



POPULATION CHARACTERISTICS

Population characteristics describe the diverse social, demographic, and economic features of the Nation's population. There were more than 155 million females in the United States in 2009, representing slightly more than half of the population.

Examining data by demographic factors such as sex, age, and race and ethnicity can serve a number of purposes for policymakers and program planners. For instance, these comparisons can be used to tailor the development and evaluation of policies and programs to better serve the needs of women at higher risk for certain conditions.

This section presents data on population characteristics that may affect women's physical, social, and mental health, as well as access to health care. Some of these characteristics include age, race and ethnicity, rural or urban residence, education, poverty, employment, household composition, and participation in Federal nutrition programs. The characteristics of women veterans are also reviewed and analyzed.

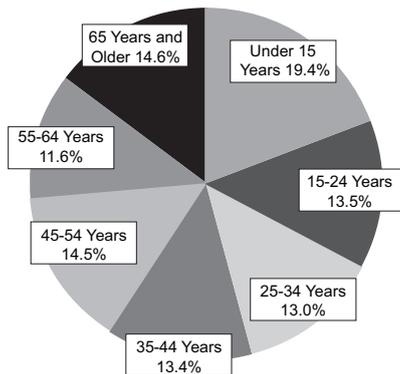
U.S. POPULATION

In 2009, the U.S. population was more than 307 million, with females comprising 50.7 percent of that total. Females younger than 35 years of age accounted for 45.9 percent of the female population, those aged 35–64 years accounted for 39.5 percent, and females aged 65 years and older accounted for 14.6 percent.

The distribution of the population by sex was fairly even across younger age groups; however, due to their longer life expectancy, women accounted for a greater percentage of the older population than men. Of those aged 65 and older, 57.5 percent were women.

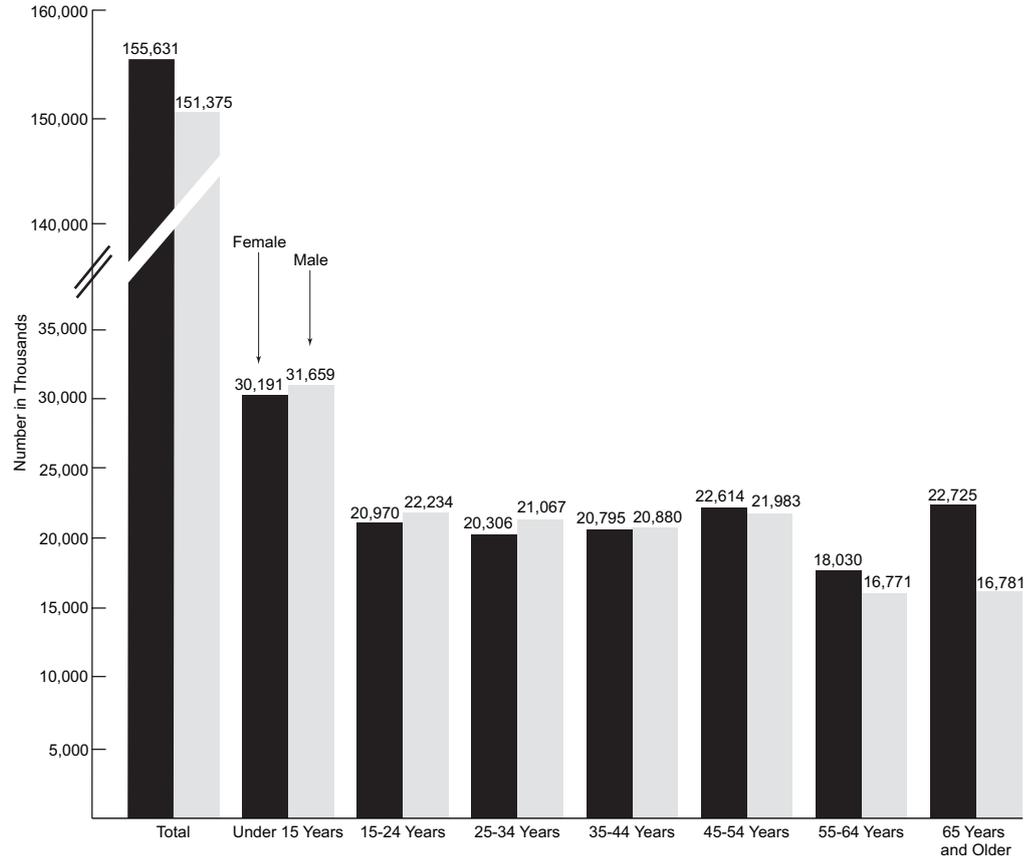
U.S. Female Population, by Age, 2009

Source I.1: U.S. Census Bureau, American Community Survey



U.S. Population, by Age and Sex, 2009

Source I.1: U.S. Census Bureau, American Community Survey



U.S. FEMALE POPULATION

In 2000, two-thirds of the total female population was non-Hispanic White (69.4 percent), followed by non-Hispanic Black and Hispanic females (12.5 and 12.0 percent, respectively). By 2009, the proportion of the female population that was non-Hispanic White dropped to 65.2 percent and the proportion that was Hispanic increased to 15.0 percent. By 2050, non-Hispanic White females are projected to no longer make up the majority (46.1 percent), while the proportions of Hispanic, non-Hispanic Asian, and non-Hispanic females of multiple races are expected to double.

