3 Social Differentials in Women's Health Status

Recognizing that improving health for certain high-risk populations is essential if we are to achieve a healthier America, *Healthy People 2000* established specific targets to narrow the gap between the total population and those population groups that experience an above average inci-

dence of death, disease, and disability in the United States.[1] Those population groups include people with low incomes, people who are members of ethnic/racial groups, and people with disabilities.

"Special population groups often need targeted preventive efforts, and such efforts require understanding the needs and the particular disparities experienced by these groups. General solutions cannot always be used to solve specific problems."

-- Healthy People 2000[1]

Education

Education has a strong positive influence on health-related lifestyle and health status. People with more education are likely to have greater

health-related knowledge, health care resources, and problem-solving abilities, which lead to a healthier lifestyle and reduced risk of mortality.[2]
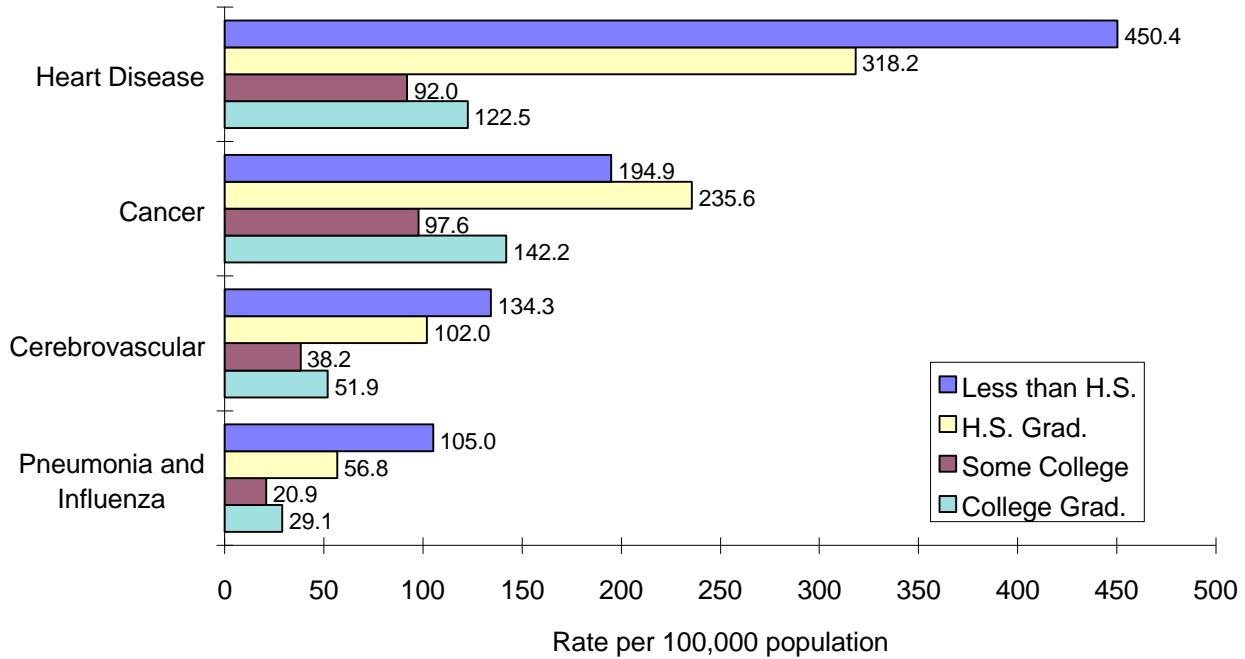
**Utah Women, 18 and Above
by Level of Education, 1994**

	Number	Percent
< High School	99,017	15.6%
High School Graduate	190,160	30.0%
Some College/Trade School	248,905	39.2%
College Graduate	96,366	15.2%

Note: Numbers of women in 1994 were estimated based on the percentage distribution by level of education in the 1990 census.

Source: Governor's Office of Planning and Budget

Mortality Rates* per 100,000 by Leading Causes of Death and Level of Education, Utah Females, 1994

Heart Disease
- Less than H.S.: 450.4
- H.S. Grad.: 318.2
- Some College: 92.0
- College Grad.: 122.5

Cancer
- Less than H.S.: 194.9
- H.S. Grad.: 235.6
- Some College: 97.6
- College Grad.: 142.2

Cerebrovascular
- Less than H.S.: 134.3
- H.S. Grad.: 102.0
- Some College: 38.2
- College Grad.: 51.9

Pneumonia and Influenza
- Less than H.S.: 105.0
- H.S. Grad.: 56.8
- Some College: 20.9
- College Grad.: 29.1

Legend:
- Less than H.S.
- H.S. Grad.
- Some College
- College Grad.

