

ASIAN WOMEN

In 2010, over 6 million U.S. women (5.0 percent) identified themselves as Asian.⁷⁶ Between 2000 and 2010, the Asian population increased by 43.3 percent—more than any other race group.⁷⁷ Incredibly diverse, the Asian population comprises people native to the Far East, Southeast Asia, or the Indian subcontinent. Among the Asian population in the United States, the largest nationalities are Chinese (22.8 percent), Asian Indian (19.4 percent), Filipino (17.4 percent), Vietnamese (10.6 percent), Korean (9.7 percent), and Japanese (5.2 percent).⁷⁸ Although Asian American women are generally healthier and have the longest life expectancy of any race group, there is great variation with some groups shown to have higher rates of certain conditions including diabetes, cancer, and

Hepatitis B infection—a virus that causes liver disease and cancer.⁷⁹

In 2006–2010, compared to non-Hispanic White women, Asian women overall were slightly more likely to report ever having been diagnosed with diabetes (7.2 versus 6.4 percent, respectively) or ever having hepatitis (3.4 versus 2.6 percent, respectively). However, among subgroups with available data, only Asian Indian women had significantly higher risk of diabetes (12.4 percent), and only Chinese women had a higher risk of hepatitis (4.3 percent) than non-Hispanic White women.

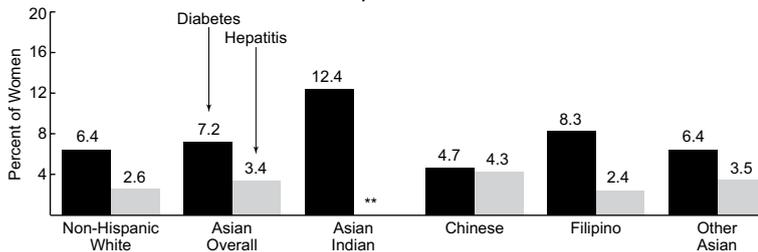
Due in part to health-related cultural beliefs, cervical cancer screening rates are lower among Asian women.⁸⁰ In 2010, 75.7 percent of Asian women aged 21–65 had received a pap smear within the past 3 years compared with 84.6

percent of non-Hispanic White women. Of the Asian subgroups with available data, only Filipinas had screening rates comparable to non-Hispanic White women (86.9 percent). Higher cervical cancer rates have been shown for Cambodian, Laotian, and Vietnamese women.⁸¹ Liver and stomach cancer rates are also higher among many Asian groups due to infection with hepatitis and a stomach bacterium known as *H. pylori*, respectively; which are common in countries where many Asian Americans were born and migrated from.⁸¹

Increasing the prevention and treatment of hepatitis and improving data collection on the health and well-being of the Asian and Pacific Islander population, including detail on ethnic subgroups, are among the health goals of a White House Initiative on Asian Americans and Pacific Islanders.⁸²

Diabetes and Hepatitis Among Women,* by Selected Race Group, 2006–2010

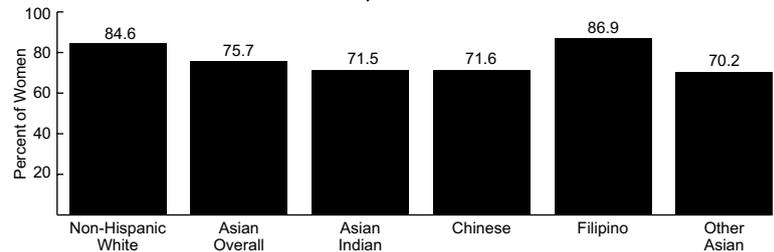
Source II.28: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Reported that a health professional had ever told them that they had diabetes; reported ever having had hepatitis; all estimates are age-adjusted. **Estimate does not meet the standards of reliability or precision.

Receipt of Recommended Cervical Cancer Screening Among Women Aged 21–65,* by Selected Race Group, 2010

Source II.28: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Based on U.S. Preventive Services Task Force recommendations of a Pap smear every 3 years for women aged 21–65 years; all estimates are age-adjusted.

RURAL AND URBAN WOMEN

Residents of rural areas tend to face greater socioeconomic disadvantage and live farther from health care resources than their urban counterparts. For example, rural areas have fewer physicians and dentists per capita than urban areas, and may lack certain specialists altogether. A variety of social, economic, and geographic factors are likely to contribute to higher rates of chronic disease, injury, and mortality observed in rural areas.⁸³

A common definition of rural and urban relies on residence outside or inside metropolitan statistical areas—counties with an urbanized area of at least 50,000 people or adjacent commuting counties. In 2010, over 19 million

women aged 18 and older lived in non-metropolitan or rural areas, representing 16.9 percent of all women.

