



Women's Health and Well-Being By

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Health and wellness are vital elements of a productive life. This month, we will examine several leading health concerns for women. In fact, March is **Women's History Month**. March 10, 2009 is also **National Women and Girls HIV/AIDS Awareness Day**.



Did you know?

The life expectancy in the United States reached an **all-time high** in 2006, according to a Centers for Disease Control and Prevention Report (Hitti 2009). From 2005, babies' life expectancy increased from 77.4 years to 77.7 years in 2006. The CDC credited this decline in deaths to heart disease, cancer, chronic lower respiratory diseases, and stroke.

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Census Information Center Resources

- www.census.gov
- www.cdc.gov/scientific.htm
- www.quickfacts.census.gov/qfd/states/13000.html
- www.scorecard.org/env-releases/state.tcl?fips_state_code=13

Women's Health and Well-Being

Health Risks for Women in the United States

What critical health issues face women today? According to the Centers for Disease Control and Prevention, the leading causes of death for American women of all ages are:

Table 1 Leading Causes of Death for Females in the United States, 2004

Source: CDC Office of Women's Health 2004

Risk	Percent
1. Heart disease	27.2
2. Cancer	22.0
3. Stroke	7.5
4. Chronic lower respiratory diseases	5.2
5. Alzheimer's disease	3.9
6. Unintentional diseases	3.3
7. Diabetes	3.1
8. Influenza and pneumonia	2.7
9. Kidney disease	1.8
10. Septicemia	1.5

As Table 1 shows, the greatest health risk for women of all ages and races was heart disease in 2004. Heart disease accounted for over $\frac{1}{4}$ (27%) of deaths in women. The term heart disease actually describes several heart conditions, including coronary heart disease, heart attack, angina, acute coronary syndrome, aortic aneurysm and dissection, arrhythmias, cardiomyopathy, congenital heart disease, heart failure, peripheral arterial disease, and rheumatic heart disease (Centers for Disease Control and Prevention 2009). The second leading cause of death for women in the United States was cancer, accounting for 22% of deaths among women. Stroke was also a leading cause of death for females, followed by chronic lower respiratory diseases, Alzheimer's disease, unintentional diseases, diabetes, influenza and pneumonia, kidney disease, and septicemia.

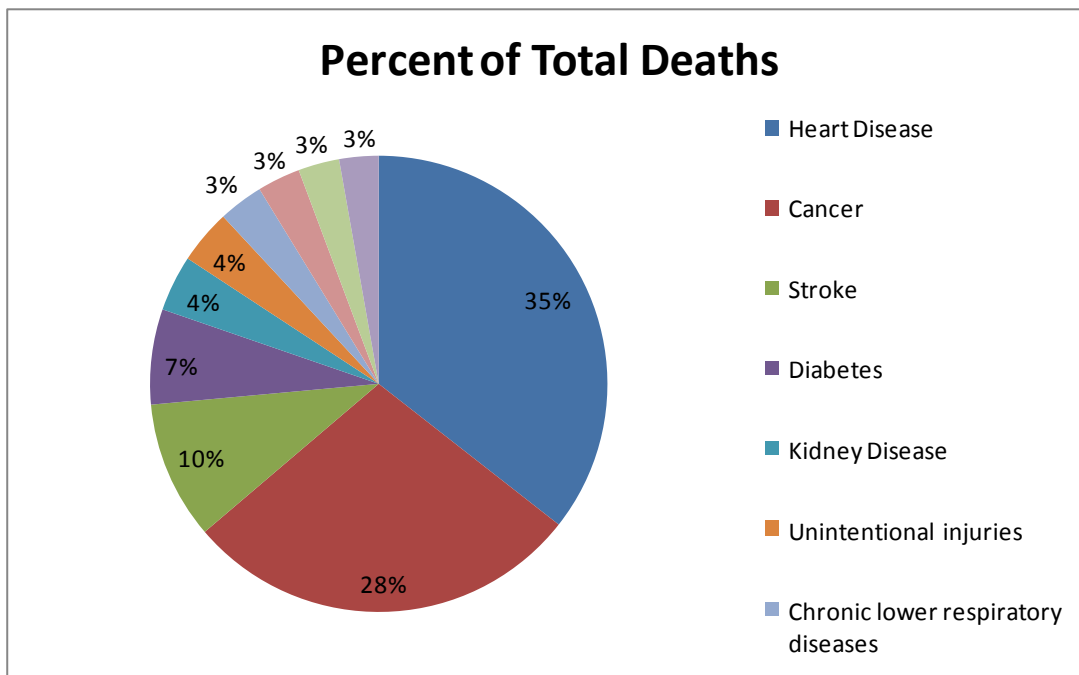
Heart disease accounted for over $\frac{1}{4}$ (27%) of deaths in women in 2004.