Rate per 100,000 population

(x-axis: 0, 50, 100, 150, 200, 250, 300, 350, 400, 450, 500)

* rates are not age-adjusted

Source: Bureau of Surveillance and Analysis, Utah Department of Health

Women with less than a high school education (see figure below) have considerably higher mortality rates than those of women with a higher level of education. However, women with some college education have lower mortality rates than those who are college graduates.

The underlying reasons for this are unknown. It is possible that female college graduates in Utah have different career paths from women with some college or trade education. These data also have not been adjusted for income or for age differences that may exist. Further research is needed to explain the relationship between the education and mortality among Utah women.

Poverty/Income

There is a strong correlation between income and health status; higher income is associated with better health and lower income with poorer health. The figure below, based on three measures of health status, illustrates significant differences among Utah women with different incomes. For each measure, women with lower income reported more days of poor health than those with higher income.

The relationship between health and income is bidirectional. For some people, poverty contrib-

utes to poor health; for others, illness can limit their education or cause them to lose their jobs and as a result became impoverished. Economic conditions have a profound impact on people's health; research at the population level suggests that illness and mortality rates are higher during periods of unemployment and poor economic conditions.[3]

Reported Days of Poor Health or Limited Activity by Annual Household Income, Utah Women, 1994
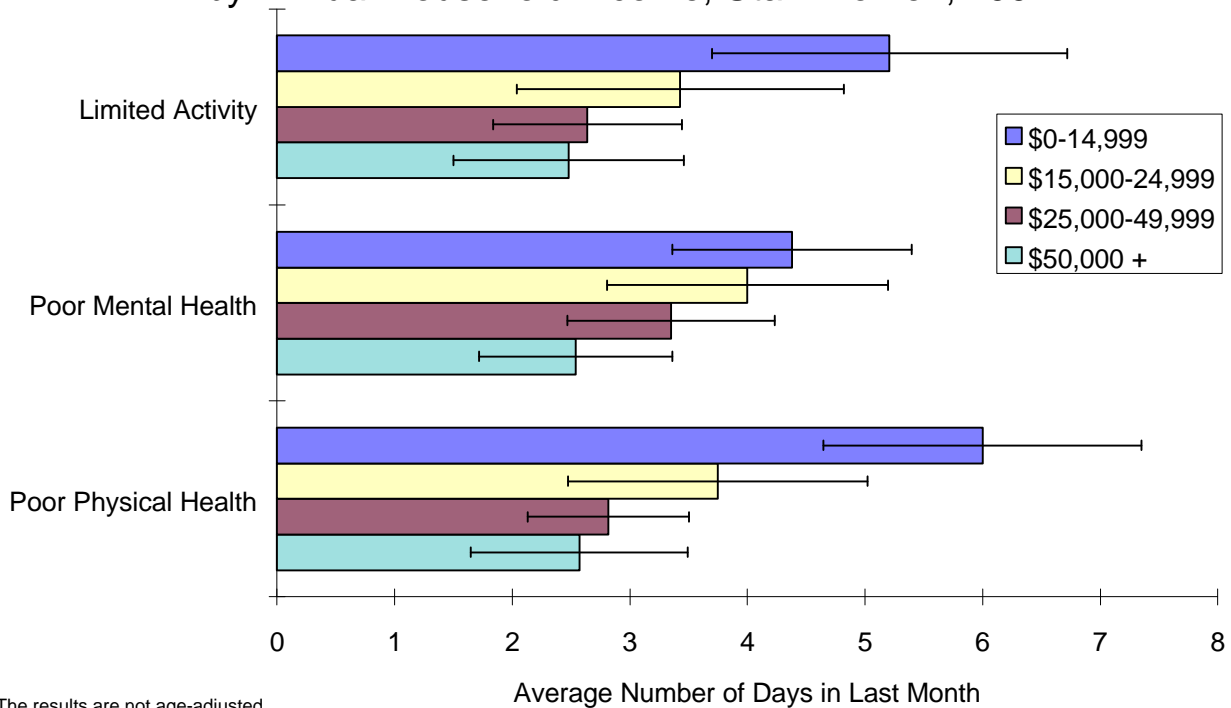
The results are not age-adjusted
For each measure, reported days of poor health was significantly associated with income level, p<0.01.
Source: Behavioral Risk Factor Surveillance System 1994
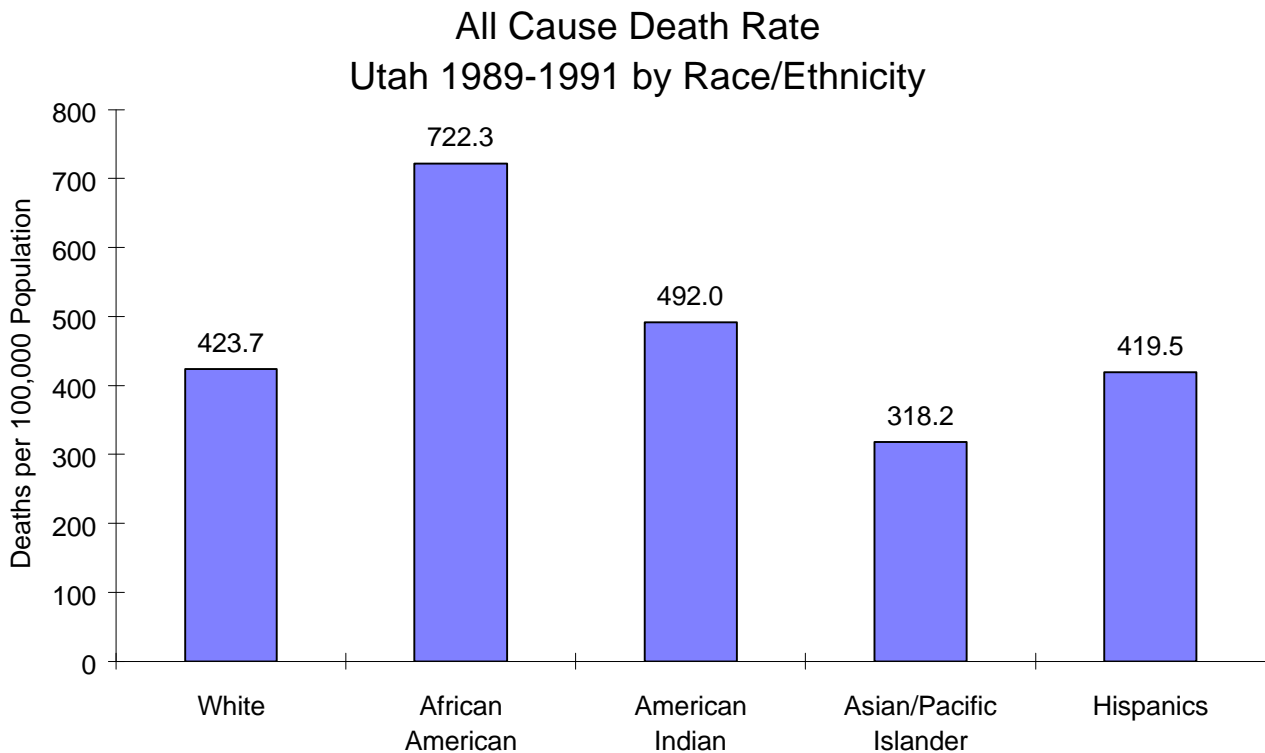
Race and Ethnicity

Utah was racially and ethnically more diverse in 1994 than in previous years. In 1994, 89.4 percent of Utahns were whites not of Hispanic origin, 6.1 percent were Hispanics, 2.4 percent were Asian or Pacific Islanders, 1.4 percent were American Indians, and 0.7 percent were African American.[4]

According to a 1993 Utah Department of Health report[5], death rates for African Americans were nearly twice those for whites (see figure below).

The relationship between race/ethnicity and health is complex and controversial. In some situations, race/ethnicity is a proxy for socioeconomic status.[6] In addition to being a proxy for socioeconomic status, race/ethnicity may be associated with inherited health risks,[7] such as sickle-cell anemia. Race/ethnicity may also relate to culturally determined health beliefs, behaviors, and norms that affect diet, fertility, and health care seeking behaviors.

Examples of gender and race-specific health data are presented below.

