

# WOMEN'S HEALTH IN ALABAMA

2009-2010







# Women's Health Status in Alabama



The Office of Women's Health (OWH) is pleased to present the *Women's Health Initiative Data Book* for 2009. The data book was developed by OWH to provide an easy-to-use collection of current and historical data on important health challenges facing women in Alabama. It is intended to be a concise reference for citizens, policymakers, and program managers at the State and local levels to highlight emerging trends and issues affecting the health of women. Data available from the Alabama Department of Public Health regarding the leading causes of death for women, health risk factors, preventive care and screenings, life expectancy, health insurance coverage, birth-related morbidity and mortality, poverty status, family violence, labor force participation, and educational attainment are included.



# Women's Health Status in Alabama



The OWH serves to educate the public and to be an advocate for women's health. The data book can be an important tool for emphasizing the importance of health promotion, preventive care, counseling, and education, and for illustrating disparities in the health status of women from all age groups and racial and ethnic backgrounds. We hope this book will be useful to you and invite your questions and comments regarding how the OWH can better serve the women of Alabama, their families, and their communities.

**Office of Women's Health  
Bureau of Professional & Support Services  
Alabama Department of Public Health  
P.O. Box 303017  
Montgomery, AL 36130-3017  
Office: (334) 206-5669 Fax: (334)206-5663**

## FROM THE STATE HEALTH OFFICER

May 10, 2010

I am pleased to introduce the 2009-2010 Women's Health in Alabama publication, produced by the Alabama Department of Public Health Office of Women's Health Steering Committee. This publication was developed to provide an easy-to-use collection of current and historical data on important health challenges facing women in Alabama.

Research studies show that women suffer both from a greater number of diseases and chronic conditions than men and suffer from them more frequently. Women have different symptoms of the same disease requiring gender-specific treatment. Women spend more money for health care and utilize the healthcare system more often. Women make the majority of health care decisions for their families. By improving the health of our grandmothers, mothers, daughters, and sisters we can improve the health of families as well.


One-third (33%) of Alabama women have been diagnosed with high blood pressure. Forty percent (40%) of Alabama women have tested positive for high cholesterol. Ten percent (1 of 10) of Alabama women have been told they have diabetes. Thirty-two percent (32%) of Alabama women identify themselves as obese. In 2007, 19% of Alabama women smoked, and only 23% of Alabama women said they ate five plus fruits and vegetables per day.

The Office of Women's Health Steering Committee consists of 21 appointed members who are committed to improving the health of Alabama women. The committee meets quarterly to serve in an advisory capacity to the State Health Officer and the Director of the Office of Women's Health. The goal of the Office of Women's Health is to promote the health of women throughout the state by facilitating and coordinating information and education about women's health, creating partnerships with key stakeholders, and advocating for equitable public policy on issues that affect women's health.

The complexities of issues affecting the health of women in Alabama are challenging, and we have been provided with an unprecedented opportunity to address them. Through the hard work and dedication of each committee member, the 2009-2010 Women's Health in Alabama publication was developed. This publication will increase the awareness of women's health and the social and economic issues that affect their health in the state of Alabama. It also highlights resources that are available for better health and wellness for women in our state.

We encourage you to make a commitment and join the move to improve the overall health of Alabama women. For more information about the Office of Women's Health initiatives in Alabama, please visit our website at [www.alabamahhealthywomen.org](http://www.alabamahhealthywomen.org).

Sincerely,



Donald E. Williamson, M.D.  
State Health Officer

DEW/jh



# Table of Contents

I.	Population and Demographics	1
II.	Life Expectancy	3
III.	Leading Causes of Death for Women	5
A.	Heart Disease	7
B.	Cancer	9
C.	Cerebrovascular Disease	13
D.	Chronic Lower Respiratory Disease	15
E.	Alzheimer's Disease	18
F.	Accidents	19
G.	Diabetes Mellitus	20
H.	Nephritis & Kidney Disease	25
I.	Influenza and Pneumonia	29
J.	Septicemia	31



## Table of Contents (cont.)

IV.	Health Insurance Coverage	35
V.	Health Risk Factors	37
VI.	Preventive Care and Screenings	39
VII.	Maternal Mortality	40
VIII.	Infant Mortality	42
IX.	Facts About Births in Alabama	47
X.	Birth Control	48
XI.	Prenatal Care	50
XII.	Teenage Pregnancy	51
XIII.	Elderly Women	52
XIV.	Violence in Alabama	53
XV.	Poverty Status	57



## Table of Contents (cont.)

XVI. Households and Families	60
XVII. Labor Force Participation	61
XVIII. Educational Attainment	63
XIX. The Future . . . . .	65
Sources	66
Office of Women's Health Information	67
Services Provided by OWH	68
OWH Initiatives	70
OWH Steering Committee	72





# Population and Demographics

- There are almost 2.5 million women in Alabama.
- White women account for almost 1.7 million.
- Black or African-American women and other races are more than 700,000. Because other races account for such a small percentage of the population in Alabama, they are grouped in this category.
- There are more than 50,000 women of Hispanic or Latino descent, including both black and white women.



# Female Population and Demographics

	Total	White	Black & Other	Hispanic
<b>Total</b>	<b>2,369,561</b>	<b>1,666,855</b>	<b>702,706</b>	<b>50,396</b>
<b>0-9</b>	294,305	193,484	100,821	12,858
<b>10-19</b>	312,636	200,788	111,848	7,977
<b>20-29</b>	315,260	205,718	109,542	8,742
<b>30-39</b>	299,623	208,700	90,923	8,450
<b>40-49</b>	347,669	244,611	103,058	5,560
<b>50-59</b>	318,371	232,646	85,725	3,211
<b>60-69</b>	215,462	169,368	46,094	1,772
<b>70-79</b>	154,759	122,864	31,895	1,086
<b>80+</b>	111,476	88,676	22,800	740

U.S. Census Bureau, 2006 Community Survey

\*Hispanics may be of any race, and are also included in applicable race categories.

