



Data Points

CWHS

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Good mental health means having the mental energy to function well at home, work, and play. Good mental health means being able to tend to everyday activities without feeling overly anxious, depressed, or worried. Most Americans believe that good mental health is just as important as good physical health.¹

Poverty has long been associated with poor physical health status. Limited population-based information is currently available about the association between good mental health and poverty status.

The 2000 California Women's Health Survey provided an opportunity to examine women's desire for mental health care, receipt of mental health care, and poverty status. The survey asked women, "In the past 12 months, did you ever want help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor" and "In the past 12 months did you visit a mental health professional to talk about personal or family problems?"

- Of all women surveyed, 20% reported that they wanted to talk with a mental health professional and of these, 53.1% reported they visited a mental health professional within the past 12 months.
- Of those women who reported their annual income and were at or below the Federal Poverty Level, 19% wanted to talk with a mental health professional. For women who were above the Federal Poverty Level, 22% wanted to talk with a mental health professional.
- While approximately the same percentage of women regardless of income level wanted to talk with a mental health professional, women with incomes above the poverty level were more likely than women at or below the poverty level to visit a mental health professional, 55.6% vs. 42.6%.

Note: The Federal Poverty Level is defined as having an annual income of less than \$16,984 for a family of four.

¹ APA Help Center, "Get the Facts: Psychology in Daily Life—How to Achieve Good Mental Health," 1996.

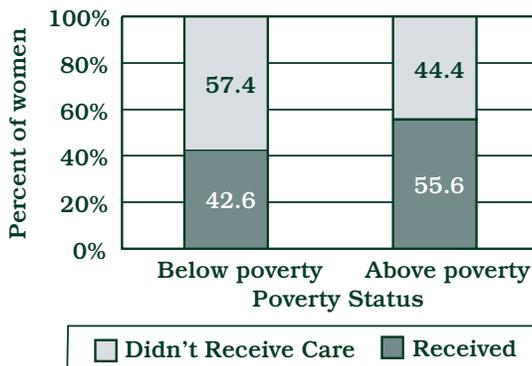
DESIRE FOR AND RECEIPT OF MENTAL HEALTH CARE FOR WOMEN BY POVERTY STATUS, CALIFORNIA, 2000

Research and Evaluation Branch, California Department of Social Services; Systems of Care, Statistics and Data Analysis, California Department of Mental Health

Public Health Message:

Of California women surveyed who want mental health care, women in poverty were less likely to receive mental health care if they wanted it. Outreach efforts should be directed toward women in poverty to ensure they have ready access to mental health services.

Women Who Desired Mental Health Care and Whether or Not They Received It by Poverty Status, California, 2000





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The prevalence of problems related to post traumatic stress disorder (PTSD) has been grossly under-recognized.¹ New data suggest that people who experience a trauma may develop significant functional impairment even though their symptoms do not meet the full criteria for a diagnosis of PTSD.

PTSD is an anxiety disorder that may develop after a person has experienced, witnessed, or learned about an extremely traumatic event in which there has been an actual or perceived threat of death, serious injury, or other psychological threat such as an automobile accident, sexual or physical assault, or natural disaster.¹ Symptoms can include intrusive thoughts of the traumatic event, severe insomnia, emotional numbness, or avoidance of anything that serves as a reminder of the event.

Generally, women with PTSD symptoms have more medical problems and poorer functional status than women without PTSD symptoms. National data recently released suggest that 8% of individuals in the United States will experience PTSD symptoms in their lifetime.¹

The 2000 California Women's Health Survey asked women, "Thinking back over your entire lifetime, have you ever had

any experience or experiences that were frightening, horrible or upsetting?"

Women were also asked a set of four questions about symptoms of PTSD in the preceding 12 months. These questions included having nightmares associated with those experiences, avoiding situations that are reminders of the event, being constantly on guard or easily startled, or feeling numb or detached from others or your surroundings.