The increasing racial and ethnic diversity of the U.S. population is a function of different fertility, mortality, and migration patterns. The younger female population (under 18 years) is significantly more diverse than the older female population. In 2009, 55.0 percent of females under 18 years of age were non-Hispanic White, while 22.4 percent of that group were Hispanic. In contrast, among women aged 65 years and older, 79.7 percent were non-Hispanic White and only 6.9 percent were Hispanic (data not shown).¹

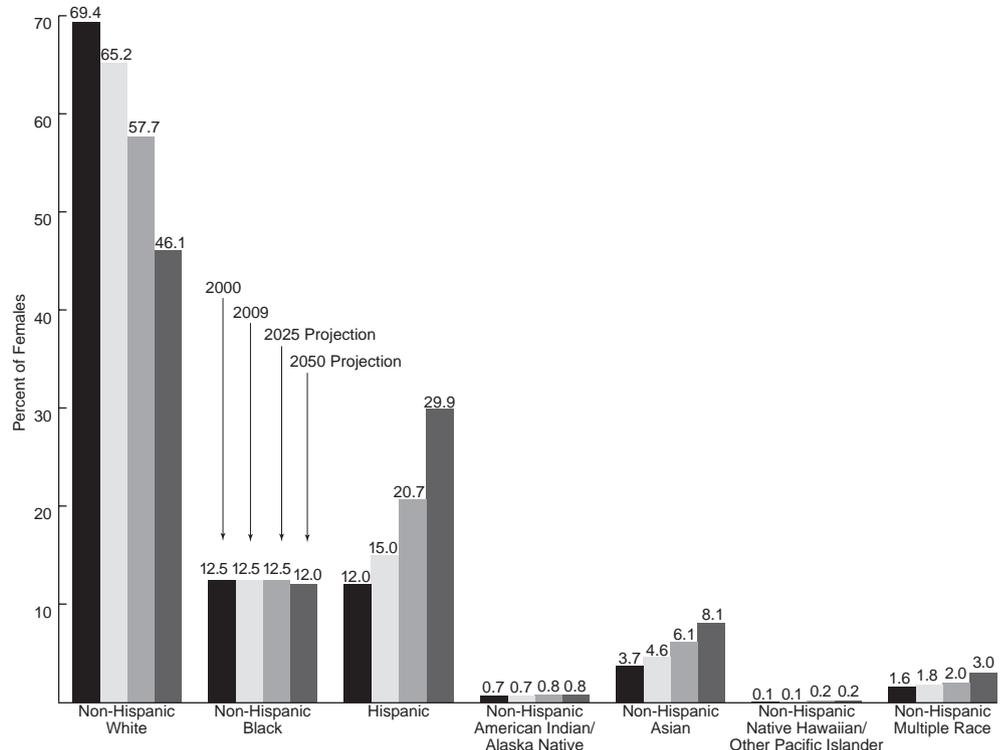
The increasing diversity of the U.S. population underscores the importance of promoting racial and ethnic equity in health and health care. Given that many racial and ethnic minority groups experience poorer health, the future

health of America overall will greatly depend on improving the health of these groups. A national focus is critical to understand and address

the determinants of disparities in health status and to evaluate efforts to reduce disparities and improve health for all.²

U.S. Female Population (All Ages), by Race/Ethnicity,* 2000–2050

Source I.2, I.3, I.4: U.S. Census Bureau, American Community Survey; U.S. Census Bureau, Population Division



*Totals may not sum to 100 percent due to rounding and the exclusion of non-Hispanic females of other races; this population comprised 0.2% of all females in 2009.

RURAL AND URBAN WOMEN

In 2009, an estimated 27.2 million women aged 18 and older lived in rural areas, representing 22.8 percent of all women. Residents of rural areas tend to have completed fewer years of education and live farther from health care resources than their urban counterparts. Rural areas also have fewer physicians and dentists per capita than urban areas, and may lack certain specialists altogether.³ Geographic isolation and limited access to health care can result in delayed diagnosis and treatment of health conditions.

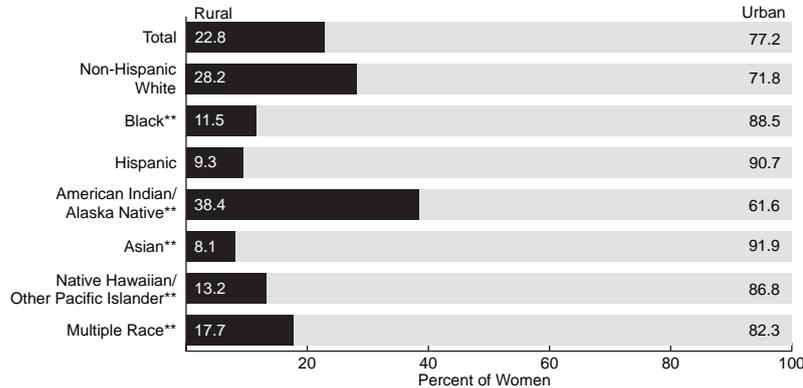
Rural/urban residence varies by race and