Black Women's Health

The leading causes of death for women overall are somewhat similar for black women. Similar to all women (Table 1), heart disease was the leading cause of death in 2004 for black women (Figure 1). Although cancer was the number 2 leading cause of death for women and black women, differences in the percentage of deaths caused exist. For women, the percentage of deaths due to cancer was 22% while it was 28% for black women (CDC Office of Women's Health 2004). Although not listed here, the risk and prevalence of HIV/Aids infection is also high among black women and will be discussed in a later section of the report.

Figure 1



Source: CDC Office of Women's Health 2004

Prevention of Heart Disease

Given the prevalence of heart disease among women of all races and ages, it is important to consider how it can be prevented. There are several methods of prevention, or ways to lower the risk for heart disease. These include:

1. Lower your high blood cholesterol.
2. Lower high blood pressure
3. Control diabetes.
4. No tobacco.
5. Drink alcohol moderately.
6. Maintain a healthy weight.
7. Exercise regularly, at least 30 minutes several
8. Start and maintain a healthy diet..

Campaigns for Women's Health

One well-known national campaign that spreads awareness and activism about heart disease in women is the **Go Red** Campaign. This on-going event is part of the American Heart Association's outreach programs. One of the aims of this movement is to prevent heart disease and stroke for women through donations, education, events, research and advocacy. On the website, you can find detailed information and links to Facebook/Flickr.



Source: American Heart Association 2009

For more information, please visit <http://www.goredforwomen.org> or call **1-888-MY-HEART**.

Domestic Violence and Women Recent coverage of domestic violence in the national media has increased, especially following the Chris Brown and Rihanna case. Chris Brown, who is a 19-year old singer, is accused of battering his 21-year old girlfriend, also a singer. The event that sparked national attention occurred on February 8, 2009 when Brown allegedly attacked his girlfriend in a car the night of the Grammy's (Velez-Mitchell 2009).



Source: Kevin Mazur, Getty Images

Domestic Violence, continued

Brown was later charged with assault and making criminal threats, and could stand trial for the crimes.

Although greater attention could be paid to this particular incident, this instance of domestic violence offers an opportunity to explore the prevalence of violence against women in the United States. According to the United States Department of Justice, domestic violence is the "... pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner" (United States Department of Justice 2009). The National Coalition Against Domestic Violence estimates that **one in every four women** will be a victim of domestic violence at some point in her life. Recent statistics from 2007 show that there were 61464 *reported* cases of domestic violence in the state of Georgia (Georgia Bureau of Investigation 2007). Figure 2 and Table 3 show that this number has fluctuated in the past 5 years.

Table 3 Total Reported Incidents of Family Violence in Georgia, 2003-2007

Year	Total Reported Incidents of Family Violence	Children present at incident	Children involved in incident
2003	68414	14278	272
2004	60534	12736	23057
2005	45400	9099	17110
2006	54010	10671	11753
2007	61464	11753	21063

Source: Georgia Bureau of Investigation 2007

The highest number of reported incidents of family violence in Georgia occurred in 2003, while the lowest was in 2005. Levels of family violence have steadily increased since 2005, and are currently the second highest they have been since 2003. In actuality, there may have been even more instances of domestic violence. However, due to the underreporting commonly associated with domestic violence cases (Kishor 2005), it is impossible to truly estimate the extent. Many of these 61,164 reported instances of domestic violence involved a current or former spouse. In fact, 27% of these cases involved such a perpetrator in 2007 (Georgia Bureau of Investigation 2007).

Family Violence in Georgia

As Figure 2 shows, substantial decreases followed by increases in the total reported incidents of family violence occurred in the state of Georgia between 2003 and 2007. Similarly, the number of children involved in incidents of family violence decreased between 2004 and 2006, then increased after 2006.

