

## 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. 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. Additional health benefits are gained by engaging in physical activity beyond this amount.<sup>1</sup> Prior to these guidelines, the *Dietary Guidelines for Americans, 2005*, recommended that adults engage in at least 30 minutes of moderate-intensity physical activity,

above usual activity at work or home on most, or preferably all, days of the week.<sup>2</sup>

In 2007, only 10.0 percent of women reported participating in adequate physical activity (defined as engaging in physical activity of moderate intensity for at least 30 minutes per day on a minimum of 5 days per week or vigorous-intensity activity for at least 20 minutes per day for a minimum of 3 days per week). The percentage of women reporting regular physical activity varied by race/ethnicity, age, and income.

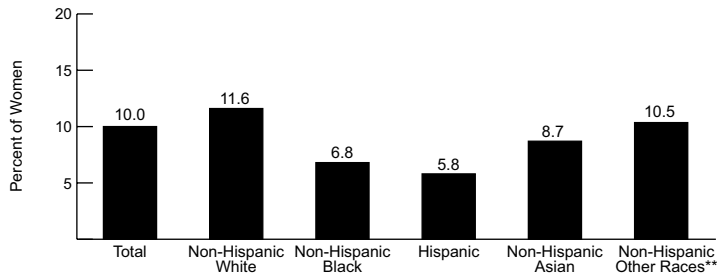
In 2007, non-Hispanic White women were more likely than women of other races and ethnicities to report adequate physical activity (11.6 percent). Hispanic women were least

likely to report adequate physical activity (5.8 percent).

Among women in all income groups, rates of adequate physical activity peak during the ages of 25–44 years and decline as women grow older. In addition, among women aged 25 years and older, those with higher incomes are more likely to engage in adequate physical activity than those with lower incomes. In 2007, the women most likely to do so were those aged 25–44 years with incomes of 200 percent or more of poverty (17.4 percent), compared to 13.8 percent of women in the same age group with incomes of 100–199 percent of poverty and 11.4 percent of those with incomes less than 100 percent of poverty.

### Women Aged 18 and Older Engaging in Adequate\* Physical Activity, by Race/Ethnicity, 2007

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

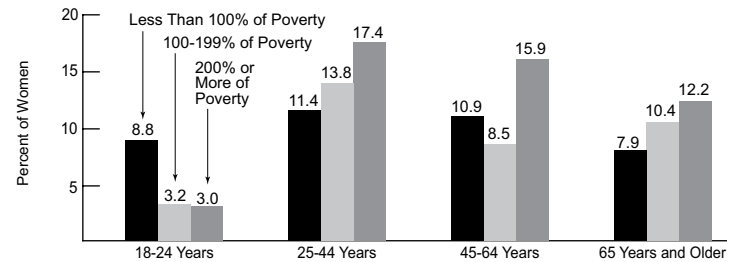


\*Adequate physical activity is defined as 30 minutes per day or more of moderate-intensity activity on 5 or more days per week or 20 minutes per day of vigorous-intensity activity on 3 or more days per week.

\*\*Includes Native Hawaiian/Pacific Islanders, American Indian/Alaska Natives, persons of other races, persons of more than one race, and persons of unspecified race.

### Women Aged 18 and Older Engaging in Adequate\* Physical Activity, by Age and Poverty Status,\*\* 2007

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



\*Adequate physical activity is defined as 30 minutes per day or more of moderate-intensity activity on 5 or more days per week or 20 minutes per day of vigorous-intensity activity on 3 or more days per week.

\*\*Poverty level, defined by the U.S. Census Bureau, was \$21,027 for a family of four in 2007.

## 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.<sup>2</sup>

Fats that come from sources of polyunsaturated or monounsaturated fatty acids, such as fish, nuts, and vegetable oils, are an important part of a healthy diet. However, high intake of saturated fats, *trans* fats, and cholesterol may increase the risk of coronary heart disease. Most Americans should consume fewer than 10 per-

cent of calories from saturated fats, less than 300 mg/day of cholesterol, and keep *trans* fatty acid consumption to a minimum. In 2005–2006, 63.0 percent of women exceeded the recommended maximum daily intake of saturated fat—particularly non-Hispanic White and non-Hispanic Black women (65.7 and 59.4 percent, respectively).

Salt also plays an important role in heart health, as high salt intake can contribute to high blood pressure. In 2005–2006, 68.0 percent of women exceeded the recommended maximum intake of less than 2,300 mg/day of sodium, or about 1 teaspoon of salt.