ethnicity. In 2009, American Indian/Alaska Native women were more likely than other women to live in rural areas (38.4 percent), followed by non-Hispanic White women (28.2 percent). Asian, Hispanic, and Black women were least likely to live in rural areas (8.1, 9.3, and 11.5 percent, respectively). Although the rural population tends to be less diverse, an increasing number of Asian and Hispanic immigrants have settled in rural areas for labor opportunities. In 2000, only 3.0 percent of Asian women and 6.0 percent of Hispanic women resided in rural areas (data not shown).⁴

Educational attainment among women aged 25 years and older varies by rural/urban residence. Rural women were slightly more likely than urban women to have a high school degree or higher (87.3 versus 85.5 percent, respectively). However, urban women were more likely than rural women to have a college degree or higher (28.9 versus 22.5 percent, respectively). Despite being less likely to complete post-secondary education, women in rural areas were less likely to be living in poverty than their urban counterparts (11.8 versus 14.8 percent, respectively; data not shown).

Women Aged 18 and Older, by Race/Ethnicity and Rural/Urban Residence,* 2009

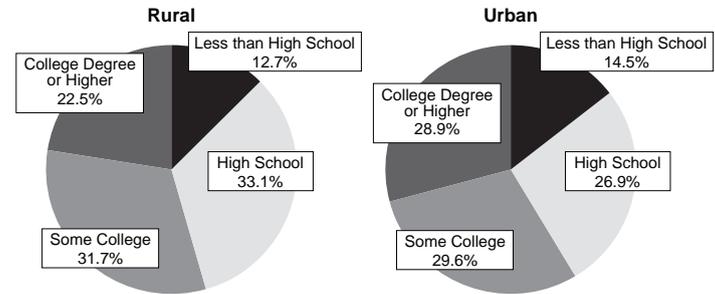
Source I.1: U.S. Census Bureau, American Community Survey



*U.S. Census Bureau defines urban as all territory, population, and housing units located within an urbanized area or urban cluster which encompass core census blocks/block groups with at least 1,000 people per square mile, and surrounding census blocks with at least 500 people per square mile; all other areas are categorized as rural. **May include Hispanics.

Educational Attainment Among Women Aged 25 and Older, by Rural/Urban Residence,* 2009

Source I.1: U.S. Census Bureau, American Community Survey



*U.S. Census Bureau defines urban as all territory, population, and housing units located within an urbanized area or urban cluster which encompass core census blocks/block groups with at least 1,000 people per square mile, and surrounding census blocks with at least 500 people per square mile; all other areas are categorized as rural. Percentages may not add to 100 due to rounding.

HOUSEHOLD COMPOSITION

In 2009, 49.5 percent of women aged 18 years and older were married and living with a spouse; this includes married couples living with other people, such as parents. About 12 percent of women over age 18 were the heads of their households, meaning that they have children or other family members, but no spouse, living with them. Women who are heads of households include single mothers, single women with a parent or other close relative living in their home, and women with other household compositions. More than 17 percent of women lived alone, 15.0 percent lived with relatives, and 5.7 percent lived with non-relatives.

Household composition varies significantly by age. Young women aged 18–24 years were most likely to be living with relatives (56.9 percent) and with non-relatives (14.1 percent). More than 60 percent of women aged 35–44 and 45–64 were living with a spouse. Being a head of household was most common among women aged 25–44. Older women (aged 65 and older) were most likely to be living alone (38.6 percent) with another 41.3 percent living with a spouse.

In 2009, there were 62.3 million married and unmarried couples in households. Among these, 89.6 percent were married opposite-sex couples, 9.5 percent were unmarried opposite-sex cou-

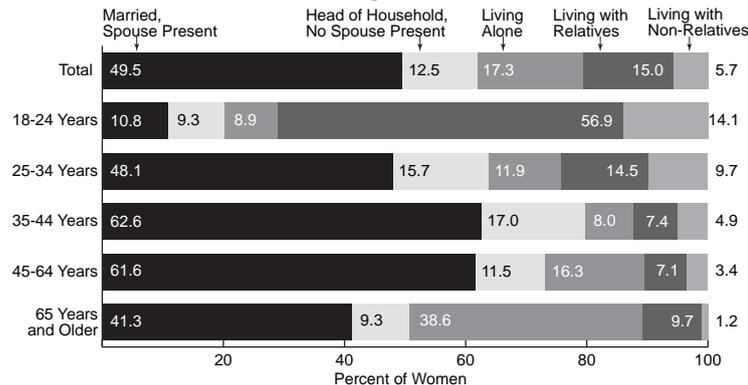
ples, and slightly less than 1 percent were same-sex couples. Among same-sex couples, 51.8 percent were female couples (data not shown).⁵

Children were present in about 42 percent of married or unmarried opposite-sex couple households, 23.9 percent of female couple households, and 11.8 percent of male couple households (data not shown).⁵

In 2009, non-Hispanic Black women were most likely to be single heads of households with family members present (27.5 percent), while non-Hispanic Asian, non-Hispanic White, and non-Hispanic Native Hawaiian/Other Pacific Islander women were least likely (7.8, 9.0, and 10.5 percent, respectively).

