CHAPTER 6 | Health & Well-Being

Introduction

Good health is essential to southern women's economic well-being and to their ability to participate fully in their communities. Compared with women in other parts of the country, women in most southern states have higher rates of heart disease and breast cancer mortality, greater incidence of diabetes and AIDS, worse mental health, more activities limitations due to health, are more likely to be overweight or obese, are more likely to smoke, and are less likely to exercise (Table 6.1, Figure 6.4, Figure 6.5).[1] Within the South, women's health in Mississippi is worse than anywhere else in the region, and worse than any other state in the nation.

For certain health behaviors, however, women from the South do better than women in other regions. Women in the South are slightly more likely to be screened for cholesterol, to receive a mammogram, and to be tested for HIV than women in other parts of the country (Table 6.2). They are less likely to binge drink than women in other regions (Figure 6.5).

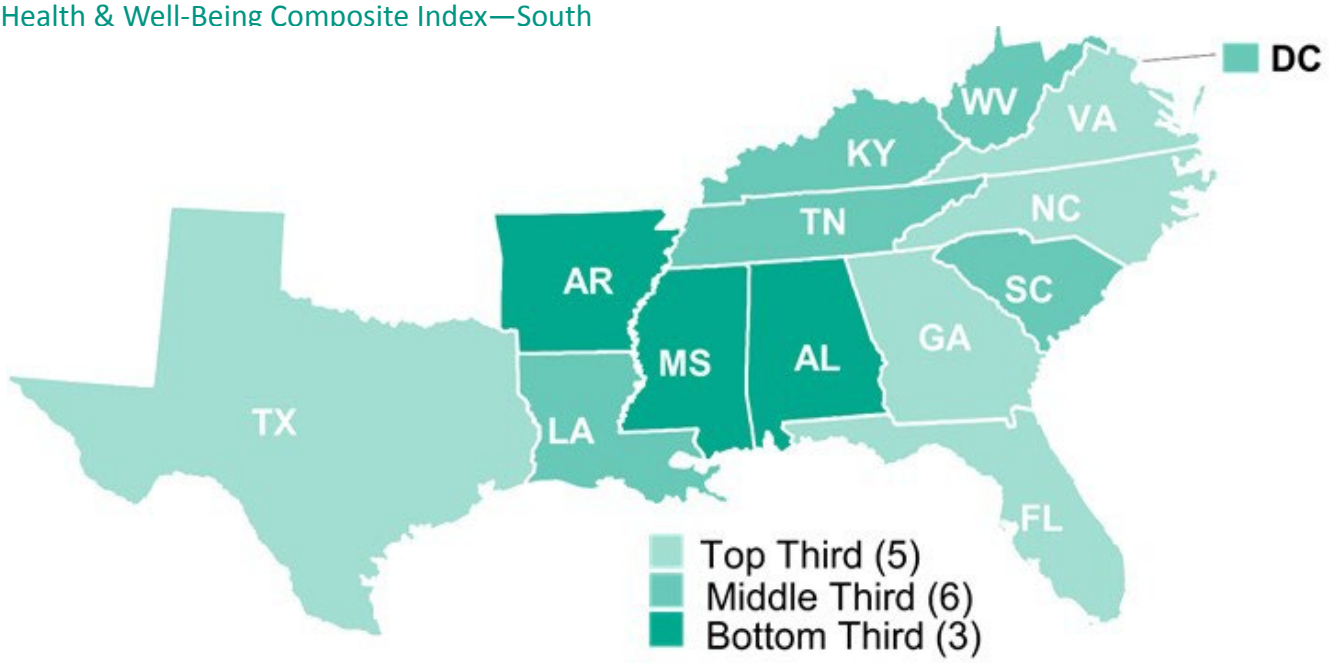
Within the southern states, as is true elsewhere in the country, health outcomes vary substantially by race and ethnicity. While black, Hispanic, and white women in the South have a higher incidence of diabetes than those in other regions, the incidence among Native American, Asian/Pacific Islander, and women who identify as another race or two or more races is lower for those living in the South (Figure 6.1). A greater proportion of southern black women are overweight or obese than black women elsewhere, while for all other racial and ethnic groups the proportions of those in the South and outside the South are either similar, or are higher for those living outside the South (Figure 6.4). The average number of days per month that women report their mental or physical health limited their activities is higher for southern women who are Native American, white, or of another race or two or more races than their counterparts in other regions (Figure 6.3); black, Hispanic, and Asian/Pacific Islander women in the South report fewer days of limited activities due to poor health than those in other states.

This chapter provides data on the health of women in the southern United States, including a Composite Index of women's health with indicators covering chronic disease, sexual health, mental health, and physical health. Each indicator is analyzed for differences between the southern states, and disparities by race or ethnicity. In addition, the chapter examines data on women's health-related behaviors, such as smoking, exercise, and diet, and preventive health care measures, such as mammograms, pap tests, and screenings for HIV and cholesterol. Women's health

1 In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

Map 6.1.

Health & Well-Being Composite Index—South



Note: For sources and methodology, see Appendix A6.
Calculated by the Institute for Women's Policy Research.

has improved in many ways over the past several decades, but progress varies by race and ethnicity, geography, and other social, economic, and demographic factors.[2]

The Health & Well-Being Composite Score

The Health & Well-Being Composite Index compares states using nine component indicators of women's health: mortality rates from heart disease, lung cancer, and breast cancer; the incidence of diabetes; the rate of reported cases of chlamydia; the incidence of AIDS; the average number of days per month that mental health is not good; the average number of days per month that activities are limited due to health status; and suicide mortality rates.

Nationally, composite scores range from a low of 1.12 to a high score of 2.81, with higher scores reflecting better performances in the area of women's health and earning states corresponding grades. Among the southern states, the composite scores range from 1.12 to 2.17 (Table 6.1). For information about how the composite scores and grades were calculated, see Appendix A6.

- The highest grade received by a southern state is a C for Virginia (Table 6.1). Texas, ranked second regionally, earns a C–.[3] Alabama, Arkansas, and Mississippi rank last in the region and in the United States, each earning a grade of F. The remaining southern states receive D's. Twelve of the fourteen southern states rank in the bottom third nationally.

- None of the southern states are in the top third for Health & Well-Being nationally. Among the southern states, Virginia, Texas, Florida, North Carolina, and Georgia are in the top third in the region for their Health & Well-Being composite scores. Mississippi, Alabama, and Arkansas are in the bottom third for the region (Map 6.1).

- Virginia ranks first in the South on the Health & Well-Being Composite Index. Among the southern states, Virginia ranks second for lowest female mortality rate from heart disease, lowest incidence of diabetes, and fewest average number of days per month on which health status limited activities, and ranks in the top five for all of the component indicators. Despite its ranking as first in the South, Virginia ranks 22nd in the country on the Health & Well-Being Composite Index.

[2] For data on health insurance coverage, as well as the states that have not expanded Medicaid under the Affordable Care Act and the implications for women, see the Poverty & Opportunity chapter.

[3] For national rankings, a ranking of 1 indicates the state had the highest composite score or the lowest rate of mortality, disease, or average days of poor mental health or limited activities, while a ranking of 51 indicates the worst composite score or the highest rate of mortality, disease, or average days of poor mental health or limited activities. Regional rankings range from a high of 1 to a low of 14.

- Mississippi ranks last in the southern states and in the United States in the area of women's health. It has the highest heart disease mortality rate for women in the South and the nation. In the South, Mississippi has the second highest incidence of diabetes, incidence of AIDS, and reported cases of chlamydia among women.

Trends in Health & Well-Being

The Health & Well-Being composite scores for most of the southern states dropped since the publication of IWPR's 2004 *Status of Women in the States* report, suggesting that women's health and well-being in the South have declined (Caiazza et al. 2004; Table 6.1):

- In the South, only Texas and the District of Columbia have improved health composite scores since the 2004 report.
- The health composite scores for Arkansas and Alabama dropped by more than 30 percent between the 2004 and current report.

Table 6.1.

How the South Measures Up: Women's Status on the Health & Well-Being Composite Index and Its Components

	Composite Index				Heart Disease Mortality			Lung Cancer Mortality			Breast Cancer Mortality			Incidence of Diabetes		
State	Score	National Rank	Regional Rank	Grade	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	1.15	50	13	F	184.3	50	13	39.3	32	8	21.9	31	5	13.0%	49	12
Arkansas	1.28	49	12	F	173.6	48	12	44.3	47	12	21.9	31	5	12.5%	46	9
District of Columbia	1.39	43	7	D–	166.8	45	9	34.2	14	2	29.1	51	14	8.9%	19	1
Florida	1.88	35	3	D+	117.6	18	1	35.7	17	3	20.3	20	1	11.5%	42	6
Georgia	1.72	39	5	D	144.2	36	6	35.7	17	3	22.2	36	7	11.5%	42	6
Kentucky	1.34	45	9	D–	162.8	43	7	54.4	51	14	22.4	38	9	12.8%	47	10
Louisiana	1.34	45	9	D–	170.8	47	11	41.7	40	10	24.3	50	13	11.0%	39	5
Mississippi	1.12	51	14	F	191.7	51	14	41.2	36	9	23.9	49	12	13.4%	50	13
North Carolina	1.87	36	4	D+	131.2	26	3	37.6	26	6	21.4	29	3	10.7%	37	4
South Carolina	1.62	42	6	D–	140.7	34	5	38.1	29	7	22.7	42	10	11.9%	45	8
Tennessee	1.36	44	8	D–	162.8	43	7	43.4	44	11	22.3	37	8	12.8%	47	10
Texas	2.09	27	2	C–	136.9	29	4	31.8	10	1	20.5	23	2	10.5%	34	3
Virginia	2.17	22	1	C	128.3	25	2	36.5	22	5	21.7	30	4	9.8%	31	2
West Virginia	1.34	45	9	D–	167.1	46	10	46.7	50	13	22.7	42	10	14.1%	51	14
United States					**136.1**			**36.3**			**21.3**			**10.1%**		

