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For more information about The Womens Health and Mortality Chartbook or to access data files directly, visit:

<http://www.womenshealth.gov/quickhealthdata/>



Introduction

The *Women's Health and Mortality Chartbook: 2009 Edition* is a statistical resource on women's health for each of the 50 states, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands. This 2009 Edition is the third edition of the original chartbook developed by the Centers for Disease Control and Prevention's National Center for Health Statistics in coordination with the Department of Health and Human Services' Office on Women's Health and published in 2004.¹ The chartbook was initially developed to provide readers with an easy-to-use collection of current state data on critical issues of relevance to women. A total of 27 different health indicators are featured, which highlight a number of the key issues related to women's health that are being measured regularly at the state level. The chartbook is recommended as a reference for policymakers and program managers at the Federal and state levels to identify key health issues of importance in each jurisdiction. The chartbook may also serve to stimulate additional detailed questions regarding the specific populations of concern in each jurisdiction for these and other health indicators.

The data presented in this chartbook are taken from *Quick Health Data Online* (referred to as *QHData*, www.womenshealth.gov/quickhealthdata). The updated chartbook was developed by the Office on Women's Health as a tool to help identify changes in vulnerable and underserved populations at the state level, where most decisions regarding health policy are developed and implemented. While the project provides data on health, health care, and risk behavior on all populations in each jurisdiction for which data are collected, women's health concerns have been targeted for inclusion, and racial and ethnic differences among women are a primary focus. The information presented in this chartbook represents only a small portion of the data available from *QHData*, which addresses many other women's health topics.

The *Women's Health and Mortality Chartbook: 2009 Edition* is intended to present state data on women's health in a straightforward, user-friendly manner. More technically detailed publications can be obtained from the original data sources (National Vital Statistics System and the Behavioral Risk Factor Surveillance System) and from *QHData*.

Structure of the Chartbook

The first section of the updated chartbook contains U.S. maps for each of the featured health indicators. Each health indicator is presented on a single map showing the variation in health status across the 50 states, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands. The maps present geographic differences in either death rates or proportions of women with specific health characteristics. Data for each health indicator are divided into 5 categories (quintiles), with approximately 10 jurisdictions in each category. Variations in health status are represented using a color gradation of dark to light, with dark colors representing poorer relative health status and light colors representing better relative health status across all maps.

The second section of the chartbook contains updated women's health profiles for each of the 54 geographic areas presented. The profiles include a brief summary that highlights how each state or territory fares on the presented indicators. Each profile contains population statistics and data on each of the 27 featured health and mortality indicators, both among women overall and by race and Hispanic origin. *Healthy People 2010 Midcourse Review* targets are included for comparison, where available.² Finally, the state or territory's relative ranking on each indicator is presented, with lower numerical ranking values indicating better health status relative to other states and territories.

The third section of the report includes information on the sources of data (Appendix I), explanations of terms and analytic issues (Appendix II), and cited references (Appendix III).

How health indicators were selected

As with the original chartbook released in 2004, the updated *Women's Health and Mortality Chartbook* features 27 health indicators covering a wide range of health issues for women. The Department of Health and Human Services' Office on Women's Health in coordination with the Centers for Disease Control and Prevention's National Center for Health Statistics originally chose these indicators through careful review of the available data. These 27 indicators were selected for the following reasons:

- They are regularly measured at the state level.
- They cover a wide range of mortality, morbidity, health risk factors, preventive services, and access to health care concerns.
- They cover a wide spectrum of disease types.
- They cover the full lifespan of women, from young adults to older women.

These broad criteria, combined with priorities set forth in the Department of Health and Human Services *Healthy People 2010* initiative, determined the final selection of indicators presented.³ Indicators available to measure *Healthy People 2010* objectives at the state level were chosen over other indicators, and the measure of the indicator used was formulated as defined by the HHS initiative. However, readers should be aware that this initiative sets targets for all of the U.S. which are not sex specific. Therefore, text in the profile summaries stating that a jurisdiction has met a *Healthy People 2010* target, for example, does not imply that the jurisdiction as a whole has met the objective. It refers only to the women in that jurisdiction.

The 2009 Edition of the chartbook reflects revisions to the *Healthy People 2010* objectives made as a result of the *Healthy People 2010 Midcourse Review*. Through the *Midcourse Review* the U.S. Department of Health and Human Services, Federal agencies, and other experts assessed data trends during the first half of the decade, considered new science and available data, and made changes to ensure that *Healthy People 2010* remains current, accurate, and relevant, while concurrently assessing emerging public health priorities.

How state comparisons were made

Rankings

As with the original chartbook, every state and territory was assigned a ranking for each indicator, describing how women in that geographic area fare compared to other geographic areas. The rankings were assigned based on the "state total" value for that indicator. Rankings compare the states and territories on women's health status only. Low numbered rankings indicate better health and high numbered rankings indicate poorer health.