Women Aged 18 and Older,* by Age and Household Composition, 2009

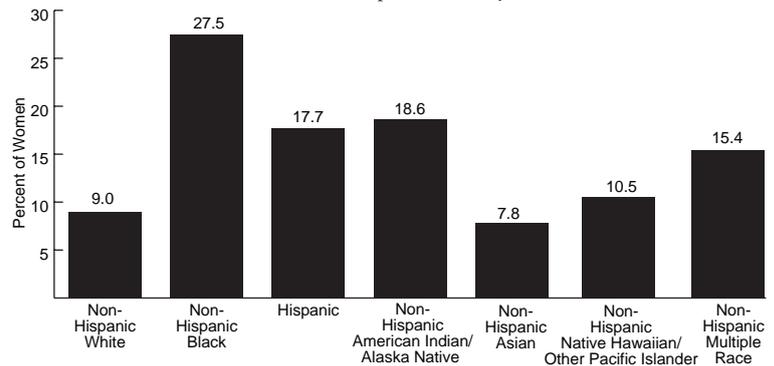
Source I.5: U.S. Census Bureau, Current Population Survey



*Includes the civilian, non-institutionalized population.

Women Aged 18 and Older Who Are Heads of Households with Family Members,* by Race/Ethnicity, 2009

Source I.5: U.S. Census Bureau, Current Population Survey



*Includes the civilian, non-institutionalized population; includes those who are heads of households and have children or other family members, but no spouse, living in a house that they own or rent.

WOMEN AND POVERTY

In 2009, over 43 million people in the United States lived with incomes below the poverty level, representing 14.3 percent of the U.S. population and reaching the highest rate since 1994.⁶ More than 16 million of those were women aged 18 and older, accounting for 13.9 percent of the adult female population. In comparison, 10.5 percent of adult men lived in poverty (data not shown). With regard to race and ethnicity, non-Hispanic White women were least likely to experience poverty (10.1 percent), followed by non-Hispanic Asian women (11.8 percent), and non-Hispanic Native Hawaiian and other Pacific Islander women

(15.1 percent). In contrast, about one-quarter of Hispanic, non-Hispanic Black, and non-Hispanic American Indian/Alaska Native women lived in poverty.

Poverty status varies with age. Among women of each race and ethnicity, those aged 45–64 years were less likely to experience poverty than those aged 18–44 and 65 years and older. For instance, 17.8 percent of Hispanic women aged 45–64 were living in poverty in 2009, compared to 26.9 percent of Hispanic women aged 18–44 and 21.3 percent of those aged 65 years and older.

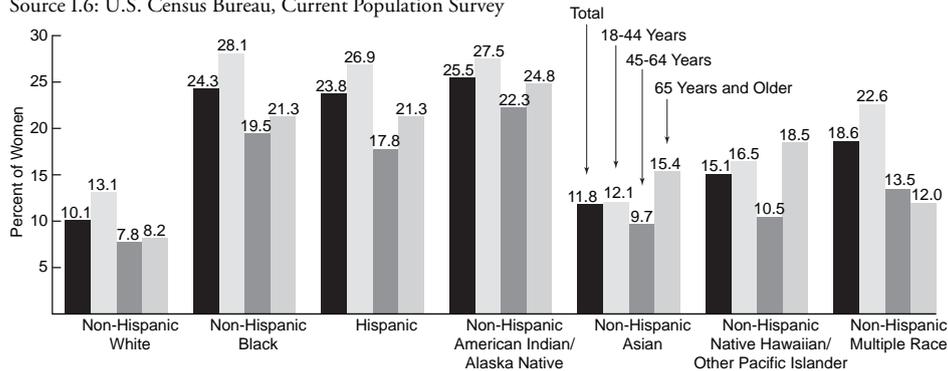
Poverty status also varies with educational attainment. Among women aged 25 years and

older, 31.0 percent of those without a high school diploma were living in poverty, compared to 14.4 percent of those with a high school diploma or equivalent, 10.7 percent of those with some college, and 4.3 percent of those with a Bachelor's degree or higher (data not shown).

In 2009, women in families—a group of at least two people related by birth, marriage, or adoption and residing together—experienced higher rates of poverty than men in families (10.9 versus 7.7 percent, respectively). Men in families with no spouse present were considerably less likely to have household incomes below the poverty level than women in families with no spouse present (15.1 versus 27.1 percent, respectively).