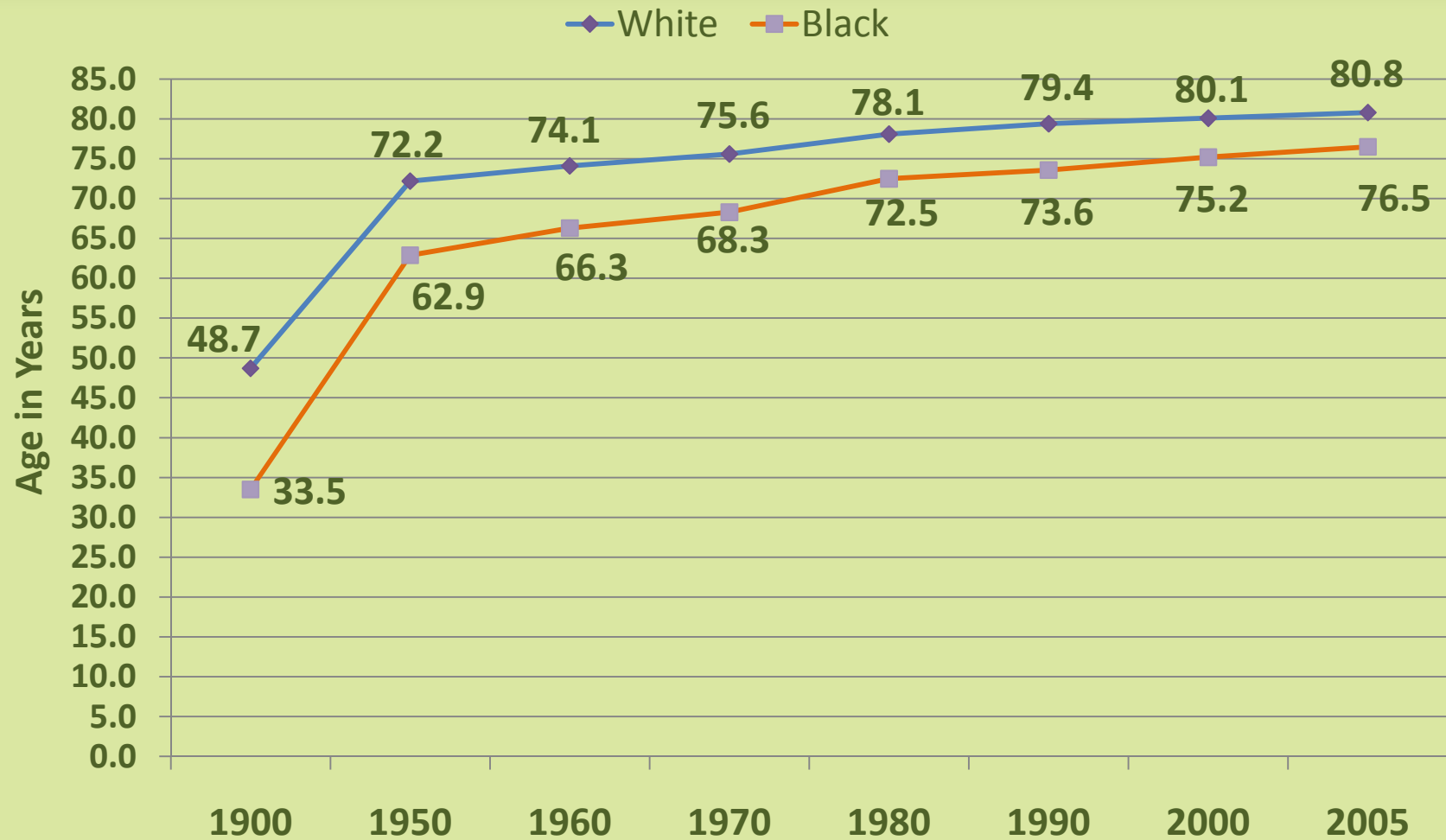


# Life Expectancy for Women

- In 1900, all women had a lower life expectancy, but black or African-American women died an average of 15 years younger than white women.
- By 1950, women lived longer lives. Major reasons for these longer lives were seemingly simple things.... clean water, adequate sewer facilities, basic antiseptic measures, and antibiotics. The gap between black and white women narrowed to 10 years.
- In 2000, life expectancy for women had reached 80 years for white women and over 75 years for black women, both living longer than men.
- The most recent year of data available, 2005, shows smaller increases in life expectancy, as well as a smaller gap between the races. Life expectancy changes little from year to year and is usually re-calculated after each census year.



# Life Expectancy for Women



CDC, 2007 data

# Leading Causes of Death for Women



The leading causes of death for women in Alabama are very similar to the leading causes in the U.S. There are some differences in the leading causes of death for white women and for black women. Although all of the data for Alabama is classified as either “white” or “black & other,” the 2<sup>nd</sup> category is overwhelmingly black women. There are so few “other” races in Alabama that we cannot differentiate without losing anonymity.

\*\*Note: Hispanics are considered an ethnic group, not a race. Hispanics are included as either white or black & other.



# Leading Causes of Death for Women, 2007

	CAUSE	NUMBER	RATE
1.	Heart Disease	5,165	219.0
2.	Cancer	4,416	186.4
3.	Cerebrovascular Disease	1,590	67.1
4.	Chronic Lower Respiratory Disease	1,140	48.1
5.	Alzheimer's Disease	1,075	45.4
6.	Accidents	856	36.1
7.	Diabetes Mellitus	782	33.0
8.	Nephritis & Kidney Disease	591	24.9
9.	Influenza & Pneumonia	483	20.4
10.	Septicemia	451	19.0

\*Alabama Center for Health Statistics, 2008



# Heart Disease

- Heart disease is the #1 cause of death of all women in Alabama. Black women and Hispanic women have disproportionately high rates of heart disease.
- The major risk factors for heart disease are: obesity, physical inactivity, high blood pressure, and diabetes.
- Risk factors you can control or treat are:
  - Cholesterol
  - Blood pressure
  - Smoking
  - Lack of physical activity
  - Obesity
  - Diabetes

**Modifying your lifestyle, and proper medication,  
can add years to your life.**



# Heart Disease (cont.)

- Risk factors you cannot control are:
  - Age
  - Race
  - Gender
  - Heredity
- Because women's heart attack symptoms may be different than men's, women often do not seek medical assistance in a timely fashion.
  - Women may have "classic" chest pain but the more common tendency is to have "atypical" chest pain.
  - During a heart attack, women often complain of abdominal pain, shortness of breath, nausea/vomiting, cold sweat, light-headedness, back or jaw pain, and/or unexplained fatigue.

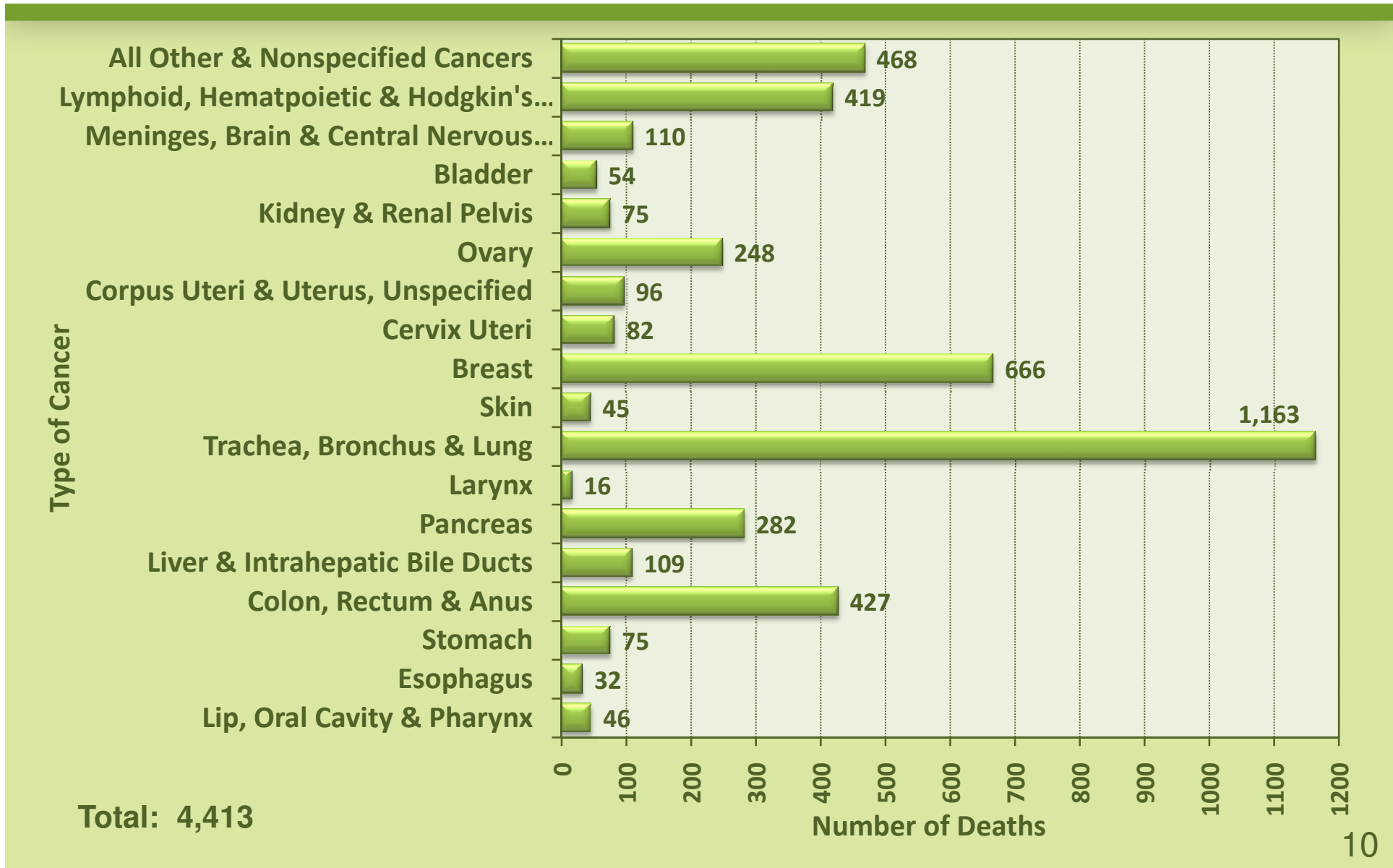




# Cancer

- Cancer is the 2<sup>nd</sup> leading cause of death of women in Alabama.
- Lung cancer has the highest death rate among women who die by cancer.
- Breast cancer has the 2<sup>nd</sup> highest death rate.
- Colon cancer ranks 3<sup>rd</sup> among women who die of cancer.
- Ovarian cancer is not as prevalent, but is more difficult to identify in its early stages; thus all women should receive regular gynecological check-ups.

# Alabama Female Cancer Deaths, 2007





# Cancer

Cancer is the 2<sup>nd</sup> leading cause of death in women. However, cancer can be many different diseases, depending upon the location of the malignant neoplasm. Lung, trachea, & bronchus cancers claim two times as many lives as any other type of cancer among Alabama's women.