All Cause Death Rate
Utah 1989-1991 by Race/Ethnicity

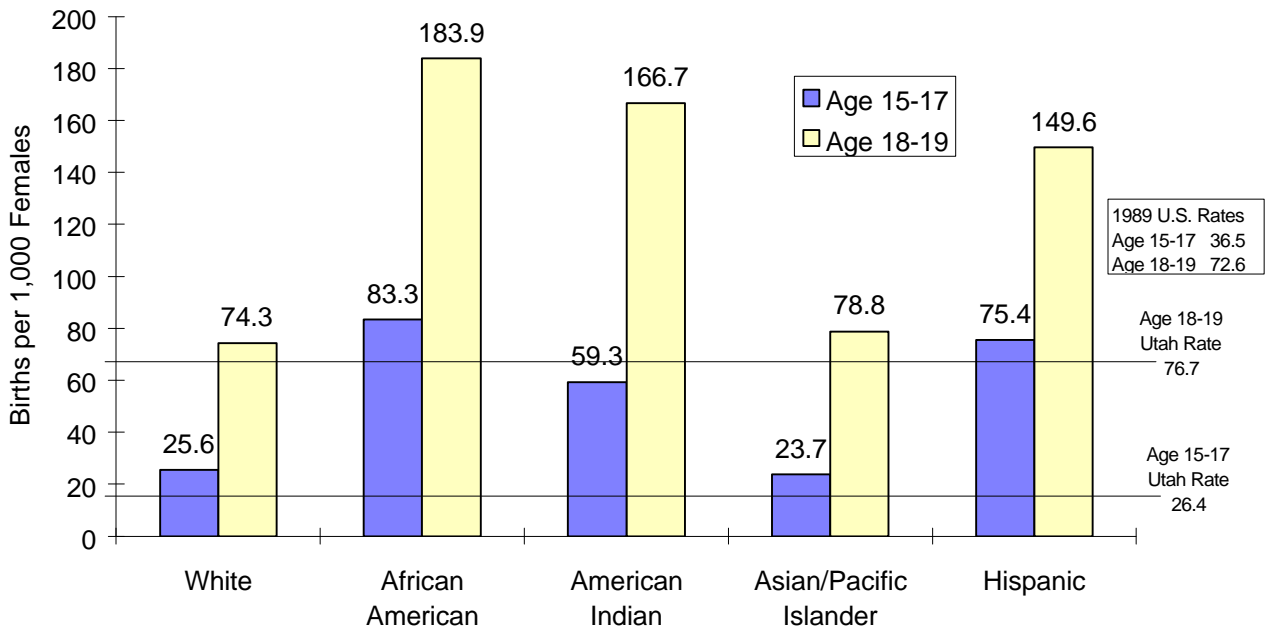Age-adjusted to U.S. 1940 population

Source: Adapted from *Utah's Healthy People 2000: Health Status Indicators by Race and Ethnicity*, Bureau of Surveillance and Analysis, Utah Department of Health

Births to Adolescents

Teen birth rates were higher for some minorities in Utah in 1989 through 1991. For the age group 15 to 17, the birth rates for African Americans, American Indians, and Hispanics were two to three times higher than for whites and Asian/ Pacific Islanders. Higher teen birth rates were also found in the age group 18 to 19 among African Americans, American Indians and Hispanics.[5]

Births per 1,000 Female Adolescents
by Age and Race/Ethnicity, Utah 1989-1991*

Legend:
- Age 15-17
- Age 18-19

1989 U.S. Rates
Age 15-17 36.5
Age 18-19 72.6

Age 18-19 Utah Rate 76.7

Age 15-17 Utah Rate 26.4

White: 25.6 (Age 15-17), 74.3 (Age 18-19)
African American: 83.3 (Age 15-17), 183.9 (Age 18-19)
American Indian: 59.3 (Age 15-17), 166.7 (Age 18-19)
Asian/Pacific Islander: 23.7 (Age 15-17), 78.8 (Age 18-19)
Hispanic: 75.4 (Age 15-17), 149.6 (Age 18-19)

