THE STATUS OF WOMEN IN FLORIDA BY COUNTY:

HEALTH & WELL-BEING

Florida Philanthropic Network

Florida Women's Funding Alliance
An Affinity Group of Florida Philanthropic Network

Institute for Women's Policy Research
Informing policy. Inspiring change. Improving lives.

STATUS OF WOMEN IN THE STATES

About This Report

The Status of Women in Florida by County: Health & Well-Being is one in a series of four publications on women's status across Florida's counties commissioned by the Florida Women's Funding Alliance, an affinity group of Florida Philanthropic Network. The first two publications, released in December 2016, were *The Status of Women in Florida by County: Poverty & Opportunity*, which explored factors related to women's economic security and access to opportunity, and "The Status of Women in Florida by County: Population & Diversity," which analyzed the demographics of women and men in the state. The final report in this series will examine women's employment and earnings in Florida. The report builds on the Institute for Women's Policy Research's long-standing report series, *The Status of Women in the States*, which has provided data on the status of women nationally and for all 50 states plus the District of Columbia since 1996. *The Status of Women in the States* publications use data from U.S. government and other sources to analyze women's status across multiple issue areas. These reports have been used to highlight women's progress and the obstacles they continue to face and to encourage policy and programmatic changes that can improve women's opportunities.

About the Institute for Women's Policy Research

The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. The Institute's research strives to give voice to the needs of women from diverse ethnic and racial backgrounds across the income spectrum and to ensure that their perspectives enter the public debate on ending discrimination and inequality, improving opportunity, and increasing economic security for women and families. The Institute works with policymakers, scholars, and public interest groups to design, execute, and disseminate research and to build a diverse network of individuals and organizations that conduct and use women-oriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the women's studies and public policy and public administration programs at The George Washington University.

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The Status of Women in Florida by County: Health & Well-Being

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Commissioned by Florida Women's Funding Alliance,
An Affinity Group of Florida Philanthropic Network

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Florida Women's Funding Alliance (FWFA), an affinity group of Florida Philanthropic Network (FPN), envisions a Florida where women and girls thrive. The FWFA mission is to transform the lives of women and girls through members' collective voices and resources. FWFA offers FPN members an opportunity to interact and connect with other staff and board members of foundations and other grantmaking organizations working to transform the lives of women and girls in Florida.
https://www.fpnetwork.org/fwfa

About Florida Philanthropic Network

Florida Philanthropic Network is a statewide association of grantmakers working to build philanthropy to build a better Florida. FPN's members are private independent, corporate, and family foundations, community foundations, public charity grantmakers, and corporate giving programs—from Miami to Jacksonville; Naples to Pensacola—who hold more than $6.5 billion in assets and invest more than $430 million annually (excluding members located outside Florida) to improve the quality of life for our citizens. FPN members share a commitment to promoting philanthropy, fostering collaboration, and advancing public policy by Florida, in Florida.
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Acknowledgments

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Executive Summary

Introduction

Good physical and mental health helps women reach their educational and employment goals, remain financially stable, and fully contribute to their communities. Women in Florida and across the country are experiencing many improvements in their health, including declining mortality rates from heart disease, lung cancer, and breast cancer, and a decreasing rate of AIDS diagnoses. Yet, the share of women with diabetes and the suicide rate among Florida women are increasing, as is the number of days per month on which women in the state report experiencing poor mental health. A closer look at the data reveals wide disparities in Florida women's mortality rates by county and by race/ethnicity, with women of color suffering disproportionately from chronic disease, poor mental health, and disability.

The Status of Women in Florida by County: Health & Well-Being analyzes data on women's health, including chronic disease, physical health, sexual health, and mental health. The report includes a Health & Well-Being Composite Index, comprised of nine indicators that provide a basis for ranking and grading each state in the nation. In addition, data on Florida women's health-related behaviors and preventive care and on the share of Florida women who are either living with a disability of their own, or caring for someone else with one or more disabilities, are examined. The report identifies changes in women's health status since the publication of IWPR's 2004 report *The Status of Women in the States* and concludes with recommendations for policymakers, public health officials, advocates, and philanthropists.