- Risk factors that you can control are:
  - Cigarette smoking
  - Diet
  - Lack of physical activity
  - Some environmental exposures, such as known contaminants
  - Preventive screenings



# Cancer

- Risk factors that you cannot control are:
  - Age
  - Gender
  - Family history
  - Some types of environmental exposure

**Due to the differential nature of various forms of cancer, we cannot have a thorough discussion of it in this publication.**

**If you need more information, a listing of other available resources is available at:  
[www.alabamahealthywomen.com](http://www.alabamahealthywomen.com)**



# Cerebrovascular Disease

Cerebrovascular disease is the 3<sup>rd</sup> leading cause of death in women. This involves the heart and arteries and can result in hypertension, heart attack, stroke, or aneurysms.

- Risk factors that you can control are:
  - Cigarette smoking
  - High blood pressure
  - High cholesterol levels
  - Lack of physical activity
  - Obesity
  - Diabetes



# Cerebrovascular Disease

- Risk factors you cannot control:
  - Age
  - Gender
  - Family history

## **Symptoms of a stroke include sudden:**

- Numbness or weakness of the face, arm, or leg, especially on one side of the body
- Confusion, trouble speaking or understanding
- Trouble seeing in one or both eyes
- Trouble walking, dizziness, loss of balance
- Severe headache with no known cause



# Chronic Lower Respiratory Disease

- Chronic lower respiratory disease is the 4<sup>th</sup> leading cause of death in women. This includes chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and asthma.
- The number of women diagnosed with lung disease and the percentage of women dying from lung disease are increasing.
- In 2007, 1,140 women in Alabama died of chronic lower respiratory disease.
- More than twice as many women are diagnosed with chronic bronchitis than men every year.
- 65% of people who die from asthma are women.



## Chronic Lower Respiratory Disease (cont.)

- Risk factors that you can control are:
  - Cigarette smoking
  - Exposure to secondhand smoke
  - Exposure to asbestos
- Risk factors that you cannot always control:
  - Exposure to allergens and pollution
  - Exposure to dust and chemical fumes
  - Exposure to radon gas

**The best way to reduce your risk of lung disease is to stop smoking and steer clear of secondhand smoke.**



# Signs of Chronic Lower Respiratory Disease



- Early signs of lung disease can be overlooked. Common signs are:
  - Fatigue
  - Feeling like you are not getting enough air
  - Decreased ability to exercise
  - Cough that does not go away
  - Coughing up blood or mucus
  - Pain or discomfort when breathing in or out

**See your doctor if you have any of these signs of lung disease.**



# Alzheimer's Disease

- Alzheimer's disease, one form of dementia, is a progressive, degenerative brain disease. It affects memory, thinking, and behavior.
- Memory impairment is a necessary feature for the diagnosis of this or any type of dementia. Change in one of the following areas must also be present: language, decision-making ability, judgment, attention, or other areas of mental function and personality.
- Because women usually live longer than men, they are more likely to develop Alzheimer's.



# Accidents

- Accident and injury deaths account for 800 to 1,000 female deaths every year in Alabama.
- This category includes two types of injury-related deaths: intentional and unintentional.
- *Intentional injuries* include homicides and suicides, including deaths that take place during domestic violence incidents.
- *Unintentional injuries* include every type of accident from drowning to motor vehicle accidents.



# Diabetes

- In 2007, 782 women in Alabama died of complications of diabetes.\*
- Diabetes means that your blood glucose (sugar) is too high. Your body changes most of the food you eat into glucose so that it can go to the cells for energy.
- If you do not have enough insulin or the insulin does not work right, glucose cannot get into the cells, causing a high blood glucose level.
- If not controlled, diabetes can lead to:
  - Blindness
  - Heart disease
  - Stroke
  - Circulatory problems
  - Nerve damage
  - Kidney failure



# Types of Diabetes

- **Type 1 diabetes** is commonly diagnosed in children and young adults. The body does not make enough insulin, so it must be taken every day by shot or an insulin pump.
- **Type 2 diabetes**, the most common type of diabetes, can occur at any age. The body makes insulin, but the insulin cannot do its job, so glucose does not get into the cells. Treatment includes oral medicine, healthy food choices, and regular physical activity.
- **Gestational diabetes** occurs during pregnancy when hormones keep insulin from doing its job. To make up for this, the body makes extra insulin. In some women this extra insulin is not enough and the result is gestational diabetes.



# Risk Factors for Diabetes

- Risk factors for Type 1 diabetes are unknown.
- Risk factors for Type 2 diabetes include:
  - Age (older than 45)
  - Obesity
  - Family history
  - Race/ethnicity
  - Having a baby with a birth weight more than 9 pounds
  - Having diabetes during pregnancy (gestational diabetes)
  - High blood pressure
  - High cholesterol
  - Lack of physical activity
  - Abnormal results in a prior diabetes test



# Signs of Diabetes

- The signs of diabetes are:
  - Excessive thirst
  - Excessive urination
  - Hunger
  - Fatigue
  - Losing weight without trying
  - Sores that are slow to heal
  - Dry, itchy skin
  - Numbness or tingling in hands or feet
  - Blurred vision
  - Frequent infections



# Prevention of Type 2 Diabetes

- **Maintain a healthy weight**
  - Being overweight raises your risk for diabetes.
  - Even a relatively small amount of weight loss (10-15 pounds) has been proven to delay or even prevent the onset of Type 2 diabetes.
- **Eat healthy**
  - Eat lots of whole grains, fruits, and vegetables.
  - Choose foods low in fat and cholesterol.
- **Get moving**
  - Exercise for at least 30 minutes most days of the week.
    - Take the stairs instead of the elevator.
    - Take a brisk walk on your lunch break.
    - Park at the far end of the parking lot and walk.





# Nephritis & Kidney Disease

- In Alabama, 591 women died of nephritis in 2007.\*
- Nephritis, an acute or chronic inflammation of the kidney, is caused by infection or vascular disease.
- Nephritis damages the kidney so that the body cannot filter fluids and wastes properly. This leads to blood and protein in the urine.
- Nephritis is among the leading causes of chronic kidney failure and end-stage kidney disease.

\*Alabama Center for Health Statistics, 2008



# Risk Factors for Nephritis

- Risk factors that you can control are:
  - Blood glucose levels
  - Blood pressure
  - Treat infections early
  - Avoid overuse of antibiotics and painkillers
- Risk factors that you cannot control are:
  - Family history
  - Aging
  - Trauma
  - Related diseases (systemic lupus erythematosus, sickle cell anemia, cancer, AIDS, hepatitis C, and congestive heart failure)



# Signs of Kidney Disease

- Changes in urination
- Swelling
- Fatigue
- Skin rash/itching
- Metallic taste in mouth/ammonia breath
- Nausea and vomiting
- Shortness of breath
- Feeling cold
- Dizziness and trouble concentrating
- Leg/flank pain

# Screening for Kidney Disease



- Kidney disease often has no signs.
- Screening can identify problems before symptoms appear.
- Your doctor can check your kidneys using the eGFR (estimated glomerular filtration rate) test.
- By measuring your creatinine level and correlating it with your age, sex, and race, the doctor can determine the health of your kidneys.

**Get an annual physical exam and ask the doctor about the health of your kidneys.**



# Influenza and Pneumonia

- 483 women in Alabama died of influenza and pneumonia in 2007.\*
- **Influenza** is spread mainly through coughing or sneezing. It can cause mild to severe illness and can lead to death. Pneumonia is a complication of influenza.
- **Pneumonia** is a lung infection where the air sacs fill with pus. Oxygen has trouble reaching the cells in the body. The infection can also spread through the body and can cause death.
- Older people, young children, and people with certain health conditions are at high risk for complications of influenza and pneumonia.
- People with heart disease, diabetes, or a weakened immune system have a higher risk of dying from influenza and pneumonia.

\*Alabama Center for Health Statistics, 2008

# Prevention of Influenza and Pneumonia



- Hand washing and good hygiene prevent the spread of germs.
- Vaccines offer the best protection.
  - **Influenza vaccine**
    - A yearly flu shot is up to 90% effective in preventing influenza in healthy adults under the age of 65.
  - **Pneumococcal vaccine**
    - This vaccine can reduce the risk of getting pneumonia by more than half. It is recommended for adults older than 65 and some younger adults. Usually only one dose of the vaccine is needed.

