PHYSICAL ACTIVITY

Regular physical activity promotes health, psychological well-being, and a healthy body weight; enhances independent living; and improves one's quality of life.[1] The 2008 Physical Activity Guidelines for Americans states that for substantial health benefits, women should engage in at least 2½ hours per week of moderate-intensity or 1¼ hours per week of vigorous-intensity aerobic physical activity, or an equivalent combination of both, plus muscle-strengthening activities on at least 2 days per week. Additional health benefits are gained by engaging in physical activity beyond this amount.[2]

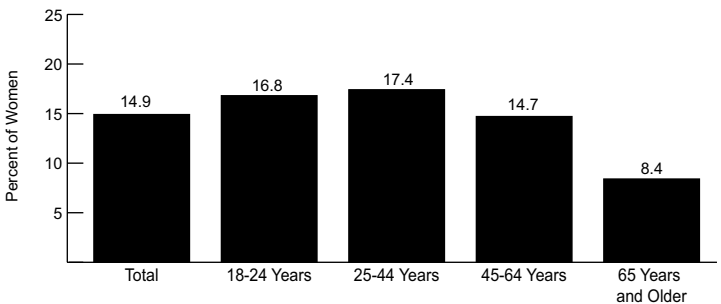
In 2008, fewer than 15 percent of women met the recommendations for adequate physical activity. The percentage of women reporting adequate physical activity generally decreases as age increases. Women aged 18–24 and 25–44 years were most likely to have engaged in adequate physical activity (16.8 and 17.4 percent, respectively). Women aged 65 years and older were least likely to engage in adequate amounts of physical activity (8.4 percent).

The proportion of women engaging in the recommended amount of physical activity also varies by race and ethnicity and poverty status. Overall, non-Hispanic White women were more likely to have reported adequate physical activity (16.9 percent) than non-Hispanic Black or Hispanic women (9.7 and 9.6 percent, respectively).

Among each of these racial and ethnic groups, the proportion of women engaging in adequate physical activity was highest among those with household incomes of 200 percent or more of poverty. Among Hispanic women, however, almost twice as many women with incomes below 100 percent of poverty engaged in adequate physical activity as compared to those with incomes between 100–199 percent of poverty (8.2 versus 4.4 percent, respectively). Non-Hispanic White women with incomes below 100 percent of poverty and 100–199 percent of poverty had comparable rates of adequate physical activity (10.4 and 9.3 percent, respectively).

Women Aged 18 and Older Engaging in Adequate* Physical Activity, by Age, 2008

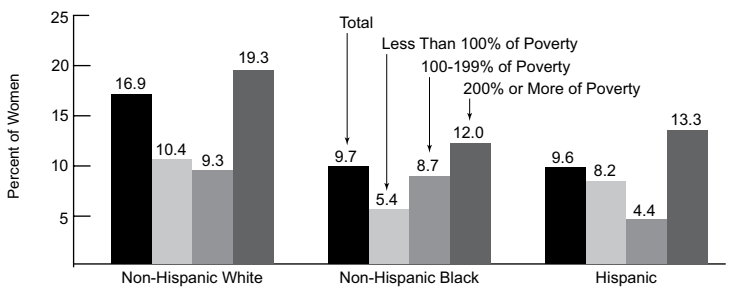
Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Adequate physical activity is defined as 2.5 hours per week of moderate-intensity activity or 1.25 hours per week of vigorous-intensity activity, or an equivalent combination of both, plus muscle-strengthening activities on 2 or more days per week.

Women Aged 18 and Older Engaging in Adequate* Physical Activity, by Race/Ethnicity** and Poverty Status,† 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Adequate physical activity is defined as 2.5 hours per week of moderate-intensity activity or 1.25 hours per week of vigorous-intensity activity, or an equivalent combination of both, plus muscle-strengthening activities on 2 or more days per week. **The sample of American Indian/Alaska Natives, Asians, Native Hawaiian/Pacific Islanders, and persons of multiple races was too small to produce reliable results. †Poverty level, defined by the U.S. Census Bureau, was $22,025 for a family of four in 2008.

NUTRITION

The *Dietary Guidelines for Americans, 2005* recommends eating a variety of nutrient-dense foods while not exceeding caloric needs. For most people, this means eating a daily assortment of fruits and vegetables, whole grains, lean meats and beans, and low-fat or fat-free milk products while limiting added sugar, sodium, saturated and trans fats, and cholesterol.[1]

Folate is an important part of a healthy diet, especially among women of childbearing age, since it can help reduce the risk of neural tube defects early in pregnancy. In 2005–2008, only 32.0 percent of women consumed the Recommended Dietary Allowance (RDA) for folate (400 mcg/day). This varied by race and ethnicity, as well as poverty status.

