Arizona Women's Health Status Report

Arizona Department of Health Services

September 2013

Arizona Department of Health Services

Health and Wellness for all Arizonans

Janice K. Brewer, Governor
State of Arizona

Will Humble, Director
Arizona Department of Health Services

MISSION:
To promote, protect and improve the health and wellness of individuals and communities in Arizona

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Table of Contents

Foreword

The Arizona Department of Health Services (ADHS) has prepared this report on the health status of Arizona women to highlight its commitment to the health and wellness of all Arizonans throughout the lifespan and its focus on prevention. The data contained in this report will be updated on a regular basis and we hope to see progress toward creating a healthier Arizona. In this update, we have added information that highlights some differences between Arizona women living in rural communities and those living in an urban environment.

Highlights

The largest proportion of Arizona females, age 25 and older, have had some college or hold an associate's degree; however, 14% have not graduated from college. The largest percentage of Arizona women who are working full-time, year-round earned less than $25,000 in 2011. Many lived in poverty—19% had income less than the Federal Poverty Level in 2012, and nearly half of those had income less that 50% of the Federal Poverty Level. There is little difference between rural and urban Arizona women in level of education except in the category of having a college or technical school degree, where a larger disparity is evident—more urban women are graduates. There are notable differences in income; rural Arizona women are more likely to earn less than $20,000 and less likely to earn $50,000 or more.

These demographics are important because they are highly correlated with the health status of Arizona women. Women with higher levels of education and income are more likely to have a healthy diet, be a healthy weight, and engage in physical activity. They are more likely to report being in good to excellent health, to have healthcare coverage, to be able to afford to see their physician, and to have been to a dental clinic in the past year. They are more likely to have had key preventive services and less likely to have selected chronic diseases.

There are also differences between urban and rural Arizona women with respect to health status and most favor women living in urban areas. Where data were available, these are addressed throughout this report.

Compared to their peers in the U.S. population, a larger percentage of Arizona women are overweight/obese, but are more likely to have participated in physical activities in the past month, and to have consumed servings of fruits and vegetables five or more times per day. Arizona women are less likely to have healthcare coverage, more likely to have barriers to visiting a doctor, less likely to have had a routine checkup, less likely to have had pap test within the last three years, less likely to have had a mammogram in the past two years, and less likely to have visited a dental clinic in the past year. Unintentional injury and suicide mortality rates are higher than for U.S. women as a whole. However, the percentage of smokers is less than among U.S. women, as is the percentage of women who drink or binge drink.

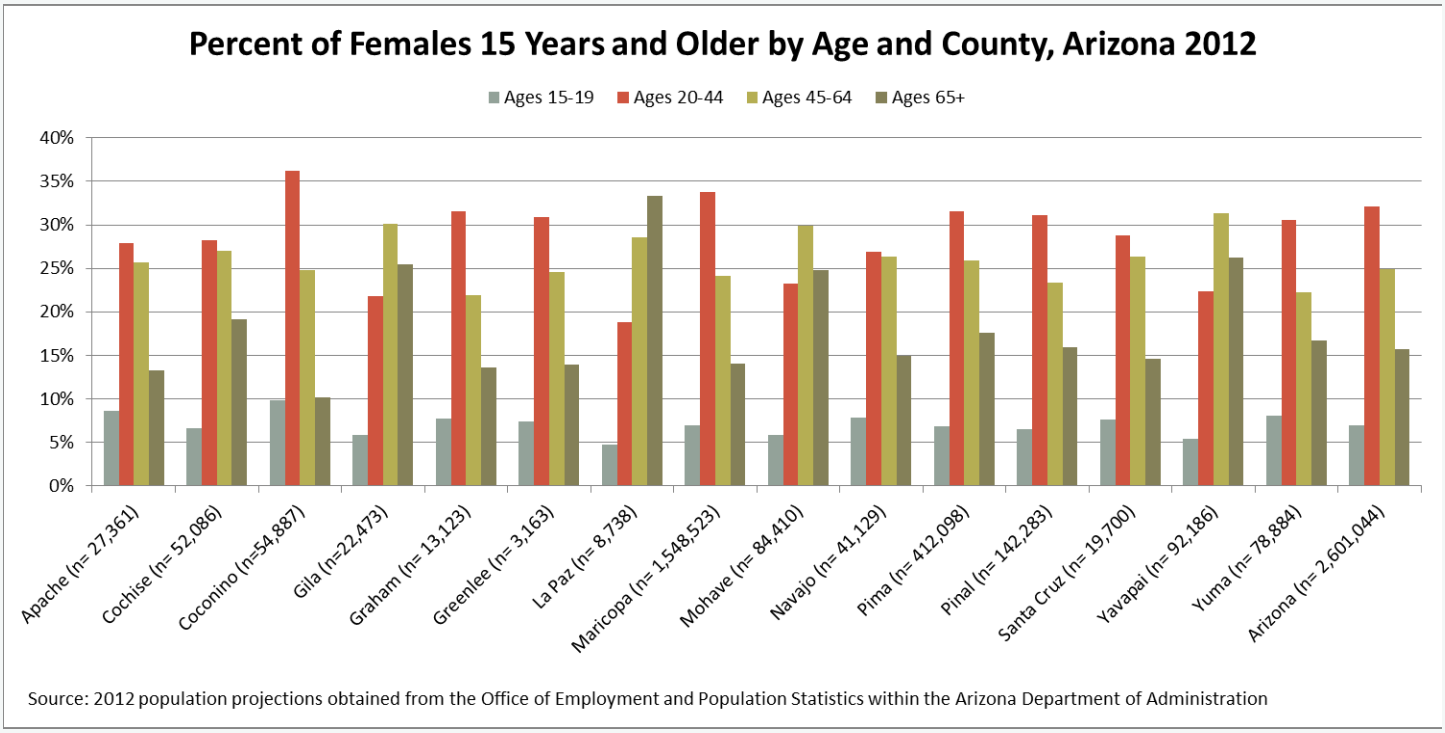
Improving health status is not a simple undertaking. Interrelated factors include genetics, individual behavior, availability of and access to quality health services, the environment, literacy, policies, and more. Data such as is found in this report can provide a starting point for action. We hope you will find this report useful as an aid to future action.

[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

Characteristics of Arizona Women

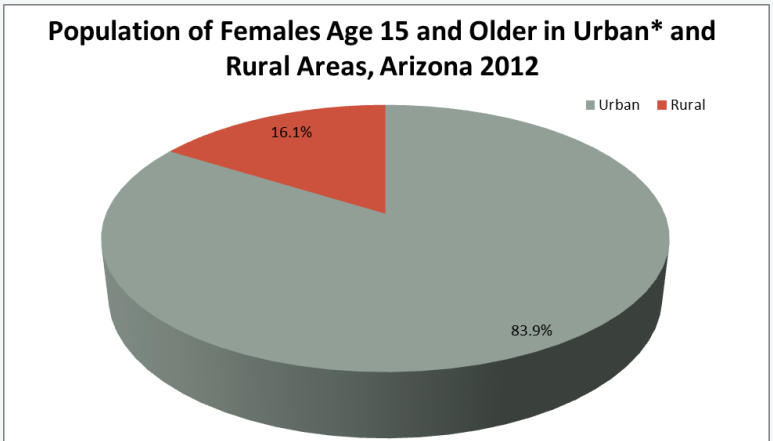
Characteristics of Arizona Women

According to the 2012 population predictions from the Arizona Department of Administration Office of Employment and Population Statistics, there were 2,601,044 females age 15 and older living in Arizona. Nearly 60% of them live in Maricopa County.



Source: 2012 population projections obtained from the Office of Employment and Population Statistics within the Arizona Department of Administration

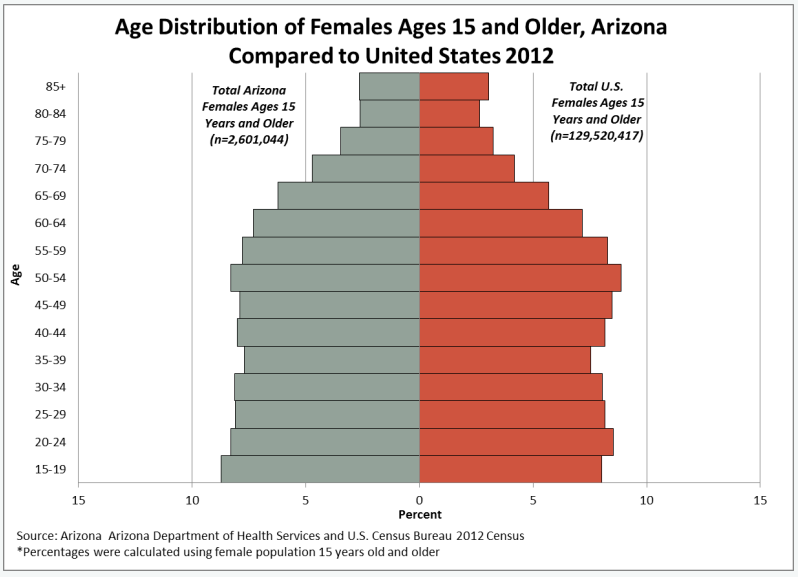
The majority of Arizona women live in urban areas (83.9%), while only 16.1% of Arizona women live in rural areas.



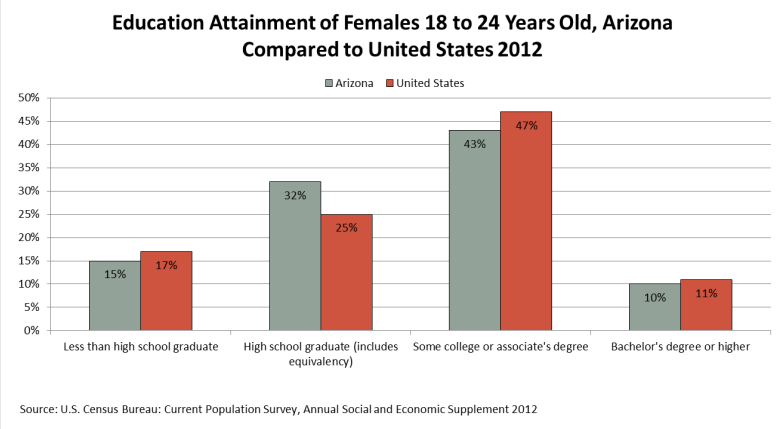
Compared to the U.S. population, the Arizona population has proportionately more females age 15-19, more females age 30-39, and more females age 60-79.

Of the females age 15 and older:

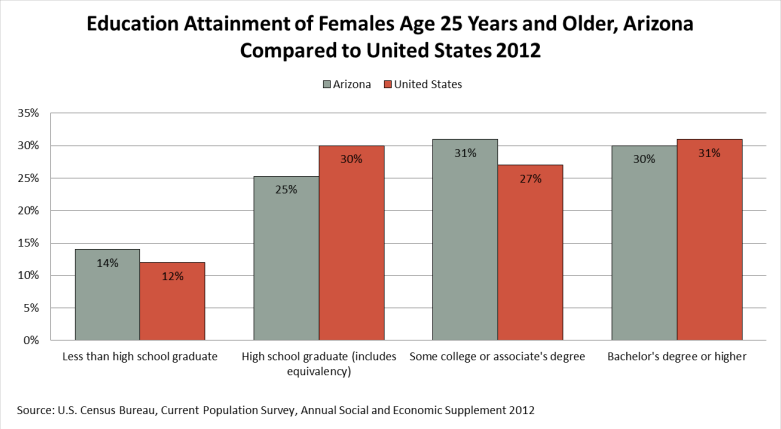
- 4% are American Indian or Alaskan Native
- 3% are Asian or Pacific Islander
- 4% are Black or African American
- 26% are Hispanic or Latina
- 63% are White



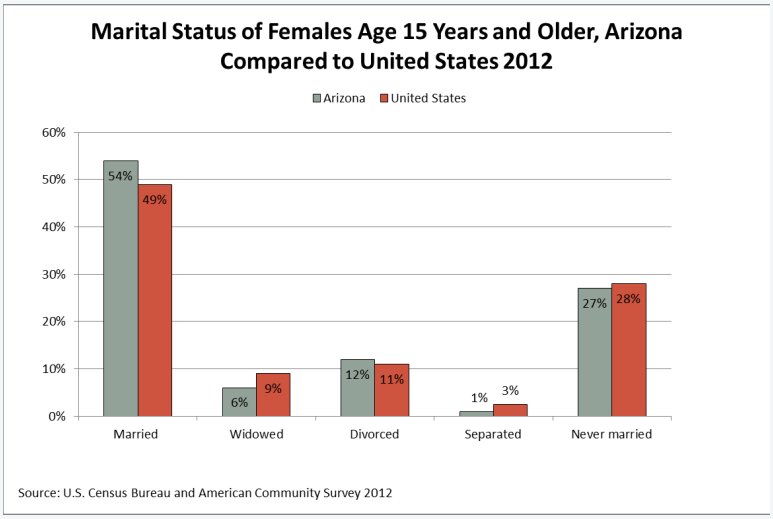
The educational attainment divide is most apparent among females age 18 to 24. In this age group, 43% have had some college or hold an associates degree, while 15% have not graduated from high school (or an equivalent).



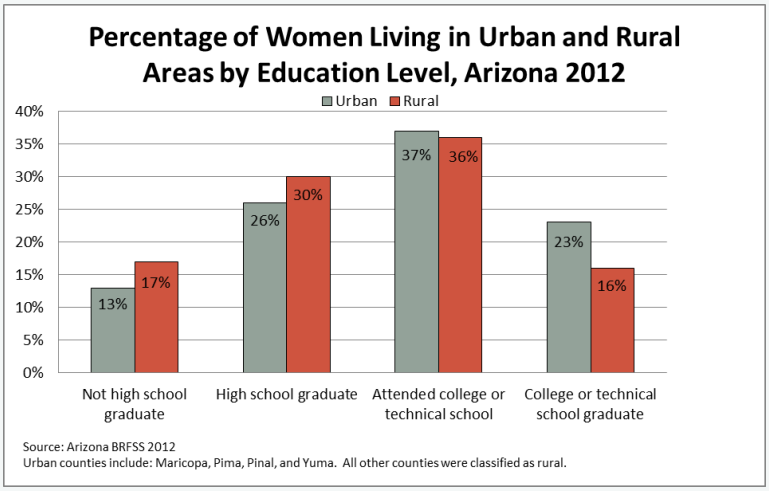
The largest proportion (31%) of Arizona females age 25 and older have had some college or hold an associates degree; however, 14% have not graduated from high school (or an equivalent).



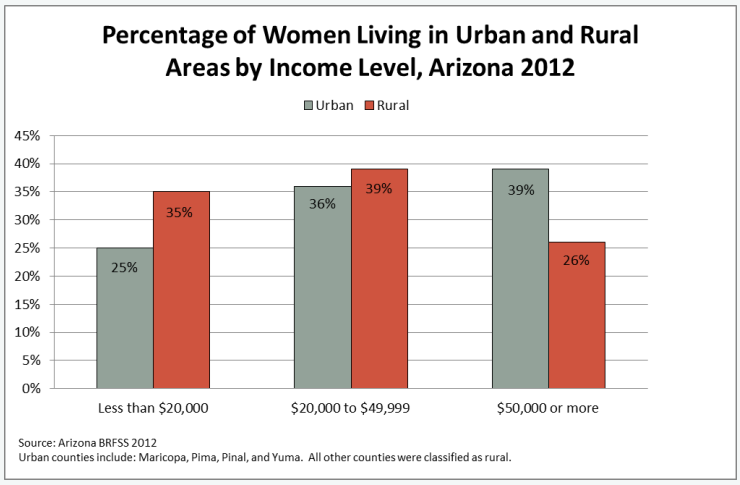
More than half (54%) of Arizona women age 15 and older are married.



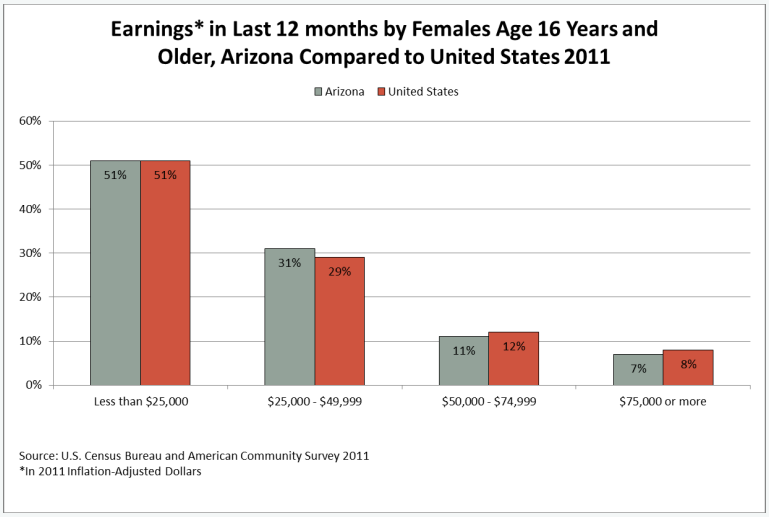
There was little difference between rural and urban Arizona women when looking at education. The biggest difference is seen in the percentage of Arizona women who are college or technical school graduates—urban 23% and rural 16%. The smallest difference is seen in the percentage of Arizona women who attended college or technical school—urban 37% and rural 36%.



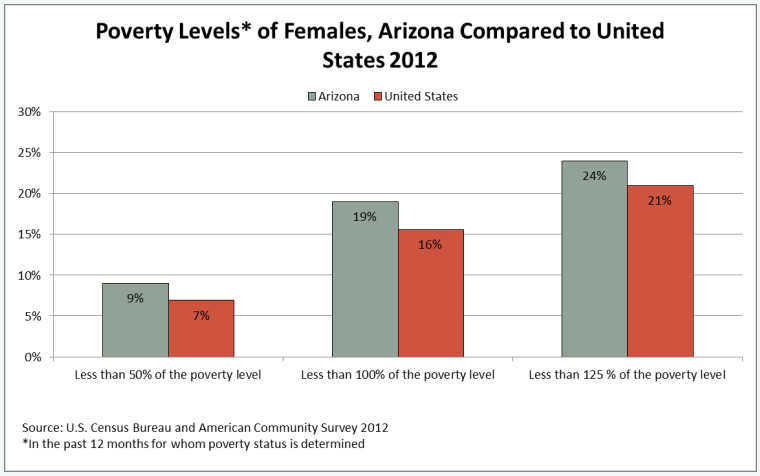
There is a greater divide between rural and urban Arizona women when looking at income level. Rural Arizona women (35%) were more likely than urban Arizona women (25%) to earn less than $20,000. Alternately, urban Arizona women (39%) were more likely than rural Arizona women (26%) to earn $50,000 or more.



The largest percentage of Arizona women who are working full-time, year-round earned less than $25,000 in 2011 (51%). Another 31% earned between $25,000-$49,999.



Many lived in poverty—19% had income less than the Federal Poverty Level in 2012; nearly half of those had income that was less than 50% of the Federal Poverty Level. A total of 24% had income less than 125% of the Federal Poverty Level.

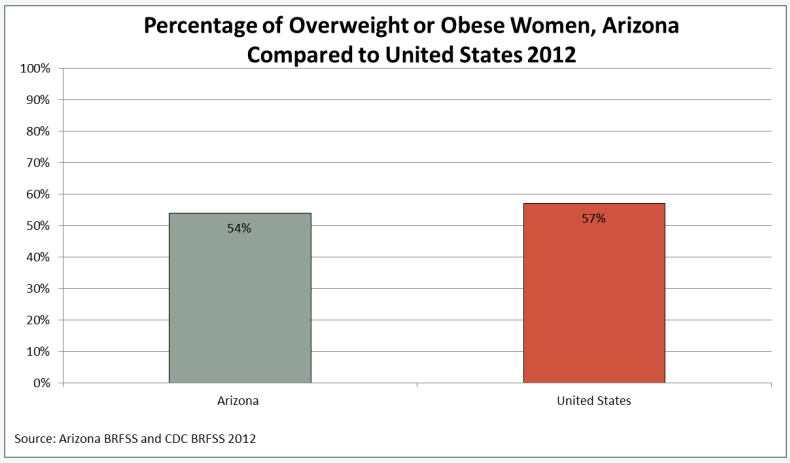


Wellness

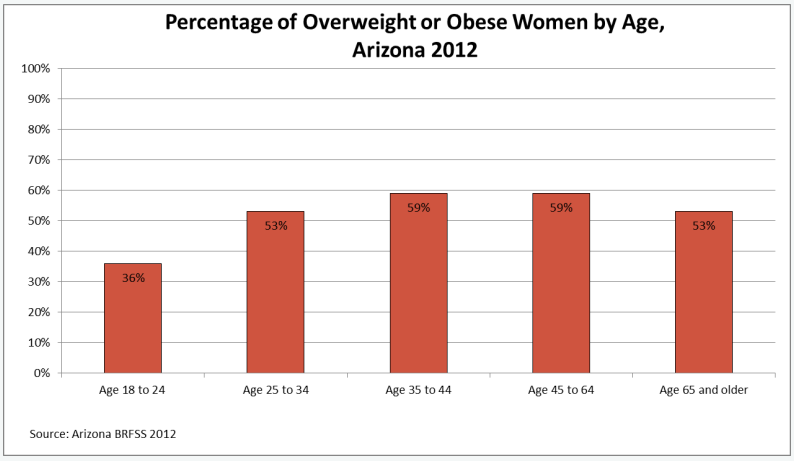
Wellness

Body weight, physical activity, and nutrition are all strongly related to good health. Healthy People 2020 goals include: 1) promoting health and reducing chronic disease risk through the consumption of healthful diets and the achievement and maintenance of healthy body weights, and 2) improving health, fitness, and quality of life through daily physical activity.[1]

Body Weight: An adult who has a Body Mass Index (BMI) between 25 and 29.9 is considered overweight. If the BMI is 30 or higher, the individual is considered to be obese. More than half (54%) of Arizona women age 18 and older are overweight or obese, compared to 57% of U.S. women.

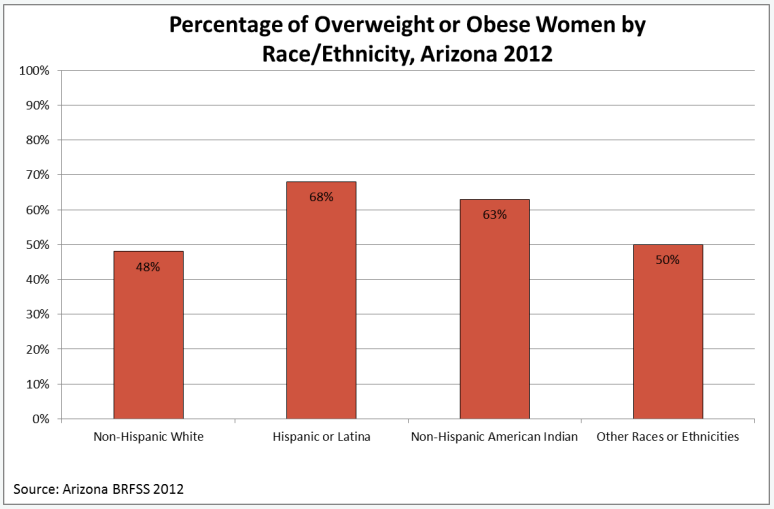


In Arizona , the percentage increases from 36% after age 24 and stays above 50% throughout the remaining lifespan.

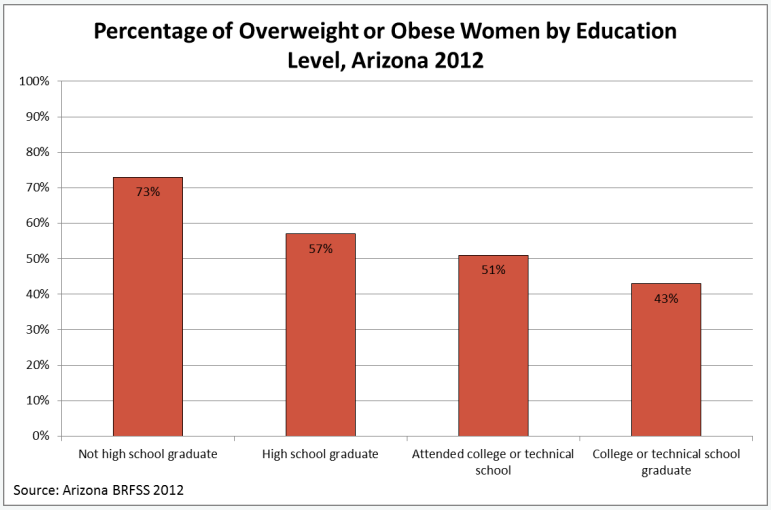


[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

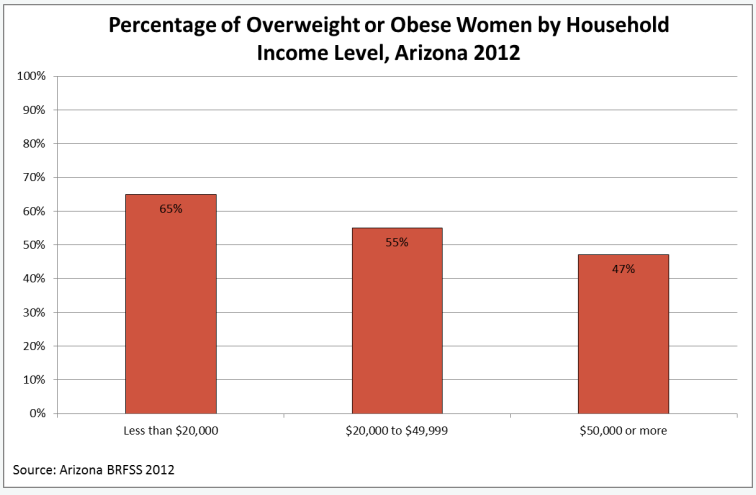
There are differences depending on the demographics. Hispanic/Latina women are most likely to be overweight or obese (68%), followed by non-Hispanic American Indian women (63%), whereas fewer women of other races and ethnicities (50%) and non-Hispanic White women (48%) and fall into these categories.



