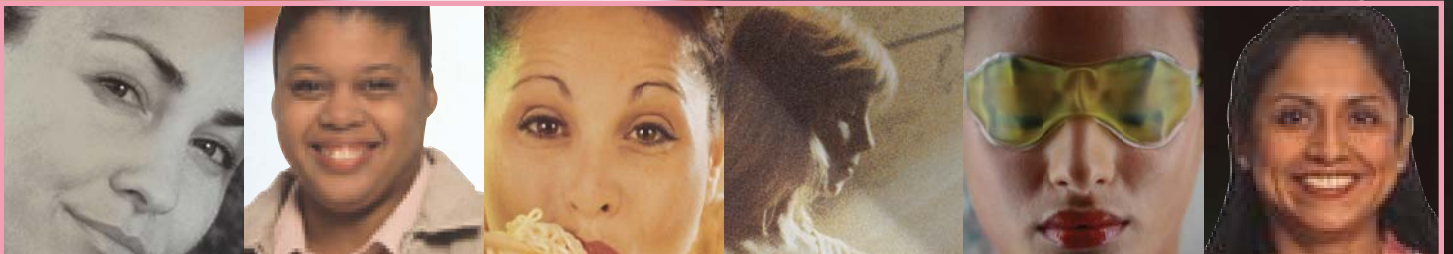


2007 Women's Health in Georgia

2007 | Women's Health in Georgia Report



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Introduction

4

American women are living longer and healthier than ever before. A woman's life expectancy has increased from 48 years in 1910 to 79 years in 1996. Advances in public health have played a major role in increasing the life expectancy of women by nearly two-fold over the past century. The fact that women are living longer also creates new public health challenges to improve the quality of women's lives as they age.

This document presents an overview of the current status of women's health in Georgia with an emphasis on highlighted health issues. Information for this report was obtained primarily from the Division of Public Health (DPH), as well as from national data sources.





Chronic Conditions are major causes of death and disability for Georgia women. These conditions occur most often in later life, at ages more commonly reached today because of women's increased life expectancy. The chronic conditions summarized here are obesity, diabetes, high blood pressure, cardiovascular disease, arthritis, asthma and disability.

Risk Factors are significant factors in increasing a woman's susceptibility to many chronic diseases. The risk factors included here are cigarette smoking, physical inactivity, binge drinking, frequent mental distress, inadequate fruit and vegetable consumption and no health insurance.

Infectious Diseases, such as tuberculosis, chlamydia and HIV/AIDS, are major concerns for women and can have a significant impact on the health of women.

Preventive Practices in this report are screenings that are performed to detect several types of cancer and immunizations that protect women from infectious diseases. Summarized here are mammogram, pap test, colorectal cancer screening, influenza and pneumonia immunization.

Reproductive Health issues such as teen pregnancy, fetal death rates and live births are included.

Injury is the leading cause of death for females 1-34 years old and has a major impact on the health of Georgia women. Unintentional injuries, such as motor-vehicle crashes and falls, and intentional injuries, such as assaults, homicides, suicide attempts and suicides, affect hundreds of women annually.

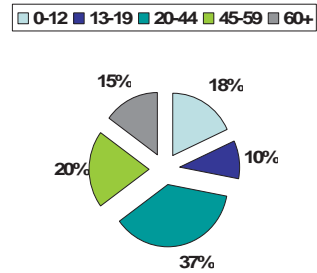
The graphs that are presented in this report are those which illustrate an observable relationship with the health outcome, risk behavior or preventive practice of interest.

Demographics

In 2005, of 6,456,394 adult Georgians, 51% were women. The female population in Georgia has been steadily aging. In 1910, only 3% of women were 65 years of age or older compared to 11% in 2005.

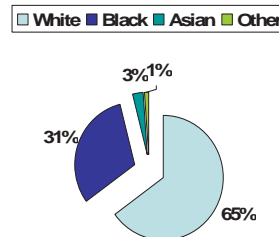


Age distribution among women, Georgia, 2005



Source: Online Analytical Statistical Information System

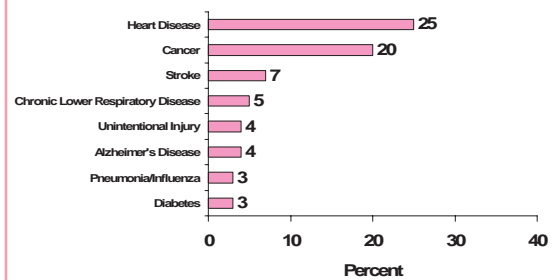
Race distribution among women, Georgia, 2005



Source: Online Analytical Statistical Information System

Leading causes of death among women, Georgia, 2005

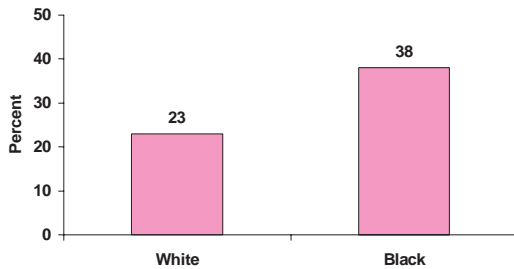
N=3,307,868
(total number of deaths for women)



Source: Georgia Vital Records

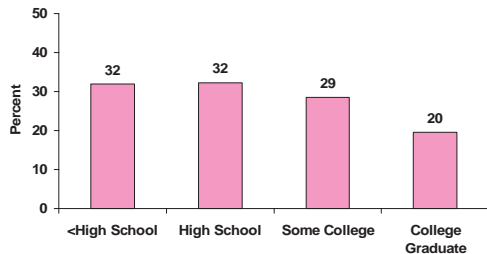
Obesity

Obesity among women by race, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Obesity among women by education, Georgia, 2005



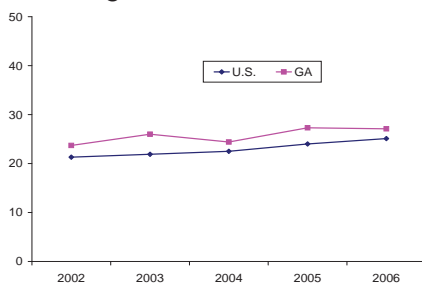
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Obesity among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Obesity among women, Georgia and U.S., 2002 - 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is Obesity?

Obesity is an excess of body fat; obesity can negatively affect quality of life and shorten duration of life. The immediate cause of obesity is an imbalance between energy intake (food consumption) and energy expenditure (physical activity).

Excess body fat can be estimated in various ways. The most commonly used method is the calculation of body mass index (BMI). It is calculated by dividing a person's weight in kilograms by height in meters squared. Adults with BMI of 30 or greater are considered obese.

Obesity and Women

The prevalence of obesity increases as level of income decreases. Low income women in minority populations are more likely to be obese. Obesity is a risk factor for several diseases and conditions such as heart disease, stroke, high blood pressure, diabetes, sleep apnea, osteoarthritis, breast cancer in post-menopausal women and premature death. Obesity is also the best-established predictor of gall bladder disease in women.

Current recommendations for weight maintenance in adults include eating at least five servings of fruit and vegetables each day, aiming for a total fat intake of no more than 30% of total calories, and accumulating 30 minutes or more of moderate-intensity physical activity on at least five days of the week.

Obesity and Women in Georgia

In 2005, approximately 893,000 Georgia women, more than one in four (27%), were obese. This rate is slightly higher than the national average among women (25%).

- * Black women were the most likely to be obese.
- * Women with a high school education or less were more likely to be obese than women with any other level of education.
- * The prevalence of obesity decreased with higher annual household income: 42% of women whose annual household income was less than \$15,000 were obese compared to 18% whose annual household income was \$75,000 or more.

Diabetes

What is Diabetes?

Most of the food that is ingested is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. Diabetes is caused by defects in insulin production, insulin function, or both. The result is that the body either does not make enough insulin or is not able to use its own insulin as well as it should. When the body cannot make enough insulin or use it properly, the blood sugar level goes up above the normal level.

Diabetes can cause serious health complications including heart disease, blindness, kidney failure and nerve disease. Diabetes is a leading cause of death in the United States.

Diabetes and Women

Today, diabetes is one of the most serious health challenges facing women in the United States, especially women of color. Women of minority racial and ethnic groups have the highest prevalence of diabetes. It is two to four times that of the white population.

Diabetes-associated risks include:

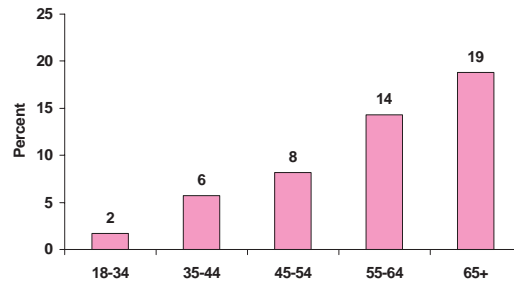
- loss of vision and blindness
- foot ulcers
- end stage renal disease
- pregnancy and cardiovascular complications
- heart disease, the most common complication attributable to diabetes

Diabetes and Women in Georgia

In 2005, an estimated 265,000 Georgia women or 8% had diabetes. This prevalence is comparable to the national average of 6%.

