# 2022 NORTH CAROLINA WOOMEN'S HEALTH REPORT CARD

A progress report on women's health and their health care needs





# Interpreting the Report Card

The North Carolina Women's Health Report Card uses various data sources to provide an accurate picture of women's health in the state. Sources vary in collection methods, frequency, and sample size. For this reason, the 2022 Report Card data range mostly from 2018-2022. The year for data is indicated by the number beneath each section heading with any exceptions noted along with the data.

Unless otherwise indicated, all data are for women ages 18 years or older. Due to limitations in data reporting, all instances of "Women" in this publication refer to those assigned female at birth.

For all "NC Women Rankings" segments, a lower number indicates a positive trend.

"Years of Potential Life Lost" is the difference between life expectancy and death age.

Due to rounding, not all percentage breakdowns will combine to exactly 100%.

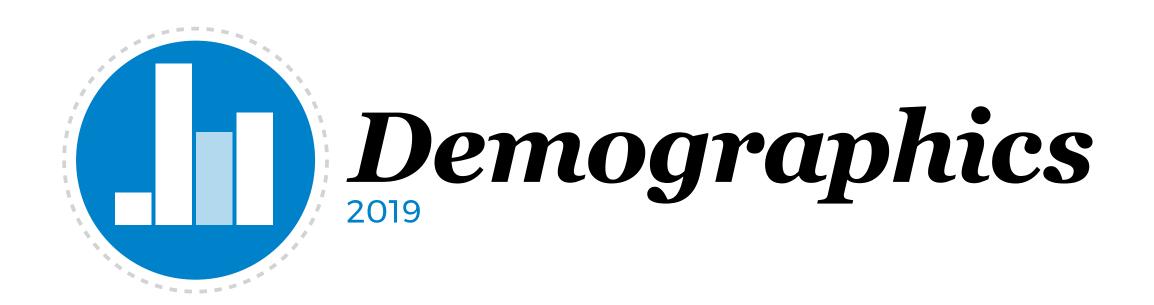
There are advantages to showing data by race and ethnicity for targeting resources and interventions toward populations in need. Factors such as income, education, health care access, and where we live are known direct and indirect determinants of health outcomes and vary by racial and ethnic status. Few sources of health data record socioeconomic variables, though most collect information on race and ethnicity.

To maintain clarity, language used for race and ethnicity data has not been changed from how it was originally recorded/reported with the exception that, for consistency, all data reported as Black and/or African American is presented here as "Black/AA." For data in which ethnicity is considered, Non-Hispanic is denoted by "NH" in superscript. "American Indian" includes Alaska Native; "Asian" includes Pacific Islander.

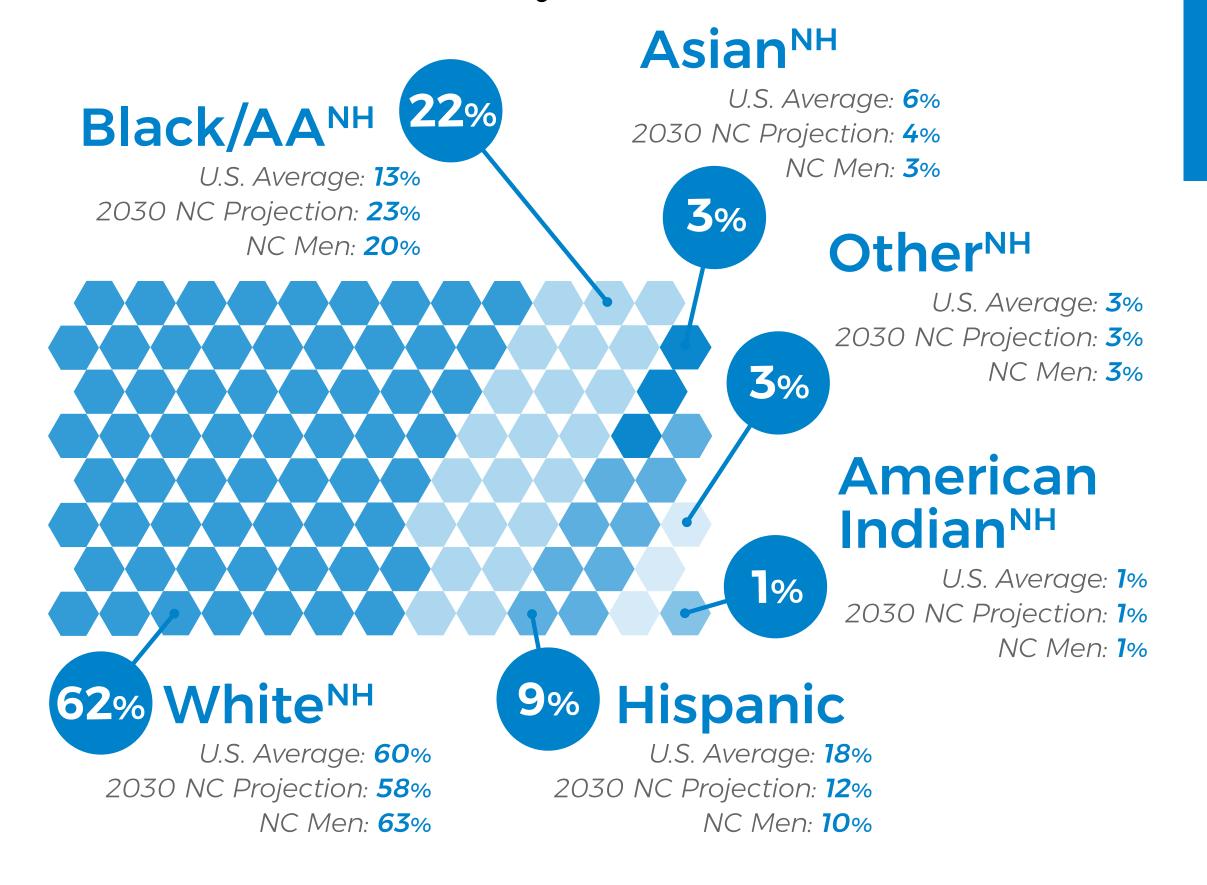
View expanded data sets, county-level information, health recommendations, and more at cwhr.unc.edu.

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# Race & Ethnicity



The state's woman population is steadily growing and women are projected to continue to outnumber men through at least 2030. 50% of NC women live in the 12 most populous counties; 50% live in the remaining 88.

### Total NC Women

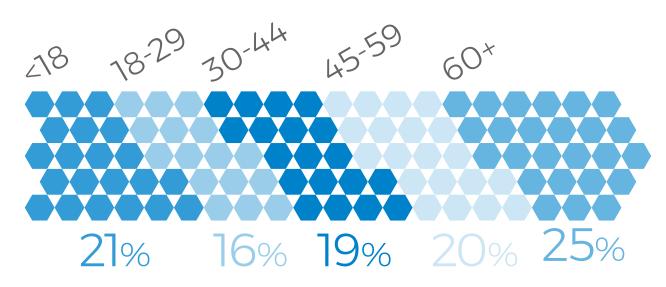
5,390,297

2030 NC Projection: 6,022,292 NC Men: 5,097,787

- Orange and Transylvania
  Counties have the highest
  average life expectancy for
  women of 84.3 years; Swain
  County has the lowest of 74.1
  years—a 10 year gap.
- overall, the median age is increasing, particularly among Non-Hispanic White women with an average age of 43.8. Hispanic and Non-Hispanic Other women in NC have an average age of 27.8 and 25 respectively, representing the youngest segments of the population.

# Life Expectancy of North Carolina Women 80.8 U.S. Average: 81.3 NC Men: 75.6

# Age



# Average Age

All NC Women 40.4 U.S. Average: 40.2

White<sup>NH</sup> **43.8** *U.S. Average:* **43.7** 

Black/AANH 38.8 U.S. Average: 37.9

Hispanic **27.8** *U.S. Average:* **32.4** 

Asian<sup>NH</sup> **36.5** *U.S. Average:* **39.8** 

Other NH 25 U.S. Average: 26.6

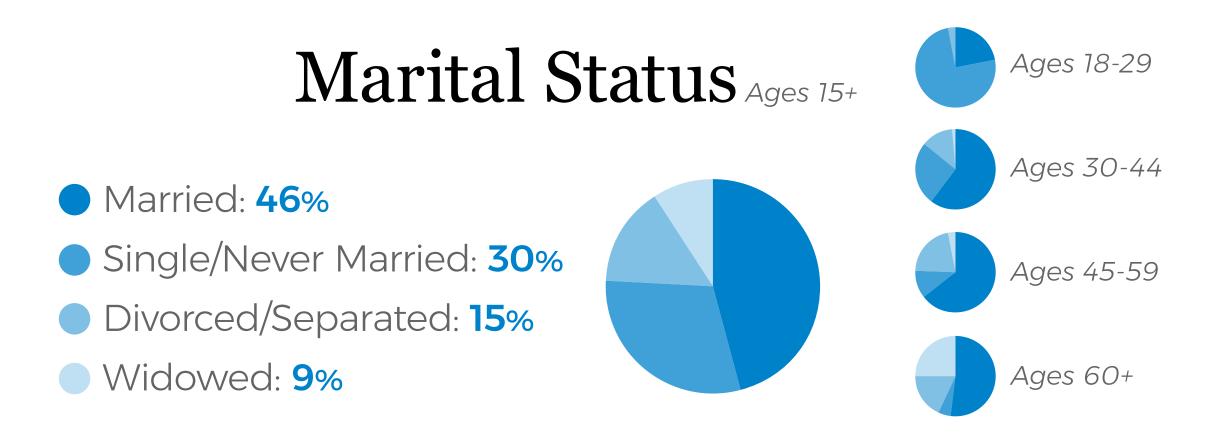
American Indian<sup>NH</sup> 37.4 U.S. Average: 37.2