* 95% confidence intervals were calculated to indicate statistical significance, but not reported here.
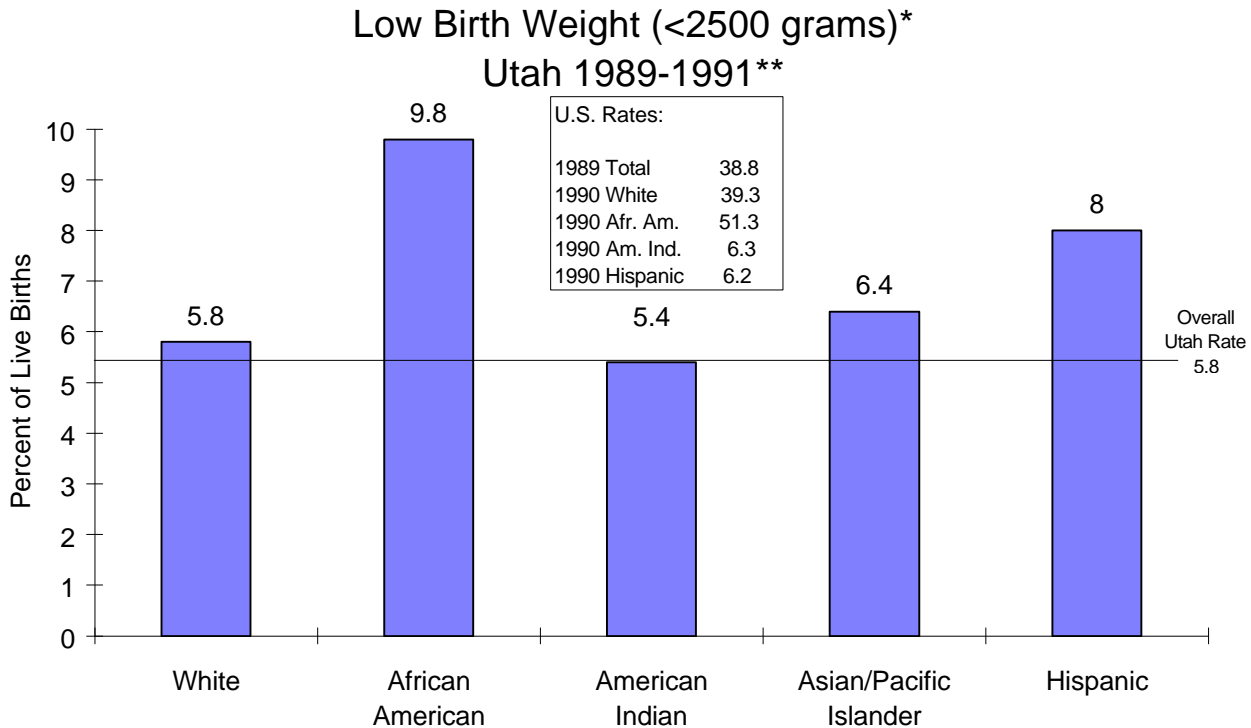* annual average rate

Source: Utah's Healthy People 2000 Health Status Indicators by Race and Ethnicity
Bureau of Surveillance and Analysis, Utah Department of Health

Prevalence of Low Birth Weight

Low birth weight is an indicator of access problems and/or the need for prenatal care. Among whites, the prevalence of low birth weight children was similar for Utah and the U.S. However, African Americans in Utah were less likely to have low birth weight children than African Americans in the U.S. Nonetheless, the prevalence of low birth weight children is a significant health problem among African Americans in Utah as is true elsewhere. Additionally, Utah Hispanics appear to have a relatively high rate of low birth weight children.[5]

Low Birth Weight (<2500 grams)*
Utah 1989-1991**

U.S. Rates:	
1989 Total	38.8
1990 White	39.3
1990 Afr. Am.	51.3
1990 Am. Ind.	6.3
1990 Hispanic	6.2

White: 5.8
African American: 9.8
American Indian: 5.4
Asian/Pacific Islander: 6.4
Hispanic: 8

Y-axis: Percent of Live Births (0–10)

Overall Utah Rate 5.8

* a 95% confidence interval was calculated to indicate statistical significance, but not reported here.
** annual average rates

Source: Utah's Healthy People 2000 Health Status Indicators by Race and Ethnicity
Bureau of Surveillance and Analysis, Utah Department of Health

References:

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3. M. Harvey Brenner. *Mental Illness and the Economy*. Harvard University Press, 1973.

4. Utah Governor's Office of Planning and Budget. *Race and Ethnicity Data: Understanding the Issues Meeting the Demand in Utah*. Salt Lake City, Utah: Demographic and Economic Analysis, 1996.

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6. Kessler, Ronald C. and Harold W. Neighbors. A New Perspective on the Relationships Among Race, Social Class, and Psychological Distress. *Journal of Health and Social Behavior* 1986; 27:107-15.

7. Ekelund, Lars-Goran, C.M. Suchrindran, R.P. McMahon, et al. Coronary Heart Disease Morbidity and Mortality in Hypercholesterolemic Men Predicted From an Exercise Test. *Journal of the American College of Cardiology* 1989; 14:556-63.

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