

# HEALTHY WOMEN/ HEALTHY GIRLS

## How Do We Get There?



### Facing the Challenge

Healthy women/healthy girls represents a complex and broad landscape with many diverse challenges for the Women's Summit. More than 100 topics are covered in the National Women's Health Information Center's Frequently Asked Questions About Women's Health—from acne to violence.

Within any topic, differences are found among women according to age, race and ethnicity, income and education, geographic location and other factors, including insurance coverage. For example, in 2005, black women accounted for two-thirds of newly diagnosed HIV/AIDS cases among U.S. women.<sup>1</sup> Alzheimer's disease ranks as the number three cause of death for women in Mecklenburg County, following cancer and heart disease.<sup>2</sup> More women in Mecklenburg die from breast cancer than nationally (22.6 per 100,000 population in Mecklenburg, compared with 13.9 for the United States as a whole).<sup>3</sup>

The recently announced results for the Youth Risk Behavior Survey (YRBS) show positive and negative trends for girls in ninth through 12th grade.<sup>4</sup> The Mecklenburg County Health Department has collaborated with the Charlotte Mecklenburg Schools (CMS) to conduct YRBS surveys in 2005

and 2007 to monitor several dozen health risk behaviors among youth. The 2007 survey included middle school students for the first time.

The YRBS is a national survey that measures behaviors related to the leading causes of illness, death and disability—unintentional injuries and violence; tobacco, alcohol and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies; poor nutrition; and insufficient physical activity.

The Centers for Disease Control and Prevention within the U.S. Department of Health and Human Services will be releasing national data later this year. At that time comparisons will be made between CMS data and other communities and states. The CMS data will be out by the time of the Summit, and a report of the results will be provided.

### Making the Case

To stimulate discussion and provide direction for future action, key risk behaviors for girls, women and seniors are described below. Select results from the 2007 YRBS are also presented. A report on CMS YRBS data will be available at the Summit.

### Alcohol Use

The risks of alcohol use are serious, especially for young women. Drinking alcohol affects women differently than it does men. Women who drink heavily face greater risks than men who drink heavily. They are more prone to liver disease, heart damage and brain damage. Studies show that women with alcoholism are up to twice as likely as men to die from alcohol-related causes such as suicide, accidents and illnesses.<sup>5</sup>

Drug and alcohol use in early adolescence affects the development of the adolescent brain.<sup>6</sup> Early use of alcohol is also a risk factor for later alcohol-related problems, including alcohol dependence. The highest rate of alcohol dependence is among persons age 18 to 20 years.<sup>7</sup>

Charlotte-Mecklenburg girls made local headlines early in 2008 when the results of the Charlotte Drug-Free Coalition's survey showed girls have caught up with boys in terms of alcohol use. In 2006, 40 percent of boys and 41 percent of girls had a drink without adult supervision.<sup>8</sup>

Charlotte-Mecklenburg has posted good news regarding binge drinking (five or more drinks of alcohol in a row within a couple of hours for boys, four for girls). The proportion of teens reporting binge drinking has decreased to 15.8 percent.<sup>4</sup>

Girls are participating in risky behavior associated with drinking and driving: 22.2 percent of Mecklenburg teens reported riding in a car or other

## ACTION

The Women's Summit recommends a health action focused on girls, with specific risk behaviors to be targeted during the breakout discussions. The action will be based on recently released data from the Charlotte-Mecklenburg Schools.

The targeting will begin at the Summit meeting, March 6, 2008, with the goal of identifying one or more health risk behaviors to address. The Summit proposes to identify and collaborate with individuals and organizations that can undertake an effective community effort to reduce the targeted risk behavior(s).