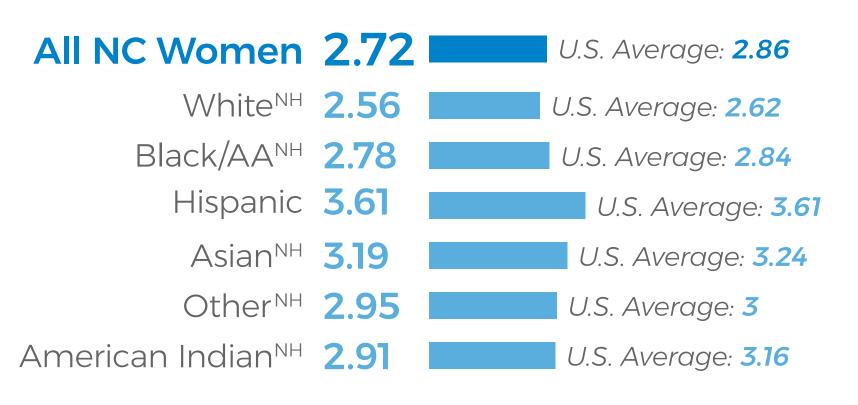
Female children who live in a single-female headed household, regardless of their relationship to householder: **25**%

Women (18+) residing in single-female headed household, regardless of their relationship to householder: 17%

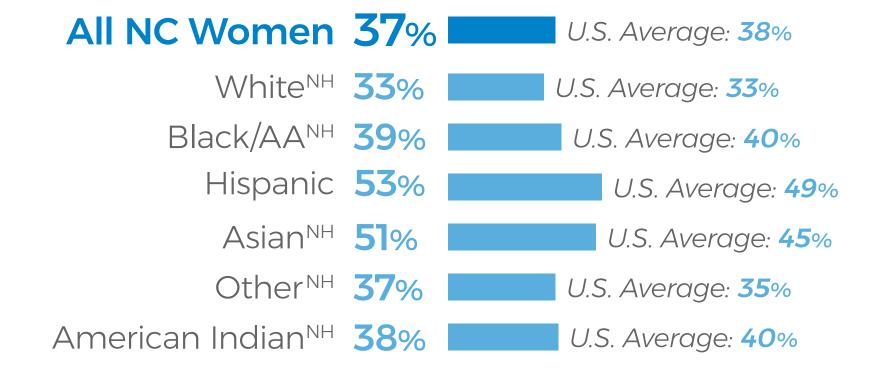
(Not including women living alone or with roommates (and no children)



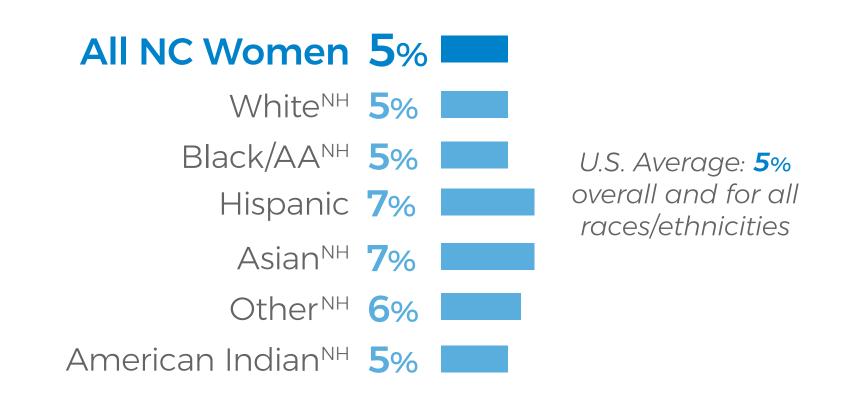
# Average Family Size



### Women with Children in Home Regardless of child's age

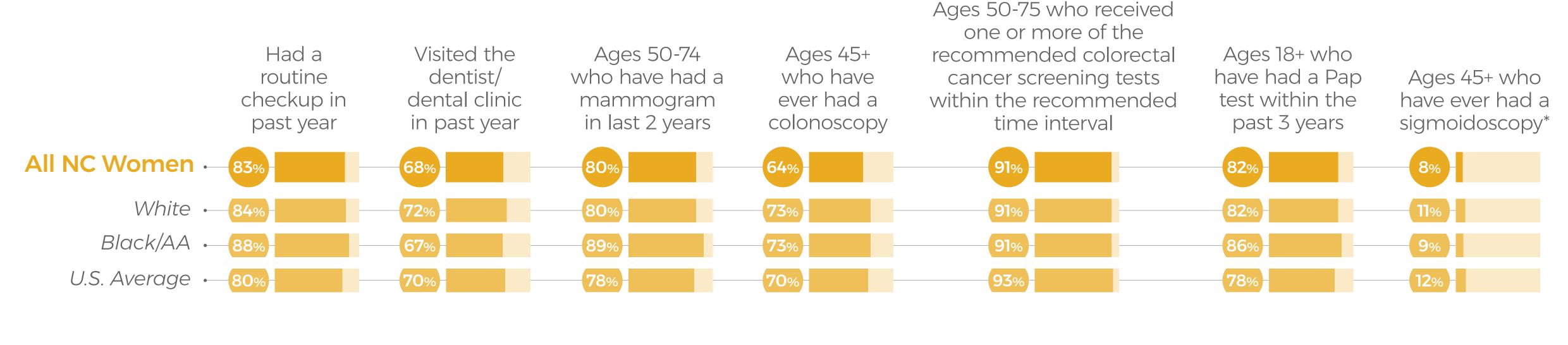


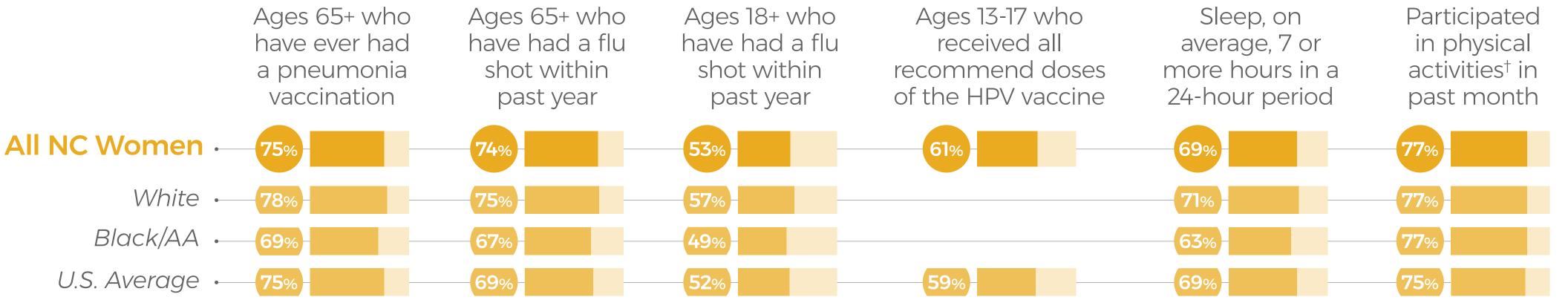
### Given Birth in the Past Year





- Women 50-74 who reported receiving, within the recommended time interval, a mammogram or recommended colorectal cancer screening are exceeding the Healthy People 2030 targets.
- Healthy People 2030 has a goal to increase the proportion of adolescents who receive the recommended doses of the HPV vaccine to 80%.

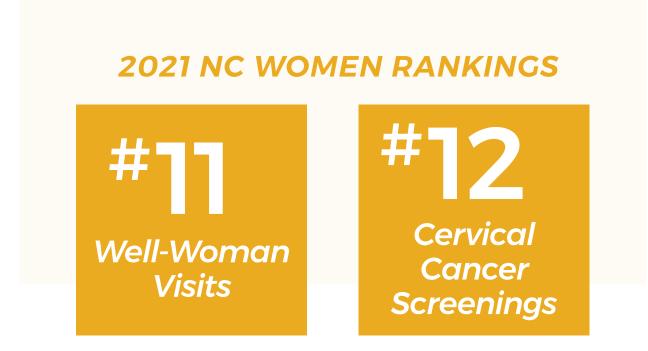




\*A diagnostic test used to check the lower part of the large intestine

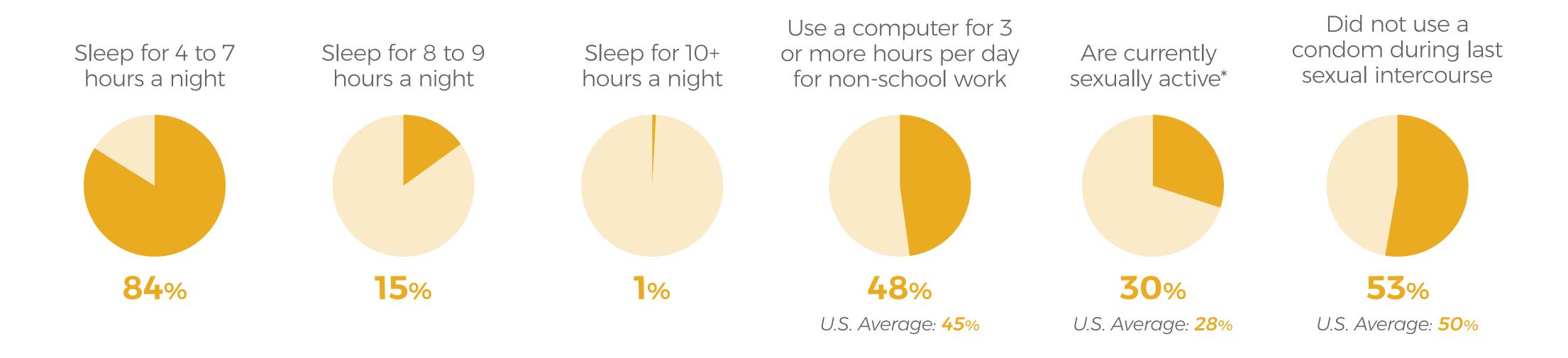
†Participating in activities such as running, calisthenics, golf, gardening, or walking for exercise





# Youth Risk Behavior Surveillance System

### NC women in high school who:





### Risk Factors

Diagnosed with gestational diabetes



White<sup>NH</sup>: **9**%
Black/AA<sup>NH</sup>: **10**%
Hispanic: **15**%
Other<sup>NH</sup>: **17**%

