

The Health of Maryland Women 2002



The Health of Maryland Women 2002 was produced by The Center for Maternal and Child Health, Maryland Department of Health and Mental Hygiene, and Health Care Answers, Baltimore, Maryland. It presents current data on Maryland women from a variety of sources. It is intended as a guide for policy decisions.

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Executive Summary



Women's Health, Center for Maternal and Child Health, Maryland Department of Health and Mental Hygiene

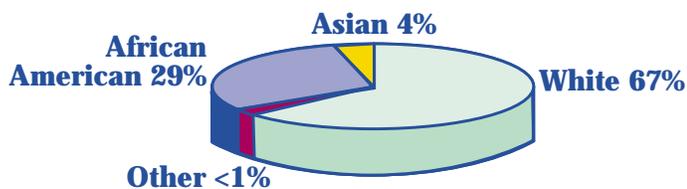
The concept of women's health has recently expanded beyond conditions related to reproductive health and now includes the many different conditions that affect women throughout their lifespan. This Executive Summary provides highlights from the report, *The Health of Maryland Women 2002*, and lists key indicators that reflect the status of women's health in our state. Recognition of these basic health issues is important for the development of strategies that will improve care and quality of life for women.

Population

- Approximately 2.7 million women live in Maryland, accounting for 52% of the population.
- Maryland is racially diverse.
- Four percent of Marylanders are of Hispanic ethnicity (included in the white and African American racial categories).
- Over 350,000 Maryland women are 65 years of age or older, making up 13% of the female population. It is projected that this number will double to 700,000 by 2050.

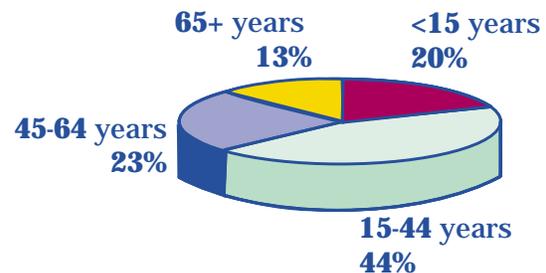
Racial distribution of Maryland women

Source: Maryland Vital Statistics Annual Report 1999



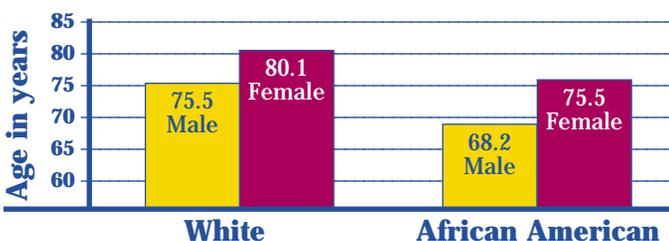
Age distribution of Maryland women

Source: Maryland Vital Statistics Annual Report 2000



Life expectancy by race for Maryland men & women

Source: Maryland Vital Statistics Annual Report 2000

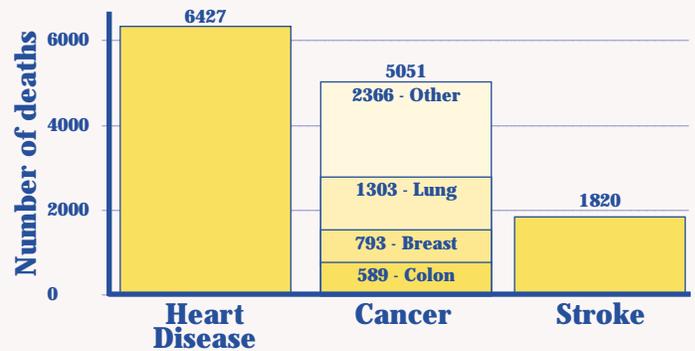


- Women live longer than men across all racial groups.
- Due to the longer life expectancy, 72% of Maryland residents 85 and older are women
- Life expectancy of white females is 4.6 years more than that of African American females.

Leading Causes of Death

Source: Maryland Vital Statistics Annual Report 2000

Heart disease is the leading cause of death of Maryland women, followed by cancer and stroke. Together, these three conditions account for nearly 60% (13,298) of all deaths to women in 2000. Racial disparity in these causes of death is evident, with African American women having a higher age-adjusted death rate compared to white women.



Heart Disease and Stroke

- Heart disease and stroke kill more than ten times as many women each year as breast cancer.
- Studies suggest that women are treated less aggressively than men before and after a heart attack.
- High blood pressure, smoking, a sedentary life style, obesity, and elevated cholesterol are modifiable risk factors for heart disease and stroke. Controlling these factors could substantially reduce the incidence of heart disease and stroke in women.

Cancer

- In 2000, 5,051 Maryland women died of cancer. The most common types of cancer leading to death are lung and bronchus (1,303), breast (793), colon and rectum (589), ovary (260), pancreas (249), and leukemia (202).
- Maryland women ranked 5th in the nation for breast cancer mortality, 10th for cancer of the lung and bronchus, and 12th for colorectal cancer. For these cancers, Maryland's mortality rate is significantly higher than the U.S. rate ($p < .0002$) (NCHS public use data file).
- Although breast cancer is the most common cancer affecting Maryland women, more women die from lung cancer. Widespread screening with early detection and treatment has improved survival for women with breast cancer.
- Smoking significantly contributes to lung cancer risk and other types of cancers. Quitting smoking, exercising regularly, eating a healthy diet, and following cancer screening guidelines are recommended to reduce the risk of cancer.

Infections

Source: Maryland AIDS Administration; STD Division, Epidemiology and Disease Control Program, DHMH

- Women are the fastest growing group of AIDS patients and now account for 34% of all new AIDS cases in 2001 compared with 10% in 1985.
- African American women are at highest risk for HIV/AIDS; 86% of all females with HIV/AIDS are African American and 11% are white.
- 90% of women with HIV/AIDS are between 20-49 years of age.
- Chlamydia, the most common sexually transmitted disease, is the leading cause of preventable infertility and ectopic pregnancy. In 2000, over 12,000 Maryland women were diagnosed with chlamydia, more than twice the number diagnosed with gonorrhea and 100 times the number diagnosed with syphilis.
- Women 15-19 years of age have the highest chlamydia case rate of any age group, and African American women are at greatest risk.

Perinatal Health

Source: Maryland Vital Statistics Annual Report 2000, Infant Mortality in Maryland 2001

- Infant mortality in Maryland has declined 12% in the past 10 years to 8.0 infant deaths per 1,000 live births in 2001. This rate is still significantly higher than the national rate of 6.9/1,000 live births in 2000.
- An African American baby has more than twice the risk of dying than a white baby during the first year of life.
- 78% of African American mothers (compared to 91% of white mothers) initiated care in the first trimester; 6% of African American mothers (compared to 2% of white mothers) entered care in the last trimester or received no prenatal care.
- Births to teens have generally decreased and now make up 10% of total births; in contrast, births to mothers 35 and older have increased and now make up 18% of total births.

Mental Health and Substance Abuse

- For Maryland women, depressive disorders are the most common psychiatric diagnoses requiring hospitalization in a general hospital. The cost in 2001 was \$47 million (excluding psychiatric facilities), or \$5,858 per patient (*Health Services Cost Review Commission, 2001 hospitalizations*).
- Depression and anxiety disorders disproportionately affect women. According to the 2001 Behavioral Risk Factor Surveillance Survey*, Maryland women reported more days when their mental health was not good compared to men.
- Suicide is the third leading cause of death for women 15-24 years of age (*Maryland Vital Statistics Annual Report 2000*).
- Substance abuse is the leading diagnosis for outpatient care at a cost of over \$3 million dollars. African American women account for 77% of substance abuse visits (*Health Services Cost Review Commission, July 2000-June 2001 outpatient visits*).
- Hospitalizations for depression and substance abuse peak for women in the 25-45 age group (*Health Services Cost Review Commission, 2001 hospitalizations*).

Violence Against Women

- One of every four American women reports that she has been physically abused by a husband or boyfriend at some point in her life (*Maryland Network Against Domestic Violence*).
- In Maryland, a woman, man, or child is killed every five days as a result of domestic violence; the majority of these deaths are women and children (*Maryland Network Against Domestic Violence*).
- In Maryland, violence is a leading cause of death for pregnant and postpartum women (*JAMA, 2001;285:1455-1459*).
- There were 22,126 domestic abuse hearings in the Maryland circuit and district courts in 2001. The number of hearings has been consistent at roughly 20,000 to 22,000 for the past 4-5 years. (*Personal communication with Thomas Mostowy, Executive Assistant to the Chief Judge of the District Court of Maryland*.)

Health Insurance Coverage

- In Maryland and across the nation, the number of uninsured has declined since 1998. The largest gains were made in low-income children and pregnant women due to expanded Medicaid and the State Children's Health Insurance Programs – CHIP (*Kaiser Commission on Medicaid and the Uninsured*).
- Younger Marylanders, minorities, and those with lower income are more likely to be uninsured (*Behavioral Risk Factor Surveillance System, 2000 weighted**).

Obesity and Activity

Source: Behavioral Risk Factor Surveillance System, 2001 weighted.*

- A higher percentage of Maryland women are obese than the U.S. as a whole. The percentage of obese women has doubled from 11.2% in 1990 to 21.1% in 2001.
- Obesity/overweight is higher in minority and low-income women.
- At least 80% of women report no regular or sustained physical activity. Women with higher incomes tend to be more physically active.