**Practice good hygiene and get a flu shot each year.  
Ask your doctor if you need to get the pneumococcal vaccine.**



# Septicemia

- Septicemia (blood poisoning) caused the death of 451 women in Alabama in 2007.\*
- Septicemia is a life-threatening infection that is caused by infection in the lungs, abdomen, urinary tract, bone, and central nervous system.
- Septicemia begins with fever, chills, rapid breathing, and a rapid heart rate. Septic shock follows with low temperature, low blood pressure, low urinary output, and bleeding into the skin.
- Septic shock has a high death rate. Early recognition and treatment is necessary for survival.

\*Alabama Center for Health Statistics, 2008



# Risk Factors for Septicemia

- The risk of sepsis is increased in people with conditions that reduce their ability to fight serious infections:
  - Newborn infants
  - Age over 35 years
  - Pregnancy
  - Diabetes
  - Heart valve abnormalities
  - Weakened immune system (cancer, AIDS, immune disorders)
  - Medical devices (catheters, dialysis shunts, breathing tubes)





# Risk Factors for Septicemia

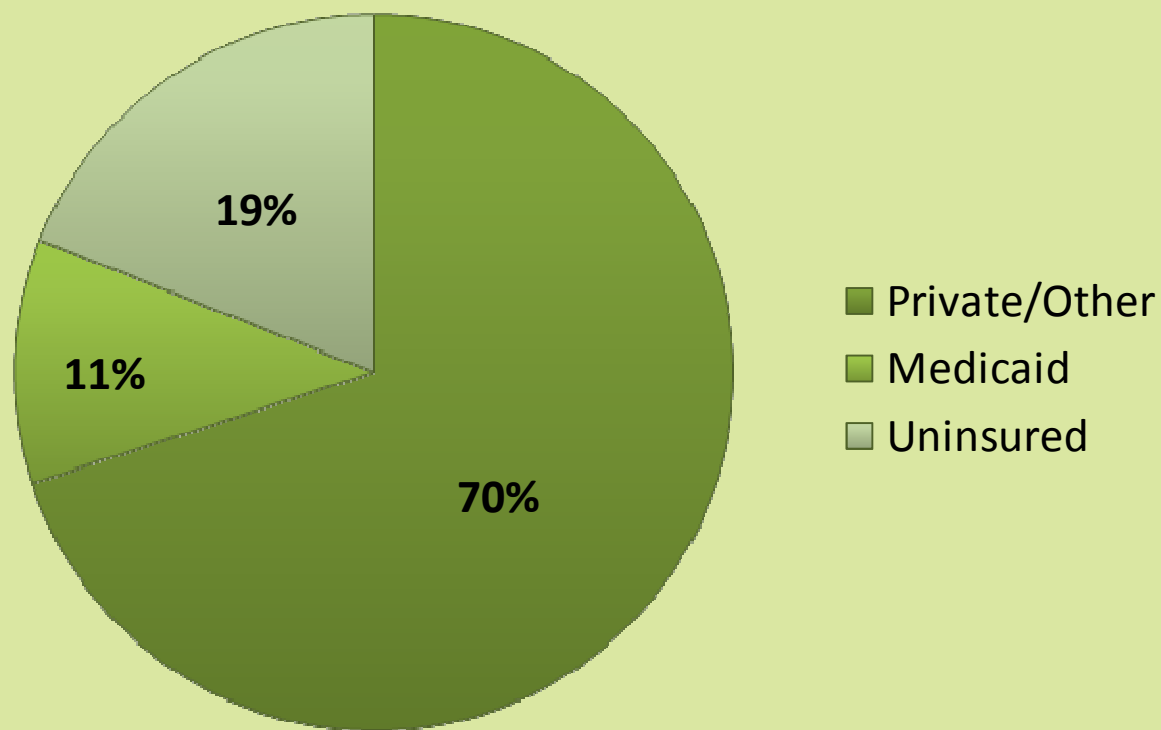
- Other factors that increase the risk of sepsis:
  - Malnutrition
  - Surgical procedures
  - Injecting recreational drugs
  - Artificial joints and heart valves
  - Being treated with antibiotics for other infections



# Prevention of Septicemia

- Avoidance of infections
  - Persons who are in close contact with someone with septicemia may need preventative antibiotics.
- Prompt treatment of localized infections
- Regular dental check-ups
- Vaccines
  - Pneumococcal
  - Haemophilus influenzae Type B (Hib)

# Health Insurance Coverage, 2005-2006





# Health Insurance Coverage

- In Alabama, 66% of women surveyed between the ages of 18 and 64 had health insurance coverage during 2007.\* This is a slight decrease from 2005-2006.
- Women 65 and over have insurance coverage through Medicare.
- The current economic crisis in the U.S. will affect the number of women who have health care coverage in the coming year.

\*Behavioral Risk Factor Surveillance Survey, Alabama, 2007



# Health Risk Factors

- High blood pressure: 1/3 of Alabama's women have been diagnosed by a doctor with high blood pressure.
- High Cholesterol: 40% of Alabama's women have tested with high cholesterol.
- Diabetes: 10% of women have been told by a doctor that they have diabetes.
- Obesity: 32% of women in Alabama identify themselves as obese.

\*Behavioral Risk Factor Surveillance Survey, Alabama, 2007



# Health Risk Factors

- Smoking: 19% of women in Alabama smoke. \* In 2003, 22% of women in Alabama smoked, so this number is gradually decreasing.\*\*
- Despite the overall decrease in smoking, an alarming number of young women smoke.
- Physical Activity & Exercise: 66% of women say they take time for leisure activities when surveyed.\*
- Healthy Diet: 23% of women said they ate 5+ fruits & vegetables per day.\*\*

\*Behavioral Risk Factor Surveillance Survey, Alabama, 2007

\*\*Women's Health & Mortality Chartbook, Dept. of Health & Human Services, 2008

# Preventive Care and Screenings



- In the last year, 76% of women in Alabama say they have had a routine check-up within the past year.\*
- 87% of women state they have had a routine check-up within 2 years.\*
- 75% of women over 40 have had a mammogram within the past 2 years.\*\*
- When surveyed, 86% of women say they have had a Pap Smear within 2 years.\*\*