Women Aged 18 and Older Living below the Poverty Level,* by Race/Ethnicity and Age, 2009

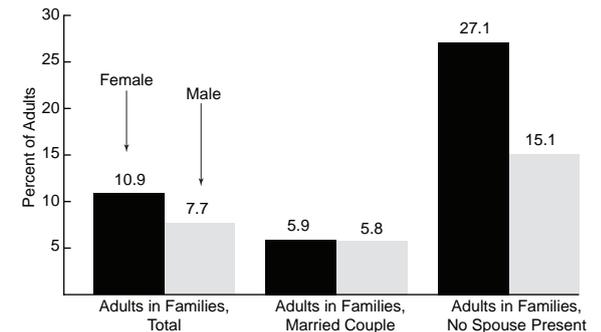
Source I.6: U.S. Census Bureau, Current Population Survey



*Poverty level, defined by the U.S. Census Bureau, was \$21,954 for a family of four in 2009.

Adults in Families* Living Below the Poverty Level,** by Household Type and Sex, 2009

Source I.6: U.S. Census Bureau, Current Population Survey



*Families are groups of at least two people related by birth, marriage, or adoption and residing together. **Poverty level, defined by the U.S. Census Bureau, was \$21,954 for a family of four in 2009.

FOOD SECURITY

Food security is defined as having access at all times to enough nutritionally adequate and safe foods to lead a healthy, active lifestyle.⁷ Food security status is assessed through a series of survey questions such as whether people worried that food would run out before there would be money to buy more; whether an individual or his/her family cut the size of meals or skipped meals because there was not enough money for food; and whether an individual or his/her family had ever gone a whole day without eating because there was not enough food.

In 2009, an estimated 50.2 million people, or 16.6 percent of the overall population, lived in households that were classified as food-insecure, reaching the highest levels since food security was first measured in 1995 (data not shown).⁸ Households or persons experiencing food inse-

curity may be categorized as experiencing “low food security” or “very low food security.” Low food security generally indicates multiple food access issues, while very low food security indicates reduced food intake and disrupted eating patterns due to inadequate resources for food. Periods of low or very low food security are usually recurrent and episodic, rather than chronic. Nonetheless, nutritional risk due to poor dietary quality can persist across periods of food insecurity and may increase the risk of nutritional deficiencies and diet-sensitive conditions like hypertension and diabetes.⁹

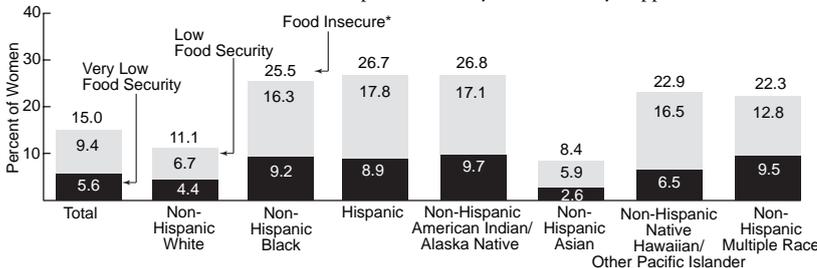
Overall, 15.0 percent of women experienced household food insecurity in 2009; this varied, however, by race and ethnicity. Non-Hispanic Asian and non-Hispanic White women were least likely to be food insecure (8.4 and 11.1 percent, respectively), compared to about one-

quarter of women of other racial and ethnic groups. About 9–10 percent of Hispanic, non-Hispanic Black, non-Hispanic American Indian/Alaska Native and non-Hispanic women of multiple races experienced very low food security.

Food security status also varies by household composition. While adult men and women living alone had similar rates of food insecurity in 2009, female-headed households (with at least one child under 18 years of age) with no spouse present were more likely than male-headed households with no spouse present to experience food insecurity (36.6 versus 27.8 percent, respectively). Female-headed households were also more likely than male-headed households to experience very low food security (12.9 versus 8.3 percent, respectively).

Women Aged 18 and Older Experiencing Household Food Insecurity, by Race/Ethnicity, 2009

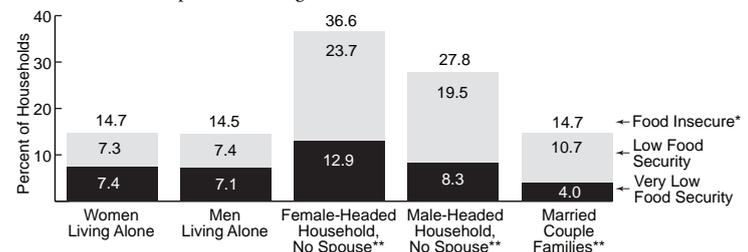
Source I.7: US Census Bureau, Current Population Survey, Food Security Supplement



*Food insecure includes very low and low food security. Percentages may not add to totals due to rounding.

Food Security Status Among Households, by Household Composition, 2009

Source I.8: U.S. Department of Agriculture, Economic Research Service



*Food insecure includes very low and low food security. Percentages may not add to totals due to rounding. **Includes households with at least one child under 18 years of age.