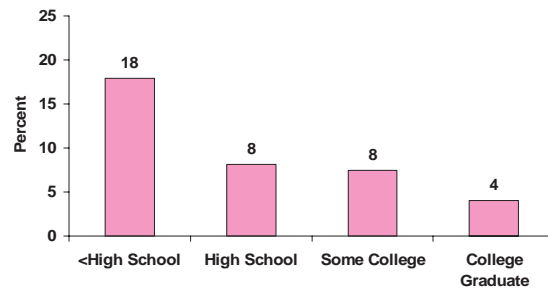
- * The prevalence of diabetes in women 65 years and older was 8 times higher than that of women 18-24 years old.
- * Diabetes was more common in women with lower levels of education. An estimated 18% of women who had less than a high school education were diabetics compared to 4% of college educated women.
- * Women whose annual household income was less than \$15,000 were significantly more likely to have diabetes than women in any other income level.
- * In 2005, the diabetes death rate in Georgia for Black women was 2.4 times higher than for White women (41 vs. 17 per 100,000 women, respectively).

Diabetes among women by age, Georgia, 2005



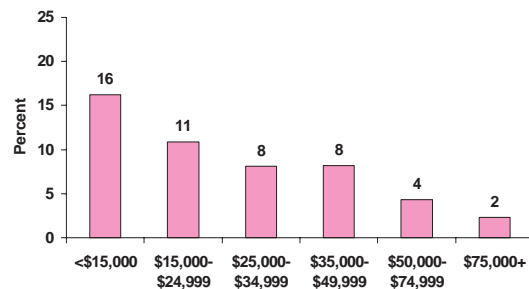
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Diabetes among women by education, Georgia, 2005



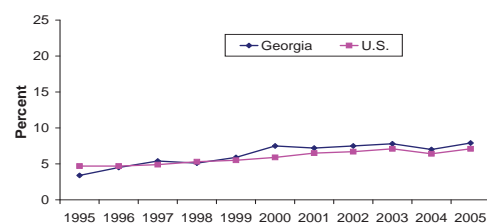
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Diabetes among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

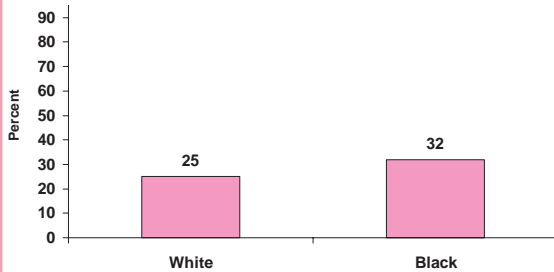
Diabetes among women, Georgia and U.S., 1995 - 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

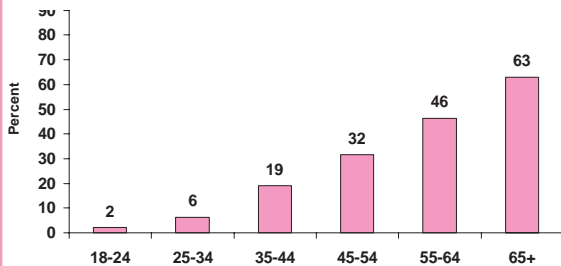
High Blood Pressure

High blood pressure among women
by race,
Georgia, 2005



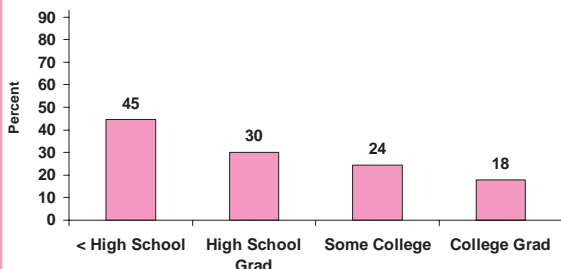
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

High blood pressure among women
by age,
Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

High blood pressure among women
by education,
Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

High blood pressure among women
by income,
Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is High Blood Pressure?

Blood pressure is the force in the arteries when the heart beats (systolic pressure) and when the heart is at rest (diastolic pressure). It is measured in millimeters of mercury (mm Hg). High blood pressure is defined in an adult as a blood pressure greater than or equal to 140 mm Hg systolic pressure or greater than or equal to 90 mm Hg diastolic pressure. High blood pressure directly increases the risk of coronary heart disease (which leads to heart attack) and stroke, especially when it is present with other risk factors.

High Blood Pressure and Women

High blood pressure can occur in children or adults, but it is more common among people over age 35. The groups typically affected by high blood pressure are:

- African-Americans
- middle-aged and elderly people
- obese and/or sedentary people
- heavy alcohol drinkers
- women taking birth control pills or hormone replacement therapy
- pregnant women

High Blood Pressure and Women in Georgia

In 2005, approximately 893,000 Georgia women or 27%, were diagnosed with high blood pressure compared to 26% of women in the U.S.

- * Black women were more likely to have high blood pressure than White women.
- * Women 65 and older were nearly 29 times more likely to have high blood pressure than women 18-24.
- * Women with less than a high school education were significantly more likely to have been diagnosed with high blood pressure.
- * Women whose annual household income was less than \$15,000 were more likely to have been diagnosed with high blood pressure than women at any other income level.

Cardiovascular Disease

What is Cardiovascular Disease?

Cardiovascular disease is a broad, all-encompassing term. It refers to disorders in any of the various parts of the cardiovascular system which consists of the heart and all the blood vessels throughout the body.

Cardiovascular disease has two main components:

- Diseases of the heart (cardio)
- Diseases of the blood vessels (vascular)

Cardiovascular Disease and Women

Cardiovascular disease is the leading cause of death for women in both the United States and Georgia. Cardiovascular disease claims more women's lives than the next five causes of death combined. It is also a leading cause of disability among women. Some risk factors include smoking, high blood pressure, high blood cholesterol, obesity, physical inactivity, diabetes and a family history of early heart disease

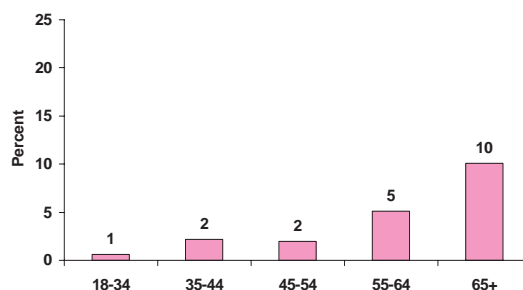
Coronary heart disease is a broader term that refers collectively to both diseases of the coronary arteries and the resulting complications such as a heart attack. A heart attack can occur when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart. It is important to realize that heart disease is a lifelong condition—once you get it, you will always have it. The condition of your blood vessels will steadily worsen unless you make changes in your daily habits.

Cardiovascular Disease and Women in Georgia

In 2005,

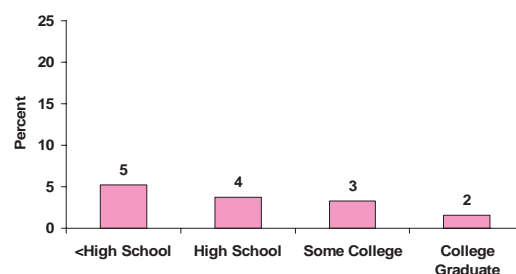
- * An estimated 102,000 Georgia women or 3.1% report having coronary heart disease or angina.
- * Approximately 86,000 Georgia women or 2.6% report having had a heart attack.
- * For women ages 65 and older, the prevalence of coronary heart disease (10%) was dramatically higher than for women 18-34 years (1%).
- * The prevalence of coronary heart disease decreased as level of education increased.
- * Women whose annual household income was less than \$15,000 were significantly more likely to have coronary heart disease.
- * In 2004, the number of deaths due to cardiovascular disease was highest among women 75 years or older.

Heart disease among women by age, Georgia, 2005



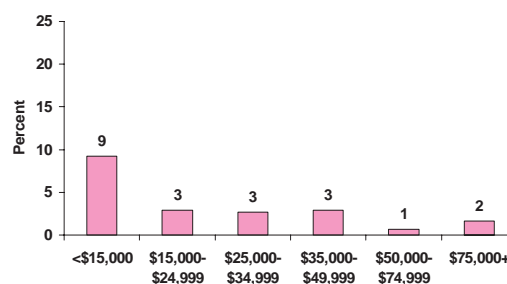
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Heart disease among women by education, Georgia, 2005



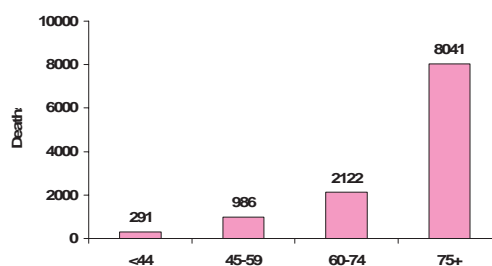
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Heart disease among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

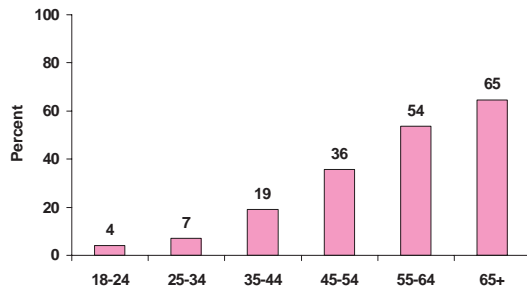
Cardiovascular disease deaths among women, Georgia, 2005