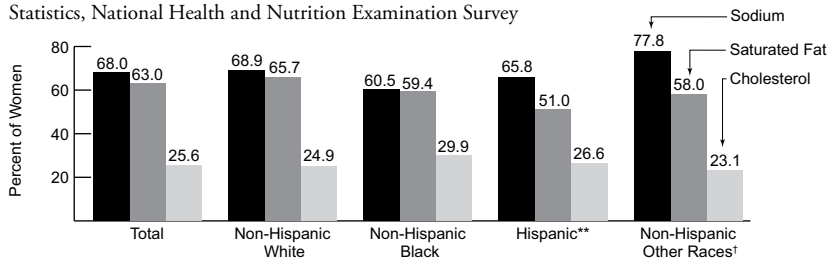
Inadequate calcium consumption can lead to lower bone density, bone loss, and increased

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 2005–2006, fewer than one-quarter of women met or exceeded the recommended AI for calcium.

Folate is also 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 2005–2006, only 32.8 percent of women consumed the Recommended Dietary Allowance (RDA) for folate (400 mcg/day). Fewer than one-quarter of non-Hispanic Black women consumed the RDA for folate, compared to slightly more than one-third of non-Hispanic White and Hispanic women.

### Women Exceeding the Recommended Daily Intake of Sodium, Saturated Fat, and Cholesterol\* by Race/Ethnicity, 2005–2006

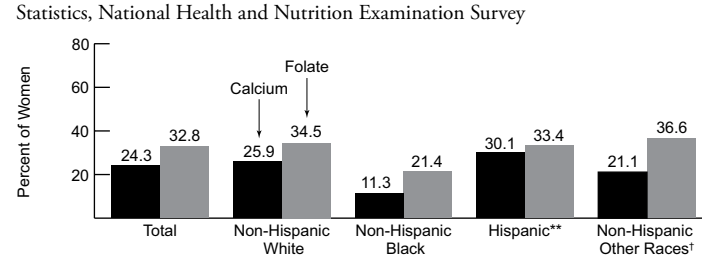
Source I.5: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



\*Maximum recommended daily intake of sodium is less than 2300 mg/day; recommended intake of saturated fat is 10 percent of daily caloric intake or less; recommended daily intake of cholesterol is less than 300 mg/day. \*\*Estimates for Hispanics should be interpreted with caution; they may not be representative of the entire Hispanic population. †Includes American Indian/Alaska Natives, Asian/Pacific Islanders, persons of more than one race, and persons of other races.

### Women Meeting the Recommended Daily Intake of Calcium and Folate,\* by Race/Ethnicity, 2005–2006

Source I.5: 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. \*\*Estimates for Hispanics should be interpreted with caution; they may not be representative of the entire Hispanic population. †Includes American Indian/Alaska Natives, Asian/Pacific Islanders, persons of more than one race, and persons of other races.

## 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.<sup>3</sup> 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. In 2007, 39.6 percent of women aged 18 years and older were current drinkers

(had at least one alcoholic drink in the past year; data not shown).

Non-Hispanic White women were most likely to be current drinkers (46.1 percent), followed by non-Hispanic women of other races (35.7 percent) and non-Hispanic Black women (27.6 percent). Women with higher household incomes were more likely than women with lower incomes to be current drinkers, and this was true for every racial and ethnic group. For instance, 34.4 percent of Hispanic women with incomes of 200 percent or more of poverty were current drinkers, compared to 15.0 percent of those with incomes below 100 percent of poverty.

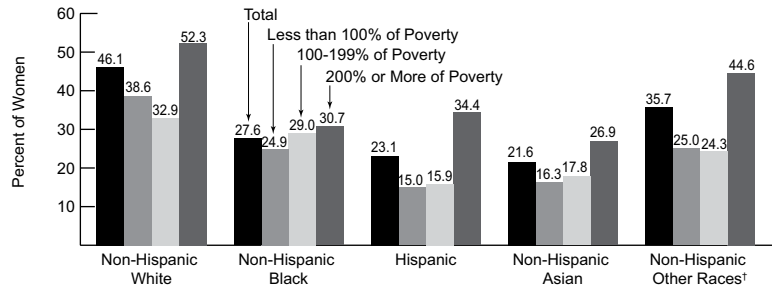
Among current drinkers, the level of alcohol consumption varies by sex. In 2007, women were

more likely than men to have consumed alcohol infrequently (1–11 drinks in the past year) or to have engaged in light alcohol consumption (3 or fewer drinks per week). More than half of women who drank in the past year were considered light drinkers (50.8 percent), compared to 45.2 percent of men. Men, however, were much more likely than women to be moderate drinkers (between 4 and 7 drinks for women or between 4 and 14 drinks for men): 32.0 percent of men and 13.4 percent of women were moderate drinkers.