	Rate of Reported Cases of Chlamydia			Incidence of AIDS			Poor Mental Health			Suicide Mortality			Limited Activities		
State	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank
Alabama	828.6	46	10	7.8	45	9	5.5	51	14	5.7	23	6	6.2	50	13
Arkansas	772.0	44	9	4.1	35	4	5.0	47	10	6.8	39	13	6.0	47	10
District of Columbia	1090.2	50	14	36.9	51	14	3.7	10	2	2.8	1	1	4.3	13	1
Florida	588.6	24	3	11.1	48	12	4.3	30	5	6.6	35	12	5.3	41	7
Georgia	721.4	41	7	10.5	46	10	4.5	36	6	5.2	12	3	5.2	34	4
Kentucky	555.8	18	2	2.1	27	2	5.1	48	11	6.4	32	11	6.1	49	12
Louisiana	901.8	48	12	10.6	47	11	4.7	41	7	5.8	25	7	5.5	43	8
Mississippi	911.6	49	13	11.2	49	13	4.9	46	9	5.5	18	4	5.6	44	9
North Carolina	703.2	39	6	6.2	39	6	4.1	23	4	6.3	30	10	5.2	34	4
South Carolina	839.5	47	11	6.9	42	8	4.8	43	8	6.2	28	9	5.2	34	4
Tennessee	636.9	32	5	6.7	40	7	5.4	50	13	5.9	26	8	6.0	47	10
Texas	728.9	42	8	5.6	38	5	3.5	6	1	5.0	10	2	4.8	27	3
Virginia	589.6	25	4	3.0	30	3	3.8	13	3	5.5	18	4	4.6	22	2
West Virginia	357.5	1	1	1.0	5	1	5.2	49	12	7.1	40	14	6.5	51	14
United States	**627.2**			**4.8**			**4.2**			**5.5**			**4.9**		

Notes: For purposes of comparing with earlier IWPR *Status of Women in the States* reports, the median has been calculated for all 50 states and the District of Columbia for incidence of diabetes (9.5 percent), poor mental health (4.1 days), and limited activities (4.7 days). Data on rate of reported cases of chlamydia and mortality from heart disease, lung cancer, breast cancer, and suicide are per 100,000 women and include women of all ages; data on diabetes, poor mental health, and limited activities are for women aged 18 and older; and data on AIDS are per 100,000 women and include women aged 13 and older. State-level data for men's health are in Appendix Table B6.1. See Appendix A6 for methodology and sources.

Chronic Disease

Heart Disease

Heart disease is the leading cause of death among both men and women in the United States, with one in four women dying from the disease (U.S. Department of Health and Human Services 2014). Nationally, mortality rates vary widely by race and ethnicity (Appendix Table B6.2). While the mortality rate for all women is 136.1 per 100,000, the rate for black women is 177.7 per 100,000, followed by white women (136.4 per 100,000), and Native American women (121.1 per 100,000). Hispanic and Asian/Pacific Islander women have the lowest rates (98.8 and 74.9 per 100,000, respectively). Heart disease is the leading cause of death for white and black women, and the second leading cause of death for Hispanic, Asian/Pacific Islander, and Native American women (Centers for Disease Control and Prevention 2014a).

Mortality rates from heart disease vary across the southern states (Table 6.1):

- In the South, Florida has the lowest heart disease mortality rate, 117.6 per 100,000 women, earning it the highest regional ranking.
- Mississippi has the highest heart disease mortality rate in the South and in the United States, at 191.7 per 100,000 women.
- Of the fourteen states in the South, nine of them rank in the bottom third nationally for heart disease mortality.
- Black women in Mississippi have the highest rate of heart disease mortality of any racial/ethnic group in the southern states (221.1 per 100,000 women; Appendix Table B6.2).

Although heart disease mortality is generally decreasing, among the southern states, the mortality rate for Hispanic women in Tennessee and Native American women in Louisiana rose between 2003 and 2013 (Institute for Women's Policy Research 2015a).

Cancer

Cancer is the second leading cause of death for all women in the United States, and is the leading cause of death for Hispanic, Asian/Pacific Islander, and Native American women (Centers for Disease Control and Prevention 2014a). Lung cancer and breast cancer are the two most common and lethal cancers among women (Centers for Disease Control and Prevention 2015b).

Lung cancer is the leading cause of cancer death among white, black, Asian/Pacific Islander, and Native American women, and is second among Hispanic women (Centers for Disease Control and Prevention 2015b). White women have the highest lung cancer mortality rate (39.9 per 100,000), followed by black and Native American women (35.7 and 31.1 per 100,000, respectively; Appendix Table B6.3). Nationally, lung cancer mortality has decreased over the past decade for women in every racial and ethnic group (Centers for Disease Control and Prevention 2015a)

Across the South, rates of mortality from lung cancer vary widely (Table 6.1):

- Lung cancer mortality is lowest in Texas (31.8 per 100,000 women). Several other southern states—the District of Columbia, Florida, and Georgia—rank in the top third nationally, indicating low mortality rates.
- In the South, the highest lung cancer mortality rate is in Kentucky (54.4 per 100,000 women), earning it the worst ranking regionally and nationally.
- The highest lung cancer mortality rate for any racial or ethnic group in any state in the South is among black women in Kentucky (56.4 per 100,000; Appendix Table B6.3).
- Lung cancer mortality is generally declining across the country. Among the southern states, the lung cancer mortality rate for Asian/Pacific Islander women in Florida and Georgia, and Native American women in North Carolina, however, increased between 2003 and 2013 (Centers for Disease Control and Prevention 2015a).

Although breast cancer is the most common cancer among women, breast cancer mortality decreased between 2003 and 2013 for women overall, and for every racial and ethnic group (Centers for Disease Control and Prevention 2015b; Centers for Disease Control and Prevention 2015a). Nationally, the mortality rate for all women dropped from 25.7 per 100,000 women in 2001-2003 to 21.3 per 100,000 women in 2011-2013. Breast cancer mortality rates vary widely

by race and ethnicity; the rate for black women (30.2 per 100,000) is more than twice the rate for Hispanic, Native American, or Asian/Pacific Islander women (Appendix Table B6.4). Despite their relatively lower mortality rates, breast cancer is the most lethal type of cancer for Hispanic women, and is the second most lethal, after lung cancer, for white, black, Asian/Pacific Islander, and Native American women (Centers for Disease Control and Prevention 2015b).

Breast cancer mortality rates differ by state and by race and ethnicity (Table 6.1):

- Florida is the southern state with the lowest breast cancer mortality rate at 20.3 per 100,000 women.
- The District of Columbia has the highest breast cancer mortality rate in the South and in the nation (29.1 per 100,000). Eight of the fourteen states in the South rank in the bottom third nationally.
- Black women in Louisiana have the highest breast cancer mortality rate of any racial or ethnic group in any state in the South (34.7 per 100,000 women; Appendix Table B6.4).
- Despite the decrease in breast cancer mortality for women overall, the rates for Hispanic women in Georgia and Asian/Pacific Islander women in Florida and Texas increased over the past decade (Centers for Disease Control and Prevention 2015a).

Overall, women's decreasing mortality from prevalent chronic diseases such as heart disease and cancer is undeniably positive, yet the low rankings for many of the southern states and the alarming disparities by race and ethnicity indicate that there is more progress to be made.

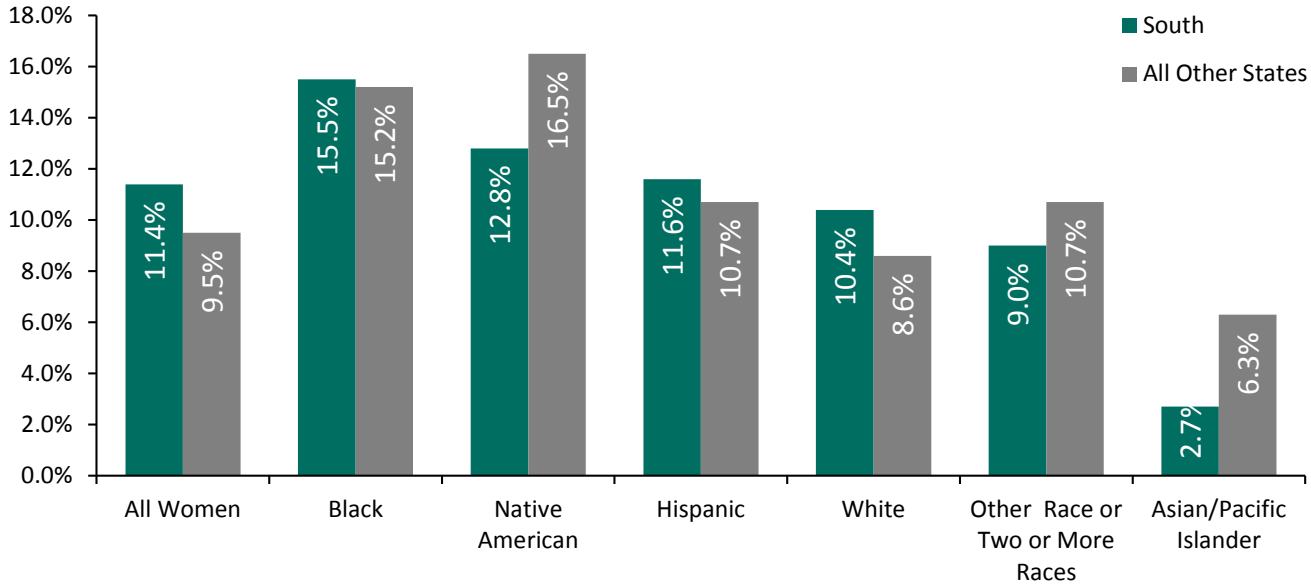
Diabetes

Between 2001 and 2014, the median percentage of women aged 18 and older in the United States who have ever been told they have diabetes rose from 6.5 percent to 10.1 percent, an increase of over half (Caiazza et al. 2004 and Table 6.1). The Centers for Disease Control and Prevention estimate that over 29 million people in the United States have diabetes, with 8 million of them undiagnosed (2014b). This is a serious public health issue, given that diabetes considerably increases the risk of heart disease, stroke, blindness, kidney failure, and other medical complications (Centers for Disease Control and Prevention 2014b).