Chronic Conditions

- Arthritis and osteoporosis are more common in women and are leading causes of disability. Half of Maryland women over 65 have been told they have arthritis (*Behavioral Risk Factor Surveillance System, 2001 weighted**). It is estimated that 50% of women over age 50 will have an osteoporosis-related fracture in their lifetime.
- Diabetes is the 5th leading cause of death for women. African American women have twice the age-adjusted death rate for diabetes as white women (55.1 versus 22.9) (*Maryland Vital Statistics Annual Report 2000*).
- 12.8% of adult women (as compared to 9.2% of men) in Maryland have been told they have asthma (*Behavioral Risk Factor Surveillance System, 2001 weighted**).
- Autoimmune diseases, such as lupus, also are more prevalent in women; 90% of lupus patients are women, and African Americans are affected at three times the rate of whites.
- Urinary incontinence affects 10-30% of all women; over half of women in nursing homes are incontinent.

- Nationally, 10.8% of women and 13.5% of men have no health insurance compared to 9.3% of women and 10.6% of men in Maryland (*Behavioral Risk Factor Surveillance System, 2000 weighted**).

Maryland women with NO health insurance by age.

Source: Behavioral Risk Factor Surveillance System, 2000 weighted*



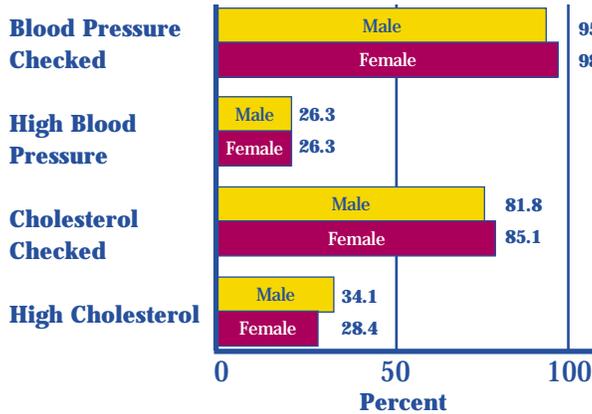
Health Behaviors

Source: Behavioral Risk Factor Surveillance System, 2000, 2001 weighted.*

- The percentages of Maryland residents who have had their blood pressure and cholesterol checked are close to national percentages.

Blood pressure & cholesterol status for Maryland men and women

Source: Behavioral Risk Factor Surveillance System, 2001 weighted*

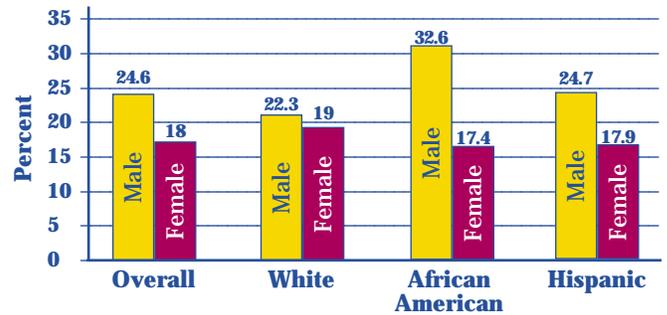


- Over 90% of Maryland women reported having a pap smear and mammogram in the previous three years, and approximately 50% have had routine colorectal screening.
- Women age 65 and older were less likely than

- younger women to have had a recent pap smear. Rates tended to increase in higher income brackets.
- 26% of women have not visited a dentist in the last year. Cost was a leading barrier to care.
- Overall, 5.6% of Maryland women binge drink; the highest rate (13.9%) is in the 18-24 year age group.
- Approximately one in five Maryland women smokes (19.1% of women vs. 22.0% of men), and 9.2% smoked during pregnancy (Maryland Vital Statistics Administration, unpublished data).
- The rate of smoking among women with the lowest income is more than twice that of individuals with the highest income (33.3% of those earning less than \$15,000 compared with 16.2% of those earning more than \$50,000).

Smoking rate by race & ethnicity for Maryland men and women

Source: Behavioral Risk Factor Surveillance System, 2001 weighted*



Across the Life Span

Health concerns change as a woman ages. Most hospitalizations for women less than 44 years of age are related to pregnancy, followed by infection and major depressive disorder. A high risk for mental health problems is evident, with suicide a leading cause of death in women aged 15-24 years. Accidents and homicide also are leading causes of death in this age group and are preventable. For women 25-44 years of age, cancer, heart disease and HIV are leading causes of death. For African American women in this age group, HIV is the leading cause of death.

After 45 years of age, cardiovascular related illnesses, infection, and respiratory conditions are the leading reasons for hospitalization. Not surprisingly, women in this age group die most commonly of cancer, heart disease, and stroke.

Leading causes of death by age group

Source: Maryland Vital Statistics Report, 2000

15-24 years	25-44 years	45-64 years	65+ years
Accidents	Cancer	Cancer	Heart Disease
Homicide	Heart Disease	Heart Disease	Cancer
Suicide	HIV	Stroke	Stroke

*The Behavioral Risk Factor Surveillance System is a cross-sectional survey of adults, 18 years and older, conducted by the Centers for Disease Control and Prevention. In 2000, 4,594 Maryland residents responded (1,780 men and 2,814 women). Extrapolating to the total population, this represents 3,916,991 Marylanders (1,873,890 men and 2,043,101 women). In 2001, 4,472 Maryland residents responded (1,822 men and 2,650 women). When extrapolated, this represents 4,025,565 Marylanders (1,925,342 men and 2,100,213 women).



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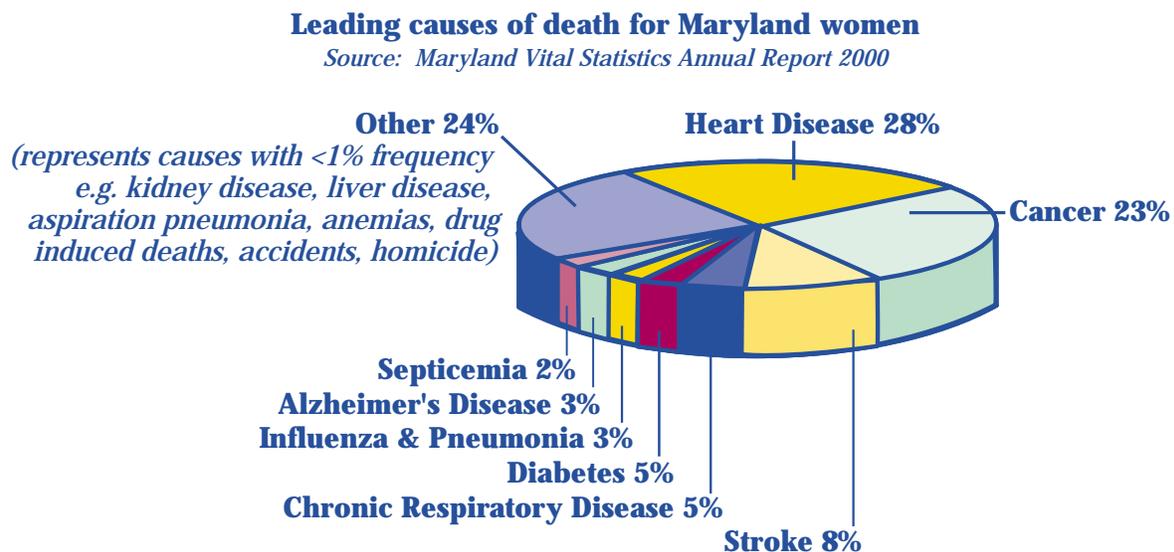
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November 2002

Introduction

The concept of women's health has recently expanded beyond conditions related to reproductive health. Now it includes the many different conditions that affect women throughout their lifespan. This report lists key indicators that reflect the status of women's health in our state. Recognition of these basic health issues is important for the development of strategies that will improve care and quality of life for women.

Preventive health services and healthier life styles have increased women's life expectancy. Heart disease, cancer, and stroke continue to be the leading causes of death.



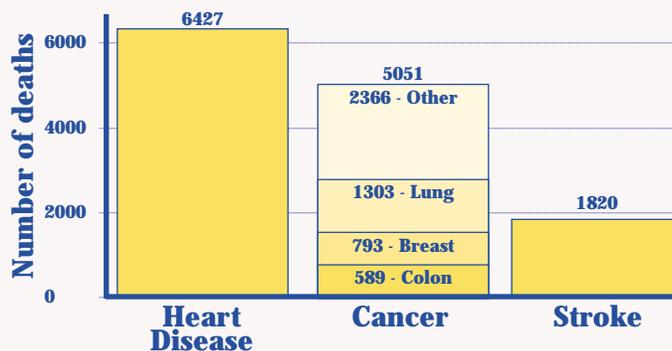


*He who has health has hope; and he who has hope has everything.
~ Arabian Proverb*

Top Three Causes of Death

Source: Maryland Vital Statistics Annual Report 2000

Heart disease is the leading cause of death of Maryland women, followed by cancer and stroke. Together, these three conditions account for nearly 60% (13,298) of all deaths to women in 2000. Racial disparity in these causes of death is evident, with African American women having a higher age-adjusted death rate compared to white women.

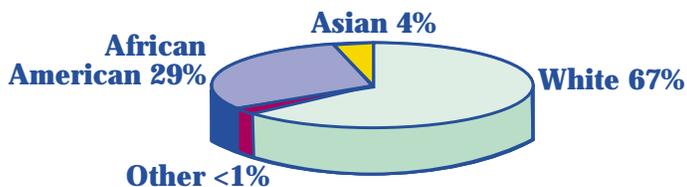


Population

- Approximately 2.7 million women live in Maryland, accounting for 52% of the population.
- Maryland is racially diverse.
- Four percent of Marylanders are of Hispanic ethnicity (included in the white and African American racial categories).
- Over 350,000 Maryland women are 65 years of age or older, making up 13% of the female population. It is projected that this number will double to 700,000 by 2050.
- Over 48,000 Maryland women are 85 years of age, making up 2% of the female population. It is projected that this number will quadruple to 200,000 by 2050.