Alcohol use during last 3 months of pregnancy



White<sup>NH</sup>: **10**%
Black/AA<sup>NH</sup>: **8**%
Hispanic: **12**%

Smoked during last 3 months of pregnancy



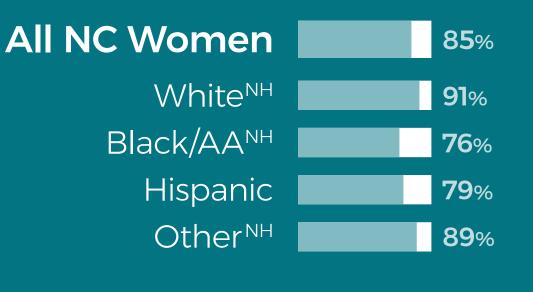
Continuous smoking before, during, and after pregnancy



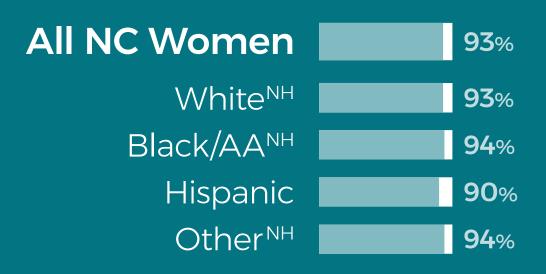
E-cigarette use during last 3 months of pregnancy



# Received prenatal care in first trimester



# Received a postpartum checkup for self since baby was born



number of NC women who reported smoking during pregnancy is about 9%, the highest rates were in Graham (27%) and Mitchell (24%) Counties, with a total of 15 counties reporting above double the state's average. The lowest rates were in Wake (2%) and Mecklenburg (3%) Counties.

# Pregnancy-Related Mortality 2021

21.9

Deaths per 100,000 live births U.S. Average: 17.3

# Intimate Partner Violence

5% report being pushed, hit, slapped, kicked, choked, or physically hurt in the 12 months prior to pregnancy.

4% report being pushed, hit, slapped, kicked, choked, or physically hurt during pregnancy.



2021 NC WOMEN RANKINGS

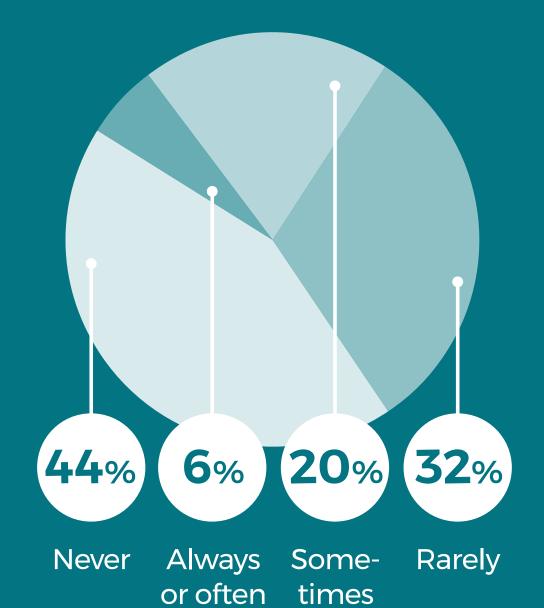
#29
Adequate
Prenatal Care

#40
Low
Birthweight

#42
Neonatal
Mortality

- Overall, fewer NC babies are born preterm (less than 37 weeks gestational age) than the Healthy People 2030 target of 9.4%.
- Black or African American women are more likely than other women to experience preterm birth and have babies with a lower birth weight.
   Preterm birth and low birth weight can have lifelong implications for the health and well-being of families.

Since baby was born, frequency of feeling down, depressed, or hopeless



# Low Birth Weight

≤2500 grams

7.6%

White<sup>NH</sup>: **6.4**%

Black/AA<sup>NH</sup>: 11.2%

Hispanic: **6.3**%

Other<sup>NH</sup>: **7.5**%

American Indian<sup>NH</sup>: **9.4**%

### Preterm Birth

<37 weeks gestational age

8.6%

White<sup>NH</sup>: **8.1**%

Black/AA<sup>NH</sup>: **10.6**%

Hispanic: 7.7%

Other<sup>NH</sup>: **7.2**%

American Indian<sup>NH</sup>: 9.3%

### Short Birth Interval

Delivery to conception <6 months

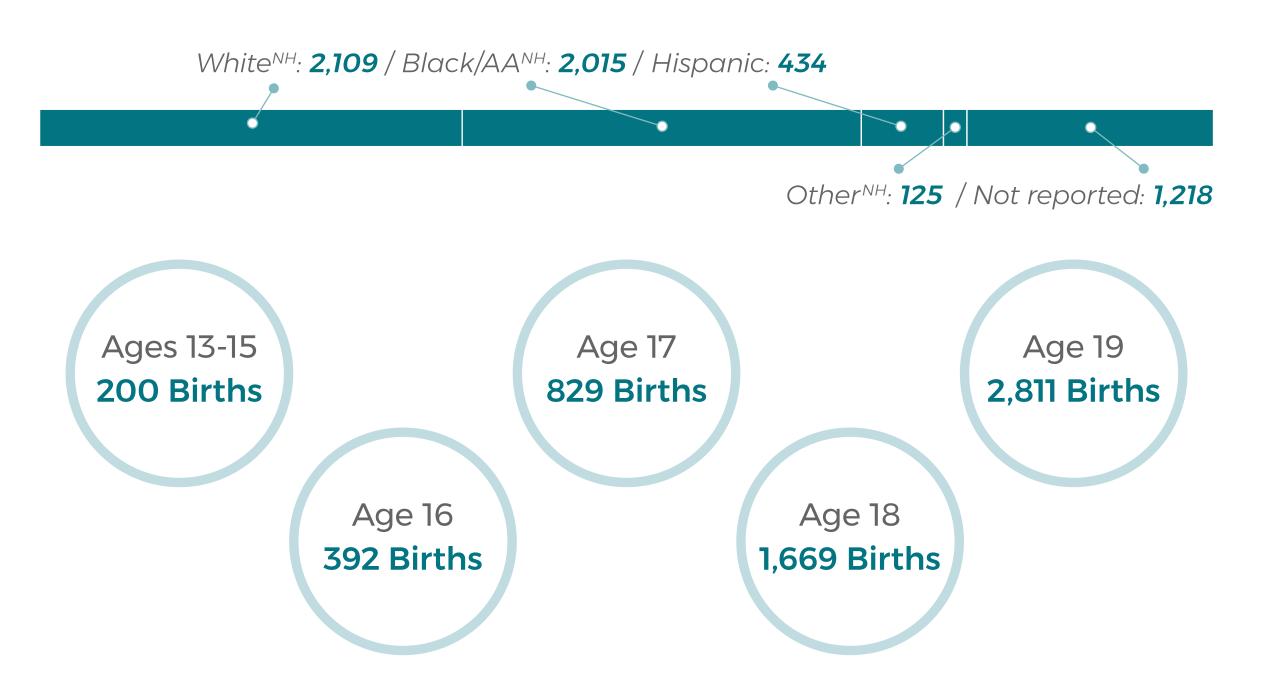
12.7%

8

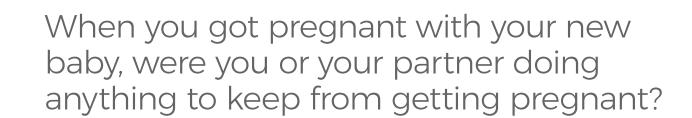


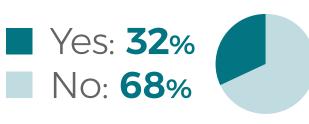
### Adolescent Births 2020

Ages 13-19
5,901 Births / 5.05% of NC Total



### Asked of mothers who reported not trying to get pregnant:







Birth control pill: 31.6%

Rhythm method: **14.6**%

Other: **12.5**%

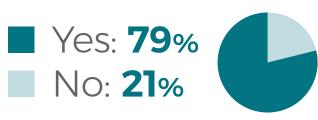
Injection (e.g., Depo-Provera): **7.5**%

IUD (e.g., Mirena, Paragard): **6.7**%

Implant (e.g., Nexplanon): **4.7**%

Patch or ring: 1.1%

Are you or your partner doing anything now to keep from getting pregnant?





