

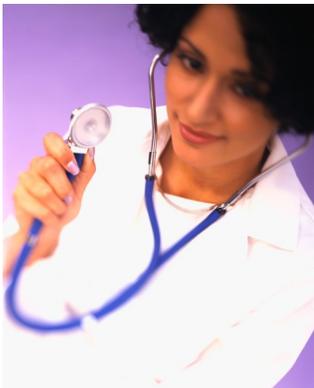


Women Through the Life Course

Maternal and Child Health Facts

The Rhode Island Department of Health

Access and Utilization



Family Planning Services

The Family Planning Program provides affordable, confidential family planning and related preventive health services in accordance with nationally recognized standards where evidence exists that these services should lead to improvement in the overall health of individuals, with a priority for services to low-income individuals. The program expands access to a broad range of acceptable and effective family planning methods and related preventive health services that include contraceptive methods, natural family planning, Level I infertility services, preconception counseling, pregnancy testing, breast and cervical cancer screening and prevention services, HIV/STD prevention education, HIV counseling, testing, and referral service, and services for adolescents (including abstinence counseling). The broad range of services provided does not include abortion as a method of family planning.

During 2008, 18,821 individuals received Title X-funded family planning services, which represents a 14.0% decrease from 2004, when 21,892 individuals were served. In 2009, the Title X Family Planning Program received supplemental Title X funding to increase client utilization in Title X-funded agencies.

Characteristics of the 18,821 clients served in 2008 are similar to those reported in previous years. Ninety-two percent (92%) were female; 10% were less than 18 years old, 78% were aged 18-44 years, 12% were greater than or equal to 45 years, 20% were members of a racial minority group, 40% reported being Latino, 87% had incomes at or below 200% of poverty, 20% had private health insurance, 39% had public health insurance, and 41% were uninsured for health care.

Title X-funded family planning agencies offer individuals a wide range of contraceptive choices. In 2008, the preferred contraceptive methods among Title X clients were: oral contraceptives (21%), male condoms (15%), female sterilization (11%), abstinence (8%), injection (8%), IUD (6%), other methods (5%), hormonal patch (3%), ring (2%), fertility awareness (1%), vasectomy (1%), and sponge, Diaphragm, cervical cap, female condom, implant, or spermicide (0.5%). The contraceptive method of choice was not reported for 0.5% of the clients and 18% of the clients were using no method. Of the 3,781 clients using no method, 60% were pregnant, 19% were seeking pregnancy, 6% were males relying on their female partner's method, and 15% cited some other reason for not using a method.

In addition to providing contraceptives, Title X-funded family planning agencies provided 8,814 pap tests (23% of which indicated the woman was either at higher risk for cervical cancer or she was precancerous and, therefore, more likely to get cervical cancer), 8,650 clinical breast exams, 4,771 pregnancy tests, and 3,712 HIV tests to family planning clients. The estimated number of unintended pregnancies averted in Rhode Island as a result of Title X family planning services is 3,800 each year.

(Source: Rhode Island Department of Health FPAR Data)

WIC Enrollment

- WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women, infants, and children. Rhode Island received \$24.2 million dollars in federal funding for WIC during Federal Fiscal Year 2008.
- The statewide WIC participation rate increased from 71% in 2007 to 78% in 2008. Four of the six core cities – Central Falls (83%), Pawtucket (92%), Providence (83%) and Woonsocket (83%) – had WIC participation rates that exceeded the statewide participation rate of 78% in 2008. Newport (72%) and Pawtucket (66%) had participation rates below the state rate.

- In August 2008, 66% of WIC participants identified as White, 17% identified as Black or African American, 3% identified as Asian, and 14% identified as other races or multiple races. Thirty-six percent of WIC participants identified as Hispanic or Latino. Hispanics are also included in the racial groups above.

(Source: Rhode Island Department of Health WIC Program Data)

No Pap in Past 3 Years for Women 18+

In 2008, according to the Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), the percent of women age 18 and older who report having had a pap smear within the last three years, 86.1% of Rhode Island women compared to the national average of 82.8%. National data from 2006, show highest rates of screening for black women (87.2%), followed by white (84.5%) and Hispanic (81.6%) women. Lowest rates are reported nationally for Asian/Pacific Islanders with 75.6% of women reporting having had a pap smear in the past three years. Data for Rhode Island women are higher than the national average for each group where data are available—Hispanic (90.5%), white (90.0%), and black (89.5%) women.

No Mammogram in the Past 2 Years for Women 40-64

In 2008, according to the Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), the percent of women age 40 and older who report having had a mammogram within the last two years, 81.8% of Rhode Island women compared to the national average of 76.0%.