The Status of Women in Florida by County: Health & Well-Being is the third in a series of four publications that provide data and policy recommendations to improve Florida women's status in several key areas, describing trends over time and, whenever possible, variations among women by race and ethnicity. Released in 2016, the first report, *The Status of Women in Florida by County: Poverty & Opportunity,* examines factors related to women's economic security and access to opportunity. A briefing paper, "The Status of Women in Florida by County: Population & Diversity," presents demographic data. The final report, to be released in 2018, will focus on Florida women's employment and earnings. Each publication aims to provide critical data that can help to build economic security and overall well-being among the state's women and girls and serve as a resource that may be used to achieve multiple goals, including educating the public on issues related to women's well-being, informing policies and programs, helping donors and foundations establish investment priorities, and inspiring community efforts to strengthen economic growth by improving women's status.

Key Findings

Health & Well-Being Trends

Since the 2004 publication of *The Status of Women in the States*, Florida women's health has improved in some areas and worsened in others.

- Florida earns a grade of C- on the Health & Well-Being Composite Index, an improvement over the D+ the state received in the 2004 *Status of Women in the States* report.
- Since the publication of the 2004 report, Florida women's heart disease mortality rate declined by 41.1 percent, lung cancer mortality rate declined by 19.9 percent, and breast cancer mortality rate declined by 19.8 percent. In that timeframe, the rate of AIDS diagnosis among women and girls aged 13 and older dropped by 63.8 percent.

- Similar to national trends, the percentage of Florida women who have been told they have diabetes has grown, as has the rate of reported cases of chlamydia.
- Between 2000 and 2015, the average number of days per month that women in Florida reported their activities were limited due to poor mental or physical health increased, as did the average number of days that they reported poor mental health. The suicide mortality rate among Florida rate has also risen.

Chronic Disease

- Among women in the United States, heart disease is the leading cause of mortality, at a rate of 133.2 per 100,000 women of all ages. The heart disease mortality rate for women in Florida is 115.6 per 100,000, earning the state a ranking of 13th in the nation. Across Florida, heart disease mortality ranges from a low of 68.8 per 100,000 women in Collier County to a high of 236.7 per 100,000 women in Holmes County.
- Lung cancer is the most lethal cancer for women in Florida. The state ranks 19th among the 50 states and the District of Columbia, with a lung cancer mortality rate of 33.9 per 100,000 women of all ages. The mortality rate among women in Wakulla County, the county with the highest rate, is more than triple the rate in Miami-Dade County, which has the lowest rate (67.6 and 18.5 per 100,000 women, respectively).
- The breast cancer mortality rate for Florida women, 19.4 per 100,000 women of all ages, is lower than the national breast cancer mortality rate of 20.6 per 100,000. Florida ranks 15th out of 51 for women's breast cancer mortality rate. Among the 45 counties with reliable data, the breast cancer mortality rate is lowest in Collier County (12.5 per 100,000) and highest in Okeechobee (28.0 per 100,000).
- In Florida, 10.9 percent of women aged 18 and older have been told they have diabetes, which is in the bottom third in the nation (a ranking of 39th).
- Florida ranks 48th out of 51 for its high rate of AIDS diagnoses (7.6 per 100,000 women and girls aged 13 and older). The rate of women's AIDS diagnoses in Florida is more than twice the national rate of 3.2 per 100,000.
- There are wide disparities in Florida women's mortality rates by race and ethnicity. The heart disease mortality rate among Black women in Florida is 143.2 per 100,000, well above the rate of 115.6 per 100,000 for women overall. Among the largest racial and ethnic groups, White women in Florida have the highest lung cancer mortality rate (40.7 per 100,000), which is almost three times higher than the rate of the racial and ethnic group with the lowest rate (Hispanic women, 14.5 per 100,000). Like heart disease mortality, breast cancer mortality is highest for Black women in Florida (25.7 per 100,000).
- The prevalence of diabetes and rate of AIDS diagnosis also vary by race and ethnicity. Black women in Florida have the highest rates of diabetes (15.4 percent) and are nearly two and a half times as likely to have ever been told they have diabetes as Asian/Pacific Islander women, who have the lowest rate (6.4 percent). The disparities in the rate of AIDS diagnoses by race and ethnicity are particularly striking; the rate of diagnoses for Black women in Florida is 33.2 per 100,000 women and adolescents, more than four times greater than the rate for Florida women overall (7.6 per 100,000).