Fewer than 22 percent of non-Hispanic Black women consumed the recommended amount of folate, compared to more than 30 percent of Mexican American and other Hispanic women, and 34.0 percent of non-Hispanic White women.

Women with household incomes of 300 percent or more of poverty were more likely than women with lower incomes to have met the RDA for folate (35.8 percent), while women with incomes below 100 percent of poverty were least likely to have done so (23.4 percent).

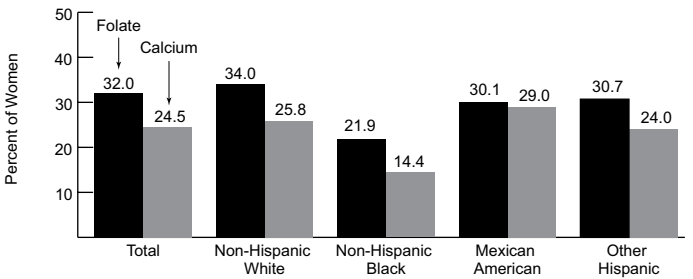
Inadequate calcium consumption can lead to lower bone density, bone loss, and increased risk of osteoporosis. The recommended Adequate Intake (AI) for calcium is 1,000 mg/day for women aged 19–50 and 1,200 mg/day for women aged 51 years and older. In 2005–2008, fewer than one-quarter of women (24.5 percent) met or exceeded this recommendation.

Non-Hispanic Black women were less likely than women of other races and ethnicities to have met the recommendations for calcium in 2005–2008 (14.4 percent).

Women with incomes of 300 percent or more of poverty were more likely than those with household incomes of less than 100 percent of poverty to have met the recommended AI for calcium (26.8 versus 19.9 percent, respectively).

Women Meeting the Recommended Daily Intake of Folate and Calcium,* by Race/Ethnicity,** 2005–2008

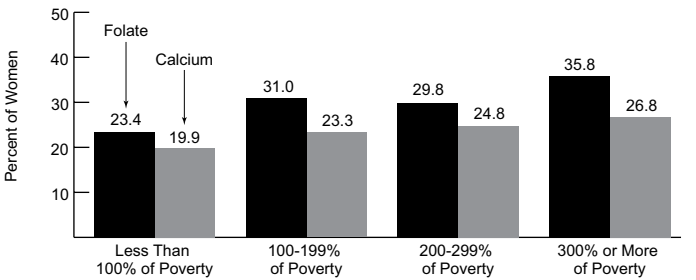
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Adequate Intake (AI) for calcium is 1,000 mg/day for women aged 19-50 and 1,200 mg/day for women aged 50 years and older; Recommended Dietary Allowance (RDA) for folate intake is 400 mcg/day.
**The sample of Asian/Pacific Islanders, American Indian/Alaska Natives, persons of multiple races, and persons of other races was too small to produce reliable results.

Women Meeting the Recommended Daily Intake of Folate and Calcium,* by Poverty Status, 2005–2008

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Adequate Intake (AI) for calcium is 1,000 mg/day for women aged 19-50 and 1,200 mg/day for women aged 50 years and older; Recommended Dietary Allowance (RDA) for folate intake is 400 mcg/day.

SLEEP DISORDERS

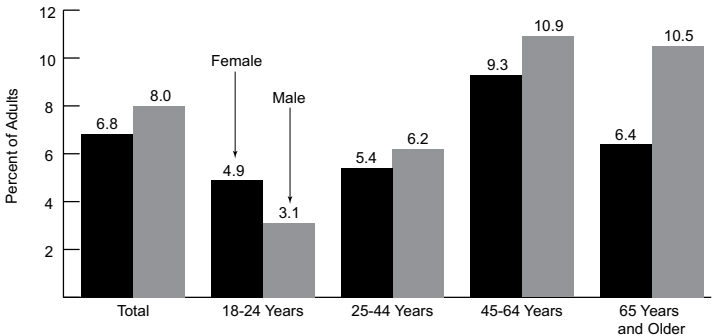
In 2005–2008, 7.4 percent of adults reported that they had ever been told by a health professional that they had a sleep disorder. Sleep disorders can take many forms and have serious health effects in addition to their effects on productivity and quality of life.[3] Insomnia is a sleep disorder characterized by a person's inability to fall or stay asleep, while narcolepsy is characterized by excessive daytime sleepiness, or "sleep attacks," and sudden muscle weakness. Some sleep disorders affect an individual during sleep. Sleep apnea, which is sometimes confused with snoring, is marked by gasping or snorting and can momentarily disrupt an individual's sleep cycle or constrict the airway.

