



Data Points

CWHS

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Issue 2, Spring 2001

Overview

California is making important strides to improve the health status of women as shown by the dramatic decrease in death rates for females (11.2% between 1990 and 1998).¹ These improvements can be attributed, in a large part, to the effectiveness of new or expanded programs such as those focused on improving access to health care services, promoting the importance of prenatal care, and increasing breast cancer screening and diagnostic services. However, there is still much to be done, especially in affecting disparities in access to health care.

The California Women's Health Survey (CWHS) was established to provide information to policy-makers and health professionals about women's health, and to serve as a catalyst for innovative solutions that positively impact the health of women and girls in California. Conducted annually, the Survey is led by the California Department of Health Services in partnership with other public and private institutions. Data are collected through a computer-assisted telephone survey in which some 200 questions are answered by approximately 4,000 women who were randomly selected to participate. The information is then analyzed and disseminated in a publication entitled *Data Points*. Although the survey is anonymous and is conducted in English and Spanish, it has several limitations. Findings are not generalizable to women missing from the sample (e.g., with no home telephone, who are institutionalized or who do not speak English or Spanish). Some subgroups used in the analyses, particularly racial/ethnic categories with small numbers, may be represented in such low numbers that meaningful comparisons are not possible.

Data Points Table of Contents

1. **Risk for Hunger Among Women in Households With Young Children, California, 1998.** Nikki Baumrind, Katie Clark, Office of Women's Health; Edward E. Graham, Helen Brown, Maternal and Child Health Branch
Women living in households with young children are more likely than those in households without young children to be at risk for hunger. Among women living with young children, 15% were at risk for hunger compared to 10% of those in households without young children.
2. **Risk for Hunger Among California Women, by Educational Attainment, 1998.** Nikki Baumrind, Katie Clark, Office of Women's Health; Edward E. Graham, Helen Brown, Maternal and Child Health Branch
Among California women with less than a ninth grade education, 28% are at risk for hunger.
3. **Risk for Hunger and General Health Status Among California Women, 1998.** Nikki Baumrind, Katie Clark, Office of Women's Health; Edward E. Graham, Helen Brown, Maternal and Child Health Branch
Risk for hunger is associated with poor general health status among California women. As women's self-assessed health status becomes worse, the likelihood increases that they are at risk for hunger.
4. **Risk for Hunger Among U.S. Born and Immigrant Hispanic Women, California, 1998.** Nikki Baumrind, Katie Clark, Office of Women's Health; Edward E. Graham, Helen Brown, Maternal and Child Health Branch
Among Hispanic women in California, 20% are at risk for hunger. Among Hispanic women interviewed in Spanish, 27% reported going without sufficient food compared to 14% of those interviewed in English.
5. **Activity Limitation Among California Women, 1998.** Susan S. Merrill, CMRI (California Medical Review, Inc.)
In California, 32% of the women report one or more limited activities. Activity limitation is more common among women of older ages. The main reasons for activity limitation are back or neck problems (22%), pregnancy (8%), arthritis (6%), broken bones (5%), and the flu (5%).
6. **Activity Limitation and Physical Health Among Women Ages 55 and Older, California, 1998.** Susan S. Merrill, CMRI (California Medical Review, Inc.)
Among those ages 55 and older, women who reported limitation were more likely than women without limitation to smoke (17% versus 13%), be overweight (40% versus 29%), report their health status as fair or poor (44% versus 10%), and indicate that due to physical health, activity was limited daily (22% versus 1%).
7. **Activity Limitation and Mental Health Among Women Ages 55 and Older, California, 1998.** Susan S. Merrill, CMRI (California Medical Review, Inc.)
Among older women, those who reported limitation were more likely than those without limitation to feel overwhelmed (16% versus 6%), have more activity-limited days due to mental issues or problems (37% versus 19%), indicate that mood limited activity (10% versus 4%), and to have wanted mental health help in the past year (16% versus 8%). Older women who were limited in activities were more likely to report feeling anxious or sad daily over the past month than older women who were not activity limited.