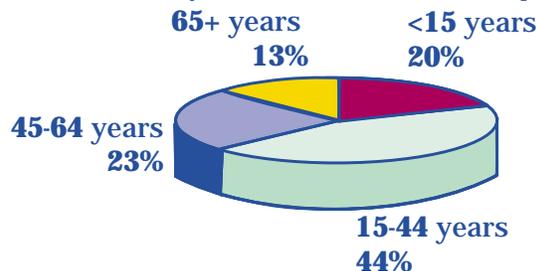
Racial distribution of Maryland women

Source: Maryland Vital Statistics Annual Report 1999



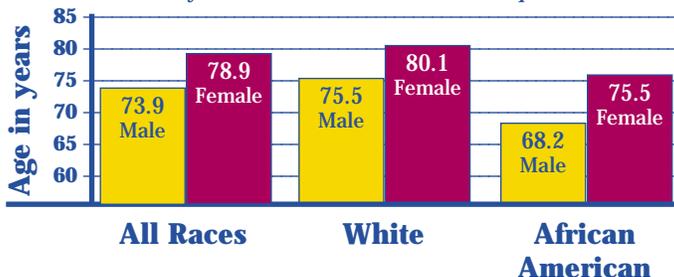
Age distribution of Maryland women

Source: Maryland Vital Statistics Annual Report 2000



Life expectancy by race for Maryland men & women

Source: Maryland Vital Statistics Annual Report 2000



- Women live longer than men across all racial groups.
- Females who reach age 65 can expect an average life expectancy of 19.2 more years compared with 15.5 more years for males.
- Life expectancy of white females is 4.6 years more than that of African American females.

Heart Disease and Stroke

Heart disease and stroke account for 36% of all deaths in Maryland women and 33% of all male deaths.

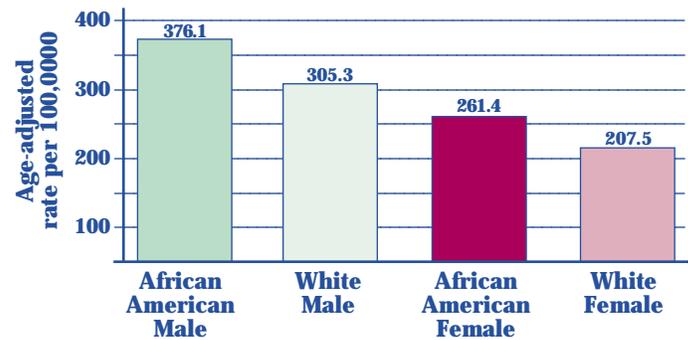
Each year, more Maryland females (6,427) than males (5,858) die from heart disease. This is primarily due to women's longer lifespan and a later onset of heart disease. However, females have a lower risk of dying from heart disease than males of the same age. Risk is higher for African Americans than whites in both sexes.

(Maryland Vital Statistics Annual Report 2000).

- Heart disease and stroke kill more than ten times as many women each year as does breast cancer.
- One of every 8 Maryland women who die from heart disease are less than 65 years old.
- Among ethnic groups, African American women have the highest heart disease death rate and Hispanic women have the lowest.
- 42% of women die within a year following a heart attack compared to 24% of men.
- Stroke is a leading cause of serious, long-term disability in the United States.
- The age-adjusted death rate for stroke has not improved in the past decade and has slightly worsened for African American females.
- Hypertension is the most common comorbidity among nonobstetric hospitalized women (Jiang et al., 2002).

Age-adjusted death rate for heart disease by race and sex

Source: Maryland Vital Statistics Annual Report 2000



Although the risk of heart disease increases among women after menopause, recent studies show that the use of hormone replacement therapy with estrogen and progestin does not decrease that risk and may even worsen it (Writing group for women's health initiative, 2002). Hormonal changes associated with pregnancy, childbirth, and menopause also are linked to an increased risk of stroke (4women.gov).



Women's Health Tips

Studies suggest that women are treated less aggressively than men before and after a heart attack. Women should be aware of this tendency and be certain to discuss all available treatment options with their health care provider.

How can I tell if I am having a heart attack?

Every minute counts, even if the symptoms seem to disappear! Not everyone gets all of these warning signs, and sometimes the signs can go away and return. Treatments are most effective if given within one hour of when the attack begins. If you have these symptoms, call 911 right away!

Signs of heart attack include:

- Chest discomfort or uncomfortable pressure, fullness, squeezing, or pain in the center of the chest that lasts longer than a few minutes, or comes and goes
- Spreading pain to one or both arms, back, jaw, or stomach
- Cold sweats and nausea

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to have some of the **other warning signs, particularly shortness of breath, nausea, vomiting, and back or jaw pain.**

(<http://4women.gov/faq/h-attack.htm>)

Cancer

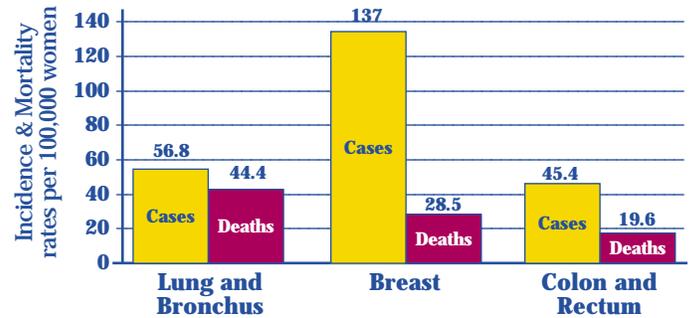
Source: Maryland Cancer Registry, Maryland Department of Health and Mental Hygiene (DHMH)

Cancer is the second leading cause of death in women of all races and ages.

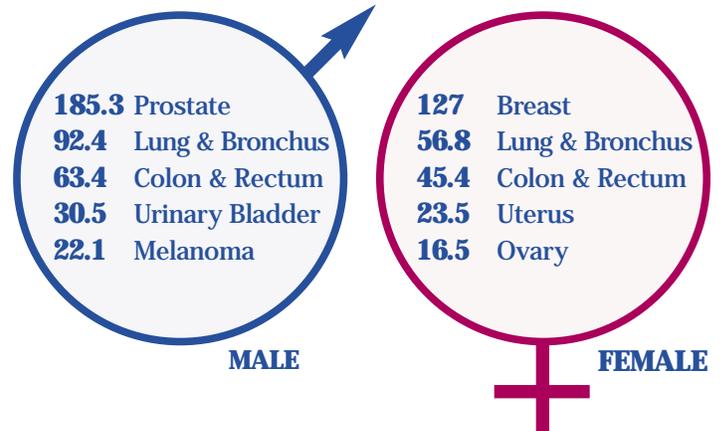
- In 2000, 5,051 Maryland women died of cancer. The most common types of cancer leading to death are lung and bronchus (1,303), breast (793), colon and rectum (589), ovary (260), pancreas (249), and leukemia (202).
- Breast cancer is the leading cause of cancer death for women under 55 years of age.
- Maryland women ranked 5th in the nation for breast cancer mortality, 10th for cancer of the lung and bronchus, and 12th for colorectal cancer. For these cancers, Maryland's mortality rate is significantly higher than the U.S. rate ($p < .0002$) (NCHS public use data file).
- Although breast cancer is the most common cancer affecting Maryland women, more women die from lung cancer.
- Widespread screening with early detection and treatment has improved survival for women with breast cancer.
- Similarly, early detection of colorectal cancer has reduced the number of deaths relative to cases.
- Women diagnosed with lung cancer have a high mortality rate.

*Whoever thought up the word "Mammogram"?
Every time I hear it, I think I'm supposed to put
my breast in an envelope and send it to someone.
~ Jan King*

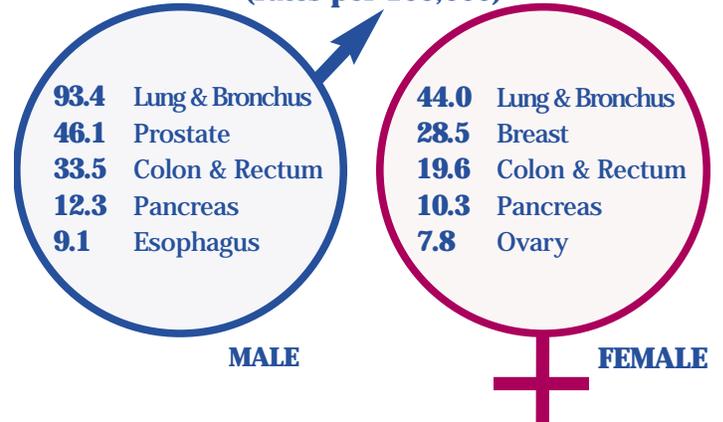
Maryland cancer incidence & mortality rates per 100,000, 1999



Maryland cancer cases by site and sex (rates per 100,000)



Maryland cancer deaths by site and sex (rates per 100,000)



Women's Health Tips

Smoking significantly contributes to the risk of lung and other types of cancers. Quitting smoking, exercising regularly, eating a healthy diet, and following cancer screening guidelines are recommended to reduce the risk of cancer.