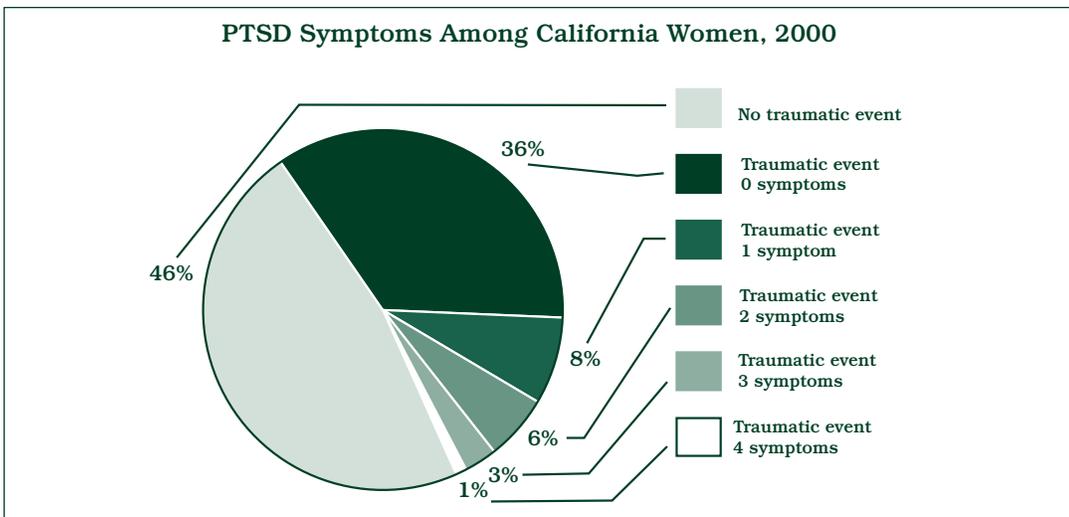
- Over half (54%) of all women reported that they have had a frightening, horrible, or upsetting event at some point in their lifetime.
- Of all women, 36% reported that they have had a traumatic experience in their lifetime but that they did not have any of the four symptoms of PTSD mentioned above.
- Of all women, 8% reported that they have had a traumatic experience in their lifetime and reported having one of the four PTSD symptoms; 6% reported having two symptoms; 3% reported having three symptoms, and 1% reported having all four symptoms.

POST TRAUMATIC STRESS DISORDER SYMPTOMS AMONG WOMEN, CALIFORNIA, 2000

Research and Evaluation Branch, California Department of Social Services; Department of Psychiatry, University of California, San Francisco; Systems of Care, Statistics and Data Analysis, California Department of Mental Health

Public Health Message: PTSD is a health problem affecting about 10% of California women surveyed. Because women with PTSD symptoms have more medical problems, primary care providers need to be aware of these PTSD symptoms in their patients so they can be referred to appropriate care.

¹ "The Prevalence of Problems Related to PTSD Grossly Under-Recognized", paper presented at the 154th Annual Meeting of the American Psychiatric Association, May 10, 2001 in New Orleans, LA, by Dr. Randall Marshall, Director of Trauma Studies at the Anxiety Disorders Clinic, New York State Psychiatric Institute and Associate Professor, Columbia University.



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The U.S. Public Health Service recommends that women of childbearing age consume 400 micrograms (0.4 milligram) of synthetic folic acid daily to reduce the risk of having a pregnancy affected by spina bifida or anencephaly. Folic acid may be consumed by taking a vitamin supplement or eating fortified breakfast cereals or other fortified foods. Folic acid, when taken one month before conception and throughout the first trimester of pregnancy, has proven to reduce the risk of a neural tube defect (NTD)-affected pregnancy by 50% to 70%.¹

Respondents to the 2000 California Women's Health Survey were asked if they had heard or read about folic acid, why folic acid is recommended for women, and whether they were currently taking a prenatal vitamin, multivitamin, or another pill containing the B vitamin folate or folic acid. Responses were analyzed for women of childbearing age (18 through 44 years).