As with mortality rates, there are significant disparities in the percent of women with diabetes by race

Figure 6.1.

Percent of Women Who Have Ever Been Told They Have Diabetes, by Race/Ethnicity and South/Non-South, 2014



Notes: Data include women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

and ethnicity and, for some racial and ethnic groups, also by region. The overall percent of women in the South who have been told they have diabetes is 11.4 percent, compared with 9.5 percent in the remaining regions (Figure 6.1). In the South, black women have the highest rate of diabetes (15.5 percent), followed by Native American women (12.8 percent). Among women in the South who are living with diabetes, the percentages who are Hispanic, white, and of another race or two or more races range from 9.0 to 11.6 percent. Asian/Pacific Islander women have substantially lower rates (2.7 percent).

Incidence of diabetes is heavily concentrated in the South (Table 6.1):

- The District of Columbia has the lowest percentage of women, 8.9 percent, who have ever been told they have diabetes. Although the District of Columbia ranks first in the South, it ranks 19th in the nation.
- West Virginia has the highest percentage of southern women with diabetes, 14.1 percent, which is also the highest in the United States. An additional ten southern states rank in the bottom third for diabetes nationally.
- More than one in five Native American women in Georgia have diabetes (21.7 percent), the highest percentage for any racial or ethnic group of women in any state in the South (Appendix Table B6.5).

HIV/AIDS

The majority of those in the United States who have HIV/AIDS are men, yet among women, black women are disproportionately likely to have HIV/AIDS. Between 2010 and 2014, 62 percent of the women aged 13 and older diagnosed with HIV were black (Centers for Disease Control and Prevention 2015c). Nationally, the incidence rate of AIDS among adolescent and adult women was 4.8 per 100,000 in 2013, almost half the rate in 2001, which was 9.1 per 100,000 women, and rates have decreased for every racial and ethnic group since 2000 (Caiazza et al. 2004; Appendix Table B6.6). The rate for black women in the United States (25.1 per 100,000), however, is more than five times the rate for all women (Appendix Table B6.6). Hispanic women have the second highest rate of AIDS (4.4 per 100,000), followed by Native American, white, and Asian women (2.6, 1.1, and 0.8 per 100,000, respectively).[4]

In 2012, states in the South had higher death rates among those diagnosed with HIV compared with states in the rest of the country (Centers for Disease Control and Prevention 2015e). Death rates in some southern states were triple those in other parts of the country, and individuals living with HIV in the South were less likely to be aware of their infection than those living in other parts of the country (Centers for Disease Control and Prevention 2015e).[5]

Incidence of AIDS also varies between the southern states (Table 6.1):

- The state in the South with the lowest incidence rate of AIDS among adolescent and adult women aged 13 and older is West Virginia (1.0 per 100,000), which has among the lowest rates in the country—West Virginia ranks fifth nationally.
- The District of Columbia has the highest AIDS incidence rate among women in the South and in the United States, at 36.9 per 100,000. Mississippi, which ranks 13th of the 14 southern states, has a significantly lower rate (11.2 per 100,000 women).
- Black women in the District of Columbia have an alarming AIDS incidence rate of 68.6 per 100,000 women aged 13 and older, followed by black women in Florida, with a rate of 53.0 per 100,000 (Appendix Table B6.6). No other racial and ethnic groups have rates close to those of black women, although Hispanic women in the District of Columbia, Louisiana, and Georgia have rates exceeding 13.0 women per 100,000.

Chlamydia

Chlamydia is one of the most prevalent and commonly diagnosed sexually transmitted infections among women in the United States (Centers for Disease Con-

4 Hispanics may be of any race and Asian does not include Pacific Islander. Data are not available for those who identified as multiracial.

5 The CDC South includes Delaware, Maryland, and Oklahoma in addition to the states in the South as defined by IWPR throughout the report.

trol and Prevention 2015f).[6] The infection, however, often goes undiagnosed because between 80 and 90 percent of women do not experience any symptoms. If left untreated, chlamydia can lead to pelvic inflammatory disease, which is a common cause of infertility, miscarriage, and ectopic pregnancy (Centers for Disease Control and Prevention 2015f).

Rates of reported chlamydia vary dramatically by race and ethnicity. The rate for black women, 1,432.6 per 100,000 women of all ages, is more than double the rate for all women, 627.2 per 100,000 (Centers for Disease Control and Prevention 2015g).[7] Native American women also have high rates (1,022.9 per 100,000), followed by Hispanic women (559.0 per 100,000). The rate of reported cases for white, multiracial, and Asian women are 253.5, 174.1, and 151.6 per 100,000 women, respectively.

In 2014, the South had the highest rates of reported chlamydia among women in the country (Centers for Disease Control and Prevention 2015f).[8] There is variation among southern states (Table 6.1):

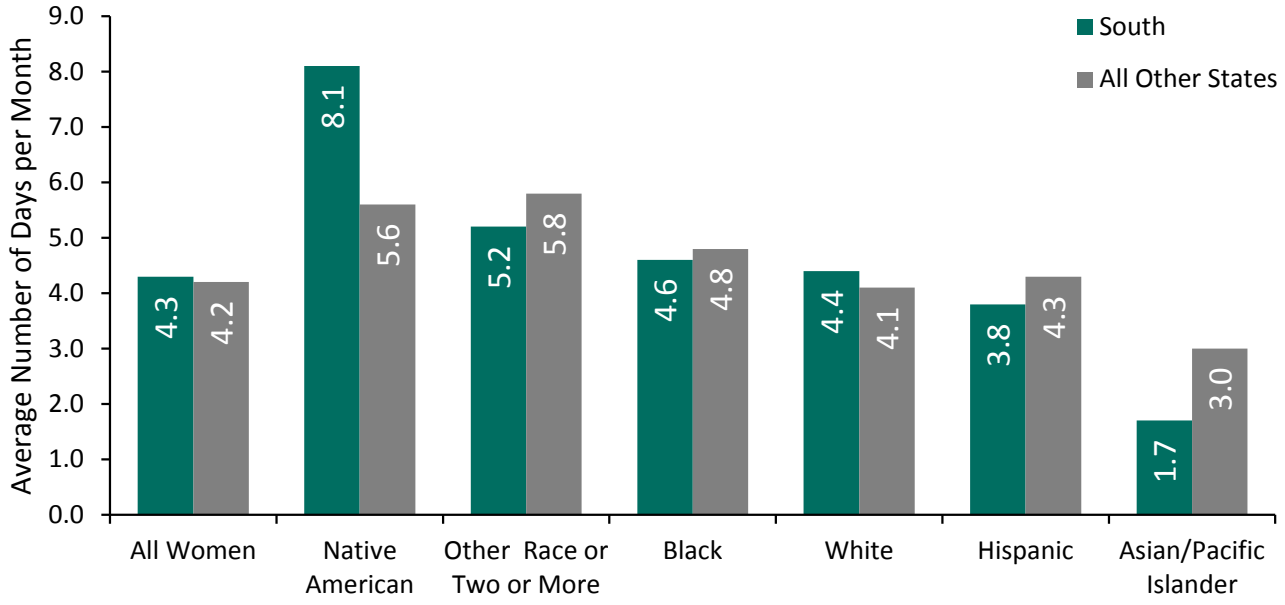
- Women in West Virginia have the lowest rate of reported chlamydia, 357.5 per 100,000 women of all ages. The rate in West Virginia is also the lowest in the United States.[9]
- Among the southern states, the District of Columbia has the highest reported rate of chlamydia (1,090.2 per 100,000).
- Nine of the 14 southern states rank in the bottom third nationally.

Mental Health

Women are more likely than men to suffer from certain mental health conditions, including depression and anxiety (Eaton et al. 2012). There are several potential explanations for this gender disparity, including women's higher rates of poverty (Heflin and Iceland 2009), trauma from gender-based violence (Rees et al. 2011), and greater likelihood of caring for disabled or ill family members (Cannuscio

Figure 6.2

Average Number of Days per Month of Poor Mental Health Among Women, by Race/Ethnicity and South/Non-South, 2014



Notes: Mean number of days in the past 30 days on which mental health was not good, as self-reported by women respondents aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

6 Rates of reported cases may vary due to increases in infections, but also may reflect more screening, more sensitive testing, or more complete reporting to the CDC (Centers for Disease Control and Prevention 2015f).

7 Only white and black are non-Hispanic. Asian does not include Pacific Islanders.

8 The CDC report uses the Census definition of the South, including Delaware, Maryland, and Oklahoma in addition to the 14 jurisdictions in the IWPR definition.

9 See footnote 1 for IWPR definition of the South.

et al. 2002), as well as men's decreased likelihood of reporting mental health issues or receiving services for mental health (Blumberg, Clarke, and Blackwell 2015).

Poor Mental Health

When asked to think about their mental health, including stress, depression, and problems with emotions, adult women in the southern United States report that they have an average of 4.3 days per month on which their mental health is not good (Figure 6.2), compared with 4.2 days per month for women in the rest of the country.

In the South, Native American women have the highest average number of days in a month when their self-reported mental health is not good (8.1 days), which is substantially higher than the average number of days of poor mental health for Native American women living outside the South (5.6 days; Figure 6.2). Southern women who are of another race or two or more races report 5.2 days of poor mental health monthly, followed by black (4.6 days), white (4.4 days), and Hispanic women (3.8 days). Asian/Pacific Islander women have the fewest days per month of poor mental health (1.7 days). For all racial and ethnic groups other than Native American women, the difference in the average number of days in a month of poor mental health is similar when comparing women in the South with those in other regions.