Health Practices and Behavior

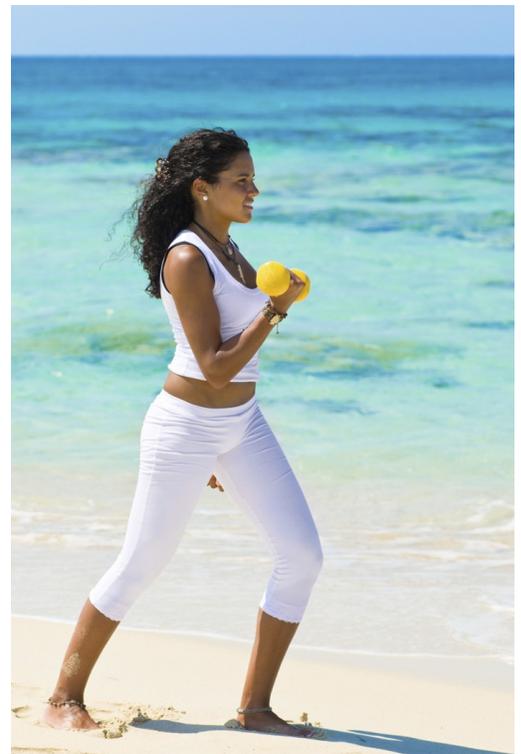
Tobacco Use

The relationship between smoking and illness, particularly lung cancer, the leading cause of cancer mortality among women, is well documented. Smoking is more common among men than women, but takes an enormous toll on both sexes. High quantity and duration of smoking have been shown to have adverse effects on several health conditions, including cancer, heart disease, stroke, and respiratory illness. For women, there are strong negative effects on fertility and pregnancy.

According to 2004-2006 BRFSS, the percentage of all women in Rhode Island, age 18-64 who are current smokers is 25.4%. Looking at race and ethnicity separately, the highest rate of current smokers are among black women (28.5%), followed by white women (27.1%), all minority grouped together (18.2%), and lastly, Hispanic women (11.0%).

Physical Activity

According to 2007 BRFSS, only 50.5% of Rhode Island women reported having the CDC recommended level of weekly physical activity. The CDC recommends moderate-intensity activities in a usual week (i.e., brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate) for at least 30 minutes per day, at least 5 days per week; or vigorous-intensity activities in a usual week (i.e., running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate) for at least 20 minutes per day, at least 3 days per week or both. This can be accomplished through lifestyle activities (i.e., household, transportation, or leisure-time activities). The rate for RI women is slightly higher than the National rate for women of 47%.



Health Status

Chronic Diseases

Asthma

Rhode Island has a higher prevalence of asthma than the national average. However, adult asthma rates in Rhode Island have remained stable since 2000 with no significant differences from one year to the next. An estimated 83,448 Rhode Island adults aged 18 and older currently have asthma, about 10.1% of the state adult population, versus 8.4% nationally. (RI BRFSS, 2003–2007; US BRFSS, 2007)

- According to the Rhode Island Behavioral Risk Factor Surveillance System (RI BRFSS), 2003–2007, women have a higher prevalence of current asthma (12.9%) compared to men (6.9%).

Obesity

The proportion of adults who are overweight or obese has increased markedly in the past two decades, both nationally and in Rhode Island. These increases will likely lead to increases in obesity associated diseases. Overweight is defined as having a **body mass index (BMI)** of 25 or greater but less than 30; obesity is defined as having a BMI at or above 30.

- According to the Behavioral Risk Factor Surveillance System (BRFSS), in 2007 women in Rhode Island were less likely to be either overweight (29% vs. 30%) or obese (22% vs. 26%) compared to women nationally. White non-Hispanic women (20.7%) were significantly *less* likely to be obese than either Black non-Hispanic (37.5%) or Hispanic (29.0%) women.
- The prevalence of obesity was lower for women of higher education, and for women of higher income. Women who are college graduates reported the lowest obesity proportion (16.7%) while women with less than a high school education have the highest obesity proportion (32.4%). The proportion of obese women with household incomes of \$75,000 or more is 18%, compared to 30.2% for women with annual household incomes less than \$25,000.

(Source: 2007 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS))

Diabetes

The adult diabetes population in Rhode Island closely resembles the nation's increasing trends. There has been a statistically significant upward trend in diabetes prevalence, from 5.4% in 1993 to 7.2% in 2007. This is a 33% increase in the number of Rhode Island adults with diabetes, from about 42,000 in 1993 to about 60,000 in 2007. The percentage of women reporting diabetes is slightly lower (7.0%) compared to men (8.0%).



Adding to this burden of diabetes, is the large number of individuals with pre-diabetes, a condition where individuals have blood glucose levels higher than normal, but not high enough to be classified as diabetes. Specifically, the Centers for Disease Prevention and Control has reported that 40.1% of adults in the United States aged 40–74 have been diagnosed with pre-diabetes. This pre-diabetic condition raises the risk of type 2 diabetes, heart disease, and stroke, which all intensifies the rising epidemic of diabetes.

- A high percentage of persons with diabetes report high blood pressure (67%), high cholesterol (61%), and/or indicators of cardiovascular disease (heart attack 16%, angina/coronary heart disease 17%, stroke 8%); 43% of persons with diabetes report being disabled; and, more than half (53%) of persons with diabetes have never taken a class on how to manage their diabetes and 68% have not attended a diabetes education session with a health professional within the past 6 months.