Mental Health

- The average number of days in the past month that Florida women report that their mental health was not good, 4.5 days, is slightly higher than the average number of days for women in the United States overall (4.2 days).
- Native American women in Florida experience the most days per month of poor mental health (an average of 7.7), followed by women who identify with another race or multiple races (6.6 days). Black, White, and Hispanic women report an average of 4.3, 4.4, and 4.8 days of poor mental health per month, respectively. while Asian/Pacific Islander women report the fewest days, 1.3.

Limitations on Activities

- Women in Florida report that their activities were limited by their physical or mental health for an average of 5.3 days in the preceding month, which exceeds the U.S. average of 4.8 days.
- Among Florida women, those who identify with another race or as multiracial reported the highest number of days per month of limited activities due to poor health (7.7), followed by Native American women (6.8 days).

Women with a Disability or Living with a Person with a Disability

- Nearly one in ten Florida women (9.8 percent) has a disability, which can include cognitive, ambulatory, sight, hearing, or self-care or independent living difficulties. Among the largest racial and ethnic groups, Native American women in the state are most likely to be living with a disability (24.1 percent), and Asian/Pacific Islander women are the least likely (4.4 percent).
- More women in Florida between the ages of 16 and 64 are living with a person with one or more disabilities than in the United States as a whole (15.3 percent compared with 14.9 percent, respectively). More than one in five Florida women aged 65 and older (21.7 percent) resides with a person with a disability.

Health Behaviors and Preventive Care

- Nearly half of women in Florida (49.9 percent) report that they exercise at least 150 minutes per week, yet only about one in five women (21.6 percent) say that they eat five or more servings of fruits and vegetables daily.
- Fewer than one in six women in Florida (14.8 percent) report that they smoke every day or some days and about one in ten (10.5 percent) report binge drinking in the past month (having four or more drinks at least once).
- About three-quarters (75.6 percent) of Florida women report having had a pap test in the past three years and about four in five women aged 50 and older (79.9 percent) report having had a mammogram in the past two years. Among women in Florida, nearly seven out of ten (67.8 percent) report having been screened for cholesterol in the past five years. Fewer than half of adult women in the state (43.3 percent) report having been tested for HIV in their lifetime.

Violence Against Women

- About one in four Florida women (24.2 percent) experienced unwanted sexual contact in their lifetime, and 17.2 percent were raped. Intimate partner violence is also widespread; 46.0 percent of women in Florida experienced psychological aggression from an intimate partner during their lifetime, 34.1 percent experienced physical violence, and 13.2 percent experienced sexual violence.

Policy Recommendations

Florida women's health and well-being has improved in some ways, yet not all women are equally benefitting from this progress; wide disparities persist in the health of women in the state by race and ethnicity, as well as by geography. Policymakers, public health officials, advocates, and philanthropists can address these disparities and support women who face health challenges, or care for others who do, through policies and programs to improve women's health.

- Florida has one of the lowest shares of women aged 18 to 64 with health insurance and is home to 20 percent of the nearly 3 million Americans who fall into the insurance gap because their income falls between Medicaid eligibility and the federal poverty level (Garfield and Damico 2016). Because health insurance coverage improves health outcomes and reduces out-of-pocket expenses, Florida can improve the health status of its low-income women by expanding public health programs, including Medicaid.