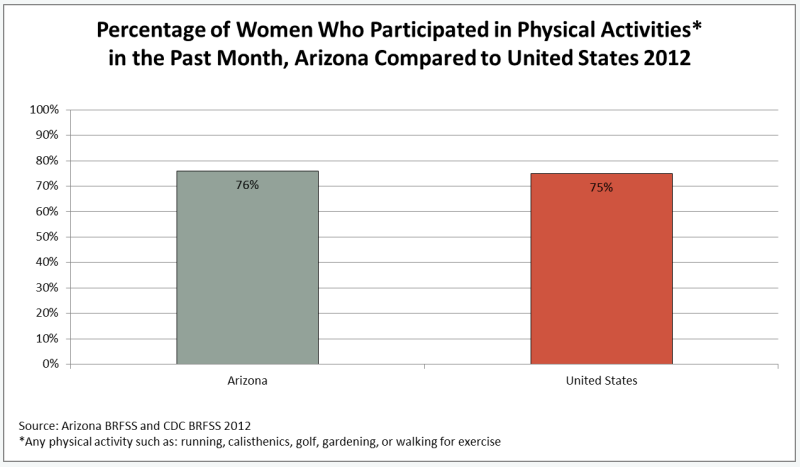
Those who have not graduated from high school are most likely to be overweight or obese (73%), followed by those who are high school graduates (57%) and those who attended college or technical school (51%). Those who graduated from college or technical school had the lowest percentage (43%).



There is disparity based on income, as well. A higher percentage of lower income women are overweight or obese than are women with higher incomes. Among those with an annual income less than $20,000, the percentage is 65%; among those with an annual income from $20,000 up to $50,000, 55%; and among those with an annual income of $50,000 or more, 47%.



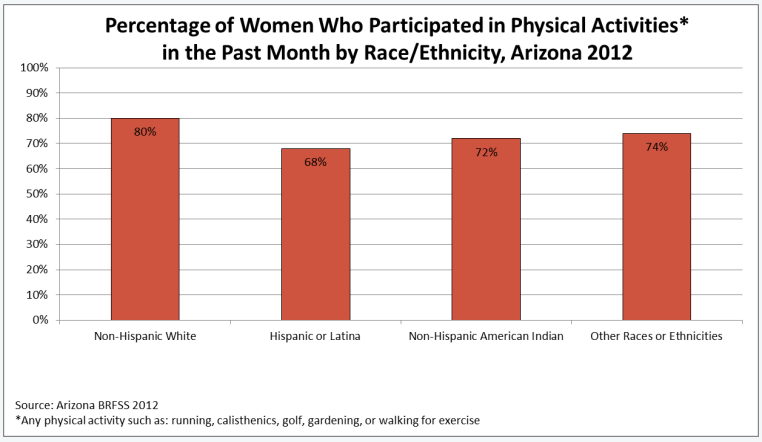
Physical Activity: In 2012, most Arizona women (76%) reported engaging in some physical activity in the month prior to being surveyed, compared to 75% of U.S. women. It should be noted that "some physical activity in the month" is far less than the recommended level of physical activity for adult women.



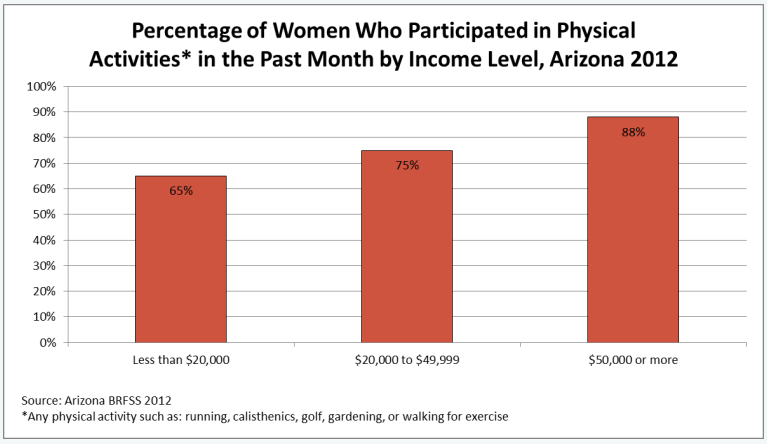
There was some variation by age group, with the largest percentage reporting physical activity being women under age 25—age 18-24, 83%; age 25-34, 76%; age 35-44, 78%; age 45-64, 77%; and age 65 and older, 69%.

There was also some variation by race/ethnicity—non-Hispanic White women, 80%; women of other races/ethnicities, 74%; non-Hispanic American Indian women, 72%; and Hispanic/Latina women, 68%. [2]

The major disparities were related to education and income. Among college or technical school graduates, 87% reported some physical activity, while only 57% of those who had not graduated from high school did.



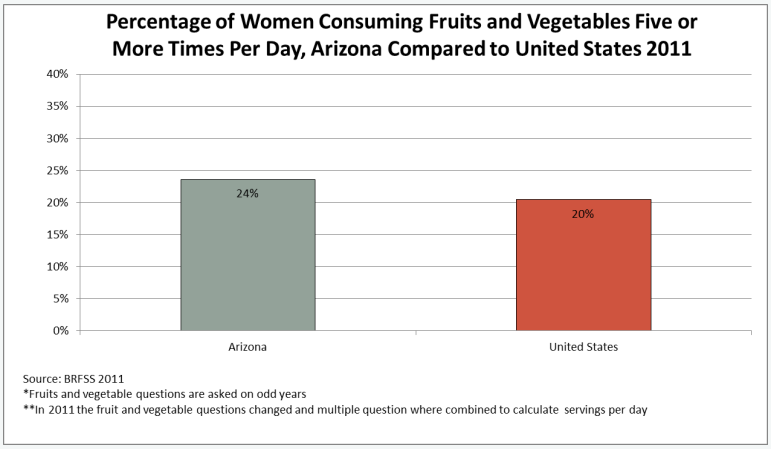
Similarly, 88% of those whose annual income was $50,000 or more per year reported physical activity, compared to 65% of those with an annual income less than $20,000.



[2]Races/ethnicities for which there are low numbers in the survey data are included in the category "other races and ethnicities"; this includes Asian/Pacific Islander and African American/Black women.

Healthful Diet: In 2012, slightly less than a quarter of Arizona women (24%) reported consuming fruits and vegetables five or more times per day, compared to 20% of U.S. women.

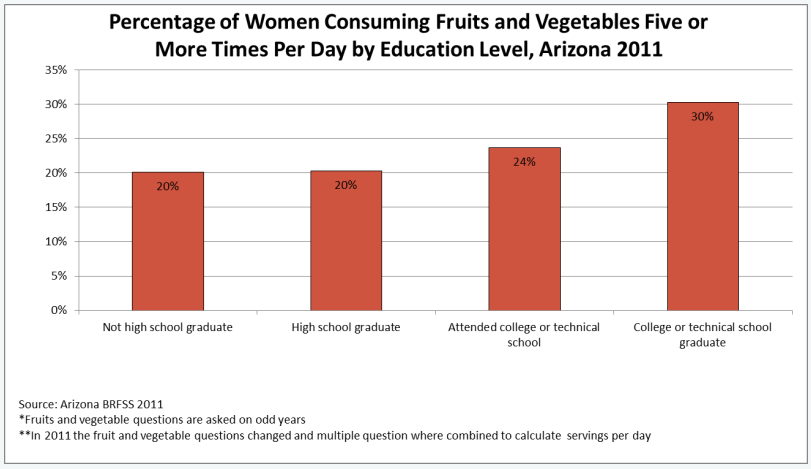
There was some variation by age group, with the largest percentage reporting consuming fruits and vegetables five or more times per day being women age 35-44 (32%), followed by women age 65 and older (23%), women age 45-64 (22%), and those age 18-34 (21%).



With regard to race/ethnicity, there was very little variation with reported consumption levels. Non-Hispanic American Indian women (25%) had the highest percentage reporting consumption of fruits and vegetables five or more times per day, followed by non-Hispanic White women (24%) and Hispanic/Latina women (22%).

A larger disparity was related to education level of the respondent. Among college or technical school graduates, 30% reported consumption of fruits and vegetables five or more times per day, while only 20% of those who were high school graduates and 20% of those who graduated from high school did.

There was some variation by income, with 27% of those in the highest annual income bracket ($50,000 or more) reporting consumption of fruits and vegetables five or more times per day compared to 21% of those with an annual income less than $20,000 and 22% of those with an annual income of $20,000 up to $50,000.



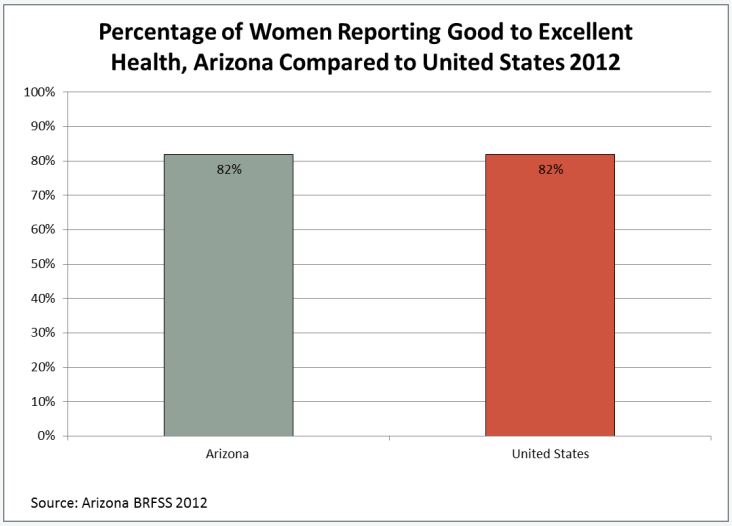
General Health Status

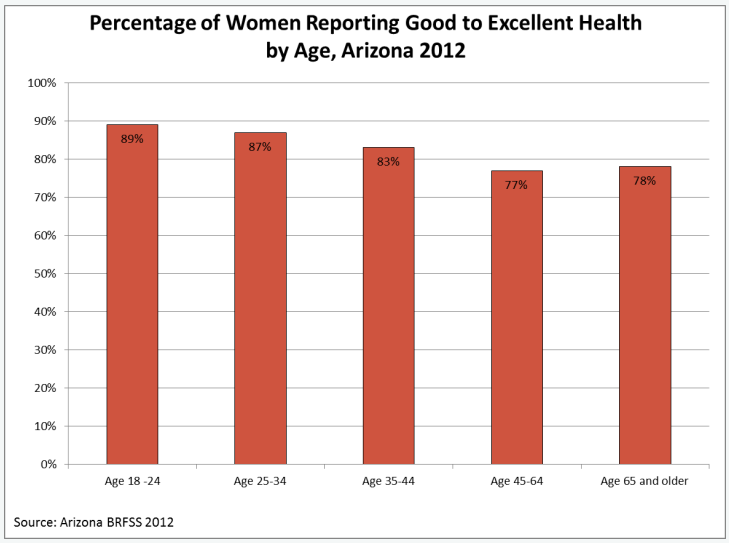
General Health Status

Self-assessed health status is a measure of how a person views his or her own health—excellent, very good, good, fair, or poor. This measure is one of the indicators of general health status that Healthy People 2020 will be monitoring throughout this decade to assess the health status of the U.S. population.[1]

In 2012, 82% of Arizona women age 18 and older rated their health as good to excellent, the same rate as U.S. women.

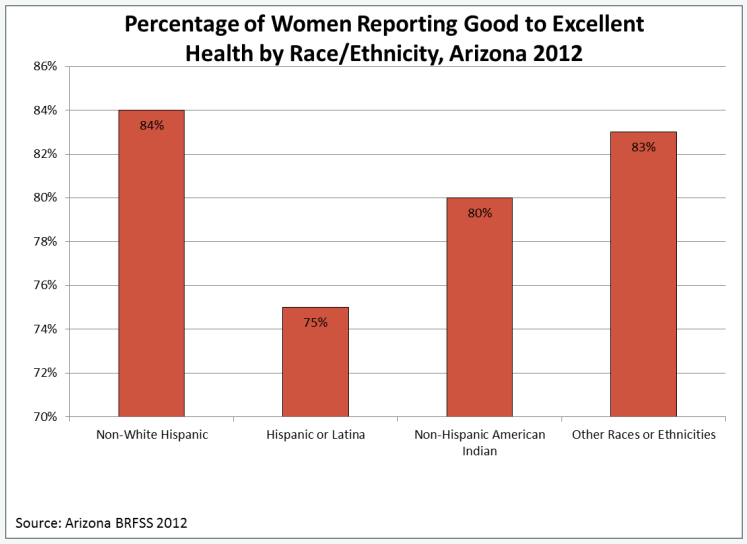
There was some variation by age, with younger women assessing their health to be better than did older women. The percentage of women age 18-24 who rated their health as good to excellent was 89%. The percentage then declined for each subsequent age group up to age 65—87% for women age 25-34; 83% for women age 35-44; 77% for women age 45-64; and 78% for women age 65 and older.



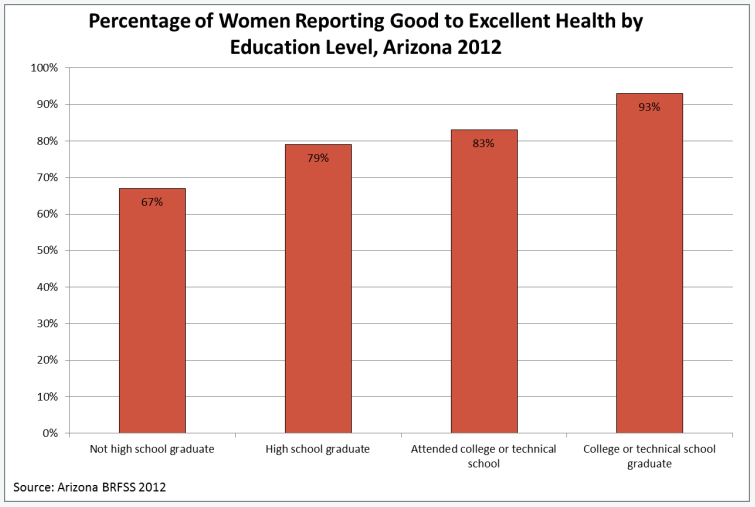


[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

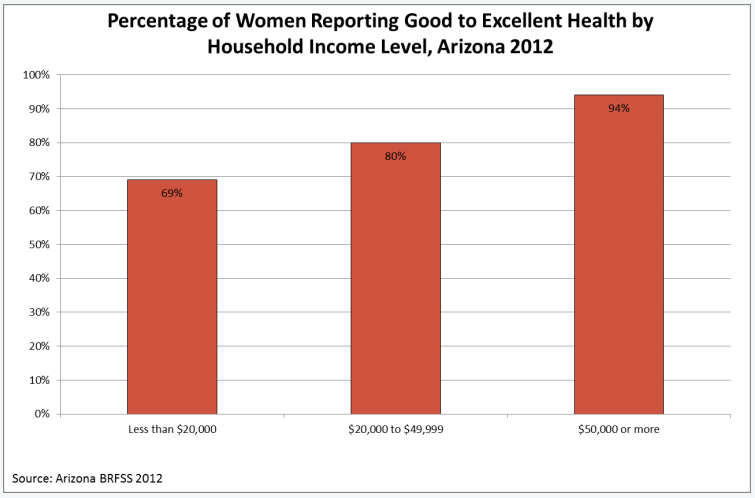
There was somewhat greater variation in self-assessment of health by race/ethnicity. Among women in all racial/ethnic groups, 75% or more assessed their health to be good to excellent. The highest percentage of those assessing their health to be good to excellent was seen among non-Hispanic White women (84%) and the lowest among Hispanic/Latina women (75%).



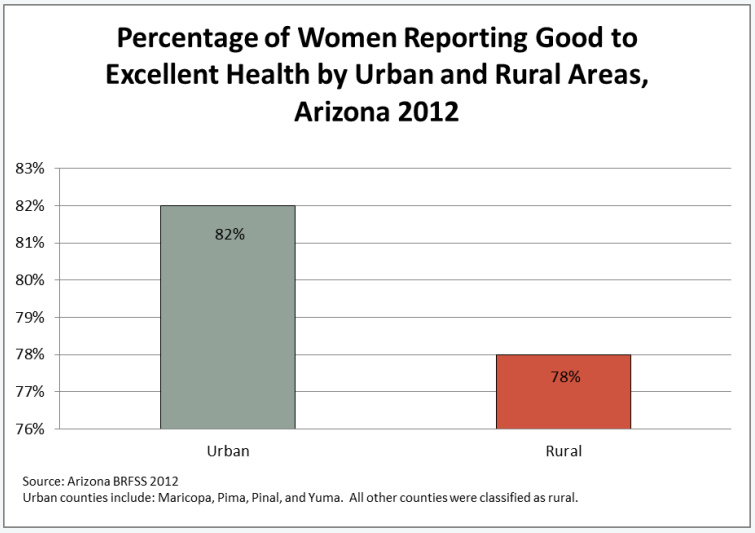
The biggest disparities were seen when responses were sorted by education and income. Self-assessment of good to excellent health increased as educational attainment and income increased. Some 93% of women who are college or technical school graduates rated their health as good to excellent, while only 67% of those who had not graduated from high school did so.



The variation was notable, too, when responses were sorted by income—94% of women with an annual income of $50,000 or more rated their health as good to excellent, while on 69% of those with an annual income of less than $20,000 did.



Only 78% of rural Arizona women reported good to excellent health, compared to 82% of urban Arizona women.



Leading Causes of Death: The leading causes of death in 2011 varied by age, with unintentional injury, suicide, and malignant neoplasms in the top three for women age 15-44. For woman age 45-64, the leading causes of death were: malignant neoplasms, diseases of the heart, and unintentional injuries. For women age 65 and older, the leading causes were diseases of the heart, malignant neoplasms, and Alzheimer's Disease.

Top Three Leading Causes of Death by Age, Arizona 2011

15-19 years	**Rate per 100,000**	**Number**
Unintentional Injury	9.7	22
Suicide	6.2	14
Malignant Neoplasms	4.4	10
20-44 years		
Unintentional Injury	25.2	214
Malignant Neoplasms	15.7	132
Suicide	8.9	75
45-64 years		
Malignant Neoplasms	156.9	1277
Diseases of the Heart	61.8	503
Unintentional Injury	32.8	267
65+ years		
Diseases of the Heart	847.2	4096
Malignant Neoplasms	710.9	3437
Alzheimer's Disease	319.4	1544

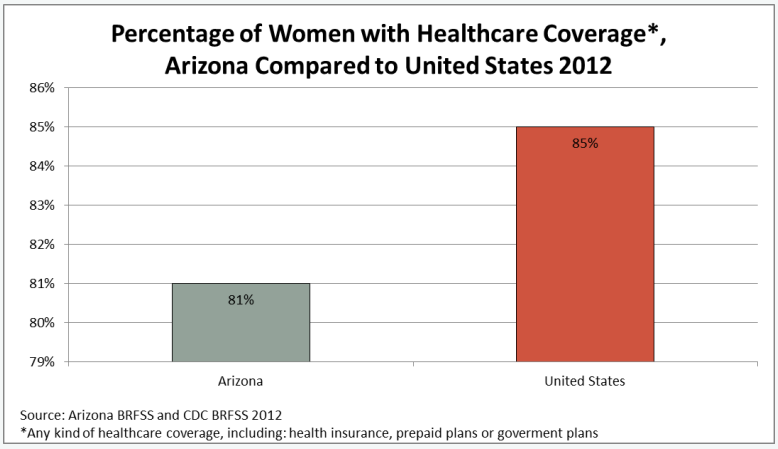
Access to Health Care

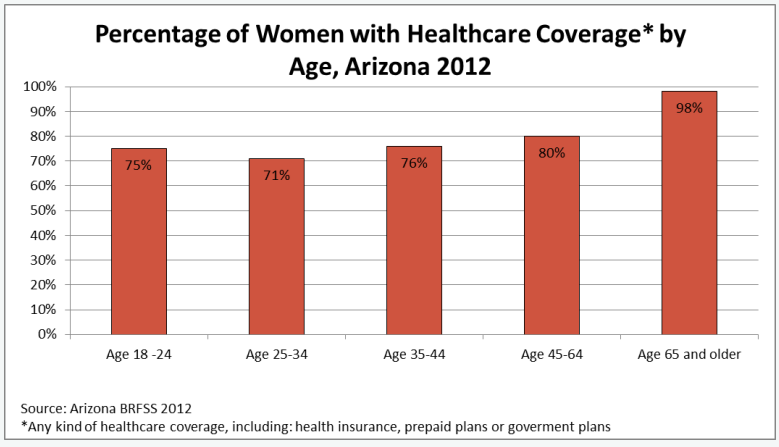
Access to Health Care

Improved access to quality, comprehensive health care services is one of the Healthy People 2020 goals and "is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[1]

Healthcare Coverage: In 2012, 81% of Arizona women age 18 and older reported that they had some form of healthcare coverage, including health insurance, prepaid plans, or government plans. This is a lower percentage than that for all U.S. women (85%).

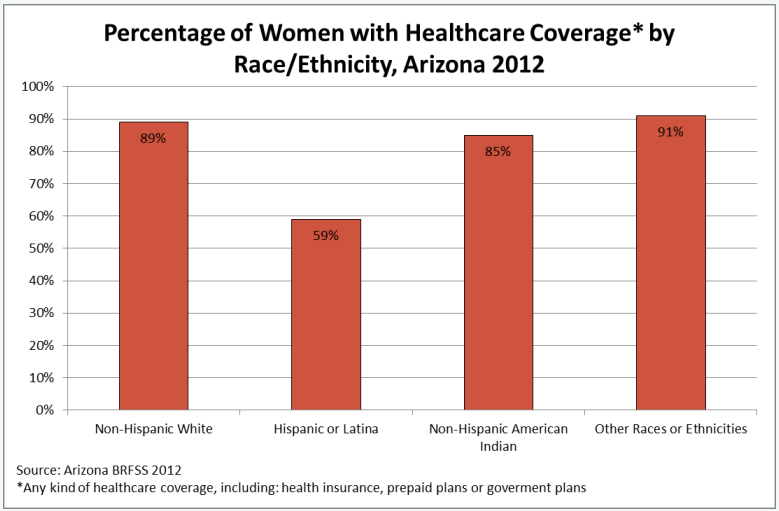
There is some variation by age, with fewer younger women reporting health care coverage—75% of women age 18-24 and 71% of women age 25-34. The percentage rises for women age 35-44 (76%) and age 45-64 (80%), with most women age 65 and older having coverage (98%).



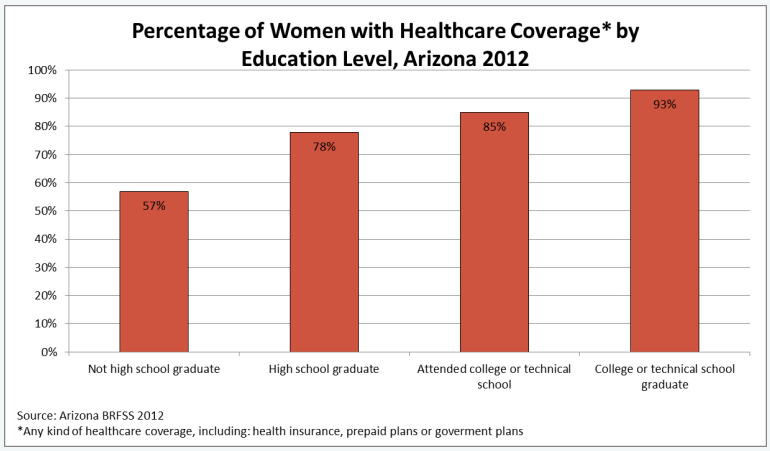


[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

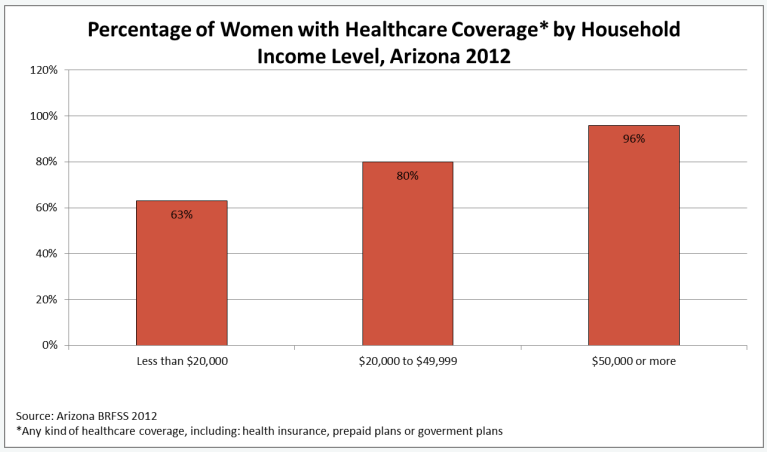
Non-Hispanic White women (89%) and women of other races/ethnicities (91%) had the highest rates of healthcare coverage. Hispanic/Latina women had the lowest percentage—59%.



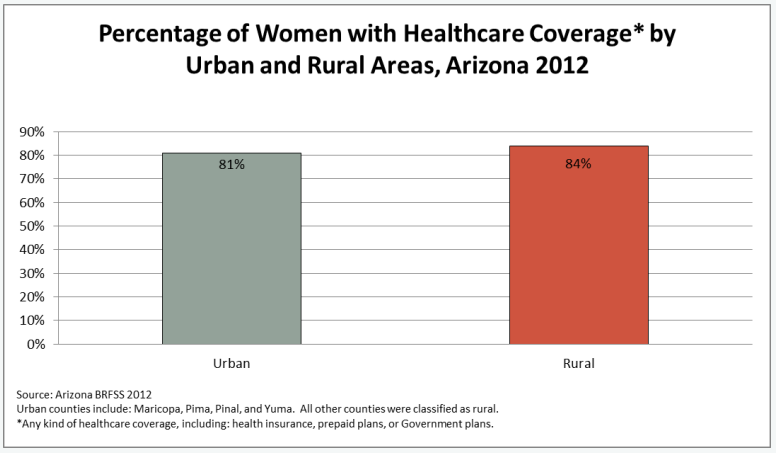
Large disparities were seen when responses were sorted by education and income. In both cases, the percentage of the population increased as educational attainment and income increased. The highest percentage was found among women who are college or technical school graduates (93%) and the lowest percentage was found among women who had not graduated from high school (57%).