Among women in the South, mental health varies by state (Table 6.1):

- Women in Texas have the fewest number of days of poor mental health, with an average of 3.5 per month. Texas has one of the lowest averages in the country, earning a national rank of six.
- Alabama ranks last in the South and last in the United States for women's mental health. Women in Alabama report that their mental health is not good an average of 5.5 days per month.
- Native American women in Kentucky report the highest number of days per month when their mental health is not good – more than one in every three days (an average of 11.3 per month; Appendix Table B6.7). Asian/Pacific Islander women in Georgia have the fewest days per month (1.1) of poor mental health.

Suicide

Although women are much less likely than men to commit suicide, they are more likely to have suicidal thoughts (Crosby et al. 2011) and they are three times as likely as men to attempt suicide (Drapeau and McIntosh 2015). In 2013, 9,094 women committed suicide, an average of almost 25 per day (Drapeau and McIntosh 2015). The national suicide mortality rate for women of all ages in 2012-2014 was 5.5 per 100,000 (Table 6.1). Native American women had the highest suicide mortality rate of 7.7 per 100,000, followed by white women with a rate of 7.1 per 100,000 women (Appendix Table B6.8). Black women had the lowest suicide rate, 2.1 per 100,000, followed by Hispanic and Asian/Pacific Islander women (2.3 and 3.4 per 100,000 women).

Suicide rates also vary regionally (Table 6.1):

- The suicide mortality rate for women of all ages in the District of Columbia was 2.8 per 100,000, the lowest rate in the South and nationally.
- West Virginia and Arkansas rank last in the South, with suicide mortality rates of 7.1 and 6.8 per 100,000 women, respectively.
- White women in Florida had the highest suicide mortality rate of any racial or ethnic group in any state in the South, at 9.8 per 100,000. Hispanic women in Virginia had the lowest rate, 1.1 per 100,000 (Appendix Table B6.8).

Limitations on Women's Activities

Any number of factors—illness, disability, or poor mental or physical health—can threaten women's ability to be full participants in their families, workplaces, and communities. In 2014, southern women responding to the Behavioral Risk Factor Surveillance System reported that their activities were limited by their physical or mental health on an average of 5.3 days per month, which is higher than the number of days reported by women outside the South (4.7 days per month; Figure 6.3).

Women's activity limitations vary by race and ethnicity and by region. In the South, Native American women had the highest number of days of limited activities

(8.0 days monthly), followed by women who identified as of another race or two or more races (7.6 days; Figure 6.3). Asian/Pacific Islander women reported the fewest days of limited activities (1.7 monthly) among women of all racial/ethnic groups in the South.

In the South, Native American and white women, and women who are of another race or two or more races, have a higher average number of days per month of limited activities than women of those racial and ethnic backgrounds residing outside of the South (Figure 6.3). Black, Hispanic, and Asian/Pacific Islander women in the South, however, report fewer days of limited activities than their counterparts in the rest of the country.

In the southern United States (Table 6.1):

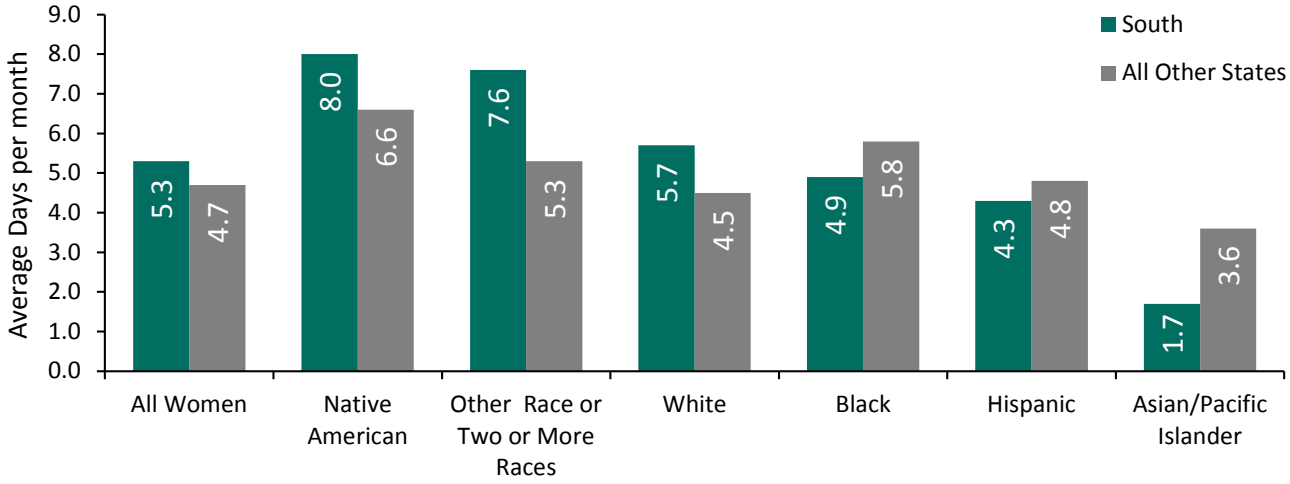
- Women in the District of Columbia reported the fewest days per month on which activities were limited due to poor physical or mental health (4.3).
- Ranking last in the South and in the United States, women in West Virginia had an average of 6.5 days per month during which they limited their activities due to poor health.
- Arkansas women who identify as another race or two or more races and Native American women in Kentucky had the highest number of days per month of limited activities (9.4 days; Appendix Table B6.9). Asian/Pacific Islander women in Texas reported only 1.8 days a month on which their activities were limited by their health.

Obesity and Healthy Weight

Increasing rates of obesity in the United States are a major public health concern. In 2014, women in the South had higher obesity rates (60.7 percent) than women in the rest of the country (56.7 percent; Figure 6.4).[10] Black women in the South are more likely to be overweight or obese (75.4 percent) than women from

Figure 6.3.

Average Number of Days that Women's Poor Mental or Physical Health Limited Activities, by Race/Ethnicity and South/Non-South, 2014



Notes: Women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

10 Overweight or obese is defined as having a body mass index (BMI) of 25 or greater.

any other racial/ethnic background, and than black women in the rest of the country (72.4 percent of black women in states outside of the South are overweight or obese; Figure 6.4). The proportion of white women who are obese is also higher in the South than the rest of the country (56.8 and 55.0 percent, respectively). Hispanic, Native American, and Asian/Pacific Islander women, as well as women of another race or two or more races, in the South are less likely to be overweight or obese than their counterparts living outside of the South.

The prevalence of women being overweight or obese varies among the southern states (Appendix Table B6.10):

- In the South, the District of Columbia has the lowest proportion of women who are overweight or obese, although it is still more than half of all women (53.8 percent).
- More than two in three women in Mississippi are overweight or obese (69.0 percent), the highest proportion among the southern states.
- In nine of the fourteen southern states, more than three out of four black women are overweight or obese.

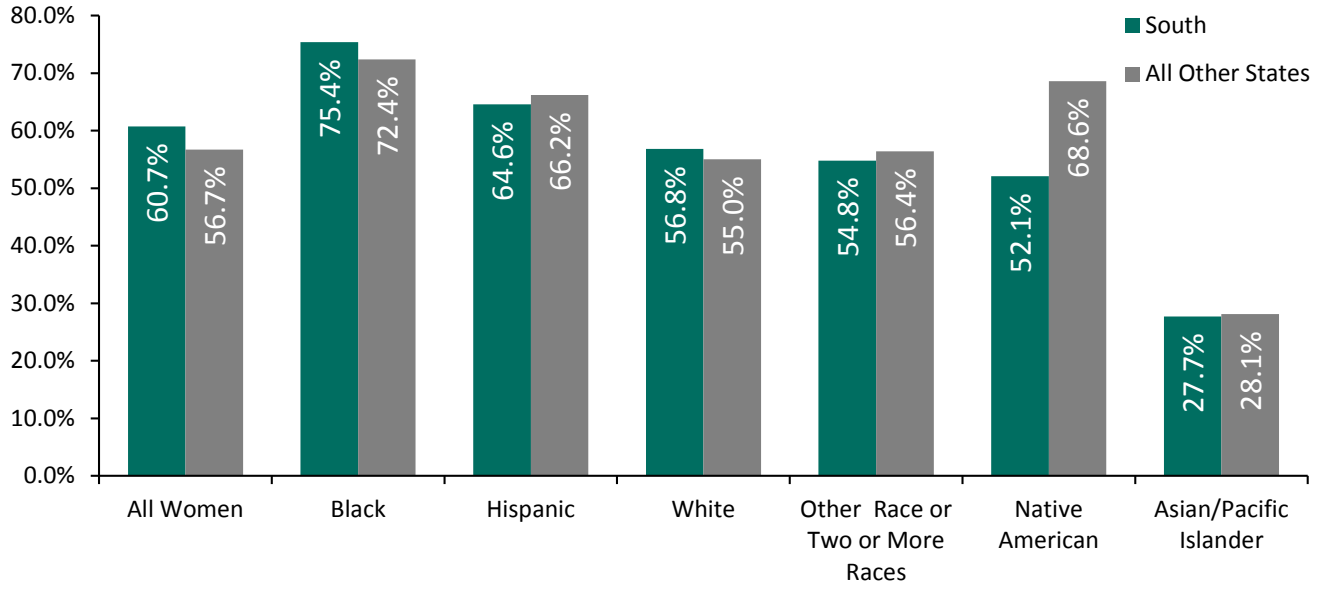
Preventive Care and Health Behaviors

Individual health behaviors and preventive care can contribute to women's health and well-being. While fewer women aged 18 and older in the South report binge drinking, compared with women in the rest of the country, southern women are more likely to smoke, and less likely to exercise or eat the recommended fruits and vegetables compared with women living outside the South (Figure 6.5).