- While 64% of women of childbearing age had heard or read of folic acid or

folate, only 44% knew of its importance in reducing birth defects, and 49% were taking supplements with folic acid.

- Higher education was associated with increased awareness and use of folic acid; 35% of women who had not completed high school had heard or read about folic acid compared to 68% of those who completed high school or more. Also, 32% of women who had not completed high school were taking a folic acid supplement compared to 52% of those who completed high school or more.
- Of women who were trying to become pregnant, 59% knew folic acid can prevent birth defects and 53% were taking a folic acid supplement.
- Latina women were least likely to report knowledge (24%) or use of folic acid (35%).

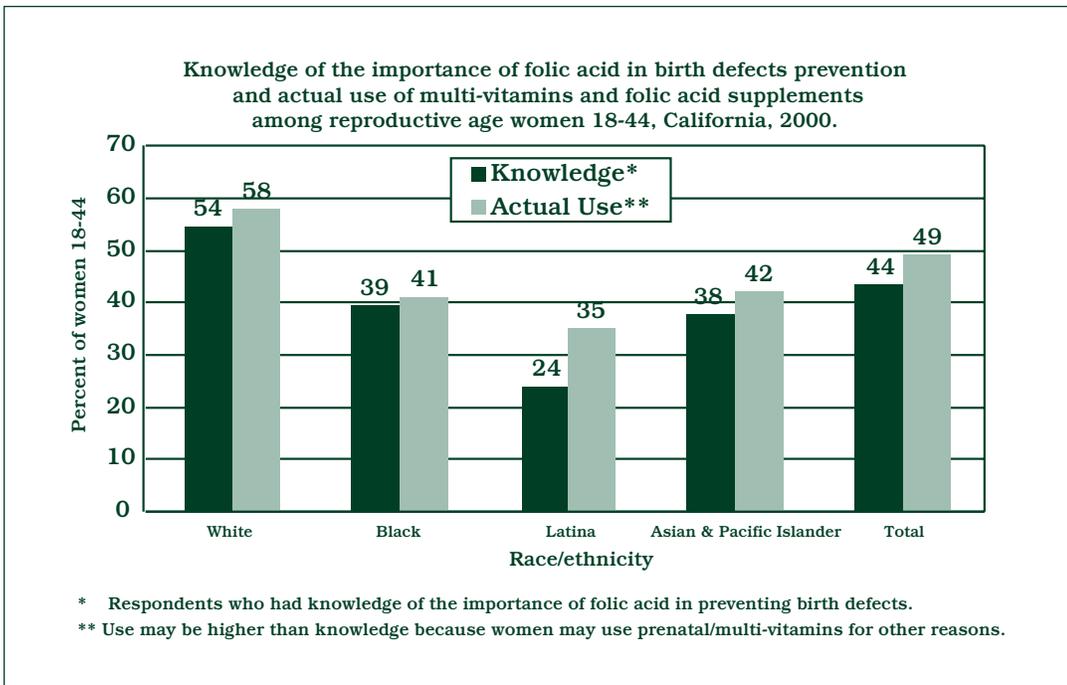
WOMEN'S USE OF FOLIC ACID SUPPLEMENTS AND KNOWLEDGE OF ITS IMPORTANCE FOR PREVENTION OF BIRTH DEFECTS, CALIFORNIA, 2000

Maternal and Child Health Branch, California Department of Health Services

Public Health Message:

An appropriate public health campaign may be needed to address the disparities in knowledge and use of folic acid by women of childbearing age, especially Latina women and women with low education levels.

¹ Burke, Beth; Lyon Daniel, Katherine; et al, Preventing Neural Tube Birth Defects: A Prevention Model and Resource Guide, Centers for Disease Control and Prevention, 1998.