\*Behavioral Risk Factor Surveillance Survey, Alabama, 2007

\*\*Behavioral Risk Factor Surveillance Survey, Alabama, 2006



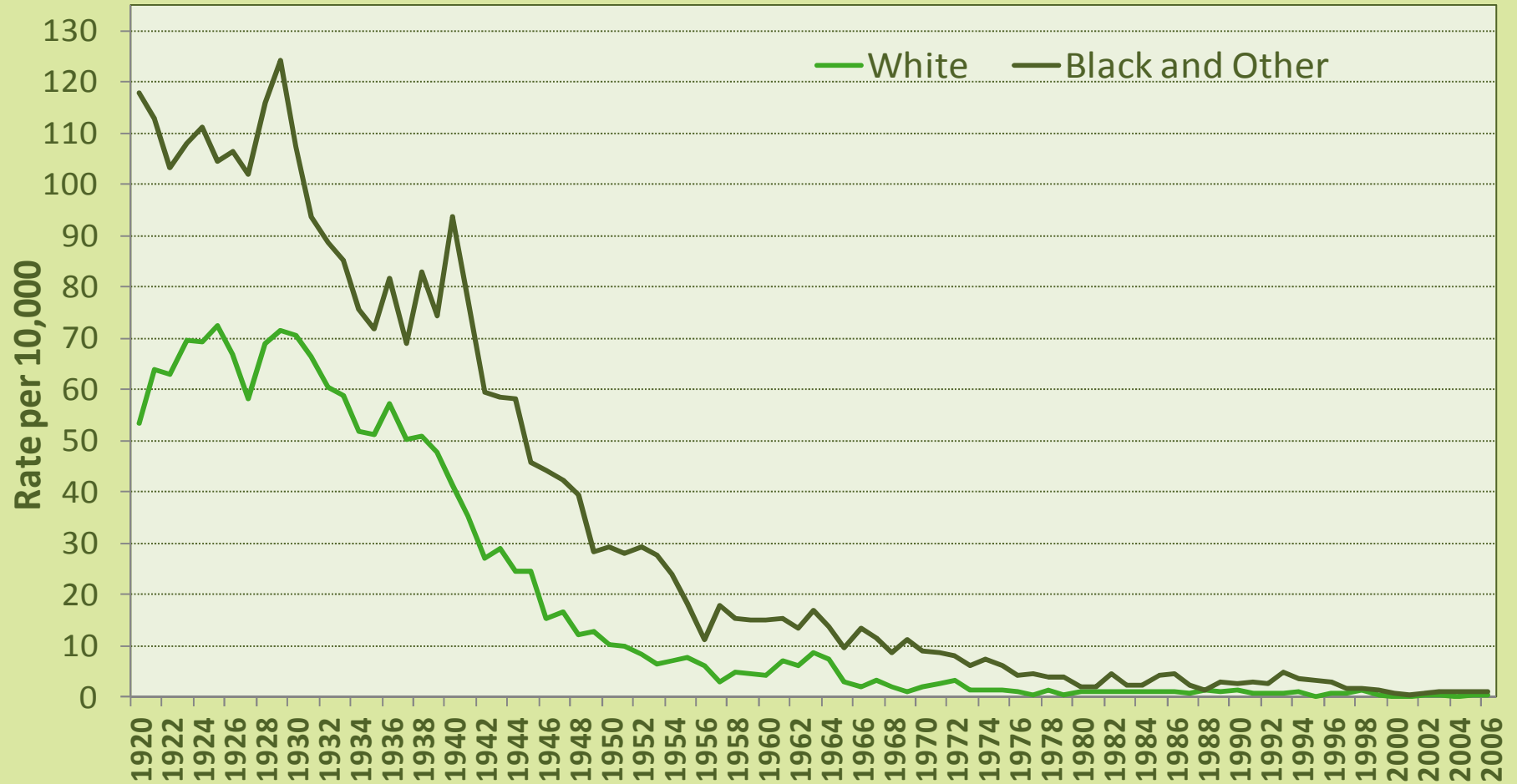
# Maternal Mortality

In the past, many women died during pregnancy, while giving birth, or from infections or other physical problems caused by giving birth. In 1928, the discovery of penicillin gave thousands of women and infants a chance to live. Other advances in medicine and sanitary conditions continued to improve conditions for mothers and newborns.

Another major change was the development of the birth control pill. Although developed in 1951, it was not approved for use until 1960 and it was the 1<sup>st</sup> safe, easy to use method. Both the birth rate and the maternal mortality rate dropped immediately. Despite such advances, 10 Alabama women died of childbirth-related problems in 2006.



# Maternal Mortality, 1920—2006



# Infant Mortality in Alabama

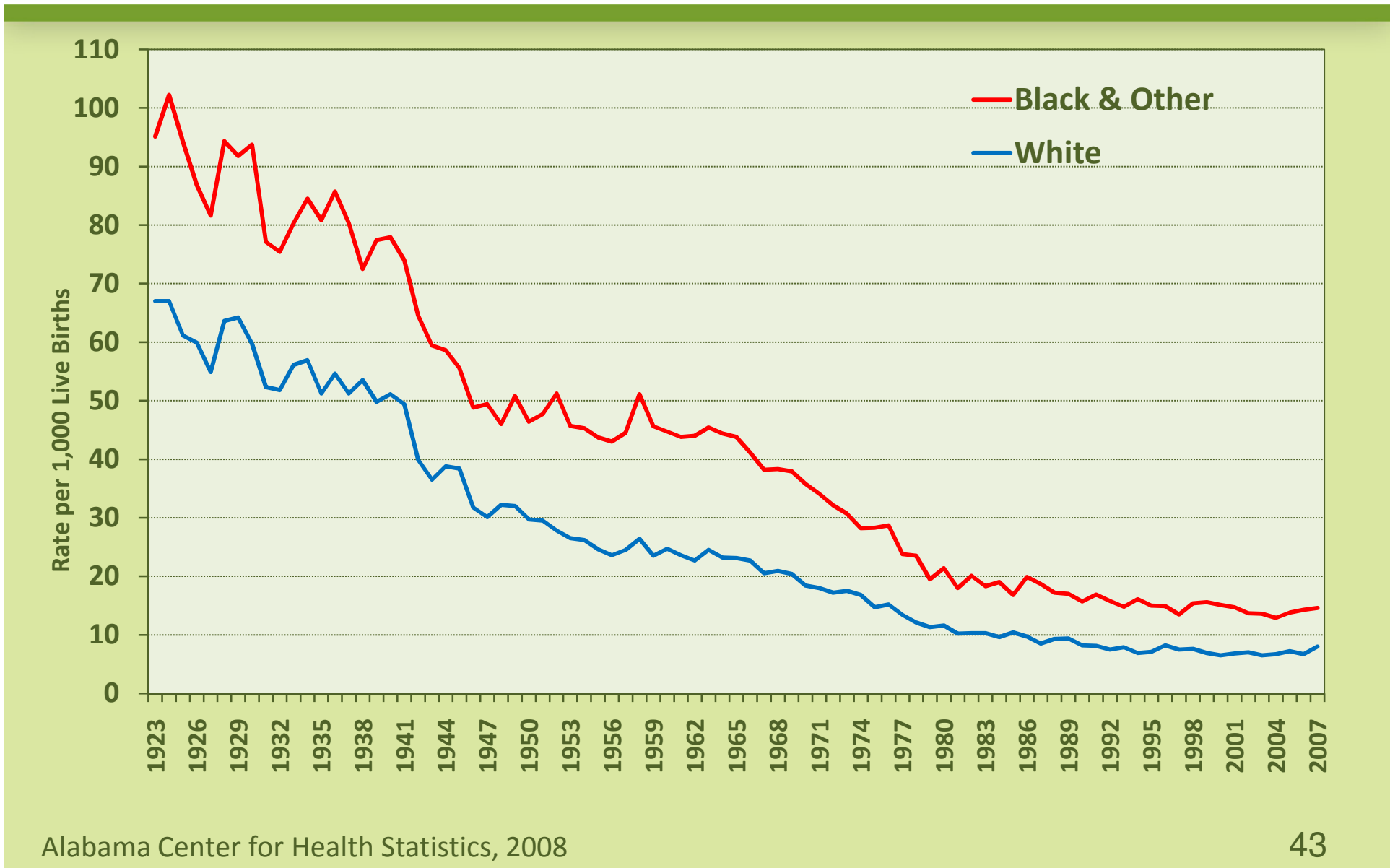


Infant mortality has decreased dramatically in the past 80 years. Despite this dramatic drop, Alabama's current overall infant mortality rate of 10.0 deaths per 1,000 live births is higher than the National average (6.6 per 1,000).

There are serious health disparities between the races (white 8.0; black and other 14.6) and the Alabama Department of Public Health has been working to reduce these disparities.



# Alabama Infant Mortality, 1923 – 2007



# Why is the Infant Mortality Rate so Important?



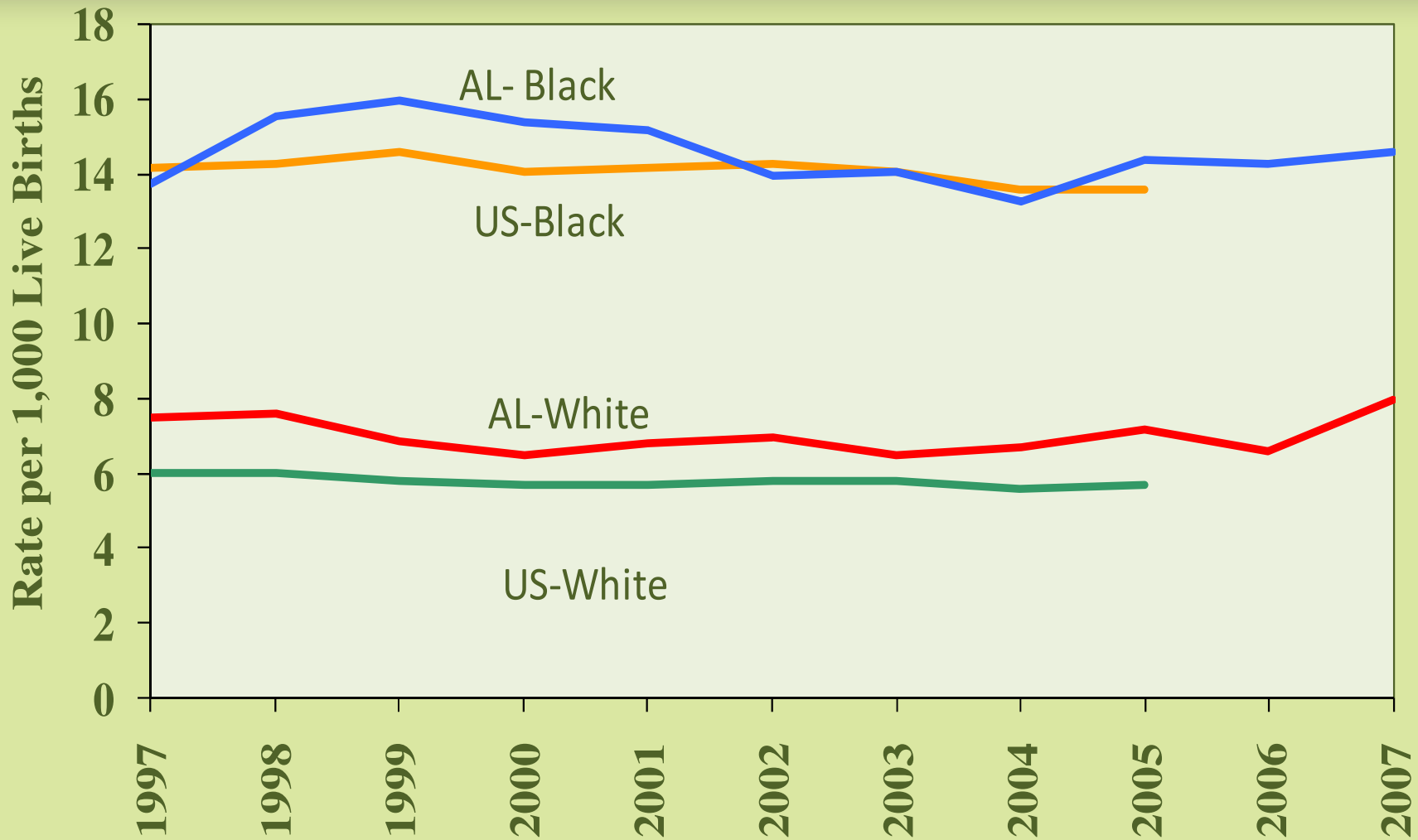
The IMR is often used as a barometer of health care, and as an extension of health care, the development of countries. Industrialized nations have the best access to quality health care and generally the lowest IMR. Developing countries have a higher rate of IMR because there is less access to health care and the least developed countries usually have highest IMR.