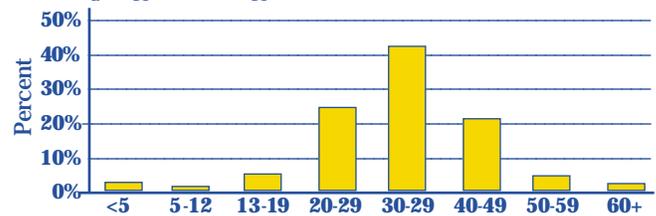
HIV and AIDS

Source: AIDS Administration, DHMH

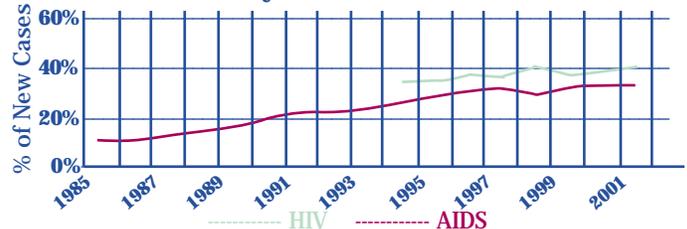
Maryland had the 3rd highest AIDS case report rate in the US (34.6 cases per 100,000 population) during 2001. Maryland HIV and AIDS cases are predominantly African American (84%) and male (66%).

- Women are the fastest growing group of AIDS patients, accounting for 34% of all new AIDS cases in 2001 compared with 10% in 1985.
- In 2001, 40% of all new HIV cases were diagnosed in women.
- African American women are at highest risk for HIV/AIDS; 86% of all females with HIV/AIDS are African American and 11% are white.
- 90% of women with HIV/AIDS are 20-49 years of age.
- HIV/AIDS is the 3rd leading cause of death among women ages 25-44 in Maryland. It is the #1 cause of death for African American females (as well as males) ages 25-44, accounting for nearly 20% of deaths in this age group.
- For white females (and males), HIV/AIDS is the 5th leading cause of death in the 25-44 age group.

Distribution of female HIV/AIDS cases by age at diagnosis, as of 3/31/02, MD



Female percentage of new HIV & AIDS cases, Maryland 1985-2001



Sexually Transmitted Diseases (STDs)

Source: STD Division, Epidemiology and Disease Control Program, DHMH

Women disproportionately bear the long-term consequences of STDs. If inadequately treated, women infected with gonorrhea or chlamydia may develop pelvic inflammatory disease (PID). PID can cause infertility, ectopic pregnancy, and chronic pelvic pain.

Chlamydia

- Chlamydia is the leading cause of preventable infertility and ectopic pregnancy. In 2000, over 12,000 Maryland women were diagnosed with chlamydia, more than twice the number diagnosed with gonorrhea and 100 times the number diagnosed with syphilis.
- Adolescents ages 15-19 have the highest chlamydia case rate (3,475 per 100,000 females) of any age group. African American women are at greatest risk.
- During pregnancy, chlamydia may cause eye infection and pneumonia in the newborn.

Gonorrhea

- The incidence of gonorrhea in females (and males) has been steadily decreasing, from 418 cases per 100,000 females in 1990 to 167 in 2000 -- a 60% decrease.
- Gonorrhea is the 2nd leading cause of PID in women.
- During pregnancy, gonorrhea can cause eye infections in the newborn.
- Adolescents ages 15-19 have the highest rate of gonorrhea (1,099 cases per 100,000 females).

Women's Health Tips
Safe sex prevents HIV/AIDS and STDs

Syphilis and Congenital Syphilis

- The rates of primary and secondary syphilis in the US have declined dramatically in the past few decades, making the elimination of syphilis a realistic possibility. In Maryland, and particularly Baltimore City, the decline was interrupted in the mid to late 1990s by a sudden increase in cases.
- By 2000, the syphilis rate for Maryland women (4.2 cases per 100,000 females) had decreased from its peak in 1997 and is now on a steady decline again.
- Maryland has the 7th highest female syphilis rate of any state in the U.S.
- Women ages 25-29 have the highest rate of syphilis (11.8 cases per 100,000 females) of any age group.
- Syphilis infection during pregnancy can cause congenital syphilis, stillbirth, birth defects, and behavioral disabilities.
- Maryland has the 6th highest congenital syphilis rate of any state in the U.S.

Female STD[†] Rates in U.S. and Maryland, 2000

Chlamydia	404	442
Gonorrhea	128	167
Syphilis (primary & secondary)	1.8	4.2
Congenital Syphilis ^{††}	13.4	22.2

[†]Female STD Rates: cases per 100,000 females

^{††}Congenital syphilis rates: cases per 100,000 live births

Perinatal Health

Source: *Maryland Vital Statistics Annual Report 2000, Maryland Infant Mortality Report, 2001*

In the U.S. and Maryland, the most common reason for hospitalization among women is pregnancy and childbirth (*Jiang et al., 2002*).

Infant Mortality

- The infant mortality rate (IMR) in Maryland has generally declined over the past 10 years and is currently 8.0 per 1,000 live births (2001). Despite this improvement, the IMR in Maryland has consistently been higher than that of the U.S. and remains one of the ten worst in the U.S., falling far short of the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births.
- The three most common causes of infant death are disorders relating to short gestation and low birth weight, congenital malformations, and sudden infant death syndrome (SIDS).
- An African American baby has more than twice the risk of dying during the first year of life than a white baby.

Maternal Mortality

- During the 5-year period 1996-2000, the maternal mortality ratio (MMR) in Maryland was 13.1 maternal deaths per 100,000 live births; this rate is 52% higher than the U.S. MMR of 8.6.
- The leading causes of maternal death in Maryland are cardiovascular disorders, embolism, hemorrhage, and hypertensive disorders.
- Maternal deaths are much more common in women who are African American, over 35 years of age, of high parity (3 or more previous live births), and who receive late or no prenatal care.



Prenatal Health

- In 2000, 86.4% of women (compared to 83.2% in US) initiated care in the first trimester and 3% (compared to 3.9% in US) entered care in the last trimester or received no prenatal care (*Maryland Vital Statistics Annual Report 2000*).

Prenatal care and smoking status by race, Maryland 2000 (percentage of women)

	All Races	White	African American	Hispanic
Initiated prenatal care 1 st trimester	86.4	90.8	77.7	79.0
Did not smoke during pregnancy	90.8	89.1	92.5	98.5

- Over 90% of women (compared to 88% in US) did not smoke during their pregnancies.
- The percentage of women ages 35 and over who give birth has more than tripled in the past 20 years; similarly, the percentage of women ages 40 and over has increased 6 fold since 1980.

Women's Health Tips

Pregnancy Do's

Early prenatal care
Daily multivitamin
with folic acid
HIV test



Pregnancy Don'ts

Use illegal drugs
Smoke
Drink

Mental Health

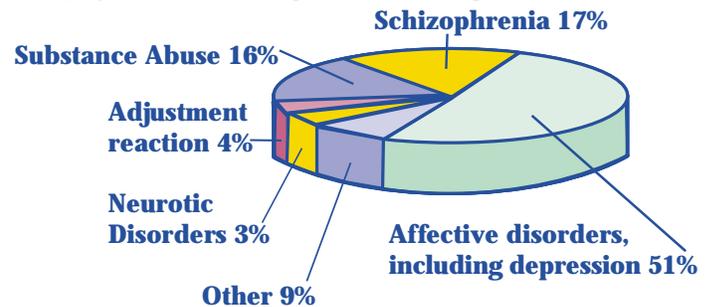
The World Health Organization reports that depression will be the second leading cause of disability and death by the year 2020. More stressful lifestyles, poverty, and violence have contributed to this trend.

- Nearly twice as many women (12%) as men (6.6%) are affected by depression each year in the U.S. Over the course of a lifetime, clinical depression occurs in 21% of the women and 13% of men.
- Among women who develop depression, onset occurs most often during their 20's and 30's and seems to be appearing earlier in recent years. Women are twice as likely as men to suffer from panic disorder, anxiety disorder, post-traumatic stress disorder, agoraphobia, and seasonal affective disorder.
- For Maryland women, depressive disorders are the most common psychiatric diagnoses requiring hospitalization in a general hospital. The cost in 2001 was \$47 million (excluding psychiatric facilities), or \$5,858 per patient (*Health Services Cost Review Commission, 2001 hospitalizations, Maryland*).
- Nationally, depression ranks 5th in most frequent conditions for nonobstetric female hospitalized patients. It is not in the top ten for males. Depression is the most common reason for nonobstetric hospitalization stays among women age 18 to 44. (*Jiang et al., 2002*).
- Depression and anxiety disorders disproportionately affect women. Maryland women reported more days when their mental health was not good than did men (*Behavioral Risk Factor Surveillance System, 2000, 2001 weighted**).
- Hospitalizations for depression and substance abuse peak for women in the 35-44 age group (*Health Services Cost Review Commission, 2001 hospitalizations, Maryland*).
- Suicide is the third leading cause of death for women 15-24 years of age (*Maryland Vital Statistics Annual Report 2000*). The rate for women is dramatically lower than the rate for men.

*The Behavioral Risk Factor Surveillance System is a cross-sectional survey of adults, 18 years and older, conducted by the Centers for Disease Control and Prevention. In 2000, 4,594 Maryland residents responded (1,780 men and 2,814 women). Extrapolating to the total population, this represents 3,916,991 Marylanders (1,873,890 men and 2,043,101 women). In 2001, 4,472 Maryland residents responded (1,822 men and 2,650 women). When extrapolated, this represents 4,025,565 Marylanders (1,925,342 men and 2,100,213 women).

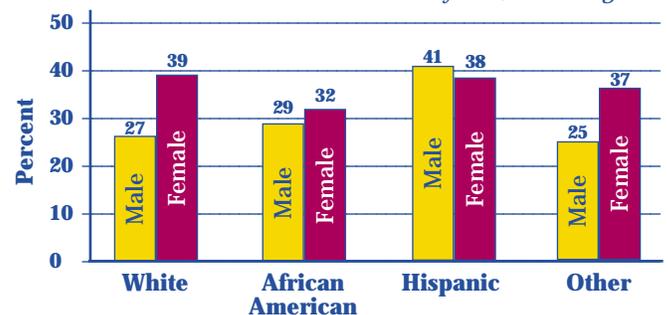
There continues to be a stigma attached to mental health problems. Insurance coverage is inadequate and job discrimination is a reality. Additionally, many believe that people use mental illness as an excuse to get out of work. Consequently, mental health services are not well funded or accepted by the general public.