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RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Chlamydia *trachomatis*, a sexually transmitted infection, is the most commonly reported communicable disease in California.¹ Untreated infections in women are associated with an increased risk of adverse reproductive health outcomes such as pelvic inflammatory disease and infertility.

In 1998, the Centers for Disease Control and Prevention recommended that *all* sexually active girls under 20 and women ages 20-24 with multiple sex partners or new sex partners should be tested for chlamydia.

Because most women with chlamydia have no symptoms or noticeable signs of infection, testing is necessary to identify these infections for timely treatment.

From 1998 through 2000, California Women's Health survey participants were asked, "Have you been tested for chlamydia during the past 12 months?" Women who had had at least one male sexual partner were also asked, "During the past 12 months, did you have a new male sexual partner?"

- In 1998, 50% of sexually active 18 to 19 year olds reported a chlamydia test in the past year. In 1999 and 2000, the percentage of 18 to 19 year olds tested was 41% and 50% respectively.
- In 1998, 22% of women ages 20 to 24 reported having had a new sex partner; in 1999, 20% of 20 to 24 year olds reported a new sex partner; and, in 2000, 28% of 20 to 24 year olds reported a new sex partner.
- In 1998, 42% of women ages 20 to 24 with new sex partners reported having been tested. In 1999 and 2000, these percentages were 48% and 46%, respectively.

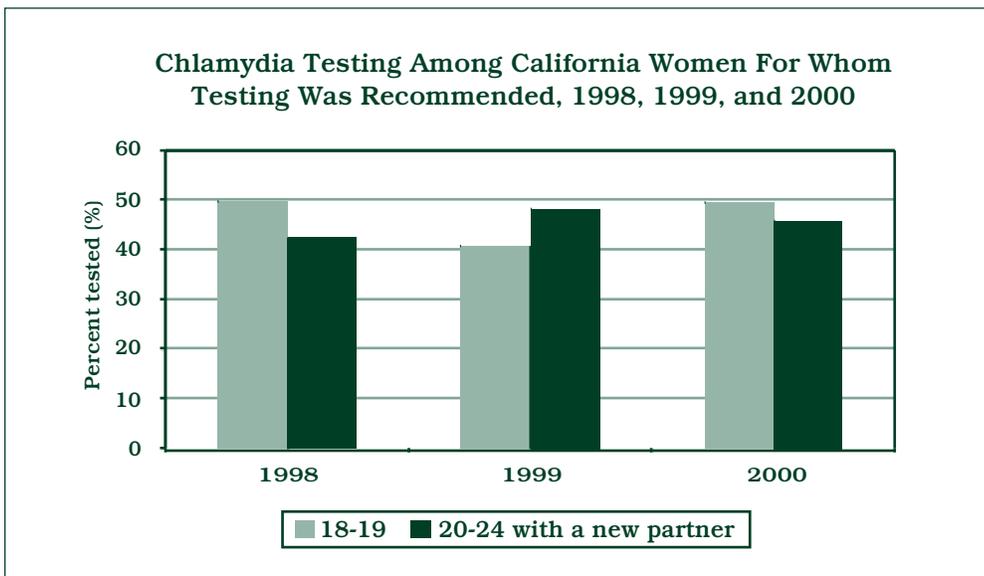
The California Department of Health Services Sexually Transmitted Disease Control Branch has initiated the Chlamydia Awareness and Prevention Program and the Get Tested Program. These two programs are designed to increase awareness of chlamydia and to increase testing among those who may have been exposed.

CHLAMYDIA TESTING AMONG CALIFORNIA WOMEN 1998, 1999, AND 2000

Sexually Transmitted Disease Control Branch, California Department of Health Services

Public Health Message:
Fewer than half of women for whom chlamydia screening was recommended actually reported having had a chlamydia test in the past year. Increased public and provider awareness about chlamydia is needed to improve screening rates.

¹ Sexually Transmitted Disease in California, 1999. California Department of Health Services, STD Control Branch, July 2001.