Source: Georgia Vital Records

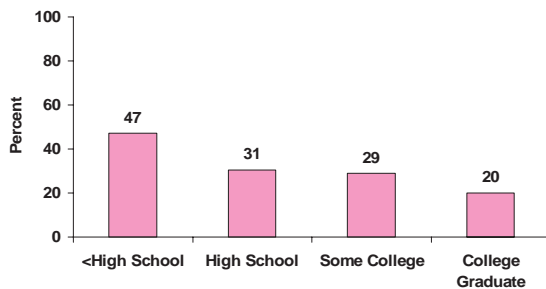
Arthritis

Arthritis among women by age, Georgia, 2005



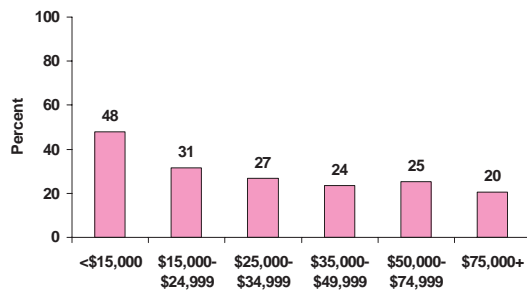
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Arthritis among women by education, Georgia, 2005

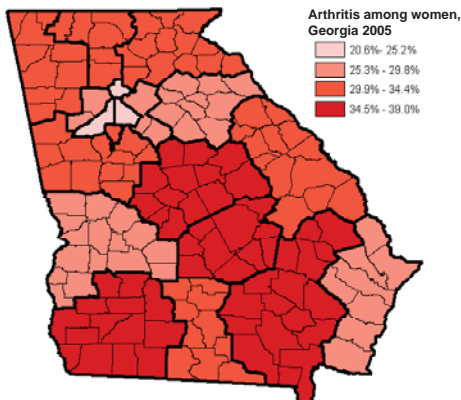


Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Arthritis among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is Arthritis?

The term “arthritis” includes more than 100 diseases and conditions that affect joints, the surrounding tissues and other connective tissues. Arthritis can cause mild to severe pain in the joints, as well as joint tenderness and swelling. The various forms of arthritis and related conditions can affect anyone, no matter the race, gender or age. However, it is especially important for women to be educated about these diseases since they affect women at a much higher rate than men. Sixty percent of all people who have arthritis are female, and several of the more common forms are more prevalent in women.

Arthritis and Women

Osteoarthritis is the most common form of arthritis. Approximately 16 million of the 21 million Americans affected by osteoarthritis are women. Rheumatoid arthritis (RA) usually strikes women between the ages of 25 to 50. More than 2 million American adults have RA, with women outnumbering men 3 to 1. Lupus (systemic lupus erythematosus) is an inflammatory disease that may affect the joints, skin, kidneys and other parts of the body. Almost 240,000 Americans, 90% of whom are women, have this arthritis-related condition.

Arthritis and Women in Georgia

In 2005, an estimated 959,000 Georgia women or 29% had arthritis compared to 24% of women in the U.S.

- * The prevalence of arthritis increases as women age. Four percent of women 18-24 years had arthritis compared to 65% of women 65 years and older.
- * As level of education increased, the prevalence of arthritis decreased. Women with less than a high school education had the highest prevalence of arthritis, 47%, compared to female college graduates, 20%.
- * As annual household income increased, the number of Georgia women with arthritis decreased. Women whose annual household income was less than \$15,000 were more than twice as likely to have arthritis compared to women whose annual household income was \$75,000 or more.



Asthma

What is Asthma?

Asthma is a chronic inflammatory disorder of the lungs and airways that causes repeated, recurrent episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma attacks can vary from mild to life threatening incidents. The causes of asthma are not well known and differ among individuals. There is no known cure for asthma, but it can be controlled by following a medical management plan and by avoiding contact with exposure to environmental irritants and allergens known as “triggers” that include but are not limited to such as cockroaches, dust mites, furry pets, mold, tobacco smoke, and certain chemicals.

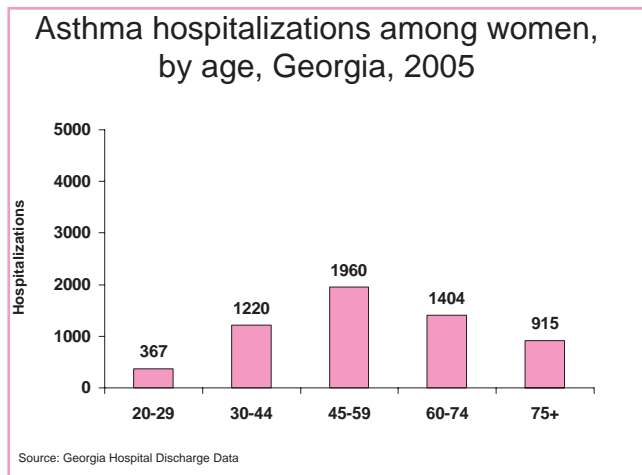
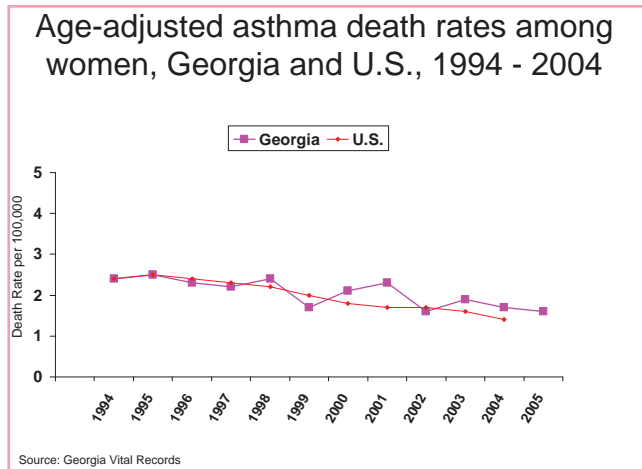
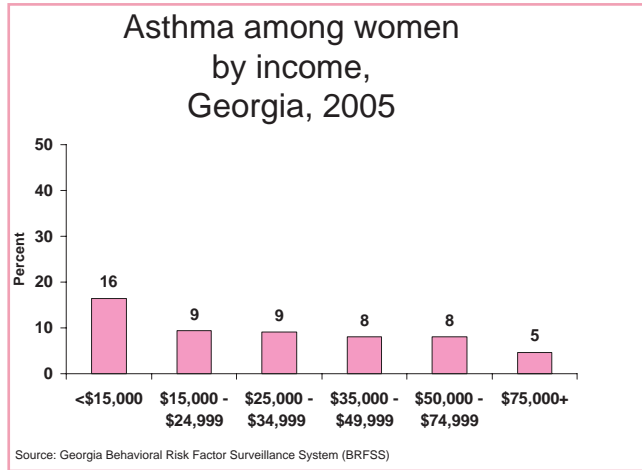
Asthma and Women

Asthma is a common and costly health condition. More than 30 million people in the United States have asthma. More women than men suffer from asthma. Death rates, hospitalization rates, and emergency department visits are all higher among women than men.

Asthma and Women in Georgia

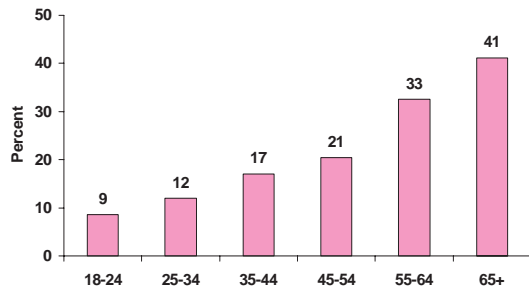
In 2005, more than 297,000 Georgia women, 9% of women, had asthma, which was comparable to the national rate (10%).

- * Women whose annual household income was less than \$15,000 were more likely to have asthma than women at any other income level.
- * Among women, asthma hospitalization charges in Georgia were more than \$100 million, and emergency department charges were approximately \$ 40 million in 2004.



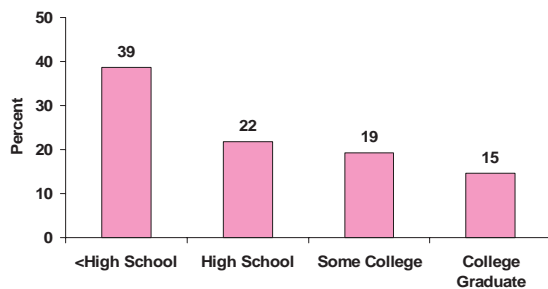
Disability

Disability among women by age, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Disability among women by education, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is a Disability?

Disability is defined as a condition that limits specific functional activities, activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Disability is also defined as the use of special aids and the presence of certain conditions related to mental functioning.

Disability and Women

According to the Survey of Income and Program Participation, conducted by the U.S. Census Bureau, one in five Americans has a disability, and 53% of those with disabilities are female. An estimated 28.6 million women and girls have disabilities, which is 21.3% of the female population.

Based on the Current Population Survey estimates from 1992, women with a work disability (a condition that prevents them from working), aged 16 to 64 years, have higher poverty rates than men with a work disability. Women with severe work disability have the highest poverty rates of all.

Disability and Women in Georgia

In 2005, approximately 695,000 (21%) of Georgia women had a disability.

- * As Georgia women aged, the prevalence of disability increased. Women 65 years and older were almost 5 times more likely to be disabled than women 18-24 years.
- * As level of education increased, prevalence of disability decreased among women in Georgia.