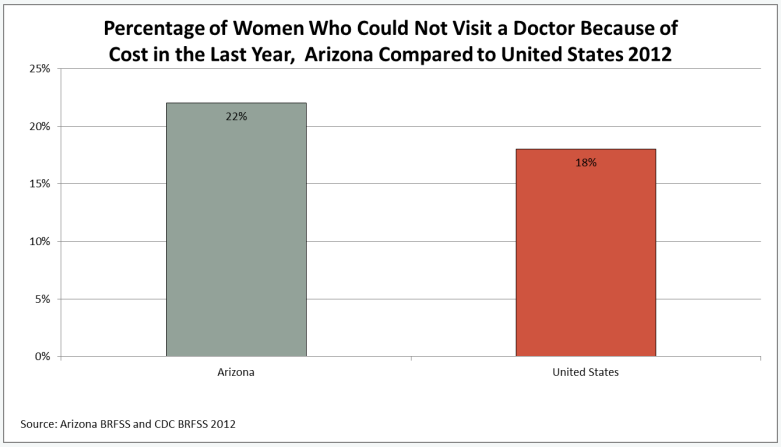
With respect to income, the highest percentage was found among women with an annual income of $50,000 or more (96%) and the lowest percentage was found among women with an annual income of less than $20,000 (63%).



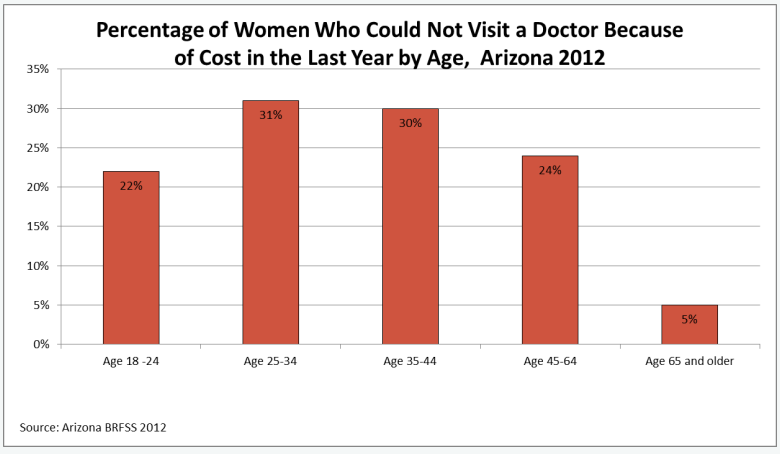
In 2012, 81% of urban Arizona women reported having healthcare coverage, compared to 84% of rural women.



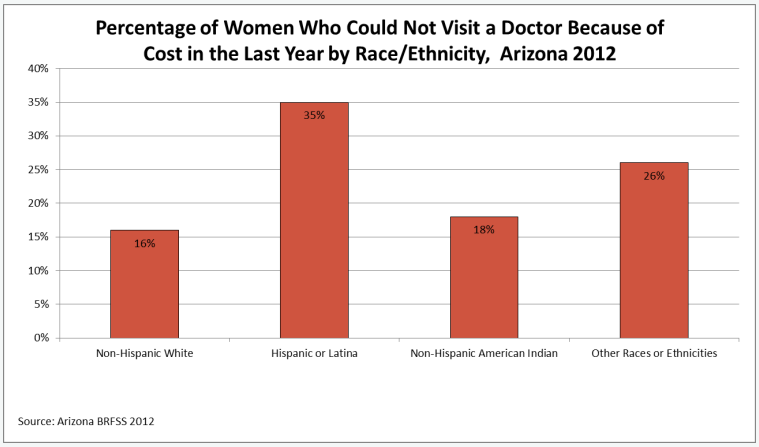
Barriers to Visiting a Doctor: In 2012, 22% of Arizona women reported that they could not visit a doctor because of cost in the prior year. This was a higher percentage than for all U.S. women (18%).



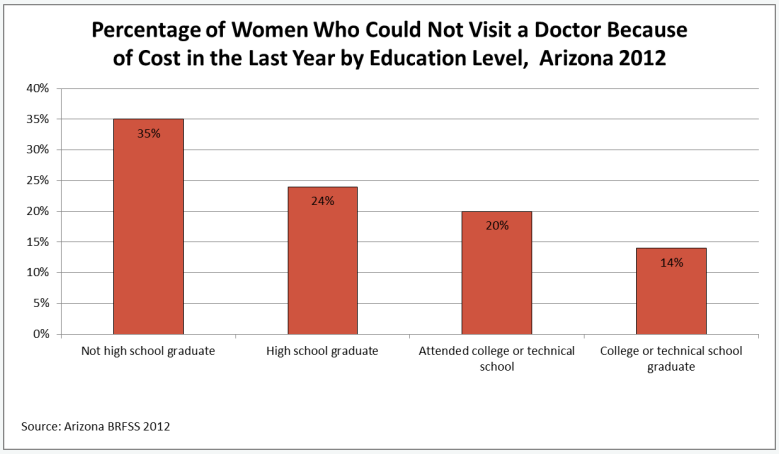
There was a notable variation by age. The highest percentage was seen among women age 25-34 and women age 35-44; 31% of women age 25-34 and 30% of women age 35-44 reported that they were unable to see a doctor due to the cost, compared to only 5% of women age 65 and older.



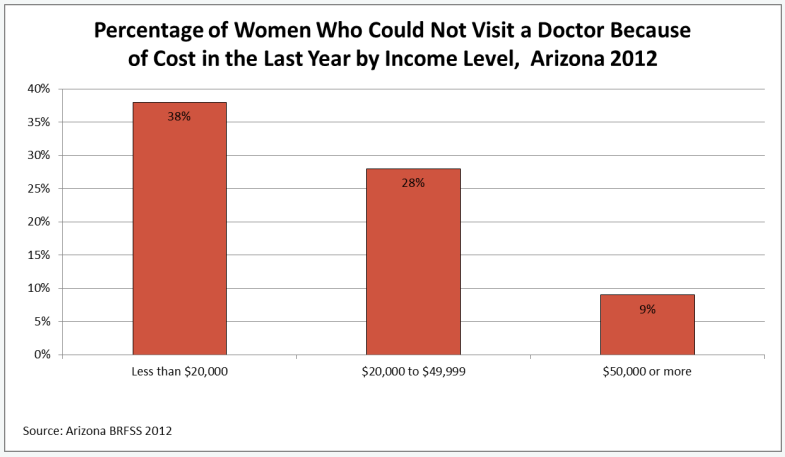
Hispanic/Latina women (35%) had the highest percentage reporting that they were unable to see a doctor due to the cost. All other racial/ethnic groups had percentages of 26% or less.



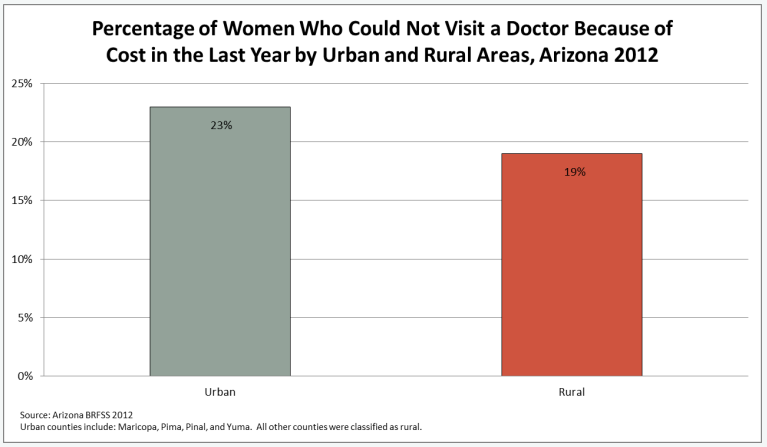
There were large disparities related to education and income, with the percentage of those reporting that they were unable to see a doctor due to cost falling as educational attainment and incomes increased. Among those who had not graduated from high school, 35% reported being unable to see a doctor due to the cost, while only 14% of those who were college or technical school graduates reported this.



Similarly, 38% of those with an annual income of less than $20,000 reported being unable to see a doctor due to the cost, while only 9% of those with an annual income of $50,000 or more reported this.



In 2012, 23% of urban Arizona women reported that they could not see a doctor because of cost, compared to 19% of rural Arizona women.

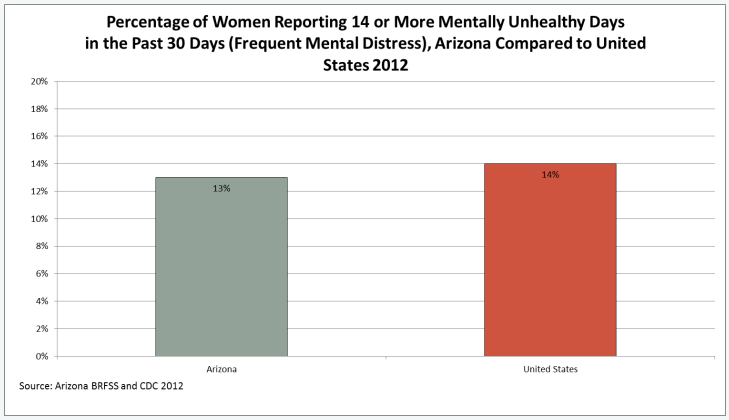


Mental Health

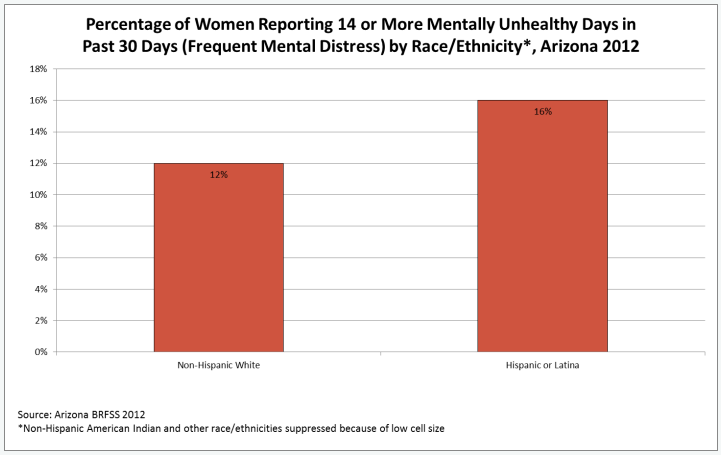
Mental Health

Mental health has an impact on personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. It is defined as a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with challenges. Healthy People 2020 includes a goal of improving the mental health of people in the U.S. through prevention and by ensuring access to appropriate, quality mental health services.[1]

In 2012, 13% of Arizona women age 18 and older reported frequent mental distress (defined as 14 or more mentally unhealthy days in the past 30 days), compared to 14% of U.S. women. Data was only available by large age blocks (age 18-44 and age 45 and older) and no disparity was noted based on available data.

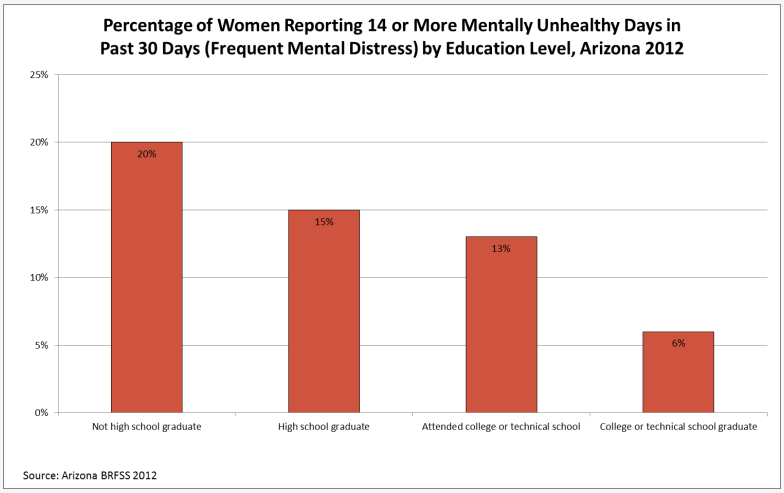


There was some variation by race/ethnicity, with Hispanic/Latina women being the most likely to report frequent mental distress (16%), compared to non-Hispanic White women (12%).

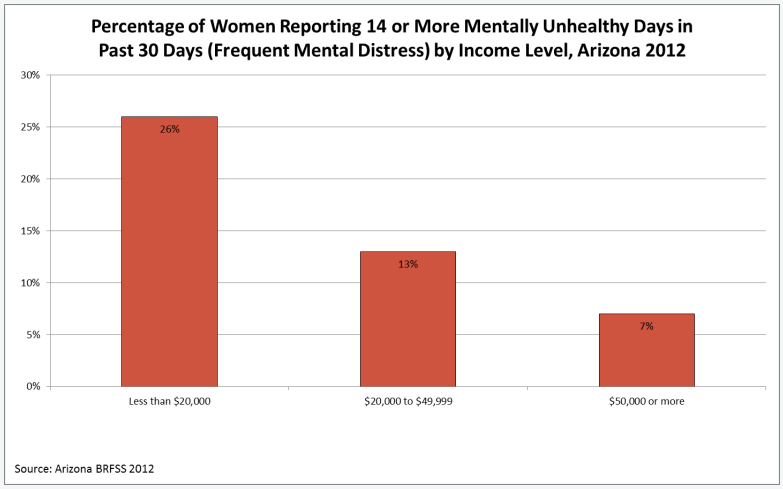


[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

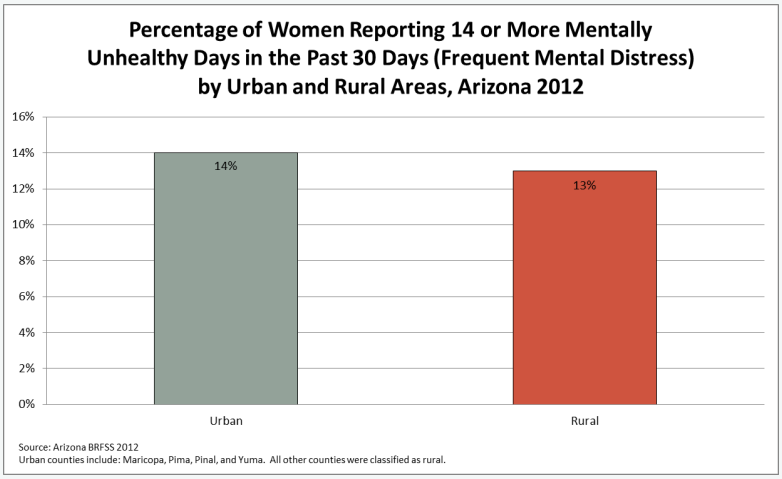
The largest disparities related to education and income, with both showing decreases in reported frequent mental distress as education and income increased. Among women who had graduated from high school, 20% reported frequent mental distress, while only 6% of those who had graduated from college or technical school did so.



Among women who had an annual income of less than $20,000, 26% reported frequent mental distress, while only 7% of those with an annual income of $50,000 or more reported this.



There was little difference when comparing the percentage of rural (13%) and urban (14%) Arizona women reporting frequent mental distress.

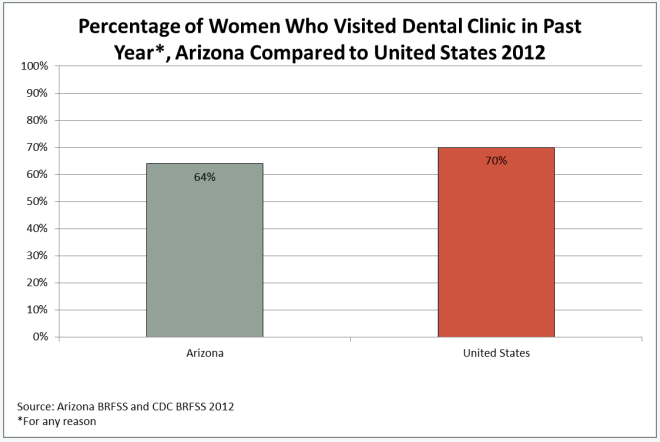


Oral Health

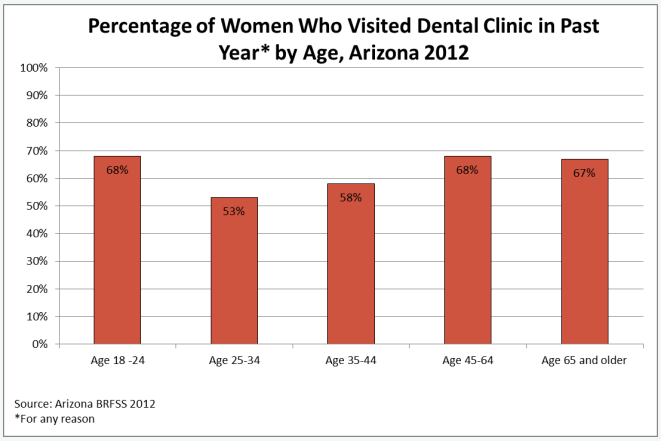
Oral Health

Oral health is central to a person's overall health and well-being. As noted in Healthy People 2020, good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. Oral diseases ranging from cavities to oral cancer cause pain and disability. Healthy People 2020 includes a goal to prevent and control oral and craniofacial diseases, conditions, and injuries, and to improve access to preventive services and dental care.[1]

Visit to a Dental Clinic: In 2012, 64% of Arizona women age 18 and older reported that they visited a dental clinic for any reason in the prior year, compared to 70% of U.S. women.

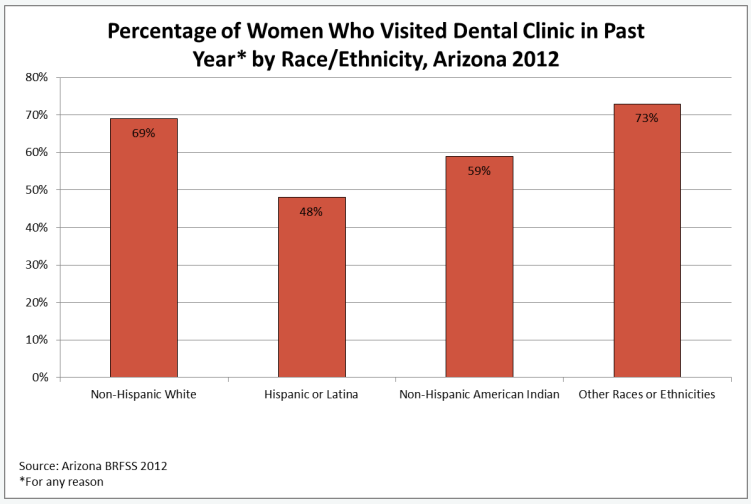


There was some variation by age, with the highest percentages found among women age 18-24—68%. The percentage was similar for women age 45-64 (68%) and women age 65 and older (67%). The percentages were lower for other age groups.

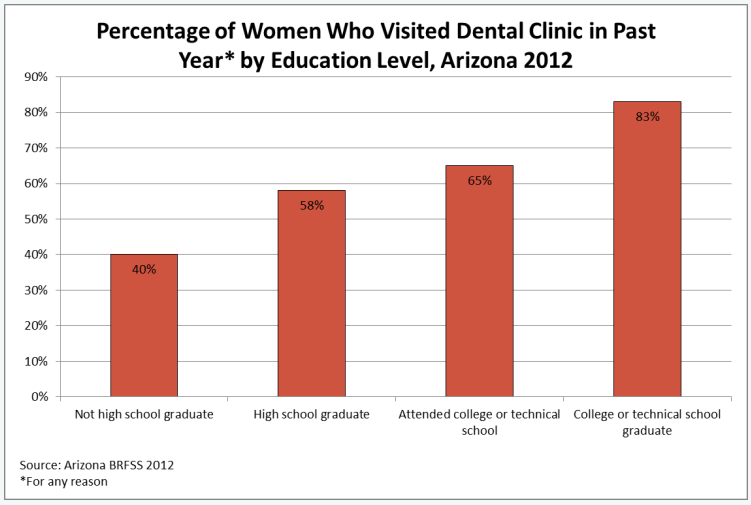


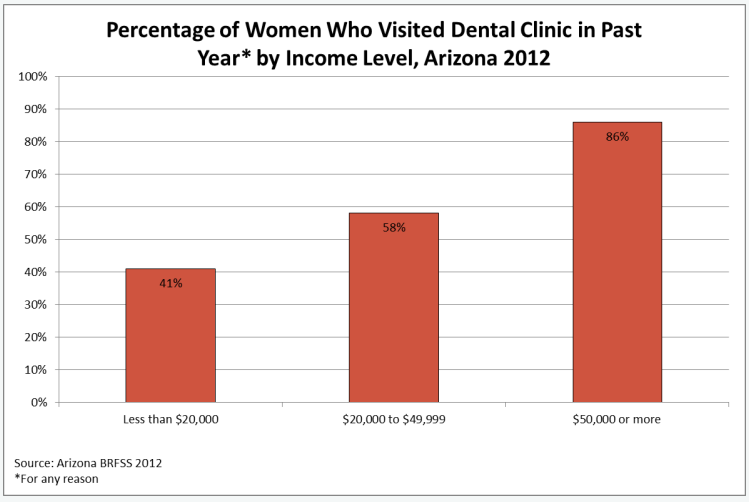
[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

There was variation by race/ethnicity, with Hispanic/Latina women reporting the lowest percentage (48%), and non-Hispanic White women (69%) and women of other races or ethnicities (73%) reporting the highest percentages.

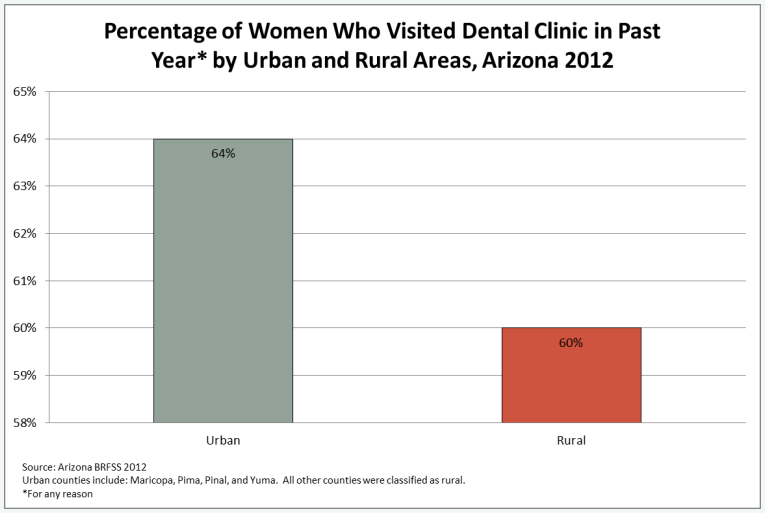


Responses also varied by education and income and percentages increased with both educational attainment and income level. Among women who had not graduated from high school, 40% reported a visit to a dental clinic in the past year, while 83% of those who were college or technical graduates said they had visited a dental clinic. Only 41% of women with an annual income of less than $20,000 reported having visited a dental clinic, while 86% of those with an annual income of $50,000 or more did.

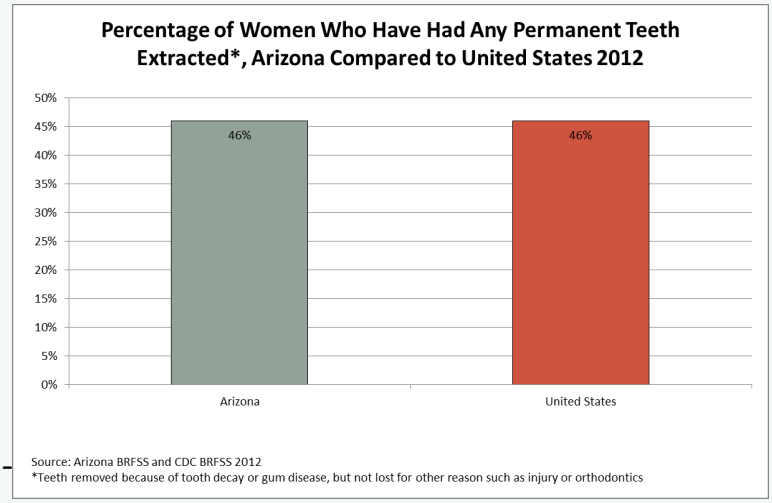




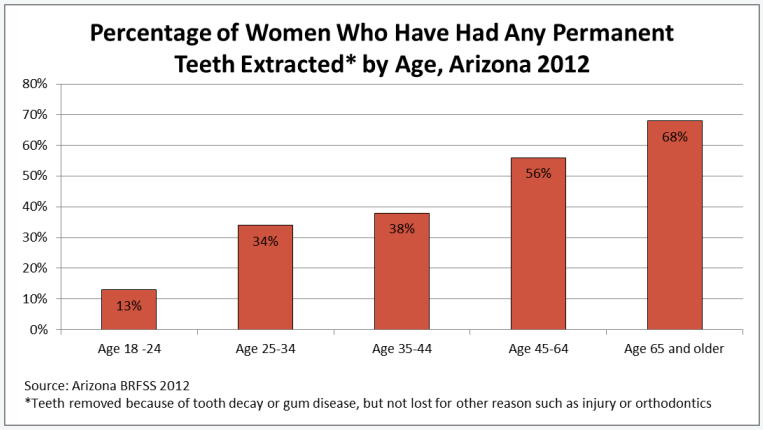
Only 60% of rural Arizona women visited a dental clinic in the past year, compared to 64% of urban Arizona women.



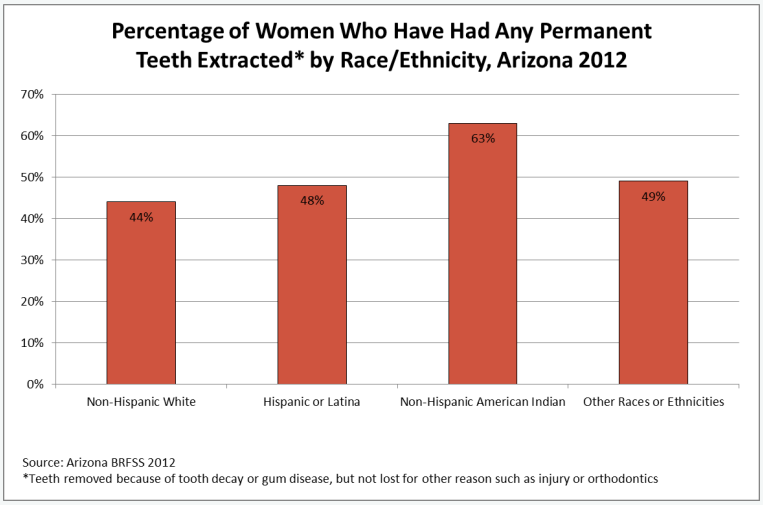
Extraction of Permanent Teeth: In 2012, 46% of Arizona women age 18 and older reported that they had had one or more permanent teeth extracted because of tooth decay or gum disease (excluding other reasons such as injury or orthodontics), the same percentage as for all U.S. women.