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RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Genital herpes (HSV-2) is one of the most prevalent sexually transmitted diseases in the United States. The third National Health and Nutrition Examination Survey (NHANESIII) found a prevalence of almost 22% for HSV-2 among individuals over 12 years old.¹ The majority of those infected are unaware of their infections, and asymptomatic individuals are able to shed virus and transmit infection to their partners. The California Women's Health Survey asked 2,479 women ages 18 to 44 two questions about genital herpes. These are as follows: "True or False: Most genital herpes is spread from a sexual partner when he or she is having a genital herpes outbreak (such as a sore or blister)." and "True or False: Most people infected with genital herpes know they have it."

- Overall, 80% of women believed incorrectly that most HSV-2 transmission occurs during an outbreak.
- An additional 47% of women believed incorrectly that most people are aware of their herpes status.

Older women were more likely to have

misinformation about genital herpes.

- Of women ages 35 to 44, 87% believed incorrectly that most HSV-2 transmission occurs during an outbreak, compared to 81% of 25 to 34 year olds and 73% of 18 to 24 year olds.
- Of women ages 35 to 44, about 52% mistakenly believed that most people infected with herpes know it. This question was also answered incorrectly by 46% of 25 to 34 year olds and 36% of 18 to 24 year olds.

Women participating in the survey were asked if they could remember ever having been diagnosed with genital herpes.

- Of women surveyed, 4.3% reported having had a herpes diagnosis.

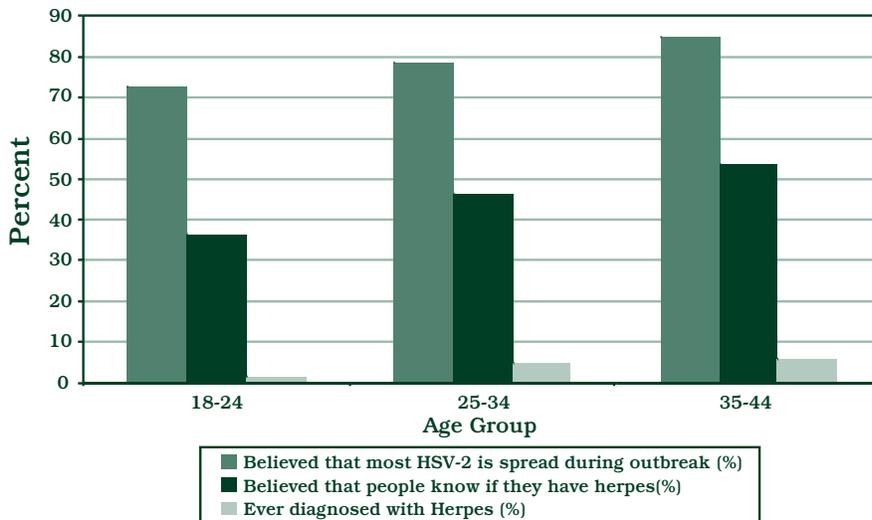
Age of first intercourse was also related to herpes diagnosis. The mean age of first intercourse among those reporting a diagnosis was 16 years compared to 18 years among those who did not report a herpes diagnosis.

GENITAL HERPES KNOWLEDGE AND DIAGNOSIS AMONG CALIFORNIA WOMEN, 1999

Sexually Transmitted Disease Control Branch, California Department of Health Services

Public Health Message:
Women surveyed were poorly informed about asymptomatic herpes and asymptomatic herpes transmission.

Herpes Knowledge and Diagnoses Among California Women Ages 18 to 44, 1999



¹ Fleming, D.T., et al., Herpes simplex virus type 2 in the United States, 1976 to 1994. N Engl J Med, 199. 337(16):p. 1105-1



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RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Vaginal douching has been associated with a number of reproductive health problems in women. Douching disrupts the vaginal flora and increases the risk for pelvic inflammatory disease, ectopic pregnancy, sexually transmitted infections including HIV, and bacterial vaginosis. Douching may also be associated with infections of the urinary tract.