Cigarette Smoking

What is Cigarette Smoking?

For the purpose of this report, a cigarette smoker is defined as a woman who has smoked at least 100 cigarettes in her entire life and currently smokes cigarettes every day or some days.

Smoking and Women

Today, with a much closer gap between men's and women's smoking rates, women share a larger burden of smoking-related diseases. For example,

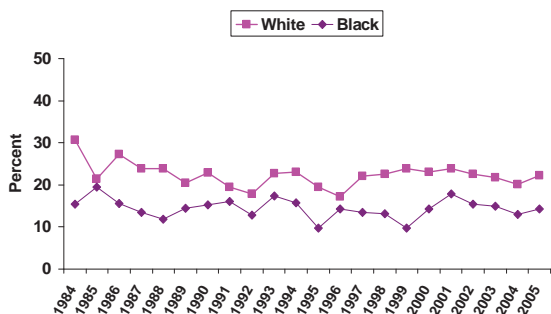
- Lung cancer has surpassed breast cancer as the leading cause of cancer deaths among women in the U.S.
- Approximately 90% of all lung cancer deaths in women result from smoking.
- Women now outnumber men in deaths attributable to COPD (Chronic Obstructive Pulmonary Disease).
- Women who smoke double their risk for developing coronary heart disease.
- Women who quit smoking greatly reduce their risk of developing smoking-related diseases and dying prematurely.

Smoking and Women in Georgia

In 2005, approximately 628,000 of Georgia women or 19% were cigarette smokers. This prevalence was equal to the national average among women. Female smoking was related to level of education, annual household income and health insurance status.

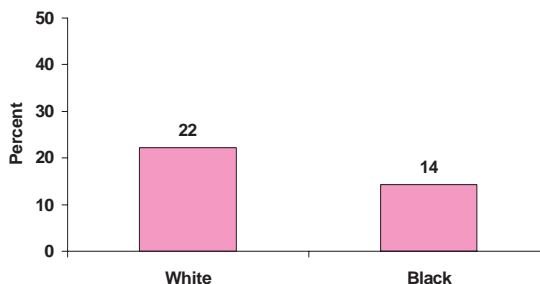
- * More White women smoked than Black women.
- * 11% of adult women who were college graduates were smokers compared to 31% of adult women with less than a high school education.
- * Women whose annual household income was less than \$15,000 were more than twice as likely to smoke compared to women whose annual household income was \$75,000 or more.
- * Women who had no health insurance were significantly more likely to smoke cigarettes than were women who had health insurance.
- * Over 3,700 adult females were estimated to have died from diseases in which smoking is a known risk factor.

Cigarette smoking among women by race, Georgia, 1984-2005



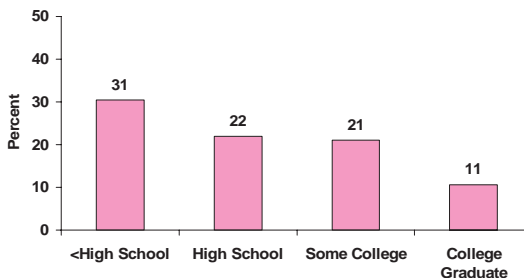
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Cigarette smoking among women by race, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Cigarette smoking among women by education, Georgia, 2005



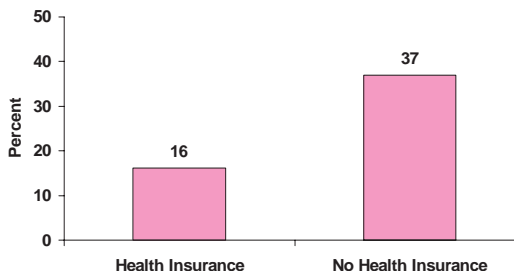
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Cigarette smoking among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

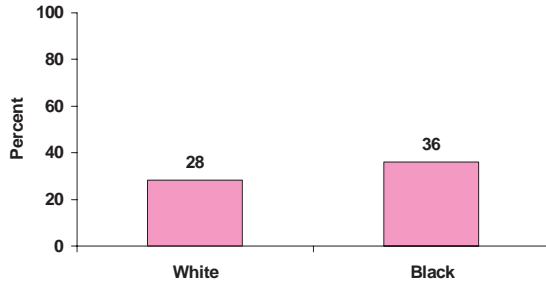
Cigarette smoking among women by health insurance status, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

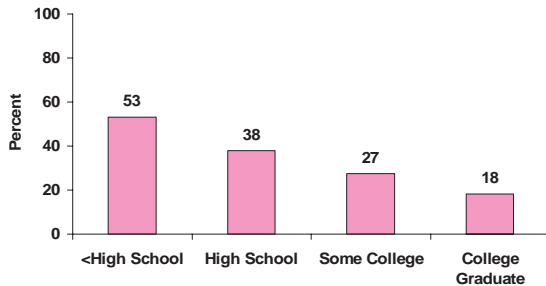
Physical Inactivity

Physical inactivity among women by race, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Physical inactivity among women by education, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

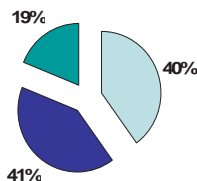
Physical inactivity among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Physical activity levels among women, Georgia, 2005

Legend: Regularly Active (light blue), Insufficiently Active (dark blue), Inactive (teal)



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is Physical Activity?

Physical activity is any bodily movement produced by skeletal muscles that results in energy expenditure. For the purpose of this report, physical activity is defined as having participated in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise, other than for your regular job.

Physical Activity and Women

Physical activity need not be strenuous to achieve health benefits. The purpose of the activity may be related to occupation, household chores, transportation, sports, hobbies, or any other pursuit. Women benefit from a moderate amount of physical activity daily. Regular physical activity:

- reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes
- helps maintain healthy bones, muscles, and joints
- helps control weight, build lean muscle, and reduce body fat
- may enhance the effect of estrogen replacement therapy in decreasing bone loss after menopause
- reduces symptoms of anxiety and depression and fosters improvements in mood and feelings of well-being
- can help reduce blood pressure in some women with hypertension

More than 60% of U.S. women do not engage in the recommended amount of physical activity.

Physical Activity and Women in Georgia

In 2005, approximately 992,000 of Georgia women or 40% participated in regular physical activity compared to 46% of women in the U.S.

- * Fewer Black women exercise in their leisure time.
- * Women with less than a high school education participated in leisure time physical activity less often than college graduates.
- * Women whose annual household income was less than \$15,000 were 3 times less likely to participate in leisure time physical activity.

Binge Drinking

What is Binge Drinking?

Binge drinking for women is defined as having four or more drinks on one occasion, where one drink equals one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

Binge Drinking and Women

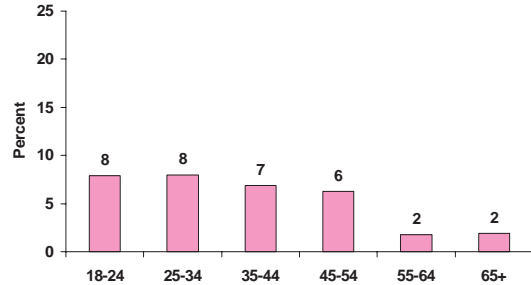
Gender differences in body structure and chemistry cause women to absorb more alcohol and take longer to remove it. Upon drinking equal amounts, women have higher alcohol level in their blood than men and the immediate effects occur more quickly and last longer. These differences also make women more vulnerable to alcohol's long-term effects on their health. For example, the risk of cirrhosis and other alcohol-related liver diseases is higher for women than men. Studies have shown that women who drink excessively are also at increased risk for damage to the heart muscle and breast cancer. In addition, binge drinking is a risk factor for sexual assault, especially among young women.

Binge Drinking and Women in Georgia

In 2005, approximately 199,000 Georgia women, 6%, were binge drinkers compared to 8% of women in the U.S.

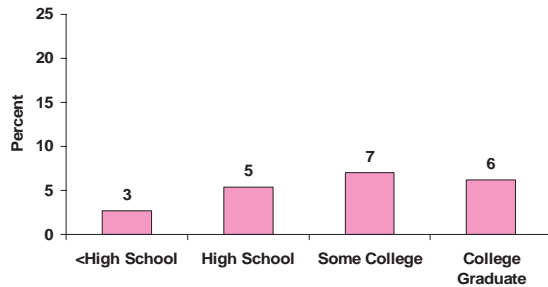
- * As women aged, binge drinking prevalence declined. Women ages 65 years and older were 4 times less likely to binge drink than women ages 18-24.
- * Binge drinking increased as level of education increased.