Hospitalizations for Maryland women for psychiatric diagnostic categories, 2001

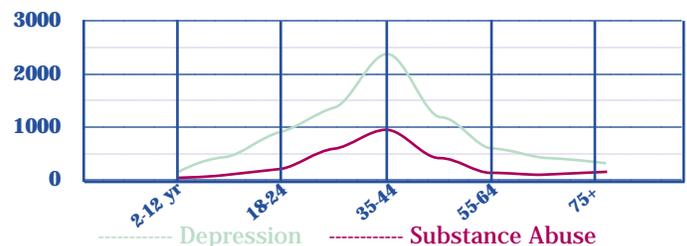


Days mental health not good during past 30 days

Source: Behavioral Risk Factor Surveillance System, 2001 weighted*



Hospitalizations for Maryland women by age and diagnostic category, 2001



Women's Health Tips

National Depression Screening Day Tool

Depression is common in women. If you answer yes to 5 or more statements and felt this way every day for several weeks, you may be suffering from depression. Talk to your health care provider and seek immediate help if you are thinking about hurting or killing yourself. You can feel better with verbal therapies and/or medication.

- I am unable to do the things I used to do.
- I feel hopeless about the future.
- I can't make decisions.
- I feel sluggish or restless.
- I am gaining or losing weight.
- I get tired for no reason.
- I am sleeping too much, or too little.
- I feel unhappy.
- I become irritable or anxious.
- I think about hurting or killing myself.

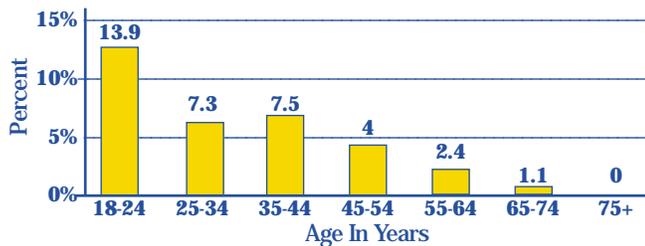
Substance Abuse

The chronic excessive use of alcohol alters judgment and can lead to motor vehicle crashes, violence, and multiple health problems including cirrhosis of the liver, heart disease, brain damage, cancer and inflammation of the pancreas.

- Chronic and binge drinking are less common in women than men. 4.8% of Maryland women (and 5.7% of men) report chronic drinking; 5.6% of women (and 19% of men) report binge drinking (*Behavioral Risk Factor Surveillance System, 2001 weighted**).
- African American women have lower chronic & binge drinking rates than white or Hispanic women (*Behavioral Risk Factor Surveillance System, 2001 weighted**).
- Binge drinking and chronic drinking is most prevalent in the 18-24 age group.

Female binge drinking by age, Maryland

Source: Behavioral Risk Factor Surveillance System, 2001 weighted*



- Alcohol is the #1 illegal substance used most by Maryland adolescents (*Maryland State Department of Education, Maryland Adolescent Survey 2001*).
- Nearly 75% of female 12th graders in Maryland used some form of alcohol in 2001.
 - 50% drank during the last 30 days
 - 33% binged within the last 30 days
 - 75% first tried alcohol between 13-16 years of age.
- Substance abuse is the leading diagnosis for outpatient care at a cost of over \$3 million dollars. African American women account for 77% of substance abuse visits (*Health Services Cost Review Commission, July 2000-June 2001 outpatient visits, Maryland*).
- In FY 2000, more than 19,000 women were admitted to certified Maryland alcohol and drug abuse programs, 51% were white, 47% were African American, 1% Hispanic, and <1% other races. Two thirds of the women admitted were between the ages of 25 and 44 (*Alcohol and Drug Abuse Administration, DHMH*).

Women's Health Tips

Women become more impaired than men after drinking the same amount of alcohol (even after adjusting for weight differences). Young women are at highest risk for binge and chronic drinking.

Violence Against Women

- One of every four American women reports that she has been physically abused by a husband or boyfriend at some point in her life (*Maryland Network Against Domestic Violence*).
- Women are 85% of the victims of intimate partner violence (*Rennison & Welchans, 2000*).
- In Maryland, a woman, man, or child is killed every five days as a result of domestic violence; the majority of those killed are women and children (*Maryland Network Against Domestic Violence*). The Maryland Network Against Domestic Violence reported 68 individuals killed as result of domestic violence in FY 00. The victims were 31 adult females, 13 children, 16 adult males, and 8 suicides after committing the murders. Black families were over-represented and accounted for 50% of these deaths

Women's Health Tips

One in four women has been abused by a husband or boyfriend. If you are being abused, get help and report the crime to appropriate authorities.

- In Maryland, violence is a leading cause of death for pregnant and postpartum women (*Horon & Cheng, 2001*).
- Nationally, 4-8% of pregnant women are abused.
- There were 22,126 domestic abuse hearings in the Maryland circuit and district courts in 2001. The number of hearings has been consistent at roughly 20,000 to 22,000 for the past 4-5 years (*Mostowy, 2002*).
- According to the National Crime Victimization Survey, intimate partners committed 22% of violent crimes against women between 1993 and 1998 (*Rennison & Welchans, 2000*).
- Maryland's Family Violence Council recommends a coordinated systems approach to family violence. The Council includes representatives from all aspects of the criminal justice system as well as elected officials, advocates, scholars, citizens, and domestic violence program providers.

Tracking violence against women nationally and in Maryland is difficult. Statistics maintained by the FBI are not uniform across jurisdictions because local definitions of crime vary. Also, data from the Maryland Judiciary and the Department of Human Services are not comparable because individuals receiving victim services may not have been to court, and vice versa. Furthermore, many crimes against women are not reported, so that existing statistics underestimate crimes against women.

Obesity and Activity

Source: Behavioral Risk Factor Surveillance System, 2001 weighted.*

Obesity in America has been described as a public health epidemic. Former Surgeon General David Satcher states that this is the leading health problem facing the United States. Already, the growing rates of obesity and overweight are associated with dramatic increases in conditions such as asthma and type 2 diabetes in children. Excess weight is implicated in chronic health conditions and costs an estimated \$117 billion in the year 2000.

- More than 60% of Americans age 20 years and older are overweight.
- The percentage of obese/overweight adults is higher among minority and low-income women.
- A higher percentage of Maryland women are obese than the U.S. as a whole. The percentage of obese women has doubled from 11.2% in 1990 to 21.1% in 2001.
- In Maryland, rates of obesity and overweight are higher in black women, increase with age until age 65, and are lowest in middle-income adults.
- At least 80% of women report no regular or sustained physical activity. Women with higher incomes tend to be more physically active.
- Overweight or obese adults are at increased risk for chronic diseases such as heart disease, type 2 diabetes, high blood pressure, and stroke.
- Obese women are more likely than non-obese women to die from cancer of the gallbladder, breast, uterus, cervix, or ovary.

*You must do the thing you think you cannot do.
~ Eleanor Roosevelt*



Body weight is complex and affected by activity and diet. Consumption of more fast foods, fatty foods, and fewer fruits and vegetables are some of the changes in American dietary patterns that have led to higher rates of obesity/overweight. A lack of consistent physical activity also contributes to this health problem.

Women's Health Tips

Women must learn to take care of themselves –
treat yourself to an exercise program.
Take a walk – for your health.

Weight status and activity by age for Maryland women

Source: Behavioral Risk Factor Surveillance System, 2000 weighted*

Age Group	Normal	Overweight~	Obese~~	Physically Active~~~
18-24	69.2%	18.9%	11.8%	22.2%
25-44	53.5%	24.6%	21.9%	20.8%
45-54	45.4%	30.6%	24.0%	21.1%
55-64	36.8%	37.5%	25.7%	19.3%
65-74	39.1%	38.7%	22.2%	20.3%
75+	55.0%	26.2%	18.8%	14.8%

~ Overweight is defined as a Body Mass Index (BMI) between 25.0 and 29.9. BMI is defined as weight in kilograms divided by height in meters squared.