WOMEN AND FEDERAL NUTRITION PROGRAMS

Federal programs can provide essential help to low-income women and their families in obtaining food and income support. The Supplemental Nutrition Assistance Program (SNAP), formerly the Federal Food Stamp Program, helps low-income individuals and families purchase food. In 2009, amidst an economic recession, the number of people served by SNAP hit a record high of 32.9 million. Of the 17 million adults served, over 11 million (64.5 percent) were women (data not shown).¹⁰ Between 1989 and 2009, the number of SNAP participants tracks strongly over time with the number of people in poverty, demonstrating the

critical role of SNAP in responding to need. In 2009, 3.6 million people, one-third of whom were women, were lifted above the poverty line after adding the value of SNAP benefits to household income.¹¹

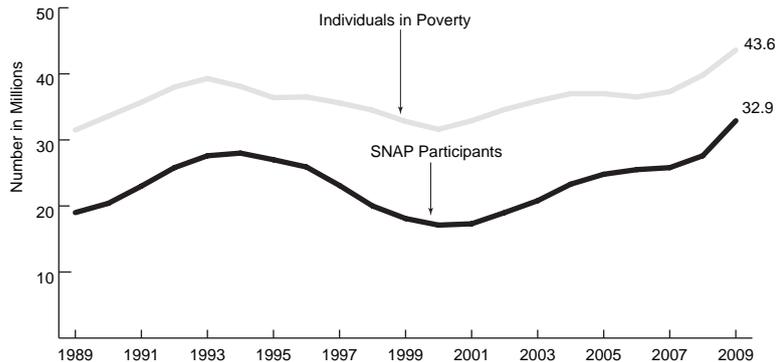
Among the households that relied on food stamps in 2009, more than 4 million (27.2 percent) were female-headed households with children, accounting for 54.4 percent of all food stamp households with children (data not shown).

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) also plays an important role in serving low-income women and families by providing supplementary nutrition, nutrition education, and referrals

to health and other social services. WIC serves pregnant, postpartum, and breastfeeding women, as well as infants and children up to 5 years old. In 2010, more than three-quarters of all individuals receiving WIC benefits were infants and children (76.7 percent); however, the program also served more than 2.1 million pregnant women and mothers, representing 23.3 percent of WIC participants. In contrast to SNAP, WIC is not an entitlement program that guarantees benefits to all eligible applicants. However, funding for WIC has increased over the years and the number of women served by WIC increased by 74.4 percent between 1992 and 2010 (data not shown).

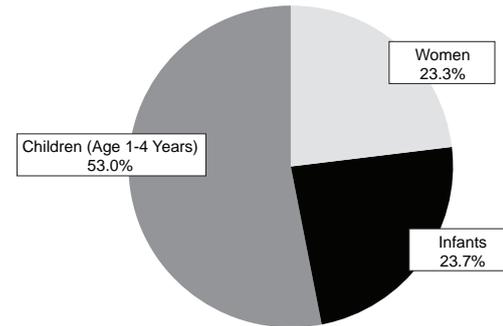
SNAP Participants and Individuals in Poverty, 1989–2009

Sources I.9, I.10: U.S. Department of Agriculture, Food Stamp Quality Control Sample; U.S. Census Bureau, Current Population Survey



Participants in WIC, 2010*

Source I.11: U.S. Department of Agriculture, WIC Program Participation Data



*Based on Federal Fiscal Year (October to September)

EDUCATIONAL ATTAINMENT

In 2008, about 90 percent of young adults aged 18–24 had earned a high school diploma or general equivalency degree; this is an increase over 83 percent in 1972.¹² While there has not been a sex disparity in high school educational attainment, a large disparity in post-secondary educational attainment has been eliminated or reversed over the last 4 decades. In 1969–1970, men earned a majority of every type of post-secondary degree, while in 2006–2007, women earned more than half of all associate’s, bachelor’s, master’s, and doctoral degrees, and half of all first professional degrees. The most signifi-

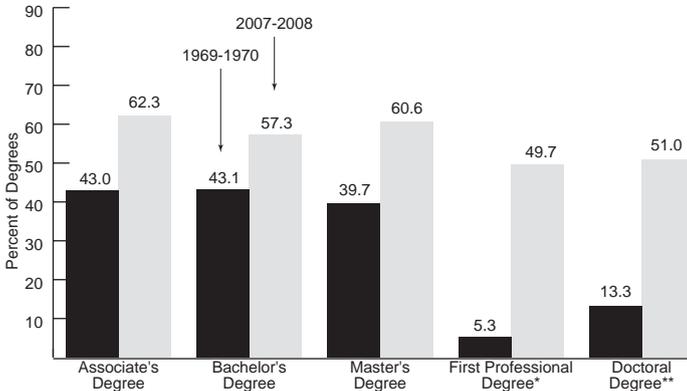
cant increase has been in the proportion of first professional degree earners who are women, which jumped from 5.3 percent in 1969–1970 to 49.7 percent in 2007–2008. Although the sex disparity in degrees awarded has disappeared or reversed, there are still disparities by discipline. For example, women are underrepresented in engineering and physical science and overrepresented in education and psychology.¹³

There are also racial and ethnic disparities in educational attainment. Although one-third of all young adult women (aged 25–29 years) had a college degree in 2007–2009, this ranged from about 15 percent among Hispanic, non-

Hispanic American Indian/Alaska Native, and Native Hawaiian/other Pacific Islander women to over 60 percent among non-Hispanic Asian women. Hispanic and non-Hispanic American Indian/Alaska Native young adult women were most likely to lack a high school diploma (28.2 and 14.7 percent, respectively). Education confers great benefit to health status, both through greater knowledge of risk and protective factors, as well as the economic resources to facilitate healthy behaviors.¹⁴ Increasing educational attainment will depend, in part, on improving school quality and the affordability of college.

