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia</td>
<td>29%</td>
<td>33%</td>
<td>27%</td>
<td>13%</td>
<td>28%</td>
</tr>
</tbody>
</table>
65% 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.

- Black or African American women are 70% more likely than White women to meet criteria for obesity. This is undoubtedly a major contributor to the finding that 45% of the state's Black/AA 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 (23,435 years of potential life lost annually).
26% of NC women have been diagnosed with depression, minor depression, dysthymia, or major depression.

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.

Adverse Experiences 2014

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

A quarter of NC women reported three or more adverse childhood experiences—this should be an area to highlight for intervention efforts. Childhood adversity is a major contributor to depression in later life.

2021 NC WOMEN RANKINGS

- #11 Excessive Drinking
- #21 Frequent Mental Distress
- #31 Drug Deaths
Youth Risk Behavior Surveillance System

NC women in high school who:

- Are currently smoking cigarettes frequently*: 1%
  - U.S. Average: 1.2%
- Are currently using electronic vapor products frequently*: 10.3%
  - U.S. Average: 33.5%
- Ever used marijuana: 40.6%
  - U.S. Average: 36.5%
- Are currently binge drinking†: 14%
  - U.S. Average: 14.6%
- Engage in heavy drinking (More than one drink per day): 6%
  - U.S. Average: 7%
- Engage in binge drinking (4+ drinks on one occasion): 11%
  - U.S. Average: 11%

*20 or more days during the 30 days before the survey
†4 or more drinks in a row within a couple of hours on at least 1 during the 30 days before the survey

Opioid Overdose Deaths 2019

- 547
- 31% of NC total
- 10th highest in the U.S.

Substance Use 2020

- Currently smoke
  - White: 14%
    - NC Men: 14%
  - Black/AA: 9%
  - U.S. Average: 13%
  - NC Men: 22%
- Use e-cigarettes every day or some days
  - White: 22%
    - NC Men: 15%
  - Black/AA: 9%
  - U.S. Average: 21%
  - NC Men: 22%
- Engage in heavy drinking
  - U.S. Average: 11%
  - NC Men: 11%
- Engage in binge drinking
  - U.S. Average: 11%
  - NC Men: 11%

Mental Health & Substance Use Disorders 2019

Opioid Overdose Deaths

- 547 deaths
- 31% of NC total
- 10th highest in the U.S.
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. See pages 5-6 (Preventative Health) for data on preventative screenings.

Although the incidence rates are nearly identical, Non-White women are almost 50% more likely to die of breast cancer than White women and twice as likely to die of cervical and uterine cancer.

Cancer accounts for 20% of deaths (161,499 years of potential life annually). Breast cancer alone accounts for 3% (26,201 years of potential life lost annually).
Note from the North Carolina Department of Health and Human Services: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

Black or African American women are much more likely to have been tested for HIV than White women.

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### Infectious Disease 2020

<table>
<thead>
<tr>
<th></th>
<th>HIV</th>
<th>AIDS</th>
<th>Primary and Secondary Syphilis</th>
<th>Early Latent Syphilis</th>
<th>Gonorrhea</th>
<th>Chlamydia</th>
</tr>
</thead>
<tbody>
<tr>
<td>All NC Women</td>
<td>5</td>
<td>12</td>
<td>4</td>
<td>21</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>WhiteNH</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>63</td>
<td>45</td>
</tr>
<tr>
<td>Black/AA NH</td>
<td>17</td>
<td>55</td>
<td>10</td>
<td>24</td>
<td>70</td>
<td>56</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>31</td>
<td>3</td>
<td>14</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>AsianNH</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>American Indian NH</td>
<td>7</td>
<td>10</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Ages 10-14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td>7</td>
</tr>
<tr>
<td>Ages 15-19</td>
<td>2</td>
<td>17</td>
<td>5</td>
<td>12</td>
<td>899</td>
<td>465</td>
</tr>
<tr>
<td>Ages 20-24</td>
<td>5</td>
<td>51</td>
<td>8</td>
<td>46</td>
<td>1,266</td>
<td>1,074</td>
</tr>
<tr>
<td>Ages 25-29</td>
<td>5</td>
<td>48</td>
<td>12</td>
<td>61</td>
<td>746</td>
<td>941</td>
</tr>
<tr>
<td>Ages 30-34</td>
<td>8</td>
<td>41</td>
<td>10</td>
<td>58</td>
<td>413</td>
<td>649</td>
</tr>
<tr>
<td>Ages 35-39</td>
<td>7</td>
<td>27</td>
<td>8</td>
<td>41</td>
<td>235</td>
<td>376</td>
</tr>
<tr>
<td>Ages 40-44</td>
<td>6</td>
<td>19</td>
<td>5</td>
<td>27</td>
<td>126</td>
<td>262</td>
</tr>
<tr>
<td>Ages 45-54</td>
<td>5</td>
<td>13</td>
<td>3</td>
<td>18</td>
<td>39</td>
<td>133</td>
</tr>
<tr>
<td>Ages 55-64</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>11</td>
<td>10</td>
<td>66</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