Birth control pill: **27.1**%

Withdrawal: 25%

IUD (e.g., Mirena, Paragard): **17.4**%

Abstinence: 12.7%

Female sterilization (e.g., tubes tied or blocked): 11%

Injection (e.g., Depo-Provera): **7.1**%

Implant (e.g., Nexplanon): **6.7**%

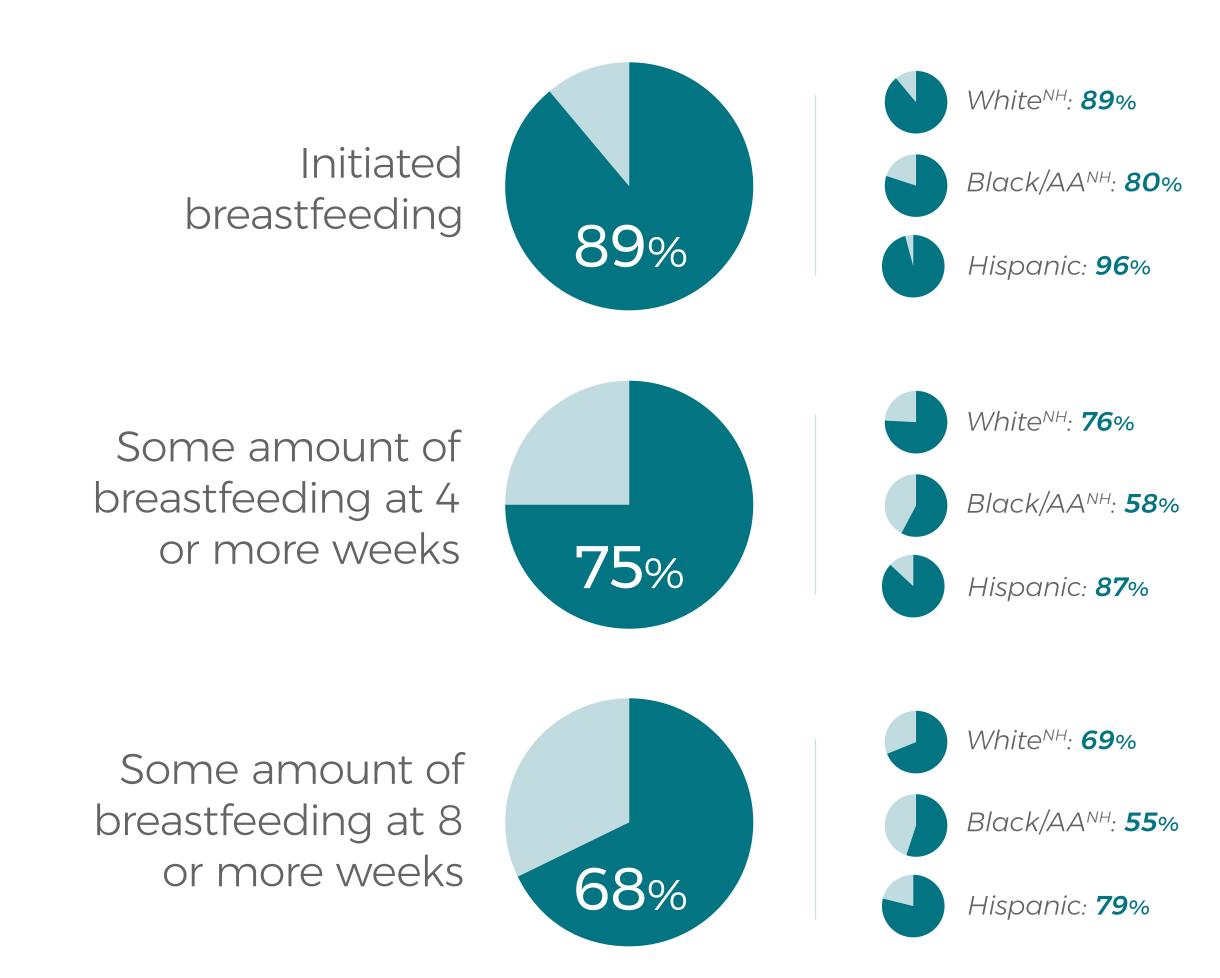
Vasectomy: **4**%

Rhythm method: **2.9**%

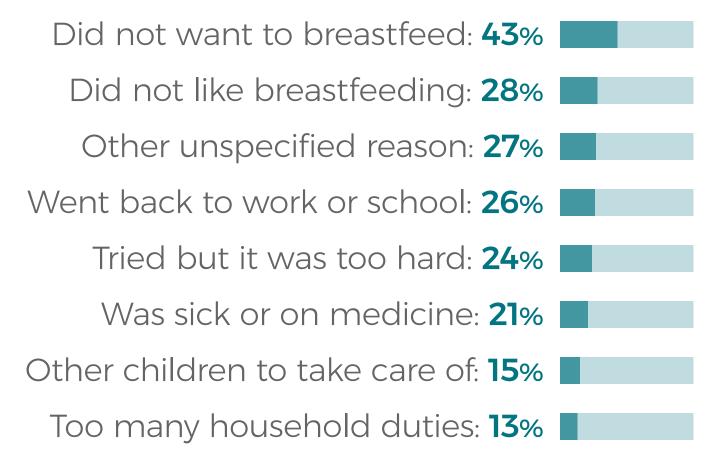
Patch or ring: **2.6**%

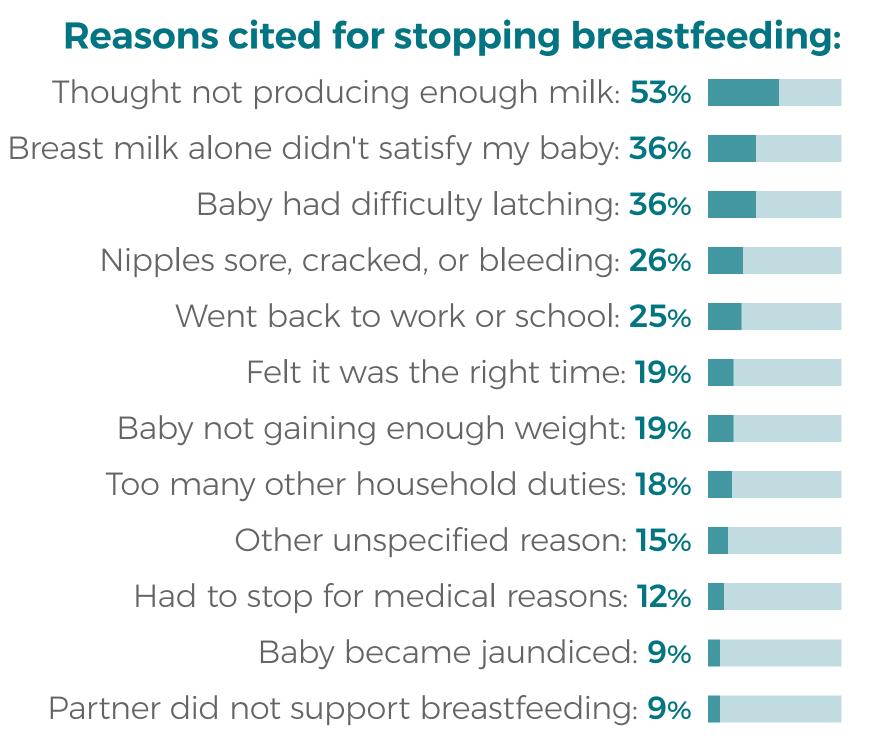
Other: **2.2**%





### Reasons cited for not initiating breastfeeding:







NC women with no chronic diseases



White: **36**%
Black/AA: **45**%
Other: **63**%
U.S. Average: **43**%

NC women with 1 chronic disease



White: **30**%
Black/AA: **30**%
Other: **23**%
U.S. Average: **29**%

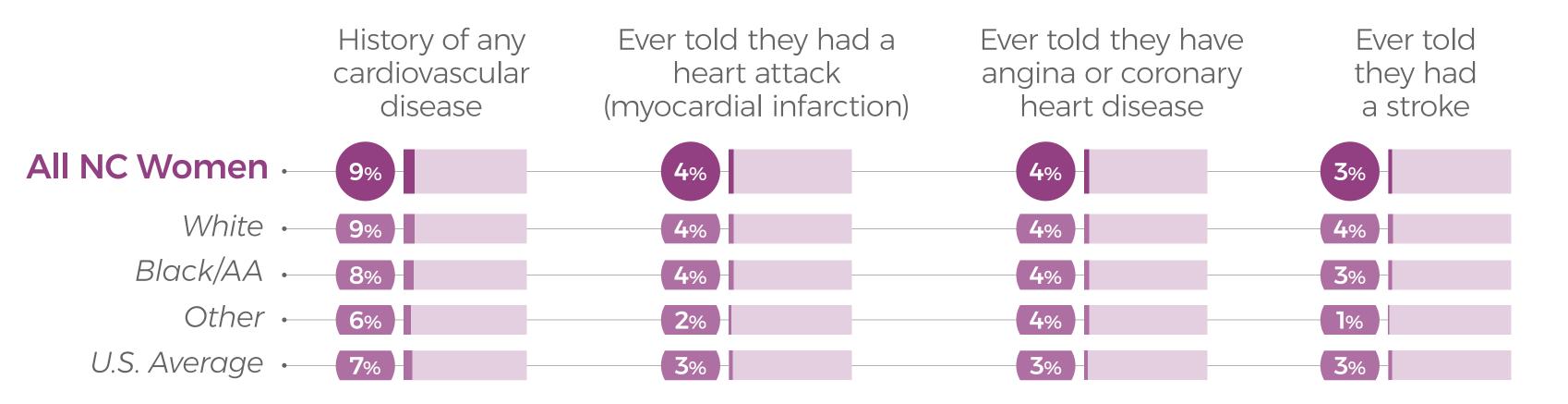
NC women with 2 or more chronic diseases

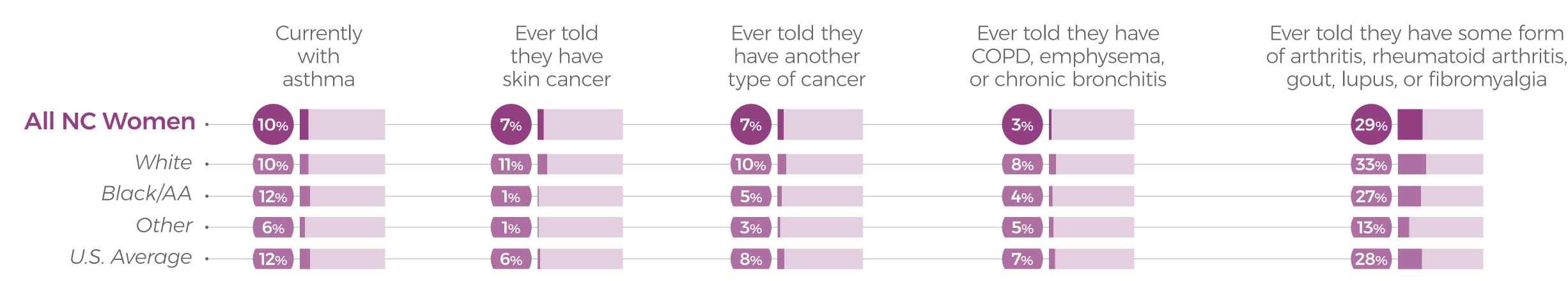


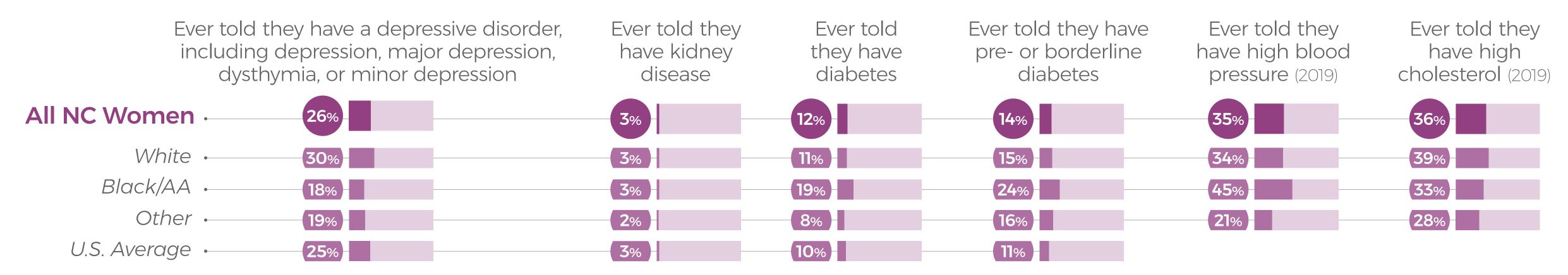
White: **34**%
Black/AA: **26**%
Other: **14**%
U.S. Average: **28**%