~~ Obesity is defined as a BMI of 30.0 or more.

~~~ Regular and sustained physical activity is 5+ times/week, 30+ minutes duration, regardless of intensity.

## Health Challenges

### Chronic Conditions

More women than men report having a chronic condition. Women also have more physical disabilities and activity limitations. Physical disabilities and limitations increase with age.

- In 2000, 26.1 percent of individuals 65-74 years old and 45.1% of those 75 years and older reported a limitation caused by a chronic condition (*Behavioral Risk Factor Surveillance System, 2001 weighted\**).
- Pneumonia is more frequent in older patients and those with chronic conditions such as diabetes, congestive heart failure, respiratory disorders, liver disease, mental disorders and alcohol abuse. Pneumonia is a common cause of morbidity and mortality in women. It is the leading non-obstetric cause for hospitalizations in women in the U.S. and the 6th leading cause of death among Maryland women (*Jiang et al., 2002*).
- Leading chronic conditions among women ages 65 and older are arthritis, high blood pressure, and heart disease.
- In 2001, 13% of Maryland women and 9% of men reported more than 7 days in the prior month when their physical health was not good; 7% of women and 4% of men reported a health problem that required the use of special equipment (*Behavioral Risk Factor Surveillance System, 2001 weighted\**).

### Arthritis

- Arthritis is the most common disabling condition reported by women; more than half of Maryland women over 65 have been told they have arthritis (*Behavioral Risk Factor Surveillance System, 2001 weighted\**).
- Nearly three of every four people with arthritis are women. The higher rate of arthritis in women is due in part to their longer lifespan. However, even after adjusting for their longer life, women still experience a higher prevalence of arthritis and higher rates of arthritis-related disability.
- Osteoarthritis is the most common arthritic condition. Although less common before the age of 50, half of the female population has arthritis by age 60. Osteoarthritis of the hip is equally common in females and males, but osteoarthritis of the knees and hands affects females much more often.
- About 1% of the population has rheumatoid arthritis (an autoimmune disorder), and it is 3 times more common in women than men. Symptoms of rheumatoid arthritis often improve during pregnancy and during the latter half of the menstrual cycle and sometimes worsen during menses, suggesting a relationship to hormone levels.



### Osteoporosis

- Osteoporosis affects 10 million Americans aged 50 and older, 80% of whom are women. Two-thirds of women will develop osteoporosis by age 75.
- An estimated 50% of women over age 50 will have an osteoporosis-related fracture in their life time. Hip fractures have the most serious consequences, and 75% of these occur in women.
- Maryland hospital data for 2001 indicate that the age-adjusted hip fracture rate occurs nearly twice as often in women as men. One of every four women over age 50 who sustains a hip fracture dies within 1 year; half are unable to walk without assistance.
- Osteoporosis is the second leading cause of nursing home admissions.
- Caucasians and Asians have a higher risk of osteoporosis than African Americans and Hispanics, who have a lower but significant risk.
- Women can lose 20% of their bone mass 5 years after menopause.

### Diabetes

- Diabetes is the 5th leading cause of death for Maryland women.
- African American women have twice the age-adjusted death rate for diabetes as white women (55.1 versus 22.9) (*Maryland Vital Statistics Annual Report 2000*).
- The prevalence of diabetes increases with age. One of every five women over age 75 has been told she has diabetes (*Behavioral Risk Factor Surveillance System, 2001 weighted\**).
- The risk of diabetes is increasing, especially in adolescents, probably due to rising rates of obesity and poor diets in children.
- Diabetes is the leading cause of end stage kidney failure, foot and lower leg amputation, and new cases of blindness among adults 20-74. Diabetes triples the risk of heart attack and stroke.
- Many women experience a worsening of glycemic control around the time of their menses. The exact mechanism for the effects of estrogen and progesterone on carbohydrate metabolism is unknown.

## Health Challenges (continue)

### Asthma

- 12.8% of adult women (as compared to 9.2% of men) in Maryland have been told they have asthma (*Behavioral Risk Factor Surveillance System, 2001 weighted\**).
- Asthma is a common chronic disease with a genetic predisposition. In childhood, boys are affected more frequently, but during adolescence females begin to present more difficulties. Women with asthma have more Emergency Department visits, hospitalizations, and death. The risk of death from asthma is greatest in black women over 65 years of age.
- There is a higher rate of asthma in adolescent girls, a worsening during pregnancy, and in some cases a premenstrual increase in symptoms, suggesting that the increased rate of asthma in women is related to hormone levels. Other theories include sex differences in airway size, the perception of respiratory problems, and response to environmental pollutants.
- Asthma also is associated with obesity.

### Autoimmune Disease

- Autoimmune diseases represent the 4th largest cause of disability among U.S. women.
- For most individuals with lupus, onset is between the ages of 15-45. 90% of lupus patients are women, and African Americans are affected at three times the rate of whites. Hispanics and Asians also have a higher incidence of lupus than whites. One in three lupus patients is temporarily disabled by the disease, and one in four receives disability payments.
- Autoimmune diseases are more common in women than men. Hormones are thought to play a role, as most of these disorders appear during the childbearing years, and pregnancy often improves or worsens the course of the disease.

#### Female: Male ratios in autoimmune diseases

|                                           |      |
|-------------------------------------------|------|
| Hashimoto's thyroiditis (hypothyroiditis) | 50:1 |
| Lupus                                     | 9:1  |
| Sjogren's syndrome                        | 9:1  |
| Graves' disease (hyperthyroiditis)        | 7:1  |
| Rheumatoid arthritis                      | 3:1  |
| Scleroderma                               | 4:1  |
| Multiple sclerosis                        | 3:1  |
| Myasthenia gravis                         | 2:1  |



*By and large, mothers and housewives are the only workers who do not have regular time off. They are the great vacationless class.*

*~ Anne Morrow Lindbergh*

### Urinary Incontinence

- Urinary incontinence affects 10-30% of all women and 2-5% of men.
- Among women, urinary incontinence is more common than hypertension and diabetes.
- Although most women over 50 will experience some episodes of incontinence and more than half of those in nursing homes are incontinent, it is not just a disorder of the elderly; 25% of women ages 30-60 also experience incontinence.
- Women are at increased risk for developing incontinence during pregnancy, childbirth, and after menopause.
- Half of women with this disorder never discuss it with their doctor, even though it is treatable.

### Other Chronic Conditions

- Migraine headaches and irritable bowel syndrome occur much more commonly in women than men, especially during the childbearing years. Both of these disorders are related in some way to the female hormones, and women may feel more symptomatic at certain times of their menstrual cycle and pregnancy.
- Many young women have epilepsy and experience changes in their seizure threshold in relation to hormonal levels.

### *Women's Health Tips*

Talk to your health care provider about ALL your symptoms; many are treatable.

## Unique Populations

**Incarcerated women** have special medical concerns because of prison living conditions and their history of criminal behavior. Nationally, drug and violent offenders account for the largest portion of the total increase of female inmates (Harrison & Beck, 2002). About 60% of female state prison inmates report having experienced physical or sexual abuse. In 2001, the Maryland incarceration rate for women was 38 per 100,000 population compared to a national rate of 58/100,000.+ As of December 31, 2000, 9.8% of all female inmates in Maryland prisons were known to be HIV positive (Harrison & Beck, 2002). This was more than double the percentage of males (4%) known to be HIV positive. For these women to become productive Maryland citizens, their medical, and mental health and substance abuse needs must be addressed before, during, and following release from prison. (+Number of female prisoners with sentences of more than 1 year per 100,000 U.S. residents.)

Health issues for **lesbian women** are similar to those of heterosexual women. Additionally, they have unique cultural issues regarding orientation, gender identity, ethnicity, race, and economic status. The chronic stress from homophobic discrimination also may contribute to anxiety and depression for these women (Gay and Lesbian Medical Association, 2002).

## Women as Caregivers

According to the most recent National Long Term Care Survey, over 7 million people are informal caregivers, i.e., spouses, adult children, and other relatives and friends. These caregivers provide unpaid help to 4.2 million older people with disabilities living in the community with at least one functional limitation in their activities of daily living (America's Families Care, 2000).

- Women constitute 75% of all caregivers of older persons (U.S. Bureau of the Census).
- 9% of women care for a sick or disabled relative.
- 62% of grandmothers are responsible for caring for a grandchild.
- More women of lower incomes are in caregiving roles.
- Because caregiving is such an emotionally draining experience, caregivers experience depression at three times the rate of others in their own age group. Additionally, they are more likely to fall physically ill.
- One-third of all caregivers describe their own health as fair to poor.

### Women's Health Tips

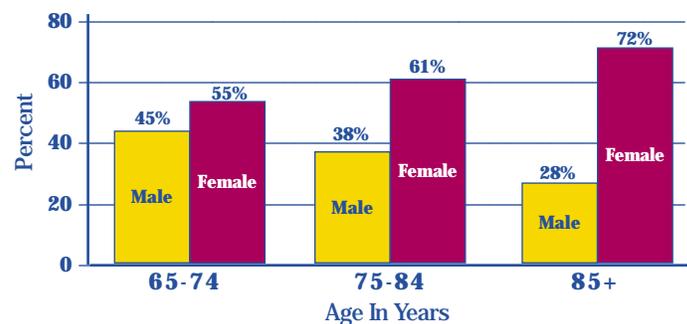
Be a caregiver for yourself and take time for activities you enjoy. Ask for help from family, friends, and community organizations.

## Senior Living Arrangements and Nursing Homes

Source: U.S. Bureau of the Census, 2000