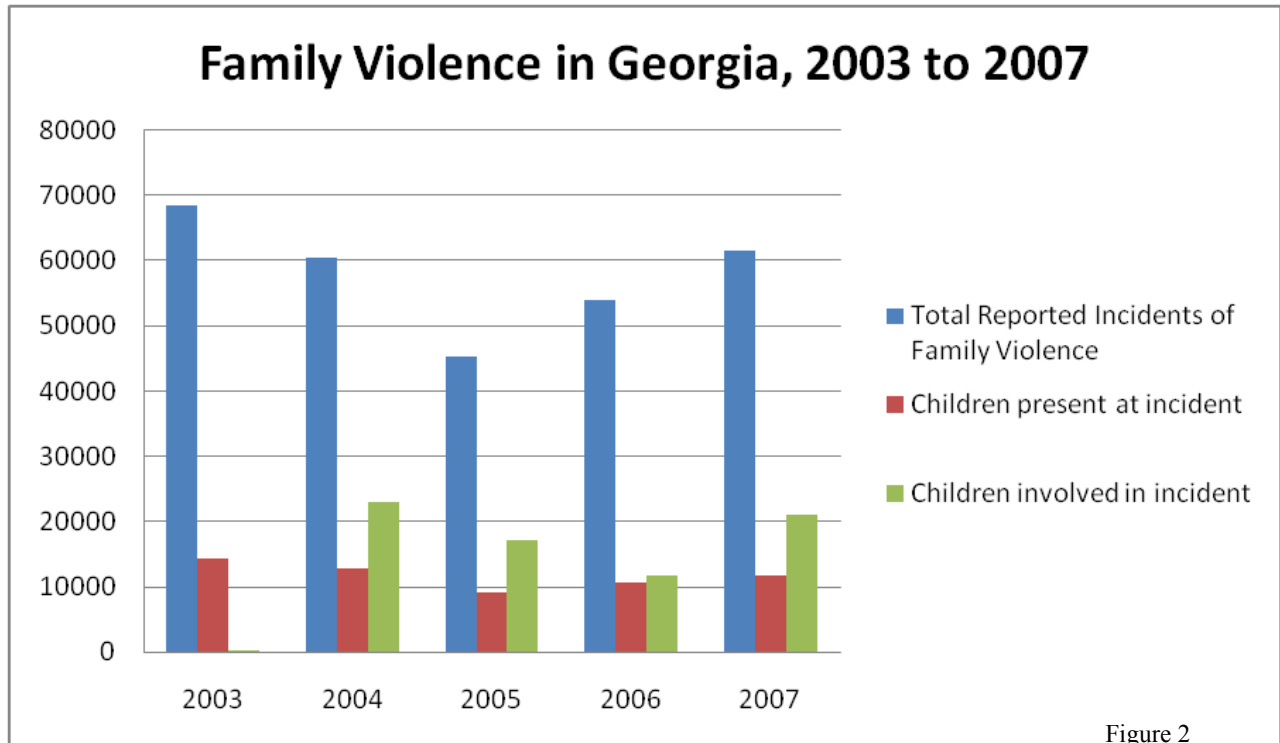


FIGURE 2 Source: Georgia Bureau of Investigation 2007

Figure 2 does not capture the frequency of fatalities associated with family violence in Georgia. Of the 61,164 reported cases of family violence in the State of Georgia in 2007, 46 men and 7 women inflicted fatal injuries on their victims. This means that over 50 people in the state of Georgia died because of domestic violence incidents in 2007.

For more information, or to get help, please contact the
Georgia Statewide Domestic Violence Hotline at 1-800-33-HAVEN
The National Domestic Violence Hotline at 1-800-799-SAFE

The Transmission of HIV/AIDS

As previously mentioned, HIV/Aids is another health concern for women worldwide. Women account for over one-quarter of new AIDS cases (CDC 2008a). There are various methods of transmission. Briefly, these methods will be reviewed.

Modes of HIV Transmission - females

- *Unprotected Sexual intercourse (anal, vaginal, or oral) with someone infected with HIV
- *Sharing needles and syringes with someone infected with HIV
- *Fetal or infant exposure to HIV before birth, during birth, or through breastfeeding
- *Through blood infected with HIV (very low risk)

Risk Factors for Transmission

- *Sexual Risk Factors: unprotected sex, men who have sex with men, multiple partners, individuals who have exchanged sex for money, or anonymous partners
- *Substance Use: individuals who have injected drugs or steroids, and shared equipment (i.e. needles, syringes, cotton, water) or blood with others
- *Previous Sexually Transmitted Diseases (STD): individuals who have been diagnosed with or treated for hepatitis, tuberculosis (TB), or another STD such as syphilis
- *Received a blood transfusion or clotting factor during 1978-1995