- After age 65, over half of North Carolina women are living with two or more chronic diseases. Chronic disease has a negative impact on the overall physical, mental, and financial well-being of women. Those with one chronic disease are at a higher risk of developing other chronic diseases.
- Heart disease is the number one killer of women. While it is a serious concern for women of all ages, rates of heart disease increase dramatically between age groups 55-64, 65-74, and 75+. Women should strive to maintain a healthy weight and diet while engaging in exercise—and refrain from smoking—to decrease their risk of heart disease.
- Diseases of the heart account for 20% of deaths (117,393 years of potential life lost annually), cerebrovascular diseases account for 6% of deaths (34,487 years of potential life lost annually), and chronic lower respiratory diseases account for 6% of deaths (41,329 years potential life lost annually).



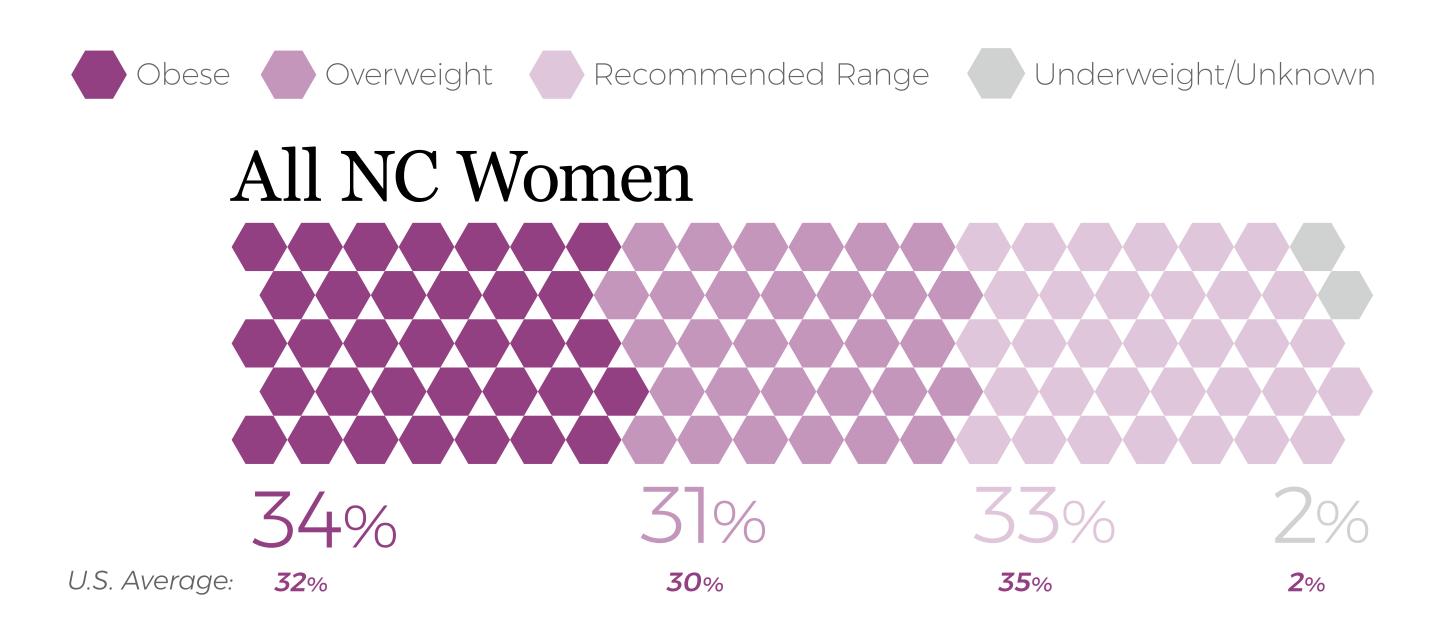




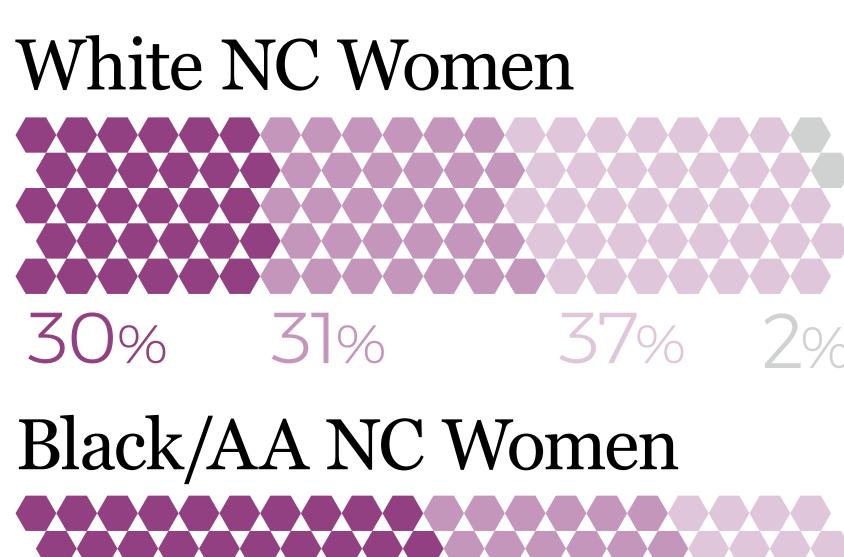




■ 65% of NC women are overweight or obese. Obesity plays an important role in the risk factors for chronic diseases such as diabetes, cardiovascular disease, arthritis, and stroke. Particular attention to lifestyle factors such as diet and physical activity have been shown to have a positive impact on weight data.

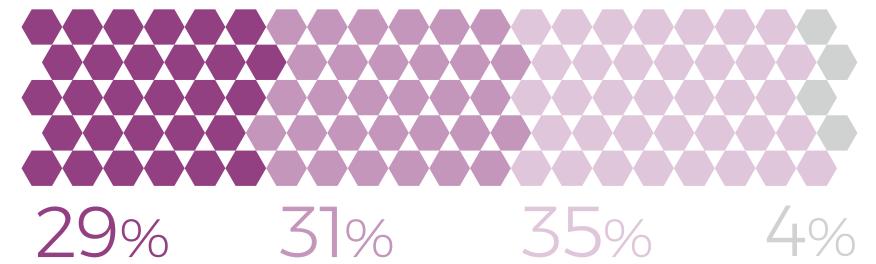


- Black or African American women are 70% more likely than White women to meet criteria for obesity. This is undoubtedly a major contributor to the finding that 45% of the state's Black/AA women have been diagnosed with high blood pressure. It also reflects their increased risk for metabolic disorders, such as diabetes.
- □ Diabetes mellitus accounts for 3% of deaths (23,435 years of potential life lost annually).



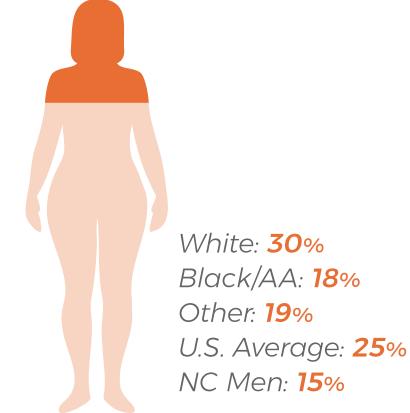








26% of NC women have been diagnosed with depression, minor depression, dysthymia, or major depression.

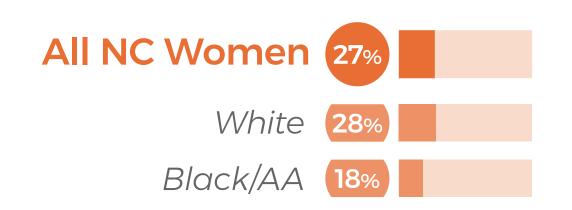


one in four NC women has been diagnosed with a depressive disorder and, unlike other chronic conditions, the rate of depression does not increase with age. So, even among young women, almost a quarter have suffered from some form of depression.

Stressful life events contribute to both mental and physical illness. Assessing current stressful events as part of a clinical history may improve the clinical care and outcomes for women in NC and beyond.

# Adverse Experiences 2014

Women reporting 3+ adverse childhood experiences (abuse, traumatic stress, living with a drug/alcohol abuser)



A quarter of NC women reported three or more adverse childhood experiences—this should be an area to highlight for intervention efforts. Childhood adversity is a major contributor to depression in later life.

