

# WOMEN'S HEALTH IN ALABAMA

2014 - 2015





# Women's Health Status in Alabama

The Office of Women's Health (OWH) is pleased to present the *Women's Health Initiative Data Book* for 2014-15. The data book was developed by OWH to provide an easy-to-use collection of current and historical data on important health challenges facing women in Alabama. It is intended to be a concise reference for citizens, policymakers, and program managers at the State and local levels to highlight emerging trends and issues affecting the health of women. Data available from the Alabama Department of Public Health regarding the leading causes of death for women, health risk factors, preventive care and screenings, life expectancy, health insurance coverage, birth-related morbidity and mortality, poverty status, family violence, labor force participation, and educational attainment are included.



# Women's Health Status in Alabama

The OWH serves to educate the public and to be an advocate for women's health. The data book can be an important tool for emphasizing the importance of health promotion, preventive care, counseling, and education, and for illustrating disparities in the health status of women from all age groups and racial and ethnic backgrounds. We hope this book will be useful to you and invite your questions and comments regarding how the OWH can better serve the women of Alabama, their families, and their communities. The electronic version is available as a PowerPoint presentation at: [adph.org/owh](http://adph.org/owh)

**Office of Women's Health**

**Bureau of Professional & Support Services**

**Alabama Department of Public Health**

**P.O. Box 303017**

**Montgomery, AL 36130-3017**

**Office: (334) 206-5669 Fax: (334) 206-5663**



# Table of Contents

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



# Table of Contents (cont.)

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



# Table of Contents (cont.)

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



# Population and Demographics

- There are almost 2.5 million women in Alabama.
- White women account for almost 1.7 million.
- Black or African-American women and other races are more than 789,000. Because other races account for such a small percentage of the population in Alabama, they are grouped in this category.
- There are more than 85,000 women of Hispanic or Latino descent, including both black and white women.





# Female Population and Demographics

	Total	White	Black	Hispanic
<b>Total</b>	<b>2,485,732</b>	<b>1,695,424</b>	<b>681,228</b>	<b>85,045</b>
<b>0-9</b>	300,973	186,433	90,436	24,133
<b>10-17</b>	248,931	157,878	75,489	10,182
<b>18-24</b>	240,526	149,550	80,656	9,565
<b>25-34</b>	314,976	202,547	97,205	16,634
<b>35-44</b>	314,440	209,479	88,902	11,356
<b>45-54</b>	344,361	240,866	91,414	6,572
<b>55-64</b>	321,185	232,527	80,166	3,936
<b>65-74</b>	219,002	171,164	42,806	1,838
<b>75-84</b>	126,171	101,179	23,438	693
<b>85+</b>	55,167	43,801	10,716	136

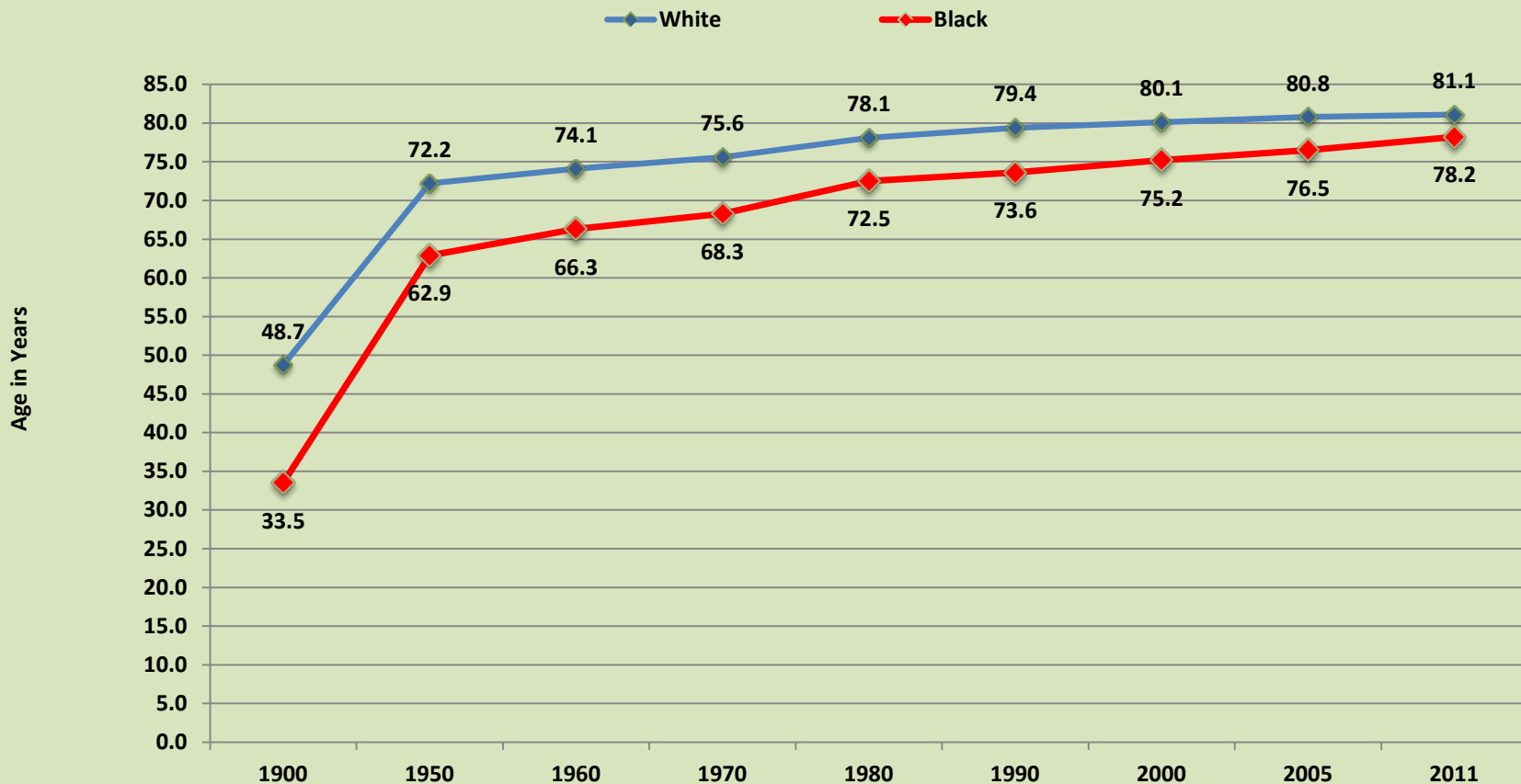




# Life Expectancy for Women

- In 1900, all women had a lower life expectancy, but black or African-American women died an average of 15 years younger than white women.
- By 1950, women lived longer due to clean water, adequate sewer facilities, basic antiseptic measures, and antibiotics. The gap between black and white women narrowed to 10 years.
- In 2000, life expectancy for white women was 80 years and over 75 years for black women, both living longer than men.
- The most recent year of data available, 2010, shows smaller increases in life expectancy, as well as a smaller gap between the races. Life expectancy changes little from year to year and is usually re-calculated after each census year.
- In 2011, life expectancy for Hispanic women was 83.7 years, higher than that of either white or black women.