- Nationally, about 1.56 million (4.5%) of the 65+ population lived in nursing homes in 2000. The percentage increases dramatically with age, ranging from 1.1% for persons 65-74 years to 4.7% for persons 75-84 years and 18.2% for persons 85+.
- Nearly 75% of nursing home residents are women, in part due to their longevity.
- Due to their longer life expectancy, nearly 60% of Maryland residents 65+ and 72% of those 85+ are women.
- 40% of nursing home residents were women aged 85 and older.
- About 30% (9.7 million) of all noninstitutionalized older persons in 2000 lived alone (7.4 million women, 2.4 million men). They represented 40% of older women and 17% of older men. The proportion living alone increases with advanced age. Among women aged 75 and over, for example, half (49.4%) lived alone.
- In 2000, 599,307 (11.3%) Marylanders were over 65 years. This number has increased 15.8% since the 1990 census. 11.4% of these elders live below the poverty level.
- The record large proportion of elderly persons now in the population, 13 percent, will rise to 20 percent by the year 2030, and the number of elderly is expected to double by that year (Siegal, 1996).

### Male/Female distribution by age, Maryland 2000



Two-thirds of working caregivers report conflicts between work and caregiving. Caregiving requires them to rearrange their work schedules, work fewer than normal hours, and/or take unpaid leaves of absence. Working caregivers also can incur significant losses in terms of career development, salary and retirement income, and out-of-pocket expenses as a result of their caregiving responsibilities (America's Families Care, 2000).

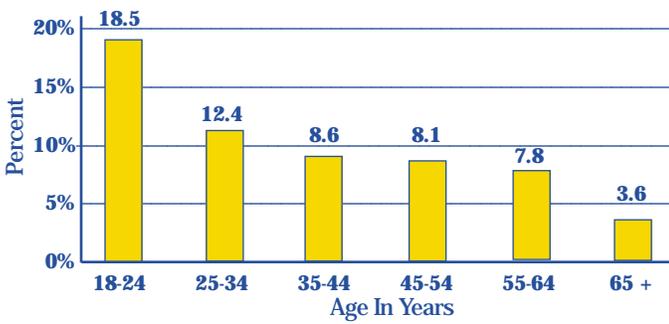
## Health Insurance Coverage

Source: Behavioral Risk Factor Surveillance System, 2000 weighted.\*

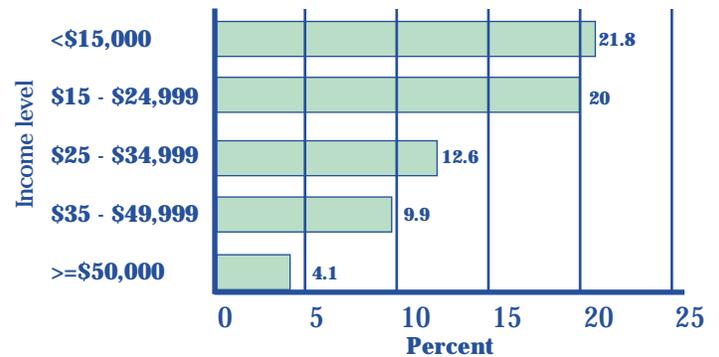
- In Maryland and across the nation, the number of uninsured has declined since 1998. The largest gains were made in low-income children and pregnant women due to expanded Medicaid and the State Children's Health Insurance Programs – CHIP (*Kaiser Commission on Medicaid and the Uninsured*).
- Nationally, 10.8% of women and 13.5% of men have no health insurance compared to 9.3% of women and 10.6% of men in Maryland.
- Younger Marylanders, minorities, and those with lower income are more likely to be uninsured and report cost as a barrier to medical care.



**Maryland women with no health insurance by age**



**Percentage of Marylanders stating cost is a barrier to medical care**



*Old age is not a disease--it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses.*  
~ Maggie Kuhn

Nationally in 2000, older consumers (65+ years) averaged \$3,493 in out-of-pocket health care expenditures. In contrast, the total population spent considerably less, averaging \$2,182 in out-of-pocket costs. Older Americans spent 12.6% of their total expenditures on health, more than twice the proportion spent by all consumers (5.5%). Health costs incurred on average by older consumers in 2000 consisted of \$1,775 (51%) for insurance, \$884 (25%) for drugs, \$693 (20%) for medical services, and \$142 (4%) for medical supplies. (*A Profile of Older Americans: 2002*)

## Health Behaviors

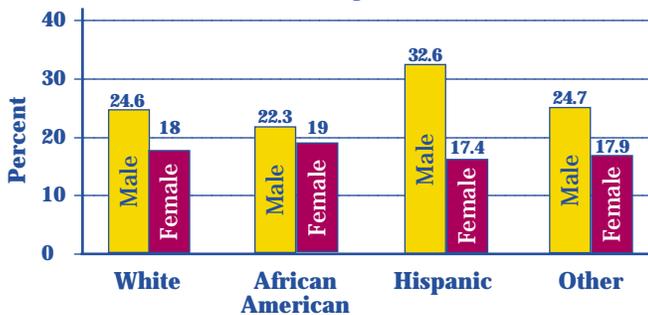
Source: Behavioral Risk Factor Surveillance System, 2000, 2001 weighted.\*

### Health Promotion and Screening

- The percentages of Maryland residents who have had their blood pressure and cholesterol checked are close to national percentages.
- Over 90% of Maryland women over 18 report having a pap smear in the previous three years. For women 50 years of age and older, over 90% report having a mammogram in the previous three years and approximately 50% have had routine colorectal cancer screening.
- Women age 65 and older are less likely than younger women to have had a recent pap smear. Rates tend to increase in higher income brackets.
- Overall, 5.6% of Maryland women binge drink; the highest rate (13.9%) is in the 18-24 year age group.
- Nearly one in five Maryland women smokes (18.0% of women vs. 24.6% of men), and 9.2% smoked during pregnancy (Maryland Vital Statistics Administration, unpublished data).
- The rate of smoking for Maryland residents with the lowest income is more than twice that of individuals with the highest income.

### Percentage of current smokers by race & ethnicity, Maryland

Source: Behavioral Risk Factor Surveillance System, 2001 weighted.\*

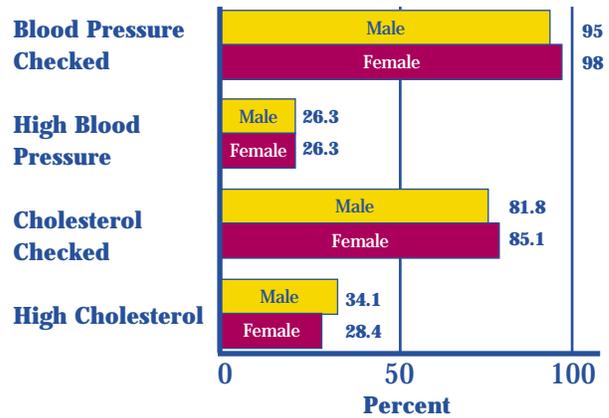


### Women's Health Tips

High blood pressure, smoking, a sedentary life style, obesity, and elevated cholesterol are modifiable risk factors for heart disease and stroke. Controlling these factors could substantially reduce the incidence of heart disease and stroke in women.

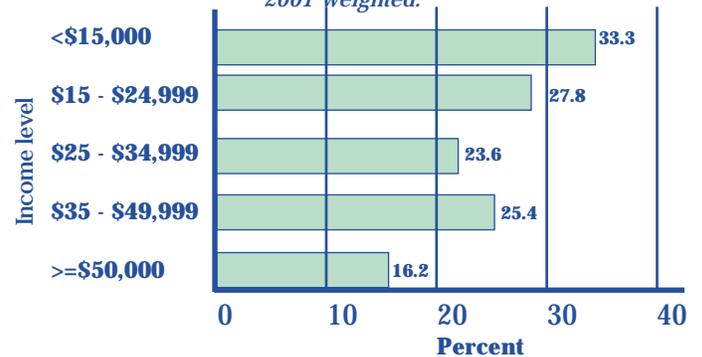
### Blood pressure & cholesterol status for Maryland men and women

Source: Behavioral Risk Factor Surveillance System, 2001 weighted\*



### Percentage of current smokers by income, Maryland

Source: Behavioral Risk Factor Surveillance System, 2001 weighted.\*



### Oral Health

Source: Behavioral Risk Factor Surveillance System, 2000 weighted.\*

Periodontal disease has been implicated as a risk factor for heart disease, diabetes, depression, and preterm labor. Recent studies also suggest that changes in female hormones during puberty, pregnancy, the menstrual cycle, and menopause may be associated with oral health problems (e.g. bleeding gums, tooth loss, and mouth pain).

- 26% of women have not visited a dentist in the last year. Cost is a leading barrier to care.
- Half of all women 65 years of age and older have lost 6 or more teeth due to decay or gum disease.
- 1/4 of all women 65 years of age and older have lost all their teeth

\*The Behavioral Risk Factor Surveillance System is a cross-sectional survey of adults, 18 years and older, conducted by the Centers for Disease Control and Prevention. In 2000, 4,594 Maryland residents responded (1,780 men and 2,814 women). Extrapolating to the total population, this represents 3,916,991 Marylanders (1,873,890 men and 2,043,101 women). In 2001, 4,472 Maryland residents responded (1,822 men and 2,650 women). When extrapolated, this represents 4,025,565 Marylanders (1,925,342 men and 2,100,213 women).

## Across the Life Span

### Age Related Morbidity and Mortality

The health of Maryland's women is as complex as the lives they lead. However, their primary health concerns change as they age. For younger women, physical and mental health are intertwined. In adolescence and young adulthood, the leading causes of death in Maryland are not medical diseases but unintentional injuries (mostly motor vehicle accidents) and homicide. In the reproductive years, most hospitalizations are for pregnancy and childbirth, followed by depression. Because most younger women visit providers for reproductive health care, they are routinely screened for physical health concerns. However, their mental and social health concerns may be overlooked, and many of these young women are plagued by serious psychosocial and emotional problems that have adverse consequences for their physical health. By later adulthood, the leading causes of death are cardiovascular disease and cancer. Further, the majority of women over age 65 have chronic disorders such as arthritis, and many report physical limitations or disabilities due to these conditions.

As the baby boomer generation ages and the lifespan for women lengthens, the number of women over 65 will increase dramatically – doubling by 2050. Similarly, the number of women age 75 and over will quadruple by 2050. These trends highlight a critical need for more attention to the health concerns of older women.

### Adolescence and Early Adulthood (ages 15-24)

Adolescents and young adults face many serious and sometimes fatal risks related to their psychosocial environment. Auto accidents, violence, unintended pregnancy, sexually transmitted diseases, depression, and alcohol and drug abuse are the major challenges. Adolescents aged 15-19 have the highest rates of chlamydia and gonorrhea, and 14% of those aged 18-24 binge drink. Young Maryland women also have a high risk for mental health problems, with suicide a leading cause of death among 15-24 year olds. Because the leading health risks for young Maryland women are largely preventable, there are many opportunities to improve morbidity and mortality in this age group.



*The best way to keep children home is to make the home atmosphere pleasant -- and let the air out of the tires.*

*~ Dorothy Parker*

### Health Challenges for Young Women and Teens

The leading causes of death for teens and young women are preventable. Each death due to accident, suicide, and homicide is tragic. These deaths are a significant loss for their families and the community.

Mental health and alcohol use data provide some insight into the health issues for this age group.

- 1 in 8 teens has depression, and only 20% get the help they need (*National Institute of Mental Health*). Untreated mental health disorders can lead to risk-taking behaviors and can put these young women in jeopardy.
- Women's drinking is most common in the 18-24 age group. Alcohol is the #1 illegal substance used most by Maryland teens. (*MSDE, Maryland Adolescent Survey 2001*).
- Nearly 75% of female 12th graders in Maryland used some form of alcohol in 2001.
  - 50% drank during the last 30 days.
  - 33% binged within the last 30 days.
  - 75% first tried alcohol between 13-16 years.

Reproductive health is also a major health concern for this age group.

- In 2000, 10% of all births in Maryland were to mothers under the age of 20.
- Teen pregnancies made up 16% of births to African American mothers, over twice the percentage to white mothers (7%).
- The teen birth rate in Maryland has declined 23% over the past 10 years.
- Only 69% of teens initiated prenatal care in the first trimester. 7% had no prenatal care.
- 15% of teens smoked cigarettes during pregnancy; 25% of white teens and 6.5% of African American teens smoked.

## **Middle Adulthood (ages 25-44)**

Before menopause, the predominant health concerns for most women are related to pregnancy or pregnancy prevention, and most hospitalizations are for pregnancy and childbirth. The highest rates of syphilis are found in 25-29 year olds. Most new cases of HIV/AIDS are diagnosed in women aged 30-39, and AIDS is the 3rd most common cause of death for women aged 25-44.