#### **2021 NC WOMEN RANKINGS**

#11 Excessive Drinking

#21
Frequent
Mental Distress

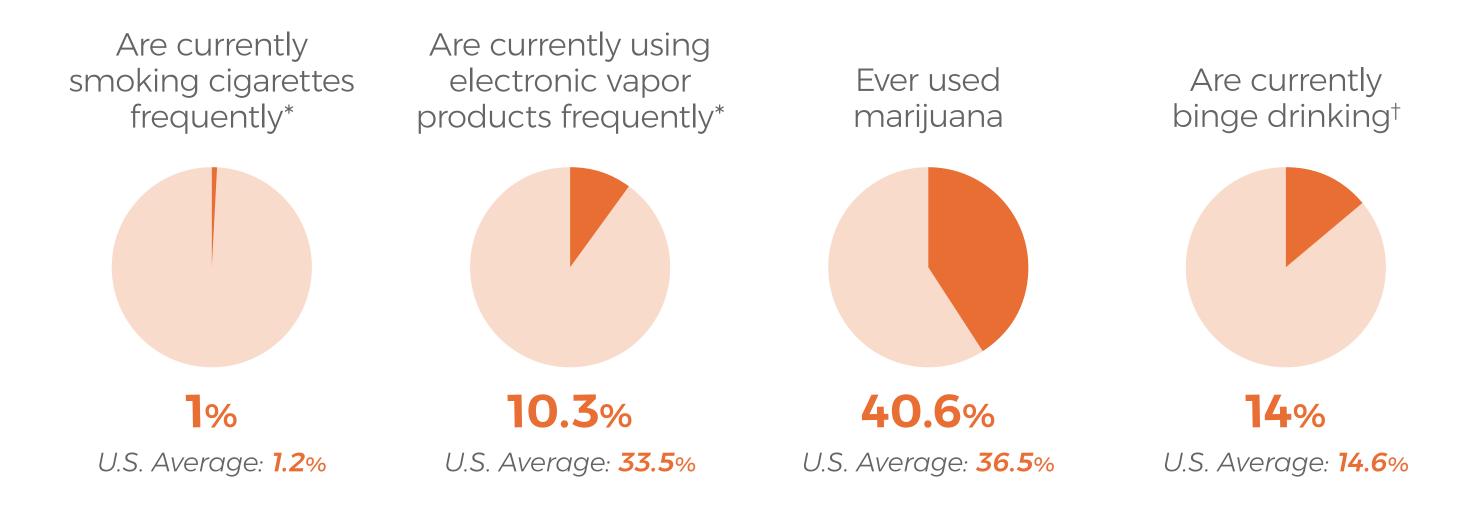
#31

Drug
Deaths



# Youth Risk Behavior Surveillance System

NC women in high school who:



<sup>\*20</sup> or more days during the 30 days before the survey
†4 or more drinks in a row within a couple of hours on at least 1 during the 30 days before the survey

Opioid Overdose Deaths

547

31% of NC total 10th highest in the U.S.

### Substance Use 2020

Currently smoke



White: 17%
Black/AA: 12%
U.S. Average: 13%
NC Men: 14%

Engage in heavy

drinking

More than one drink per day



White: **7**%

Black/AA: **5**%

U.S. Average: **6**%

NC Men<sup>‡</sup>: **6**%

Use e-cigarettes every day or some days



White: **25**%
Black/AA: **9**%
U.S. Average: **21**%
NC Men: **22**%

Engage in binge drinking

4+ drinks on one occasion



White: 11%
Black/AA: 11%
U.S. Average: 11%
NC Men<sup>§</sup>: 11%

\*More than two drinks per day; §5+ drinks on one occasion



- Effective strategies exist to combat the four most prevalent cancers among the state's women, including education on lifestyle, activities, HPV vaccination, and screenings for breast, colorectal, and cervical cancer. See pages 5-6 (Preventative Health) for data on preventative screenings.
- Although the incidence rates are nearly identical, Non-White women are almost 50% more likely to die of breast cancer than White women and twice as likely to die of cervical and uterine cancer.
- Cancer accounts for 20% of deaths (161,499 years of potential life lost annually). Breast cancer alone accounts for 3% (26,201 years of potential life lost annually).

### All Cancers

Incidence per 100,000 NC women

451.7

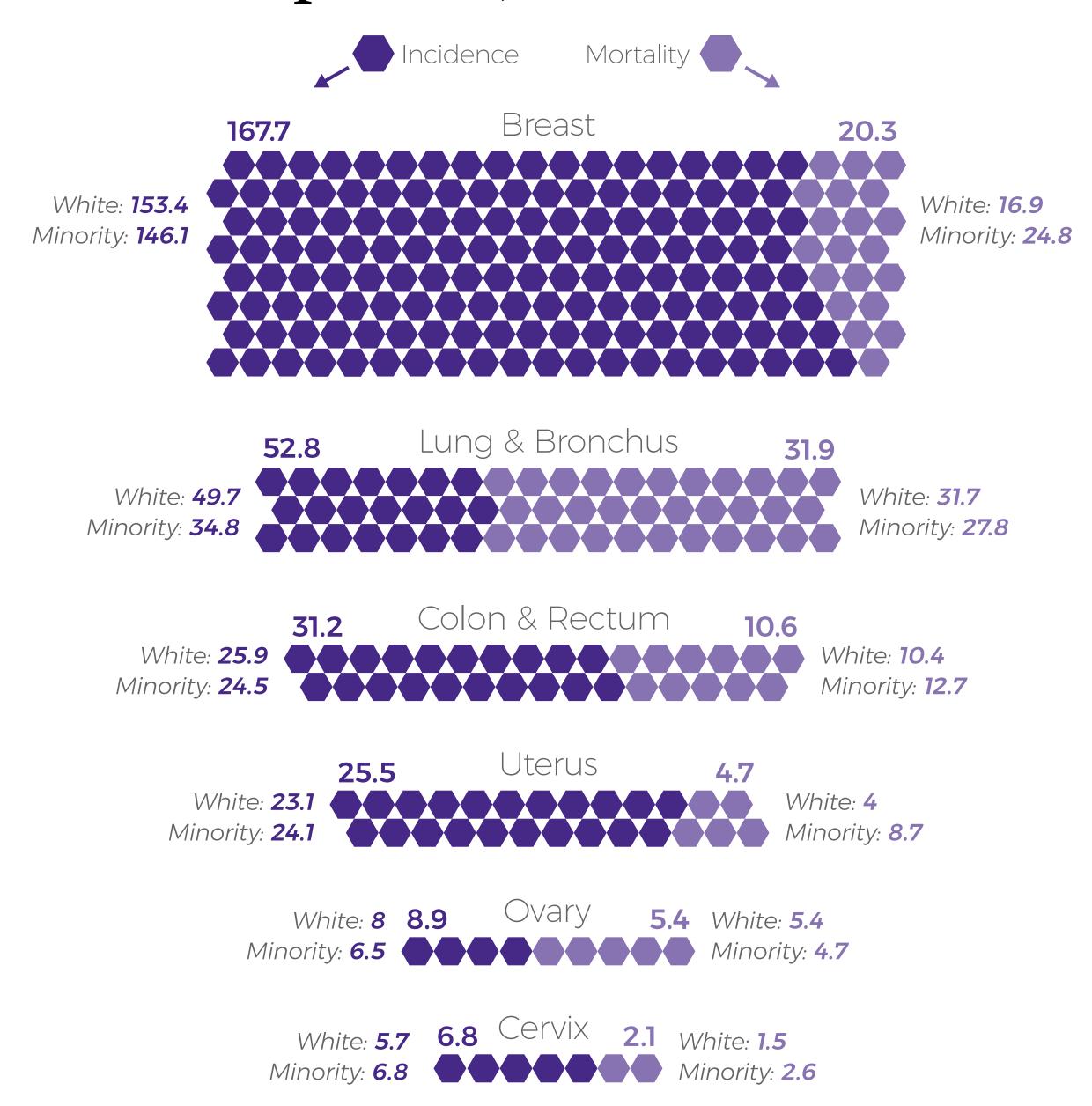
White: 412.2 Minority: 413.5

Mortality per 100,000 NC women

130.3

White: 122.5 Minority: 209.4

### Cases per 100,000 NC Women



# Infectious Disease

### Cases per 100,000 NC Women

HIV/AIDS are new reported cases, STIs are total reported cases NC Men rates are noted in smaller italics

■ Note from the North Carolina Department of Health and Human Services: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

■ Black or African American women are much more likely to have been tested for HIV than White women.

NC women ever tested for HIV



White: **34**%
Black/AA: **57**%
U.S. Average: **37**%

Gonorrhea cases in adolescents and young adults (15-29)



Chlamydia cases in adolescents and young adults (15-29)



	HIV	AIDS	Primary and Secondary <sup>†</sup> <b>Syphilis</b>	Early Latent <sup>‡</sup> <b>Syphilis</b>	Gonorrhea	Chlamydia
All NC Women	<b>5</b> 12	<b>3</b> 6	<b>4</b> 21	<b>4</b> 17	<b>243</b> 287	<b>799</b> 404
White <sup>NH</sup>	<b>2</b> 8	<b>1</b> 4	<b>2</b> 9	<b>2</b> 6	<b>63</b> 45	<b>217</b> 77
Black/AANH	<b>17</b> 55	<b>10</b> 24	<b>7</b> 56	<b>10</b> 48	<b>425</b> <i>636</i>	<b>1,046</b> <i>626</i>
Hispanic	<b>4</b> 31	<b>3</b> 14	<b>2</b> 14	<b>3</b> 17	100 125	<b>668</b> 245
Asian <sup>NH</sup>	<b>2</b> 7	<b>1</b> 7	<b>O</b> 3	<b>O</b> 2	<b>20</b> 17	<b>107</b> 47
American Indian <sup>NH</sup>	<b>7</b> 10	<b>2</b> 2	<b>2</b> 7	<b>3</b> 10	<b>265</b> 203	<b>732</b> <i>300</i>
Ages 10-14	<b>O*</b> 0*	<b>1*</b> 0*	<b>O</b> 0	0 0	<b>31</b> 7	<b>120</b> 12
Ages 15-19	<b>2</b> 17	<b>O</b> 7	<b>5</b> 12	<b>4</b> 5	<b>899</b> 465	<b>3,950</b> 1,113
Ages 20-24	<b>5</b> 51	<b>1</b> 7	<b>8</b> 46	<b>14</b> 29	<b>1,266</b> 1,074	<b>4,799</b> 2,098
Ages 25-29	<b>5</b> 48	<b>2</b> 15	<b>12</b> 61	<b>12</b> 54	<b>746</b> 941	<b>2,085</b> 1,172
Ages 30-34	<b>8</b> 41	<b>3</b> 15	<b>10</b> 58	9 48	<b>413</b> 649	<b>900</b> 647
Ages 35-39	<b>7</b> 27	<b>5</b> 15	<b>8</b> 41	<b>6</b> 35	<b>235</b> <i>376</i>	<b>392</b> <i>349</i>
Ages 40-44	<b>6</b> 19	<b>3</b> 12	<b>5</b> 27	<b>8</b> 24	<b>126</b> <i>262</i>	<b>195</b> 197
Ages 45-54	<b>5</b> 13	<b>5</b> 11	<b>3</b> 18	<b>3</b> 18	<b>39</b> 133	<b>62</b> 93
Ages 55-64	<b>3</b> 8	<b>3</b> 10	<b>O</b> 77	<b>2</b> 8	<b>10</b> 66	<b>15</b> <i>34</i>
Ages 65+	13	13	<b>O</b> 3	<b>O</b> 7	<b>2</b> 14	<b>2</b> 6