# Life Expectancy for Women





# Leading Causes of Death for Women

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

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

# Leading Causes of Death for Women, 2012



	CAUSE	NUMBER	RATE
1.	Heart Disease	5,817	234.2
2.	Cancer	4,567	183.9
3.	Cerebrovascular Disease	1,540	62.0
4.	Chronic Lower Respiratory Disease	1,514	61.0
5.	Alzheimer's Disease	1,003	40.4
6.	Accidents	831	33.5
7.	Diabetes Mellitus	659	26.5
8.	Nephritis & Kidney Disease	532	21.4
9.	Influenza & Pneumonia	510	20.5
10.	Septicemia	468	18.8

\*Alabama Center for Health Statistics, 2014



# Heart Disease

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

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



# Heart Disease (cont.)

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

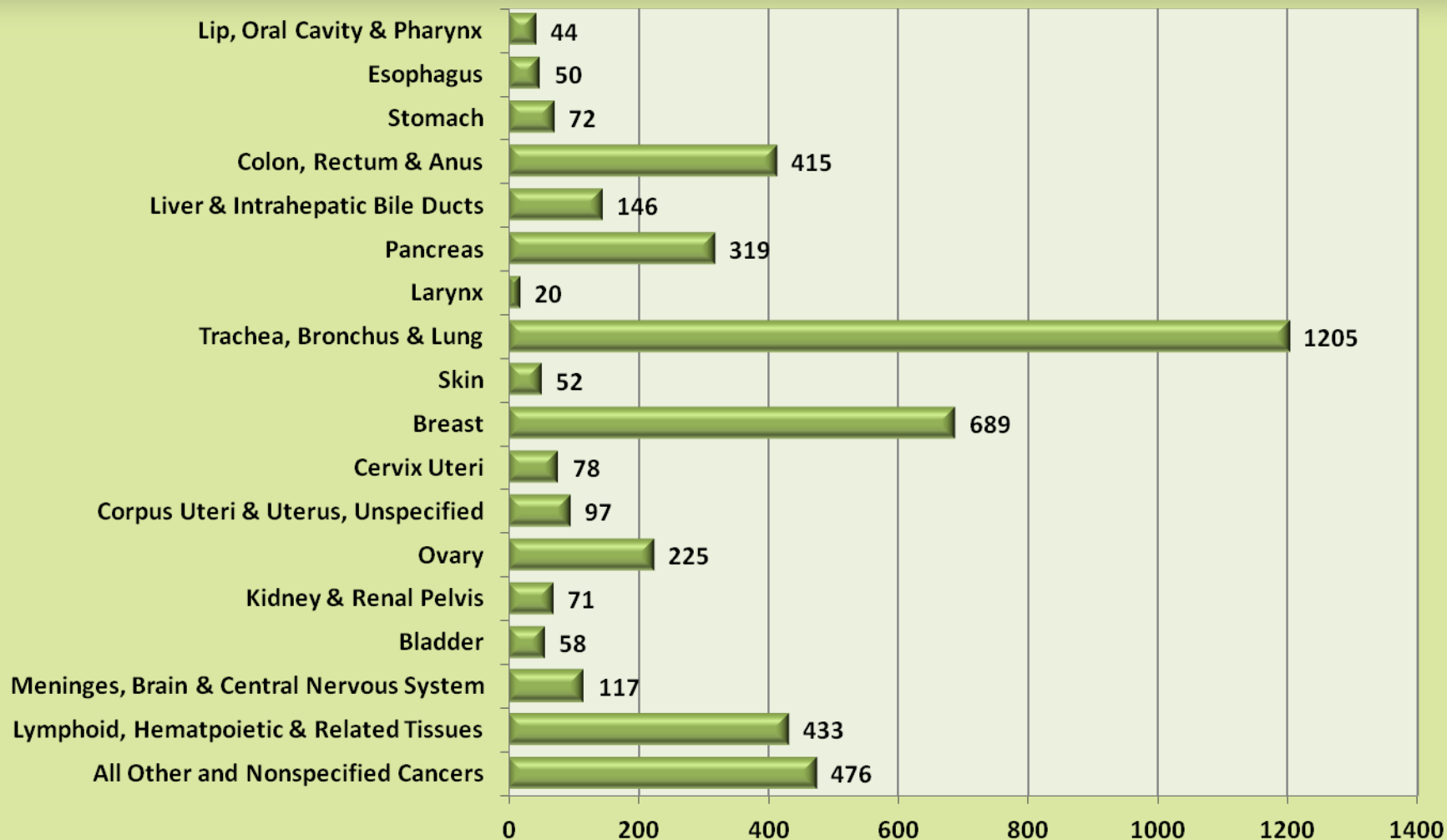


# Cancer

- Cancer is the 2<sup>nd</sup> leading cause of death of women in Alabama.
- Lung cancer has the highest death rate among women who die by cancer.
- Breast cancer has the 2<sup>nd</sup> highest death rate.
- Colon cancer ranks 5<sup>th</sup> among women who die of cancer.
- Ovarian cancer is not as prevalent, but is more difficult to identify in its early stages; thus all women should receive regular gynecological check-ups.



# Alabama Female Cancer Deaths, 2012



Total: 4,567

# Cancer



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

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

# Cancer



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

**Due to the differential nature of various forms of cancer, we cannot have a thorough discussion of it in this publication. If you need more information, your presenter can give you a listing of other available resources to consult.**

# Cerebrovascular Disease



Cerebrovascular disease is the 3<sup>rd</sup> leading cause of death in women.

This involves the heart and arteries and can result in hypertension, heart attack, stroke, or aneurysms.

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



# Cerebrovascular Disease

- Risk factors you cannot control:
  - Age
  - Gender
  - Family history
  - Symptoms of a stroke include sudden:
    - Numbness or weakness of the face, arm, or leg, especially on one side of the body
    - Confusion, trouble speaking or understanding
    - Trouble seeing in one or both eyes
    - Trouble walking, dizziness, loss of balance
    - Severe headache with no known cause



# Chronic Lower Respiratory Disease

- Chronic lower respiratory disease is the 4<sup>th</sup> leading cause of death in women. This includes chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and asthma.
- The number of women diagnosed with lung disease and the percentage of women dying from lung disease are increasing.
- In 2012, 1,514 women in Alabama died of chronic lower respiratory disease.
- More than twice as many women are diagnosed with chronic bronchitis than men every year.
- About 65% of people who die from asthma are women.



# Chronic Lower Respiratory Disease (cont.)

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

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



# Signs of Chronic Lower Respiratory Disease



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

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



# Alzheimer's Disease

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



# Accidents

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



# Diabetes

- In 2012, 659 women in Alabama died of complications of diabetes.\*
- Diabetes means that your blood glucose (sugar) is too high. Your body changes most of the food you eat into glucose so that it can go to the cells for energy.
- If you do not have enough insulin or the insulin does not work right, glucose cannot get into the cells, causing a high blood glucose level.
- If not controlled, diabetes can lead to:
  - Blindness
  - Heart disease
  - Stroke
  - Circulatory problems
  - Nerve damage
  - Kidney failure



# Types of Diabetes

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



# Risk Factors for Diabetes

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



# Signs of Diabetes

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

**If you're at least 45 years old,  
you should be tested for diabetes every 3 years.**





# Prevention of Type 2 Diabetes

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



# Nephritis

- In Alabama, 532 women died of nephritis in 2012.\*
- Nephritis, an acute or chronic inflammation of the kidney, is caused by infection or vascular disease.
- Nephritis damages the kidney so that the body cannot filter fluids and wastes properly. This leads to blood and protein in the urine.
- Nephritis is among the leading causes of chronic kidney failure and end-stage kidney disease.

