

VIRGINIA
WOMEN'S HEALTH FACTSHEET

- In the 2004 edition, *Making the Grade On Women's Health: A National and State-By-State Report Card*, by the National Women's Law Center, Virginia earned an unsatisfactory overall rating and now ranks 26th among the states in its efforts to meet the health needs of its women residents. Most alarming is that Virginia earned a failing grade in each of the four health status indicators, which are Women's Access to Health Care Services, Addressing Wellness and Prevention, Key Conditions, and Living in Healthy Communities.
- Although the average life expectancy for women residing in Virginia is near the national average of 78.8 years, there exists a substantial racial disparity with life expectancy of Caucasian women being 5.1 years greater than African American women.
- Overall, 13.7 percent of women in Virginia do not have health insurance. Approximately 16.2 percent of women aged 18-44 are uninsured. Additionally, 33.1, 9.8, 13.8, and 12.5 percent of Hispanic, Caucasian, African American, and Asian women are uninsured, respectively.
- According to the CDC, 11.5 percent of all women reported their mental health as not good for 14-30 days in the past 30 days as compared to 9.8 percent of men. Most notable, is that over a quarter of women who are multi-racial reported this.
- Even though, in Virginia, the death rate from conditions such as heart disease, stroke, cancer and diabetes is greater in men, women often times live longer with the condition, experience greater disability, and utilize considerably more of the limited health care resources.
- National data show that over half all deaths due to heart disease occur in women. Additionally, according to 2004 BRFSS data, more women (2.3%) report having been told by their doctor that they have experienced a stroke than men (1.8%).
- Represented in Table 1, are the 7 leading causes of death in 2002 for women in Virginia aged 18-85 and the estimated number of years of potential life lost (YPLL) before the age of 65 for which there is data available.

TABLE 1: Leading Causes of Death in Virginia Women by Count and Number of Years of Potential Life Lost

RANK	Cause of Death	Number	YPLL
1	Heart Disease	7,559	11,598
2	Cancer	6,463	24,300
3	Cerebrovascular	2,479	2,782
4	Chronic Lower Respiratory Disease	1,407	
5	Alzheimer's Disease	1,010	
6	Influenza & Pneumonia	824	
7	Diabetes Mellitus	811	2,197

Source: CDC Wonder

- As shown in table 2, deaths rates per 100,000 from various conditions are highest in African American women and disparities are present amongst all racial groups.

TABLE 2: Racial Comparison of Death Rates for Virginia Women from Various Disease States

Deaths Rates	Caucasian	Black	Asian	Hispanic
Heart Disease	124.0	156.4	49.2	65.7
Stroke Death	61.3	85.6	46.8	36.3
Breast Cancer	26.5	38.4	11.4	17.2
Cervical Cancer	2.0	4.2		
Colorectal Cancer	16.5	25.4	11.5	
Diabetes	55.3	126.9	26.3	39.9

Source CDC National Center for Health Statistics

- Women with diabetes are at greater risk for complications. Women with diabetes in Virginia are 10 times more likely to require non-traumatic limb amputation, 14 times more likely to develop end stage renal disease and 8 times more likely to be hospitalized for cardiovascular disease than women without diabetes. According to the CDC National Center for Health Statistics data 2001-2003, in Virginia, diabetes is the 4th leading cause of death in African American women and the 8th leading cause in Caucasian women. Additionally, the prevalence of diabetes is 11.3 percent in African American women compared to 5.6 and 9.9 in Caucasian and Hispanic women, respectively.
- According to CDC National Center for Health Statistics data 2000-2002, the overall drug induced death rate for women in Virginia is 4.5 with the rate of Caucasian women nearly double that of African American women. This rate peaks between the ages of 35-44. At this age, the rate for Caucasian women and African American are 12.6 and 7.0, respectively. Additionally, the overall suicide rate in Caucasian women (5.3) is greater than twice that of African American women (2.2).
- The overall homicide rate for African American women is nearly three times that of Caucasian women. Peak rate occurs in both races between the ages of 18-34. At this age, the rate for African American women is nearly four times that of Caucasian women. (CDC National Center for Health Statistics Data 2000-2002).
- According to CDC National Center for Health Statistics data 2000-2002, overall deaths caused by unintentional injuries occur at a rate 1.5 times greater in women (50.8) than men (36.3). Additionally, Hispanic women have the highest rate at 56.6 followed by African American (53.7) Caucasian (50.8), and Asian women (25.2).
- Deaths resulting from complications of surgical or medical care occur at nearly twice the rate in African American women (1.6) than Caucasian women (0.9). The rates for all women and men are almost equal. (CDC National Center for Health Statistics 2000-2002)
- According to CDC BRFSS 2001, 2003 data, 29.2 percent of all women in Virginia report being told by a health professional that their cholesterol is high, which is nearly the same