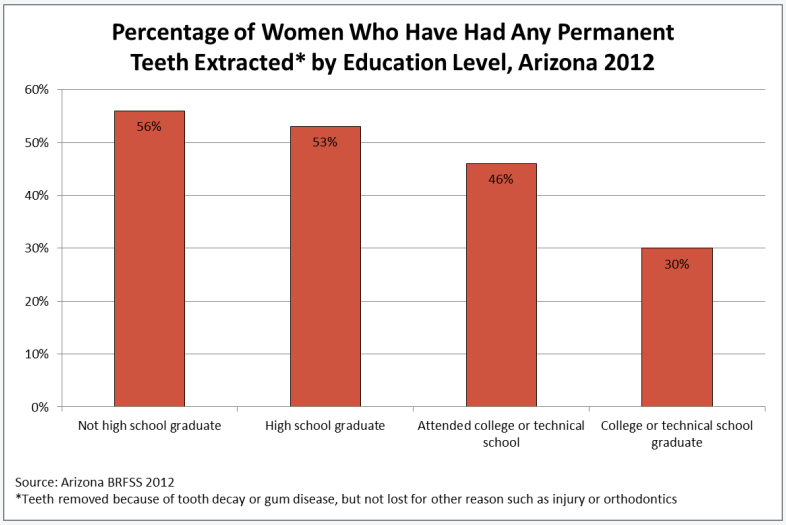
The percentage rises with age, from 13% among women age 18-24 to 68% for women age 65 and older. There is a sizable increase from age 18-24 (13%) to age 25-44 (38%).

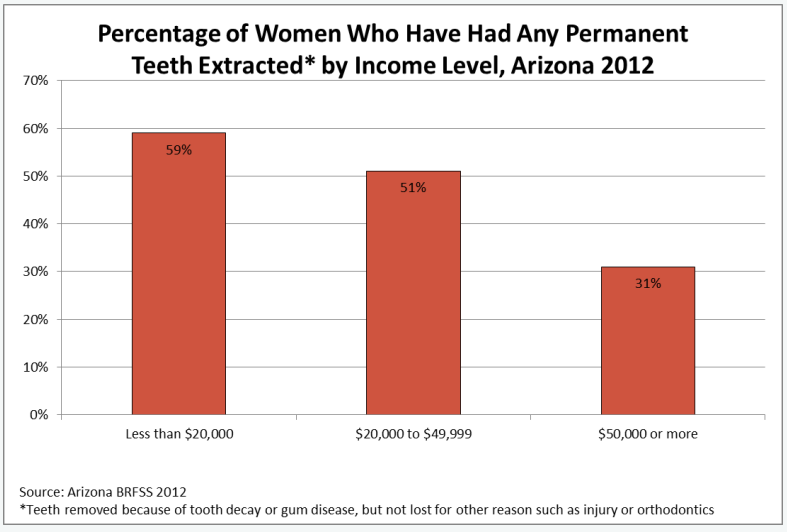


Variations by race/ethnicity are evident, as well, with the highest percentage reporting tooth extractions found among non-Hispanic American Indian women (63%) and the lowest among non-Hispanic White women (44%).

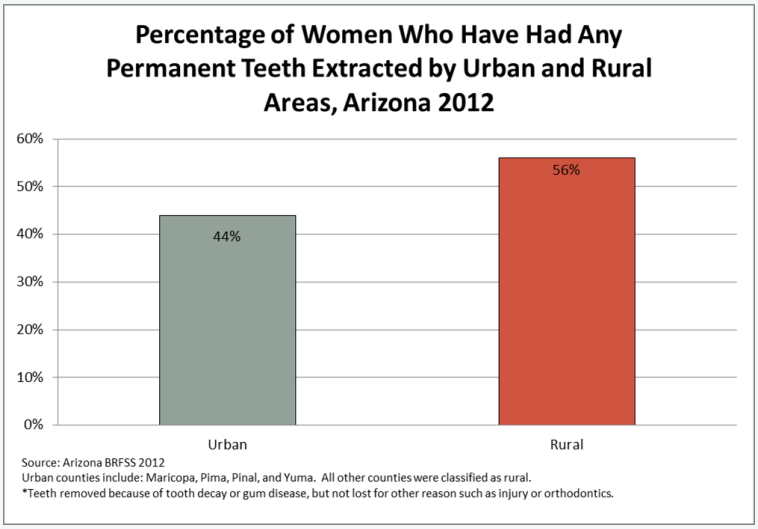


Tooth extractions are more likely among those with lower levels of education and lower incomes. Among women who have not graduated from high school, 56% reported one or more permanent tooth extractions due to tooth decay or gum disease, while only 30% of women who had graduated from college or technical school did so. Among those with an annual income of less than $20,000, the percentage was 59%, while it was 31% for those with an annual income of $50,000 or more.





Tooth extractions are more likely among rural Arizona women (56%) than among urban Arizona women (44%).



Unintentional Injuries and Violence

Unintentional Injuries and Violence

Injury, both from unintentional and intentional causes, is a major public health concern. As noted in Healthy People 2020, in addition to their immediate health consequences, injuries contribute to premature death, disability, poor mental health, high medical costs, and lost productivity. Hence, there is a Healthy People 2020 goal to prevent unintentional injuries and violence and to reduce their consequences.[1]

Mortality Rate of Injury Related Deaths: In 2011, for Arizona women age 15 and older, the mortality rate (deaths per 100,000) due to unintentional injuries was 43.0, compared to 34.0 for U.S. women.

The mortality rate (deaths per 100,000) due to unintentional injuries was 8.9 for females age 15-19, 25.3 for females age 20-44, 33.1 for females age 45-64, and 113.9 for females age 65 and older.

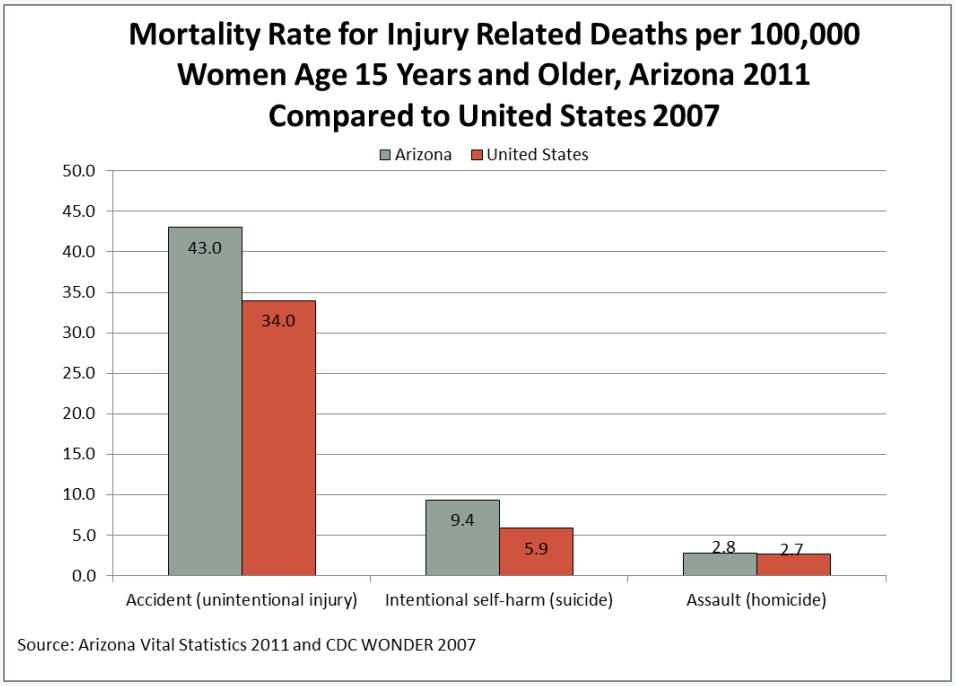
In 2011, for Arizona women age 15 and older, the mortality rate (deaths per 100,000) due to intentional self-harm (suicide) was 9.4, compared to 5.9 for U.S. women.

The mortality rate (deaths per 100,000) due to intentional self-harm (suicide) was 6.2 for females age 15-19, 8.7 for females age 20-44, 13.1 for females age 45-64, and 6.2 for females age 65 and older.

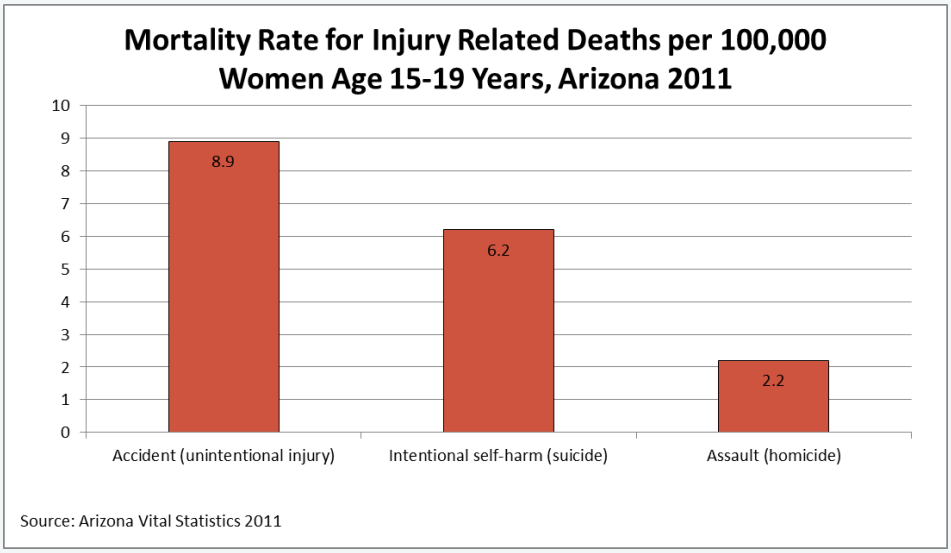
In 2011, for Arizona women age 15 and older, the mortality rate (deaths per 100,000) due to assault (homicide) was 2.8, compared to 2.7 for U.S. women.

The mortality rate (deaths per 100,000) due to assault (homicide) was 2.2 for females age 15 -19, 2.5 for females age 20-44, 3.8 for females age 45-64, and 1.9 for females age 65 and older.

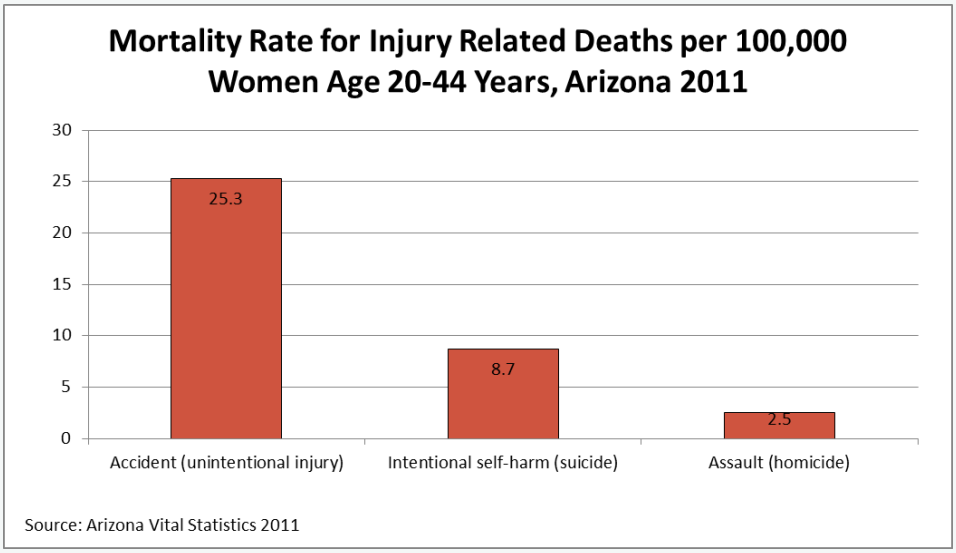
[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.



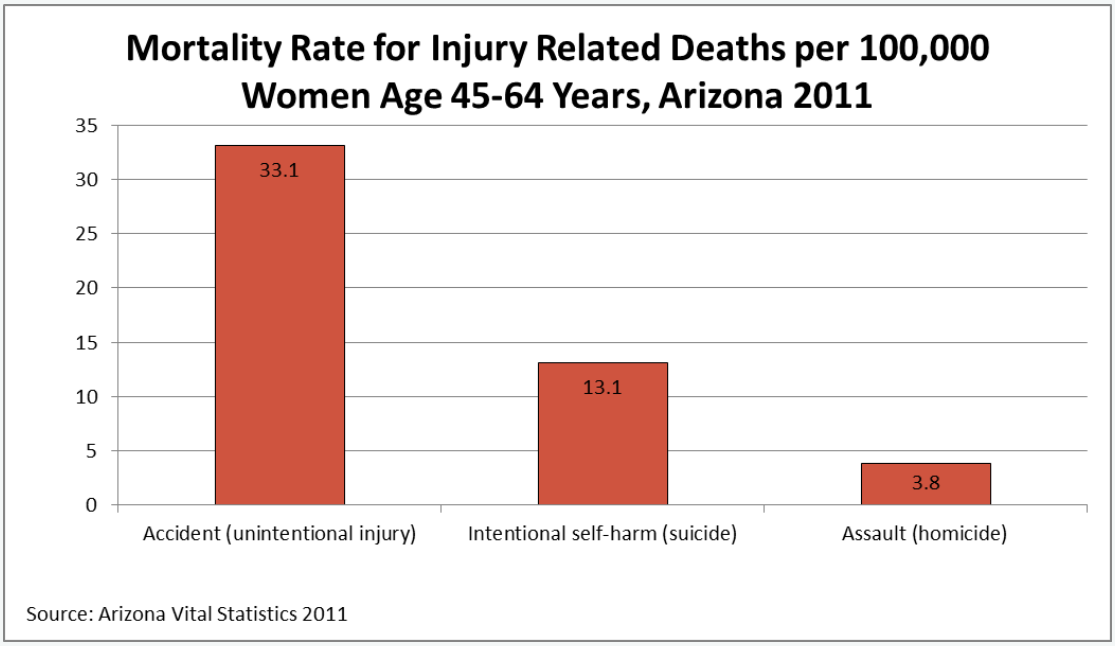
Source: Arizona Vital Statistics 2011 and CDC WONDER 2007



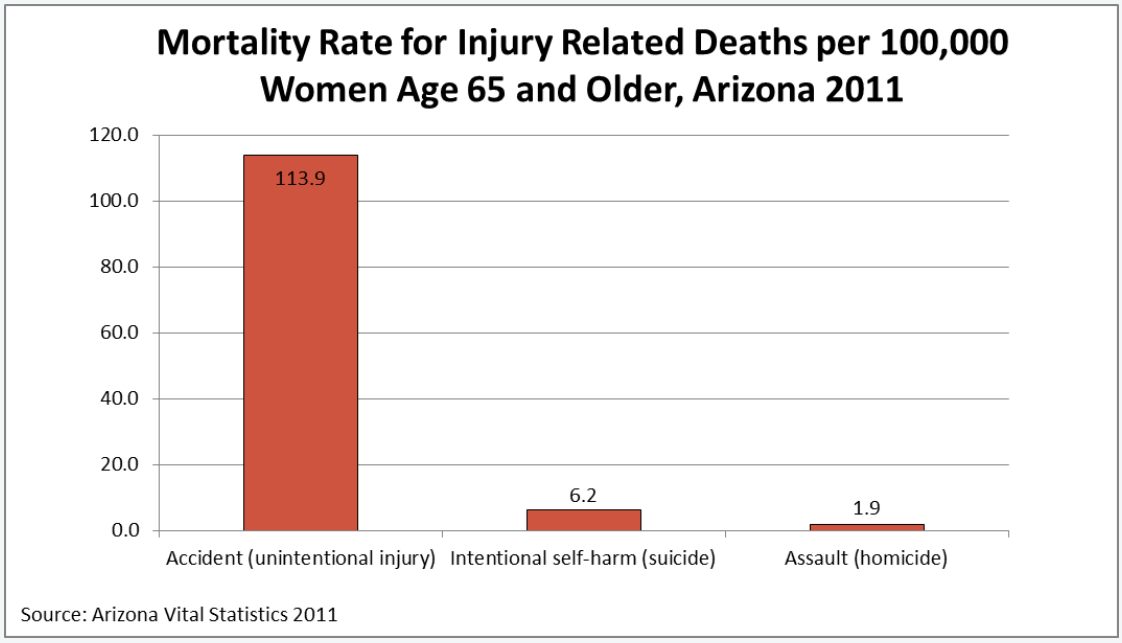
Source: Arizona Vital Statistics 2011



Source: Arizona Vital Statistics 2011



Source: Arizona Vital Statistics 2011

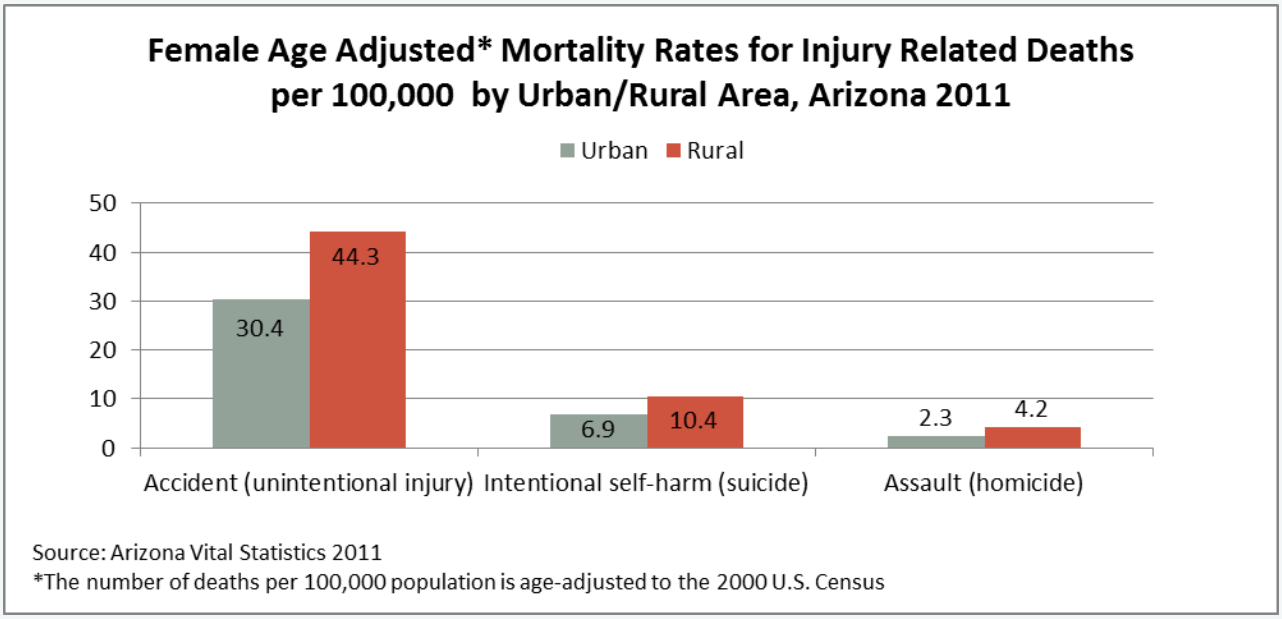


Source: Arizona Vital Statistics 2011

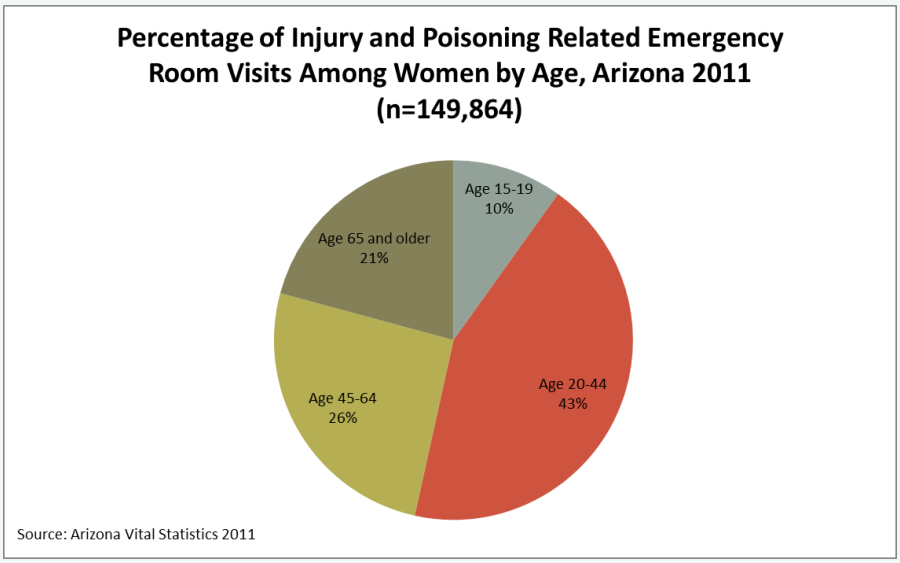
The mortality rates for injury related deaths also differed between urban and rural women. In 2011, for urban Arizona women, the mortality rate (deaths per 100,000) due to unintentional injuries was 30.4, compared to 44.3 for rural Arizona women.

For urban Arizona women, the mortality rate (deaths per 100,000) due to intentional self-harm (suicide) was 6.9, compared to 10.4 for rural Arizona women.

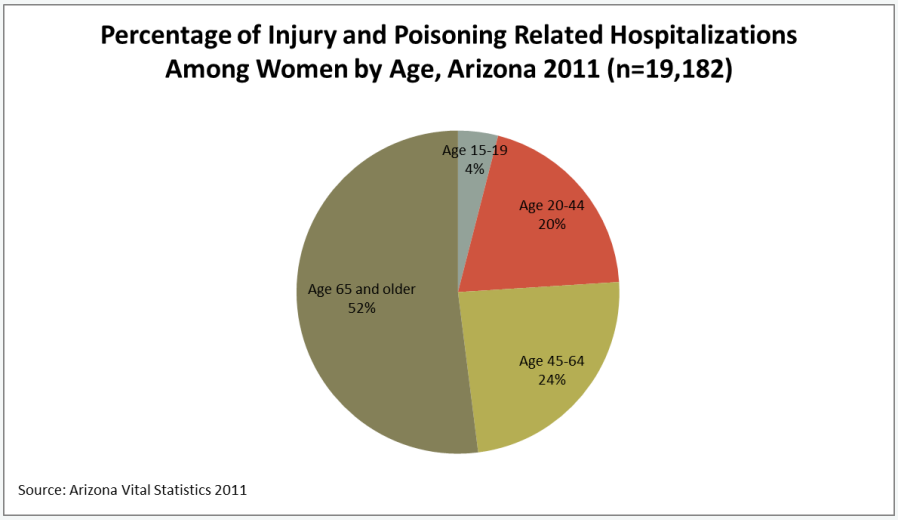
The mortality rate (deaths per 100,000) due to assault (homicide) was 2.3 for urban Arizona women, compared to 4.2 for rural Arizona women.



Injury Related Emergency Room Visits and Injury Related Hospitalizations: Many injury incidents do not result in death. As an indicator of non-fatal events, two measures can be used. The first measure is injury-related non-fatal emergency room visits. In 2011, there were 149,864 incidents reported in Arizona for women age 15 and older. Of these, nearly half (43%) occurred to women age 20-44, followed by women age 45-64 (26%), women age 65 and older (21%), and women age 15-19

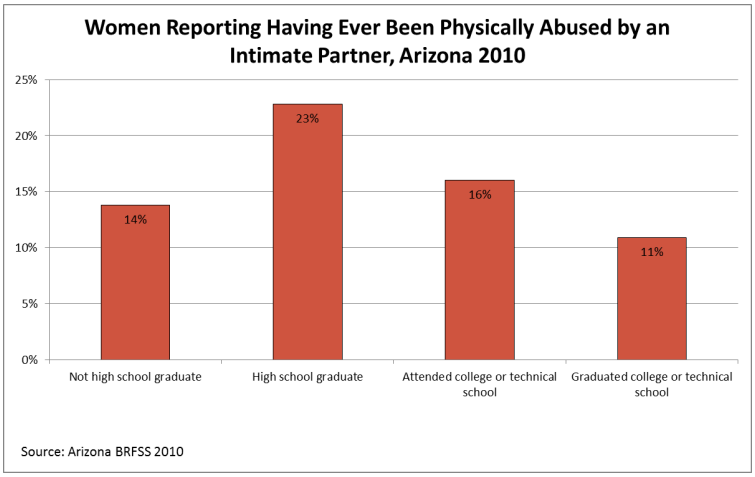


The second measure is injury related hospitalizations. In 2011, there were 19,182 hospitalizations reported for women age 15 and older. Of these, over half (52%) were for women age 65 and older. Of the others, 24% were for women age 45-64, 20% for women age 20-44, and 4% for women age 15-19.