\*Alabama Center for Health Statistics, 2014



# Risk Factors for Nephritis

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



# Signs of Kidney Disease

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

# Screening for Kidney Disease



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

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



# Influenza and Pneumonia

- 510 women in Alabama died of influenza and pneumonia in 2012\*.
- **Influenza** is spread mainly through coughing or sneezing. It can cause mild to severe illness and can lead to death. Pneumonia is a complication of influenza.
- **Pneumonia** is a lung infection where the air sacs fill with pus. Oxygen has trouble reaching the cells in the body. The infection can also spread through the body and can cause death.
- Older people, young children, and people with certain health conditions are at high risk for complications of influenza and pneumonia.
- People with heart disease, diabetes, or a weakened immune system have a higher risk of dying from influenza and pneumonia.

\*Alabama Center for Health Statistics, 2014

# Prevention of Influenza and Pneumonia



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

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





# Septicemia

- Septicemia (blood poisoning) caused the death of 468 women in Alabama in 2012.\*
- Septicemia is a life-threatening infection that is caused by infection in the lungs, abdomen, urinary tract, bone, and central nervous system.
- Septicemia begins with fever, chills, rapid breathing, and a rapid heart rate. Septic shock follows with low temperature, low blood pressure, low urinary output, and bleeding into the skin.
- Septic shock has a high death rate. Early recognition and treatment is necessary for survival.

\*Alabama Center for Health Statistics, 2014



# Risk Factors for Septicemia

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



# Risk Factors for Septicemia

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



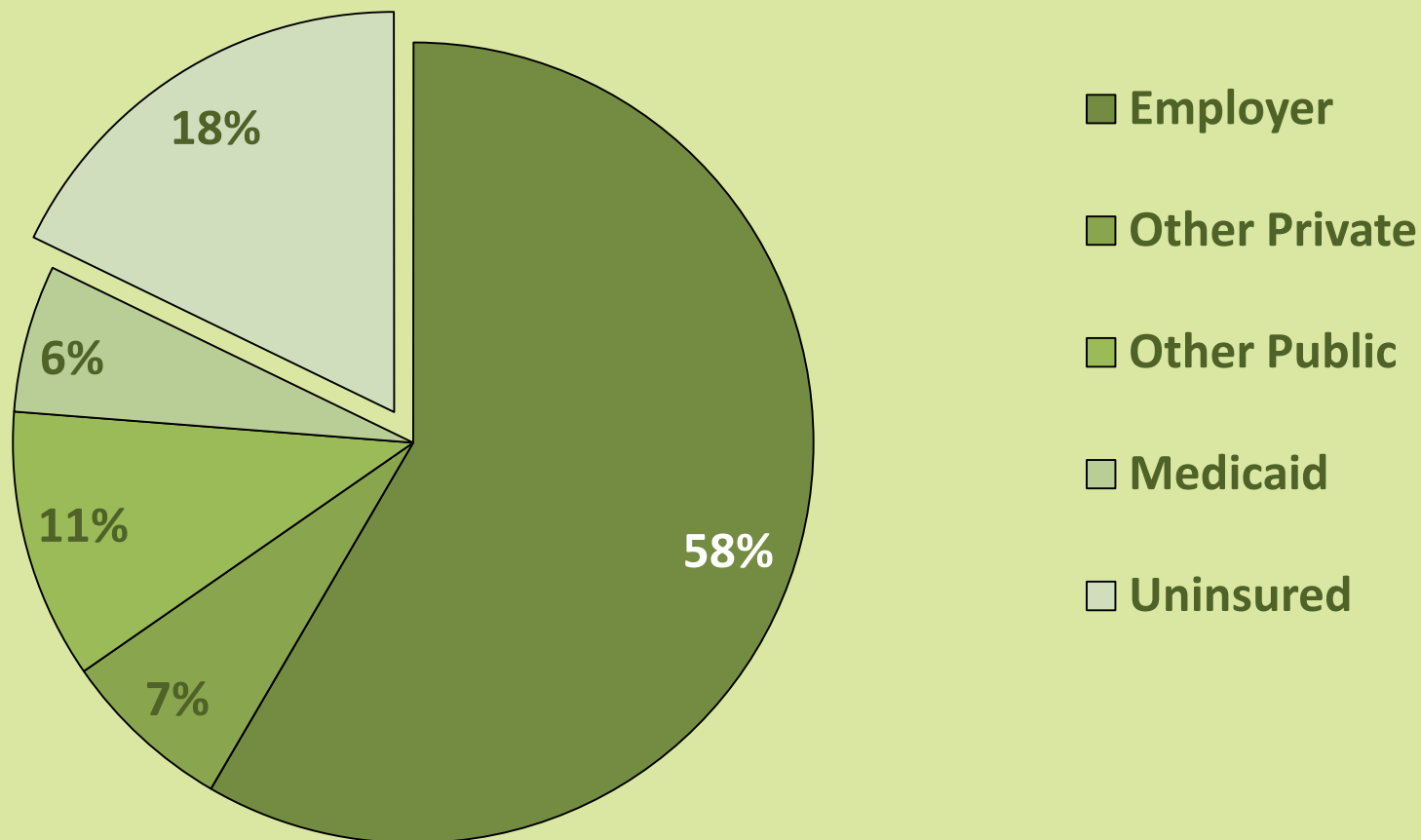
# Prevention of Septicemia

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

# Health Insurance Coverage, 2011-2012



## Alabama Women, aged 19-64





# Health Insurance Coverage

- In Alabama, 72% of women between the ages of 18 and 64 had health insurance coverage in 2012\*. This is an increase from 2005-2006.
- Women 65 and over have insurance coverage through Medicare.
- Changes being implemented as a result of the Affordable Care Act should expand the coverage available to a number of women. While the state of Alabama has so far opted against expanding Medicaid, women whose households are at least at the poverty level may be able to purchase subsidized insurance through the federal Marketplace. Those with even higher incomes may for the first time be able to purchase insurance despite pre-existing conditions.

\*Behavioral Risk Factor Surveillance Survey, Alabama, 2012



# Health Risk Factors

- High blood pressure: 36 percent of Alabama's women had been diagnosed by a doctor with high blood pressure as of 2011.\*\*
- High Cholesterol: 42% of Alabama's women in 2011 had tested with high cholesterol.\*
- Diabetes: 14% of women in 2010 had been told by a doctor they had diabetes.\*
- Obesity: Almost 33% of women over age 20 in Alabama identify themselves as obese.\*\*

\*Behavioral Risk Factor Surveillance Survey, Alabama, 2012

\*\*Women's Health & Mortality Chart book, HHS, 2013



# Health Risk Factors

- Smoking: Almost 22% of women in Alabama smoked in 2011.
- Physical Activity & Exercise: More than 34% of women engaged in no leisure-time physical activity in 2011. The percentage was lower in only three other states.
- Healthy Diet: Only 22% of women said they ate 5+ fruits & vegetables per day in 2009.