- More women in the South smoke than those in other areas of the country (16.8 percent compared with 14.6 percent; Figure 6.5). Among the southern states, Texas has the lowest proportion of women who smoke (12.5 percent) and West Virginia has the highest proportion in the South and

Figure 6.4.

Percent of Women Who Are Overweight or Obese, by Race/Ethnicity and South/Non-South, 2014



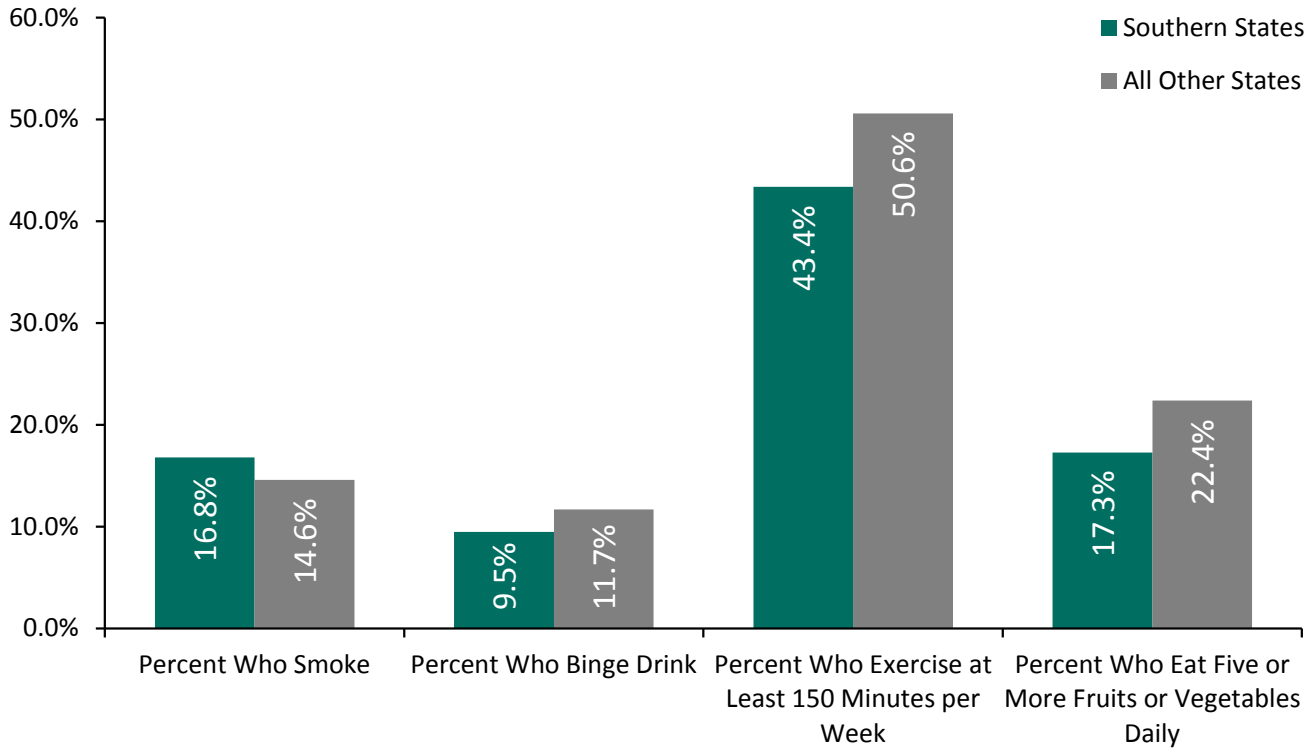
Notes: Overweight or obese is defined as having a body mass index (BMI) of 25 or higher. Data include women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

in the United States, with more than one in four women reporting that they smoke (25.6 percent; Appendix Table B6.11).

- Nationally, in 2014, Native American women were the most likely to smoke (28.6 percent), followed by women of another race or two or more races (19.8 percent), white (16.9 percent), and black women (16.6 percent; Institute for Women's Policy Research 2015b). Lower proportions of Hispanic and Asian/Pacific Islander women smoke (9.1 and 4.3 percent).
- Women in the South are less likely to report that they binge drink than women in other states (9.5 percent compared with 11.7 percent; Figure 6.5). West Virginia has the lowest proportion of women who binge drink in the South and in the nation (5.0 percent; Appendix Table B6.11). Nearly one in five women in the District of Columbia report binge drinking (19.4 percent), earning it the last place ranking regionally and nationally.
- The South lags behind the rest of the country in the percent of women who exercise at least 150 minutes weekly (43.4 percent of southern women compared with 50.6 percent in the other states; Figure 6.5). More than half of women in the District of Columbia (55.5 percent) report exercising regularly, while only one third of women in Mississippi exercise (33.1 percent; Appendix Table B6.11).
- Only 17.3 percent of women in the South report consuming five or more servings of fruits and vegetables per day, compared with 22.4 percent in other regions (Figure 6.5). Nearly one in four women in the District of Columbia eat five or more servings of fruits and vegetables daily (24.7 percent; Appendix Table B6.11). Only slightly more than one in ten women in West Virginia consume this amount of fruits and vegetables (11.1 percent).

Figure 6.5.

Health Behaviors Among Women, by South/Non-South



Notes: Percent who smoke includes those who smoke some days or every day and have smoked at least 100 cigarettes in their lifetime. Binge drinking is, for women, consuming four or more drinks on one occasion at least once in the past month. Data for smoking and binge drinking are from 2014; data for exercise and eating fruits and vegetables are from 2013. Data include women aged 18 and older.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Women in the South are as likely or are more likely than women in the rest of the country to have been screened for cholesterol, had a mammogram or pap test, and to have ever been tested for HIV (Table 6.2). Rates of preventive screening vary among women regionally and by race and ethnicity:

- A higher proportion of women in the South have been screened for cholesterol in the past five years than women in other regions (64.2 percent compared with 60.2 percent; Table 6.2). Over one in three women in Tennessee (69.1 percent) has been screened for cholesterol, the highest proportion in the South and in the United States.
- About four in five women over the age of 50, in the South and in the other states, have had a mammogram in the past two years (Table 6.2). Nationally, black women are more likely to have had a mammogram (85.5 percent), than women of all other racial/ethnic backgrounds (Institute for Women's Policy Research 2015b).
- In the South, 77.6 percent of women report having had a pap test in the last three years, which is identical to the rate among women in the rest of the country (Table 6.2).
- More than four in ten women in the southern states have ever been tested for HIV (41.4 percent), exceeding the proportion outside the South (35.6 percent; Table 6.2). Among the major racial and ethnic groups, black women are the most likely to have been tested for HIV, which is a positive sign since they have much higher rates of AIDS than other women (Appendix Table B6.6).

Table 6.2.

Preventive Care Among Women, by Southern State and South/Non-South

	Percent Who Have Been Screened for Cholesterol in the Past Five Years			Percent Aged 50 and Older Who Have Had a Mammogram in Past Two Years			Percent Who Have Had a Pap Test in the Past Three Years			Percentage Who Have Ever Been Tested for HIV		
State	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	64.0%	13	7	78.1%	33	11	78.0%	17	8	40.1%	12	8
Arkansas	56.2%	40	14	71.7%	50	14	68.8%	50	14	34.6%	26	12
District of Columbia	63.0%	15	8	82.5%	10	2	84.9%	1	1	67.1%	1	1
Florida	66.6%	6	4	79.9%	22	8	75.7%	25	10	43.7%	7	4
Georgia	64.6%	12	6	82.0%	14	4	80.6%	12	3	45.4%	4	2
Kentucky	62.2%	18	9	80.8%	19	6	75.6%	26	11	34.6%	26	12
Louisiana	61.8%	21	11	81.8%	15	5	80.6%	12	3	43.5%	8	5
Mississippi	62.2%	18	9	74.7%	42	13	79.3%	14	5	38.7%	15	10
North Carolina	67.2%	2	2	82.7%	9	1	78.9%	16	7	44.0%	6	3
South Carolina	59.8%	29	13	78.5%	30	10	74.6%	34	12	37.1%	18	11
Tennessee	69.1%	1	1	80.4%	21	7	79.0%	15	6	41.9%	9	6
Texas	61.7%	23	12	79.5%	25	9	76.8%	21	9	39.7%	14	9
Virginia	65.5%	10	5	82.2%	13	3	81.5%	9	2	41.0%	10	7
West Virginia	67.1%	4	3	78.1%	33	11	73.4%	39	13	33.8%	30	14
Southern States	**64.2%**			**80.1%**			**77.6%**			**41.4%**		
All Other States	**60.2%**			**79.6%**			**77.6%**			**35.6%**		
United States	**61.6%**			**79.8%**			**77.6%**			**37.6%**		

Notes: Data for cholesterol check are from 2013; all other data are from 2014. Data are for women aged 18 and older, except for the percent of women who have had a mammogram in the past two years.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Conclusion

Women's health and well-being can profoundly affect their status in many arenas, so it is concerning that most of the states in the South receive grades of either D or F on the Health & Well-Being Composite Index. Advances in medicine have led to improvement in women's health status in some areas, yet progress is uneven and many women of color are not experiencing the same improvement to the same degree, pointing to persistent inequities. While the implementation of the Affordable Care Act has the potential to change the landscape of health care for women in the South, and particularly women of color, by providing more of them with access to preventive care and other health services, the decision by nine of the southern states not to adopt Medicaid expansion has left many low-income women unable to obtain the services they need (see the Poverty & Opportunity chapter).

Poor mental or physical health can prevent women's educational attainment, employment, and economic security, just as good health can allow them to thrive. Ensuring that women of every race and ethnicity, in the South and across the country, have access to affordable preventive care, health services, and information about health conditions is essential for them to fully realize their potential.