Women ages 18 to 44 were asked; **"During the past 12 months, have you douched?"** Women answering yes were also asked, **"How often do you douche?"**

- Of women surveyed, 26% of women had douched at least once during the past 12 months. An additional 17% had douched at least once a month.
- Older women were more likely to report frequent douching than were younger women: 21% of women ages 35 to 44 reported douching at least once a month compared to 12% of women ages 18 to 24.

Ethnicity was related to douching practices.

- African American women were more likely to have douched in the past year than were women of other ethnic groups.
- The proportion of women who reported douching at least once a month varied by ethnic group: 47% of Black/African American women reported this practice compared to 12% of White women, 21% of Hispanic women and 11% of Asian women.

Lower educational status was related to more frequent douching.

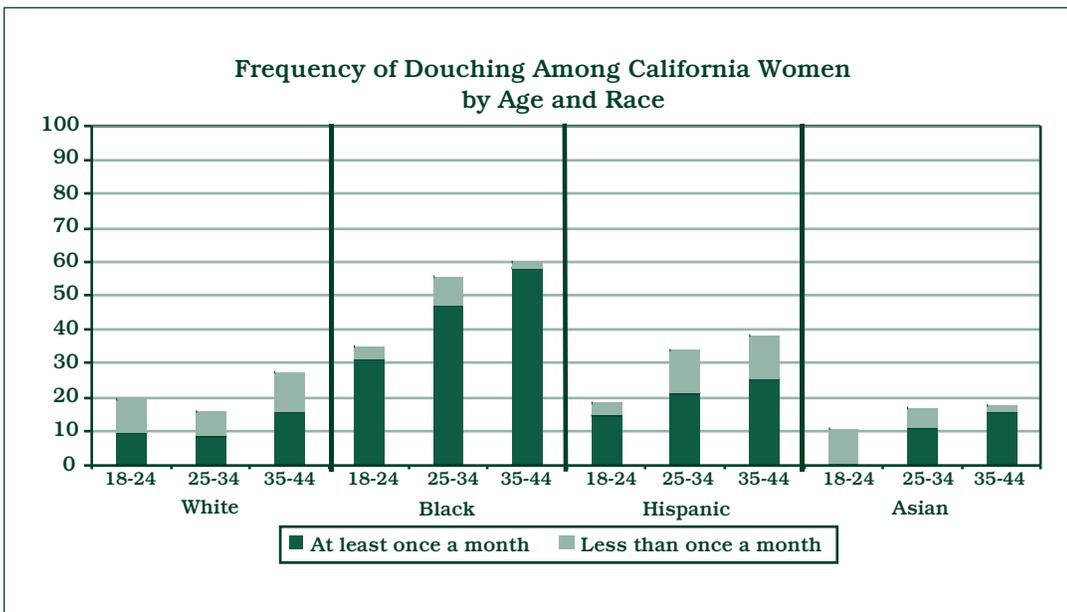
- Of women with less than a college education, 34% reported douching compared to only 20% who had at least some college education.

DOUCHING AMONG CALIFORNIA WOMEN OF REPRODUCTIVE AGE, 2000

Sexually Transmitted Disease Control Branch, California Department of Health Services

Public Health Message:

More than a quarter of the women surveyed reported douching, a health behavior associated with genital infection and poor reproductive health.



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RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Breast cancer is the second leading cause of deaths due to cancer among California women; only lung cancer accounts for more cancer deaths.¹ Although fewer women are dying from breast cancer today due to better treatment and earlier diagnosis, it is still the most commonly diagnosed cancer among California women.²

One way to reduce the number of deaths due to breast cancer is to detect the disease at an early and more treatable stage. While mammography is not always 100% accurate, it is an effective early-stage screening method that can detect a cancer up to several years before it can be felt on examination. The American Cancer Society and the California Department of Health Services recommend that women 40 years and older be regularly screened for breast cancer by having a clinical breast exam and a mammogram once a year.