Source: Women's Health & Mortality Chartbook, HHS, 2013



# Preventive Care and Screenings



- In 2011, 86% of women stated they had a routine check-up within the past two years\*\*.
- 78% of women ages 50-74 in 2010 reporting having a mammogram within the past two years\*\*.
- When surveyed, 84% of women 21-75 said in 2010 they'd had a Pap smear within the past two years\*\*.

\*Behavioral Risk Factor Surveillance Survey, Alabama, 2012

\*\*Women's Health & Mortality Chartbook, HHS, 2013

# Maternal Mortality



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

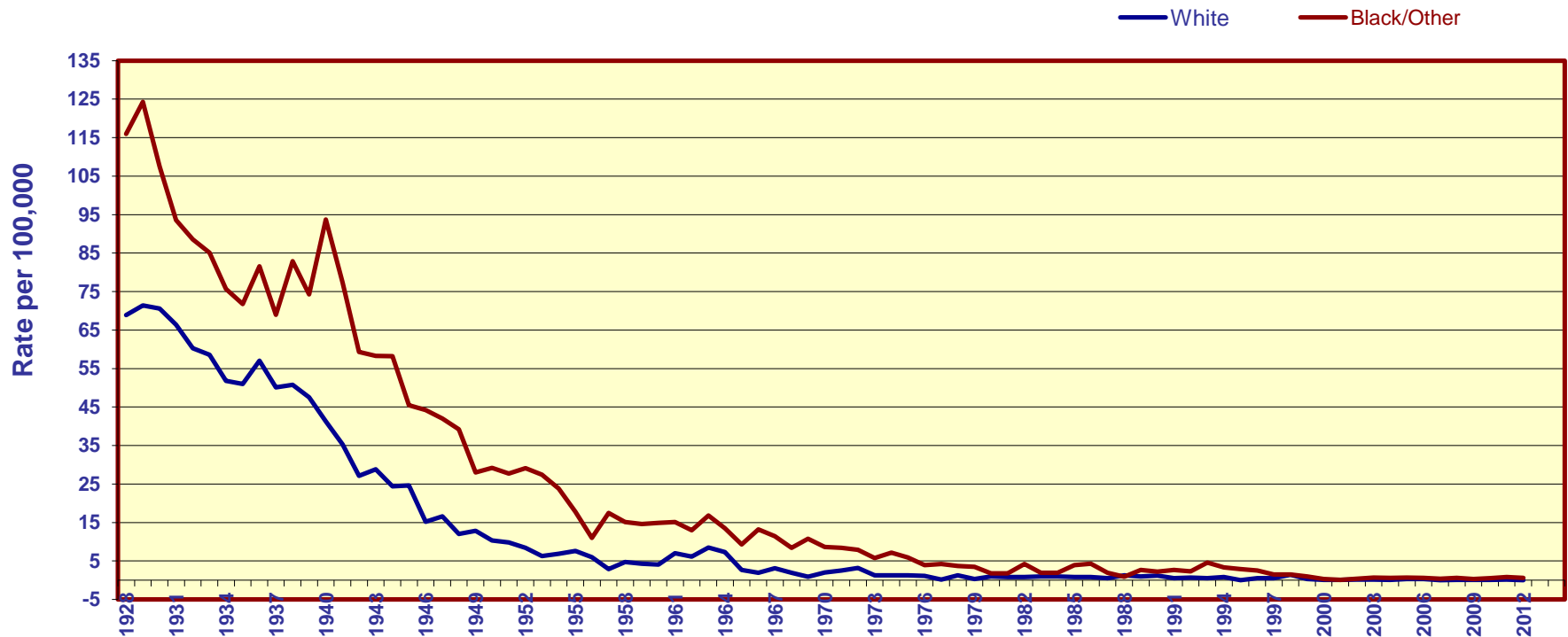
Another major change was the development of the birth control pill. Although developed in 1951, it was not approved for use until 1960, and it was the first safe, easy-to-use method. Both the birth rate and the maternal mortality rate dropped immediately.

Despite such advances, five Alabama women died of childbirth-related problems in 2012.

# Maternal Mortality, 1928—2012



Alabama Maternal Deaths,  
1928 - 2012



# Infant Mortality in Alabama



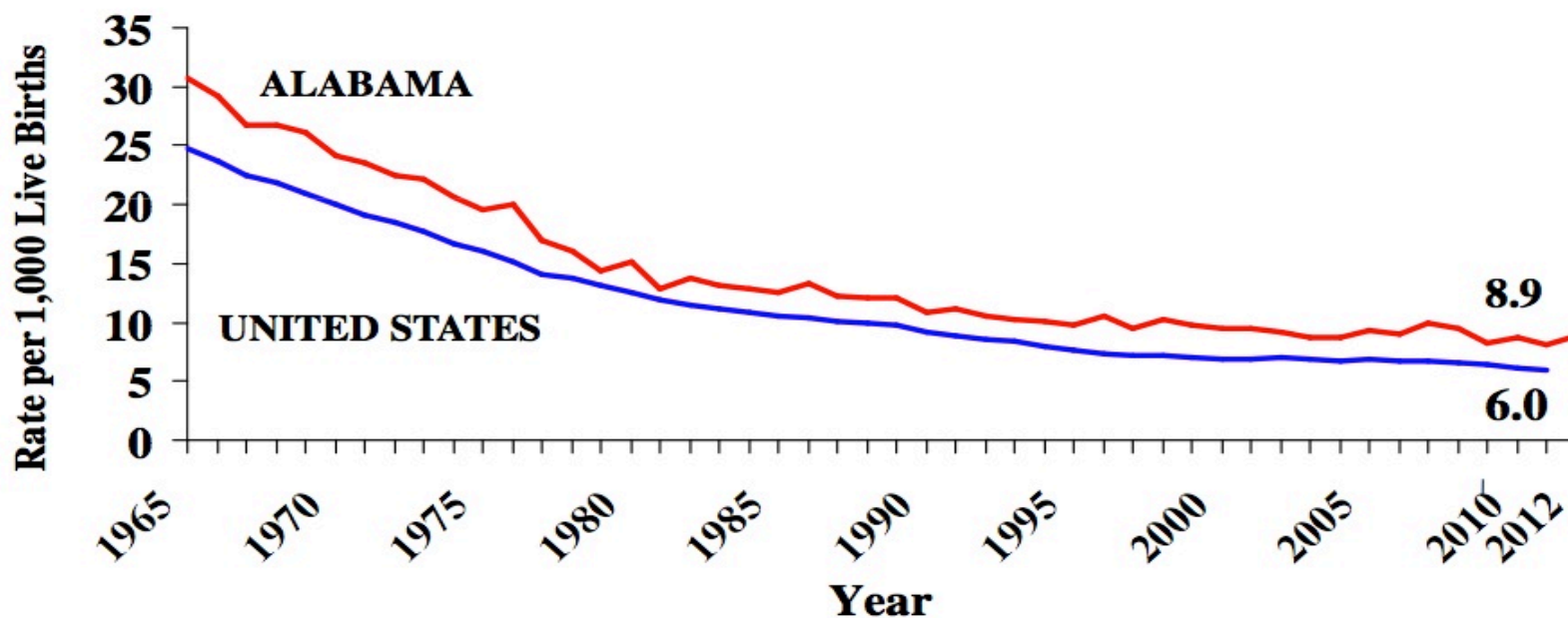
Infant mortality has decreased dramatically in the past 80 years. Despite this dramatic drop, Alabama's 2012 overall infant mortality rate of 8.9 deaths per 1,000 live births is higher than the National average (6.0 per 1,000).