Appendix A6:

Methodology

To analyze the status of women in the South, IWPR selected indicators that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the South* report comes from federal government agencies and other sources. Much of the analysis of women's health relies on data from the Centers for Disease Control and Prevention (CDC), including the CDC's Wide-ranging OnLine Data for Epidemiologic Research (WONDER), Web-based Injury Statistics Query and Reporting System (WISQARS), and National Center for HIV, STD, and TB Prevention Atlas databases.

IWPR analyzed microdata from the Behavioral Risk Factor Surveillance System (BRFSS) survey for data on health behaviors, preventive care, overweight and obesity, and the following composite component indicators: percent of women who have ever been told they have diabetes, average number of days per month that women's mental health is not good, and average number of days that women's poor mental or physical health limited their activities. BRFSS is conducted by the CDC annually in conjunction with the states, the District of Columbia, and five U.S. territories. BRFSS measures behavioral risk factors for the noninstitutionalized adult population (aged 18 and older) living in the United States. Data are collected using telephone interviews; in 2011, the data collection methods were refined to include both land line and mobile telephone numbers in the sample to ensure all segments of the population were covered. In 2014, 464,664 interviews were fully or partially completed (Centers for Disease Control and Prevention 2015h).

When analyzing state- and national-level BRFSS microdata, IWPR used 2014 data, the most recent available. When disaggregating data at the state level by race/ethnicity, IWPR combined three years of data (2012, 2013, and 2014) to ensure sufficient sample sizes, with several exceptions. Data on the percent of women who exercise at least 150 minutes per week, the percent of women who eat at least five servings of fruits or vegetables per day, and the percent who have been screened for cholesterol in the past five years were available only for 2013. Data on the percent of women who have had a pap test in the past three years and the percent who have had a mammogram in the past two years were available only for 2012 and 2014; state-level estimates on these indicators combine 2012 and 2014 data. IWPR used sample weights provided by the CDC to obtain nationally representative statistics that adjust for sampling both landline and mobile telephone numbers. Data are not presented if the average cell size for the category total is less than 35.

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information for the survey determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis separates Hispanics from racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, or other Asian or Pacific Islander), or Native American (which includes those who identified as American Indian or Alaska Native). Hispanics may be of any race or two or more races.

Calculating the Composite Index

This Composite Index includes nine measures of women's physical and mental health: mortality from heart disease, mortality from lung cancer, mortality from breast cancer, incidence of diabetes, incidence of chlamydia, incidence of AIDS, mean days of poor mental health, mortality from suicide, and mean days of activity limitations. To construct the Composite Index, each of the component indicators was converted to scores ranging from 0 to 1 by dividing the observed value for each state by the highest value for all states. Each score was then subtracted from 1 so that high scores represent lower levels of mortality, poor health, or disease. Scores were then given different weights. Mortality from heart disease was given a weight of 1.0. Lung and breast cancer mortality were each given a weight of 0.5. Incidence of diabetes, chlamydia, and AIDS were each given a weight of 0.5. Mean days of poor mental health and women's mortality from suicide were given a weight of 0.5. Activity limitations were given a weight of 1.0. The resulting values for each of the component indicators were summed for

each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this Composite Index, values for each of the components were set at desired levels to produce an "ideal score." For each indicator, the desired level was set at the lowest rate or lowest level among all states. Each state's score was then compared with the ideal score to determine the state's grade.

MORTALITY FROM HEART DISEASE: Average annual mortality from heart disease among women of all ages per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2015a).

MORTALITY FROM LUNG CANCER: Average mortality among women of all ages from lung cancer per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2015a).

MORTALITY FROM BREAST CANCER: Average mortality among women of all ages from breast cancer per 100,000 population (in 2011–2013). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2015a).

PERCENT OF WOMEN WHO HAVE EVER BEEN TOLD THEY HAVE DIABETES: As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 2014. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2014 microdata (Institute for Women's Policy Research 2015b).

RATE OF REPORTED CASES OF CHLAMYDIA: Reported rate of chlamydia among women of all ages per 100,000 population in 2014. Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention (2015g).

INCIDENCE OF AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population in 2013. Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention Atlas (2015d).

MEAN DAYS OF POOR MENTAL HEALTH: Mean number of days in the past 30 days on which mental health was not good, as self-reported by female respondents in the BRFSS survey in 2014. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2014 microdata (Institute for Women's Policy Research 2015b).

MORTALITY FROM SUICIDE: Average annual mortality from suicide among women of all ages per 100,000 population in 2011–2013. Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (2015i).

MEAN DAYS OF ACTIVITY LIMITATIONS: Mean number of days in the past 30 days on which activities were limited due to health status, as self-reported by female respondents in the BRFSS survey in 2014. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2014 microdata (Institute for Women's Policy Research 2015b).

Appendix B6:
Health & Well-Being Tables

Appendix Table B6.1.

Data and Rankings on Health & Well-Being Among Men in the South

	Heart Disease Mortality			Lung Cancer Mortality			Incidence of Diabetes			Rate of Reported Cases of Chlamydia		
State	Rate	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Rate	National Rank	Regional Rank
Alabama	281.8	50	13	76.7	47	10	12.9%	48	11	354.7	48	12
Arkansas	265.6	47	11	82.0	49	12	13.0%	49	12	272.7	29	6
District of Columbia	264.6	46	10	51.0	16	1	7.9%	5	1	507.8	51	14
Florida	193.6	17	1	54.5	26	3	10.8%	29	3	263.9	27	5
Georgia	225.8	34	5	64.3	37	5	11.6%	39	7	301.9	37	8
Kentucky	261.8	45	9	88.8	51	14	12.2%	44	9	240.1	14	2
Louisiana	266.9	48	12	72.9	45	8	11.5%	36	5	338.1	46	11
Mississippi	294.9	51	14	82.2	50	13	12.6%	47	10	384.2	49	13
North Carolina	212.0	28	3	67.6	40	6	10.9%	31	4	242.4	16	3
South Carolina	234.0	37	6	67.8	41	7	12.1%	43	8	317.5	43	10
Tennessee	257.1	44	8	76.9	48	11	13.2%	50	13	302.7	38	9
Texas	214.3	30	4	52.1	20	2	11.5%	36	5	259.5	23	4
Virginia	199.3	22	2	57.2	30	4	9.6%	14	2	276.8	31	7
West Virginia	247.9	41	7	76.2	46	9	14.1%	51	14	148.9	1	1
United States	**215.8**			**55.8**			**10.9%**			**278.4**		

	Incidence of AIDS			Poor Mental Health			Suicide Mortality			Limited Activities		
State	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank	Rate	National Rank	Regional Rank	Days	National Rank	Regional Rank
Alabama	19.3	40	7	3.7	47	10	24.3	30	10	6.4	47	11
Arkansas	11.7	32	4	3.7	47	10	27.8	39	13	6.4	47	11
District of Columbia	83.8	51	14	3.0	22	3	10.4	1	1	4.1	11	1
Florida	28.1	47	11	3.2	32	6	21.9	25	8	5.4	39	5
Georgia	30.3	48	12	3.4	36	7	19.8	12	3	5.4	39	5
Kentucky	9.6	22	2	3.8	49	12	26.0	34	12	6.9	50	13
Louisiana	31.0	49	13	3.1	28	4	20.9	19	6	5.8	43	8
Mississippi	24.9	46	10	3.4	36	7	21.8	24	7	5.9	45	9
North Carolina	17.5	38	5	3.1	28	4	19.9	14	4	5.6	42	7
South Carolina	18.8	39	6	3.4	36	7	23.2	27	9	5.3	36	4
Tennessee	19.6	41	8	4.1	51	14	24.4	31	11	6.1	46	10
Texas	20.0	42	9	2.5	8	1	19.3	11	2	4.5	20	2
Virginia	10.6	29	3	2.7	12	2	20.5	15	5	4.7	24	3
West Virginia	6.7	15	1	4.0	50	13	27.8	39	13	7.1	51	14
United States	**15.7**			**3.1**			**20.4**			**4.9**		

Notes: Data on rate of reported cases of chlamydia and mortality from heart disease, lung cancer, breast cancer, and suicide are for men of all ages; data on diabetes, poor mental health, and limited activities are for men aged 18 and older; and data on AIDS are men aged 13 and older. See Appendix A6 for methodology and sources.

Appendix Table B6.2.

Average Annual Heart Disease Mortality Rate (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	184.3	180.2	73.6	208.5	40.5	54.4
Arkansas	173.6	170.0	58.8	215.1	97.2	N/A
District of Columbia	166.8	85.9	84.2	211.9	N/A	N/A
Florida	117.6	117.5	101.1	150.8	58.1	68.0
Georgia	144.2	139.9	44.2	170.3	63.2	N/A
Kentucky	162.8	163.4	56.2	179.0	71.0	N/A
Louisiana	170.8	164.3	63.5	198.8	64.2	88.6
Mississippi	191.7	180.5	45.2	221.1	89.8	131.2
North Carolina	131.2	128.3	42.2	151.0	56.3	168.0
South Carolina	140.7	131.5	66.2	173.7	80.2	106.1
Tennessee	162.8	161.0	49.9	187.4	78.0	N/A
Texas	136.9	141.2	109.2	181.7	75.6	52.0
Virginia	128.3	126.3	65.2	157.7	58.4	N/A
West Virginia	167.1	168.6	N/A	163.8	N/A	N/A
United States	**136.1**	**136.4**	**98.8**	**177.7**	**74.9**	**121.1**

Notes: Data are three-year (2011-2013) averages. Data include women of all ages and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A= not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015a).

Appendix Table B6.3.

