



Women's Health USA 2010

September 2010
U.S. Department of Health and Human Services
Health Resources and Services Administration



Please note that *Women's Health USA 2010* is not copyrighted.
Readers are free to duplicate and use all or part of the information contained in this publication;
however, the photographs are copyrighted and permission may be required to reproduce them.

Suggested Citation:
U.S. Department of Health and Human Services,
Health Resources and Services Administration. *Women's Health USA 2010*.
Rockville, Maryland: U.S. Department of Health and Human Services, 2010.

This publication is available online at <http://mchb.hrsa.gov/> and <http://hrsa.gov/womenshealth/>

Single copies of this publication are also available at no charge from the

HRSA Information Center

P.O. Box 2910

Merrifield, VA 22116

1-888-ASK-HRSA or ask@hrsa.gov

<u>PREFACE AND READER'S GUIDE</u>	<u>4</u>	Leading Causes of Death	29	<i>Women and Aging</i>	
<u>INTRODUCTION</u>	<u>6</u>	Arthritis	30	Population Characteristics	54
<u>POPULATION CHARACTERISTICS</u>	<u>9</u>	Asthma	31	Labor Force Participation	55
U.S. Population	10	Cancer	32	Poverty and Household Composition	56
U.S. Female Population	11	Diabetes	34	Activity Limitations	57
Household Composition	12	Overweight and Obesity	35	Osteoporosis	58
Women and Poverty	13	Digestive Disorders	36	Injury and Abuse	59
Food Security	14	Gynecological and Reproductive Disorders	37	<u>HEALTH SERVICES UTILIZATION</u>	<u>60</u>
Women and Federal Nutrition Programs	15	Heart Disease and Stroke	38	Usual Source of Care	61
Educational Degrees and Health Profession Schools	16	High Blood Pressure	39	Health Insurance	62
Women in the Labor Force	17	HIV/AIDS	40	Medicare and Medicaid	63
Women Veterans	18	Sexually Transmitted Infections	41	Preventive Care	64
Rural and Urban Women	19	Injury	42	Vaccination	65
<u>HEALTH STATUS</u>	<u>20</u>	Violence	43	Health Care Expenditures	66
<i>Health Behaviors</i>		Mental Illness	44	HIV Testing	68
Physical Activity	21	Oral Health	45	Home Health and Hospice Care	69
Nutrition	22	Severe Headaches and Migraines	46	Mental Health Care Utilization	70
Sleep Disorders	23	Urologic Disorders	47	Organ Transplantation	71
Alcohol Use	24	Vision and Hearing Loss	48	Quality of Women's Health Care	72
Cigarette Smoking	25	<i>Maternal Health</i>		Satisfaction with Health Care	73
Illicit Drug Use	26	Live Births	49	HRSA Programs Related to Women's Health	74
<i>Health Indicators</i>		Breastfeeding	50	<u>INDICATORS IN PREVIOUS EDITIONS</u>	<u>75</u>
Self-Reported Health Status	27	Smoking During Pregnancy	51	<u>ENDNOTES</u>	<u>76</u>
Life Expectancy	28	Maternal Morbidity and Risk Factors in Pregnancy	52	<u>DATA SOURCES</u>	<u>78</u>
		Maternal Mortality	53	<u>CONTRIBUTORS</u>	<u>80</u>

PREFACE AND READER'S GUIDE

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) supports healthy women building healthy communities. HRSA is charged with ensuring access to quality health care through a network of community-based health centers, maternal and child health programs, and community HIV/AIDS programs throughout the States and U.S. jurisdictions. In addition, HRSA's mission includes supporting individuals pursuing careers in medicine, nursing, and many other health disciplines. HRSA fulfills these responsibilities, in part, by collecting and analyzing timely, topical information that identifies health priorities and trends that can be addressed through program interventions and capacity building.

HRSA is pleased to present *Women's Health USA 2010*, the ninth edition of the *Women's Health USA* data book. To reflect the ever-changing, increasingly diverse population and its characteristics, *Women's Health USA* selectively highlights emerging issues and trends in women's health. Data and information on vision and hearing loss, home health and hospice care, sleep disorders, and women veterans are a few of the new topics included in this edition. There is also a new section on women and aging, with data on population character-



istics and labor force participation among older women, as well as age-specific information on activity limitations, osteoporosis, injury, and abuse.

Racial and ethnic, sex, and socioeconomic disparities are highlighted throughout the document where possible. Where race and ethnicity data are reported, every effort was made to ensure that groups are mutually exclusive. In some instances, it was not possible to provide data for all races due to the design of the original data source or the size of the sample population; therefore, estimates with a relative standard error of 30 percent or greater were considered unreliable and were not reported.