8. **Pain and Activity Among California Women, 1998.** Susan S. Merrill, CMRI (California Medical Review, Inc.)
Many strategies are available to help control chronic pain. Yet among California women, 22% experience pain that limits their ability to do what they want to do.
9. **Pain and Social Support Among California Women, 1998.** Susan S. Merrill, CMRI (California Medical Review, Inc.)
Compared to women who do not report pain, women who report pain are more likely to report feeling overwhelmed (25% versus 9%), have more anxiety (14 days versus 9 days in the past month), and be caregivers (31% versus 23%). They are also somewhat less likely to have support with daily activities, finances, illness, or transportation.
10. **Caregiving Among California Women, 1997.** Susan S. Merrill, CMRI (California Medical Review, Inc.)
Overall, 25% of the women in the survey reported being caregivers. Middle-aged women are most likely to be caregivers (32%), followed by older women (28%) and younger women (21%).
11. **Caregiving and Health Among California Women, 1997.** Susan S. Merrill, CMRI (California Medical Review, Inc.)
Compared with non-caregivers, caregivers of all ages smoke more (19% versus 15%) and are more likely to be overweight, especially among older women (28% versus 23%). They are also more likely to report having trouble sleeping (44% versus 38%), feeling overwhelmed (20% versus 15%), and wanting help from a mental health professional for personal or family problems (24% versus 20%).
12. **Age Disparities in Health Insurance Status Among California Women, 1998.** Edward E. Graham, Maternal and Child Health Branch
Older women are more likely than younger women to have health insurance coverage. While only 1% of women ages 65 or older are without either public or private insurance, 23% of women ages 18-24 lack any type of health insurance.
13. **Racial/Ethnic Disparities in Health Insurance Status Among California Women, 1998.** Edward E. Graham, Maternal and Child Health Branch
Among California women under age 65, 16% are without either public or private health insurance. Rates vary substantially by race/ethnicity, with 36% of Hispanics, 19% of Native Americans, 10% of Whites, 9% of Blacks and 7% of Asian/Pacific Islanders being uninsured.
14. **Access to Family Planning Services Among California Women at Risk of Unintended Pregnancy, 1998.** M. Chabot, D. Greene, J. Treat, A. Ramirez, Office of Family Planning
Among California women ages 18-44, Asian/Pacific Islanders, foreign-born women, and women without health insurance are more likely than other women to have never visited a health care provider to talk about family planning or receive contraceptives.
15. **Contraceptive Utilization Among California Women, 1998.** M. Chabot, D. Greene, J. Treat, A. Ramirez, Office of Family Planning
Twenty-two percent of California women who are at risk of an unintended pregnancy do not use any method of contraception.
16. **Barriers to Obtaining Contraceptive Services Among California Women at Risk of Unintended Pregnancy, 1998.** M. Chabot, D. Greene, J. Treat, A. Ramirez, Office of Family Planning
Women without health insurance, low-income women, foreign-born women, and Hispanic women are more likely than other women to report barriers obtaining family planning services.
17. **Request for Chlamydia Testing from Health Providers Among California Women, 1998.** Joan M. Chow, Wei Ho, Gail Bolan, Sexually Transmitted Disease Control Branch
Untreated Chlamydia Trachomatis (CT) infections in women are associated with an increased risk of adverse reproductive health outcomes such as pelvic inflammatory disease and infertility. Because most chlamydial infections are asymptomatic, screening is necessary to identify cases for timely treatment. However, at least half of California women with risk factors for CT infection indicate that they are unlikely to request a CT test in the next 12 months.
18. **Adult Female Victims of Intimate Partner Physical Domestic Violence (IPP-DV), California, 1998.** Zipora Weinbaum, Terri Stratton, Carol Motylewski-Link, Maternal and Child Health Branch, Domestic Violence Section
About 6% of the women surveyed reported having been victims of IPP-DV in the previous 12 months. Of these, only 11% sought medical care.