Binge drinking among women by age, Georgia, 2005



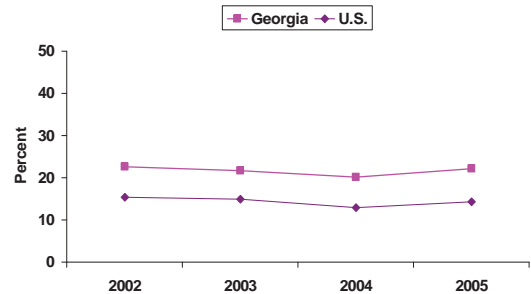
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Binge drinking among women by education, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

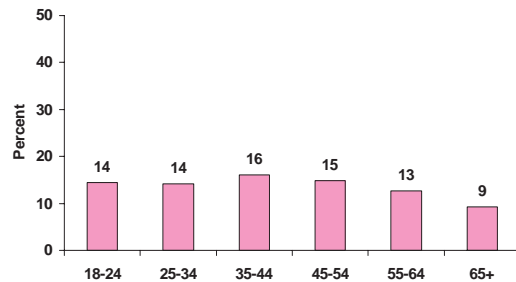
Binge drinking among women, Georgia, 2002-2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

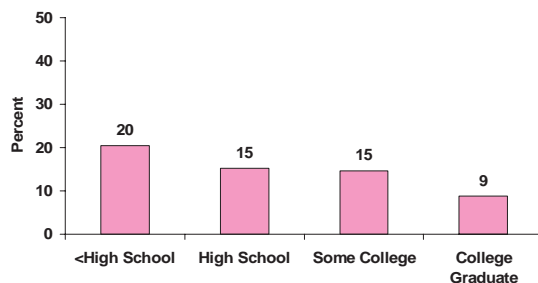
Frequent Mental Distress

Frequent mental distress among women by age, Georgia, 2005



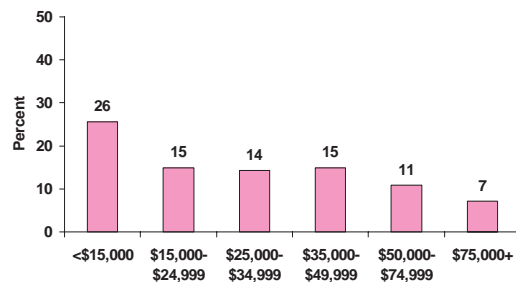
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Frequent mental distress among women by education, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Frequent mental distress among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is Frequent Mental Distress?

Frequent mental distress is defined as experiencing stress, depression or problems with emotions for 14 or more days during the past 30 days.

Mental Distress and Women

Some of the immediate physical effects of stress are rapid heart rates, higher blood pressure and faster breathing rates. High stress may even result in shortness of breath, dizziness or palpitations. Women who are chronically under stress are at higher risk for health problems later in life, particularly heart disease. Stress can also make underlying conditions such as diabetes and high blood pressure more difficult to control. The physical effects of stress can also impact mental well-being. Symptoms of premenstrual syndrome and menopause have been reported to worsen with stress.

Depression affects twice as many women as men, regardless of racial and ethnic background or income. Depression can also put women at risk for suicide. While more men than women die from suicide, women attempt suicide about twice as often as men do.

Frequent Mental Distress and Women in Georgia

In 2005, approximately 463,000 Georgia women or 14% reported having frequent mental distress.

- * Women age 65 or older had the lowest prevalence of frequent mental distress compared to younger age groups.
- * College-educated women reported the lowest prevalence of frequent mental distress (9%) compared to women with less than a high school education (20%).
- * Frequent mental distress was more common among women whose annual household income was less than \$15,000 (26%) compared to women whose annual household income was \$75,000 or more (7%).



Fruit and Vegetable Consumption

What is adequate Fruit and Vegetable Consumption?

For the purpose of this report, adequate fruit and vegetable consumption is defined as eating five or more servings of fruit or vegetables per day.

Fruit and Vegetable Consumption and Women

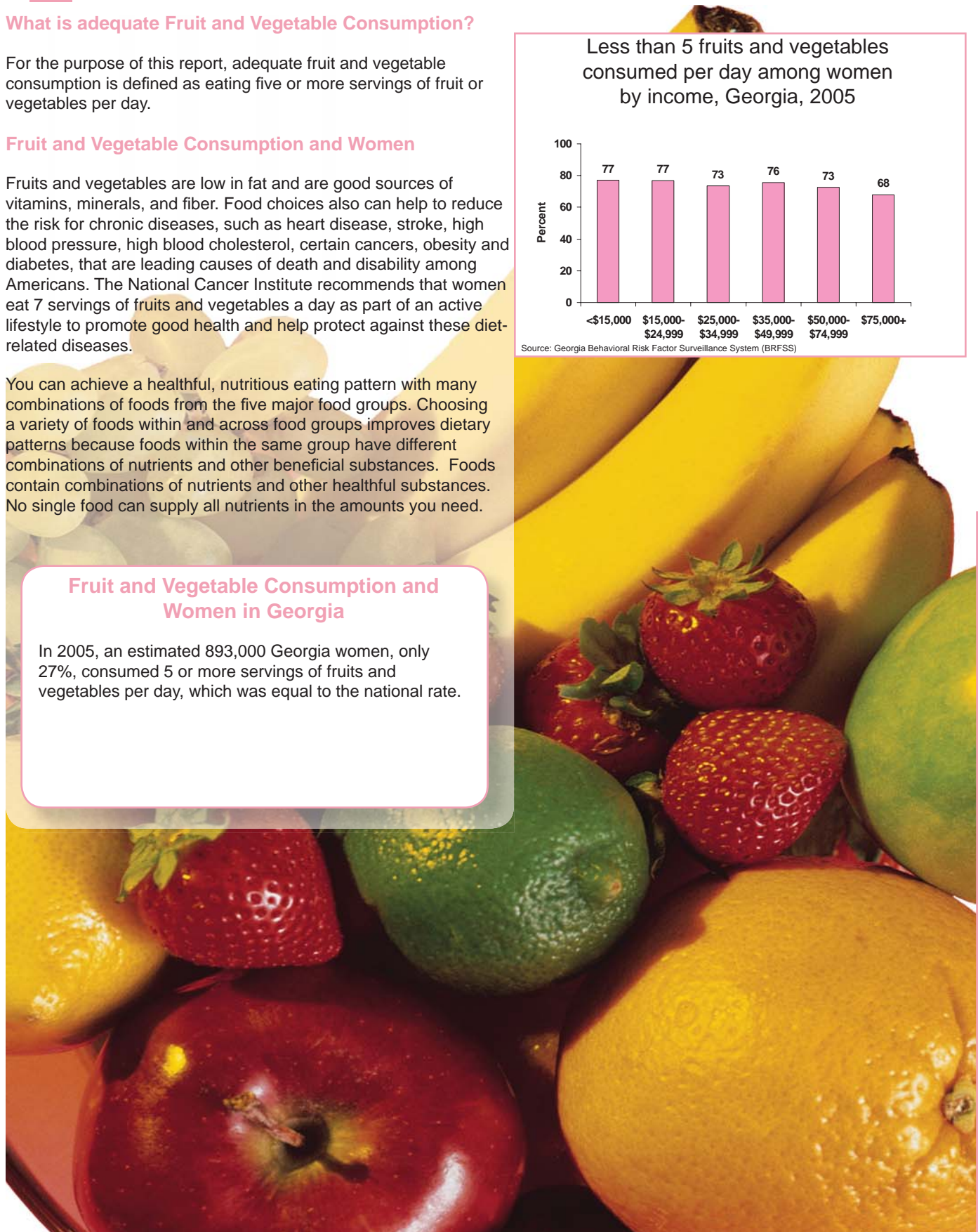
Fruits and vegetables are low in fat and are good sources of vitamins, minerals, and fiber. Food choices also can help to reduce the risk for chronic diseases, such as heart disease, stroke, high blood pressure, high blood cholesterol, certain cancers, obesity and diabetes, that are leading causes of death and disability among Americans. The National Cancer Institute recommends that women eat 7 servings of fruits and vegetables a day as part of an active lifestyle to promote good health and help protect against these diet-related diseases.

You can achieve a healthful, nutritious eating pattern with many combinations of foods from the five major food groups. Choosing a variety of foods within and across food groups improves dietary patterns because foods within the same group have different combinations of nutrients and other beneficial substances. Foods contain combinations of nutrients and other healthful substances. No single food can supply all nutrients in the amounts you need.



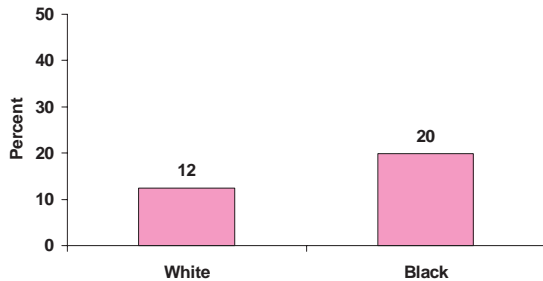
Fruit and Vegetable Consumption and Women in Georgia

In 2005, an estimated 893,000 Georgia women, only 27%, consumed 5 or more servings of fruits and vegetables per day, which was equal to the national rate.



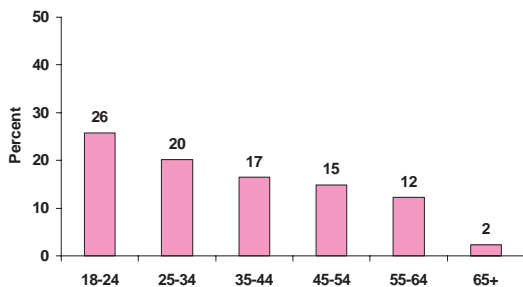
No Health Insurance

No health insurance among women by race, Georgia, 2005



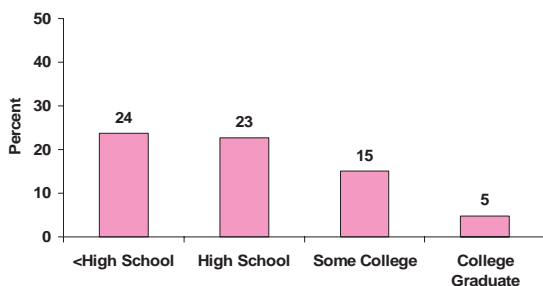
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

No health insurance among women by age, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

No health insurance among women by education, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

No health insurance among women by income, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Why is Health Insurance Important?