\*Ages 13-14; †Early stages of a syphilis infection in which physical symptoms are typically present ‡If untreated, a syphilis infection will progress to this stage in which there are no visible signs or symptoms

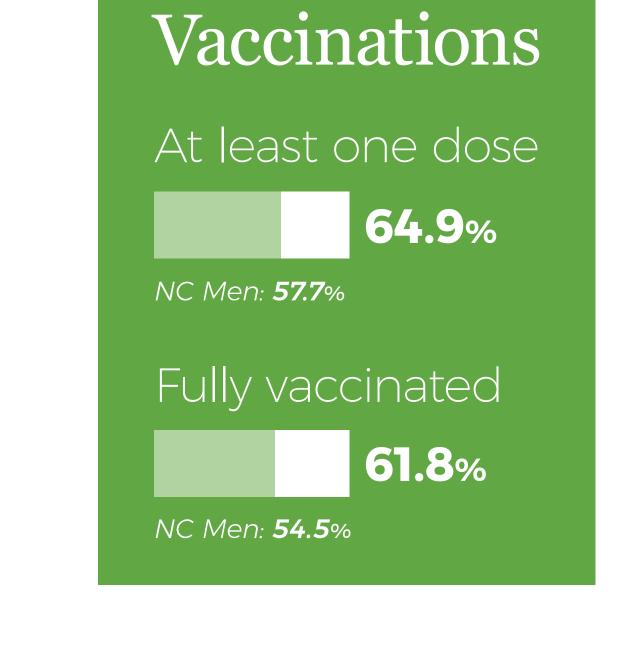


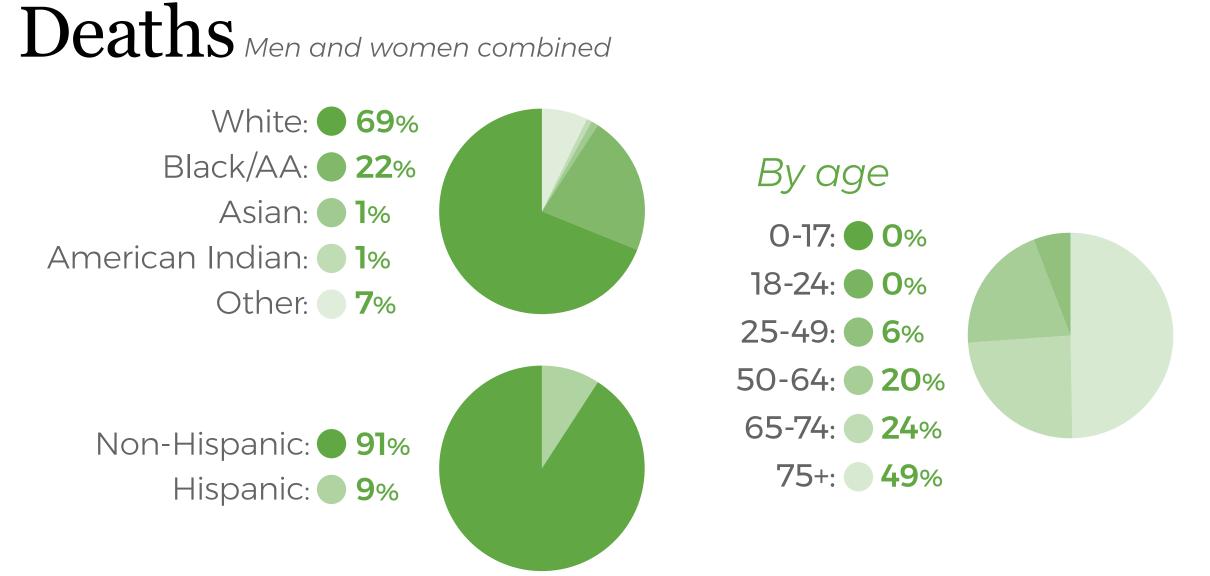
NC WOMEN CASES: 1,403,443 (54% of NC Total) 25,878 per 100,000 Women

**DEATHS:** 10,730 (47% of NC Total) 765 per 100,000 Cases

■ North Carolina's COVID-19 case rate is ranked solidly in the median—25th highest in the country.

# Cases Men and women combined White: \$ 58% Black/AA: \$ 22% Asian: \$ 2% American Indian: \$ 1% Other: \$ 17% Non-Hispanic: \$ 84% Hispanic: \$ 16% By age 0-17: \$ 19% 18-24: \$ 13% 25-49: \$ 39% 50-64: \$ 18% 65-74: \$ 7% 75+: \$ 5%







2021 NC WOMEN RANKINGS

**#40** 

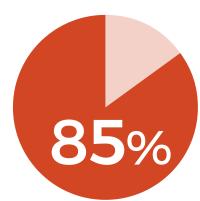
Economic Resources

#42
Access to Care

#45
Insurance Coverage
Ages 18-64



insurance
Ages 18-64

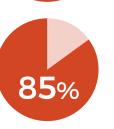


90%

Asian<sup>NH</sup>

Black/AA<sup>NH</sup>

Hispanic



OtherNH



American Indian<sup>NH</sup>

Did not see a doctor when needed within past 12 months due to cost: 13%

Did not take a medication as prescribed due to cost at some point in the past 12 months: 13%

Time since last routine checkup: <1 year: 83% 2-5 years: 4% 1-2 years: 10% 5+ years: 2%

# Poverty

13%

9%
LIVING NEAR POVERTY

Federal Poverty Level

/ING NEAR LIVING IN POVERTY
100-150%

6%
IN EXTREME POVERTY

<50% Federal Poverty Level

Nearly 20% of NC women live in poverty with an additional 10% near poverty—a trend that has remained constant over the past decade. Consistent with national data, NC women of color are more likely to live in poverty.







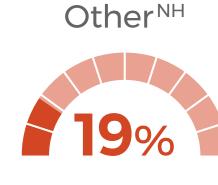
U.S. Average: **20**%



U.S. Average: **17**%







U.S. Average: **15**%



U.S. Average: **22**%



2,155 NC Women in State Prisons 2022

3,540 Homeless North Carolina Women

■ Women make up 38% of the state's homeless population.
Overall, homelessness has decreased 10% since 2010.

White: 68%
Black/AA: 26%
Asian: <1%
American Indian: 2%
Other/Unknown: 3%

Hispanic: **3**% Non-Hispanic: **97**%

NC Men: **27,615** 

In the labor force\*: 72%

In the labor force but currently unemployed: 4.6%

Median income, if any earned (ages 18-64): \$30,000

Age 18+ living in a household receiving food stamps: 13%

White<sup>NH</sup>: **8**%

Black/AA<sup>NH</sup>: **28**%

Hispanic: 13%

Asian<sup>NH</sup>: **10**%

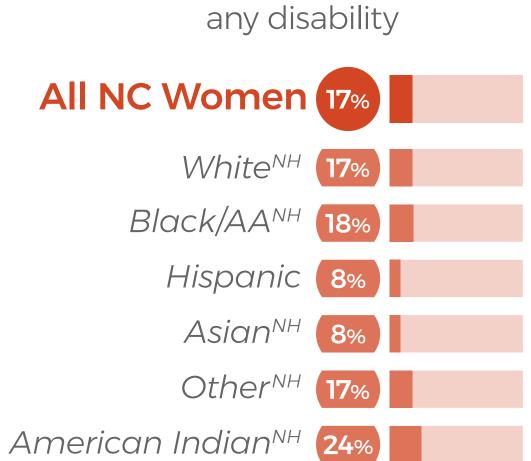
Other<sup>NH</sup>: **18**%

American Indian<sup>NH</sup>: **28**%

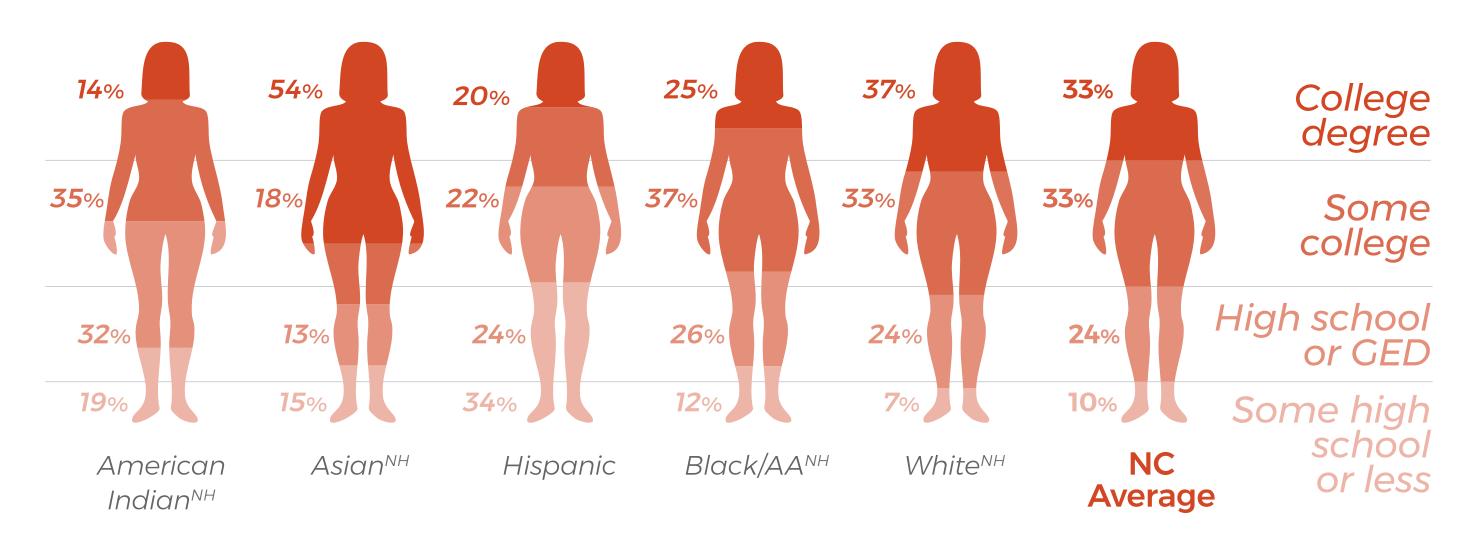
\*People either working or looking for work