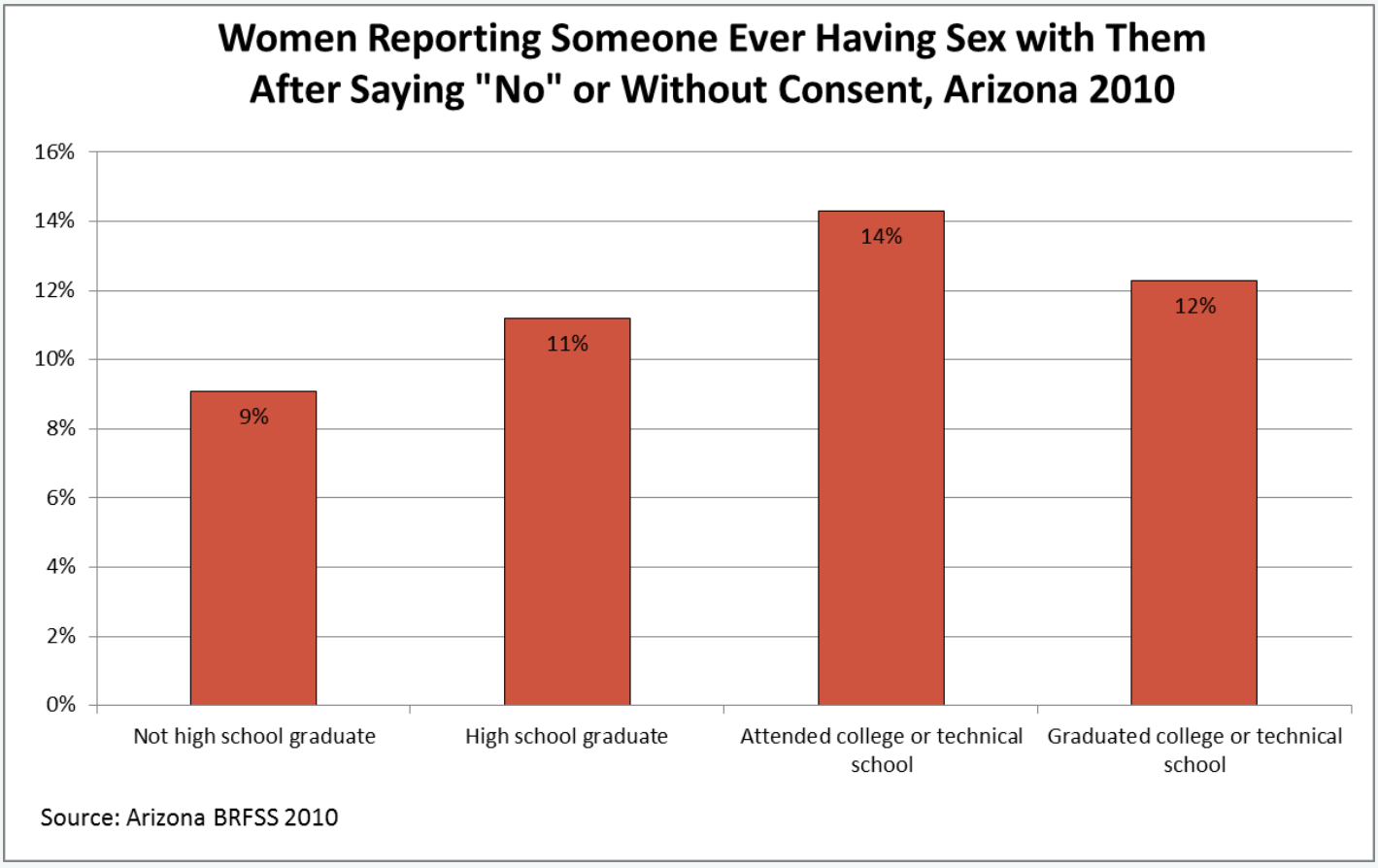


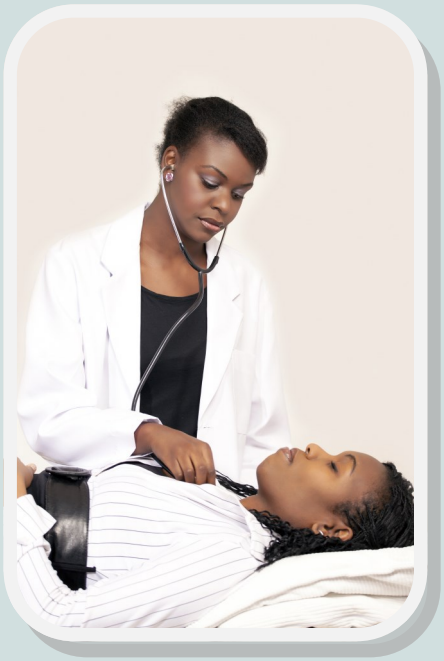
Falls: Falls are a major cause of injury in older women. Looking at non-fatal emergency room visits and non-fatal inpatient discharges, it can be seen that the rate escalates with age. In 2012, the rate of non-fatal emergency department visits due to falls was 1,916.5 per 100,000 women age 55-64; 2,668.9 for women age 65-74; 4,870.6 for women age 75-84; and 9,697.7 for women age 85 and older. The rate of non-fatal inpatient hospitalizations due to falls was 320.9 per 100,000 women age 55-64; 661.3 for women age 65-74; 1,851.1 for women age 75 -84; and 4,621.7 for women age 85 and older.

Violence: These questions were not included in the 2012 BRFSS; 2010 data is the most recent data available. In 2010, 18% of Arizona women age 18 and older reported ever having been physically abused by an intimate partner. Among non-Hispanic White women, the percentage was 19% and among non-White or Hispanic/Latina women it was 16%. Unlike many of the other indicators included in this report, the percentage does not track with education. In this case, while the lowest percentage is found among women who have graduated from college or technical school (11%), the highest rate is among high school graduates (23%), not those with less than a high school education (14%). The percentage is lowest among those with the highest annual income ($50,000 or more) (14%) and highest among those with the lowest annual income (less than $20,000) (30%); 22% of those with an annual income of $20,000 to less than $50,000 reported physical abuse.



When asked if someone had ever had sex with them after they said “no” or without their consent, 12% said yes. The percentage was higher among non-Hispanic White women (14%) than it was for non-White or Hispanic/Latina women (8%). The variation in the percentage reporting that this had happened to them did not track directly with education. On this indicator, the lowest percentage was found among women who were not high school graduates (9%), while the highest percentage was found among women who had attended but not graduated from college or technical school (14%). With regard to income, the highest percentage (17%) was found among those with middle incomes of $20,000 to less than $50,000, followed by those with incomes of less than $20,000 (15%). The lowest rate was among women with an annual income of $50,000 or more (10%).



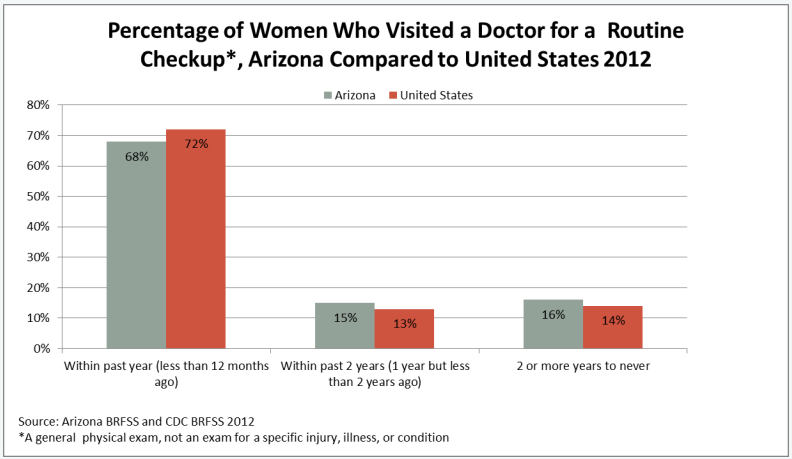


Preventive Health Care

Preventive Health Care

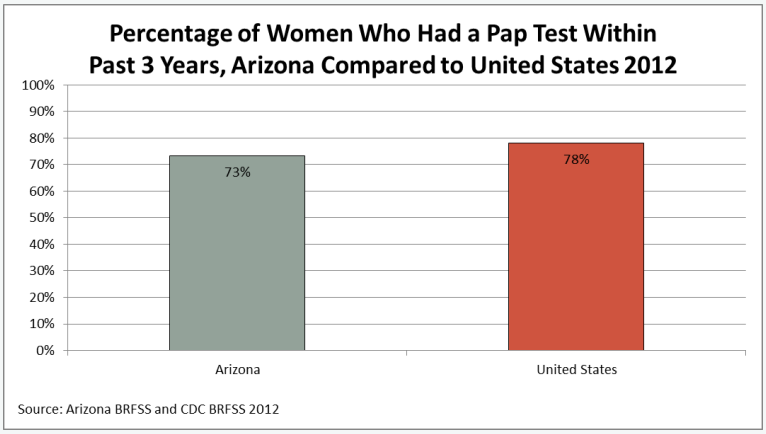
Preventive health care includes routine visits to a healthcare provider and related screenings. Seeking preventive health care relates to at least two Healthy People 2020 goals—to improve the health and well-being of women, infants, children, and families and to reduce the number of new cancer cases, as well as illness, disability, and death caused by cancer. Furthermore, Healthy People 2020 underscores the importance of healthy mothers to the health of the next generation. Preventive health care plays a significant role. [1]

In 2012, 68% of Arizona women age 18 and older reported having visited a doctor for a routine check-up within the last 12 months, compared to 72% of U.S. women. For 16% of Arizona women, their last routine check-up was two or more years ago, compared to 14% for U.S. women.

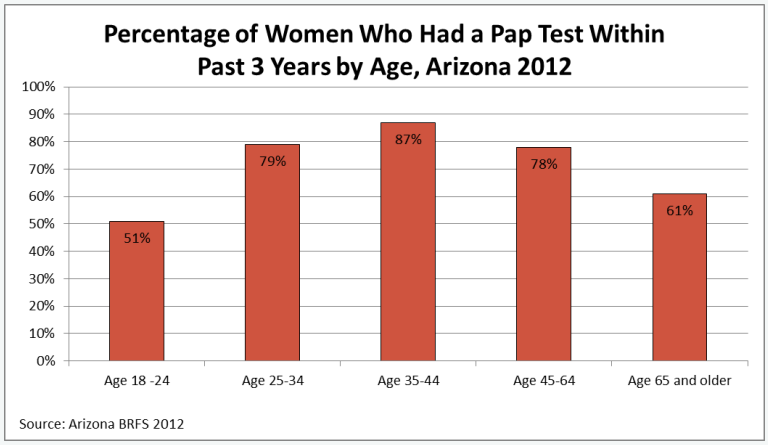


[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

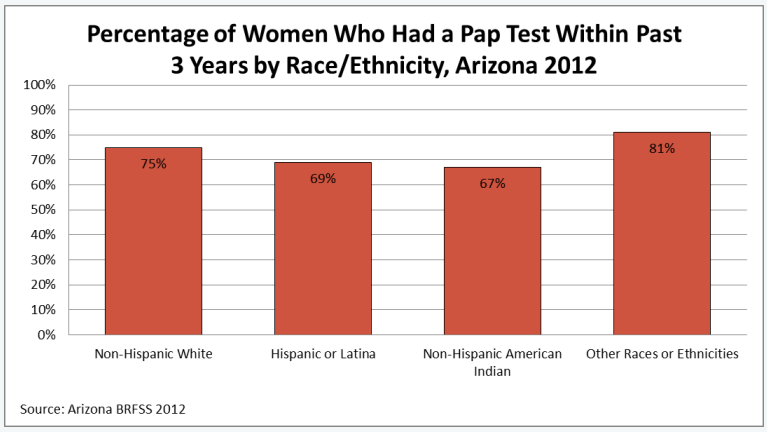
Pap Tests: In 2012, 73% of Arizona women reported that they had had a Pap Test within the past three years, compared to 78% of U.S. women. There was variation by age.



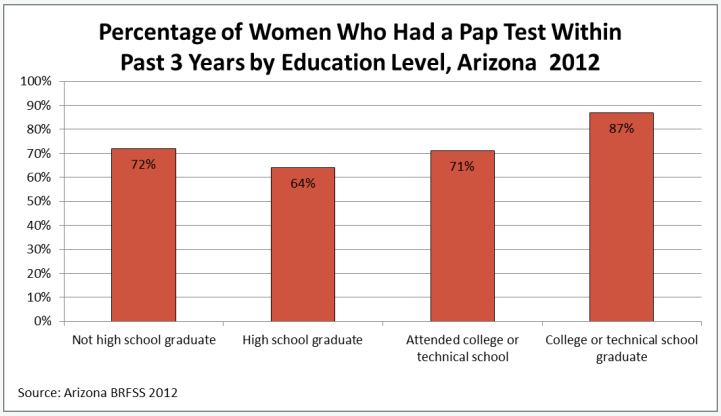
The age cohort with the largest percentage having the Pap Test was women age 35-44 (87%). The lowest percentages were for women age 18-24 (51%).



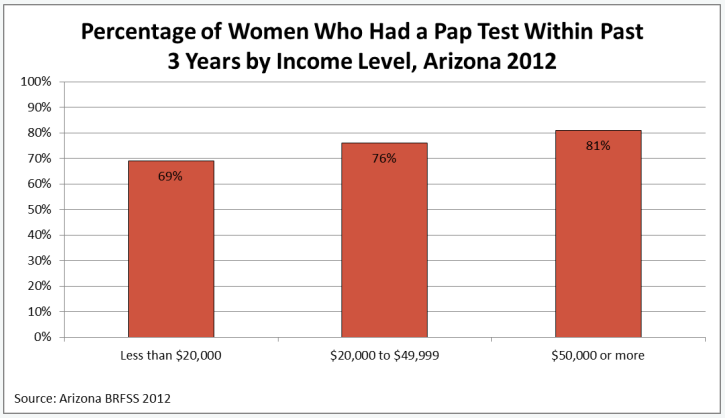
There was some variation by race/ethnicity, with the highest percentage having the Pap Test found among women of other races/ethnicities (81%) and among Non-Hispanic White women (75%). Non-Hispanic American Indian women had the lowest percentage (67%).



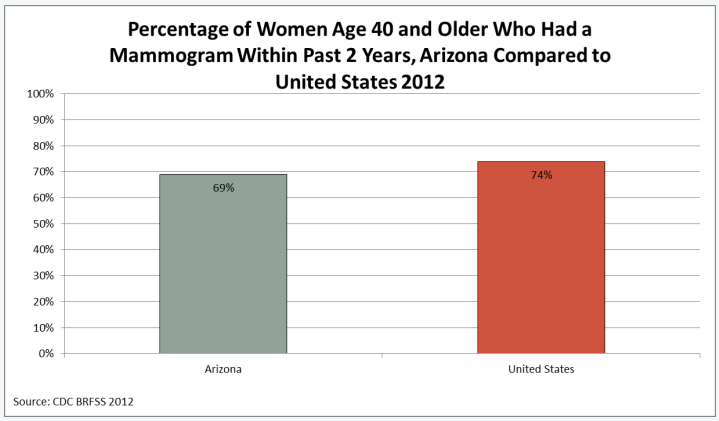
There was some variation by education and income, as well. The highest percentage of those reporting having had a Pap Test in the past three years was found among college or technical school graduates (87%) and the lowest among high school graduates (64%).



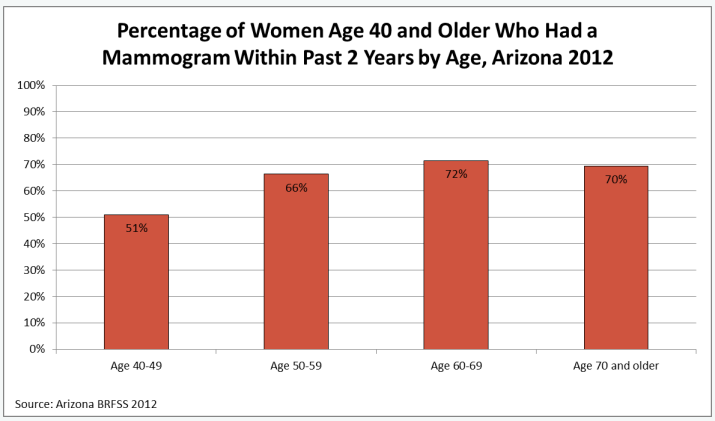
When sorted by annual income, the highest percentage was found among those reporting incomes of $50,000 or more (81%) and the lowest among those reporting incomes of less than $20,000 (69%).



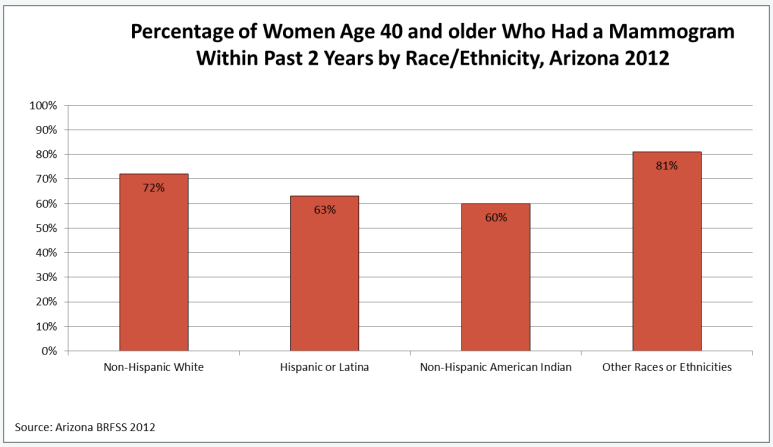
Mammograms: In 2012, 69% of Arizona women reported that they had had a mammogram within the past two years, compared to 74% for U.S. women.



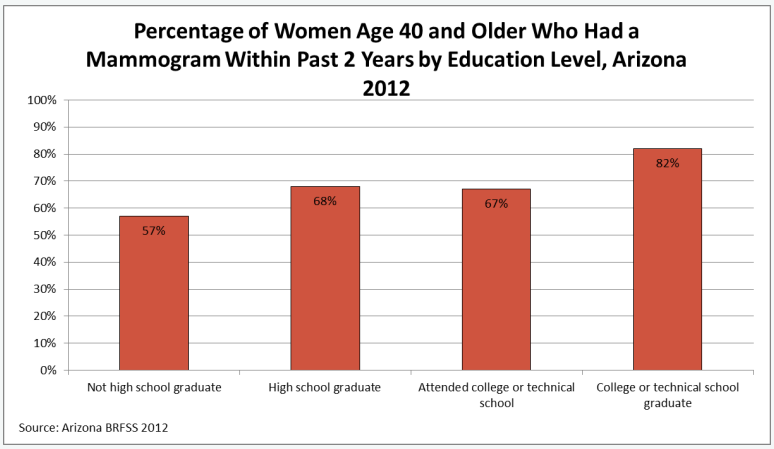
There was some variation by age—ranging from a high of 72% for women age 60-69 to a low of 51% for women age 40-49.



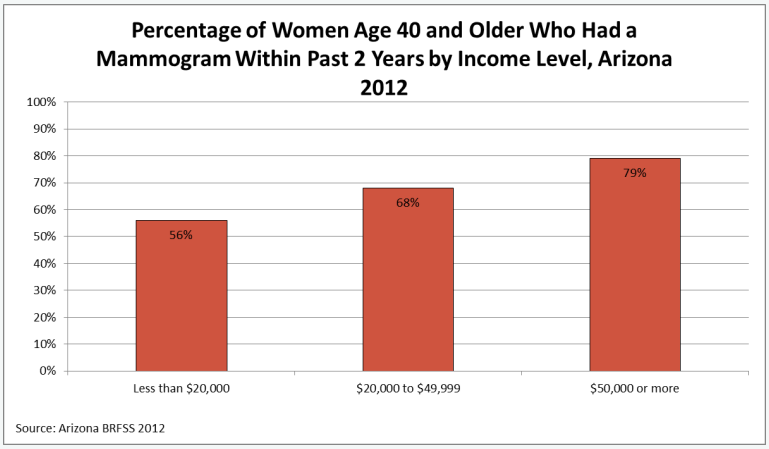
There was some variation among women of different races/ethnicities. Over 70% of non-Hispanic White women (72%) and women of other races/ethnicities (81%) reported having had a mammogram within the past two years, compared to only 60% of non-Hispanic American Indian women and 63% of Hispanic/Latina women.



As with many of the indicators, the percentage of women reporting that they had had a mammogram within the past two years rose with both education and income. With respect to education, the percentage increased from a low of 57% among women who had not graduated from high school to a high of 82% among women who had graduated from college or technical school.



With respect to income, the percentage increased from a low of 56% among women who had an annual income of less than $20,000 to a high of 79% among women who had an annual income of $50,000 or more.

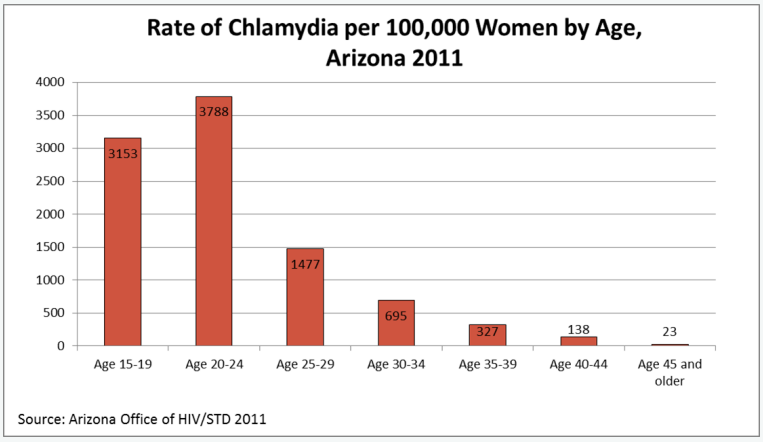


Sexually Transmitted Diseases

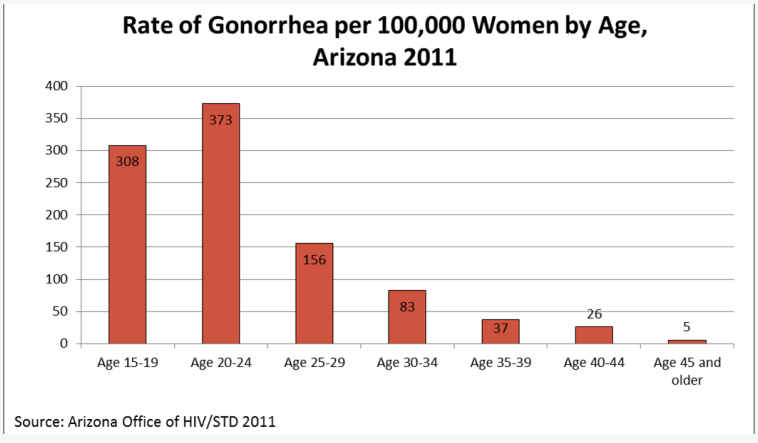
Sexually Transmitted Diseases

Sexually transmitted diseases include more than 25 infectious organisms that are transmitted primarily through sexual activity. STDs remain a significant public health problem in the U.S., despite being largely preventable. STDs may cause harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. Because of the health consequences of STDs, Healthy People 2020 includes a goal of promoting healthy sexual behaviors, strengthening community capacity, and increasing access to quality services to prevent STDs and their complications.[1]

Data is available on chlamydia, gonorrhea, and genital herpes among Arizona women age 15 and older. In 2011, the rate of chlamydia per 100,000 women ranged from a low of 23 for women age 45 and older to a high of 3,788 for women age 20-24. There was a steep decline from the age 20-24 cohort to the age 25-29 cohort, whose rate was 1,477.

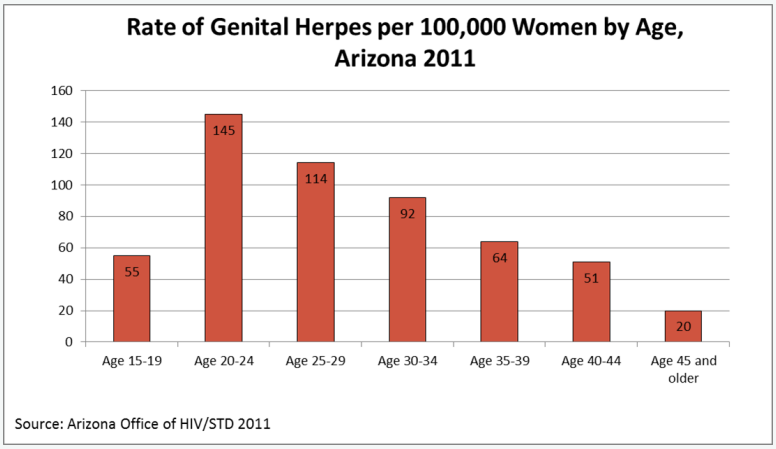


Similarly, the rate of gonorrhea per 100,000 women ranged from a low of 5 for women age 45 and older to a high of 373 for women age 20-24. There was a steep decline from the age 20-24 cohort to the age 25-29 cohort, whose rate was 156.



[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

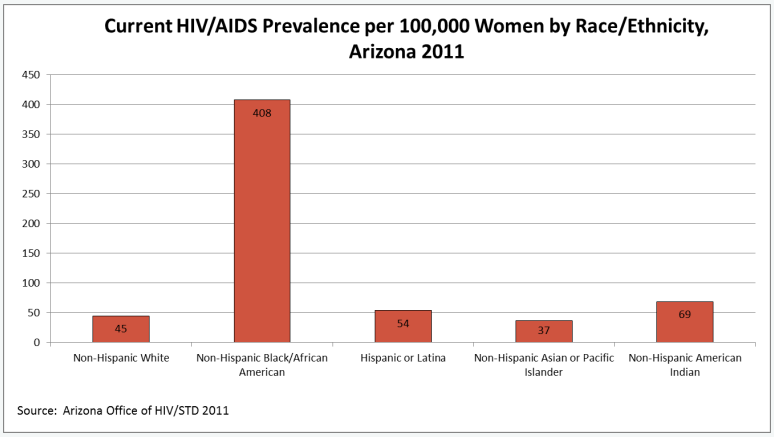
The rate of genital herpes per 100,000 women ranged from a low of 20 for women 45 and older to a high of 145 for women age 20-24. The rate declined steadily with each subsequent age group after age 24.