*Note: HIV/AIDS are new reported cases, STIs are total reported cases. NC Men rates are noted in smaller italics.

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Gonorrhea cases in adolescents and young adults (15-29) - 86%
Chlamydia cases in adolescents and young adults (15-29) - 76%
NC women ever tested for HIV - 41%

- White: 34%
- Black/AA: 57%
- U.S. Average: 37%

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*Ages 13-14; †Early stages of a syphilis infection in which physical symptoms are typically present
‡If untreated, a syphilis infection will progress to this stage in which there are no visible signs or symptoms

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<table>
<thead>
<tr>
<th>Cases per 100,000 NC Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
</tr>
<tr>
<td>AIDS</td>
</tr>
<tr>
<td>Primary and Secondary Syphilis</td>
</tr>
<tr>
<td>Early Latent Syphilis</td>
</tr>
<tr>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Chlamydia</td>
</tr>
</tbody>
</table>
North Carolina’s COVID-19 case rate is ranked solidly in the median—25th highest in the country.
Nearly 20% of NC women live in poverty with an additional 10% near poverty—a trend that has remained constant over the past decade. Consistent with national data, NC women of color are more likely to live in poverty.

Did not see a doctor when needed within past 12 months due to cost: 13%

Did not take a medication as prescribed due to cost at some point in the past 12 months: 13%

Time since last routine checkup:
- <1 year: 83%
- 1-2 years: 10%
- 2-5 years: 4%
- 5+ years: 2%

U.S. Average:
- <1 year: 7%
- 1-2 years: 10%
- 2-5 years: 19%
- 5+ years: 24%
**Emerging Issues 2020**

**3,540** Homeless North Carolina Women

- Women make up 38% of the state's homeless population. Overall, homelessness has decreased 10% since 2010.

**Disability**

Women 18+ with any disability:

- All NC Women: 17%
  - White NH: 17%
  - Black/AA NH: 18%
  - Hispanic: 8%
  - Asian NH: 8%
  - Other NH: 17%
  - American Indian NH: 24%

**Educational Attainment**

Ages 25+

<table>
<thead>
<tr>
<th>College degree</th>
<th>Some college</th>
<th>High school or GED</th>
<th>Some high school or less</th>
<th>NC Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>White NH: 38%</td>
<td>Black/AA NH: 40%</td>
<td>Hispanic: 35%</td>
<td>Asian NH: 47%</td>
<td>American Indian NH: 28%</td>
</tr>
</tbody>
</table>

**2,155 NC Women in State Prisons 2022**

- White: 68%
  - Black/AA: 26%
  - Asian: <1%
  - American Indian: 2%
  - Other/Unknown: 3%
  - Hispanic: 3%
  - Non-Hispanic: 97%

**NC Men: 27,615**

- White NH: 38%
  - Black/AA NH: 40%
  - Hispanic: 35%
  - Asian NH: 47%
  - American Indian NH: 28%