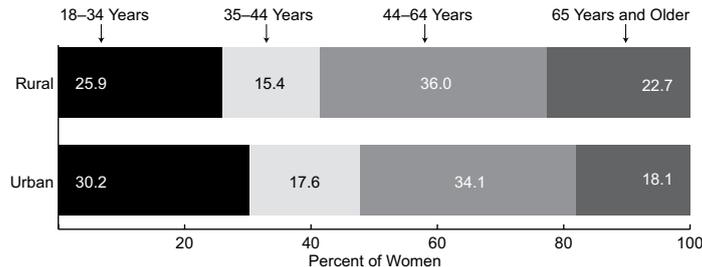
Rural women were more likely to be older and non-Hispanic White than their urban counterparts. In 2010, the median age of rural women was 3 years older than for urban women (49 versus 46 years, respectively; data not shown) and 22.7 percent of rural women were aged 65 years or older, compared to 18.1 percent of urban women. More than four out of five rural women were non-Hispanic White (81.7 percent) compared to 62.2 percent of urban women (data not shown). Non-Hispanic American Indian/Alaska Native women were

the only other racial and ethnic group to have greater representation in rural than urban areas (1.6 versus 0.4 percent, respectively).

Women living in rural areas also had lower levels of income and educational attainment than urban women. In 2010, 40.3 percent of rural women lived in households with incomes below 200 percent of poverty compared to 32.3 percent of urban women. Conversely, 38.4 percent of urban women had household incomes of 400 percent or more of poverty, compared to 27.1 percent of rural women. Among women aged 25 and older, 18.7 percent of rural women had a college degree or higher compared to 30.4 percent of urban women (data not shown).

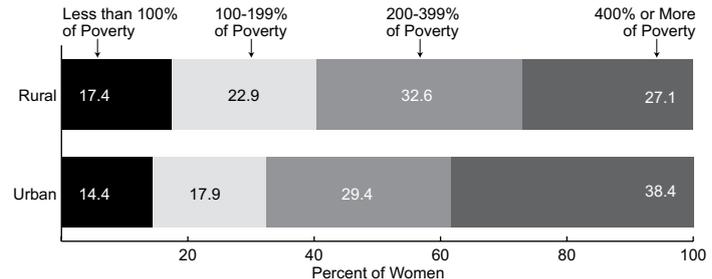
Rural and Urban* Women Aged 18 and Older, By Age, 2010

Source II.29: U.S. Census Bureau, American Community Survey



Rural and Urban* Women Aged 18 and Older, By Poverty Level, 2010

Source II.29: U.S. Census Bureau, American Community Survey



*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas.

*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas; percentages may not total to 100 due to rounding.

In 2010, one in five rural women reported smoking cigarettes (20.5 percent) compared to 14.4 percent of urban women. Women residing in rural areas were also more likely than those living in urban areas to be physically inactive (29.2 versus 25.1 percent, respectively) and obese (30.4 versus 25.9 percent, respectively). Opportunities for regular exercise may be less accessible in some rural areas that lack sidewalks or nearby trails. Reflecting greater barriers to care, rural women were also more likely than their urban counterparts to be uninsured (18.0 versus 14.3 percent, respectively) and to not have had a dental visit in the past year (35.6 versus 28.1 percent, respectively).

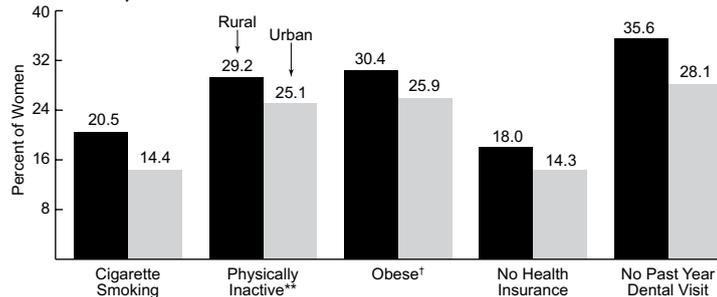
Consistent with poorer indicators of health status and access to health care, rural women tend to have higher mortality rates. In 2009, the age-adjusted mortality rate for rural women was 868.2 per 100,000 compared to 764.0 per 100,000 for urban women. Heart disease, chronic lower respiratory diseases, and unintentional injury ranked higher among the leading causes of death for rural than for urban women. However, mortality rates for every leading cause of death were higher for rural women. The largest absolute disparity between rural and urban women was for heart disease—an excess of 23.9 deaths per 100,000 (201.2 versus 177.3 per 100,000, respectively). Unintentional injury

mortality had the largest relative disparity; the mortality rate was 53.1 percent higher for rural versus urban women (42.1 versus 27.5 deaths per 100,000, respectively). In particular, motor vehicle accident deaths were more than twice as high for rural compared to urban women (14.4 versus 6.5 per 100,000; data not shown).