Access to preventive services and health care can prevent or improve the outcomes of many diseases. Insurance coverage is a strong determining factor in whether people will have access to health services like screenings, treatment, and health recommendations. Access to quality health care can help eliminate disparities in disease and disease outcomes and can improve the quality and length of life for people living in Georgia. Access to health care can be limited both by lack of health insurance and by insufficient coverage. People who cannot afford to see a doctor or a health-care professional for either of these reasons are at risk for adverse health outcomes.

No Health Insurance and Women in Georgia

In 2005, nearly 496,000 Georgia women, 15%, had no health insurance. This is the same as the national rate.

- * Black women were more likely to not have health insurance than White women.
- * As age increased, women were more likely to have insurance.
- * As level of education increased, the prevalence of having no health insurance decreased.
- * As annual household income increased, the prevalence of having no health insurance decreased.



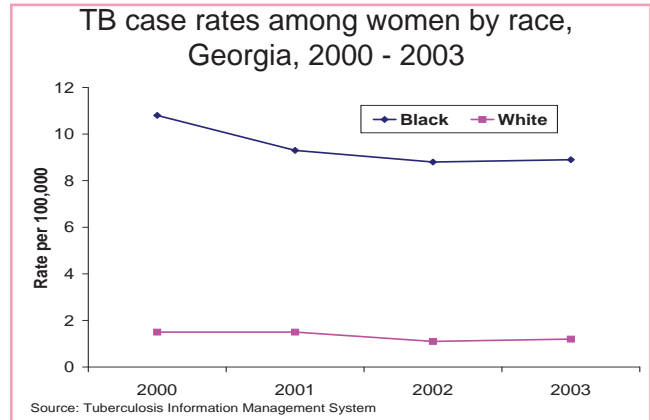
Tuberculosis

What is Tuberculosis (TB)?

Tuberculosis (TB) is an infectious airborne disease caused by *Mycobacterium tuberculosis* or the tubercle bacilli. Tuberculosis is spread from person to person through the air, but repeated contact is usually required for infection. It usually affects the lungs (pulmonary TB) but other parts of the body can also be affected (extrapulmonary TB). Pulmonary TB usually causes the following symptoms: coughing that lasts longer than 2 weeks, pain in the chest when breathing or coughing, and coughing up sputum or blood. General symptoms include weight loss, fatigue, fever, and night sweats. Extrapulmonary TB symptoms depend on the affected body part, e.g., spinal TB may cause back pain and renal TB may cause bloody urine.

TB and Women

Most cases of TB in the United States are reported among males in the 25-44 year old age group. Among women, most TB cases are reported among non-Hispanic Blacks, and TB case rates in females are highest among Asians and native Hawaiian/Pacific Islanders.



TB and Women in Georgia

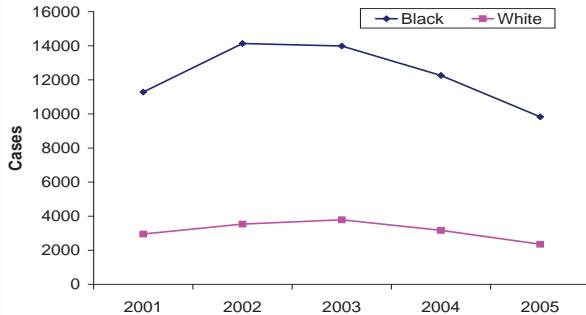
In 2005,

- * 179 new TB cases were reported among women, a 14% decrease from 209 cases reported in women in 2004.
- * Women represent 39% of TB cases. This rate is comparable to the national rate of 39%.
- * The TB case rate in Georgia in 2004 for Black women was 8 times higher than for White women (8.6 vs. 1.1 per 100,000 women, respectively).



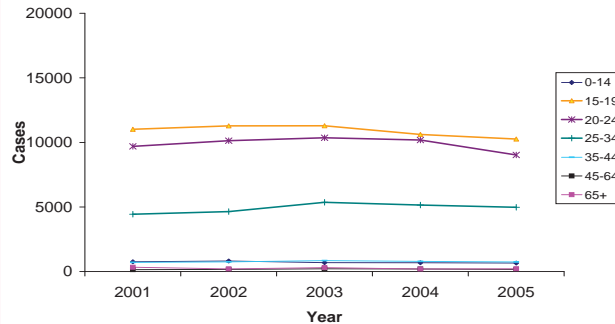
Chlamydia

Chlamydia cases among women by race, Georgia, 2001 - 2005



Source: Sexually Transmitted Disease/Management Information System

Chlamydia cases among women by age, Georgia, 2001 - 2005



Source: Sexually Transmitted Diseases Management Information System

What is Chlamydia?

Chlamydia is a sexually transmitted disease (STD) that is caused by a bacterium that primarily affects the reproductive tract of women. As many as 85% of infections in women are asymptomatic and will not be identified without screening. Diagnosed chlamydia is easily treated and cured, but untreated infection can cause complications, particularly in women, such as infertility, pelvic inflammatory disease, ectopic pregnancy, and chronic pelvic pain.

Chlamydia and Women

Chlamydia is the most commonly reported notifiable disease and most frequently reported bacterial sexually transmitted disease in the United States. It is among the most prevalent of all STDs and, since 1994, has comprised the largest proportion of all STDs reported to the Centers for Disease Control and Prevention. In women, chlamydia infections are usually asymptomatic. As with other inflammatory STDs, chlamydia infection can facilitate the transmission of HIV infection. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in neonatal ophthalmia and pneumonia. However, Chlamydia can be easily diagnosed and treated.

Chlamydia and Women in Georgia

During 2001 - 2005,

- * 27,815 cases of Chlamydia were reported among women in Georgia.
- * Women represented 81% of reported Chlamydia cases in Georgia. The Chlamydia case rate for women in Georgia was 623 per 100,000 women.



HIV/AIDS

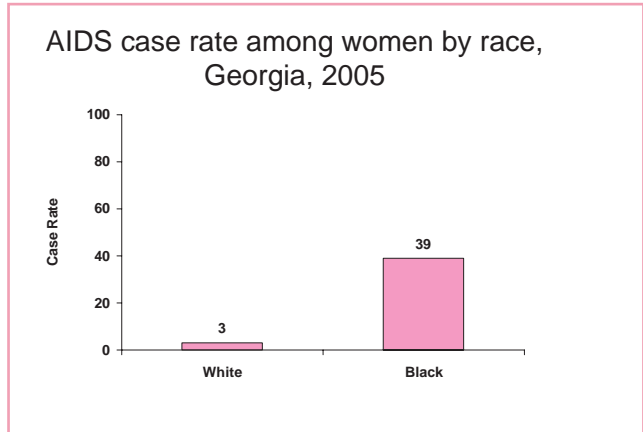
What is HIV? What is AIDS?

HIV (Human Immunodeficiency Virus) is a virus that attacks and breaks down the body's immune system that fights off infections and disease. When the immune system becomes weak, we lose our protection against illness, infections and cancers.

AIDS (Acquired Immune Deficiency Syndrome) is the name for the condition that people with HIV have if they develop one of the serious infections connected with HIV, or if blood tests show that their immune system has been very badly damaged by the virus.

HIV/AIDS and Women

Today, women account for more than one quarter of all new HIV/AIDS diagnoses. Women of color are especially affected by HIV infection and AIDS. Frequently, women with HIV infection have great difficulty accessing health care and carry a heavy burden of caring for children and other family members who may also be HIV-infected. They often lack social support and face other challenges that may interfere with their ability to obtain or adhere to treatment.



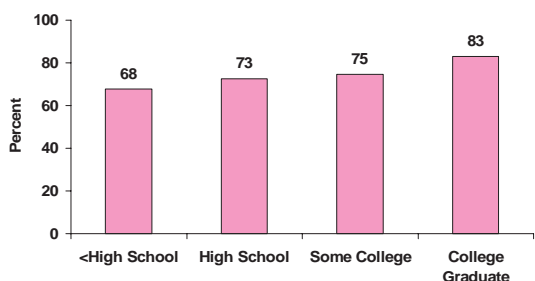
HIV/AIDS and Women in Georgia

- * Women accounted for 30% of diagnosed HIV/AIDS cases in Georgia compared to 26% of diagnosed cases of HIV nationally.
- * The annual AIDS case rate for Black women was more than 12 times higher than for White women (39 vs. 3 per 100,000 women, respectively)



Mammogram

Mammogram among women age 40+ by education, Georgia, 2005



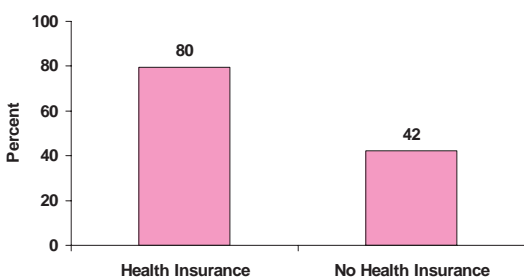
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Mammogram among women age 40+ by income, Georgia, 2005



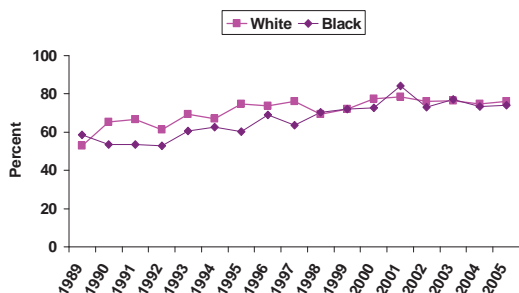
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Mammogram among women age 40+ by health insurance status, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Mammogram among women age 40+ Georgia, 1989-2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is a Mammogram?