- Increased investment in health care services would allow more women to access health care and to receive screening and testing to promote early detection of illness or disease.

- An important component of improving Florida women's health is addressing disparities in health outcomes among women from different racial/ethnic and socioeconomic groups. Intervention and investment to tackle the most lethal diseases for women in Florida—heart disease, lung cancer, and breast cancer—can be designed with cultural sensitivity and targeted to the most-affected racial and ethnic groups and to counties where the need is greatest.

- Several policies could better support the many women in Florida who are living with a person who has one or more disabilities: passing paid family medical leave and paid sick days laws to allow working caregivers to better balance work and family responsibilities; addressing the high cost and lack of availability of long-term services and supports; and ensuring that Medicaid adequately supports low-income people and allows them to receive services in their preferred setting. Given the shortage of health care workers and the high costs of care, registered nurses should be allowed to delegate an expanded list of tasks to trained direct care workers, allowing nurses to focus on tasks they are uniquely qualified to perform, and nurse practitioners should be allowed to practice to the fullest extent of their education and training (Commission on Long-Term Care 2013).

- Florida is one of 26 states that does not mandate sex education and one of 16 states that does not mandate HIV education in schools (Guttmacher Institute 2017). Given the high number of chlamydia cases and AIDS diagnoses among women, the lack of sex education is a missed opportunity to provide information on the causes, risks, and prevention of chlamydia, HIV/AIDS, and other sexually transmitted infections.

- To ensure an adequate supply of mental health providers and high-quality care, especially for Florida's most vulnerable women and girls, Medicaid reimbursement for behavioral health services should be increased to comparable rates for Medicare or private insurance (Committee on Health Care 2006; Dormond and Afayee 2016). Florida's Agency for Health Care Administration recommended raising the Medicaid reimbursement rates for behavioral health services in a December 2016 report to the Florida Legislature (Agency for Health Care Administration 2016).

- To reduce infant mortality, Florida should ensure that all pregnant women have adequate access to prenatal and infant care.

- Improving Florida's data collection on women's experiences with violence and abuse at the county level would help researchers and policymakers develop a more complete understanding of the challenges women face and solutions to address them. As a first step toward improved data, Florida Department of Law Enforcement (FDLE) could gather detailed data on victims and perpetrators of domestic violence, including gender, through the Federal Bureau of Investigation's (FBI) Uniform Crime Report (UCR). Data on human trafficking arrests in Florida, which is not collected in a standard or systematic way across the United States, could also be collected by FDLE and submitted to the FBI for further analysis.

- To facilitate gathering reliable data, local agencies should also receive improved training to identify and appropriately address victims of violence and human trafficking. Agencies must increase their awareness of gender dynamics in violent crimes. Ultimately, it is important to invest in data collection and studies to produce consistent and reliable county-level estimates on key indicators related to women's safety, and information disaggregated by race and ethnicity.

In Florida, women's health status gets mixed results, showing improvement in some areas and worsening in others. The good news is that mortality from heart disease, lung cancer, and breast cancer has declined, and women are less likely to be diagnosed with AIDS. The bad news is that diabetes is on the rise, women of color face persistent health disparities and, compared with other states, Florida ranks poorly on a cluster of data points related to women's mental health—suicide mortality, average number of days per month of poor mental health, and average number of days per month that women have limited activity due to poor mental or physical health. To ensure that women have the good health they need to pursue work or education, attain economic security, and maintain their overall well-being, all women in Florida must have adequate access to preventive care, information about their health risks and recommended screenings, and affordable mental and physical health care services.

THE STATUS OF WOMEN IN FLORIDA BY COUNTY

Health & Well-Being

Introduction

Good health is critical to Florida women's economic well-being and ability to fully contribute to their communities. Poor health can threaten women's financial stability, employment, and education, while good health allows women to flourish in these areas of life. This report provides data on various aspects of Florida women's health, including a Health & Well-Being Composite Index comprised of nine indicators that provide a basis for ranking and grading each state in the nation. The report examines disparities among racial and ethnic groups of women and analyzes available data by county.