The data book was developed by HRSA to provide readers with an easy-to-use collection of current and historical data on some of the most pressing health challenges facing women, their families, and their communities. *Women's Health USA 2010* is a concise reference for policymakers and program managers at the Federal, State, and local levels to identify and clarify issues affecting the health of women. In these pages, readers will find a profile of women's health from various data sources. The data book brings together the latest available information from various agencies within the Federal government, including the U.S. Department of Health and Human Services, U.S. Department

of Agriculture, U.S. Department of Labor, and U.S. Department of Justice. Non-Federal data sources were used when no Federal source was available. Every attempt has been made to use data collected during the past 5 years. It is important to note that the data included are generally not age-adjusted to the 2000 population standard of the United States. This affects the comparability of data from year to year, and the interpretation of differences across various groups, especially those of different races and ethnicities. Without age-adjustment, it is difficult to know how much of the difference in incidence rates between groups can be attributed to differences in the groups' age distributions.

Women's Health USA 2010 is available online through the HRSA Maternal and Child Health Bureau (MCHB), Office of Women's Health Web site at <http://hrsa.gov/womenshealth> or the MCHB Office of Data and Program Development's Web site at www.mchb.hrsa.gov/data. Some of the topics covered in *Women's Health USA 2009* were not included in this year's edition because new data were not available or preference was given to an emerging issue in women's health. For coverage of these issues, please refer to *Women's Health USA 2009*, also available online. The National Women's Health Information Center, located online at www.womenshealth.gov, has detailed women's and

minority health data and maps. These data are available through Quick Health Data Online at www.healthstatus2010.com/owh. Data are available at the State and county levels, by age, race and ethnicity, and sex.

The text and graphs in *Women's Health USA 2010* are not copyrighted; the photographs are the property of istockphoto.com and may not be duplicated. With that exception, readers are free to duplicate and use any of the information contained in this publication. Please provide feedback on this publication to the HRSA Information Center which offers single copies of the data book at no charge:

HRSA Information Center
P.O. Box 2910
Merrifield, VA 22116
Phone: 703-442-9051
Toll-free: 1-888-ASK-HRSA
TTY: 1-877-4TY-HRSA
Fax: 703-821-2098
Email: ask@hrsa.gov
Online: www.ask.hrsa.gov

INTRODUCTION

In 2008, females comprised 50.7 percent of the 304 million people residing in the United States. In most age groups, women accounted for approximately half of the population, with the exception of people aged 65 years and older; within this age group, women represented 58 percent of the population. The growing diversity of the U.S. population is reflected in the racial and ethnic distribution of women across age groups. Black and Hispanic women accounted for 9.0 and 6.8 percent of the female population aged 65 years and older, respectively, but they represented 14.1 and 22.4 percent of females under 15 years of age. Non-Hispanic Whites accounted for 79.9 percent of women aged 65 years and older, but only 55.2 percent of those under 15 years of age. Hispanic women now comprise a greater proportion of the female population than in 2000, when they made up 17.5 percent of the population under age 15 and 4.9 percent of those 65 years and older.

America's growing diversity underscores the importance of examining and addressing racial and ethnic disparities in health status and the use of health care services. In 2008, 63.4 percent of non-Hispanic White women reported themselves to be in excellent or very good health, compared to only 48.1 percent of Hispanic women and 48.4 percent of non-Hispanic

Black women. Minority women are disproportionately affected by a number of diseases and health conditions, including HIV/AIDS, sexually transmitted infections, diabetes, and asthma. For instance, in 2008, rates of new HIV cases were highest among Black and Hispanic

females (56.0 and 13.3 per 100,000 females, respectively). In 2008, 36.0 percent of non-Hispanic White women had ever been tested for HIV, compared to 57.0 percent of non-Hispanic Black and 50.6 percent of Hispanic women.



Hypertension, or high blood pressure, was also more prevalent among non-Hispanic Black women than women of other races. In 2005–2008, 21.3 percent of non-Hispanic Black women were found to have high blood pressure, compared to 16.3 percent of non-Hispanic White, 10.6 percent of Mexican American, and 12.4 percent of other Hispanic women.

Diabetes is a chronic condition and a leading cause of death and disability in the United States, and is especially prevalent among minority and older adults. Among women with diabetes, however, non-Hispanic Black women were most likely to have been diagnosed with the condition by a health professional (63.7 percent), compared to only 49.1 percent of non-Hispanic White women.

In addition to race and ethnicity, income and education are important factors that contribute to women's health and access to health care. Regardless of family structure, women are more likely than men to live in poverty. Poverty rates were highest among women who were heads of their households with no spouse present (25.7 percent). Poverty rates were also high among non-Hispanic Black, non-Hispanic American Indian/Alaska Native, and Hispanic women (23.2, 22.7, and 22.3 percent, respectively). Women in these racial and ethnic groups were also more likely to be heads of households than

their non-Hispanic White and non-Hispanic Asian/Pacific Islander counterparts.

Mental health is another important aspect of women's overall health. A range of mental health problems, including depression, anxiety, phobias, and post-traumatic stress disorder, disproportionately affect women. In 2008, non-Hispanic American Indian/Alaska Native and non-Hispanic women of multiple races were more likely than women of other races and ethnicities to report ever having had depression (40.0 percent each), followed by non-Hispanic White women (36.5 percent). Women in these racial and ethnic groups were also more likely than other women to report ever having had generalized anxiety.