Depression is a prominent health concern and is the leading non-obstetric reason for hospitalization in women under 45 years of age. Other common causes for hospitalization include gynecological problems (e.g., fibroid uterus, menstrual disorders), gallbladder disease, back problems, and asthma. Autoimmune disorders, migraine headaches, irritable bowel syndrome, and thyroid disorders are diseases that tend to “favor” women and occur most commonly in this age group. Hypertension, diabetes, and cancer are becoming more prevalent. Cancer is the leading cause of death for women aged 25-44, with breast cancer the most common fatal cancer in this age group.

## **Later adulthood (ages 45 and over)**

As women advance past menopause, heart disease, stroke, diabetes, upper respiratory disorders, and cancer occur more frequently. These conditions are the leading causes of morbidity and mortality for middle-aged and older women. Heart disease is the number one cause of death for women overall, and diseases of the heart and circulatory system are the most common reasons for hospitalizations for those over 50. Cancer is the 2nd leading cause of death for older women. Lung cancer accounts for most cancer deaths in women, followed by breast and colorectal cancer. Chronic conditions such as hypertension, diabetes, arthritis, osteoporosis, dental problems, and urinary disorders affect a large proportion of women over 45, and their prevalence increases rapidly with advancing age.

## **Special Populations**

Certain groups of Maryland women have special health needs that are frequently overlooked. Women with disabilities and elderly women living alone or in nursing homes may have limited access to quality health care. They need a broad array of services and regular contact with others. Additionally, most of these women require help locating and arranging for needed care. Similarly, incarcerated women and lesbian women have unique needs that are often ignored by the health and social service systems.



### *Women's Health Tips*

Keep up-to-date with preventive screening tests; these will vary with age. Talk to your provider about your screening needs.



*There must be a goal at every stage of life!  
There must be a goal!.*

*~ Maggie Kuhn*

## Racial Disparities

More than 1/3 of Maryland women belong to ethnic/racial minorities, many of these women are more likely to be economically disadvantaged, lack health insurance, and have less access to health care. Such problems are frequently exacerbated by a language barrier.

The lifespan of African American women is nearly 5 years less than that of white women. Risk factors such as obesity, low physical activity, and hypertension make African American women at higher risk for heart disease and diabetes. Death rates for leading causes of death such as heart disease, stroke, cancer, and diabetes are higher for African American women than whites. Although rates of smoking during pregnancy are lower among African American women, African Americans are less likely to start prenatal care in the first trimester. An African American baby has more than twice the risk of dying in the first year of life than a white baby, and the maternal death rate for African Americans is more than twice that for whites. African American women have the highest rates of sexually transmitted diseases; 86% of female HIV/AIDS cases in Maryland are African American, and HIV/AIDS is the leading cause of death for African American women 25-44 years of age.

### Leading causes of death for women by age group

Source: Maryland Vital Statistics Report, 2000

| 15-24 Years |                  | 25-44 Years   |                  | 45-64 Years                       |                  | 65+ Years                |
|-------------|------------------|---------------|------------------|-----------------------------------|------------------|--------------------------|
| White       | African American | White         | African American | White                             | African American | White & African American |
| Accidents   | Accidents        | Cancer        | HIV              | Cancer                            | Cancer           | Heart disease            |
| Suicide     | Homicide         | Heart disease | Cancer           | Heart disease                     | Heart disease    | Cancer                   |
| Homicide    | Heart diseases   | Accidents     | Heart disease    | Chronic Lower Respiratory Disease | Diabetes         | Stroke                   |

## Health Considerations for All Women

Maryland's female population is diverse, representing a range of ages, incomes, ethnicities, and health conditions. However, all of these women can benefit from health promotion and prevention strategies. Many of the leading causes of morbidity and mortality are preventable. Risk factors for the three leading causes of death (heart disease, cancer, and stroke) include high blood pressure, smoking, a sedentary lifestyle, obesity, and elevated cholesterol. These factors are modifiable – quitting smoking, keeping active, eating a healthy diet, and getting routine screening tests could substantially reduce the risk of death from heart disease, cancer, and stroke.

The infant mortality rate in Maryland is one of the 10 worst in the nation. The rate could be reduced if women stop smoking, and drinking and initiate prenatal care in the 1st trimester. Sexually transmitted diseases, a significant source of

morbidity for both affected women and their infants, are preventable by the use of condoms and responsible sexual behavior.

Depression and domestic violence affect women more commonly than men in all socioeconomic classes and races. Women facing these problems can get help from a variety of mental health, social service, and legal assistance agencies in Maryland.

Many preventive health strategies are available to help women stay healthy. Screening guidelines (e.g., those for immunizations, Pap smears, cholesterol testing, and mammograms) change as women age. Staying up-to-date with these routine screens helps to identify problems early and prevent chronic diseases later. Women who are aware of the leading health concerns for their age group and who take appropriate preventive measures can work more effectively with their health providers to achieve healthier lives.

### Leading Non-Obstetric Causes of Hospitalization for Women by Age Group

Source: Jiang et al., 2002

| 18-44 years               | 45-64 years                      | 65+ years                 |
|---------------------------|----------------------------------|---------------------------|
| Depression                | Chest pain                       | Congestive heart failure  |
| Benign neoplasm of uterus | Hardening of the arteries        | Pneumonia                 |
| Gallbladder disease       | Pneumonia                        | Hardening of the arteries |
| Back problems             | Benign neoplasm of the uterus    | Irregular heartbeat       |
| Asthma                    | Back problems                    | Stroke                    |
| Menstrual disorders       | Chronic obstructive lung disease | Heart attack              |

## Selected Women's Health Web Sites

**Women's Health, Center for Maternal and Child Health,** Family Health Administration, Maryland Department of Health and Mental Hygiene, Baltimore, Maryland, reports on the health of Maryland women. The goal of the Women's Health Program is to assess and address women's health issues and partner with other program areas to facilitate access to comprehensive preventive and primary care services for Maryland women.

<http://www.fha.state.md.us/mch/html/women.html>.

**Centers for Disease Control and Prevention** is the lead federal agency for protecting the health and safety of people, providing information, enhancing health decisions, and promoting health through strong partnerships.

<http://www.cdc.gov/health/womensmenu.htm>.

The **HRSA Office of Women's Health (OWH)** coordinates women's activities across more than 80 HRSA programs. This cross-cutting and unifying role strengthens the programmatic focus to eliminate gender-based disparities and ensure that all women receive comprehensive, culturally competent, and quality health care. <http://www.hrsa.gov/WomensHealth/>.

**Jacobs Institute of Women's Health** is a nonprofit organization working to improve health care for women through research, dialogue, and education. Publications include a state-specific data book. <http://www.jiwh.org/>.

The **National Women's Health Information Center (NWHIC)** is a service of the Office on Women's Health in the Department of Health and Human Services. The NWHIC provides a gateway to the vast array of Federal and other women's health information resources. <http://www.4woman.gov/index.htm>.

**National Women's Law Center** works to protect and advance the progress of women and girls at work, in school, and in virtually every aspect of their lives. On December 11, 2001, it released *Making the Grade on Women's Health: A National and State-by-State Report Card 2001*.

<http://www.nwlc.org/>.

**Society for Women's Health Research** (formerly the Society for the Advancement of Women's Health Research) is a leader in the effort to identify and gather support for important new areas of research in women's health. The organization started because the health of American women was at risk due to biases in biomedical research. <http://www.womens-health.org/>.

**The Women's and Children's Health Policy Center (WCHPC)** Johns Hopkins University Bloomberg School of Public Health, conducts and disseminates research to educate program and policymakers. <http://www.jhsph.edu/wchpc/>.

**The Women's Research and Education Institute (WREI)** is a nonprofit, nonpartisan organization that provides information and analyses on issues of concern to women, policy makers, and others interested in women's issues. WREI's mission is to identify issues affecting women and their roles in the family, workplace, and public arena, and to inform and help shape the public policy debate on these issues.

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Alcohol and Drug Abuse Administration, DHMH

Center for Cancer Surveillance & Control, DHMH

Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, DHMH

Maryland State Department of Education

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*A woman's health is her capital.*  
~ Harriet Beecher Stowe

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