Human Immunodeficiency Virus (HIV)

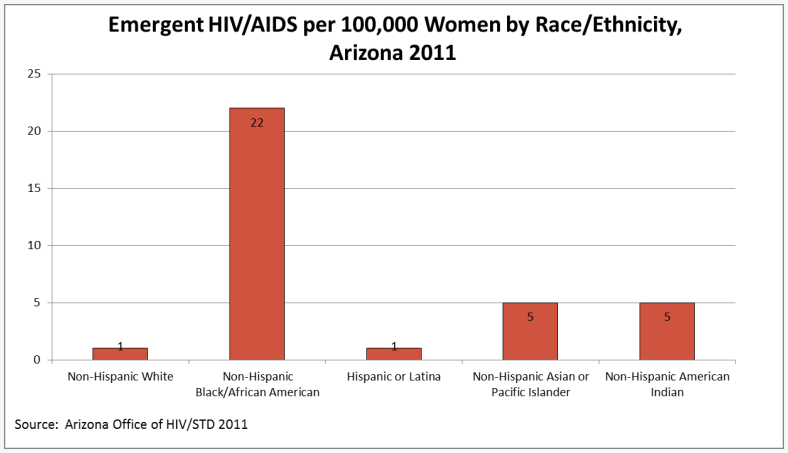
Healthy People 2020 highlights the fact that HIV is a preventable disease. It is noted that people who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. The national focus is on reducing the number of people who become infected, increasing access to care, improving health outcomes for those living with HIV, and reducing disparities. Correspondingly, Healthy People 2020 includes a goal to prevent HIV infections and its related illness and death.[2]

In 2011, the rate of HIV prevalence of 408 per 100,000 non-Hispanic Black/African American women was nearly six times higher than it was among any other racial/ethnic group. The rate for non-Hispanic American Indian women was 69; for Hispanic/Latina women, 54; for non-Hispanic White women, 45; and for Asian/Pacific Islander women, 37.



[2]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

A similar trend is seen for emergent cases of HIV. In Arizona's HIV/AIDS reporting, estimates of incidence are based upon the sum of new HIV cases and new AIDS cases not diagnosed as HIV infections in any prior calendar year. These cases are referred to as emergent cases and are used as an estimate of incidence. Cases of HIV/AIDS can only be counted as emergent in the year they were first diagnosed with HIV infection. Persons who were emergent as HIV and diagnosed as AIDS in the same calendar year are counted as emergent AIDS to avoid double counting. This method is the most straightforward method available for estimating incidence.



The rate per 100,000 women of emergent cases for 2011 was 22 for non-Hispanic Black/African American women, and 5 or under for all other races/ethnicities.

Reproductive Health

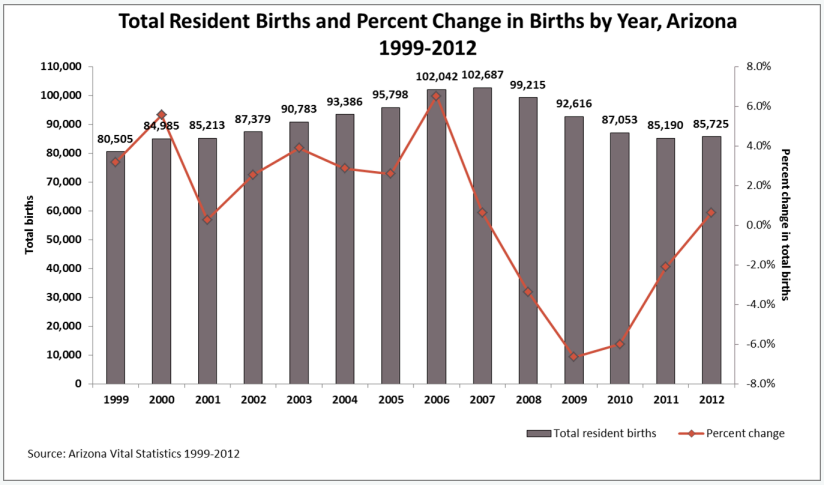
Reproductive Health

Improving the health and well-being of mothers and women who will become mothers is critical to the health of the current and future generations. Thinking about health and adopting healthy behaviors needs to start way before pregnancy; hence, the focused attention on "preconception" health today. Preconception health starts at birth and continues through the childbearing years. It encompasses healthy eating, physical activity, mental health, healthy and safe behavior, preventive health care, attention to health conditions when they arise, and more.

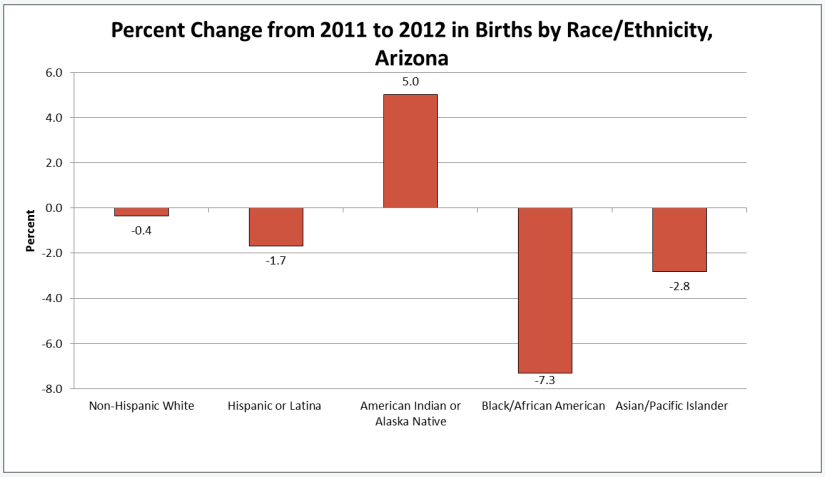
As noted in Healthy People 2020, pregnancy can provide an opportunity to identify existing health risks and to prevent future health problems for women and their children, including hypertension, heart disease, diabetes, depression, genetic conditions, sexually transmitted diseases, tobacco and other substance abuse, inadequate nutrition, and unhealthy weight. Accordingly, Health People 2020 includes the goal of improving the health and well-being of women, as well as infants, children, and families.[1]

[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

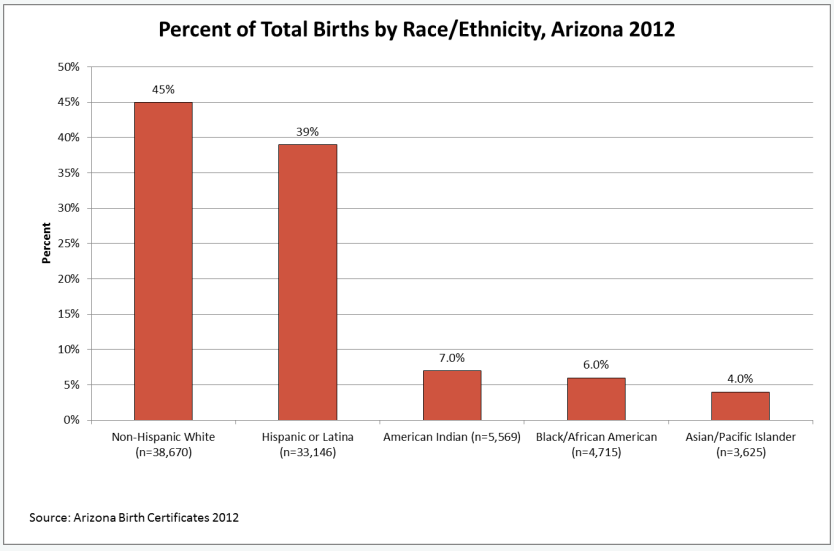
Births: Total number of births to Arizona women increased each year from 1999-2007, but then began to decline. The percentage decrease in 2010 was 6.0%; and in 2011, 2%. In 2012 the number of births increased with a change of nearly 1%.



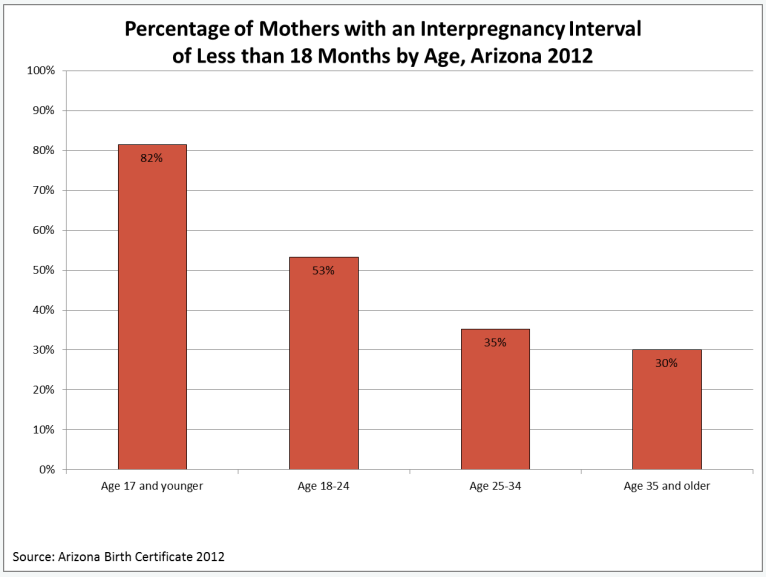
The 2011 decline was most pronounced among Black/African American women, when it dropped by 7.3%.



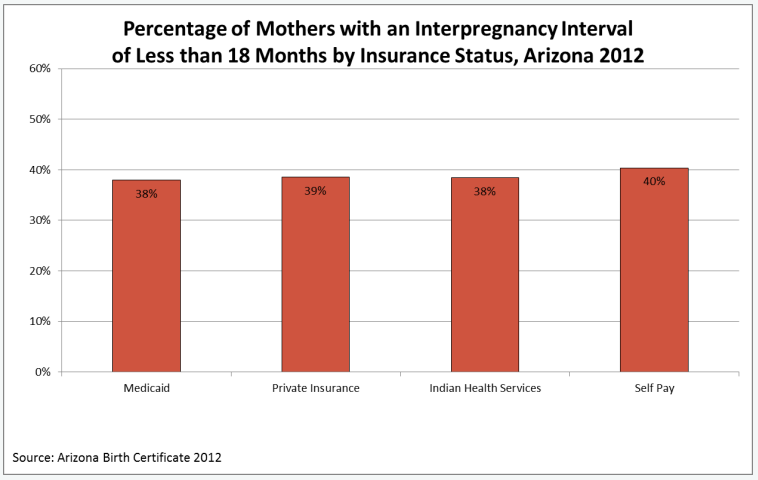
Despite the decline, 6% of the births in that year were to Black/African American mothers. Non-Hispanic White women (45%) and Hispanic/Latina women (39%) had the highest birth rates.



Interpregnancy Interval: Time between pregnancies is a factor in women's health. In 2012, women younger than age 18 were those most likely to have had a subsequent pregnancy less than 18 months after the previous pregnancy (82%), followed by women age 18-24 (53%). The percentage dropped to 35% for women age 25-34 and to 30% for women age 35 years and older.

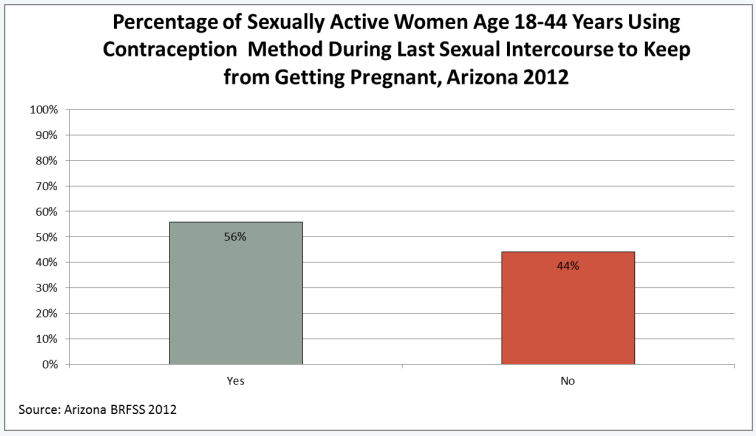


There was some variation by race/ethnicity, but it was not great, ranging from 34% to 41%. American Indian, non-Hispanic White, and Black/African American women were most likely to have had an interpregnancy interval of less than 18 months (41%), while Asian/Pacific Islander women were least likely (34%). The percentage was similar for those with less than a high school education (37%), compared to women with a high school education or more (39%).

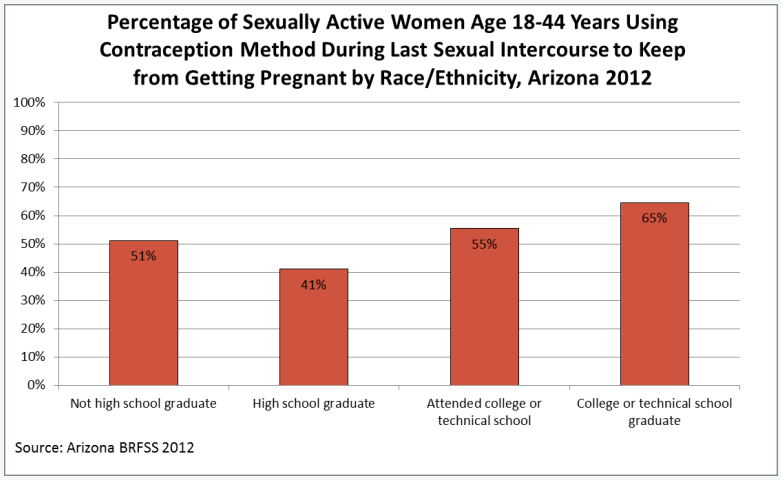


Variation by insurance status was minimal, although the highest percentage was among women covered by self pay (40%); all other payment options (Medicaid, private insurance, and Indian Health Services) were similar to each other.

Use of Contraception: In 2012, 56% of Arizona women reported using contraception with their partner to keep from getting pregnant. The highest percentage was found among the youngest women, age 18-24 (64%), followed by women age 25-34 (60%) and women age 35-44 (47%). There was little variation by race/ethnicity, with non-Hispanic White women being most likely to be using contraception (57%), followed by Hispanic/Latina women (54%), and women of other races/ethnicities (54%). The most common methods used were hormonal contraceptives (25%) and using a male condom (24%). Other methods included male/female sterilization (9%), IUD (7%), and all other methods (13%).

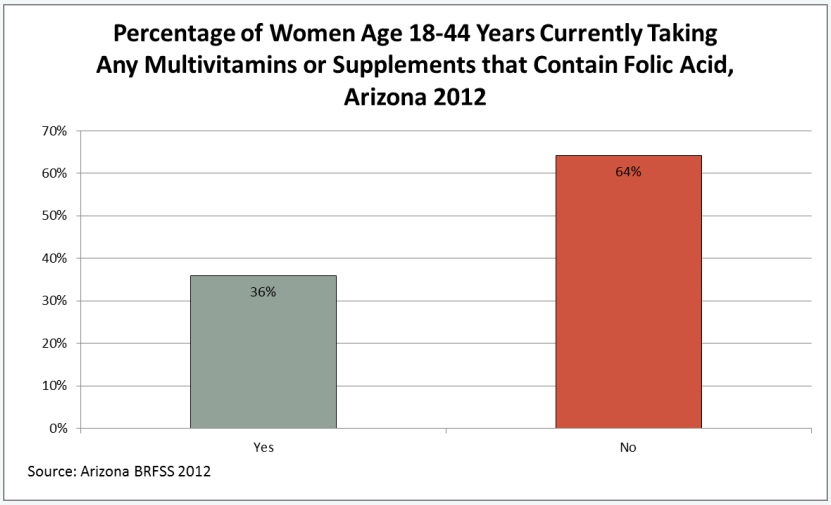


There was variation when educational level is considered. The lowest percentage of contraception use was found among women who were high school graduates (41%). It was higher among women with higher levels of educational attainment (55-65%), and women who were not high school graduates (51%). The percentage was the lowest for those with an annual income of $50,000 or more (50%); rose to 57% for those with an annual income of less than $20,000; and was highest for those with an annual income of $20,000 to less than $50,000 (58%) .

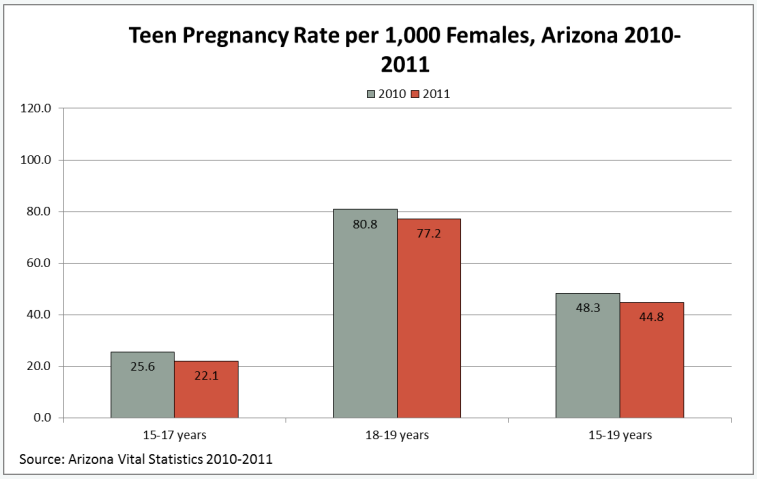


Folic Acid: Taking a multivitamin or supplement containing folic acid prior to pregnancy is a key contributor to the health of infants born to the mother. In 2012, 36% of Arizona women age 18-44 reported that they were taking folic acid. There were variations by age—20% for women age 18-24, 38% for women age 25-34, and 45% for women age 35-44. There was a sizable difference when the responses are sorted by race/ethnicity—43% of non-Hispanic White women reported taking folic acid, whereas 28% of non-White or Hispanic/Latina women did so.

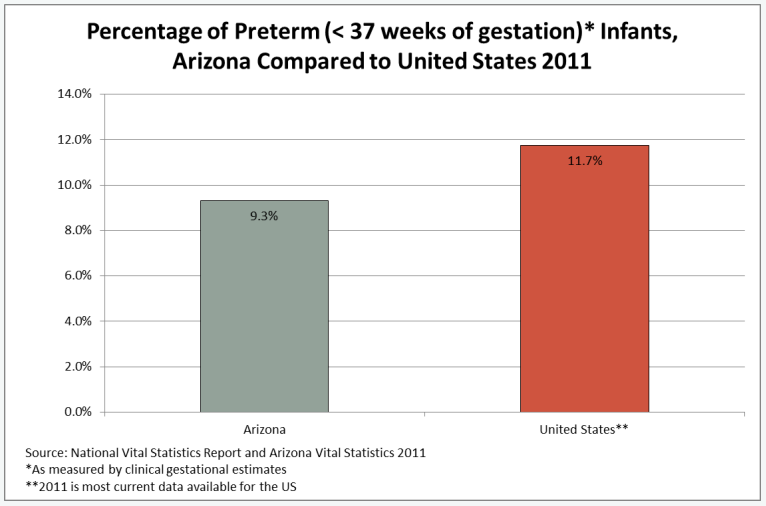
There were also sizable differences related to education and income. Approximately one-third (31%) of women whose highest level of education was high school graduate reported taking folic acid, whereas 54% of those who were a college or technical school graduate did so. Those with the lowest annual income (less than $20,000) had the lowest percentage reporting that they were taking folic acid (15%), compared to 28% for women with an annual income of $20,000 up to $50,000 and to 39% for women with an annual income of $50,000 or more.



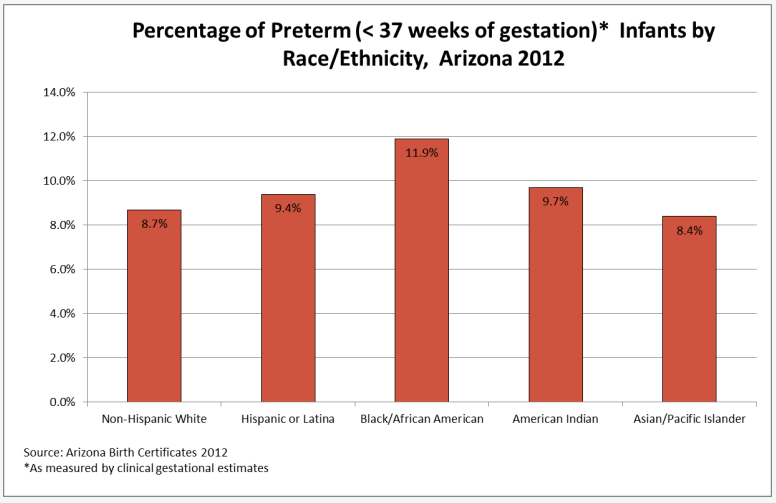
Teen Pregnancy: In 2011, the teen pregnancy rate in Arizona was 22.1 per 1,000 females age 15-17 and 77.2 for females age 18-19. For both groups combined, the rate was 44.8 per 1,000 females age 15-19. This represented a drop from 2010.



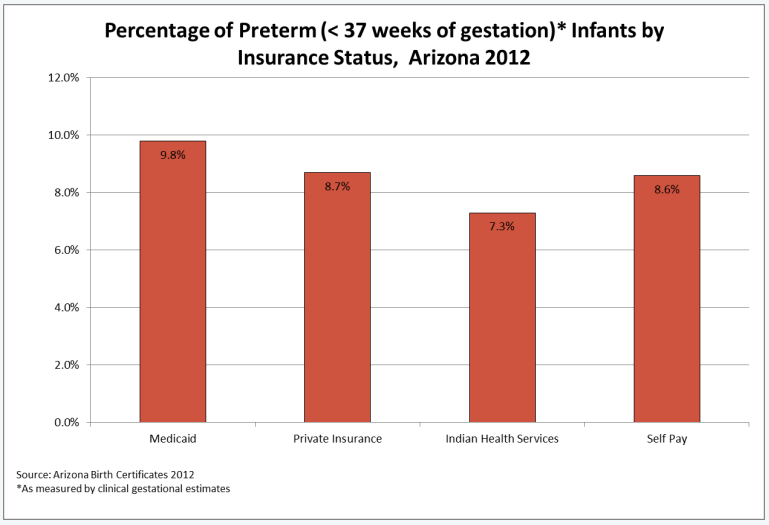
Preterm Infants: In 2011, 9.3% of infants were born preterm, compared to 11.7% for the U.S. There was some variation by the age of the mother, with the higher percentages seen among women age 35 and older (11.4%) and women less than age 18 (10.3%) and the lower percentages seen among women age 18-24 (8.8%) and women age 25-34 (8.9%).



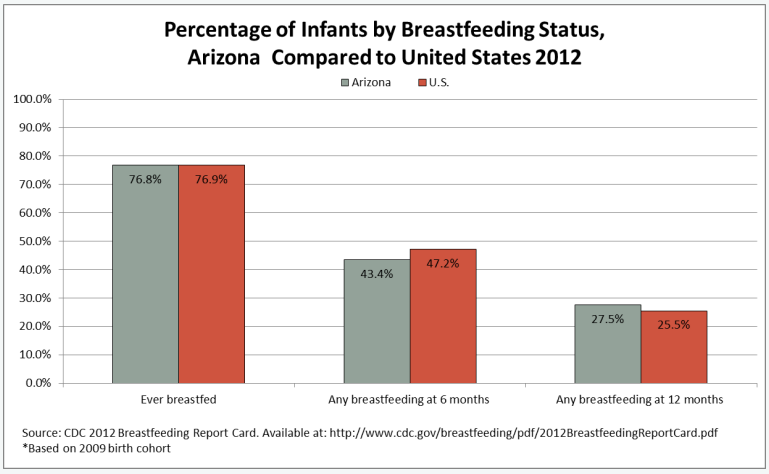
There was some variation by race/ethnicity, with the highest percentage of preterm infants seen among Black/African American mothers (11.9%) and the lowest percentage seen among Asian/Pacific Islander (8.4%).

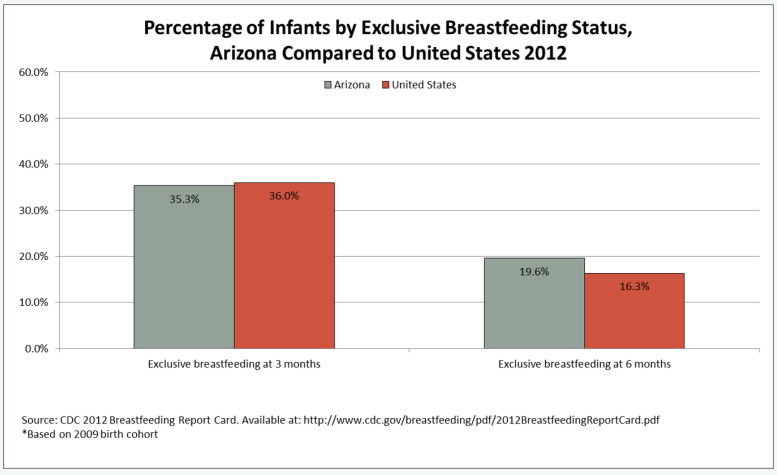


In 2012, the percentage of preterm births among those covered by Medicaid was 9.8% and for those covered by private insurance it was 8.7%. This compared to 7.3% for those covered by Indian Health Service and 8.6% for those who were self-pay.



Breastfeeding: Breastfeeding is a contributing factor to infant health. In 2012, 76.8% of Arizona infants were reported to have ever been breastfed, compared to 76.9% for the U.S. Over one-third (35.3%) were exclusively breastfeeding at three months and 19.6% were exclusively breastfeeding at six months.