Some conditions and health risks are more closely linked to family income than to race and ethnicity, including asthma. Rates of asthma decline as income increases, and women with higher incomes are more likely to effectively manage their asthma. Nearly 14 percent of women with household incomes of less than 100 percent of poverty had asthma in 2008, compared to 8.4 percent of women with incomes of 200–399 percent of poverty and 7.2 percent of women with higher incomes.

Severe headaches and migraines were also more common among women with lower household incomes and were more likely to af-

fect women than men. In 2008, 24.9 percent of women with household incomes below 100 percent of poverty had experienced severe headaches or migraines in the previous 3 months, compared to 16.7 percent of women with incomes of 200 percent or more of poverty.

Receipt of oral health care and oral health status among women also varies dramatically with household income. In 2005–2008, women with incomes of 300 percent or more of poverty were more likely to have had a dental restoration (89.9 percent) and significantly less likely to have untreated dental decay (10.3 percent) than their lower-income counterparts. Fewer than 69 percent of women with incomes below 100 percent of poverty had had a tooth restored, while 30.3 percent were found to have untreated dental decay.

Among older adults, physical disabilities are more prevalent among women than men. Disability can be defined as impairment of the ability to perform common activities like walking up stairs, sitting or standing for 2 hours or more, grasping small objects, or carrying items like groceries. Therefore, the terms “activity limitations” and “disabilities” are used interchangeably throughout this book. Overall, 68.4 percent of women and 54.4 percent of men aged 65 years and older reported having an activity limitation in 2008.

However, men bear a disproportionate burden of some health conditions, such as HIV/AIDS, high blood pressure, and coronary heart disease. In 2008, for instance, the rate of newly reported HIV cases among adolescent and adult males was more than 3 times the rate among females (35.9 versus 11.5 per 100,000, respectively). Despite the greater risk, a smaller proportion of men had ever been tested for HIV than women (37.6 versus 40.9 percent, respectively).

Certain health risks, such as cigarette use and illicit drug use, occur more commonly among men than women. In 2008, 23.1 percent of men smoked cigarettes, compared to 18.3 percent of women. Similarly, 29.1 percent of men consumed 4 or more drinks per week in the past year, compared to only 13.3 percent of women. In addition, men were more likely than women to lack health insurance.

Many diseases and health conditions, including some of those mentioned above, can be avoided or minimized through good nutrition, regular physical activity, and preventive health care. In 2008, 76.3 percent of women aged 40 and older reported having had a mammogram in the previous 2 years. In 2005–2008, 72.5 percent of women aged 20 and older reported having had a cholesterol screening in the previous 5 years. More than 68 percent of women

aged 65 years and older also reported receiving flu vaccine; however, this percentage ranged from 60.2 percent of women with incomes below 100 percent of poverty to 70.5 percent of women with incomes of 200 percent or more of poverty.

There are many ways women (and men) can promote health and help prevent disease and disability. Regular physical activity is one of these. In 2008, 14.9 percent of women participated in at least 2.5 hours of moderate intensity physical activity per week or 1.25 hours of vigorous-intensity activity per week, in addition to muscle-strengthening activities on 2 or more days per week. Non-Hispanic White women and women with higher incomes were most likely to meet this level of physical activity.

Healthy eating habits can contribute to maintaining long-term health and preventing disease. In 2005–2008, however, only 24.5 percent of women met or exceeded the recommended Adequate Intake of calcium, which is critical in reducing the risk of osteoporosis and preventing bone loss.

While some behaviors have a positive effect on health, a number of others, such as smoking, illicit drug use, and excessive alcohol use can have a negative effect. In 2008, 58.2 percent of women reported any alcohol use in the past year, but relatively few women (8.3 per-

cent) reported moderate drinking (more than three and up to seven drinks per week) and even fewer (5.0 percent) reported heavy drinking (more than seven drinks per week). In the same year, 11.5 percent of women used illicit drugs, including marijuana, cocaine, hallucinogens, inhalants, and prescription-type drugs for non-medical purposes.

Cigarette, alcohol, and illicit drug use is particularly harmful during pregnancy. The use of tobacco during pregnancy has declined steadily since 1989. Based on data from 22 States and reporting areas, 10.4 percent of pregnant women reported smoking during pregnancy in 2007. This rate was highest among non-Hispanic American Indian/Alaska Native women (24.4 percent) and lowest among non-Hispanic Asian/Pacific Islander women (1.5 percent).

Women's Health USA 2010 can be an important tool for emphasizing the importance of preventive care, counseling, and education, and for illustrating disparities in the health status of women from all age groups and racial and ethnic backgrounds. Health problems can only be remedied if they are recognized. This data book provides information on a range of indicators that can help us track the health behaviors, risk factors, and health care utilization practices of women and men throughout the United States.