Early detection of breast cancer saves lives. Mammograms and clinical breast exams are both important screening tools. The special type of x-ray machine used for the breasts produces lower energy x-rays that do not penetrate tissue as easily as that used for routine chest x-rays or x-rays of the arms or legs. This reduces the dose of ionizing radiation to the breast while still producing a high contrast image for evaluation. Mammograms can detect abnormalities in women who have no breast complaints or symptoms and in women who have breast symptoms (problems such as a lump, pain, or nipple discharge). The American Cancer Society recommends that women age 40 and older should have a screening mammogram every year, and should continue to do so for as long as they are in good health.

Mammograms and Women in Georgia

Breast cancer is the most commonly diagnosed cancer among Georgia women. Currently, it accounts for 32% of all female cancer cases. An average of 4,762 new invasive and 958 in situ breast cancer cases are diagnosed among Georgia women every year. An average of 1,019 Georgia women die of breast cancer every year.

In 2005, for women age 40 or older, the rate of having had a mammogram in the past 2 years was the same in Georgia as nationally (75%).

- * As level of education increased, the percent of women who had a mammogram screening in the past 2 years increased.
- * As annual household income increased, the percent of women who have had a mammogram in the past 2 years increased.
- * Women with health insurance were significantly more likely to have had a mammogram in the past 2 years (80%) than women without health insurance (42%).



Pap Test

What is Cervical Cancer and a Pap Test?

Cancer of the cervix (also known as cervical cancer) begins in the lining of the cervix and does not form suddenly. Normal cervical cells gradually develop precancerous changes that turn into cancer. Only some women with precancerous changes of the cervix will develop cancer. This process usually takes several years but sometimes can happen in less than a year. For most women, precancerous cells will remain unchanged and go away without any treatment. The most important risk factor for cervical cancer is infection by the *human papillomavirus (HPV)*. HPV can be present for years with no symptoms, and HPV infection does not always produce cervical cancer.

Deaths from cervical cancer were reduced dramatically with the advent of the Pap smear test in the 1940s. One of the best and proven steps that you can take to prevent a cancer is to have a Pap test. The Pap test looks for changes in the cervix that might lead to cancer. With regular Pap tests and appropriate follow-up care, death from cervical cancer is almost totally preventable.

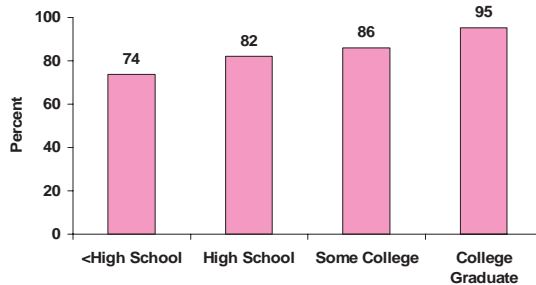
Pap Test and Women in Georgia

Annually, an average of 412 new invasive cervical cancer cases are diagnosed and an average of 120 women die of cervical cancer.

In 2005, of women who have an intact uterus, the rate of women in Georgia who have had a Pap test in the last 3 years (87%) was similar to the national rate (86%).

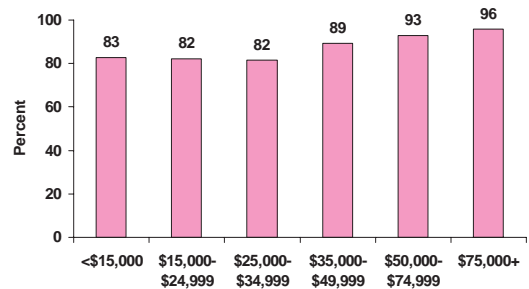
- * College-educated women were more likely to have had a Pap test in the past 3 years.
- * As annual household income increased, the prevalence of having had a Pap test in the past 3 years increased.
- * Women who had health insurance were significantly more likely to have had Pap test in the last 3 years than women with no health insurance.

Pap test among women by education, Georgia, 2005



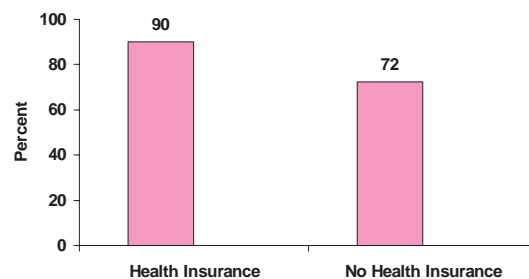
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Pap test among women by income, Georgia, 2005



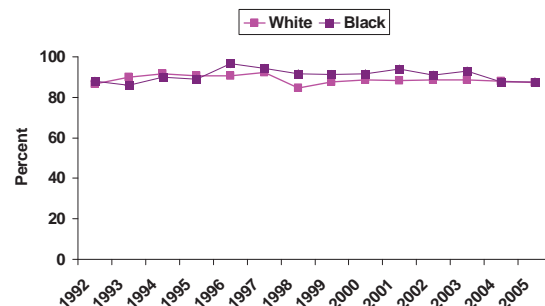
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Pap test among women by health insurance status, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

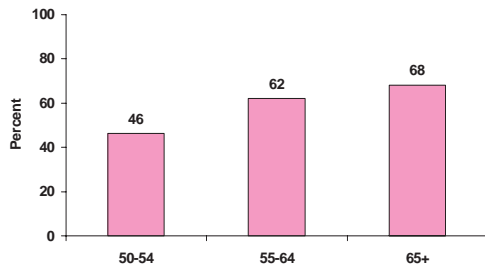
Pap test among women by race, Georgia, 1992-2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

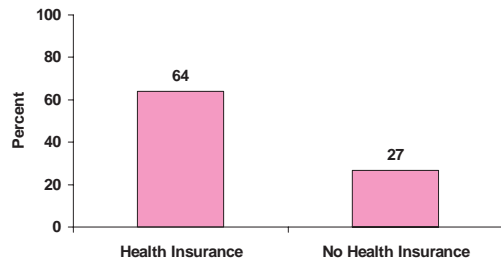
Colorectal Cancer Screening

Colorectal cancer screening among women age 50+ by age, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Colorectal cancer screening among women age 50+ by health insurance status, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

What is Colorectal Cancer Screening?

Colorectal cancer refers to cancer that develops in the colon or the rectum. It is the third most common cancer diagnosed in both men and in women in the United States and in Georgia. The colon and rectum are parts of the digestive system which processes food for energy and rids the body of solid waste matter (fecal matter or stool).

There are four effective tools available to screen for colorectal cancer: 1) fecal occult blood tests, which detect blood in a person's stool sample; 2) sigmoidoscopy, an examination of the rectum and lower colon using a lighted flexible tube; 3) colonoscopy, an examination of the entire colon using a long, lighted flexible tube; and 4) double contrast barium enema, a series of x-rays taken after inserting barium into colon and rectum.

Risk factors for colorectal cancer include increasing age, personal or family history of disease, polyps or inflammatory bowel disease, smoking, alcohol consumption, physical inactivity, high-fat, low-fiber diet, inadequate intake of fruits and vegetables and obesity.

Colorectal Cancer Screening and Women in Georgia

An average of 3,331 new cases of colorectal cancer in Georgia are diagnosed annually, 1,666 are women and of the 1,227 Georgians that die annually of colorectal cancer, 634 are women.

In 2005, among women age 50 years and older in Georgia, 61% have ever had a sigmoidoscopy or colonoscopy.

- * As age increased, prevalence of colorectal screening increased.
- * Women with health insurance were nearly 2.5 times more likely to have had a colorectal screening.



What are Pneumonia and Influenza?

Pneumonia is an inflammation of the lung caused by infection with bacteria, viruses, and other organisms. Pneumonia can occur when a person's immune system is weakened, such as by a viral upper respiratory tract infection or influenza.

Influenza, commonly called "the flu," is caused by viruses that infect the respiratory tract. Compared with most other viral respiratory infections, such as the common cold, influenza infection often causes a more severe illness.

Women and Pnuemonia and Influenza

Pneumonia and influenza combined are the eighth-leading cause of death for women in the United States today. When associated with other chronic health conditions, pneumonia and influenza can be life-threatening. People with chronic obstructive pulmonary disease (COPD), asthma, heart disease, diabetes and conditions that suppress the immune system are at high risk.

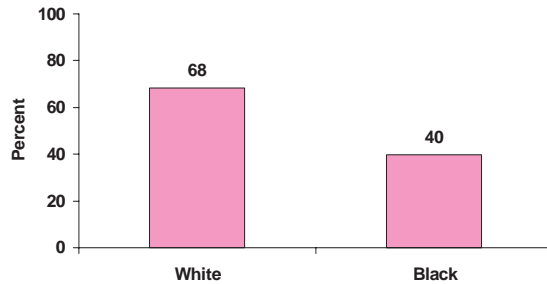
The risk of both pneumonia and influenza can be reduced by immunizations. A yearly flu shot can be up to 90 percent effective in preventing influenza in healthy adults. The pneumococcal vaccine can reduce the risk of getting pneumonia by more than half.