The United States, one of the most industrialized countries, currently rates 28<sup>th</sup> in Infant Mortality Rate among 227 countries.



# Infant Mortality Rates

## Alabama and United States by Race, 1997—2007



# Risk Factors Associated with Infant Mortality



- Low birth weight
- Multiple births
- Teenage mothers
- Adequate weight gain during pregnancy
- Birth order
- Maternal smoking
- Educational attainment of mother
- Race
- Method of payment for delivery
- Marital status
- Adequacy of prenatal care

# Facts About Births in Alabama

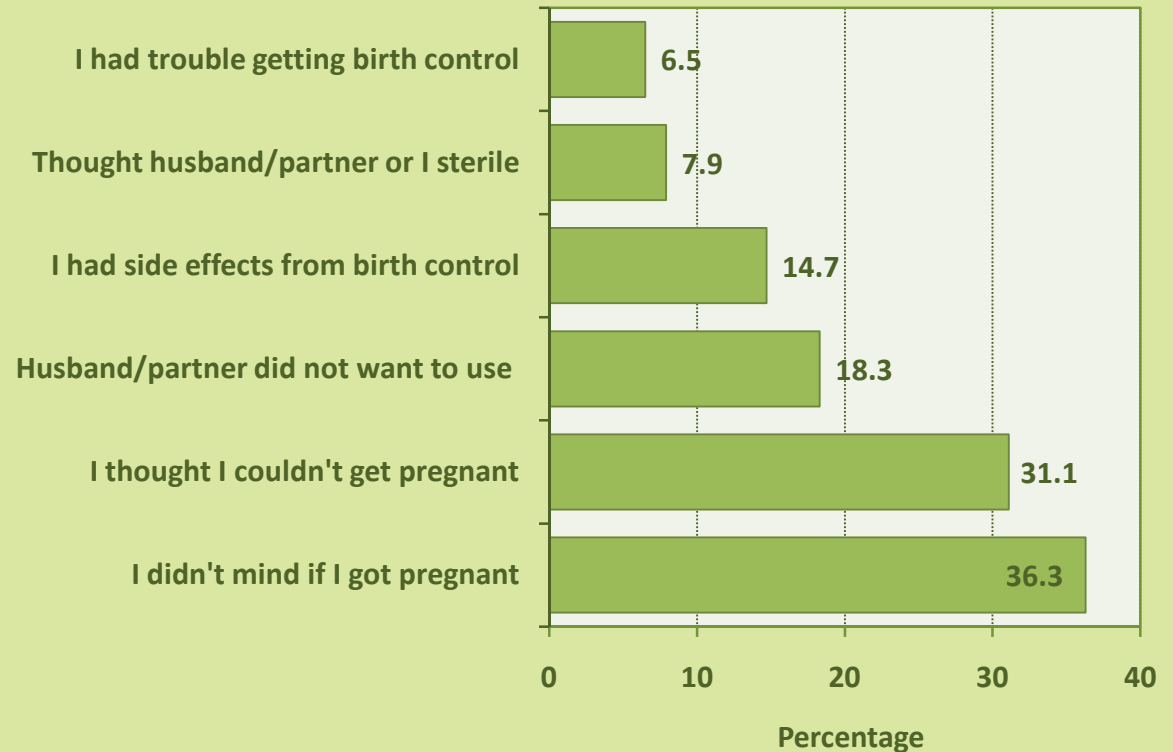
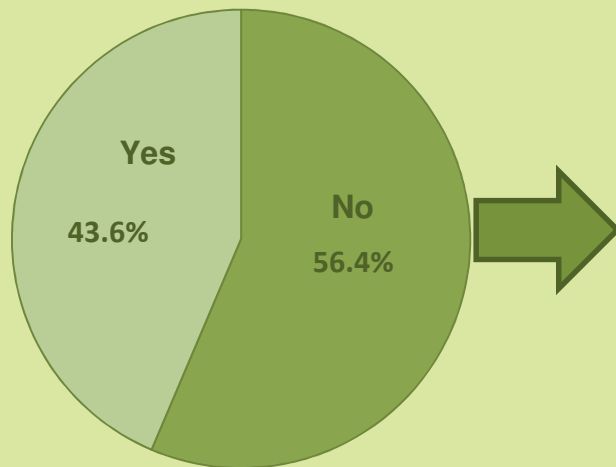


- Very low weight births are higher.
- Fewer women are receiving prenatal care.
- Smoking by mother increases risk of infant death & more young women are smoking.
- Women who had a prior infant death are at greater risk.
- Low maternal weight gain during pregnancy appears to be a factor.
- Deaths for multiple births are higher.