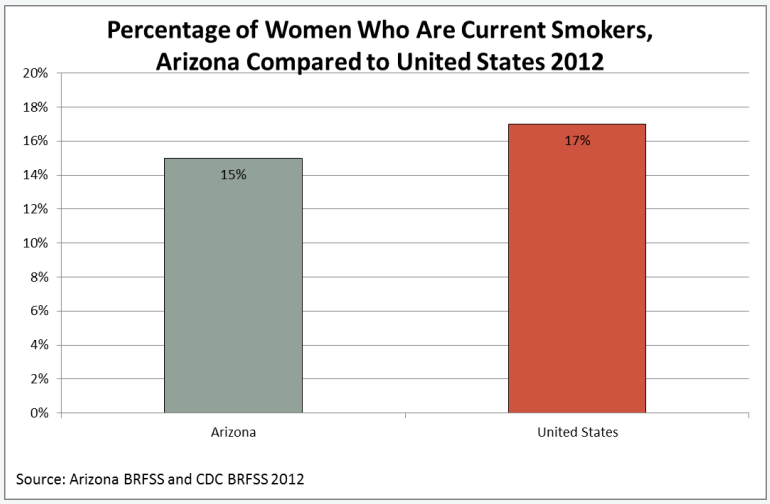


Risk Behaviors

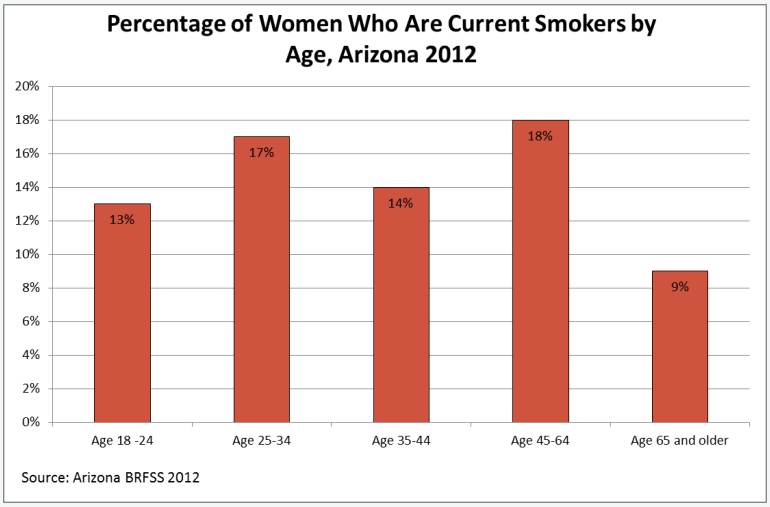
Risk Behaviors

Tobacco use includes smoking cigarettes and cigars, exposure to secondhand smoke, and use of smokeless tobacco products. As reported in Healthy People 2020, tobacco use causes cancer, heart disease, lung diseases, premature births, low birth weight, stillbirth, and infant death. Secondhand smoke exposure causes heart disease and lung cancer in adults and many serious health conditions in infants and children. Healthy People 2020 includes a goal to reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.[1]

Tobacco Use: In 2012, 15% of Arizona women age 18 and older were current smokers, compared to 17% of U.S. women.

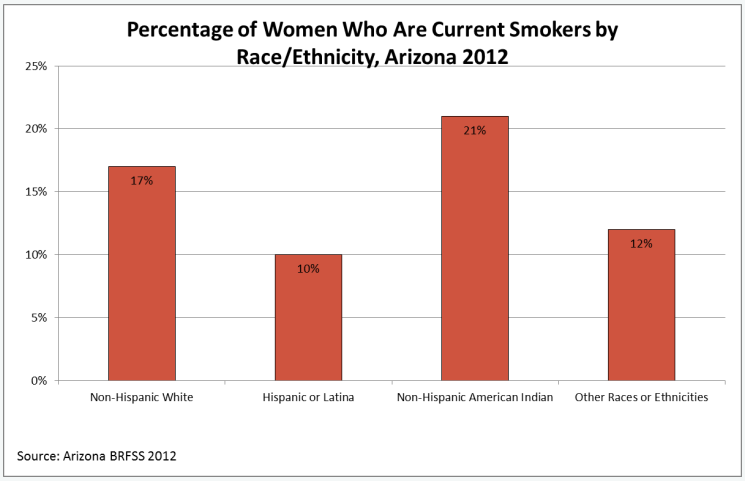


The percentage varies with age, with the highest percentage found among women age 45-64 (18%) and the lowest among women age 65 and older (9%).

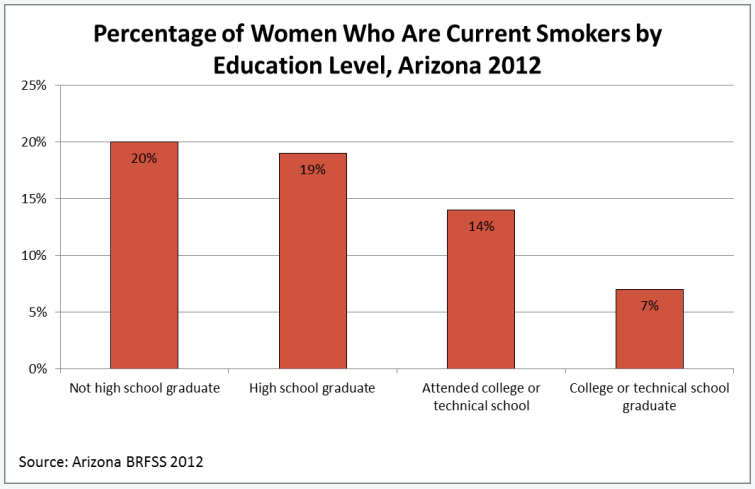


[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

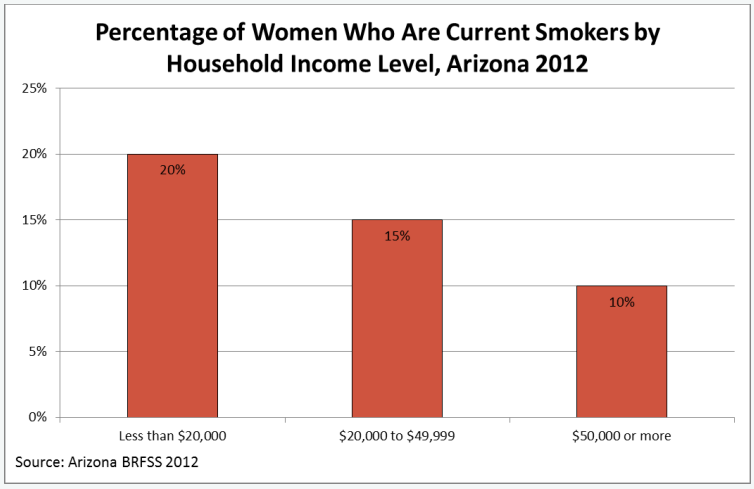
There is some variation in the percentage of current smokers by race/ethnicity. In 2012, 21% of non-Hispanic American Indian women were current smokers, compared to 10% of Hispanic/Latina women.



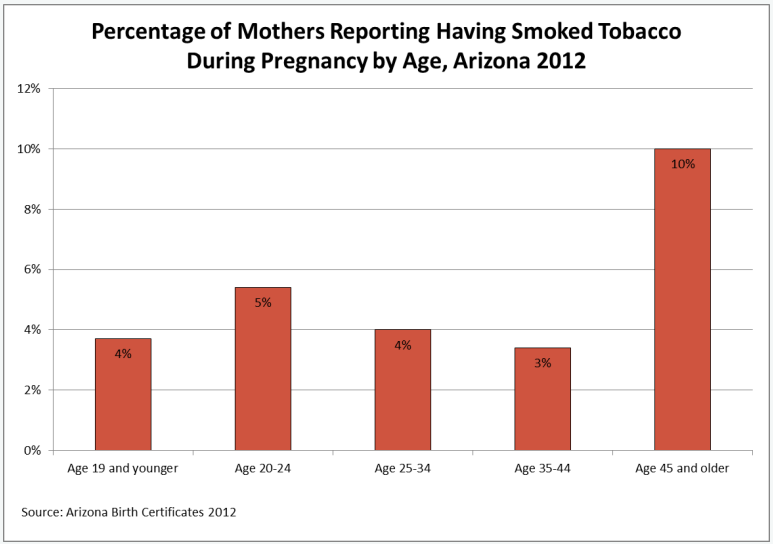
Women who had not graduated from high school and women whose highest level of educational attainment was high school graduation were the most likely to be current smokers, at 20% and 19%, respectively. The percentage dropped to 7% for women who were college or technical school graduates.



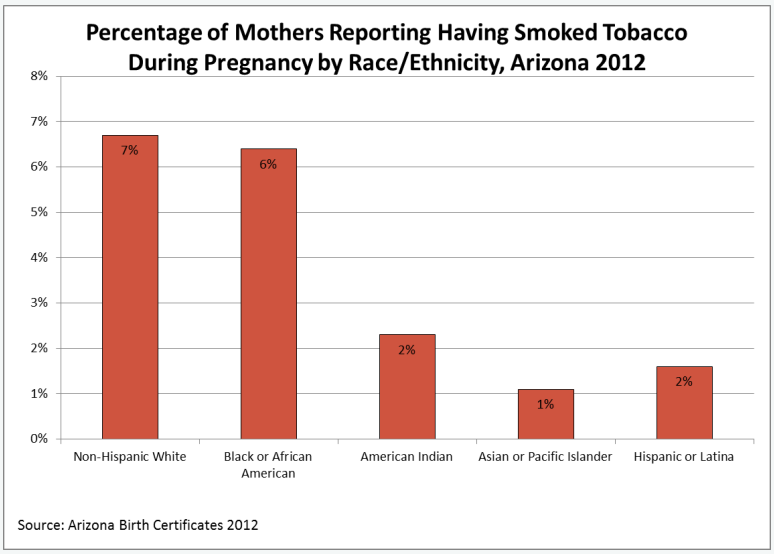
The percentage of current smokers declined as annual income increased. The highest percentage was found among women with an annual income of less than $20,000 (20%) and the lowest among women with an annual income of $50,000 or more (10%).



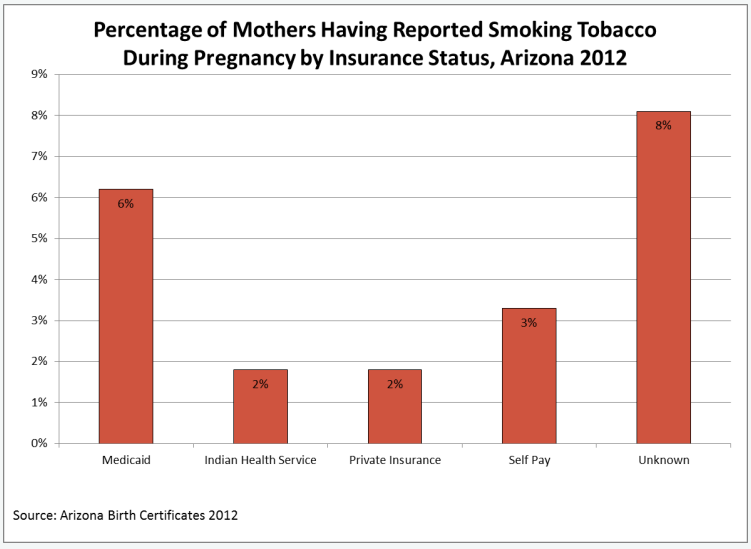
In 2012, the percentage of mothers reporting having smoked during pregnancy ranged from a high of 10% among women age 45 years or more to a low of 3% among women age 35-44.



When sorted by race/ethnicity, the highest percentage was found among non-Hispanic White women (7%), followed by Black/African American women (6%). The lowest percentage was found among Asian/Pacific Islander women (1%). Among those with a high school education or less, the percentage was 6%, while among those who had attended or graduated from college or technical school, it was 2%.

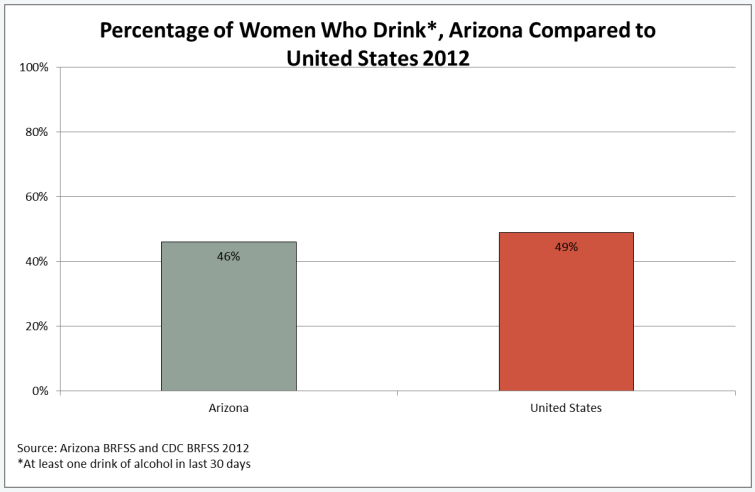


When sorted by insurance status, it can be seen that the largest percentage of current smokers was found among mothers with an unknown insurance status (8%). Mothers covered by Medicaid reported a rate of 6%, and the lowest rate was among mothers covered by Indian Health Service and private insurance (2%).

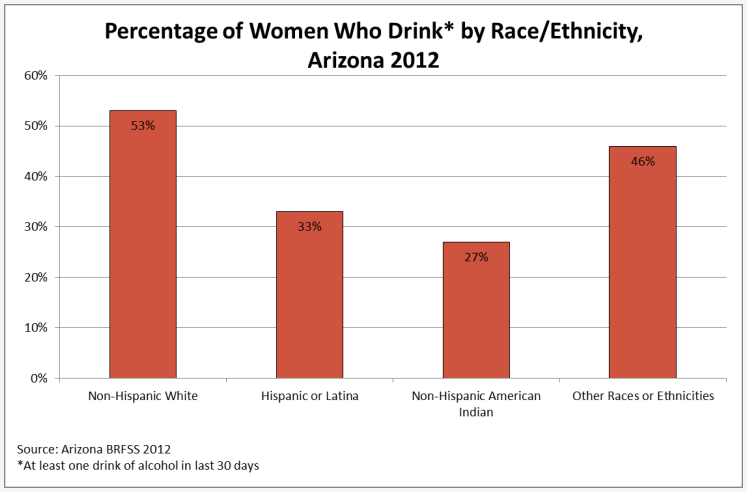


Substance Use/Abuse: Substance abuse impacts individuals, families, and communities. As noted in Healthy People 2020, substance abuse significantly contributes to costly social, physical, mental, and public health problems, including teenage pregnancy, HIV, sexually transmitted diseases, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide. Because of the importance of this issue, Healthy People 2020 includes a goal to reduce substance abuse to protect the health, safety, and quality of life for all, especially children.[2]

Data on substance abuse among Arizona women is limited; however, some state-level data related to use of alcohol is available. In 2012, 46% of Arizona women age 18 and older reported having had at least one drink of alcohol in the past 30 days, compared to 49% for U.S. women. There is some variation in use of alcohol by age, ranging from 39% of women age 25-34 to 51% for women age 45-64. Among women age 18-24, the percentage was 49%; among women age 35-44, it was 47%; and among women age 65 and older, it was 42%.

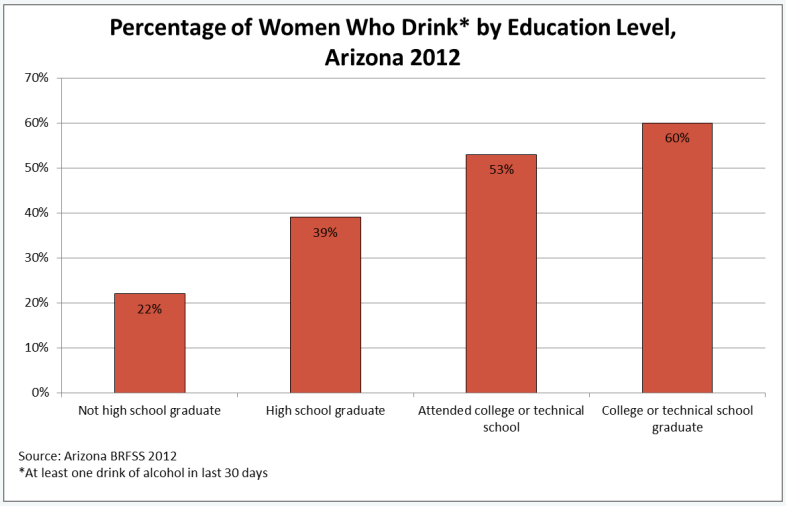


There was greater variation by race/ethnicity, with non-Hispanic White women being most likely to use alcohol (53%) and non-Hispanic American Indian women being the least likely (27%).

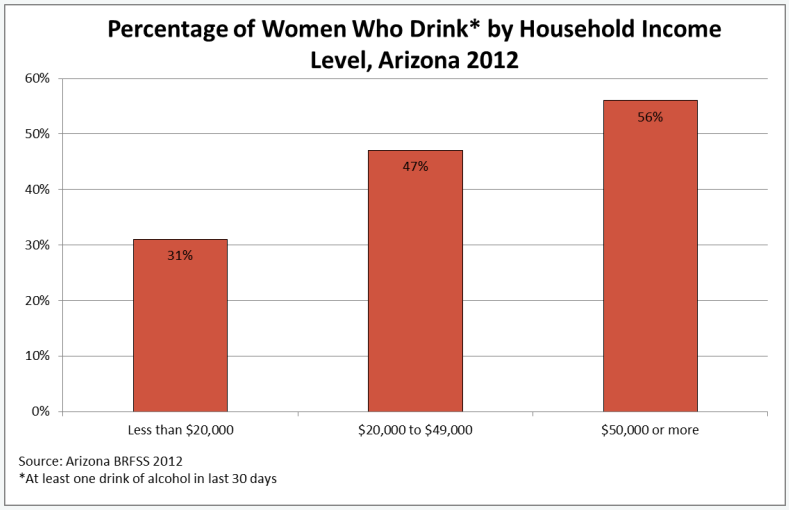


[2]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

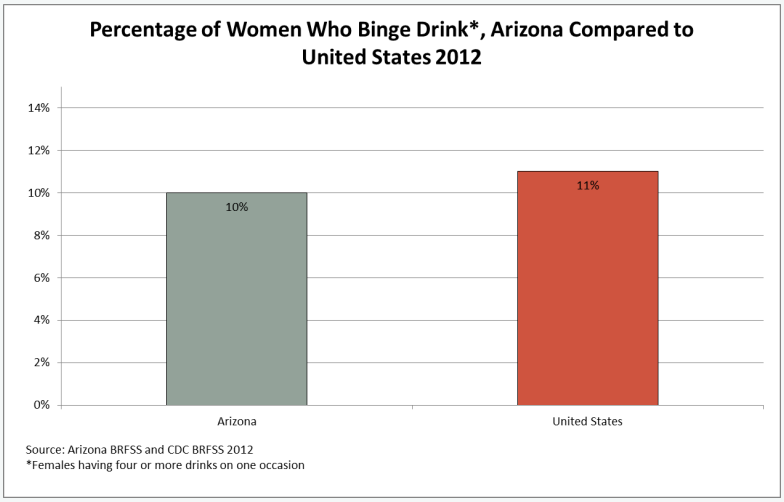
Unlike many of the other indicators in this report, use of alcohol increased with both education and income. Among women who were college or technical school graduates, 60% reported having at least one drink of alcohol in the past 30 days. The percentage dropped to 22% for women who had not graduated from high school.



Among women with an annual income of $50,000 or more, the percentage was 56%, compared to 31% for women with an annual income of less than $20,000.



In 2012, 10% of Arizona women reported having four or more drinks on one occasion (binge drinking), compared to 11% of U.S. women. Higher percentages were seen among women 18-24 (39%), Hispanic/Latina women (34%), women who are not high school graduates (31%), and women with an annual income of less than $20,000 (36%).



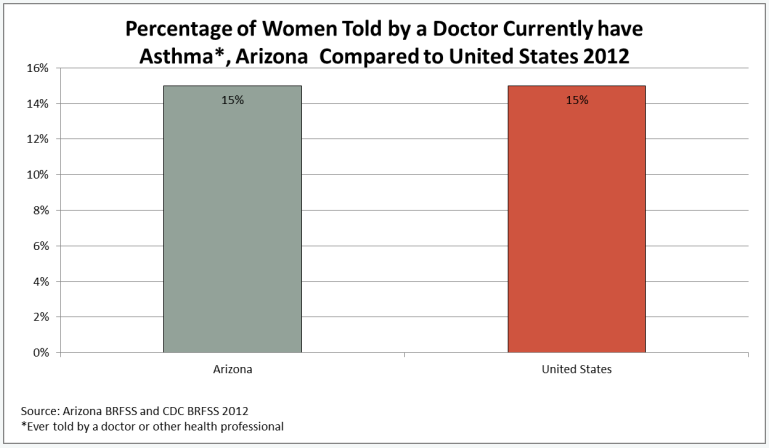
Chronic Diseases and Conditions

Chronic Diseases and Conditions

Healthy People 2020 addresses a broad range of chronic diseases and other health conditions that affect the U.S. population, including women. These include: arthritis, osteoporosis, chronic back conditions, cancer, chronic kidney disease, dementias, diabetes, hearing and other sensory or communication disorders, heart diseases and stroke, respiratory diseases, and vision-related conditions. There are goals addressing each of these diseases and conditions, focusing on preventing and/or reducing complications, illnesses, disability, and/or death.[1]

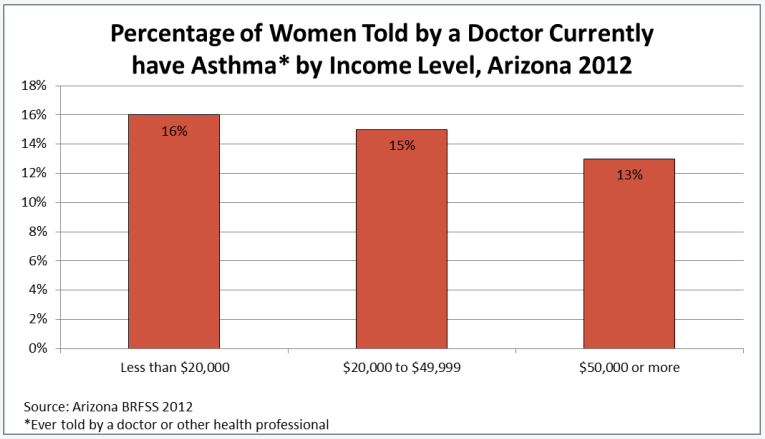
Data is available on Arizona women for several of these diseases/conditions and contributing factors.

Asthma: In 2012, 15% of Arizona women age 18 and older reported being told by a doctor or other health professional that they had asthma; the same rate as U.S. women. Women of all ages were impacted by asthma, ranging from a high of 17% among women age 35-44 to a low of 14% among all other age groups. Women of other races and ethnicities had the highest percentage (27%), followed by non-Hispanic White women (17%), Hispanic/Latina women (12%), and non-Hispanic American Indian women (11%). There was variation by educational level, but the variation did not track directly with level of education. The highest percentage was found among women who attended college or technical school (17%), while the lowest was found among women who were not high school graduates (10%).

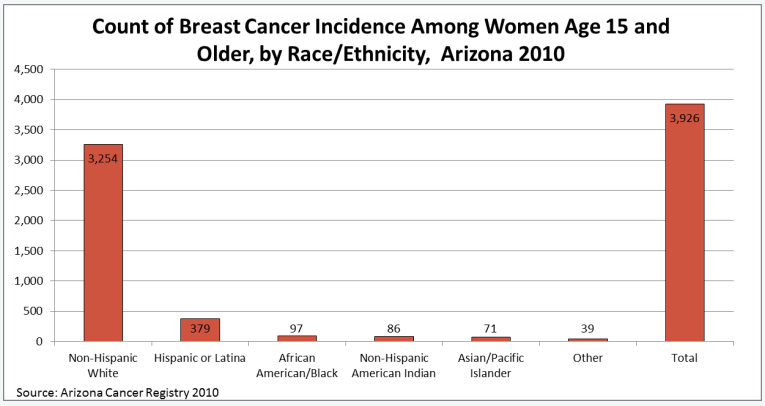


[1]U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Healthy People 2020. Available at http://healthypeople.gov/2020.

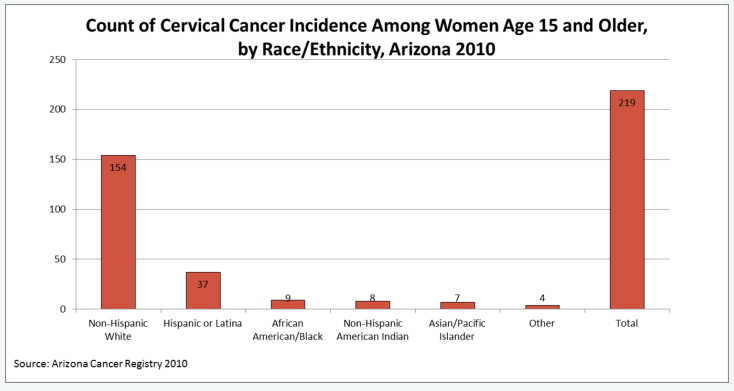
It appears that there is some correlation with income. Women most likely to report having asthma had an annual income of less than $20,000 (16%), followed by those with incomes of $20,000 to less than $50,000 (15%); the lowest percentage was found among women with an annual income of $50,000 or more (13%).



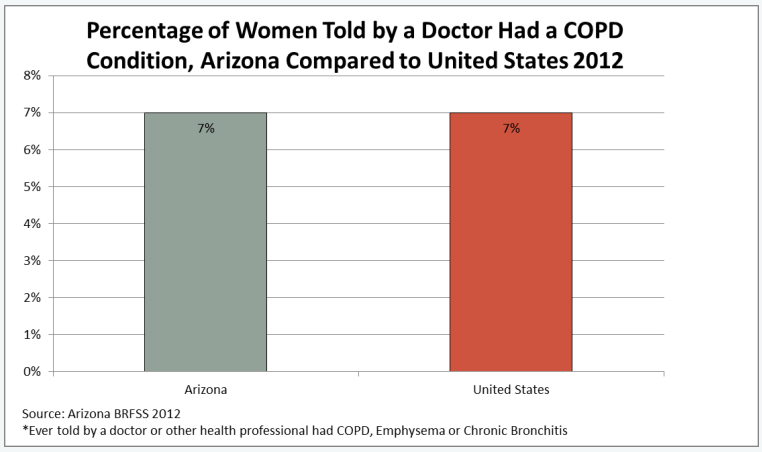
Cancer: In 2010, 3,926 Arizona women age 15 and older had breast cancer. Of these, 83% were non-Hispanic White women; 10% were Hispanic/Latina women; 2% were Black/African American women; 2% were American Indian women; 2% were Asian/Pacific Islander women; and 1% was other races/ethnicities.