There are serious disparities between the races (white 6.6; black and other 14.4).

# Alabama Infant Mortality, 1965 – 2012



## INFANT MORTALITY RATES ALABAMA AND UNITED STATES<sup>1</sup> 1965-2012





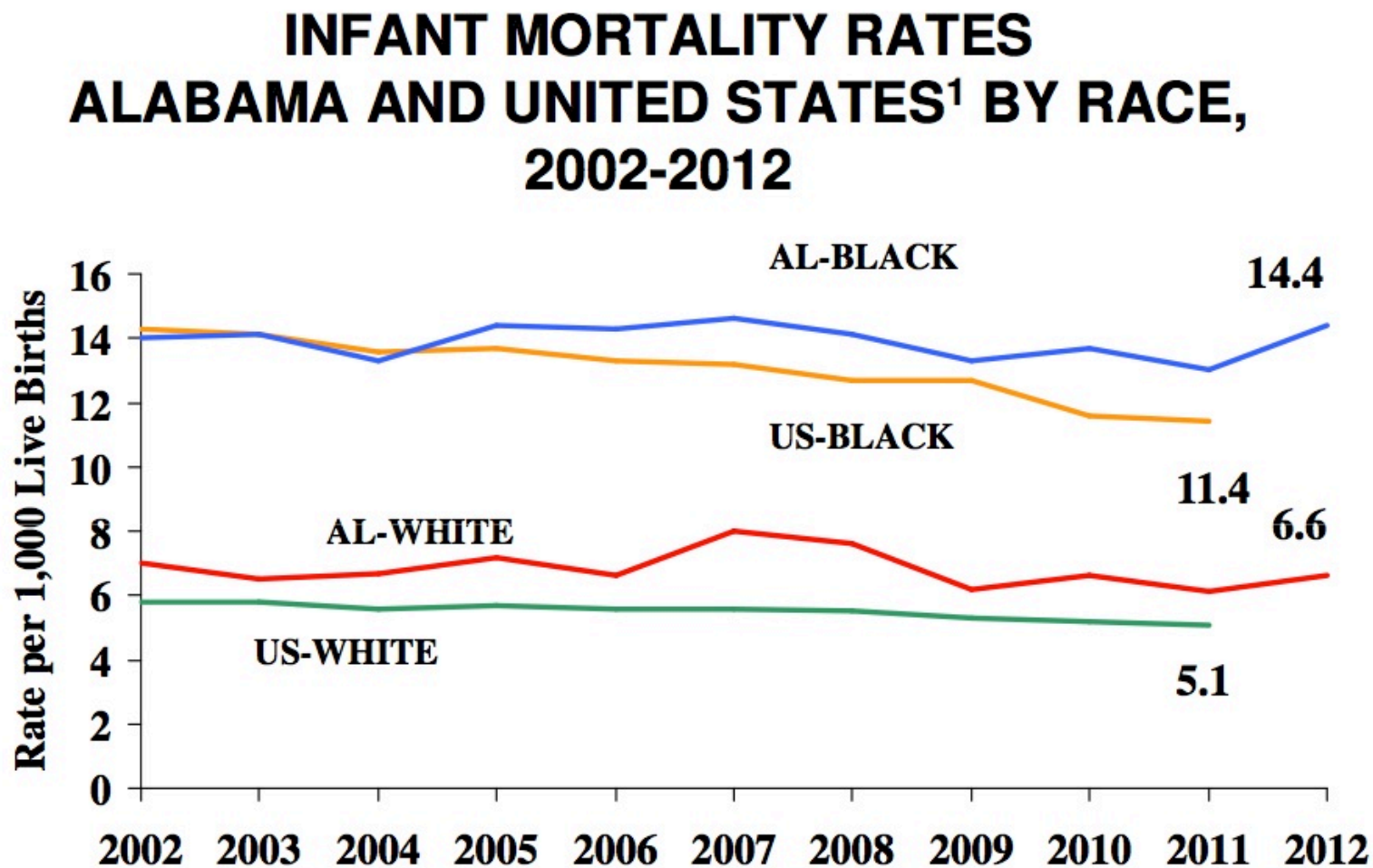
# Why is the Infant Mortality Rate so Important?

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

Measuring from best to worst, the United States' infant mortality rate ranks 56<sup>th</sup> among 224 countries and trails many industrialized nations.

# Infant Mortality Rates

## Alabama and United States by Race, 2002 - 2012



# Risk Factors Associated with Infant Mortality



- Low Birth Weight
- Multiple Births
- Teenage Mothers
- inadequate Weight Gain during Pregnancy
- Birth Order
- Maternal Smoking
- Educational Attainment of Mother
- Race
- Method of Payment for Delivery
- Marital Status
- Inadequacy of Prenatal Care