Overall, sleep disorders are slightly more common among men than women (8.0 versus 6.8 percent, respectively), and vary with age among both sexes. Among women, 45- to 64-year-olds were more likely than women of other age groups to have been told by a health professional that they had a sleep disorder (9.3 percent). Women aged 65 years and older were also more likely than those aged 18–24 years to have had a sleep disorder (6.4 versus 4.9 percent, respectively). Among men, those aged 45–64 and 65 years and older were more likely than younger men to have had a sleep disorder (10.9 and 10.5 percent, respectively).

Sleep disorders among women also vary by poverty status. Women with household incomes below 100 percent of poverty are more likely than women with higher incomes to have reported a sleep disorder (10.1 percent). Women with incomes of 100–199 percent of poverty were also more likely than women with incomes of 300 percent or more to have ever been told by a health professional that they had a sleep disorder (7.2 versus 5.3 percent, respectively).

Sleep Disorders* Among Adults Aged 18 and Older, by Age and Sex, 2005–2008

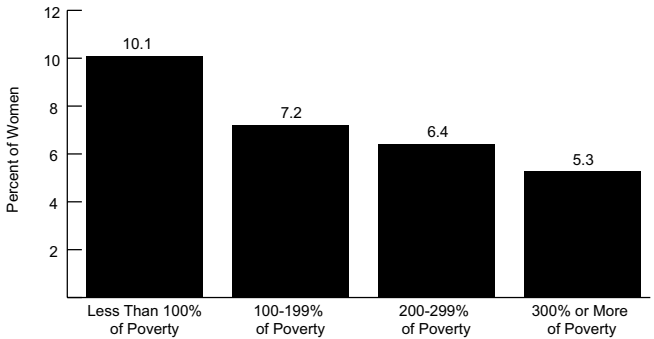
Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Reported that a health professional has ever told them they have a sleep disorder; this may include insomnia, restless legs, sleep apnea and other conditions.

Sleep Disorders* Among Women Aged 18 and Older, by Poverty Status,** 2005–2008

Source II.2: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



*Reported that a health professional has ever told them they have a sleep disorder: this may include insomnia, restless legs, sleep apnea and other conditions. **Poverty level, defined by the U.S. Census Bureau, was $22,025 for a family of four in 2008.

ALCOHOL USE

According to the Centers for Disease Control and Prevention (CDC), alcohol is a central nervous system depressant that, in small amounts, can have a relaxing effect. Although there is some debate over the health benefits of small amounts of alcohol consumed regularly, the negative health effects of excessive alcohol use and abuse are well established.[4] Short-term effects can include increased risk of motor vehicle injuries, falls, intimate partner violence, and child abuse. Long-term effects can include pancreatitis, high blood pressure, liver cirrhosis, various cancers, and psychological disorders, including alcohol dependency and depression.

In 2008, 63.1 percent of adults aged 18 years and older were current drinkers (had at least one alcoholic drink in the past year; data not shown). This varies, however, by sex. Overall, women were less likely than men to have consumed any alcohol in the past year (57.3 versus 69.2 percent, respectively).

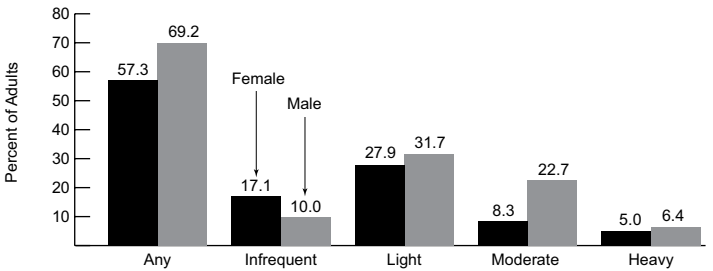
While more than half of women had consumed alcohol in the past year, most of them reported infrequent or light drinking. Fewer than 28 percent of women reported light drinking (3 or fewer drinks per week), and 17.1 percent reported infrequent drinking (1–11 drinks total in the past year).

The frequency of alcohol consumption among women varies by age. Women aged 65 and older were most likely not to have consumed alcohol in the past year (62.5 percent), followed by women aged 18–24 and 45–64 years (42.0 and 38.9 percent, respectively). Women aged 18–24 years were, however, more likely than women of other ages to be heavy drinkers (8.2 percent), while women aged 25–44 years were most likely to have reported light drinking (35.1 percent).