The Status of Women in Florida by County: Health & Well-Being is the third in a series of four publications that discuss data and recommend policies to improve Florida women's status in several key areas. The first publication, *The Status of Women in Florida by County: Poverty & Opportunity*, examines factors related to women's economic security and access to opportunity; the second, "The Status of Women in Florida by County: Population & Diversity," provides demographic data. The final report, to be released in 2018, will focus on Florida women's Employment & Earnings. Each publication describes trends over time and, whenever possible, differences by race and ethnicity.

As a resource for advocates, philanthropists, policymakers, and other stakeholders, *The Status of Women in Florida by County* series provides the research and analysis necessary to make data-driven decisions about how to prioritize investments, programs, and public policies. The goals of *The Status of Women in Florida by County* report series are to: 1) analyze and disseminate information about Florida women's progress in achieving rights and opportunities; 2) identify and measure the remaining barriers to equality; and 3) provide baseline measures for monitoring women's progress.

The Health & Well-Being Composite Score

The Health & Well-Being Composite Index compares the states' performance on nine component indicators: women's mortality rates from heart disease, breast cancer, and lung cancer; incidence of diabetes; rates of reported cases of chlamydia and AIDS diagnoses; average number of days per month that mental health is not good; average number of days per month that activities were limited due to health status; and suicide mortality. Across the country, scores based on the Health & Well-Being Composite Index range from 1.26 in Mississippi and Louisiana to 2.83 in Hawaii (Table 1), with higher scores indicating better performance in the area of women's health and well-being and corresponding to better letter grades (see Appendix I for an explanation of how the Index is calculated).

- Florida earns a grade of C- and a national ranking of 35th on the Health & Well-Being Composite Index (Table 1).

- While Florida ranks in the best third in the nation for women's heart disease and breast cancer mortality rates (ranking 13th and 15th, respectively), the state ranks 48th for the number of diagnoses of AIDS among women and in the bottom third for incidence of diabetes (rank of 39) and women's self-reported number of days of limited activities due to their health status (rank of 39; Table 1).

Table 1

How Florida Measures Up: Women's Status on the Health & Well-Being Composite Index and Its Components, 2015