percentage as men (30.7). Broken down racially, a higher percentage of Hispanic women (34.9) reported having high cholesterol than African American women (26.0) and Caucasian women (30.0).

- Nearly 38% of all women in Virginia reporting having arthritis. However, in women greater than 65 years of age, nearly 70 percent report having arthritis. Additionally, more women suffer from arthritis than men. (CDC and Arthritis Foundation)
- According to CDC National Center for Health Statistics data 2001, 2003, the percentage of men and women who report having high blood pressure is nearly equal at 26.5 and 26.3, respectively. A greater percentage of African American women (37.5) report having high blood pressure than Caucasian (24.1), Hispanic (22.8), and Asian (12.7) women.
- According to CDC BRFSS 2004 prevalence data, 21.5 percent of all women aged 65 report the loss of 6 more teeth due to tooth decay or gum disease as compared to men at 16.2 percent. Interesting to note, the same data source reports that a greater percentage of women (76.5 percent) than men (70.5 percent) report visiting a dentist or dental clinic with in the past year for any reason.
- Reported use of preventative services, such as influenza and pneumonia vaccinations, colonoscopy, cholesterol screening are less frequent than desirable for all populations of women with minority women, for the most part, using substantially less than Caucasian women. Table 3 shows reported utilization for various services broken down by race.

TABLE 3: Racial Comparison of Preventive Services and Screening Utilization for Virginia Women

	Caucasian	Black	Asian	Hispanic
Percent of high- risk women who report receiving influenza vaccine	31.0	31.4	38.5	41.8
Percent of high-risk women over the age of 65 who report receiving pneumonia vaccine	65.5	41.9		52.2
Percent of women aged 40-49 who report NEVER receiving a mammogram	11.9	19.3		
Percent of women aged 50-64 who report NEVER receiving a mammogram	7.0	7.9		
Percent of all women who report NEVER receiving a clinical breast exam	8.3	14.3		
Percent of women aged 65+ who report NEVER receiving a clinical breast exam	17.0	19.5		
Percent of women who report NEVER receiving a cholesterol screen	18.5	23.5	42.9	30.3
Percent of women aged 50+ who report NEVER receiving a colonoscopy	49.3	45.2	96.0	52.1
Percent of women aged 50+ who report NEVER receiving a blood stool test	54.2	64.5	100	88.8

Source CDC National Center for Health Statistics (BRFSS data)

- With regards to healthy behaviors, such as consuming the recommended number of fruits and vegetables, being physical active, and maintaining a healthy body weight, Virginia

women are not doing well, according to the 2004 edition of *Making the Grade On Women's Health: A National and State-By-State Report Card*. Only 27.8 percent of Virginian women report consuming the recommended number of fruits and vegetables. Greater than 21 percent and nearly one quarter of Virginian women report being obese and participating in no leisure-time activity, respectively. Again, substantial racial disparities exist amongst African American and Caucasian women, as nearly 40 percent of African American women report being obese compared to only 18.9 percent of Caucasian women and 37.9 percent of African American women report participating in no leisure-time physical activity as compared to 24.1 percent of Caucasian women.

- In an attempt to best assess the status of Women's Health, and begin discussions with key women's health stakeholders across the Commonwealth, focus groups were recently conducted. The two key purposes of the focus group were to gain feedback regarding the recently developed women's health statistical compendium, *Women's Health Virginia 2004*, and to assist in developing future women health priorities. With regards to the usefulness of the compendium, focus group participants believed it to be a useful resource; however improvements were suggested regarding the detail of the data, inclusion of additional data, such as mental health status, osteoporosis, etc, and to further breakdown the data by planning district or regions as well as inclusion of longitudinal data. The main health priorities listed by participants centered on access, particularly dental and mental health services and detection and chronic disease prevention programs.