*People either working or looking for work*

In the labor force: 72%

In the labor force but currently unemployed: 4.6%

Median income, if any earned (ages 18-64): $30,000

Age 18+ living in a household receiving food stamps: 13%

White NH: 8%

Black/AA NH: 28%

Hispanic: 13%

Asian NH: 10%

Other NH: 18%

American Indian NH: 28%

Women 18+ with any disability:

- All NC Women: 17%
  - White NH: 17%
  - Black/AA NH: 18%
  - Hispanic: 8%
  - Asian NH: 8%
  - Other NH: 17%
  - American Indian NH: 24%

**Women make up 38% of the state's homeless population. Overall, homelessness has decreased 10% since 2010.**

**Overall, homelessness has decreased 10% since 2010.**

- White NH: 38%
  - Black/AA NH: 40%
  - Hispanic: 35%
  - Asian NH: 47%
  - American Indian NH: 28%

**In the labor force: 72%**

**In the labor force but currently unemployed: 4.6%**

**Median income, if any earned (ages 18-64): $30,000**

**Age 18+ living in a household receiving food stamps: 13%**

- White NH: 8%
  - Black/AA NH: 28%
  - Hispanic: 13%
  - Asian NH: 10%
  - Other NH: 18%
  - American Indian NH: 28%

*People either working or looking for work*
The average age of women in the state is steadily increasing. 25% of NC women are over the age of 60—a 6% increase over the past 15 years, and that number is expected to grow another 3% by 2030.

Alzheimer’s Disease accounts for 7% of deaths (28,617 years of potential life lost annually).
Among women 45+ years old, days of poor physical health in the past 30 days

- None: 57%
- 1-2 days: 9%
- 3-7 days: 15%
- 8-29 days: 12%
- 30 days: 8%

COVID-19

Data from NC Department of Health and Human Services as of March 17, 2022 (men and women combined)

- Cases by age group: 65+
  - 12%
- Deaths by age group: 65+
  - 73%

Emerging Issues

Aging

2020

Cognitive Decline

7% of NC women 45+ years old have experienced progressive memory decline (confusion or memory loss that is happening more often or is getting worse) in the past 12 months.

- White: 8%
- Black/AA: 4%
- Other: 6%
- U.S. Average: 7%

47% of NC women 45+ years old have discussed progressive cognitive decline with a health care professional.

- White: 49%
- Black/AA: 34%
- Other: 47%
- U.S. Average: 48%

Those 45+ years old reporting progressive memory decline:

Frequency with which day-to-day household activities* were given up due to memory decline:

- Always: 9%
- Usually: 5%
- Sometimes: 27%
- Rarely: 8%
- Never: 51%

Frequency with which assistance was needed with day-to-day activities as a result of memory loss:

- Always: 9%
- Usually: 6%
- Sometimes: 27%
- Rarely: 8%
- Never: 51%

Frequency with which cognitive decline has interfered with ability to work, volunteer, or engage in social activities outside of home:

- Always: 8%
- Usually: 8%
- Sometimes: 11%
- Rarely: 17%
- Never: 56%

*Such as cooking, cleaning, taking medications, driving, or paying bills
Acknowledgements

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Carolina Demography

CWHR utilized Carolina Demography—a service of the Carolina Population Center at UNC-Chapel Hill that focuses on population change—to collect the data found within this report. They provide a full array of demographic services for North Carolina businesses, foundations, government agencies, schools, not-for-profit organizations, and more. Learn more at their website, ncdemography.org.

Data Sources

America’s Health Rankings; American Community Survey Data (1-year samples from IPUMS-USA); Behavioral Risk Factor Surveillance System (BRFSS); Carolina Demography; Healthy People 2030; NC Central Cancer Registry; NC 2020 HIV/STD Surveillance Report; NC Department of Health and Human Services; NC Department of Public Safety; NC Office of State Budget and Management Population, Census, Economic, and Social Statistics Publications; Pregnancy Risk Assessment Monitoring System (PRAMS)

For the past 15 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 highlight 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.

The CWHR mission is to advance 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. The Center engages in multiple avenues to carry out this mission, including:

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

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