Pneumonia and Influenza Immunization and Women in Georgia

For women 65 years and older, prevalences for pneumonia and influenza immunization are similar when comparing Georgia to the nation. Nationally, 67% of women received a pneumonia immunization and 65% of women received an influenza immunization. In 2006, 62% of women received a pneumonia immunization and 59% of women received an influenza immunization.

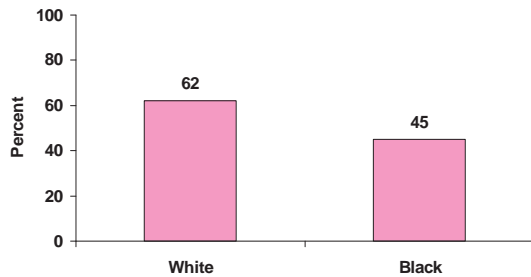
* In 2005, White women 65 years and older were significantly more likely to have had a pneumonia and influenza immunization, 68% and 62%, respectively, than Black women, 40% and 45%, respectively.

Pneumonia shot among women 65+ by race, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Flu shot among women 65+ by race, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Pregnancy Outcomes



Pregnancy Outcomes in Georgia

In 2005,

- 138,650 women delivered live-born infants in Georgia.
- 1,196 women in Georgia had a fetal death in the 5th or later month of pregnancy. Black women were 2.2 times more likely to experience a fetal death than White women (13.2 vs. 6.1 per 1,000 live births).
- 28,015 women in Georgia intentionally terminated their pregnancies. This represents a 14% decrease over the last ten years.

Teen Pregnancy in Georgia

In 2005,

- 16,282 teens between the ages of 15 and 19 years old delivered live-born infants in Georgia. This represents a 25% decrease over the last ten years (52.3 vs 69.7 per 1,000 births in 2005 and 1996, respectively).
- 330 girls between the ages of 10 and 14 years delivered live-born infants in Georgia. This represents a 47% decrease over the last ten years (1.0 vs 1.9 per 1,000 births in 2005 and 1996, respectively)



Unintentional Injury



Unintentional Injury

For the purpose of this report, motor vehicle crash injuries are defined as injuries resulting from a crash involving a motor vehicle traveling on a public roadway. Motor vehicle traffic-related hospitalizations include injuries involving automobiles, vans, trucks, motorcycles, and other motorized cycles known or assumed to be traveling on public roads or highways. Injuries affect occupants of motorized vehicles, pedestrians, pedal cyclists, or occupants of other non-motorized vehicles.

For the purpose of this report, fall injuries are defined as injuries resulting from tripping and stumbling on the same level; colliding with another person; falling from furniture or playground equipment; or falling from one level to another such as from stairs and steps, ladders, trees, or buildings/structures.

Unintentional Injury and Women in Georgia

Unintentional injuries accounted for 76% of all injury deaths among Georgia women in 2004.

Motor Vehicle Crashes

- More than 49,000 Georgia women visited emergency departments for treatment of injuries sustained in a motor vehicle crash during 2004.
- While the number of emergency room visits was approximately the same between White and Black women, White women were hospitalized twice as often for their injuries.
- Death resulting from a motor vehicle crash occurred most often among women ages 65 years or older.

Falls

- Falls were the leading cause of injury hospitalizations in 2004. More than 70,000 Georgia women were seen in emergency departments for injuries sustained after a fall.
- Four times more women ages 65 or older were hospitalized because of injuries from falls than all other age categories combined.
- The rate of deaths resulting from falls was 12 times higher in women 65 years or older compared to all age levels combined.

Intentional Injury

Intentional Injury

An intentional injury or death is a result of the deliberate use of physical force or power against oneself, another person or a group or community. Intentional injuries in this report include assaults, homicides, suicide attempts and suicides.

Intentional Injury and Women in Georgia

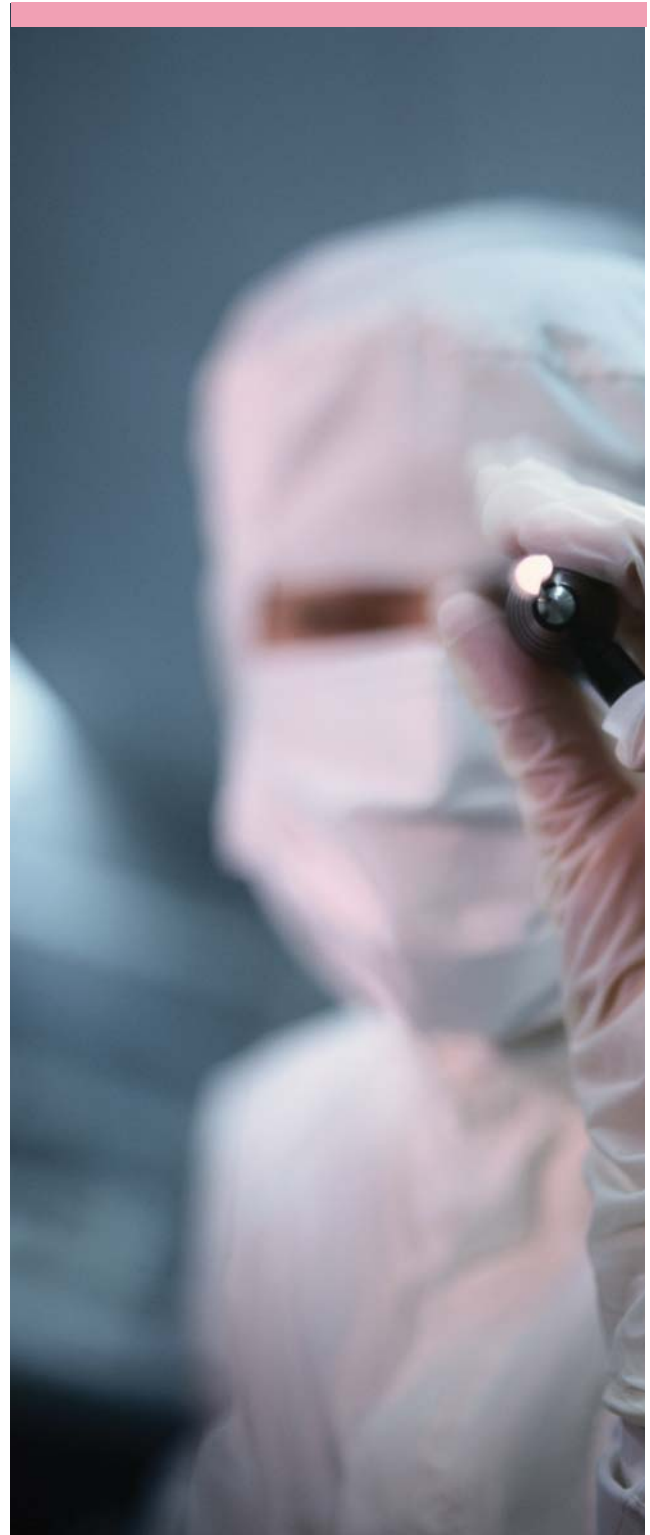
Assaults/Homicides

During 2004,

- More than 9,000 Georgia women were treated in emergency departments for injuries sustained during an assault and approximately 250 women were hospitalized in 2004.
- Black women were more often seen in an emergency room and hospitalized for their injuries than White women.
- Homicides happened most frequently among women 25-34 years old.
- Black women died from homicide at a rate 1.5 times higher than that of White women.

Suicide Attempts/Suicides

- Approximately 8 times more White women committed suicide than Black women.
- More than 3,000 Georgia women were seen in emergency departments for having attempted suicide in 2004.
- Women between the ages of 35-44 were hospitalized and died more often than any other age group as a result of a suicide attempt; poisoning was the most common method used.



Conclusion

As Georgia women live longer, we face new challenges to improve the quality of women's lives. The health issues affecting older women typically begin at younger ages and are complex. Policy makers, women's health advocates and health care providers must develop policies, programs and services for women based on a continuum of care and in the broader context of families, communities and society.

Public Health must continue to monitor women's health in Georgia and to identify important trends and problems. Public Health should also work in collaboration with health care providers, consumer groups and other women's health organizations to advocate for policies that improve the lives of women. Finally, Public Health has a role in assuring that needed programs and services are accessible to all Georgia women. Through these key functions, the public health system will continue to play an important role in shaping the future of women's health in Georgia.

References

Chronic Conditions

Obesity -

http://www.obesity.org/subs/fastfacts/obesity_women.shtml

Diabetes -

http://www.chronicdisease.org/WH_Council/WHC_projects_WH_PA_Diab.htm;

<http://www.cdc.gov/diabetes/faq/basics.htm>

High Blood Pressure

<http://www.americanheart.org/presenter.jhtml?identifier=4650>

Cardiovascular Disease -

<http://www.americanheart.org/presenter.jhtml?identifier=1200011>

<http://www.mayoclinic.com/health/cardiovascular-disease/HB00032>

<http://www.nlm.nih.gov/medlineplus/heartdiseaseinwomen.html>

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