Degrees Awarded to Women, by Type, 1969–1970 and 2007–2008

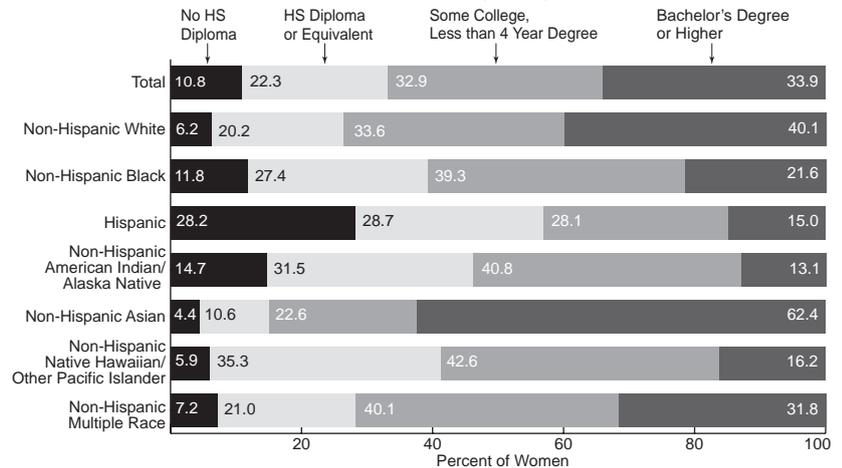
Source I.12: U.S. Department of Education, Digest of Education Statistics



*Includes fields of dentistry, medicine, optometry, osteopathic medicine, pharmacy, podiatry, veterinary medicine, chiropractic, public health, law, and theological professions. **Includes Doctor of Philosophy degree and degrees awarded for fulfilling specialized requirements in professional fields such as education, musical arts, and engineering; does not include first professional degrees.

Educational Attainment Among Women Aged 25–29, by Race/Ethnicity, 2007–2009

Source I.13: US Census Bureau, American Community Survey



WOMEN IN THE LABOR FORCE

In 2009, 59.2 percent of women aged 16 and older were in the labor force (either employed or not employed and actively seeking employment), compared to 72.0 percent of men.¹⁵ Between 1970 and 1999, women's participation in the labor force increased from 43.3 to 60.0 percent and has remained relatively stable over the last decade (data not shown).

Amidst a recession, the average annual rate of unemployment (not employed and actively seeking employment) for persons aged 16 and older in 2009 was 8.1 percent among women compared to 10.3 percent among men.¹⁵ Women's employment has been less sensitive to recent recessions because of their greater representation in growing occupations, such as health care.¹⁶

Overall, 71.6 percent of mothers with children under 18 years of age were in the labor force in 2009 (data not shown). However, labor force participation varies by the age of the child and marital status. Labor force participation among women is lower when children are younger and when the mother is married. In 2009, labor force participation ranged from 59.8 percent among married mothers with children under 3 years of age to 81.6 percent among unmarried or separated mothers with children aged 6–17 years.

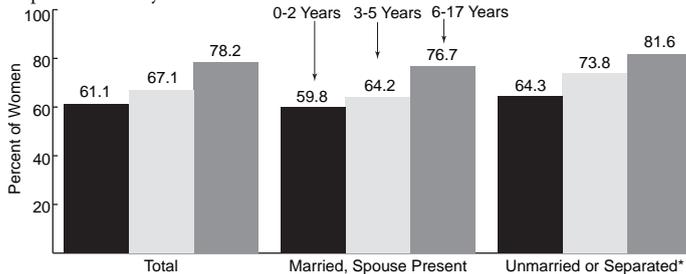
From 1979 to 2009, median earnings for full-time workers aged 25 and older increased 27.8 percent among women compared to 1.0 percent among men, adjusting for inflation (data not shown). The growth in earnings for women has helped to reduce a longstanding gender gap in earnings, but striking differences remain. In 2009,

the median weekly earnings of full-time workers aged 25 and older was \$186 less for women than men (\$687 versus \$873). Although earnings rise dramatically with increasing education, the gender gap in earnings persists. Female full-time workers earn about 75 cents for every dollar earned by male full-time workers at every level of education. Only about half of the gender pay gap can be explained by differences in industry and occupation.¹⁷

Despite the gender gap in earnings, families are increasingly dependent on the employment and income of women. Between 1967 and 2008, the number of families with mothers serving as breadwinners increased from 11.7 to 39.3 percent.¹⁸ Breadwinner mothers include single mothers who work and married mothers who earn as much as, or more than, their husbands.