The Summit suggests defining an action targeting girls that would reflect these criteria:

- Create change at multiple levels—individual behavior, the family environment, community institutions such as schools and workplaces, the physical and social environment, and public policy.
- Address the unique needs of young girls and teenagers as they relate to physical activity, nutrition, injury and violence, alcohol and drug use, tobacco use, and responsible sexual behavior.
  - Maintain a focus on racial and ethnic health disparities.
- Employ an approach to community engagement and ownership that emphasizes doing this work *with* rather than *for* the community and that engages residents and community-based organizations.
- Establish long-term partnerships and a commitment to community change.

vehicle driven by someone else who had been drinking alcohol one or more times in the past 30 days.<sup>4</sup> Eight percent of Mecklenburg teens surveyed reported driving a car or other vehicle when they had been drinking alcohol one or more times in the past 30 days.<sup>4</sup>

Adolescents are more likely to engage in such high-risk behaviors as unprotected sex when they are under the influence of drugs or alcohol.<sup>9</sup> In 2007, 15.2 percent of CMS high school students who had sexual intercourse during the past three months drank alcohol or used drugs before their last sexual intercourse (11.6 percent for girls, 18.8 percent for boys).<sup>4</sup>

***“I am going to eat healthier so that I will be healthy.”***

— 14-year-old girl



## Obesity

Obesity is associated with increased deaths from cardiovascular disease, the major cause of death in the United States.<sup>10</sup> Both obesity and overweight are associated with increased deaths from diabetes, kidney disease and certain cancers considered to be obesity related.<sup>10</sup> In addition, obesity and overweight are associated with a range of other negative outcomes, such as gallbladder disease, respiratory dysfunction, gout and osteoarthritis.<sup>11</sup> Among U.S. women age 20 years and older, over 64 million are overweight, and more than 34 million are obese.<sup>12</sup>

For adults, obesity ranges are determined by calculating the body mass index (BMI), a measure of body fat based on height and weight. Individuals with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese.<sup>11</sup> An estimated 317,000 adults in Mecklenburg County are overweight or obese.<sup>13</sup> More than half of females (51.8 percent) have a BMI of 25 or greater.

Among CMS girls, the YRBS results on weight management are of concern:<sup>4</sup>

- Over 29.6 percent of the sixth through 12th graders described themselves as slightly or very overweight.
- They were more likely than males (18.8 percent) to describe themselves as overweight.
- More than half of girls (52.5 percent) are trying to lose weight. Especially troubling is the 4.5 percent or one out of 20 teens who vomited or took laxatives to lose weight or to keep from gaining weight.

Girls' perceptions about weight do not match up with reality. CMS reports that 14.8 percent of the girls are at risk for becoming overweight (that is, they are at or above the 85th percentile but below the 95th percentile).<sup>4</sup> The proportion of girls who are actually overweight (above the 95th percentile) is considerably less than that of girls who describe themselves as overweight—8.9 percent, compared with 29.6 percent.<sup>4</sup>

Weight is a factor in bullying, which is a problem in both middle schools and high schools in CMS. About one in five girls (19.8 percent) reports being teased or called names because of weight, size or physical appearance. Boys are bullied even more often (22.5 percent).<sup>4</sup>

Good nutrition and physical activity are essential elements in preventing obesity and reducing its risks. Experts agree that the best way to lose weight is to follow a sensible eating plan and engage in regular physical activity.<sup>11</sup> The section following

on physical activity shows that Mecklenburg needs to step up the pace for females of all ages.

## Physical Activity

Research shows that virtually all individuals benefit from regular physical activity.<sup>14</sup> Physical activity is associated with decreased risk of cardiovascular disease, stroke, diabetes, colorectal and breast cancer and osteoporosis. Other benefits of active lifestyles include the following:<sup>14</sup>

- Improved mood and feelings of well-being.
- Better control of body weight, blood glucose, blood pressure and cholesterol.
- Enhanced independent living among older adults.
- Increased quality of life for all persons.