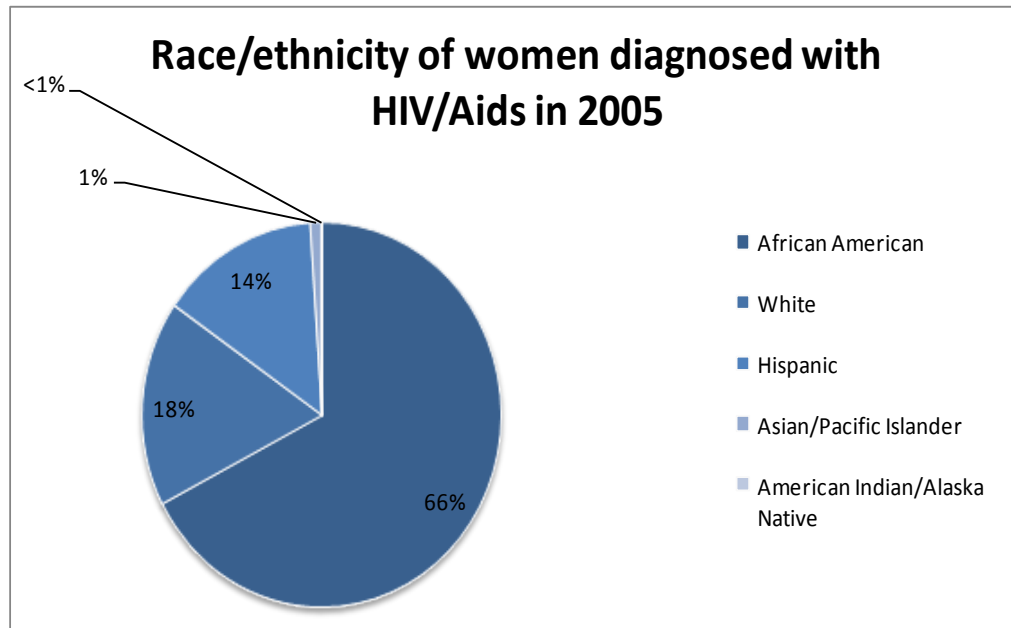
AIDS as an epidemic

For people of color, the incidence of HIV/Aids infection is particularly of concern. In the United States, the spread of HIV has reached epidemic status among this population. According to the scholars in the field of medicine, an epidemic is “the occurrence in a community or region of a group of illness of similar nature clearly in excess of normal expectancy” (Glasscock & Winearls 2009, 1118). Another interpretation of epidemic is when the rate of a particular disease or illness in the community is high and rapidly rising. In the African American community, HIV/Aids has received epidemic proportions based on the rate of infection and the size of the African American population. Data from the 2000 census showed that blacks were approximately 13% of the US population. Blacks, however, were “18,121 (49%) of the estimated new HIV/AIDS diagnoses in the 33 states with long-term, confidential name-based HIV reporting” (CDC 2008).

Black women, in particular, are at high risk. They made up 66% of 126,964 women living with HIV/AIDS in 2005. Figure 3 demonstrates the high prevalence of HIV/Aids among black women compared to their female counterparts.

Prevalence of HIV/Aids among Black women

Figure 3



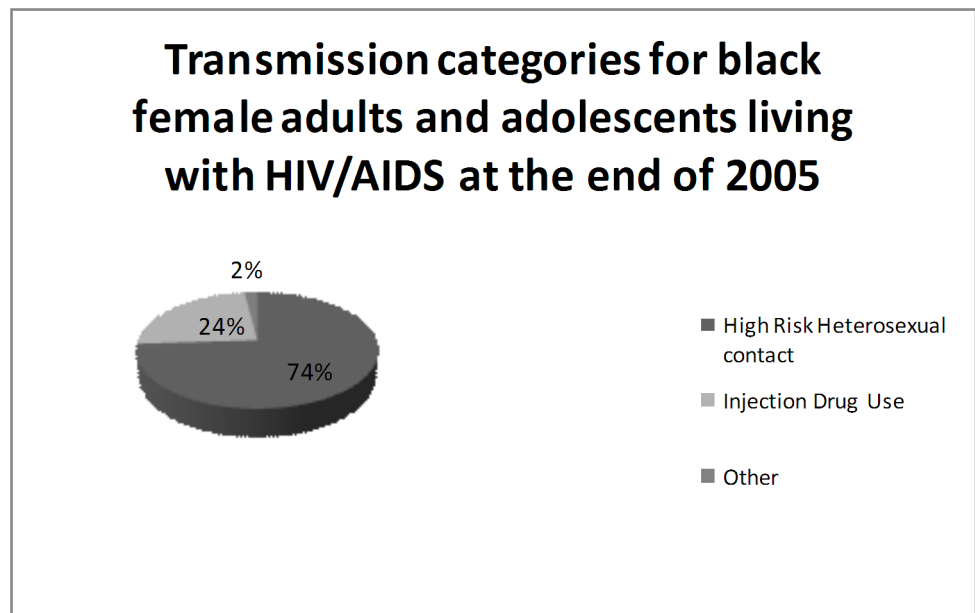
Source: CDC 2008b

Compared to women of other races, Figure 3 demonstrates that black women were overrepresented as HIV/Aids cases. White women had the second highest rate of infection (18%), followed by Hispanic women (14%), Asian/Pacific Islander women (1%), and American Indian/Alaskan Natives (less than 1%).