	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Rate of Reported Cases of Chlamydia		Diagnoses of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
State	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	%	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
Alabama	1.31	47	F	183.6	49	37.6	33	21.7	37	14.0%	49	747.1	40	4.4	41	5.0	47	5.9	23	6.3	49
Alaska	2.18	27	C	107.6	7	38.4	35	20.3	25	7.7%	8	1,083.5	50	1.1	16	4.0	17	10.3	49	3.8	3
Arizona	2.23	23	C	107.3	6	29.8	7	19.6	17	10.3%	32	658.2	35	1.6	22	4.0	17	8.5	42	5.0	34
Arkansas	1.29	49	F	174.1	48	44.3	49	21.4	31	13.9%	48	801.0	45	2.7	33	5.1	48	7.3	37	6.1	46
California	2.50	9	B–	114.7	11	26.5	5	19.9	19	9.4%	26	621.4	29	1.6	22	4.0	17	4.7	7	4.4	16
Colorado	2.60	4	B+	101.1	3	26.4	4	18.5	6	5.9%	1	606.1	25	1.1	16	3.8	7	9.0	45	4.3	10
Connecticut	2.54	7	B–	116.8	15	32.5	13	17.8	3	8.3%	13	493.4	10	2.6	32	4.1	25	4.7	7	4.3	10
Delaware	2.02	33	C–	134.5	31	38.6	37	21.4	31	10.8%	37	645.6	33	4.1	40	4.1	25	6.1	25	4.8	28
District of Columbia	1.36	46	F	160.1	44	32.5	13	28.9	51	8.8%	20	1,337.6	51	19.2	51	4.0	17	2.6	1	4.9	31
Florida	**1.99**	**35**	**C–**	**115.6**	**13**	**33.9**	**19**	**19.4**	**15**	**10.9%**	**39**	**610.1**	**27**	**7.6**	**48**	**4.5**	**37**	**6.5**	**30**	**5.3**	**39**
Georgia	1.88	38	D+	143.2	36	33.2	15	22.2	46	11.3%	41	779.5	43	6.3	46	4.1	25	5.5	12	5.0	34
Hawaii	2.83	1	A–	98.4	2	25.8	2	17.1	1	8.4%	16	672.9	38	0.7	6	2.9	1	5.7	16	3.8	3
Idaho	2.37	17	C+	120.5	19	30.7	8	21.4	31	8.7%	19	485.7	8	0.6	4	4.0	17	9.4	47	4.0	6
Illinois	2.32	20	C+	134.7	32	37.5	31	22.0	42	9.1%	23	720.6	39	2.1	30	3.8	7	4.3	6	3.9	5
Indiana	2.00	34	C–	145.0	37	42.1	43	21.1	30	10.7%	34	609.0	26	1.7	26	4.7	41	5.6	14	4.6	20
Iowa	2.48	11	B–	126.5	26	35.8	27	18.8	11	7.9%	10	535.3	12	0.8	9	3.7	6	5.8	20	4.3	10
Kansas	2.35	18	C+	122.6	23	37.5	31	19.2	13	9.6%	27	571.5	21	1.0	13	3.9	14	6.4	29	4.3	10
Kentucky	1.50	44	D–	157.5	43	52.8	51	21.0	28	12.5%	45	541.9	15	1.5	19	4.9	44	6.3	28	6.4	50
Louisiana	1.26	50	F	170.3	47	39.5	39	23.3	50	12.7%	46	982.9	49	7.6	48	4.8	43	5.8	20	6.1	46
Maine	2.26	22	C+	119.8	18	42.3	44	18.6	8	9.7%	28	402.9	4	0.8	9	4.4	35	6.6	32	4.9	31
Maryland	2.16	28	C	134.4	30	34.4	21	22.1	45	9.7%	28	604.3	24	8.0	50	3.8	7	3.9	3	4.5	19
Massachusetts	2.51	8	B–	108.4	8	35.7	25	18.0	4	8.4%	16	448.6	6	2.7	33	4.3	31	4.0	5	4.7	25
Michigan	1.88	38	D+	160.3	45	40.3	41	21.4	31	10.0%	31	643.2	31	1.8	28	4.4	35	5.7	16	5.2	36
Minnesota	2.77	2	A–	89.1	1	33.6	16	18.7	9	7.1%	3	514.1	11	1.6	22	3.4	3	5.7	16	4.1	8
Mississippi	1.26	50	F	188.8	51	40.2	40	23.1	49	14.4%	51	801.2	46	6.4	47	5.1	48	5.5	12	5.6	43
Missouri	1.69	42	D	155.2	41	43.9	47	21.9	40	10.7%	34	645.0	32	1.6	22	4.9	44	6.7	34	5.7	45
Montana	2.06	31	C–	117.4	16	37.6	33	20.2	23	7.6%	6	558.6	17	0.9	11	3.9	14	12.2	51	5.3	39
Nebraska	2.55	6	B	116.1	14	34.0	20	20.5	27	8.6%	18	572.6	22	1.7	26	3.5	4	5.0	9	4.0	6
Nevada	1.89	37	D+	150.7	40	39.4	38	21.9	40	8.8%	20	619.1	28	3.4	37	4.3	31	8.9	44	4.7	25

Table 1 (continued)

How Florida Measures Up: Women's Status on the Health & Well-Being Composite Index and Its Components, 2015