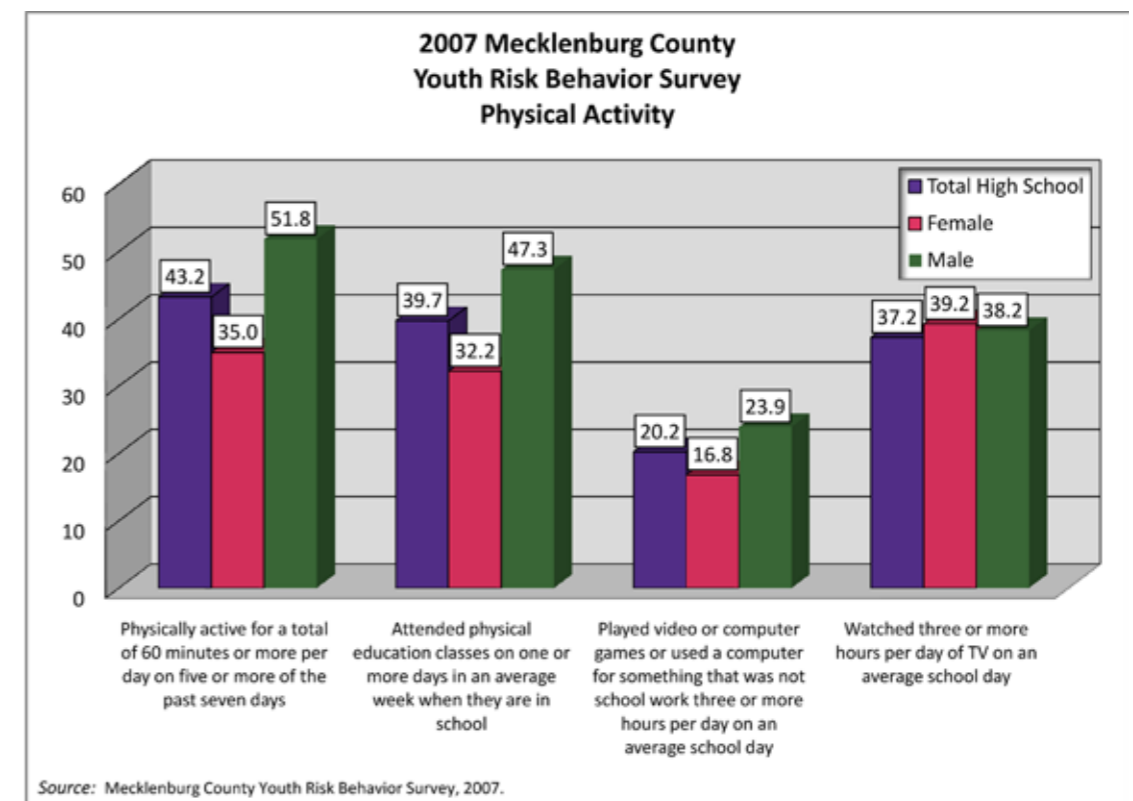
For girls, physical activity is especially important. Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, reduces anxiety and stress, helps control weight, increases self-