# Facts About Births in Alabama

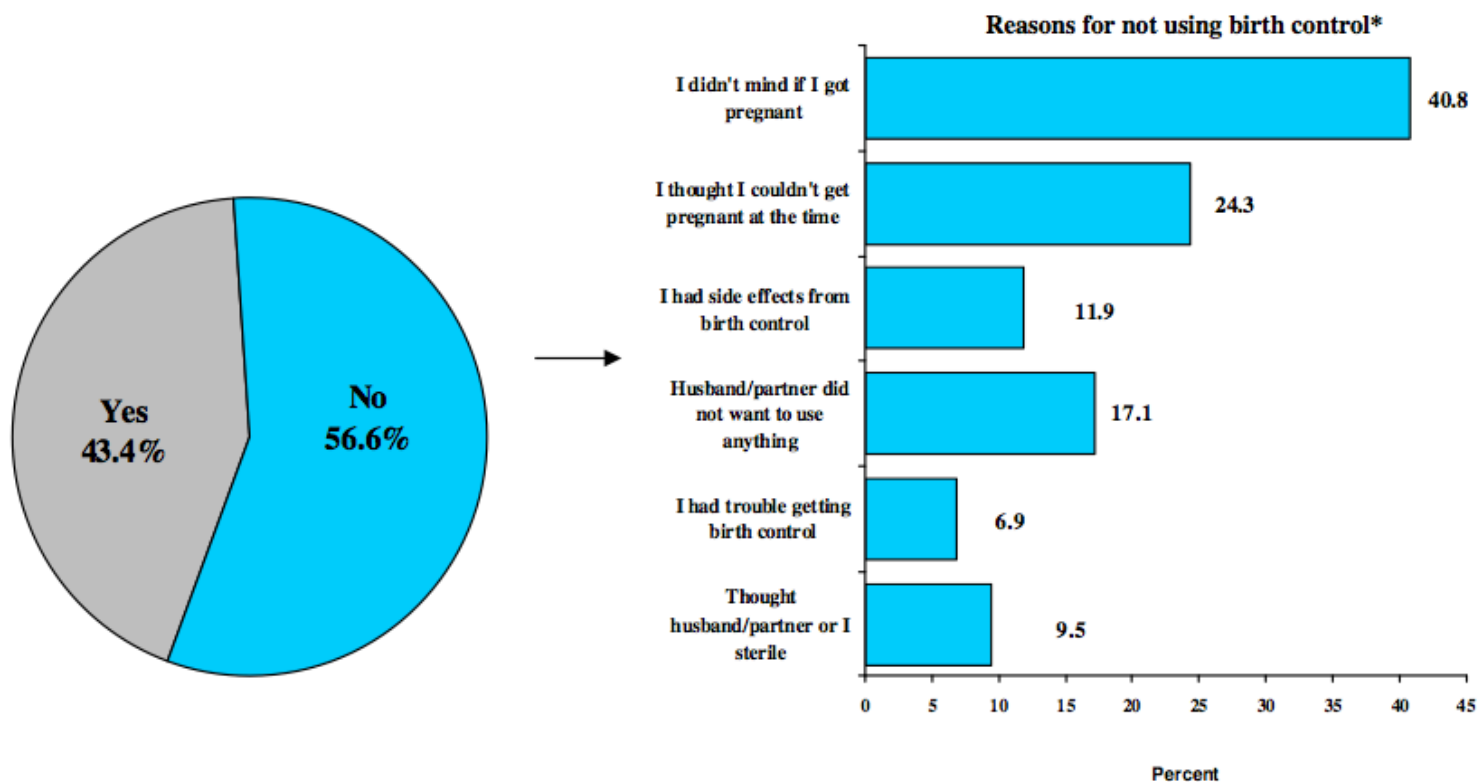


- Very low weight births are linked to higher infant deaths.
- Fewer women are receiving prenatal care than they were a decade ago.
- Smoking by mother increases risk of infant death.
- Women who had a prior infant death are at greater risk.
- Low maternal weight gain during pregnancy appears to be a factor in infant mortality.
- Deaths for multiple births are higher.