Average Annual Lung Cancer Mortality Rate (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	39.3	42.5	N/A	30.1	N/A	N/A
Arkansas	44.3	46.4	N/A	35.6	N/A	N/A
District of Columbia	34.2	22.8	N/A	41.7	N/A	N/A
Florida	35.7	42.6	14.3	24.9	15.5	N/A
Georgia	35.7	40.4	7.6	27.3	15.8	N/A
Kentucky	54.4	55.0	N/A	56.4	N/A	N/A
Louisiana	41.7	44.3	11.0	38.1	30.6	N/A
Mississippi	41.2	44.5	N/A	34.9	N/A	N/A
North Carolina	37.6	40.0	6.8	32.4	20.4	33.8
South Carolina	38.1	41.2	N/A	30.2	N/A	N/A
Tennessee	43.4	44.7	N/A	41.1	25.5	N/A
Texas	31.8	38.8	12.8	36.3	18.5	N/A
Virginia	36.5	38.8	11.5	35.3	15.1	N/A
West Virginia	46.7	47.6	N/A	30.8	N/A	N/A
United States	**36.3**	**39.9**	**13.3**	**35.7**	**18.3**	**31.1**

Notes: Data are three-year (2011-2013) averages. Data include women of all ages and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A= not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015a).

Appendix Table B6.4.

Average Annual Breast Cancer Mortality Rate (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	21.9	20.0	N/A	28.9	N/A	N/A
Arkansas	21.9	21.2	N/A	29.0	N/A	N/A
District of Columbia	29.1	26.1	N/A	33.4	N/A	N/A
Florida	20.3	20.7	15.3	26.3	10.4	N/A
Georgia	22.2	20.2	11.9	29.2	9.6	N/A
Kentucky	22.4	22.2	N/A	28.1	N/A	N/A
Louisiana	24.3	21.0	9.8	34.7	N/A	N/A
Mississippi	23.9	19.7	N/A	32.7	N/A	N/A
North Carolina	21.4	19.8	9.9	29.3	11.7	17.1
South Carolina	22.7	20.6	N/A	30.2	N/A	N/A
Tennessee	22.3	21.0	N/A	32.6	N/A	N/A
Texas	20.5	20.8	15.6	32.2	11.1	N/A
Virginia	21.7	20.7	10.7	30.5	9.5	N/A
West Virginia	22.7	22.7	N/A	29.5	N/A	N/A
United States	**21.3**	**21.2**	**14.4**	**30.2**	**11.3**	**13.8**

Notes: Data are three-year (2011-2013) averages. Data include women of all ages and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A= not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015a).

Appendix Table B6.5.

Incidence of Diabetes Among Women, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	13.0%	11.6%	8.1%	17.7%	N/A	14.5%	7.3%
Arkansas	12.5%	11.1%	5.2%	15.5%	N/A	20.9%	14.8%
District of Columbia	8.9%	2.0%	6.4%	14.6%	1.9%	N/A	7.8%
Florida	11.5%	9.9%	10.5%	14.8%	6.4%	10.7%	9.4%
Georgia	11.5%	10.2%	7.8%	14.0%	2.8%	21.7%	8.1%
Kentucky	12.8%	11.5%	6.4%	11.7%	N/A	8.0%	14.9%
Louisiana	11.0%	10.3%	6.4%	16.6%	N/A	12.3%	9.2%
Mississippi	13.4%	11.4%	9.2%	16.7%	N/A	N/A	18.1%
North Carolina	10.7%	9.5%	8.1%	15.2%	3.5%	16.7%	10.1%
South Carolina	11.9%	10.6%	7.3%	17.7%	4.9%	8.8%	10.3%
Tennessee	12.8%	12.0%	3.2%	15.2%	N/A	N/A	9.7%
Texas	10.5%	8.9%	12.1%	13.5%	2.9%	17.7%	5.9%
Virginia	9.8%	9.4%	4.8%	16.2%	4.0%	10.1%	9.2%
West Virginia	14.1%	13.3%	10.5%	17.2%	N/A	N/A	13.7%
Southern States	**11.4%**	**10.2%**	**10.7%**	**15.2%**	**3.6%**	**14.4%**	**9.0%**
All Other States	**9.5%**	**8.4%**	**10.7%**	**14.4%**	**7.1%**	**15.3%**	**11.4%**
United States	**10.1%**	**9.0%**	**10.7%**	**14.8%**	**6.6%**	**15.1%**	**10.6%**

Notes: Percent of women aged 18 and older who have ever been told they have diabetes. Data for all women are for 2014; all other data are three-year (2012-2014) averages. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A= not available.
Source: IWPR analysis of 2012-2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.6.

Average Annual Incidence Rate of AIDS (per 100,000) Among Women, by Race/Ethnicity and Southern State, 2013

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	7.8	2.0	0.0	22.7	0.0	0.0
Arkansas	4.1	1.8	9.2	14.0	0.0	0.0
District of Columbia	36.9	4.7	15.7	68.6	0.0	0.0
Florida	11.1	2.5	6.2	53.0	1.3	0.0
Georgia	10.5	1.7	13.1	26.5	0.0	0.0
Kentucky	2.1	0.7	2.3	18.1	0.0	0.0
Louisiana	10.6	1.8	13.5	28.0	0.0	0.0
Mississippi	11.2	1.7	7.6	24.8	0.0	0.0
North Carolina	6.2	1.3	2.8	22.1	0.0	2.1
South Carolina	6.9	1.3	8.7	19.6	0.0	0.0
Tennessee	6.7	1.8	3.0	30.7	2.2	0.0
Texas	5.6	1.5	3.6	27.1	0.6	0.0
Virginia	3.0	0.6	3.1	11.4	0.9	0.0
West Virginia	1.0	0.5	0.0	12.0	0.0	0.0
United States	**4.8**	**1.1**	**4.4**	**25.1**	**0.8**	**2.6**

Notes: Data include women and adolescents aged 13 and older. Hispanics may be of any race and Asian does not include Pacific Islander. Data are not available for those who identified as another race or two or more races.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015d).

Appendix Table B6.7.

Average Number of Days per Month of Poor Mental Health Among Women, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	5.5	5.6	4.7	5.3	N/A	10.0	7.6
Arkansas	5.0	5.2	4.0	5.7	N/A	7.2	8.5
District of Columbia	3.7	2.6	3.4	4.7	3.5	N/A	5.0
Florida	4.3	4.4	4.8	4.7	1.6	8.5	7.1
Georgia	4.5	4.2	4.0	4.3	1.1	N/A	4.7
Kentucky	5.1	5.3	4.2	5.0	N/A	11.3	9.1
Louisiana	4.7	4.8	4.8	5.0	N/A	N/A	3.8
Mississippi	4.9	5.0	6.7	5.0	N/A	N/A	5.8
North Carolina	4.1	4.4	3.3	4.1	1.7	6.9	6.1
South Carolina	4.8	4.8	4.5	4.4	1.7	7.2	7.3
Tennessee	5.4	5.0	N/A	4.5	N/A	N/A	3.5
Texas	3.5	3.7	3.9	4.8	1.7	7.2	5.1
Virginia	3.8	3.8	3.1	3.9	2.9	6.8	4.5
West Virginia	5.2	5.2	4.9	3.9	N/A	N/A	5.5
Southern States	**4.3**	**4.5**	**4.1**	**4.6**	**1.9**	**7.8**	**5.7**
All Other States	**4.2**	**4.1**	**4.6**	**4.8**	**2.9**	**5.9**	**5.7**
United States	**4.2**	**4.2**	**4.4**	**4.7**	**2.7**	**6.4**	**5.7**

Notes: Data for all women are for 2014; all other data are three-year (2012-2014) averages. Women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A= not available.
Source: IWPR analysis of 2012-2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.8.

Suicide Mortality Among Women (per 100,000), by Race/Ethnicity and Southern State, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American
Alabama	5.7	7.7	N/A	1.6	N/A	N/A
Arkansas	6.8	8.3	N/A	2.2	N/A	N/A
District of Columbia	2.8	3.6	N/A	2.3	N/A	N/A
Florida	6.6	9.8	2.9	1.7	3.0	N/A
Georgia	5.2	7.8	1.4	1.7	3.6	N/A
Kentucky	6.4	6.9	N/A	2.7	N/A	N/A
Louisiana	5.8	8.5	N/A	1.6	N/A	N/A
Mississippi	5.5	8.2	N/A	1.7	N/A	N/A
North Carolina	6.3	8.3	1.4	2.1	3.2	N/A
South Carolina	6.2	8.8	N/A	1.2	N/A	N/A
Tennessee	5.9	7.1	N/A	1.4	N/A	N/A
Texas	5.0	8.1	2.1	2.1	3.7	N/A
Virginia	5.5	7.4	1.1	2.0	2.3	N/A
West Virginia	7.1	7.4	N/A	N/A	N/A	N/A
United States	**5.5**	**7.1**	**2.3**	**2.1**	**3.4**	**7.7**

Notes: Data are three-year (2012-2014) averages, include women of all ages, and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Data are not available for those who identify with another race or two or more races. N/A=not available.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015i).

Appendix Table B6.9.

Average Number of Days per Month That Women's Poor Mental or Physical Health Limited Activities, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	6.2	6.4	2.7	5.8	N/A	8.3	8.1
Arkansas	6.0	5.8	3.1	6.4	N/A	7.5	9.4
District of Columbia	4.3	2.5	3.8	5.9	2.8	N/A	4.9
Florida	5.3	5.4	4.9	4.5	1.9	6.9	6.7
Georgia	5.2	5.0	3.9	4.8	2.6	N/A	5.1
Kentucky	6.1	5.8	3.3	5.6	N/A	9.4	8.0
Louisiana	5.5	5.4	4.9	5.8	N/A	N/A	5.2
Mississippi	5.6	6.3	5.7	5.4	N/A	N/A	6.3
North Carolina	5.2	5.3	2.8	5.0	1.9	7.9	6.1
South Carolina	5.2	5.2	4.0	5.2	4.3	7.9	5.2
Tennessee	6.0	6.7	N/A	5.5	N/A	N/A	9.3
Texas	4.8	4.9	4.2	6.0	1.8	5.4	5.8
Virginia	4.6	4.8	3.2	4.9	2.9	7.9	5.7
West Virginia	6.5	6.3	5.8	3.9	N/A	N/A	5.7
Southern States	**5.3**	**5.4**	**4.3**	**5.3**	**2.1**	**7.7**	**6.4**
All Other States	**4.7**	**4.5**	**4.8**	**5.6**	**3.5**	**6.9**	**5.5**
United States	**4.9**	**4.8**	**4.6**	**5.5**	**3.4**	**7.1**	**5.8**

Note: Data for all women are for 2014; all other data are three-year (2012-2014) averages. Data are for women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A = not available.
Source: IWPR analysis of 2012-2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.10.