The average number of drinks consumed by current drinkers in the past year also varied by sex. On average, men consumed more drinks on days when they drank at all than women (3.0 versus 2.0 drinks, respectively; data not shown).

### Current Drinking\* Among Women Aged 18 and Older, by Race/Ethnicity and Poverty Status,\*\* 2007

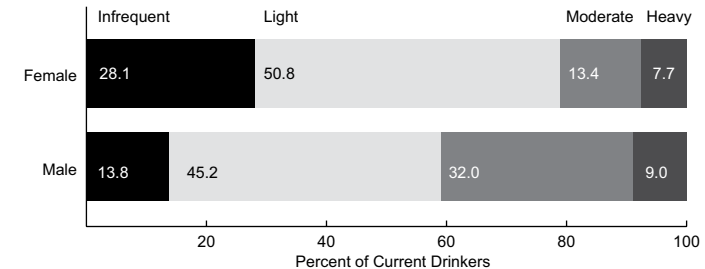
Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Had at least one drink in the past year. \*\*Poverty level, defined by the U.S. Census Bureau, was \$21,027 for a family of four in 2007. †Includes Native Hawaiian/Pacific Islanders, American Indian/Alaska Natives, persons of other races, persons of more than one race, and persons of unspecified race.

### Level of Alcohol Consumption\* Among Current Drinkers Aged 18 and Older, by Sex, 2007

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



\*Infrequent drinking indicates 1-11 drinks consumed in the past year; light drinking indicates 3 or fewer drinks per week in the past year; moderate indicates 3 to 7 (females) or 14 (males) drinks per week; heavy indicates more than 7 (females) or 14 (males) 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, impairs genes that control the growth of cells, and binds 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.<sup>4</sup>

In 2007, 19.8 percent of adults aged 18 and older smoked cigarettes some days or every day. Current cigarette smoking varied by sex and

race/ethnicity. Men were more likely to smoke cigarettes than women overall (22.3 versus 17.4 percent, respectively), and in most racial and ethnic groups. Among women, non-Hispanic women of other races were most likely to be current cigarette smokers (31.0 percent), followed by non-Hispanic White women (19.8 percent). Non-Hispanic Asian women were least likely to smoke cigarettes (4.0 percent).

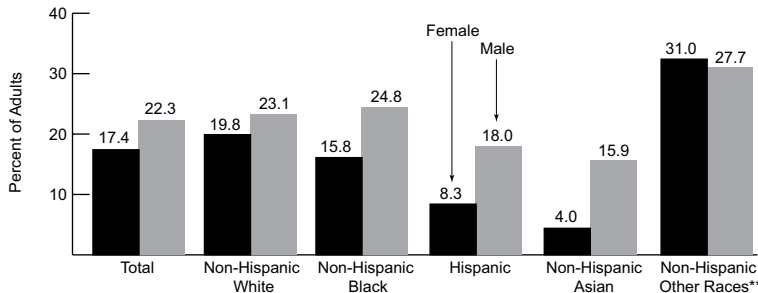
The likelihood of being a current cigarette smoker declines as a person's level of education increases. In 2006, women aged 25 years and older with less than a high school diploma were most likely to smoke cigarettes (26.0 percent), while only 7.2 percent of those with a college

degree or higher did so. Cigarette smoking among women of every education level has declined in the past decade.

Quitting smoking has major and immediate health benefits, including reducing the risk of diseases caused by smoking and improving overall health.<sup>4</sup> In 2007, more than 44 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 were most likely to have attempted quitting smoking (48.6 percent), followed by women aged 45–64 years (41.3 percent). Fewer than 30 percent of female cigarette smokers aged 65 years and older attempted to do so (data not shown).

