



# Data Points

CWHS

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY  
(Issue 3, Summer 2002)

## Overview

The California Women's Health Survey (CWHS) was established to provide information to policymakers and health professionals about women's health, and to serve as a catalyst for innovative solutions that positively impact the health of women 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 are 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.

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- 1. Pain and Activity Limitation, California, 1999.** Susan Merrill, CMRI (California Medical Review, Inc.)  
*While most women are not limited by pain, chronic pain does affect nearly one-quarter of women, limiting their activities and decreasing their quality of life.*
- 2. Colorectal Cancer Screening, California, 2000.** Susan Merrill, CMRI (California Medical Review, Inc.)  
*Most women ages 50 and older have been screened at least once for colorectal cancer, but less than half of these women have been screened within the past year.*
- 3. Osteoporosis Risk Factors and Bone Density Testing, California, 1999.** Susan Merrill, CMRI (California Medical Review, Inc.)  
*Women who have modifiable risk factors for osteoporosis are less likely to have been screened for osteoporosis than women who do not have these risk factors.*
- 4. Osteoporosis Knowledge and Awareness, California, 2000.** Susan Merrill, CMRI (California Medical Review, Inc.)  
*Although most women have heard of osteoporosis and know that it means loss of bone structure, only one-third of women under age 50 have talked to their doctor about osteoporosis prevention.*
- 5. Help-Seeking Behaviors Among California Women Who Are Victims of Domestic Violence, 2000.** Zipora Weinbaum, Terri Stratton, Joseph Perez, Maternal and Child Health Branch, Domestic Violence Section, California Department of Health Services  
*While 6% of California women in 2000 reported being victims of intimate partner physical violence and/or forced sex, only a small proportion of this group (less than 20%) sought help or medical care.*
- 6. Women's Perceptions About the Purpose of PAP Smear Testing, California, 2000.** Maryellen Elcock, Sheila Dumbauld, Office of Women's Health, California Department of Health Services  
*The majority of women in California surveyed were unsure of the purpose of the Pap test. Many women thought the Pap test detects ovarian cancer, which may lead to a false sense of security among these women.*
- 7. PAP Testing Status for Women, California, 2000.** Maryellen Elcock, Sheila Dumbauld, Office of Women's Health, California Department of Health Services  
*The Pap test is a highly effective and widely used screening test for cervical cancer. Many California women, particularly Asians, have never had a Pap test or have not had a Pap test in the past three years.*
- 8. Food Insecurity Among Women by Educational Level, California, 2000.** Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services; Sharon Sugerman, Cancer Prevention and Nutrition Section, Cancer Control Branch, California Department of Health Services  
*One in five California women surveyed were food insecure during the preceding 12 months before they were interviewed. Women with higher levels of education were less likely than women with less than a high school education to be food insecure.*

9. **Food Insecurity Among Women by Race/Ethnicity and Age, California, 2000.** Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services; Sharon Sugerman, Cancer Prevention and Nutrition Section, Cancer Control Branch, California Department of Health Services  
*Food security varied substantially by race/ethnicity. Hispanic and Black women were more likely than Asian/Other or White women to be food insecure during the preceding 12 months before they were interviewed. Almost one-half of all Hispanic women (48%) were food insecure. Younger women were more likely than older women to be food insecure.*
10. **Use of Food Support Systems by Women Classified as Food Insecure, California, 2000.** Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services; Sharon Sugerman, Cancer Prevention and Nutrition Section, Cancer Control Branch, California Department of Health Services  
*With the exception of the WIC program, less than 11% of women who were food insecure were using food supplement programs such as food banks, community kitchens, or senior meals. However, over one-third of food insecure women had used WIC in the preceding 12 months.*
11. **Women Who Delayed Medical Treatment or Buying Medicine In Order to Buy Food, by Age, Race/Ethnicity and Family Status, California, 2000.** Sharon Sugerman, Cancer Prevention and Nutrition Section, Cancer Control Branch, California Department of Health Services; Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services  
*While fewer than 8% of women from other racial/ethnic groups reported delaying medical treatment or prescription purchases in order to buy food, 19% of Hispanic women had done so. Women under the age of 55 and women with young children in the house were more likely to have postponed meeting medical needs than were other women.*
12. **Women Who Ate Less In Order that Family Members Had Enough Food by Age, Race/Ethnicity and Family Status, California, 2000.** Sharon Sugerman, Cancer Prevention and Nutrition Section, Cancer Control Branch, California Department of Health Services; Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services  
*One in ten California women surveyed reported denying herself food so that others in the family would have enough to eat. This reached nearly two in ten for Hispanic women. Women with children under age 6 were twice as likely to go without food than women who didn't have children under age 6.*
13. **Women's Attitudes About and Knowledge of Mental Health Care by Race/Ethnicity and Age, California, 2000.** Paula Agostini, Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services; Jennifer Coronel, Systems of Care, Statistics and Data Analysis, California Department of Mental Health  
*While over 90% of all women thought it was a good idea to seek mental health care when confronted with overwhelming problems, those who knew where to obtain that care varied by race/ethnicity. Hispanic women (61%) were the least likely to know where to obtain care followed by Black women (76%), Asian/Other women (77%) and White women (87%).*
14. **Desire for and Receipt of Mental Health Care for Women by Poverty Status, California, 2000.** Paula Agostini, Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services; Jennifer Coronel, Systems of Care, Statistics and Data Analysis, California Department of Mental Health.  
*Of the 20% of California women surveyed who wanted mental health care in the last 12 months, 53% received care. Women who wanted to obtain mental health care were more likely to receive care if they were above the Federal Poverty Level (55.6%) compared to women who were at or below the Federal Poverty Level (42.6%).*
15. **Post Traumatic Stress Disorder Symptoms Among Women, California, 2000.** Paula Agostini, Nikki Baumrind, Research and Evaluation Branch, California Department of Social Services; Rachel Kimerling, Department of Psychiatry, University of California San Francisco; Jennifer Coronel, Systems of Care, Statistics and Data Analysis, California Department of Mental Health  
*It has been estimated that about 10% of women will experience PTSD at some point in their lifetime. Of the women surveyed, 9.9% reported having two or more PTSD symptoms in the month preceding the interview.*
16. **Women's Use of Folic Acid Supplements and Knowledge of its Importance for Prevention of Birth Defects, California, 2000.** Suzanne Haydu, Rhonda Sarnoff, Marina Chabot, Maternal and Child Health Branch, California Department of Health Services  
*Despite the role of folic acid in dramatically reducing the risk of having a pregnancy affected by the birth defects spina bifida and anencephaly, over one-third of Californian women of childbearing age who were surveyed had not heard or read about folic acid or folate, and only one-half were consuming supplements with folic acid at the time of the survey. Latina women were less likely than women of other ethnic or racial groups to report knowledge or use of folic acid.*
17. **Chlamydia Testing Among California Women 1998, 1999, and 2000.** Mi-Suk Kang, Sexually Transmitted Disease Control Branch, California Department of Health Services  
*Fewer than half of women for whom chlamydia screening was recommended actually reported having had a chlamydia test in the past year.*