# Disability

Women 18+ with any disability



# Educational Attainment Ages 25+



Ages 18-29 currently enrolled in school



White<sup>NH</sup>: **38**%
Black/AA<sup>NH</sup>: **40**%
Hispanic: **35**%
Asian<sup>NH</sup>: **47**%
American Indian<sup>NH</sup>: **28**%



# Emerging Issues Aging

2019

60+ years old



NC 2030 Projection



65+ years old living alone



White<sup>NH</sup>



Hispanic 20% Asian<sup>NH</sup>

Other<sup>NH</sup>

American Indian<sup>NH</sup>

65+ years old living in a nursing home (2010)



60+ years old with some disability



Ages 65-74 ever told they had some form of arthritis. rheumatoid arthritis, gout, lupus, or fibromyalgia



45+ years old who have suffered one or more falls in past 12 months (2020)



Fall caused at least one injury



Ages 65-74 ever told they had diabetes (2020)



Ages 65-74 ever



Ages 65-74 ever told they have high cholesterol



told they have high blood pressure





■ The average age of women in the state is steadily increasing. 25% of NC women are over the age of 60—a 6% increase over the past 15 years, and that number is expected to grow another 3% by 2030.

■ Alzheimer's Disease accounts for 7% of deaths (28,617 years of potential life lost annually).

Ages 65-74 with history of cardiovascular disease (2020)



Ever told they had a heart attack (myocardial infarction)



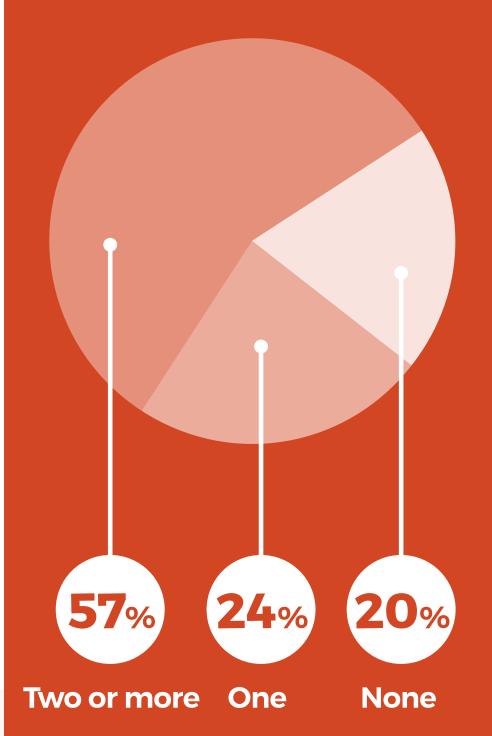
Ever told they have angina or coronary heart disease



Ever told they had a stroke



Number of chronic diseases in women ages 65-74 2020



**Chronic disease:** 

heart disease, asthma, cancer, COPD, arthritis, depression, kidney disease, and diabetes



# Among women 45+ years old, days of poor physical health in the past 30 days

None: **57**%

1-2 days: **9**%

3-7 days: **15**%

8-29 days: **12**%

30 days: **8**%

### COVID-19

Data from NC Department of Health and Human Services as of March 17, 2022 (men and women combined)

Cases by age group: 65+

Deaths by age group: 65+

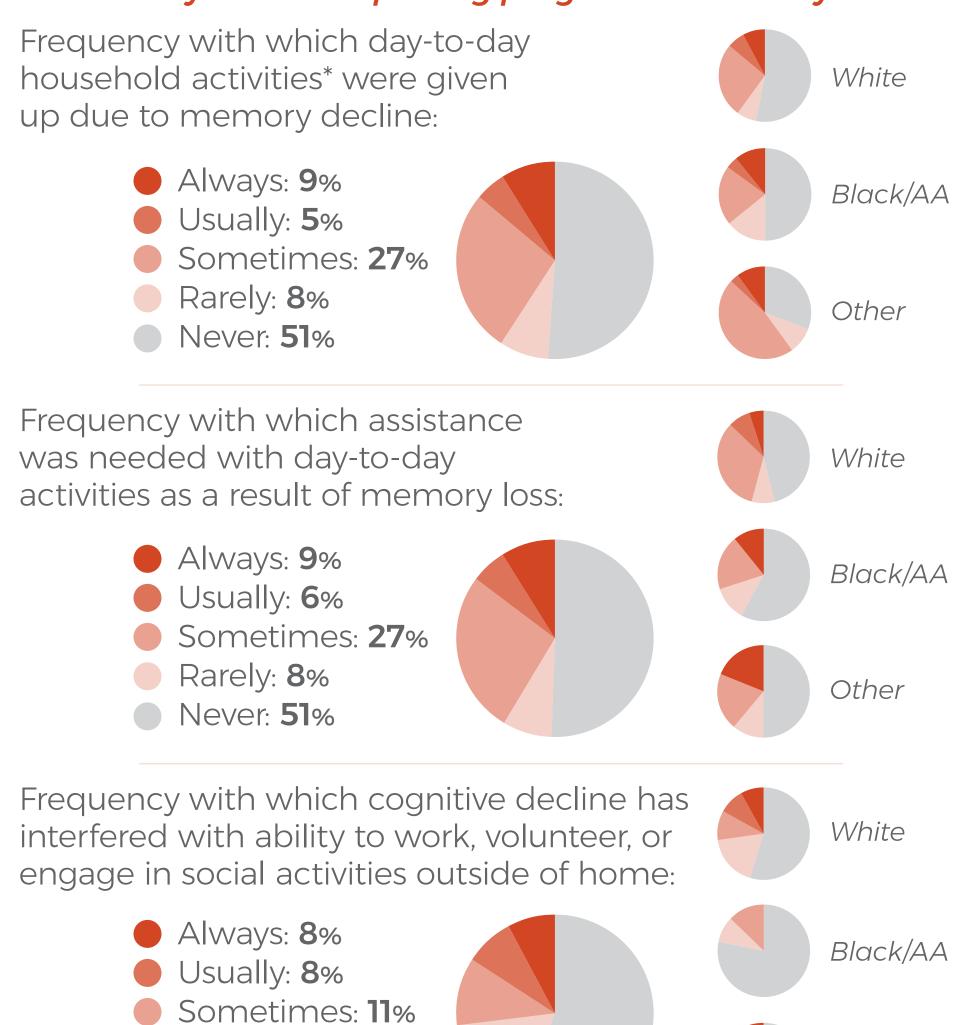




# Cognitive Decline

Other

### Those 45+ years old reporting progressive memory decline:



7% of NC women 45+
years old have experienced
progressive memory
decline (confusion or
memory loss that is
happening more often or
is getting worse) in the
past 12 months.

White: **8**% Black/AA: **4**%

Other: **6**%

U.S. Average: 7%

47% of NC women 45+ years old have discussed progressive cognitive decline with a health care professional.

White: **49**%

Black/AA: 34%

Other: **47**%

U.S. Average: **48**%

\*Such as cooking, cleaning, taking medications, driving, or paying bills

Rarely: **17**%

Never: 56%

# Acknowledgements

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# Carolina Demography

CWHR utilized Carolina Demography—a service of the Carolina Population Center at UNC-Chapel Hill that focuses on population change—to collect the data found within this report. They provide a full array of demographic services for North Carolina businesses, foundations, government agencies, schools, not-for-profit organizations, and more. Learn more at their website, ncdemography.org.

### **Data Sources**

America's Health Rankings; American Community Survey Data (1-year samples from IPUMS-USA); Behavioral Risk Factor Surveillance System (BRFSS); Carolina Demography; Healthy People 2030; NC Central Cancer Registry; NC 2020 HIV/STD Surveillance Report; NC Department of Health and Human Services; NC Department of Public Safety; NC Office of State Budget and Management Population, Census, Economic, and Social Statistics Publications; Pregnancy Risk Assessment Monitoring System (PRAMS)



...advancing the health of women through research

For the past 15 years, the Center for Women's Health Research (CWHR) at the University of North Carolina at Chapel Hill has produced and distributed the North Carolina Women's Health Report Card biennially. An in-depth review of the health status of our state's women, the data found within these pages is intended to highlight where we are succeeding and where we still have work to do in women's health. CWHR uses this information to help guide our Core areas of research and it is our hope that this information will be utilized by the Legislature, media, fellow researchers, community organizations, and general public to guide their own decisionmaking processes.

The CWHR mission is to advance the health of women through research by focusing on diseases, disorders, and conditions that affect women only, women predominately, and/or women differently than men. The Center engages in multiple avenues to carry out this mission, including:

- Facilitating the creation of multidisciplinary research endeavors
- Supporting individual investigators in designing studies and submitting grant proposals
- Administering awarded grants
- Conducting research with Center faculty members
- Mentoring junior investigators

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