Labor Force Participation Among Mothers, by Marital Status and Age of Youngest Child, 2009

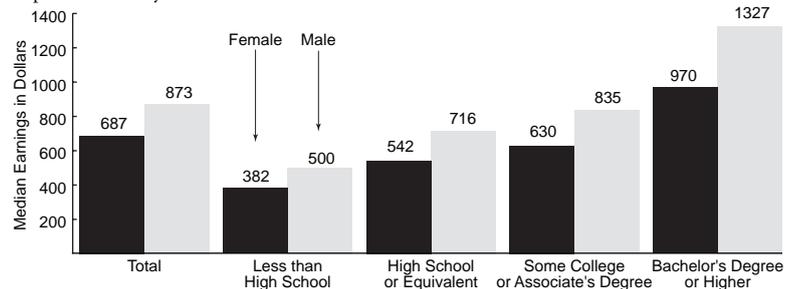
Source I.14: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey



*Includes never-married, divorced, separated, and widowed persons.

Median Weekly Earnings of Full-Time Workers* Aged 25 and Older, by Educational Attainment and Sex, 2009

Source I.14: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey



*Full-time work is defined as 35 or more hours per week.

WOMEN VETERANS

As of September 2010, women comprised more than 1.8 million, or 8.1 percent, of all living Veterans who had served in the U.S. armed forces. This represents a 33 percent increase since 2000, when women constituted 6.1 percent of all living Veterans, and this percentage is projected to increase in future years.

Female Veterans are eligible for the same Department of Veterans Affairs (VA) benefits as male Veterans. Comprehensive health services—including primary care, gynecology, maternity and newborn care, mental health and specialty services—are available to women Veterans. Full-time Women Veterans Program Managers at all VA health care systems can assist women Veterans seeking benefits and treatment. For more information, visit the VA Women Veterans

Health Care Web site (www.publichealth.va.gov/womenshealth/).

The number of women Veterans using VA health care has nearly doubled in the last decade. Of the 8.3 million Veterans enrolled in VA health care, women account for nearly 524,000.¹⁹ The proportion of VA enrollees who are women is expected to increase to 1 in 12 over the next 10 years. New women Veterans—from Operations Enduring Freedom, Iraqi Freedom, and New Dawn, the change in mission stemming from Iraqi Freedom (OEF/OIF/OND)—are more likely to obtain their health care from VA facilities than women Veterans of previous eras.

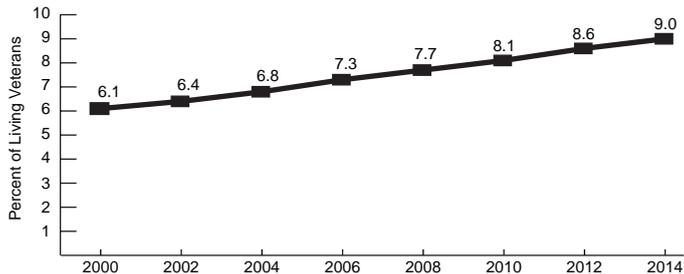
Beyond numbers, women are changing the scope of care in the VA. Women Veterans of OEF/OIF/OND are younger than women Veterans of the past: more than three-quarters of OEF/OIF/

OND women Veterans enrolled in VA health care are aged 16–40 years (i.e., of child-bearing age).²⁰ These women are likely to be balancing work, family, and transition to civilian life. They rely on the VA to provide high-quality, age-appropriate, and gender-specific care.

Meanwhile, the proportion of women Veterans using VA health care with service-connected disability status—meaning the Veterans Benefits Administration has determined the individual has an injury or illness that was incurred or aggravated during service—has increased over the last decade. By 2009, more than half of women Veterans using VA health care had service-connected disability status (55.3 percent). The proportion of women with a service-connected disability rating of 50 percent or higher increased from 16.5 to 25.8 percent between 2000 and 2009.

Living Women Veteran Population, 2000–2014*

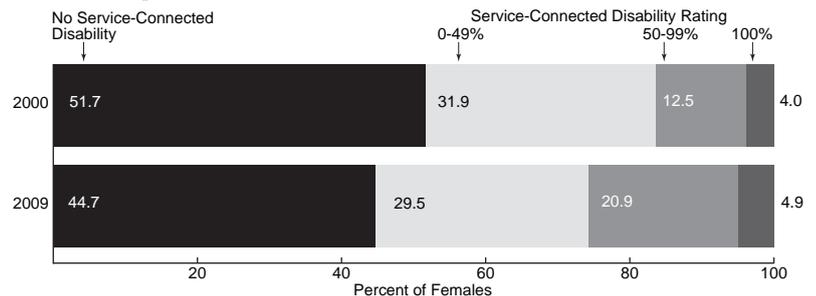
Source I.15: Department of Veterans Affairs, Office of Policy & Planning



*Historical data from 2000-2010; projected for 2011-2014.

Service-Connected Disability Status Among Female Users of VA Health Care,* 2000 and 2009**

Source I.16: Department of Veterans Affairs, Veterans Health Administration



*Service-connected disability and severity determined by the Veterans Benefit Administration; does not include Veterans who do not use VA health care. **Based on Federal Fiscal Year (October-September).