The Health Resources and Services Administration's Office of Rural Health Policy provides funding to rural hospitals and state offices of rural health to improve access and quality of care in rural areas.⁸⁴ Other HRSA programs, such as Community Health Centers and the National Health Service Corps, aim to improve health care capacity in underserved rural and urban areas.

Selected Health Indicators Among Women Aged 18 and Older, by Rural/Urban Residence,* 2010

Source II.7: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System



*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas; all estimates are age-adjusted. **No leisure time physical activity in the past month. †Body mass index ≥30.

Age-Adjusted Mortality Rates Per 100,000 Females Aged 15 and Older, by Leading Cause of Death and Rural/Urban Residence,* 2009

Source II.19: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

	Rural Rate (Rank)	Urban Rate (Rank)
Total	868.2 (-)	764.0 (-)
Heart Disease	201.2 (1)	177.3 (2)
Malignant Neoplasms	194.0 (2)	184.7 (1)
Chronic Lower Respiratory Diseases	56.7 (3)	46.0 (4)
Cerebrovascular Disease (Stroke)	56.3 (4)	46.1 (3)
Unintentional Injury	42.1 (5)	27.5 (6)
Alzheimer's Disease	36.2 (6)	31.2 (5)
Diabetes Mellitus	27.1 (7)	21.5 (7)

*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas; all estimates are age-adjusted.

WOMEN VETERANS

As of September 2012, women were estimated to comprise more than 1.8 million, or 8.6 percent, of all living veterans. This represents a 33 percent increase since 2002, when women represented 6.4 percent of all living veterans, and this percentage is expected to increase in future years. By 2035, women are projected to make up 15 percent of all veterans—similar to the current proportion of active duty military personnel that are female.⁸⁵

The largest group of living women veterans today are from the Gulf War Era and the most recent conflicts: Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). The continually changing military roles of women, multiple deployments, and the blurring of combat and non-combat operations in Iraq and Afghanistan

suggest that the needs of these women veterans may differ greatly from the needs of women veterans from previous eras.

Due to the more recent increase in military enrollment and opportunities for women, female veterans are much younger than their male counterparts. In 2010, 21.6 percent of female veterans were aged 18–34 compared to only 6.9 percent of male veterans. Conversely, 44.0 percent of male veterans were aged 65 and older compared to only 15.8 percent of female veterans. Expressed differently, women comprised 19.6 percent of all veterans aged 18–34 years but only 2.7 percent of veterans aged 65 and older (data not shown).

In addition to being younger, women veterans are also more racially diverse and more highly educated than their male counterparts. In 2010, 31.8 percent of women veterans were of minor-

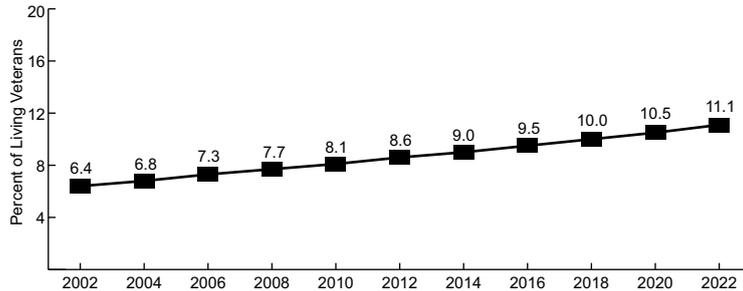
ity race or ethnicity compared to 18.5 percent of male veterans. Female veterans were particularly more likely to be non-Hispanic Black than male veterans (19.3 versus 10.2 percent, respectively). Nearly 80 percent of women veterans had obtained post-secondary education beyond high school (78.1 percent) compared to 60.9 percent of male veterans (data not shown).

Relative to civilian non-veteran women, female veterans tend to be slightly older, more likely to be non-Hispanic Black, more educated, and less likely to be in poverty.⁸⁶

Overall, in 2010, a higher proportion of female than male veterans reported having a service-connected disability (18.0 versus 15.4 percent, respectively)—determined by the Veterans Benefits Administration as injuries or illnesses incurred or aggravated during military service. Regardless of sex, the prevalence of service-con-