While the rate of arrests for driving under the influence has decreased slightly from 1999 to 2008 (from 5.4 to 4.8 per 1,000 people, respectively, among reporting agencies), the proportion of females arrested for this crime has increased during that time. In 2008, females accounted for 21.4 percent of arrests reported for driving under the influence, compared to 15.8 percent in 1999 (data not shown).[5]

Current Drinking* Among Adults Aged 18 and Older, by Level of Alcohol Consumption** and Sex, 2008

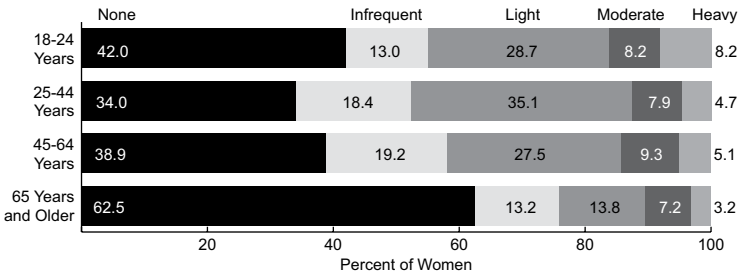
Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Had at least 1 drink in the past year. **Infrequent indicates 1-11 drinks consumed in the past year; light indicates 3 or fewer drinks per week in the past year; moderate indicates 4 to 7 (for females) or 4 to 14 (for males) drinks per week; heavy indicates more than 7 (for females) or more than 14 (for males) drinks per week.

Level of Alcohol Consumption* Among Women Aged 18 and Older, by Age, 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Infrequent indicates 1-11 drinks consumed in the past year; light indicates 3 or fewer drinks per week in the past year; moderate indicates 4 to 7 drinks per week; heavy indicates more than 7 drinks per week.

CIGARETTE SMOKING

According to the U.S. Surgeon General, smoking damages every organ in the human body. Cigarette smoke contains toxic ingredients that prevent red blood cells from carrying a full load of oxygen, impair genes that control the growth of cells, and bind to the airways of smokers. This contributes to numerous chronic illnesses, including several types of cancers, chronic obstructive pulmonary disease (COPD), cardiovascular disease, reduced bone density and fertility, and premature death.[6]

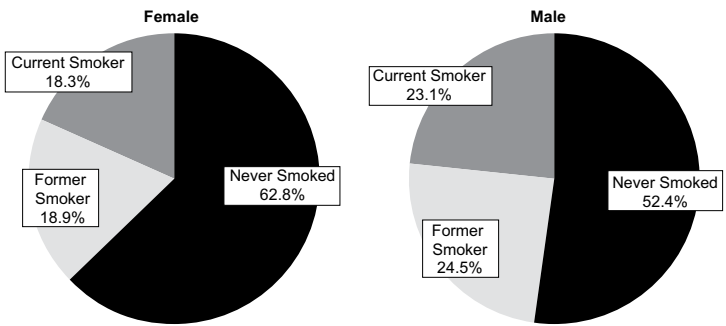
In 2008, women aged 18 and older were more likely than men never to have smoked cigarettes in their lifetime (62.8 versus 52.4 percent, respectively). Women were just as likely to be current cigarette smokers as former smokers (18.3 and 18.9 percent, respectively). Similarly, among men, 23.1 percent were current smokers and 24.5 percent were former smokers.

The proportion of women who have never smoked cigarettes was greater among those with higher incomes. Women with household incomes of 400 percent or more of poverty or 200–399 percent of poverty (65.1 and 62.7 percent, respectively) were more likely than women with household incomes below 100 percent of poverty to have never smoked cigarettes (57.9 percent).

Quitting smoking has major and immediate health benefits, including reducing the risk of diseases caused by smoking and improving overall health.[1] In 2008, more than 48 percent of current female smokers aged 18 and older reported trying to quit at least once in the past year; however, this varied by age. Women aged 18–44 years were most likely to have attempted to quit smoking (51.5 percent), compared to women aged 45–64 years (45.8 percent) and 65 years and older (42.0 percent; data not shown).