# Birth Control

## Mother *Not* Planning Pregnancy, using Birth Control at Conception







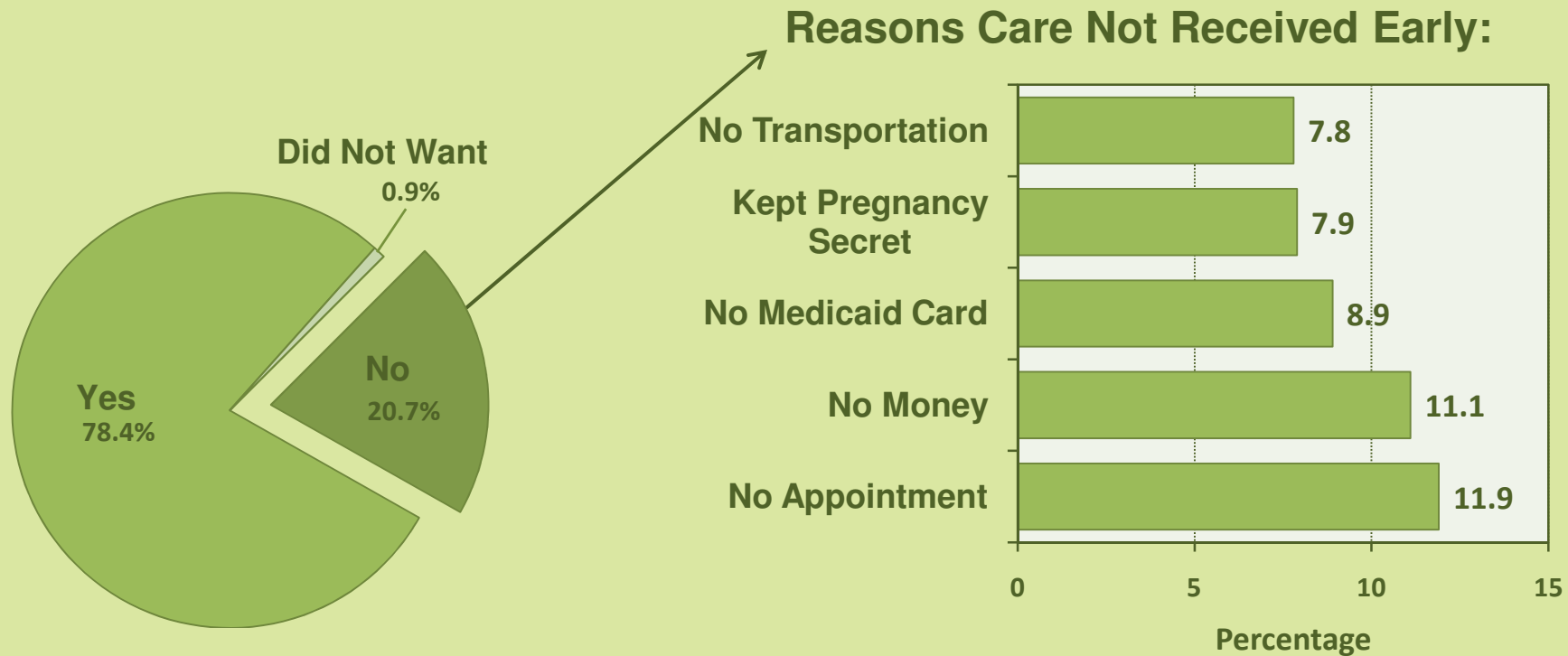
# Birth Control

- There are many methods of birth control available to women.
- Consult a doctor or clinic to determine the best method for you.
- Remember—only condoms protect against sexually transmitted diseases.



# Prenatal Care in Alabama

## Prenatal Care Received as Early as Mother Wanted



\*Items not mutually exclusive, therefore percentages will not equal 100.

\*\*Number of respondents is less than 20.

# Percent of Births to Teenagers in Alabama, 1997 – 2007





# Elderly Women in Alabama

- In Alabama, 441,000 women rely on Social Security benefits.\*
- Women represent 60% of all people 65 and older in Alabama who rely on Social Security benefits.\*
- Without Social Security, 61% of elderly women in Alabama would be poor.\*\*
- 14% of the total population are 65 years and over. Alabama ranks 14<sup>th</sup> in elderly population.\*\*\*
- Alabama ranks 5<sup>th</sup> in percent of grandparents responsible for their grandchildren—57%.\*\*\*

\*Social Security Administration

\*\*Center on Budget & Policy Priorities, compiled by the National Women's Law Center

\*\*\*U.S. Census Bureau, 2006 American Community Survey

# Domestic Violence in Alabama



- There were 29,042 domestic simple assaults in 2007, which represented 35% of all simple assaults reported.
- 74% of the victims were females, 51% of the victims were black, 49% of the victims were white. In 77%, the offender was male.
- Weapons:
  - Firearm, 19%
  - Hands, fists, or feet, 47%
  - Knife, 15%
  - Other dangerous weapons, 19%

\*Data provided by Alabama Criminal Justice Information Center

## Domestic Violence in Alabama (cont.)



- Of the 19,808 violent offenses reported in 2007, 10% were domestic violence incidents.
- Domestic violence was indicated in 32 homicides, 206 rapes, 99 robberies, and in 1,675 aggravated assaults.
- In 29% of the domestic violence offenses, the victim was the wife or ex-wife of the offender; in 46% the victim was the girlfriend or ex-girlfriend of the offender.
- 50% of the victims were injured.



# Sexual Violence in Alabama

- There were 1,408 rapes reported in 2007.\* Data from statewide crisis centers indicate that only 35-40% of all sexual assaults are reported.\*\*
- On the average, there were 4 rapes reported per day in Alabama.\*
- Of these, 509 were solved, with 398 males arrested for rape.\*
- 28 is the average age of the rape offender, with a range from 11 to 79 years.\*
- Victims range from 1 to over 80 years of age.\*\*

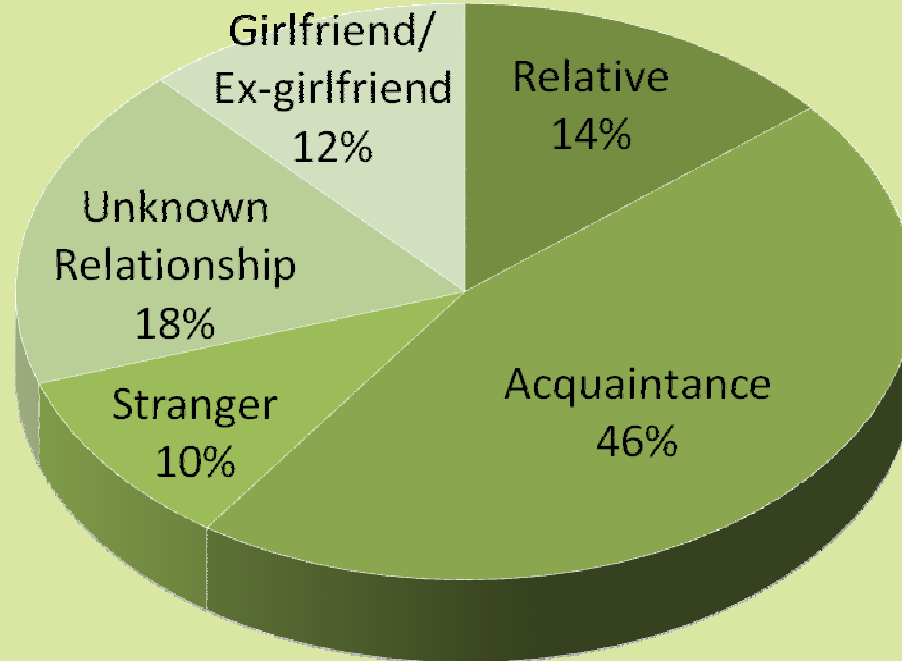
\*Alabama Criminal Justice Information Center, 2007

\*\*Injury Prevention Center, ADPH, RPE Program

# Sexual Violence in Alabama



## Relationship of Victim to Offender



\*2007 data from ACJIC





# Poverty Status in Alabama

In 2007, the U. S. Department of Health and Human Services used the following income levels to determine poverty status:

# in Family	Income
1	\$10,400
2	14,000
3	17,600
4	21,200
5	24,800
6	28,400
7	32,000
8	35,600
For additional person add:	3,600



# Poverty Status in Alabama

- The U.S. Census Bureau reports that in 2006, 431,607 females in Alabama, or 19% of the population, lived below the poverty level.
- Of these, 85,545 were employed in the civilian labor force and 31,654 were unemployed.
- Of those living in poverty, 34% did not have high school degrees; 16% were high school graduates; 11% had some college or an associate's degree; 4% had a bachelor's degree; and 3% had a graduate or professional degree.



# Poverty Status in Alabama

- Alabama ranks 44<sup>th</sup> in the nation in Median Earnings for Females Employed Full-Time, Year-Round.
- The median earnings are \$27,893.
- 49% of married couple families have both husband and wife in the labor force.
- Alabama ranks 47<sup>th</sup> in the U.S. for number of families living in poverty.

# Households and Families in Alabama



	Married Couple Families	Female Householder Family	Non-family Household
<b>Total</b>	888,609	259,482	573,200
<b>Average Family Size</b>	3.10	3.06	1.18
<b>65 Years &amp; Older</b>	n/a	n/a	30.8%
<b>% Below Poverty Status</b>	5.4%	36.2%	n/a
<b>Single Family Unit (House)</b>	83.6%	62.4%	59.0%
<b>Bldg. with 2 or more apartments</b>	4.1%	21.8%	26.0%
<b>Mobile Home</b>	12.4%	15.8%	15.0%
<b>Owned</b>	86.8%	52.6%	58.1%
<b>Rented</b>	13.2%	47.4%	41.9%



# Labor Force Participation

- In 2006, 67% of women were in the labor force, including seasonal employment during part of the year.
- During 2006, 62% of women were employed, including part-time and full-time employment.
- The earnings of all women, 16 years and older, averaged \$18,854. This included part-time, seasonal, and full-time workers.
- Full-time, year-round female workers averaged \$21,460 in 2006. Men in the same category had average earnings of \$32,488.
- Because women earn less than men, their Social Security benefits are less, and they live longer.

# Labor Force Participation (cont.)



- In Alabama, only two occupations pay women more than men: social services & food preparation and serving.
- Occupations dominated by women (70%+), including office & administrative support, personal care, healthcare support, health technologists & technicians, education & library occupations, healthcare practitioners, health diagnosing & treating practitioners—all pay men more than women!
- Nationally, women earn 78 cents for every \$1 men earn. In Alabama, women earn 66 cents for every \$1—which is the 1988 national earnings rate.