# Birth Control



**Mother *Not* Planning Pregnancy Using Birth Control at Conception,  
Alabama PRAMS 2011**





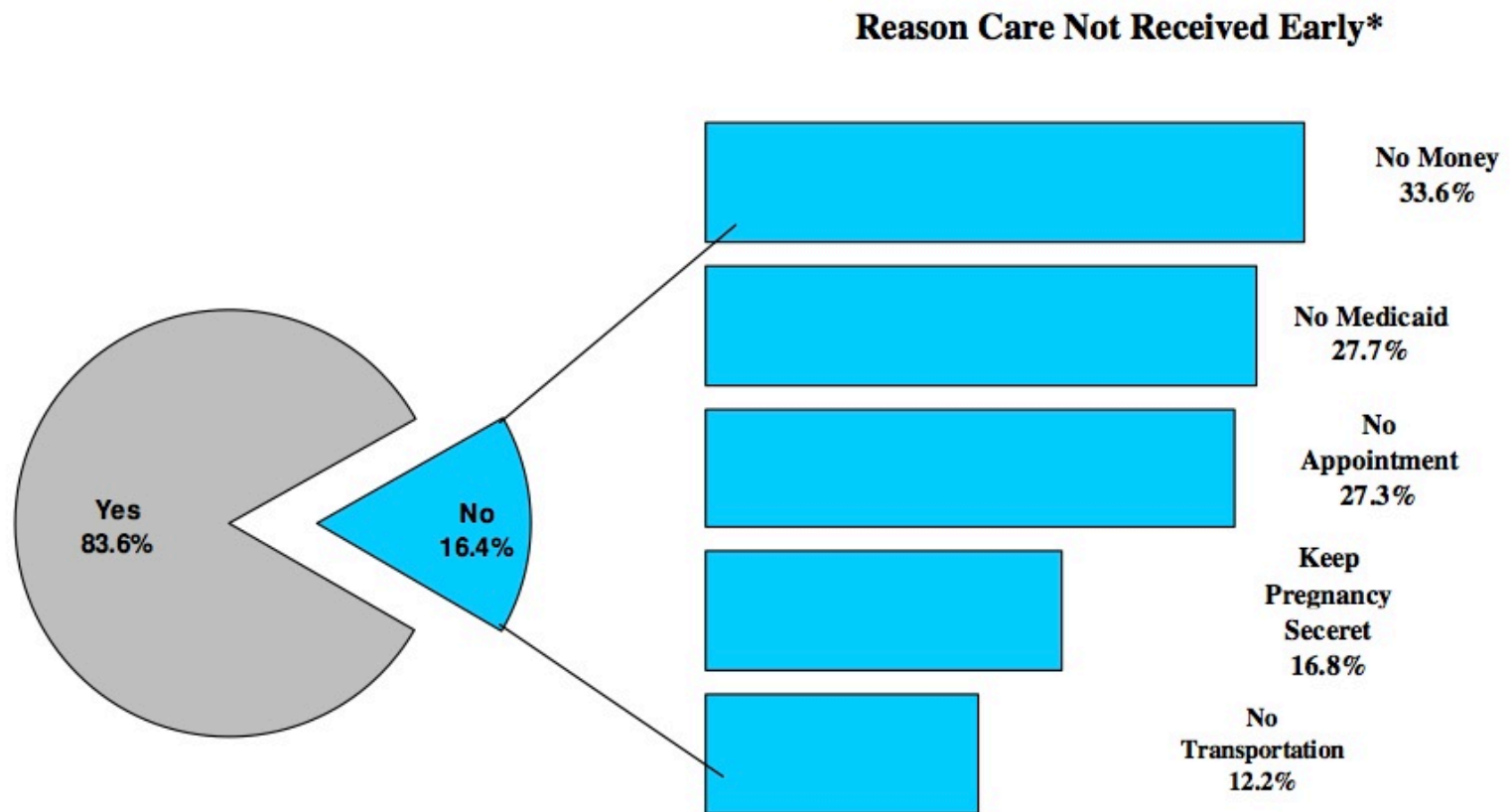
# Birth Control

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

# Prenatal Care in Alabama



## Prenatal Care Received as Early as Mother Wanted, Alabama PRAMS 2011

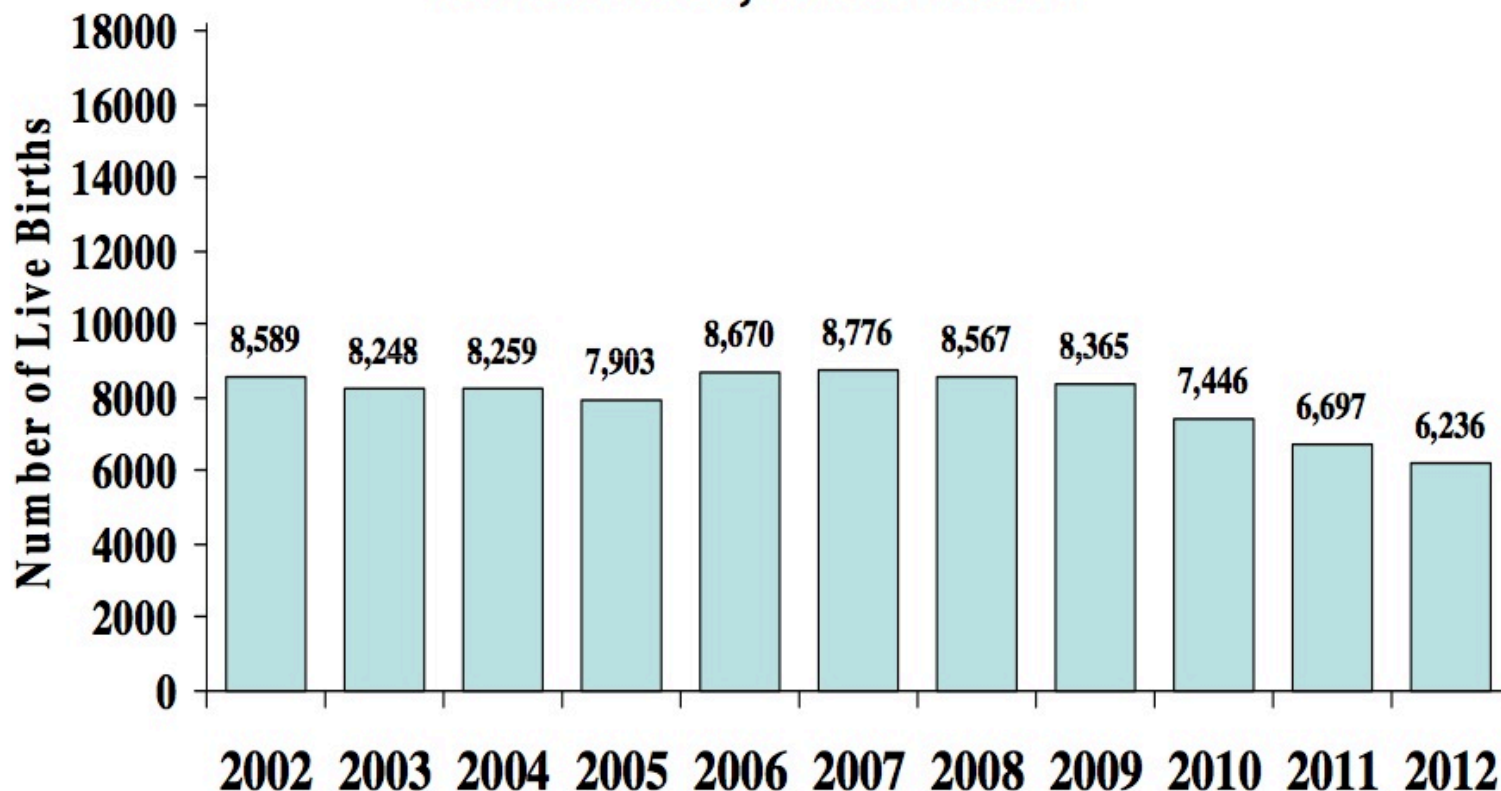


\*Items not mutually exclusive; therefore, percentages will not equal 100.

# Percent of Births to Teenagers in Alabama, 2002 – 2012



## NUMBER OF TEEN BIRTHS ALABAMA, 2002-2012



# Elderly Women in Alabama



- In Alabama, 371,595 women who are 65 and older rely on Social Security benefits\*.
- Women represent 57% of all people 65 and older in Alabama who rely on Social Security benefits\*.
- Without Social Security, 51% of elderly women in Alabama would be poor\*\*.
- 15% of the total population are 65 years and over. Alabama ranks 21<sup>st</sup> in elderly population\*\*\*.
- Alabama ranks 1st in percent of grandparents responsible for their grandchildren—58%\*\*\*.

\*Social Security Administration, 2012

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

\*\*\*U.S. Census Bureau, 2012 American Community Survey

# Domestic Violence in Alabama



- There were 32,995 domestic simple assaults in 2012, which represented 39% of all simple assaults reported.
- 78% of the victims were females, 48% of the victims were black, 52% of the victims were white. In 73%, the offender was male.
- Weapons:
  - Firearm, 14%
  - Hands, fists, or feet, 53%
  - Knife, 18%
  - Other dangerous weapons, 15%

# Domestic Violence in Alabama (cont.)



- Of the 20,863 violent offenses reported in 2012, 14% were domestic violence incidents.
- Domestic violence was indicated in 24 homicides, 183 rapes, 63 robberies, and in 2,722 aggravated assaults.
- In 22% of the domestic violence offenses, the victim was the wife or ex-wife of the offender; in 43% the victim was the girlfriend or ex-girlfriend of the offender.
- 43% of all domestic violence assault victims were injured. Among aggravated assaults, 61 percent of victims were injured.



# Sexual Violence in Alabama



- There were 1,264 rapes reported in 2012\*. Data from statewide crisis centers, law enforcement and research studies indicate that only 35-40% of all sexual assaults are reported\*\*.
- On the average, there were 3.5 rapes reported per day in Alabama\*.
- Of these, 499 were solved, and 307 were arrested\*.
- Victims range from 1 to over 80 years of age\*\*.

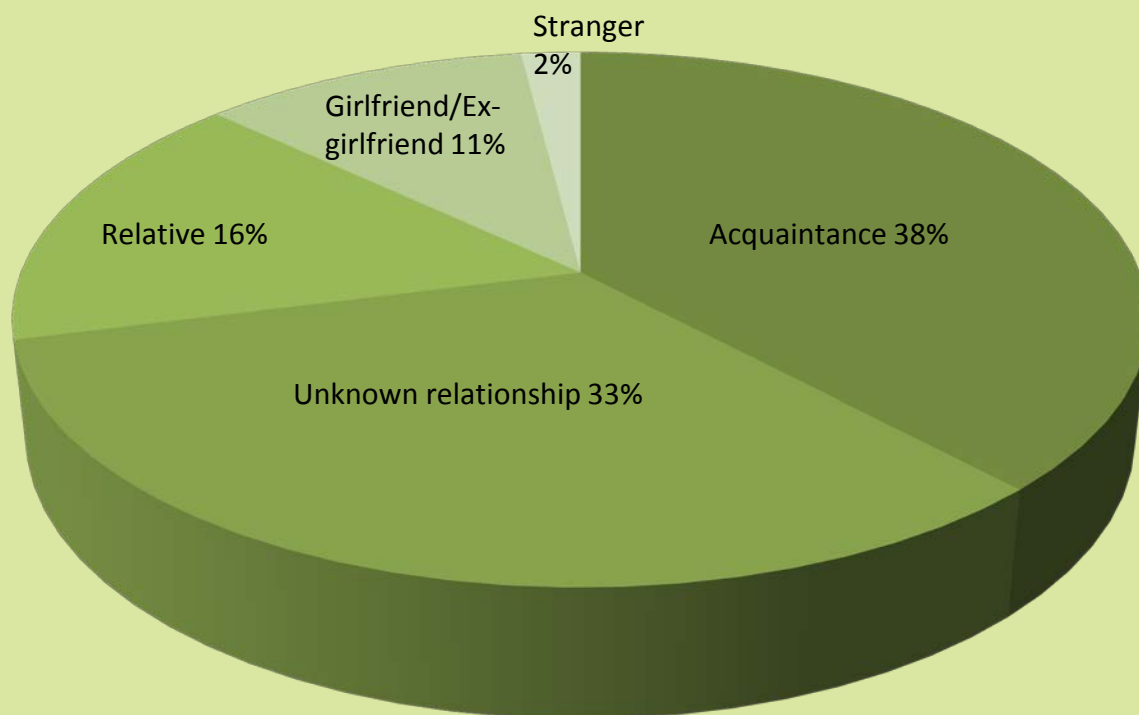
\*Alabama Criminal Justice Information Center, 2012