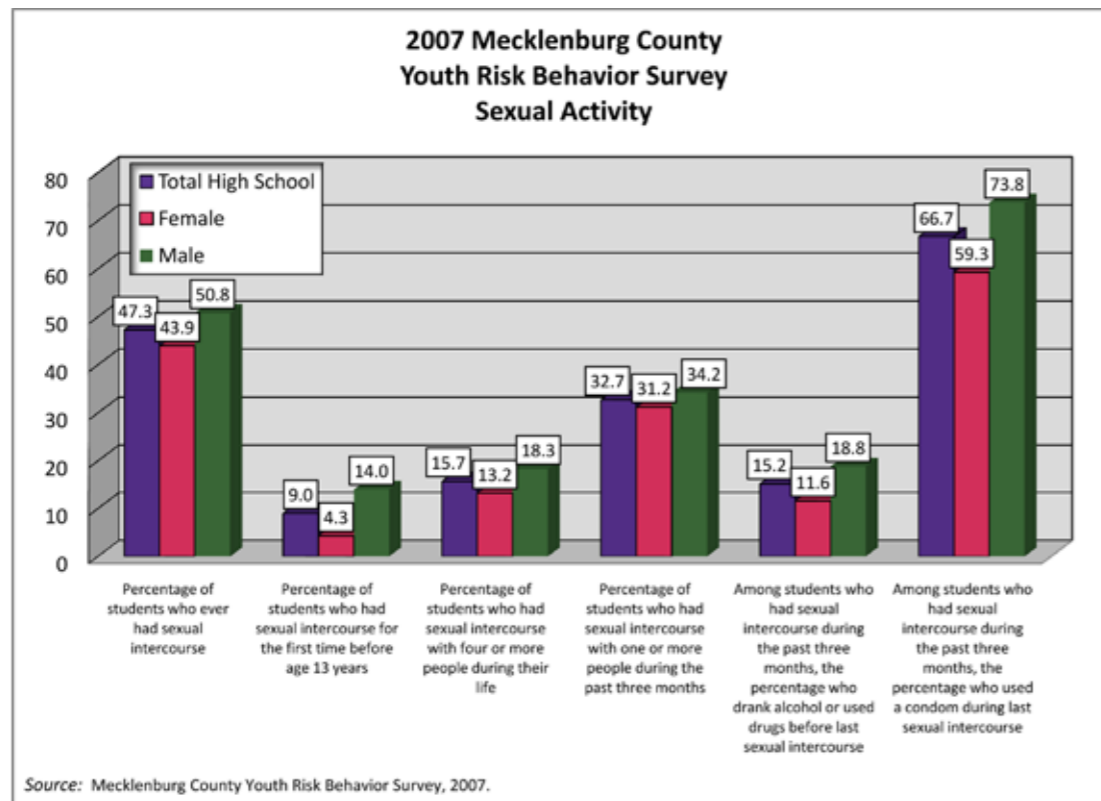
esteem, and may improve blood pressure and cholesterol levels. Positive experiences with physical activity at a young age help lay the foundation for being regularly active throughout life.

Despite the benefits of physical activity for girls, the news here in Charlotte-Mecklenburg is simply not good. Slightly more than one-third (35.0 percent) of CMS high school girls meet the currently recommended level of physical activity, which is at least 60 minutes per day on five or more of the past seven days.<sup>4</sup> Instead of physical activity, many are watching television. Nearly 40 percent of high school girls watch three or more hours per day of TV on an average school day. Compared with

***“It is hard to change behaviors of teens. Once kids get to high school or even middle school, the way that they look at the world is pretty much set—their skepticism of adults takes over.”***

— Sarah J. Houck, 13, Charlotte-Mecklenburg Schools student





males, girls are spending less time playing video or computer games or using a computer for something that was not school work (16.8 percent for girls, 23.9 percent for boys).<sup>4</sup>

Physical activity is important throughout life. Women face substantial risks for arthritis, diabetes, heart disease and other health conditions.<sup>15, 16</sup> Physical activity is recommended both in the prevention and treatment of such conditions; yet, women have historically reported lower rates of physical activity than men.<sup>17</sup>

Differences occur by race and ethnicity. Black non-Hispanic and Hispanic women are least likely to exercise regularly; generally one out of five does. White non-Hispanic women are most likely to exercise, yet only one-third do.

Physical activity is beneficial for conditions affecting older persons such as arthritis<sup>18</sup> and helps maintain functional independence.<sup>19</sup> Yet, participation in regular exercise decreases with age. Women aged 65 years and older are considerably less likely to exercise (19 percent) than men of their own age (26 percent) and than younger persons.

## Responsible Sexual Behavior

Responsible sexual behavior reduces the risk of sexually transmitted diseases (STDs)—including HIV infection—and unintended pregnancies. Irresponsible sexual behaviors can result in high costs for females, including increased high school dropout rates and poverty (single mothers with limited education and job skills).