Since 1997, the California Women's Health Survey has asked women if they ever had a mammogram, and how long it had been since they had their last mammogram. Respondents who ever had a mammogram could answer that their last mammogram was within the past one, two, three, or five years, or over five years

ago. This analysis is based on 2,331 (1997), 2,142 (1998), 2,343 (1999), and 2,273 (2000) women ages 40 and older participating in the surveys. Women who reported being previously diagnosed with breast cancer (only 5% of all women surveyed who ever had a mammogram) were included.

- Over the last four years, the percent of women reporting having their last mammogram within the past year remained approximately the same, at 58% in 1997, 60% in 1998, 62% in 1999, and 61% in 2000.
- Each year, the majority (67%) of women who reported ever having a mammogram had their last mammogram within the past year (not shown on graph).
- In 2000, 39% of women reported *not* having a mammogram within the past year; an indication that nearly 40% of women are not being regularly screened for breast cancer.

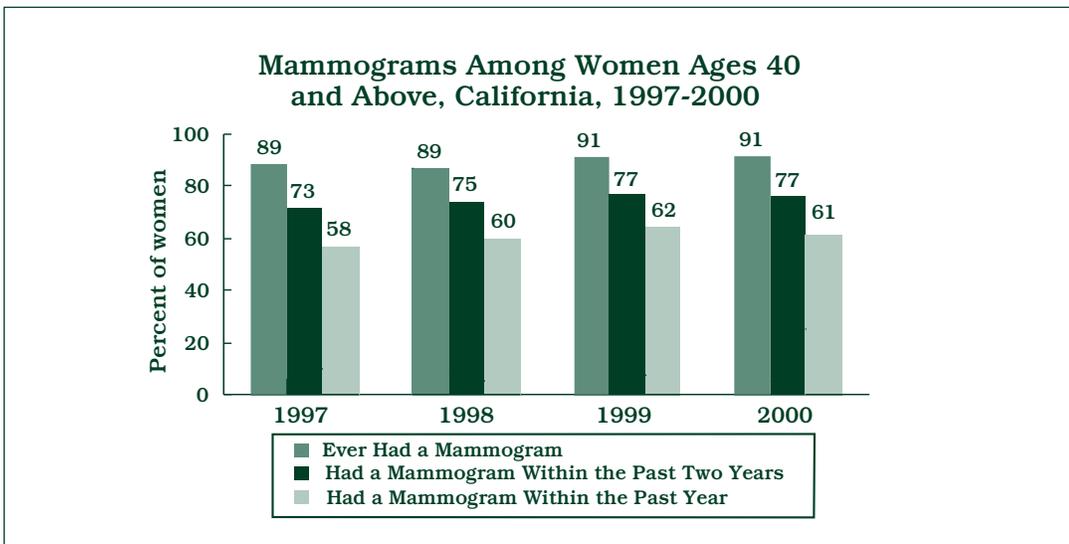
MAMMOGRAMS AMONG WOMEN AGES 40 AND ABOVE, CALIFORNIA, 1997-2000

Cancer Detection Section, California Department of Health Services

Public Health Message: *Nearly 40% of California women surveyed 40 years and older are not regularly receiving mammograms. Regular screening for breast cancer leads to early diagnosis and can greatly reduce mortality due to breast cancer. It is recommended that women 40 years and older have yearly mammograms and clinical breast exams.*

¹ Kwong SL, Perkins CI, Morris CR, Cohen R, Allen M, Schlag R, Wright WE. Cancer in California: 1988-1998. Sacramento, CA: California Department of Health Services, Cancer Surveillance Section, December 2000.

² American Cancer Society, California Division, and Public Health Institute, California Cancer Registry. California Cancer Facts and Figures, 2001. Oakland, CA: American Cancer Society, California Division, September 2000.



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