#### Current Cigarette Smoking Among Adults Aged 18 and Older, by Race/Ethnicity and Sex, 2007

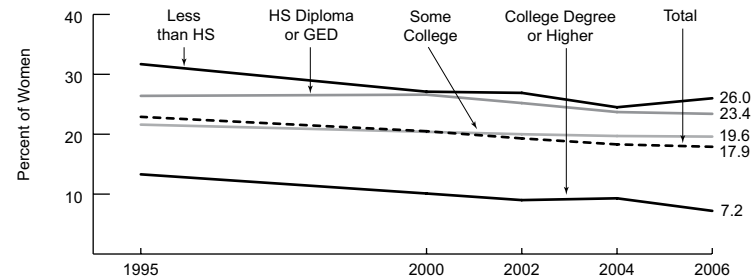
Source II.1: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Estimates are not age-adjusted. \*\*Includes Native Hawaiian/Pacific Islanders, American Indian/Alaska Natives, persons of other races, persons of more than one race, and persons of unspecified race.

#### Current Cigarette Smoking Among Women Aged 25 and Older, by Education Level, 1995–2006\*

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



\*Estimates are age-adjusted.

## 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.<sup>5</sup> Illicit drugs include marijuana/hashish, cocaine, inhalants, hallucinogens, crack, and prescription-type psychotherapeutic drugs used for non-medical purposes. In 2007, nearly 12.6 million women aged 18 years and older reported using an illicit drug within the past year, representing 10.9 percent of this population. In comparison, 18.4 million men, representing 17.1 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 (29.1 percent), followed by females aged 12–17 years (18.0 percent); past-year use was lowest among women aged 26 years and older (7.9 percent).

Use of all drug types, except inhalants, was highest among females aged 18–25 years, with 23.1 percent reporting past-year marijuana use and 13.7 percent reporting non-medical use of prescription-type psychotherapeutic drugs. Use of inhalants in the past year was highest among females aged 12–17 (4.0 percent), compared to 0.9 percent of those aged 18–25 and 0.1 percent of those aged 26 years and older.

Marijuana was the most commonly used

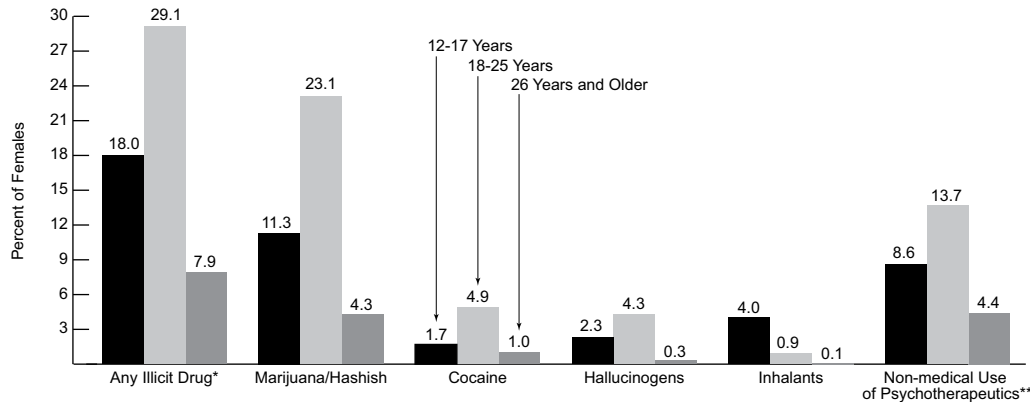
illicit drug among females aged 12–17 and 18–25 years, and was the second most commonly used drug among women 26 years and older. Short-term effects of marijuana use can include difficulty thinking and solving problems, memory and learning problems, and distorted perception.

Non-medical use of psychotherapeutics was the most commonly used drug among women aged 26 years and older and was the second most commonly used drug among younger females. Prescription drugs commonly used or abused for non-medical purposes include opioids, central nervous system depressants, and stimulants. Long-term use of these 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.<sup>5</sup>

The percentage of women reporting non-medical use of psychotherapeutics varied by race and ethnicity. Among women aged 18 and older, American Indian/Alaska Natives were most likely to report the use of psychotherapeutics in the past year (8.5 percent), followed by non-Hispanic women of multiple races (7.6 percent), and non-Hispanic White women (6.1 percent). Slightly more than 4 percent of non-Hispanic Black women and 5.0 percent of Hispanic women also reported non-medical use of psychotherapeutics.

### Past Year Use of Illicit Drugs Among Females, by Age and Drug Type, 2007

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.