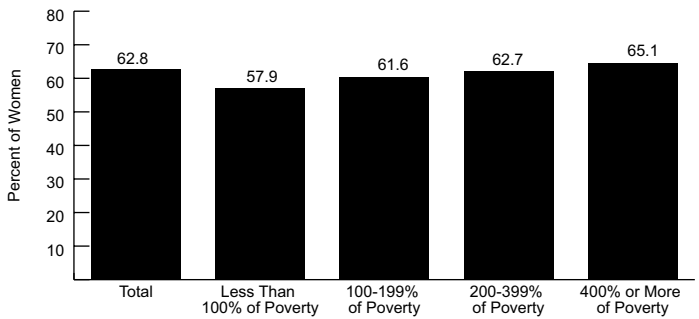
Current Cigarette Smoking Among Adults Aged 18 and Older, by Sex, 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



Women Aged 18 and Older Who Never Smoked Cigarettes, by Poverty Status,* 2008

Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



Poverty level, defined by the U.S. Census Bureau, was $22,025 for a family of four in 2008.

ILLICIT DRUG USE

Illicit drug use is associated with serious health and social consequences, such as impaired cognitive functioning, kidney and liver damage, drug addiction, and decreased worker productivity.[7] Illicit drugs include marijuana/hashish, cocaine, inhalants, hallucinogens, crack, and prescription-type psychotherapeutic drugs used for non-medical purposes. In 2008, nearly 13.4 million women aged 18 years and older reported using an illicit drug within the past year, representing 11.5 percent of adult women. In comparison, 17.4 million men, representing 16.1 percent of the adult male population, used at least one illicit drug in the past year (data not shown). Past-year illicit drug use was highest among females aged 18–25 years (29.9 percent), followed by females aged 12–17 years (18.9 percent); past-year use was lowest among women aged 26 years and older (8.5 percent).

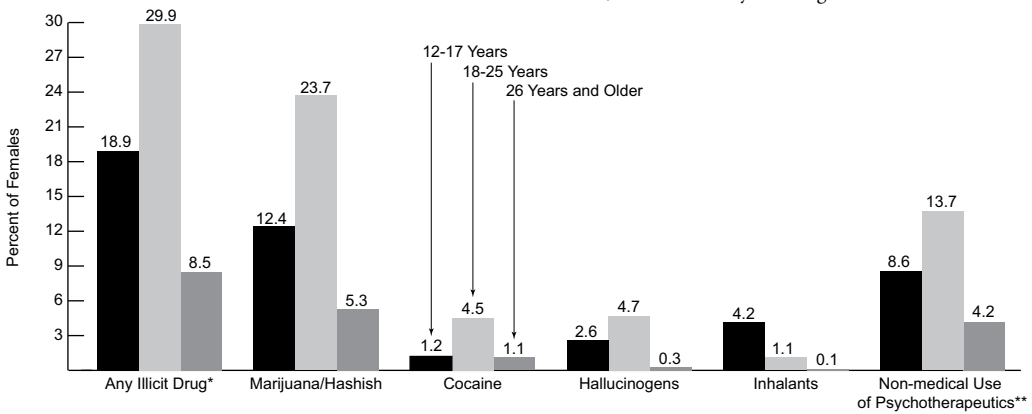
Use of all drug types, except inhalants, was highest among females aged 18–25 years, with 23.7 percent reporting past-year marijuana use and 13.7 percent reporting non-medical use of prescription-type psychotherapeutic drugs (including prescription pain relievers, tranquilizers, stimulants, and sedatives). Use of inhalants in the past year was highest among females aged 12–17 (4.2 percent), compared to 1.1 percent of 18- to 25-year-olds and 0.1 percent of those aged 26 years and older.

Marijuana was the most commonly used illicit drug among females of all ages, followed by the non-medical use of psychotherapeutics. Short-term effects of marijuana use can include difficulty thinking and solving problems, memory and learning problems, and distorted perception. Long-term use of psychotherapeutic drugs can lead to physical dependence and addiction. In addition, when taken in large doses, stimulant use can lead to compulsivity, paranoia, dangerously high body temperature, and an irregular heartbeat. Prescription drugs commonly used or abused for non-medical purposes include opioids, central nervous system depressants, and stimulants.[7]

The percentage of women reporting non-medical use of psychotherapeutics varies by race and ethnicity. Among women aged 18 and older, non-Hispanic White women were more likely than women of other races and ethnicities to report the use of psychotherapeutics in the past year (6.3 percent). Four percent of non-Hispanic Black women also reported the non-medical use of psychotherapeutics, as did 3.5 percent of non-Hispanic American Indian/Alaska Native and Hispanic women (data not shown).

Past Year Use of Illicit Drugs Among Females Aged 12 and Older, by Age and Drug Type, 2008

Source II.3: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and any prescription-type psychotherapeutic drugs used for non-medical purposes. **Includes prescription-type pain relievers, tranquilizers, stimulants, and sedatives, but not over-the-counter drugs.*