(Source: 2008 Rhode Island Department of Health Diabetes Health Profile)



Cancer

Differentials in cancer rates by gender are expected. They can be related to internal factors that differ between males and females, such as reproductive systems, or to external factors, such as historical lifestyle differences (i.e., occupational exposures to carcinogens, historical trends in smoking). In both Rhode Island and the national as a whole, the burden of cancer is higher among men than women. This disparity is largely attributable to cancers of the colon-rectum, lung-bronchus, and urinary bladder.

In recent years, cancer incidence has been lower among African American women than white women in Rhode Island, paralleling the nation's experience. In contrast to the nation, however, cancer mortality is also slightly lower among African American women than white women in Rhode Island.

The three leading cancers for females in Rhode Island by race are breast, lung & bronchus, and colon & rectum. Data from the RI Cancer Program from 2002-2006 show white women having consistently higher rates (per 100,000) than black women (breast—129 vs. 94; lung & bronchus—63 vs. 61; and, colon & rectum—46 vs. 42; respectively).

(Source: 2008 Rhode Island Department of Health Cancer Registry Surveillance Report)

HIV

Of the 1102 HIV cases diagnosed and reported to Rhode Island Department of Health from January 1, 2000 – December 31, 2007, females accounted for 28% of cases. Among Women, African Americans accounted for the majority of cases (39%), followed by Hispanics (28%) and Whites (28%) and the majority of the cases were from Providence county.

- The majority of cases were between the ages of 30 and 39 (40%) and 'heterosexual contact' is the leading mode of exposure (43% of cases), followed by 'No Risk Specified' (39%).

(Source: 2008 Rhode Island Department of Health HIV/AIDS Epidemiologic Profile)

Sexually Transmitted Infection Rates Gonorrhea

There were 402 cases of gonorrhea reported in 2007. This represents a 21% decrease from the 508 cases reported in 2006. There has in fact been a steady decrease in the reported cases of gonorrhea since 2003, when a peak of 973 cases was reported. The increased use of sensitive nucleic acid amplification tests beginning in the late 1990's, along with increases in STD screening for females has lead to increased gonorrhea case finding, especially among the asymptomatic. This initially was reflected in a period when the number of reported gonorrhea cases in Rhode Island began to increase and reached a peak in 2003. In 2007, the incidence of gonorrhea for females was 169 (per 100,000) and 232 for males.



(Source: 2008 Rhode Island Department of Health HIV/AIDS Epidemiologic Profile)

Chlamydia

There were 3,177 cases of chlamydia reported to HEALTH in 2007. This represents a 2% increase from the 3,142 cases reported in 2006. Like in past years in Rhode Island, females accounted for approximately three-quarters of the chlamydia cases. The incidence rate for females was 2,282 (per 100,000) and 892 for males. The discrepancy between males and females is due to the routine practice of screening for chlamydia in females rather than the lack of infections in males. Treating partners (and hence preventing re-infection of females) remains a challenge.

The rates of chlamydia infection are higher among African American people than Hispanics and White, which is similar to the HIV infection and the gonorrhea distribution among the people of different race and ethnicity. This can be explained by the fact that the transmission of HIV and most of the sexually transmitted diseases involves engagement in similar high risk sexual activities. Unlike gonorrhea, where the discrepancy between African American gonorrhea rates and the other race/ethnicity gonorrhea rates has decreased, the discrepancy between African American chlamydia rates and the other race/ethnicity chlamydia rates has for the most part remained consistent.

(Source: 2008 Rhode Island Department of Health HIV/AIDS Epidemiologic Profile)

Infectious Syphilis

Rhode Island, like many other parts of the country, has seen an increase in reported cases of infectious syphilis. In 2006, Rhode Island's rate of primary and secondary syphilis ranked thirty fourth in the nation at 1.3 cases/100,000 population. This was after three straight years of Rhode Island being ranked in the top twenty states with the highest burden of disease. In 2007, the Rhode Island rate of primary and secondary syphilis increased again to 3.4 cases/100,000 people. The incidence rate for females was <5 (per 100,000) compared to 43 for males. There were 46 cases of infectious syphilis (primary, secondary and early latent stages) statewide in 2007, an increase of 130% over the 20 reported cases in 2006 and an 820% increase in infectious syphilis from the five reported cases in 2000.

(Source: 2008 Rhode Island Department of Health HIV/AIDS Epidemiologic Profile)

Mental Health

In recent years, there has been increasing recognition that self-reported measures of health status capture dimensions of quality of life and well-being. In 2007, according to the Behavioral Risk Factor Surveillance System (BRFSS) the number of days during the past month that Rhode Island women stated their mental health was "not good" was 39.5% compared to 37.8% women nationally. Overall, women in Rhode Island reported a higher number of days of poor mental health than men.



Additional Resources

For additional information about the materials presented in this, or any other data brief, please visit the Rhode Island Department of Health Website at:

www.health.ri.gov/

Or, to view the most recent publications from the Rhode Island Department of Health:

<http://www.health.ri.gov/publications/>

For additional information on any of the indicators presented in this, or any other data brief, as well as additional indicators, please visit Rhode Island KIDS COUNT at:

<http://www.rikidscount.org/matriarch/default.asp>