Living Women Veteran Population, 2002–2022*

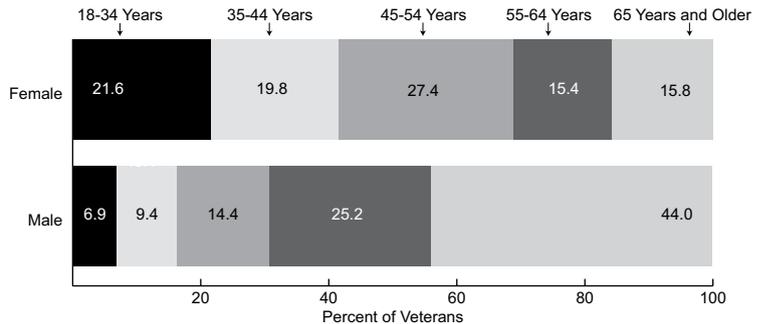
Source II.30: Department of Veterans Affairs, Office of Policy & Planning



*Historical data from 2000–2005; projected data from 2008 onward.

Veteran Population, by Sex and Age, 2010

Source II.31: U.S. Census Bureau, American Community Survey



nected disability declined with age. At older ages, male veterans are more likely to have a service-connected disability than women veterans. For example, for those aged 65 and older, 12.0 percent of male veterans had a service-connected disability compared to 9.0 percent of women veterans. The most prevalent service-connected disabilities for women veterans in 2009 were post-traumatic stress disorder (PTSD), lower back pain, and migraines, accounting for 15 percent of service-connected disabilities (data not shown).⁸⁶ Among users of the U.S. Department of Veterans Affairs (VA) health care, a link between PTSD and military sexual trauma—defined as sexual assault and/or severe and threatening sexual harassment that occurred during military service—may be stronger for women than men.⁸⁷

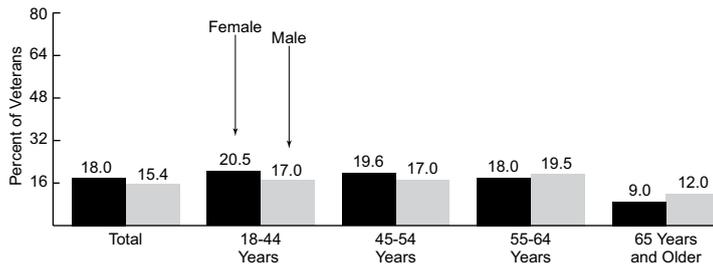
For the above reasons and despite higher educational attainment and income,⁸⁶ women veterans may face greater health challenges compared to civilian women.⁸⁸ In 2010, women veterans were more likely than their civilian counterparts to report smoking (18.5 versus 15.5 percent, respectively), being overweight or obese (61.2 versus 55.9 percent, respectively), and having limitations in activity due to physical, mental, or emotional problems (29.3 versus 20.7 percent, respectively). Women veterans were also more likely than civilian women to report having poor mental health on 14 or more days in the past month (18.1 versus 12.5 percent, respectively). Levels of activity limitations and frequent mental distress were also higher than

those reported by male veterans (23.3 and 11.1 percent of male veterans, respectively; data not shown). However, women veterans were more likely than civilian women to have received a past-year preventive visit (76.2 versus 72.0 percent, respectively).

Today, more than 337,000 women veterans or 19 percent of all women veterans use VA health care, double the number from a decade ago.⁸⁹ The VA is improving services to make sure women who are eligible for VA care can access services tailored to their needs and has expanded research on the impacts of trauma and combat exposure for women, mental health outcomes of civilian reintegration, and overall health care needs of women veterans.

Service-Connected Disability* Among Veterans, by Age and Sex, 2010

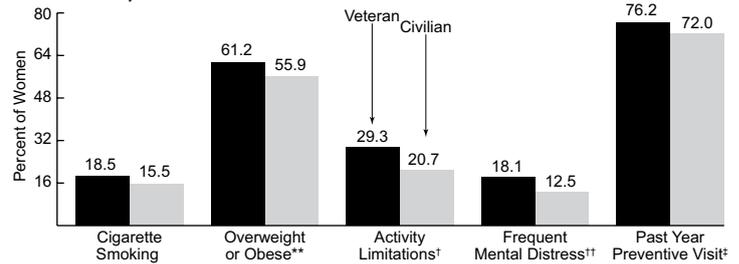
Source II.31: U.S. Census Bureau, American Community Survey



*Report of injuries or illnesses incurred or aggravated during military service as determined by the Veterans Benefits Administration.

Selected Health Indicators* Among Women Aged 18 and Older, by Veteran Status, 2010

Source II.7: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System



*All estimates are age-adjusted. **Body mass index ≥ 25 . †Report of limitations to activity due to physical, mental, or emotional problems. ††Report of having poor mental health ≥ 14 days in past month. ‡Report of a routine checkup in the past year, defined as a general physical exam that was not for a specific injury, illness, or condition.