In recent years, progress has been made in preventing, diagnosing and treating STDs. However, an estimated 19 million new infections occur each year, almost half of them among young persons aged 15 to 24 years.<sup>20</sup>

When specific sexual behavior risks are measured, CMS students have lower rates than North Carolina as a whole. The rates for CMS girls are better than those for boys (see graph above). For example, nearly half of CMS teens (47.3 percent) have ever had sexual intercourse (43.9 for girls, 50.8 percent for boys).<sup>4</sup> Large proportions of teens are sexually active and putting themselves at risk for STDs. Girls are less likely to report the use of condoms.<sup>4</sup>

Adult unmarried women are taking risks, too. Just less than a third of the partners of unmarried females (31 percent) aged 18 to 44 years are using condoms, based on 2002 data.<sup>21</sup>

Increased condom use is a recommended strategy for reducing the risk of HIV infection in both women and men. When used consistently and correctly, male latex condoms are highly effective in preventing HIV transmission.<sup>22</sup>

As noted earlier in relation to alcohol use, adolescents are more likely to engage in such high-risk behaviors as unprotected sex when they are under the influence of drugs or alcohol. In 2007, 15.2 percent of CMS high school students who had sexual intercourse during the past three months drank alcohol or used drugs before their last sexual intercourse (11.6 percent for girls, 18.8 percent for boys).<sup>4</sup>

## Mental Health

Females of all ages have mental health concerns. For example, depression can strike anyone regardless of age, racial and ethnic background, socioeconomic status or gender. Women experience depression at twice the rate of men.<sup>23</sup> Researchers estimate that in the United States in any one-year period, depressive illnesses affect 12 percent of women (more than 12 million women) and nearly 7 percent of men (more than 6 million men).<sup>24</sup> The causes of depression range from genetic and biochemical factors to environmental stressors to psychological and social characteristics. Women who are victims of sexual and physical abuse are at much greater risk for depression.<sup>24</sup> Depression can put women at risk for suicide. While more men than women die from suicide, women attempt suicide about two to three times as often as men.<sup>25</sup>

The YRBS results for CMS look at several suicide-related measures. Data for girls are summarized below:<sup>4</sup>

- 32.5 percent of girls felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months (compared with 22.7 percent of boys).

- 13.6 percent seriously considered attempting suicide during the past 12 months (compared with 9.3 percent of boys).

- 12.0 percent made a plan about how they would attempt suicide during the past 12 months (compared with 8.6 percent of boys).

- 11.6 percent actually attempted suicide one or more times during the past 12 months (compared with 13.3 percent of boys).

More people die by suicide than by homicide in the United States. Suicide rates among youth have been increasing steadily for the past four decades; suicide is the third leading cause of death among children and youth between the ages of 10 and 24.<sup>26</sup>

Suicide is not just a concern of young women. Senior citizens commit suicide at higher rates than any other age group. Although they comprise only 12 percent of the U.S. population, people aged 65 years and older accounted for 16 percent of suicide deaths in 2004.<sup>27</sup> With graying baby boomers—already more prone to suicide than other generations—entering the riskiest years, mental health providers fear that could soon worsen. Some call it a “growing social calamity.”

## Other Issues

Women’s health is dynamic and ever changing. New scientific findings come out and new issues continue to emerge, as exemplified by hormone replacement therapy. For young women and girls, the latest issues include the human papillomavirus (HPV),<sup>28</sup> cyberspace bullying and electronic aggression,<sup>29</sup> and increased risk for HIV infection through heterosexual contact, especially youth of minority races and ethnicities.<sup>30</sup>

Lack of awareness is often cited as a deterrent to prevention. Take HPV, the most common sexually transmitted infection in the United States, for example. A recent CDC study found that 45 percent of women aged 20 to 24 years have HPV and are at risk for cervical cancer.<sup>31</sup> Yet, only 10 percent of women aged 18 to 26 years reported receiving the HPV vaccine as of summer 2007.<sup>32</sup>