What is causing such high rates of HIV/Aids infection among black women?

1. The primary transmission category for black women was high-risk heterosexual contact. Specifically, this contact is defined as lack of awareness "of their male partners' possible risk factors for HIV infection, such as unprotected sex with multiple partners, bisexuality, or injection drug use" (CDC 2008b).

2. The secondary transmission category for black women was injection drug use.



Prevention of HIV/AIDS

What is being done to prevent the spread of HIV/AIDS?

- In 2003, the Centers for Disease Control and Prevention (CDC) created the Advancing HIV Prevention (AHP) initiative. There are four parts to this initiative:
 1. To make HIV testing a routine part of medical care
 2. Implement new models for diagnosing HIV infections outside medical settings
 3. Prevent new infections by working with HIV-infected persons and their partners
 4. Further decrease perinatal HIV transmission.
- For the prevention of HIV/AIDS in the African American community, the CDC established the African American HIV/AIDS Work Group. For example, the CDC*
 1. “Funds demonstration projects evaluating rapid HIV testing in historically black colleges and universities as well as projects to improve the effectiveness of HIV testing among black women and MSM (men having sex with men)” (CDC 2008b).
 2. Provides scientifically based interventions, including *Healthy Relationships*, a small-group intervention for men and women living with HIV/AIDS.
 3. Conducts epidemiological research focused on blacks.

*This list is not exhaustive.

For more information....

CDC National HIV Testing Resources

<http://www.hivtest.org>

Location of HIV testing sites

CDC-INFO

1-800-232-4636

Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources

<http://www.hivtest.org>

Location of HIV testing sites

CDC National Prevention Information

Network (NPIN)

1-800-458-5231

<http://www.cdcnpin.org>

CDC resources, technical assistance, and publications

AIDSinfo

1-800-448-0440

<http://www.aidsinfo.nih.gov>

Resources on HIV/AIDS treatment and clinical trials

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What is the Census Information Center???

Spelman College

Census Information Center

Milligan Building Room 2109

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Atlanta, GA 30314

Bruce H. Wade, Ph.D.

Director

Phone: (404) 270-5631

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*Spelman CIC Serves Its
Community*

The Census Information Center (CIC) is a cooperative program between the U.S. Census Bureau and 52 national, regional, and local non-profit organizations. This program represents the interest of underserved communities. The centers serve as repositories of census data and reports, making census information and data available to the public and the communities they serve. The CICs use census data in areas such as program planning, assessing advocacy needs, defining service areas, public policy development, developing new business enterprises, and conducting race/ethnic related research. Individually, and in concert with other community service organizations, the Spelman College's CIC focuses on strengthening community development organizations by improving access to information and national resources for Atlanta University Center (AUC) faculty and students, local activists, minority low income groups, housing, and neighborhood development organizations. Most of the Spelman's CIC projects involve assessment of area needs and local population characteristics.



Spelman College

Census Information Center History

The Spelman College Census Information Center (CIC) was established in 2000 by economics professor Dr. Romie Tribble, and is now directed by Dr. Bruce Wade, professor and former chair of the [Department of Sociology and Anthropology](#).

The CIC is a cooperative program between the U.S. Bureau of the Census and 52 national, regional and local non-profit organizations, and represents the interests of underserved communities.

The centers serve as repositories of census data and reports, making census information and data available to the public and the communities they serve. The CICs use census data in areas such as program planning, needs assessments, defining service areas, developing new business enterprises, and con-

ducting demographic and social research.



The Primary Objectives are:

- ⇒ Make the Spelman's CIC a resource for information on Census related data for diverse community groups.
- ⇒ Promote university community involvement in community development.
- ⇒ Promote AUC student and faculty development and involvement in community services.
- ⇒ Promote awareness of the Census as a resource base.
- ⇒ Encourage AUC students and faculty to integrate Census material in their classrooms, research and career plans.