# Educational Attainment

- Alabama ranks 46<sup>th</sup> in the percentage of people 25 years & older who have completed high school: 80%.
- Alabama ranks 45<sup>th</sup> in the percentage of people 25 years & older who have completed a Bachelor's degree: 21%.
- Currently, in Alabama, more women than men are enrolled in college or graduate school. This is true of all age groups, 18+.

# Educational Attainment (cont.)



The wage disparity between men & women increases as education level increases.

<b>Educational Attainment</b>	<b>Women's Earnings</b>	<b>Men's Earnings</b>
Less than High School	\$11,560	\$21,257
High School Graduate	\$17,881	\$31,170
Some college/Associate's degree	\$22,952	\$37,055
Bachelor's degree	\$33,290	\$53,459
Graduate or Professional degree	\$42,376	\$70,418





# The Future . . .

Clearly, the health of women in Alabama depends upon many factors—access to health care, insurance benefits, wages, living conditions, education, personal habits, age, and many other things.

The most important factor is knowledge and willingness to change behavioral factors to lower the known risks.



# Sources

- Alabama Center for Health Statistics
- Alabama Behavioral Risk Factor Surveillance Survey
- Alabama Pregnancy Risk Assessment Monitoring System (PRAMS), ADPH
- Alabama Criminal Justice Information Center
- ADPH Injury Prevention Branch, RPE Program
- AARP.com
- Centers for Disease Control and Prevention
- Center on Budget & Policy Priorities, National Women's Law Center
- Kaiser Family Fact, 2007
- Social Security Administration
- U.S. Census Bureau, 2006 Community Survey
- U. S. Department of Health and Human Services
- Women's Health and Mortality Chartbook, Department of Health and Human Services

# Office of Women's Health Alabama Department of Public Health



The Office of Women's Health (OWH) was established within the Alabama Department of Public Health by Legislative Act No 2002-141, March 12, 2002.

## **Mission:**

The mission of the Office of Women's Health is to promote the health of women throughout the state of Alabama by:

- Facilitating and coordinating information and education about women's health
- Creating partnerships and strategic alliances with key stakeholders
- Advocating for equitable public policy on issues that affect women's health



# Services Provided by OWH

## Office of Women's Health Website

[www.alabamahealthywomen.com](http://www.alabamahealthywomen.com)

This website lists meetings and events featuring women's health issues, informative health articles, and contact information to receive free educational and preventive materials.

## Annual Report on Women's Health

This annual report provides an overview of the accomplishments of the office to help improve the overall health of women. The highlighted activities of the year demonstrate our commitment to improving the health of Alabama women.



# Services Provided by OWH

## Publications and Educational Material

Pamphlets, publications, and fact sheets are available from ADPH programs focusing on women's health issues. Additional educational materials can be obtained by visiting the OWH website for downloadable documents or contact information for ordering.

## Public and Professional Education

Staff is available for presentations to any audience interested in learning more about women's health issues and what can be done to improve the health status of Alabama's women. Targeted educational programs are planned as requested. Exhibiting and educational materials are also available.

# Office of Women's Health Initiatives



## **A New Leaf ... Choices for Healthy Living**

A structured nutrition, physical activity, and assessment program for chronic disease risk reduction through weight reduction and the promotion of a healthy lifestyle.

## **BodyWorks: a Toolkit for Healthy Girls & Strong Women**

A program designed to help parents and caregivers of young adolescent girls (ages 9 to 15) by improving family eating and activity habits.

## **Heart Truth**

Heart Truth is a national awareness and prevention campaign about heart disease in women sponsored by the National Heart, Lung, and Blood Institute.

# Office of Women's Health Initiatives



## **Healthy Women's Network (HWN)**

HWN will be used to provide information on topics affecting women's health throughout Alabama. Membership benefits include a free 12 month subscription to *Health for Women* magazine.

## **Women's Health Information for the Incarcerated**

The WHI-FI Initiative provides health information, education, and facilitates healthcare service referrals for women dislocated and disadvantaged due to their incarceration, and assists them in preparing for a more successful reentry into society, nurturing healthy lifestyle changes that will have positive impacts on their life and society as a whole.

## ***Healthy Women* License Plate Campaign**

Proceeds from the sale of this attractive license plate (car tag #91) will help bring health education and outreach programs to women and their families in Alabama communities.



# OWH Steering Committee

## **OWH Staff:**

Jessica Hardy, Director of Office of Women's Health, ADPH

Dechelle Merritt, Administrative Assistant, ADPH

## **Hospital Association:**

Nan Priest, Ex. Vice President & Chief Strategy Officer, St. Vincent's Health System

Linda Burdette, Stringfellow Memorial Hospital

Jane Robertson, Patient Care Services, East Alabama Medical Center

## **Nurses Association:**

Geraldine Allen, DSN, RN, Troy University School of Nursing

Linda Roussel, DSN, RN, USA College of Nursing

Janice Nelson, DSN, RN, Troy University School of Nursing

Margaret Findlay, RN, PhD, Samford University

## **Pharmacy Association:**

Kimberly Braxton Lloyd, PharmD, Auburn University

Nancy Bishop, Pharmacist

Kathryn Allen, Samford University

## **Dietetic Association:**

Juaqula Madkin, MS, RD, LD

Janet Benefield

Kathleen M. Obringer, RD, LD





# OWH Steering Committee

## **Medical Association:**

Thomas Miller, MD, Asst. State Health Officer, Alabama Department of Public Health  
Angela Martin, MD, Pediatric Care Center North East Alabama  
Thomas Wilkes Robinson, MD, Dothan OBGYN, Inc.

## **Business Council of Alabama:**

Tracy Welsh, Blue Cross Blue Shield of Alabama  
Carol Kelley Nesbitt, RN, CHCQM, FAIHQ, Drummond Company  
Janet McQueen, President, Jackson Hospital Foundation

## **Consumers:**

Kelly Bownes, President, MedPlan Recruiting, Inc.  
Sue Turner, Executive Director, Alabama Physicians for Life  
Elizabeth Taylor, Andalusia, AL  
Jill Plum, Pharmaceutical Sales Specialist, AstraZeneca LP  
Linda Mays, ABC News 33/40  
Genece Blackmon, Health Specialist, Tuskegee University  
Jacklyn Thomas, New Leaf Program, Community Health Advisor  
Debra Hodges, PhD, Injury Prevention Branch, ADPH  
Izza Afgan, MPH, Center for Health Statistics, ADPH  
Kathy Boswell, Blue Cross Blue Shield of Alabama

## CONTRIBUTORS

*This publication would not be possible without the hard work and devoted time of the Office of Women's Health Data Publication Workgroup. We thank each of you for giving of your time and talent to create each section of this publication. Thank you to the reviewers of this document who spent tireless hours reviewing each page and providing great feedback. Your efforts paid off in producing a visually appealing, easy-to-use collection of current and historical data that will benefit women in Alabama. We also acknowledge the many people behind the scenes who have given advice, and provided the technical support for this project.*

### WOMEN'S HEALTH DATA PUBLICATION WORKGROUP

Carol Kelley Nesbitt, R.N., CHCQM, FAIHQ  
Manager of Health Services  
Drummond Company  
Jasper, AL

Debra Hodges, Ph.D.  
Research Unit Director  
Injury Prevention Branch  
Alabama Department of Public Health  
Montgomery, AL

Izza Afgan, M.P.H.  
Public Health Research Analyst  
Center for Health Statistics  
Alabama Department of Public Health  
Montgomery, AL

Kimberly Braxton Lloyd, Pharm.D.  
Assistant Dean for Health Services, an Associate Professor and is the Director of the Auburn  
University Pharmaceutical Care Center (AUPCC)  
Auburn University  
Auburn, AL

Margaret Findlay, Ph.D., R.N.  
Professor  
Ida V. Moffett School of Nursing Faculty  
Samford University  
Birmingham, AL

Sue Turner, Executive Director  
Alabama Physicians for Life  
Cullman, AL

Linda Mays, Anchor  
ABC 33/40 News  
Birmingham, AL

Thomas Miller, M.D.  
Assistant State Health Officer  
Alabama Department of Public Health  
Montgomery, AL



[www.alabamahealthywomen.com](http://www.alabamahealthywomen.com)

**Office of Women's Health  
Bureau of Professional & Support Services  
Alabama Department of Public Health  
P.O. Box 303017  
Montgomery, AL 36130-3017**

**Office: (334) 206-5669**