Profile summaries

The updated profiles present data for a particular jurisdiction across each of the 27 health indicators. A few significant or noteworthy findings for each state and territory are highlighted in summaries at the top of the profiles. The profile summaries are not comprehensive descriptions of the data included in the tables. Rather, they are intended to provide a brief overview of women's health in that state or territory and to put some of that information into a national or regional context.

In general, the summaries note particularly low and high rankings, and considerable or noteworthy racial differences in women's health. *Healthy People 2010* targets are highlighted when women in all presented race categories have achieved the particular target.

For several of the presented indicators, few states or territories have met the *Healthy People 2010 Midcourse Review* targets among women. These include:

- Diabetes-related death (females in Arizona, Florida, and Nevada have met the target)
- Breast cancer death (females in Alaska, Guam, Hawaii, Puerto Rico, and the US Virgin Islands have met the target)

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- Colorectal cancer death (females in Alaska, Arizona, Hawaii, New Mexico, Puerto Rico, Utah, and the US Virgin Islands have met the target)
 - Chronic lower respiratory death (females in Guam, Hawaii, and the US Virgin Islands have met the target)
 - Unintentional injury death (females in Guam, Hawaii, Maryland, Massachusetts, New Jersey, New York, and Puerto Rico have met the target)
 - Cholesterol screenings (women in the District of Columbia, Maine, Maryland, Massachusetts, and Rhode Island have met the target)
 - Leisure-time physical activity (women in Colorado, Minnesota, Montana, Oregon, Washington, Vermont, and Wisconsin have met the target)

No jurisdictions have achieved the targets for limiting the percentage of obese women ages 20 and over to no more than 15 percent or for achieving 100 percent health insurance coverage for all women under the age of 65.

For two indicators, women in most states and territories have met the targets; those that have not met the *Healthy People 2010 Midcourse Review* targets are presented below:

- Coronary heart disease death (females in Guam, the District of Columbia, New York, Oklahoma, and Tennessee have not met the target)
- Mammograms (women in Arkansas, Idaho, Indiana, Mississippi, Missouri, Nevada, New Mexico, Oklahoma, Texas, Utah, US Virgin Islands, and Wyoming have not met the target)

Health indicator ranges

As noted in the 2004 chartbook, there are two issues regarding the range of values presented in the health indicators which deserve mention. The first is that for some indicators, even geographic areas with the best rankings do not meet standards of good health. For example, even in jurisdictions with the best rankings on leisure-time physical activity, almost 20 percent of women did not participate in any activity. The *Healthy People 2010* objective is to reduce the proportion of adults who engage in no leisure-time physical activity to 20 percent, so most jurisdictions have levels of physical inactivity that are well above what is desirable. Many of the reported indicators demonstrate that on a national basis, U.S. women continue not to meet *Healthy People 2010* goals.

The second issue is that the range of values in some of the indicators is relatively narrow. Therefore, the difference in the absolute value between jurisdictions in the best quintile and those in the worst quintile may be very small. For example, the range of values for suicide mortality rates is 1.4 to 9.1. Having higher or lower rankings on these indicators may have less significance than for other indicators where the range is greater.

Race and Hispanic ethnicity

Data on race and Hispanic origin are presented in the greatest detail possible, after taking into account the quality of data, the amount of missing data and the number of observations. For at least part of the time period being presented, the data collection systems were using the 1977 Office of Management and Budget's Standards for race data, which require the use of four racial groups and separate tabulations by Hispanic origin. More detailed racial analyses were therefore not possible. The large differences in health status by race and Hispanic origin documented in this chartbook may be explained by several factors including socioeconomic status, health practices, psychosocial stress and resources, environmental exposures, discrimination, and access to health care. Most of the racial differences noted in the text associated with the state table pages are not unique to the state, but generally follow patterns seen in the nation as a whole.

¹ Brett, KM, Haynes, SG. Women's Health and Mortality Chartbook. Washington, DC: DHHS Office on Women's Health 2004. 2004. Available at: <http://www.cdc.gov/nchs/datawh/statab/chartbook.htm>

² U.S. Department of Health and Human Services. *Healthy People 2010 Midcourse Review*. Washington, DC: U.S. Government Printing Office, December 2006. Available at: <http://www.healthypeople.gov/Data/midcourse/>

³ *Healthy People 2010* contained 467 objectives designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century. *Healthy People 2010* builds on similar initiatives pursued over the past two decades. Two overarching goals--increase quality and years of healthy life, and eliminate health disparities--served as a guide for developing objectives that actually measure progress. Indicators were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The *Healthy People 2010 Midcourse Review* has revised and updated these objectives to include 507 targets.

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