	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Rate of Reported Cases of Chlamydia		Diagnoses of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
State	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	%	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
New Hampshire	2.40	16	B–	118.5	17	38.4	35	19.9	19	7.6%	6	311.2	1	0.3	2	4.1	25	7.7	39	4.8	28
New Jersey	2.34	19	C+	133.6	29	32.3	12	22.0	42	8.1%	12	486.7	9	4.7	42	3.8	7	3.8	2	4.7	25
New Mexico	2.06	31	C–	112.0	9	26.1	3	18.7	9	11.6%	42	876.5	47	0.7	6	4.0	17	10.2	48	5.2	36
New York	2.23	23	C	148.0	38	31.9	11	19.7	18	9.1%	23	650.9	34	4.7	42	4.0	17	3.9	3	4.4	16
North Carolina	1.82	40	D	127.3	27	36.5	29	21.0	28	11.1%	40	925.2	48	5.5	45	4.3	31	6.2	27	5.4	41
North Dakota	2.62	3	B+	115.5	12	30.7	8	17.7	2	8.9%	22	562.6	18	1.0	13	3.9	14	6.5	30	3.5	1
Ohio	1.91	36	D+	149.6	39	40.8	42	22.8	48	10.7%	34	672.8	37	1.5	19	4.6	38	5.7	16	4.9	31
Oklahoma	1.31	47	F	187.1	50	44.1	48	22.5	47	11.6%	42	761.2	42	2.0	29	4.6	38	8.3	41	6.2	48
Oregon	2.12	29	C	104.8	4	36.1	28	20.1	22	9.3%	25	552.1	16	0.9	11	5.2	50	8.1	40	5.4	41
Pennsylvania	2.10	30	C–	141.0	35	35.7	25	21.5	35	9.9%	30	538.8	13	3.0	35	4.6	38	5.8	20	4.6	20
Rhode Island	2.23	23	C	125.6	25	42.5	45	18.5	6	8.3%	13	563.4	19	4.0	39	4.2	30	5.0	9	4.8	28
South Carolina	1.77	41	D	139.1	34	35.5	24	21.5	35	11.7%	44	795.1	44	5.1	44	4.7	41	6.6	32	5.2	36
South Dakota	2.46	13	B–	113.3	10	33.7	17	19.0	12	8.3%	13	667.9	36	1.4	18	2.9	1	8.5	42	4.2	9
Tennessee	1.59	43	D	164.9	46	42.8	46	22.0	42	12.7%	46	628.9	30	3.0	35	4.9	44	6.0	24	5.6	43
Texas	2.20	26	C	135.1	33	29.3	6	19.9	19	10.6%	33	752.4	41	3.9	38	3.6	5	5.4	11	4.6	20
Utah	2.57	5	B	130.0	28	15.8	1	20.2	23	6.6%	2	389.8	3	0.6	4	4.3	31	10.4	50	3.7	2
Vermont	2.49	10	B–	120.7	20	37.1	30	19.2	13	7.3%	5	425.5	5	0.7	6	3.8	7	7.2	35	4.3	10
Virginia	2.28	21	C+	124.8	24	34.4	21	21.7	37	10.8%	37	563.9	20	2.4	31	3.8	7	5.6	14	4.4	16
Washington	2.42	14	B–	105.5	5	33.8	18	20.3	25	7.9%	10	539.3	14	1.5	19	4.1	25	7.4	38	4.6	20
West Virginia	1.42	45	F	156.6	42	44.7	50	21.7	37	14.2%	50	368.3	2	1.0	13	5.4	51	7.2	35	7.0	51
Wisconsin	2.48	11	B–	121.6	22	35.0	23	19.4	15	7.8%	9	574.9	23	0.5	3	3.8	7	6.1	25	4.3	10
Wyoming	2.41	15	B–	121.5	21	31.1	10	18.4	5	7.2%	4	484.8	7	0.0	1	4.0	17	9.2	46	4.6	20
United States				**133.2**		**34.5**		**20.6**		**10.0%**		**645.5**		**3.2**		**4.2**		**5.8**		**4.8**	

Notes: Data on heart disease, lung cancer, and breast cancer, and suicide mortality are from 2013-2015 and include women of all ages; reported cases of chlamydia are from 2015 and include women of all ages; data on diabetes, poor mental health, and limited activities are from 2015 and include women aged 18 and older; and data on AIDS diagnoses are from 2015 and include women aged 13 and older. See Methodology for more information.
Sources: See Methodology.