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18. **Genital Herpes Knowledge and Diagnosis Among California Women, 1999.** Mi-Suk Kang, Sexually Transmitted Disease Control Branch, California Department of Health Services  
*California women surveyed were poorly informed about asymptomatic herpes; 80% of women believed incorrectly that most HSV-2 transmission occurs during an outbreak and 47% of women believed incorrectly that most people are aware of their herpes status.*
19. **Douching Among California Women of Reproductive Age, 2000.** Mi-Suk Kang, Sexually Transmitted Disease Control Branch, California Department of Health Services  
*More than a quarter of California women surveyed reported douching, a health behavior associated with genital infection and poor reproductive health.*
20. **Mammograms Among Women Ages 40 and Above, California, 1997-2000.** Kirsten Knutson, Farzaneh Tabnak, Georjean Stoodt, Cancer Detection Section, California Department of Health Services  
*Though regular screening for breast cancer is recommended for women ages 40 years and above, nearly two out of every five women did not get a mammogram within the past year.*
21. **Mammograms Among Women Ages 40 and Above, by Race/Ethnicity, California, 2000.** Kirsten Knutson, Farzaneh Tabnak, Georjean Stoodt, Cancer Detection Section, California Department of Health Services  
*Messages for regular mammogram screening should target all women ages 40 and above, in particular non-White populations.*
22. **Mammograms Among Women Ages 40 and Above, by Income Status, California, 2000.** Kirsten Knutson, Farzaneh Tabnak, Georjean Stoodt, Cancer Detection Section, California Department of Health Services  
*The difference between income groups in annual mammograms among women ages 40 and above emphasizes the importance of providing breast cancer screening and diagnostic services to low income women.*
23. **Women Ages 40 and Above Who Had a Mammogram Within the Past Year, by Age and Income Status, California, 2000.** Kirsten Knutson, Farzaneh Tabnak, Georjean Stoodt, Cancer Detection Section, California Department of Health Services  
*Because nearly half of all low income women ages 50 and above did not get a mammogram within the past year, efforts to promote regular breast cancer screening should include interventions targeting older, low income women.*
24. **Health Insurance Status of Non-Elderly Adult Women Ages 18-64 With Selected Socio-Demographic Characteristics, California, 2000.** Edward E. Graham, David Reynen, Kim Wells, Maternal and Child Health Branch, California Department of Health Services  
*More than half of women with a preference for completing the survey in Spanish were without health insurance. Approximately one in three women who were born outside the United States reported being without health insurance.*
25. **How Accurate are Women in Assessing Their Pregnancy Weight Gains? California, 2000.** Edward E. Graham, David Reynen, Kim Wells, Maternal and Child Health Branch, California Department of Health Services  
*More than half of women surveyed were inaccurate in assessing their own weight gain during pregnancy. Women's self-assessments of what is appropriate weight gain for pregnancy were for the most part poor across all body-mass-index groups.*