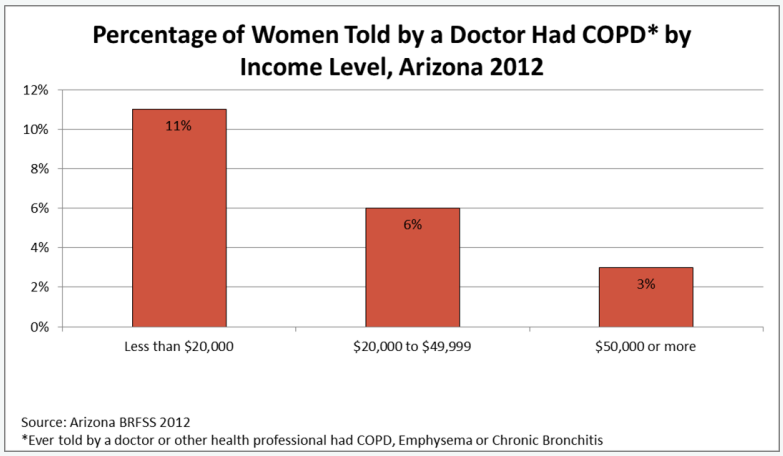
In 2010, 219 Arizona women age 15 and older had cervical cancer. Of these, 70% were non-Hispanic White women; 17% were Hispanic/Latina women; 4% were Black/African American women; 4% were American Indian women; 3% were Asian/Pacific Islander women; and 2% were other races/ethnicities.



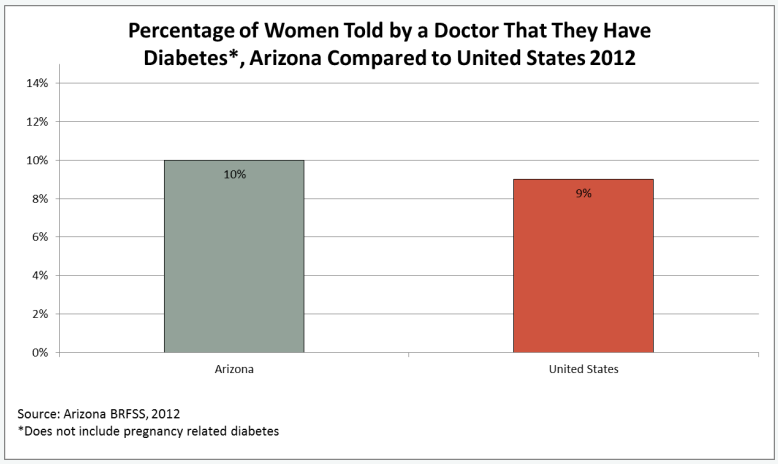
Chronic Obstructive Pulmonary Disease (COPD): In 2012, 7% of Arizona women age 18 and older reported that they had been told by a doctor or other health professional that they had COPD. The percentage was higher among women age 45 and older (16%) than it was among women age 18-44 (6%). It was higher among non-Hispanic White women (7%) than it was among Hispanic/ Latina women (5%).



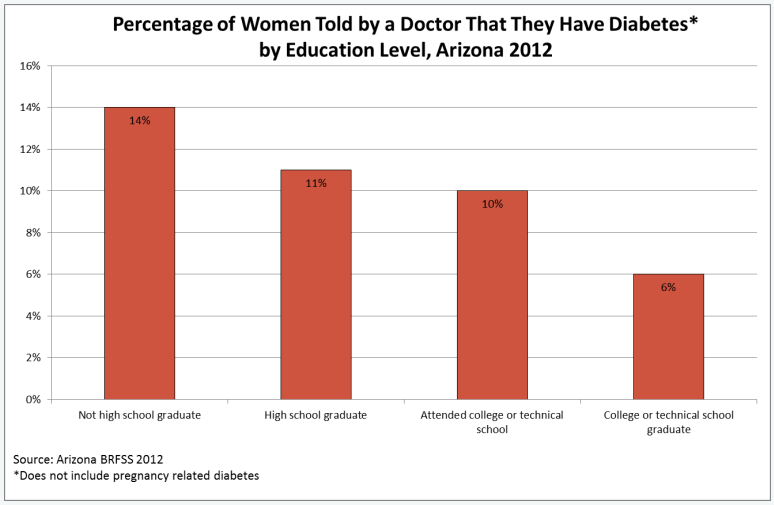
The variation did trend downward with education level, from a high of 8% among women who did not graduate high school to a low of 4% among women who graduated from college or technical school. It also trended downward with income level, from a high of 11% among women with an annual income of less than $20,000 to a low of 3% among women with an annual income of $50,000 or more.

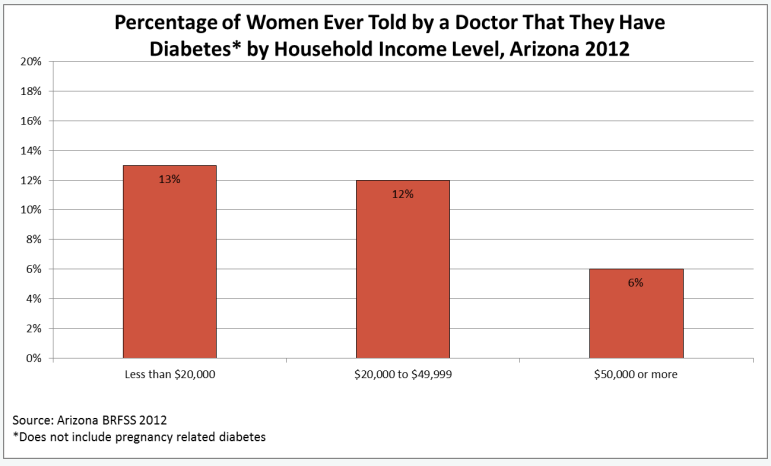


Diabetes: In 2012, 10% of Arizona women age 18 and older reported that they had been told by a doctor or other health professional that they had diabetes, compared to 9% of U.S. women. The percentage was higher among Hispanic/Latina women (11%) than among non-Hispanic White women (9%).

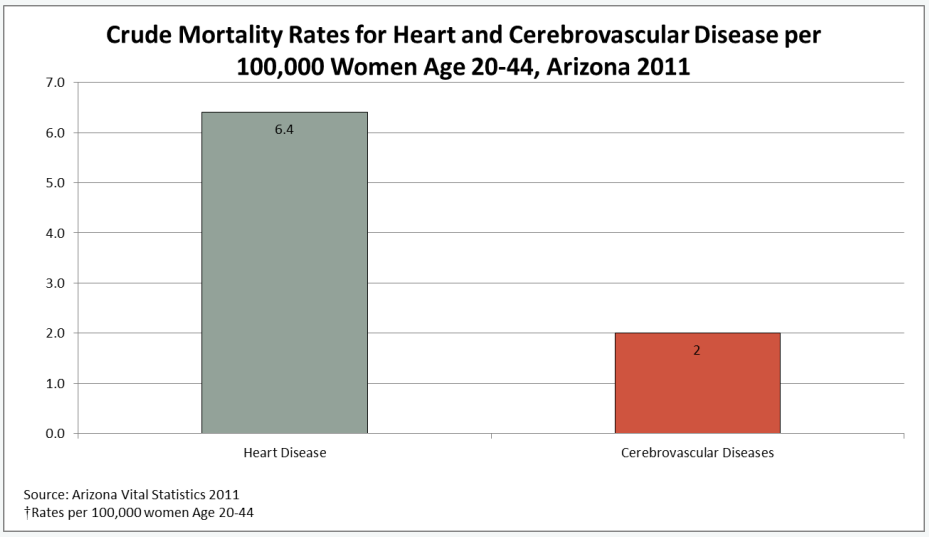


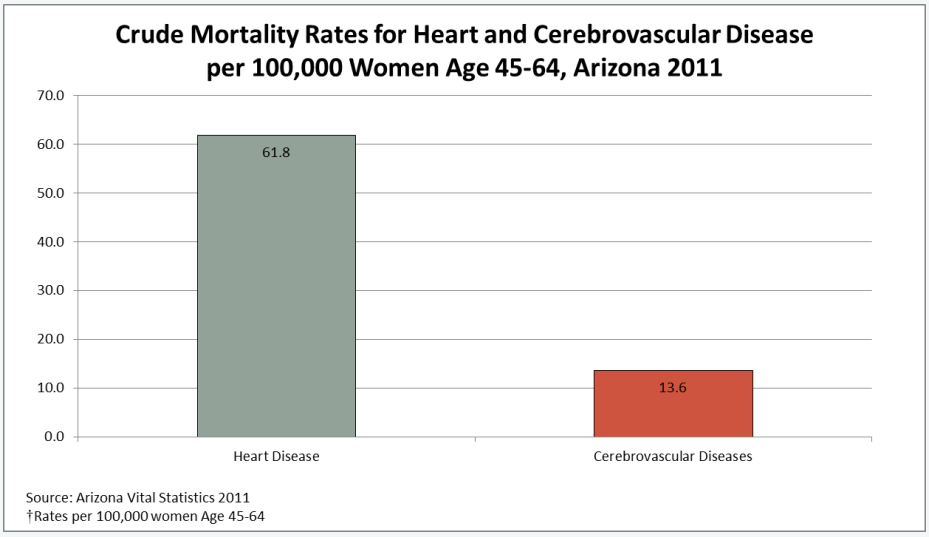
The percentage decreased as educational level and income increased. While 14% of women who had not graduated from high school reported having diabetes, only 6% of those who had graduated from college or technical school did. Among those with an annual income less than $20,000, 13% reported having diabetes, while 6% of those with an annual income of $50,000 or more did.

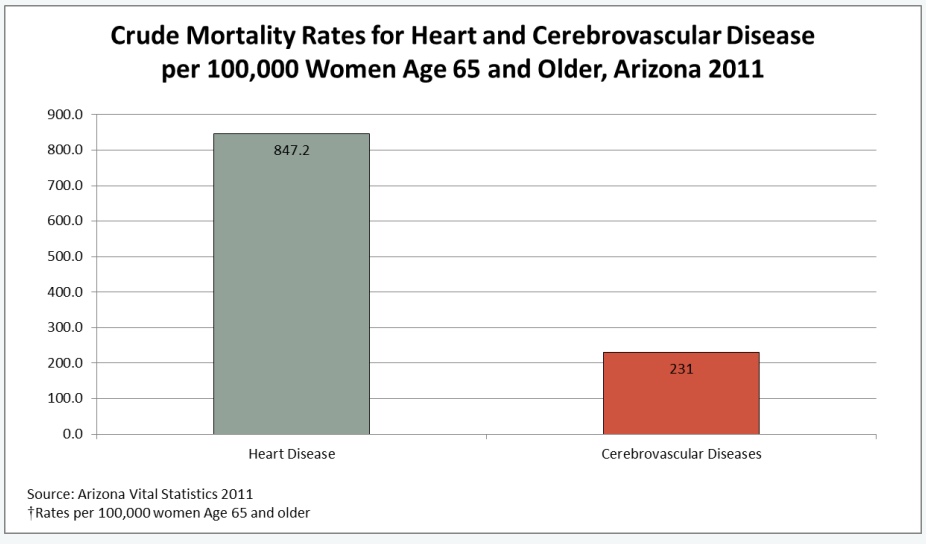




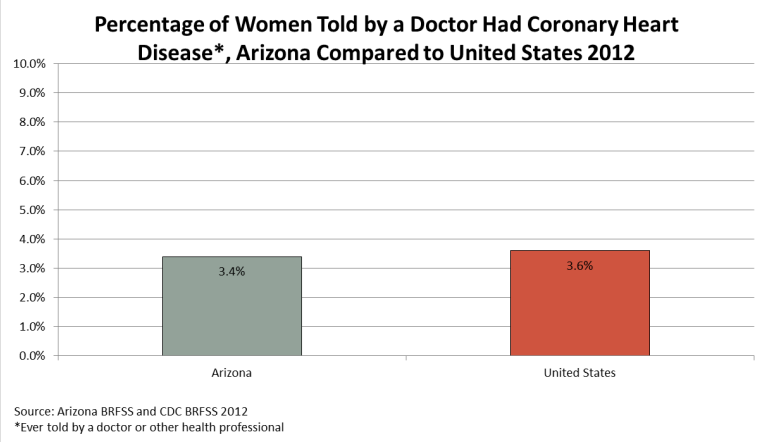
Heart and Cerebrovascular Diseases: In 2011, 6.4 per 100,000 Arizona women age 20-44 died as a result of heart disease. The rate rises with age to 61.8 for women age 45-64 and to 847.2 for women age 65 and older. The mortality rate due to cerebrovascular diseases was 2 per 100,000 for Arizona women age 20-44. It, too, rises with age to 13.6 for women age 45-64 and to 231 for women age 65 and older.



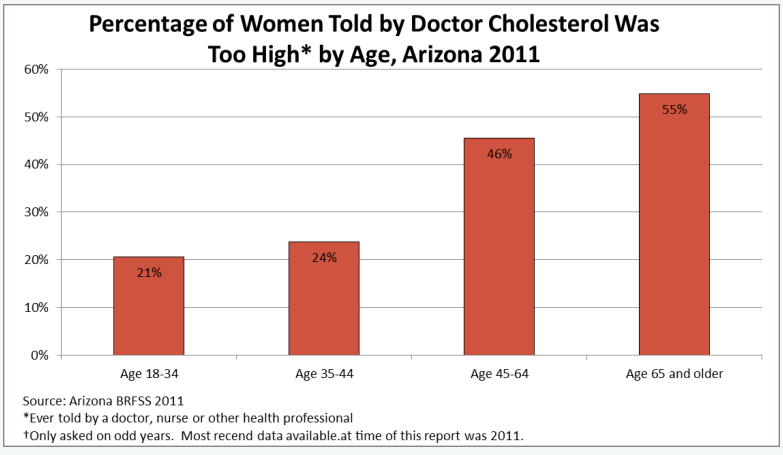




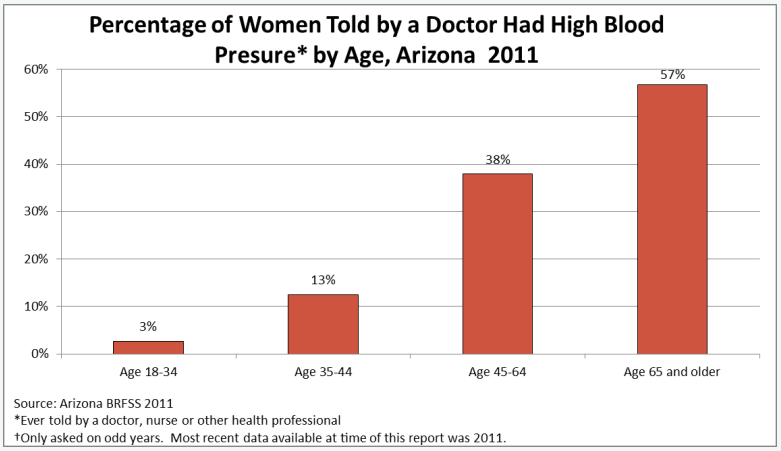
In 2012, 3.4% of Arizona women age 18 and older reported that they had been told by a doctor or other health professional that they had coronary heart disease, compared to 3.6% of U.S. women. A slightly higher percentage, 3.6%, had been told they had had a heart attack, compared to 3.2% of U.S. women. When asked about stroke, 2.8% of Arizona women said they had had a stroke, compared to 2.9% of U.S. women.



High cholesterol was reported by 37% of Arizona women in 2011, the same rate as U.S. women. The percentage increased with each successive age group, ranging from a low among women age 18-34 (21%) to a high among women age 65 and older (55%). There was some variation by race/ethnicity, with the highest percentage found among non-Hispanic White women (40%) and the lowest among non-Hispanic American Indian women (22%). There were no consistent disparities based on educational level or income level, although those with the most education and the highest incomes had the lowest percentages.

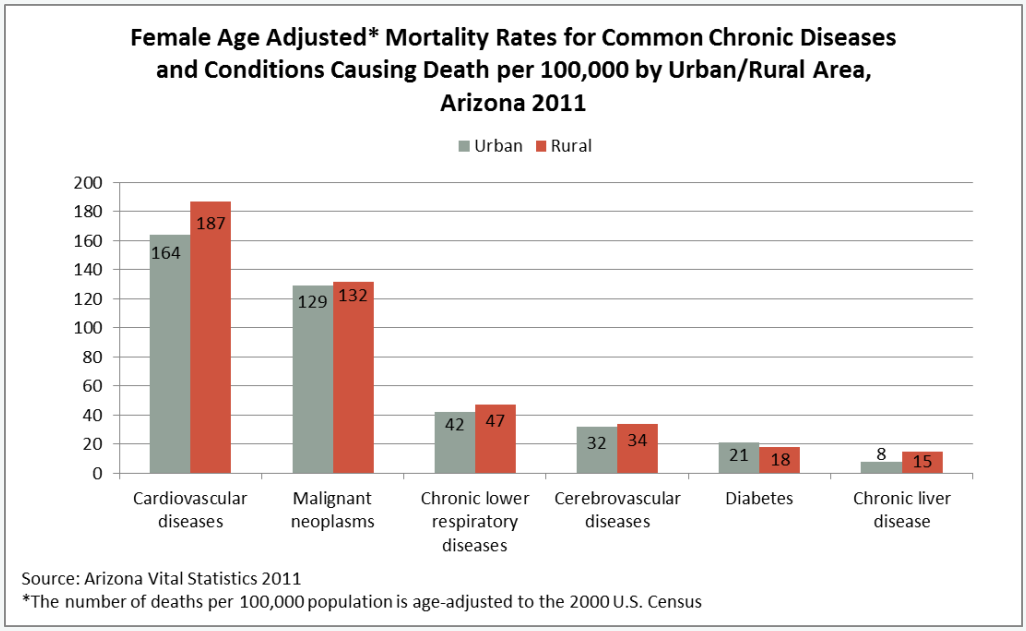


In 2011, 24% of Arizona women reported that they had high blood pressure, compared to 30% of U.S. women. As with high cholesterol, the percentage increased with age, ranging from a low among women age 18-34 (3%) to a high among women age 65 and older (57%). The percentage was in the same range (22-28%) for all races/ethnicities except non-Hispanic American Indian woman, for whom the percentage was 35%. There were no consistent disparities based on educational level or income level, although those with the most education and the highest incomes had the lowest percentages.



The mortality rates for common chronic diseases and conditions causing death differed between rural and urban women.

The biggest variation was seen in the mortality rates for cardiovascular diseases. Mortality rates (per 100,000) were 164 for urban women and 187 for rural women.



Resources

WELLNESS

Arizona Department of Health Services/Bureau of Nutrition and Physical Activity
http://www.azdhs.gov/phs/bnp/index.htm

Arizona Nutrition Network
www.eatwellbewell.org

BMI Calculator
http://www.cdc.gov/healthyweight/assessing/bmi/

Bright Futures for Women's Health
http://www.hrsa.gov/womenshealth

Centers for Disease Control and Prevention
http://www.cdc.gov/physicalactivity

Healthy Recipes
http://www.fruitsandveggiesmatter.gov
http://www.fruitsandveggiesmorematters.org

NetWellness Consumer Health Information
http://www.netwellness.org/

United States Department of Agriculture Food Guidelines
www.choosemyplate.gov
http://www.thebalanceplate.com/choosemyplate.html
www.choosemyplate.gov/food-groups/index.html

U.S. National Physical Activity Campaign
www.letsmove.gov

ACCESS TO HEALTH CARE

Arizona Department of Health Services/Bureau of Healthy Systems Development
http://www.azdhs.gov/hsd/sliding-fees/locations.htm

Arizona Health Care Cost Containment System
http://www.azahcccs.gov/Default.aspx

U.S. Department of Health and Human Services/Health Resources and Service Administration, Community Health Center locator
http://findahealthcenter.hrsa.gov/Search_HCC.aspx

Affordable Care Act
https://www.healthcare.gov

MENTAL HEALTH

American Academy of Family Physicians
http://familydoctor.org/online/famdocen/home/women/mental/443.html

Arizona Department of Health Services, Division of Behavioral Health Services
http://www.azdhs.gov/bhs/

HRSA Information Center at 1-888-ASK-HRSA

HRSA Maternal Stress
http://mchb.hrsa.gov/pregnancyandbeyond/depression/help.htm

HRSA Women's Health and Wellness
http://www.hrsa.gov/womenshealth/wellness/index.html

National Institute of Mental Health
http://www.nimh.nih.gov/health/publications/depression/index.shtml

SAMHSA's National Helpline
1-800-662-HELP (4357)
TTY: 1-800-487-4889
www.samhsa.gov/treatment/natHelpFAQs.aspx

ORAL HEALTH

Academy of General Dentistry
http://www.knowyourteeth.com/

Arizona Department of Health Services, Bureau of Women's and Children's Health, Office of Oral Health list of low cost dental clinics
http://www.azdhs.gov/phs/owch/oral-health/documents/reduced-fee-dental-clinics.pdf

Centers for Disease Control and Prevention, Division of Oral Health
http://www.cdc.gov/oralhealth/

UNINTENTIONAL INJURIES AND VIOLENCE

National 24 hour Domestic Violence Hotline at 1-800-799-7233 or 1-800-787-3224 (TTY for the Deaf)

National Domestic Violence
http://www.ndvh.org
24/7 hotline at 1-800-799-SAFE (7233)

National Sexual Assault Hotline (RAINN) at (800) 656-HOPE (4673)

Sexual Assault Prevention and Education Program
http://www.azrapeprevention.org

PREVENTIVE HEALTH CARE

Arizona Department of Health Services, Well Woman Health Check, Breast and Cervical Cancer Screening
http://www.wellwomanhealthcheck.org/

Preventive Services Covered by Medicare
http://www.medicare.gov/coverage/your-medicare-coverage.html

SEXUALLY TRANSMITTED DISEASES

Arizona Department of Health Services, Office of HIV, STD and Hepatitis Services
http://www.azdhs.gov/phs/hiv/index.htm

REPRODUCTIVE HEALTH

Arizona Department of Health Services, Bureau of Women's and Children's Health
http://www.azdhs.gov/phs/owch/women/familyplanning.htm

Arizona Family Health Partnership
www.ArizonaFamilyHealth.org

Centers for Disease Prevention and Control
http://www.cdc.gov/ncbddd/preconception/QandA.htm

March of Dimes
http://www.marchofdimes.com

National Organization on Fetal Alcohol Syndrome
http://www.nofas.org

Text4baby
http://www.text4baby.org

The Pregnancy and Breastfeeding Hotline at 1-800-833-4642

RISK BEHAVIORS

ASHLINE toll-free at 1-800-55-66-222
http://www.ashline.org/

Arizona Department of Health Services, Tobacco Education and Prevention Program
http://www.tobaccofreearizona.com/

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's National Drug and Alcohol Treatment at 1-800-662-HELP (1-800-662-4357)
http://www.samhsa.gov/index.aspx

CHRONIC DISEASES AND CONDITIONS

American Diabetes Association
www.diabetes.org

American Heart Association
http://www.americanheart.org

Arizona Department of Health Services, Bureau of Tobacco and Chronic Disease
http://www.chronicdiseasearizona.com/

OTHER

Advancing Awareness of National Partnership for Action (NPA) to Eliminate Health Disparities
http://www.minorityhealth.hhs.gov/

Arizona Department of Health Services
www.azdhs.gov

Arizona Department of Health Services, Bureau of Women's and Children's Health (ADSH/BWCH)
http://www.azdhs.gov/phs/owch/index.htm

Arizona Health Disparities Center
www.azminorityhealth.gov

Arizona Women, Infant & Children (WIC) Program
www.azwic.gov

U.S. Women's Health Resources
www.womenshealth.gov
www.girlshealth.gov
http://mchb.hrsa.gov/womenshealth/resources.html

Appendix 1

Data Sources and Limitations

Various data sources were used in this report to show a snapshot of the health status of women age 15 years and older in Arizona. When possible, a national comparison was made to show where Arizona stands in relationship to the United States (U.S.). Some data sources were limited to the household population and exclude the population living in institutions or group quarters. Also, no data was available for non-respondents of health surveys; therefore, some indicators might be underestimates of the true incidence or prevalence of health risks in the population. The most recent available data was used including 2012 population projections from the U.S. Census 2010 for calculating rates.

BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual random, digit-dial landline telephone and cellular telephones survey of non-institutionalized adults 18 years and older living in the U.S. The Arizona Department of Health Services (ADHS) has participated in BRFSS since 1982, through a cooperative agreement with Centers for Disease Control and Prevention (CDC). Respondents are randomly selected using methods designed to obtain a representative sample of the state. BRFSS collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The data is collected only from individuals who have landline or cellular telephones and may underestimate prevalence for indicators with small sample sizes. Data is unavailable from those who refused to complete the survey and important differences may exist in these populations. In 2011, BRFSS incorporated a change in weighting methodology (ranking) and the addition of cell phone only respondents. Therefore, the BRFSS 2011 and onward data is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame.

Hospital Discharge Data

Inpatient hospitalization and emergency department visit data was compiled from the 2012 Arizona Hospital Discharge Database. This database contains information from private, acute-care facilities in the state of Arizona, and does not include visits to federal facilities, such as Veterans' Affairs Hospitals, Indian Health Services facilities or state licensed psychiatric hospitals. An inpatient discharge occurs when a person who was admitted to a hospital leaves that hospital. A person who has been hospitalized more than once in a given calendar year will be counted multiple times as a discharge and included more than once in the hospital inpatient discharge data set. The inpatient and emergency department data are mutually exclusive. All discharges are for the residents of Arizona. Both are encounter databases that lack unique identifiers, thus duplicate cases influence rates of health outcomes that are derived from the Hospital Discharge data.

Birth Certificate Data

Arizona uses the 1989 U.S. Standard Birth Certificate. All births to residents of Arizona are captured in the data. Limitations of this data include incorrect data entry and data missing across certain fields. Additionally, a majority of states use the 2003 Revised U.S. Standard Birth Certificate that includes data unavailable in the 1989 Certificate.

Death Certificate Data

Arizona uses the 2003 U.S. Standard Death Certificate. All deaths of Arizona residents are captured in the data. Limitations of this data include incorrect data entry and data missing across certain fields.

Sexually Transmitted Diseases and HIV/AIDS

State statutes and administrative rules require that Arizona county health departments investigate and report new cases of designated sexually transmitted disease (STD). Statutes and administrative rules mandate that these designated STDs be reported by health care providers to the counties and by laboratories to the state. The passive surveillance of STDs means that underreporting of incident cases is a limitation of this data.

Population Denominators

Population denominators for Arizona residents, are used to calculate rates for census enumerations from the U.S. Census Bureau. Population denominators for the intercensal years utilize the best available data sources. The 2012 Arizona Department of Health Services population denominators were estimated using the 2012 population projections obtained from the Office of Employment and Population Statistics within the Arizona Department of Administration.

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