Percent of Women Who Are Overweight or Obese, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Alabama	62.7%	60.0%	51.2%	76.6%	N/A	58.1%	64.3%
Arkansas	65.6%	61.5%	69.8%	76.3%	N/A	60.8%	68.9%
District of Columbia	53.8%	29.7%	48.4%	70.7%	24.5%	N/A	52.5%
Florida	56.1%	51.0%	58.5%	72.1%	35.4%	44.0%	55.6%
Georgia	60.7%	55.4%	59.2%	73.2%	28.8%	44.3%	61.7%
Kentucky	62.1%	61.3%	53.7%	76.5%	N/A	64.6%	66.7%
Louisiana	64.5%	58.9%	46.5%	77.7%	N/A	65.1%	61.9%
Mississippi	69.0%	60.4%	64.1%	78.7%	N/A	N/A	66.2%
North Carolina	60.8%	55.8%	65.7%	75.1%	37.1%	69.0%	55.2%
South Carolina	62.4%	56.7%	65.6%	78.2%	26.9%	67.8%	50.9%
Tennessee	62.5%	60.3%	55.2%	77.1%	N/A	N/A	54.0%
Texas	61.0%	54.3%	69.0%	75.3%	22.7%	54.6%	51.4%
Virginia	59.7%	55.7%	56.5%	74.7%	28.7%	60.7%	54.0%
West Virginia	64.5%	63.3%	68.5%	74.3%	N/A	N/A	69.1%
Southern States	**60.7%**	**56.1%**	**64.1%**	**75.1%**	**28.8%**	**57.4%**	**56.1%**
All Other States	**56.7%**	**54.3%**	**64.7%**	**72.0%**	**29.8%**	**64.9%**	**57.7%**
United States	**58.1%**	**54.9%**	**64.5%**	**73.6%**	**29.7%**	**63.1%**	**57.2%**

Notes: Overweight or obese is defined as having a BMI of 25 or higher. Data for all women are for 2014; all other data are three-year (2012-2014) averages. Includes women aged 18 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A = not available.
Source: IWPR analysis of 2014 Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

Appendix Table B6.11.

Health Behaviors Among Women, by Southern State and South/Non-South

State	Percent Who Smoke			Percent Who Report Binge Drinking			Percent Who Exercise 150 Minutes per Week or More			Percent Who Eat Five or More Servings of Fruits and Vegetables per Day		
	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank
Alabama	19.0%	39	7	6.8%	3	3	40.4%	47	10	13.9%	45	9
Arkansas	23.4%	49	12	8.9%	10	7	38.1%	49	12	13.6%	46	10
District of Columbia	14.6%	16	3	19.4%	51	14	55.5%	7	1	24.7%	6	1
Florida	15.5%	20	4	10.6%	20	10	48.1%	28	3	21.1%	19	3
Georgia	13.6%	10	2	9.2%	14	9	47.1%	30	4	19.1%	32	4
Kentucky	25.2%	50	13	7.6%	7	4	44.8%	43	8	13.0%	47	11
Louisiana	20.7%	45	9	11.1%	25	13	41.7%	45	9	14.9%	44	8
Mississippi	22.7%	48	11	7.6%	7	4	33.1%	51	14	11.7%	49	12
North Carolina	16.5%	26	5	8.3%	9	6	46.4%	37	5	15.3%	43	7
South Carolina	19.1%	40	8	9.0%	11	8	45.7%	40	6	16.9%	40	6
Tennessee	22.6%	47	10	5.9%	2	2	34.7%	50	13	11.3%	50	13
Texas	12.5%	5	1	10.8%	23	12	39.3%	48	11	17.5%	37	5
Virginia	16.6%	28	6	10.7%	22	11	49.2%	23	2	21.9%	16	2
West Virginia	25.6%	51	14	5.0%	1	1	44.9%	42	7	11.1%	51	14
Southern States	**16.8%**			**9.5%**			**43.4%**			**17.3%**		
All Other States	**14.6%**			**11.7%**			**50.6%**			**22.4%**		
United States	**15.3%**			**10.9%**			**48.2%**			**20.6%**		

Notes: Percent who smoke includes those who smoke some days or every day and have smoked at least 100 cigarettes in their lifetime. Binge drinking is, for women, consuming four or more drinks on one occasion at least once in the past month. Data for smoking and binge drinking are from 2014; data for exercise and eating fruits and vegetables are from 2013. Data include women aged 18 and older.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (Institute for Women's Policy Research 2015b).

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Women with Disabilities

In the South, 3.8 million women between the ages of 21 and 64 have a disability that may include cognitive, ambulatory, sight, hearing, and self-care or independent living difficulties.[1] The percent of women with a disability is higher for those living in the South than for those in all other states (12.0 percent compared with 10.3 percent, respectively; Appendix Table 8.1). The proportion of women with a disability is above the national average of 10.8 percent in all but four of the fourteen southern states. Among the southern states, the percent of women with a disability ranges from a low of 9.6 percent in Virginia to a high of 17.6 percent in West Virginia. There is wide variation among women in the South by race and ethnicity; the percentage of women with a disability is highest among Native American women (24.0 percent), followed by women of another race or two or more races (14.5 percent), and black women (14.4 percent). Asian/Pacific Islander (4.2 percent), Hispanic (8.2 percent), and white women (12.5 percent) have the lowest percentages of women in the South with disabilities.

Women with disabilities face an array of challenges from employment to education to poverty. Across the country, the unemployment rate for women with a disability is more than double that of women without a disability, meaning that they do not have a job, but they are available and actively looking for a job (U. S. Bureau of Labor Statistics 2015). Coupled with the greater shares of women with disabilities who work part-time, and the smaller shares who earn a college degree, these factors contribute to the poor economic stability and higher rates of poverty that women with disabilities endure.

There are disparities in employment, earnings, poverty, and opportunity, by region and by race and ethnicity.[2]

- In the South, women aged 16 and older with disabilities have a much lower labor force participation rate (20.4 percent) than women without disabilities (63.6 percent); the rate for southern women with disabilities is slightly lower than the rate for women with disabilities living in other states (21.9 percent).

- Labor force participation varies by race and ethnicity. Among all women in the South with disabilities, women of another race or two or more races have the highest labor force participation (28.3 percent), followed by Hispanic (25.1 percent), black (22.8 percent), and Native American women (20.0 percent). White southern women with disabilities have the lowest labor force participation rate among all southern women with disabilities (18.7 percent).

- A larger proportion of women with disabilities work part-time than women without disabilities. In the South, 34.6 percent of women with disabilities work part-time, while 26.0 percent of women without disabilities work part-time. In all other states, 39.9 percent of women with disabilities work part-time, while 30.0 percent of women without disabilities work part-time.

- There is a large earnings gap for women with disabilities that is not attributable to the number of hours they work. Southern women aged 16 and older with a disability who work full-time, year-round earn 85.7 percent of what similarly employed women who do not have a disability earn and just two-thirds (66.7 percent) of what southern men without a disability earn. Among women residing in other states, those with a disability earn 87.5 percent of what women without a disability earn.

- Earnings disparities also vary by race and ethnicity. White women in the South with a disability earn 64.0 percent of what white southern men without a disability earn, while Hispanic women in the South with a disability earn less than half (47.0 percent) of what white southern men without a disability earn.

[1] In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[2] All data that follow are IWPR calculations based on 2014 American Community Survey microdata, except for earnings by race and ethnicity which are three-year (2012-2014) averages.

- Substantially fewer southern women aged 25 and older with disabilities have a bachelor's degree or higher (12.9 percent), compared with women without disabilities (31.1 percent). There are also differences in educational attainment by race and ethnicity. Among southern women with disabilities, Asian/Pacific Islander women are the most likely to hold a bachelor's degree (22.2 percent) and Hispanic women are the least likely (9.0 percent). Hispanic, Asian/Pacific Islander, and Native American women in the South with disabilities have higher rates of educational attainment than their counterparts in all other states in the country.

- Women in the South aged 18 and older with disabilities are more likely to live in poverty (24.1 percent) than southern women without disabilities (14.9 percent). Southern black women with disabilities have the highest poverty rate (34.5 percent), followed by women of another race or two or more races (32.6 percent), Hispanic women (29.6 percent), and Native American women (28.2 percent). Asian/Pacific Islander and white women with disabilities have lower rates of poverty (16.3 percent and 19.8 percent, respectively). While poverty rates are higher among white women and women of another race or two or more races with disabilities who are living in the South compared with those living in other areas, poverty is more prevalent among Hispanic, black, Asian/Pacific Islander, and Native American women with disabilities living in other areas of the country compared with those living in the South.

Overall, women with disabilities face more economic and educational challenges relative to women without disabilities. On most indicators, their situation is relatively worse in the South. There are, however, some exceptions. Women with disabilities from some racial and ethnic groups—Hispanic, Asian/Pacific Islander, and Native American—have higher rates of college completion in the South than women in other states. The poverty rates of black, Hispanic, Asian/Pacific Islander, and Native American women with disabilities is lower for those living in a southern state compared with those in other regions.

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