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



# Sexual Violence in Alabama

## Relationship of Victim to Offender





# Poverty Status in Alabama

In 2012, the U. S. Department of Health and Human Services used the following income levels to determine poverty status:

# in Family	Income
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890
For additional person add:	3,960

# Poverty Status in Alabama



- The U.S. Census Bureau reports that in 2012, 509,764 females in Alabama, or 21% of the population, lived below the poverty level.
- Of these, 100,351 were employed in the civilian labor force and 49,612 were unemployed.
- Of those living in poverty, 36% did not have high school degrees; 19% were high school graduates; 15% had some college or an associate's degree; 5% had a bachelor's degree or higher.



# Poverty Status in Alabama

- Alabama ranks 45<sup>th</sup> in the nation in Median Earnings for Females Employed Full-Time, Year-Round.
- The median earnings are \$31,674.
- 49% of married couple families have both husband and wife in the labor force.
- Alabama ranks 6<sup>th</sup> in the U.S. for number of families living in poverty.



# Households and Families in Alabama

	Married Couple Families	Female Householder Family	Non-family Household
Total	883,291	277,568	611,232
Av. Household Size	3.12	3.34	1.19
65 Years & Older	n/a	n/a	31.4%
% Below Poverty Status	6.6%	38.9%	n/a
Single Family Unit (House)	84.3%	62.3%	60.3%
Bldg. with 2 or more apartments	4.3%	21.7%	26.1%
Mobile Home	11.4%	16%	13.6%
Owned	84.9%	49.4%	58%
Rented	15.1%	50.6%	42%



# Labor Force Participation

- In 2012, 66% of women were in the labor force.
- During 2012, 60% of women were employed.
- The median earnings for all women, 16 years and older, were \$21,355. This included part-time, seasonal, and full-time workers.
- Full-time, year-round female workers averaged \$38,450 in 2006. Men in the same category had average earnings of \$57,577.
- Because women earn less than men, their Social Security benefits are less, and they live longer.

# Labor Force Participation (cont.)



- In Alabama, only one occupation pays women more than men: health care support operations.
- Occupations dominated by women (70%+), including office & administrative support, personal care, healthcare support, health technologists & technicians, education & library occupations, healthcare practitioners, health diagnosing & treating practitioners—all but one (health care support) pay men more than women!
- Nationally, women earn 81 cents for every \$1 men earn. In Alabama, women earn 76 cents for every \$1.\*\*

U.S. Census Bureau, 2012 American Community Survey

\*\*U.S. Census Bureau, and Bureau of Labor Statistics, Annual Social and Economic Supplement, Current Population Survey, 2012



# Educational Attainment



- Alabama ranks 46<sup>th</sup> in the percentage of people 25 years & older who have completed high school: 84%.
- Alabama ranks 45<sup>th</sup> in the percentage of people 25 years & older who have completed a Bachelor's degree: 23%.
- Currently, in Alabama, more women than men are enrolled in college or graduate school. This is true of all age groups, 18+.

# Educational Attainment (cont.)



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

Educational Attainment	Women's Earnings	Men's Earnings
Less than High School	\$13,580	\$22,101
High School Graduate	\$19,672	\$31,561
Some college/Associate's degree	\$24,940	\$39,694
Bachelor's degree	\$36,153	\$60,255
Graduate or Professional degree	\$49,565	\$75,295



# The Future . . .

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

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



# Sources

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

# Office of Women's Health

## Alabama Department of Public Health



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

### Mission:

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

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

# Services Provided by OWH



## Office of Women's Health Website

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

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

## Annual Report on Women's Health

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

# Services Provided by OWH



## Publications and Educational Material

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

## Public and Professional Education

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



# Office of Women's Health Initiatives

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

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

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

A program designed to help parents and caregivers of young adolescents by improving family eating and activity habits.

## **Heart Truth**

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

## **WOW Speakers Bureau**

A clearinghouse of experts and gifted communicators who can address a wide range of audiences on issues of women's health.



# Office of Women's Health Initiatives



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

HWN will be used to provide information on topics affecting women's health throughout Alabama. Membership benefits include a free 12 month subscription to *Heath Exchange Newsletter* and other healthy tips throughout the year.

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

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

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

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

# OWH Steering Committee



## **OWH Staff:**

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

Dechelle Merritt

## **Hospital Association:**

Tammy Smith, Director, Women's Health Center, Southeast Alabama Medical Center

Martha Walls, Chief Nursing Officer, Crestwood Medical Center

Cynthia Williams, Vice President, Patient Care Services, St. Vincent's Health System

## **Nurses Association:**

Margaret Findlay, RN, PhD, Samford University

Bernita Hamilton, PhD, Troy University School of Nursing

Linda Roussel, DSN, RN, USA College of Nursing

## **Pharmacy Association:**

Nancy Bishop, Pharmacist

Christy Garmon, PharmD

Valerie Oakley PharmD

## **Dietetic Association:**

Teresa Fair, RD, LD

Lindsey Lee, RD

Jessica-Lauren Roberts, MA, RD, LD



# OWH Steering Committee

## **Medical Association:**

Angela Martin, MD, Pediatric Care Center North East Alabama

Grace Thomas, MD, Asst. State Health Officer, Family Health Services, ADPH

John B. Waits, MD, Cahaba Medical Care

## **Business Council of Alabama:**

Carol Kelley Nesbitt, RN, CHCQM, FAIHQ, Drummond Company

Tracy Welsh, Blue Cross Blue Shield of Alabama

Margaret Whatley, Ala. Hospital Association

## **Consumers:**

Izza Cagle, MPH, ADPH

Robin DeMonia, Birmingham, AL

Donna Campbell Dunn, PhD, CNM, FNP-BC, Adult/Acute Health, Chronic Care, UAB

Debra Hodges, PhD, Chronic Disease Epidemiology, ADPH

Linda Mays, ABC News 33/40

Leigh Minchew, Mobile, AL

Sue Turner, Executive Director, Alabama Physicians for Life

Annie McCarthy

Stacey Jernigan