Trends in Health & Well-Being

Among women in Florida, health has improved in some areas and worsened in others. Since the publication of IWPR's 2004 *Status of Women in the States* report, Florida's grade on the Health & Well-Being Composite Index improved from a D+ to a C-, and its rank has risen from 38th in the nation to 35th. Florida women's mortality rates from heart disease, breast cancer, and lung cancer have dropped, and the rate of AIDS diagnosis has substantially declined. Yet, women's suicide mortality rates, incidence of diabetes, and rate of reported cases of chlamydia have risen, and women report more days per month of poor mental health and limited activities due to poor health than they did at the publication of the 2004 report.

What Has Improved

- Florida women's mortality rate from heart disease declined by 41.1 percent between 2001 and 2015, from a rate of 196.3 per 100,000 women of all ages in 2001 to 115.6 in 2015 (Table 2).[1] Women's mortality from lung cancer decreased by 19.9 percent during this time period, from a rate of 42.3 per 100,000 Florida women of all ages to a rate of 33.9. Breast cancer mortality rate declined by 19.8 percent, from a rate of 24.2 per 100,000 women in 2001 to 19.4 in 2015.

- The rate of AIDS diagnosis among female adolescents and adults in Florida has decreased by 63.8 percent, from 21.0 per 100,000 in 2001 to 7.6 in 2015 (Table 2).

What Has Worsened

- The percentage of Florida women aged 18 and older who reported that they have ever been told they have diabetes increased between 2001 and 2015, from 7.3 percent to 10.9 percent (Table 2).

- The rate of reported cases of chlamydia in Florida increased from 414.2 per 100,000 women of all ages in 2002 to 610.1 in 2015, in line with the national trend (Table 2). Because chlamydia often causes no symptoms in women, the increase in reported cases may be a result of successful efforts encouraging women to get tested and may result in better treatment and outcomes (Healio 2009).

- The rate of Florida women's mortality due to suicide increased from 5.5 per 100,000 women of all ages in 2001 to 6.5 per 100,000 women in 2015 (Table 2).[2] The average number of days per month that women in Florida reported poor mental health also increased, from 3.7 days in 2000 to 4.5 days in 2015 (Table 2).

- Florida women's average number of days per month of limited activities due to poor mental or physical health also increased between 2000 and 2015, from 4.5 days to 5.3 days (Table 2).

[1] Heart disease, lung cancer, and breast cancer mortality data are three-year averages (1999-2001 and 2013-2015).
[2] Suicide mortality data are three-year averages (1999-2001 and 2013-2015).

Table 2

Florida's Progress on Key Indicators of Women's Health & Well-Being

	2004 Status of Women in the States	2017 Status of Women in Florida by County	Has the State Made Progress?
Heart Disease Mortality Rate	196.3	115.6	Yes
Lung Cancer Mortality Rate	42.3	33.9	Yes
Breast Cancer Mortality Rate	24.2	19.4	Yes
Rate of AIDS Diagnoses	21.0	7.6	Yes
Incidence of Diabetes	7.3%	10.9%	No
Rate of Reported Cases of Chlamydia	414.2	610.1	No
Days of Poor Mental Health	3.7	4.5	No
Suicide Mortality	5.4	6.5	No
Days of Limited Activities	4.5	5.3	No

Note: See Methodology for details about each indicator.
Sources: For 2004 data, see Caiazza et al. (2004). For current data sources, see Methodology.

Chronic Disease

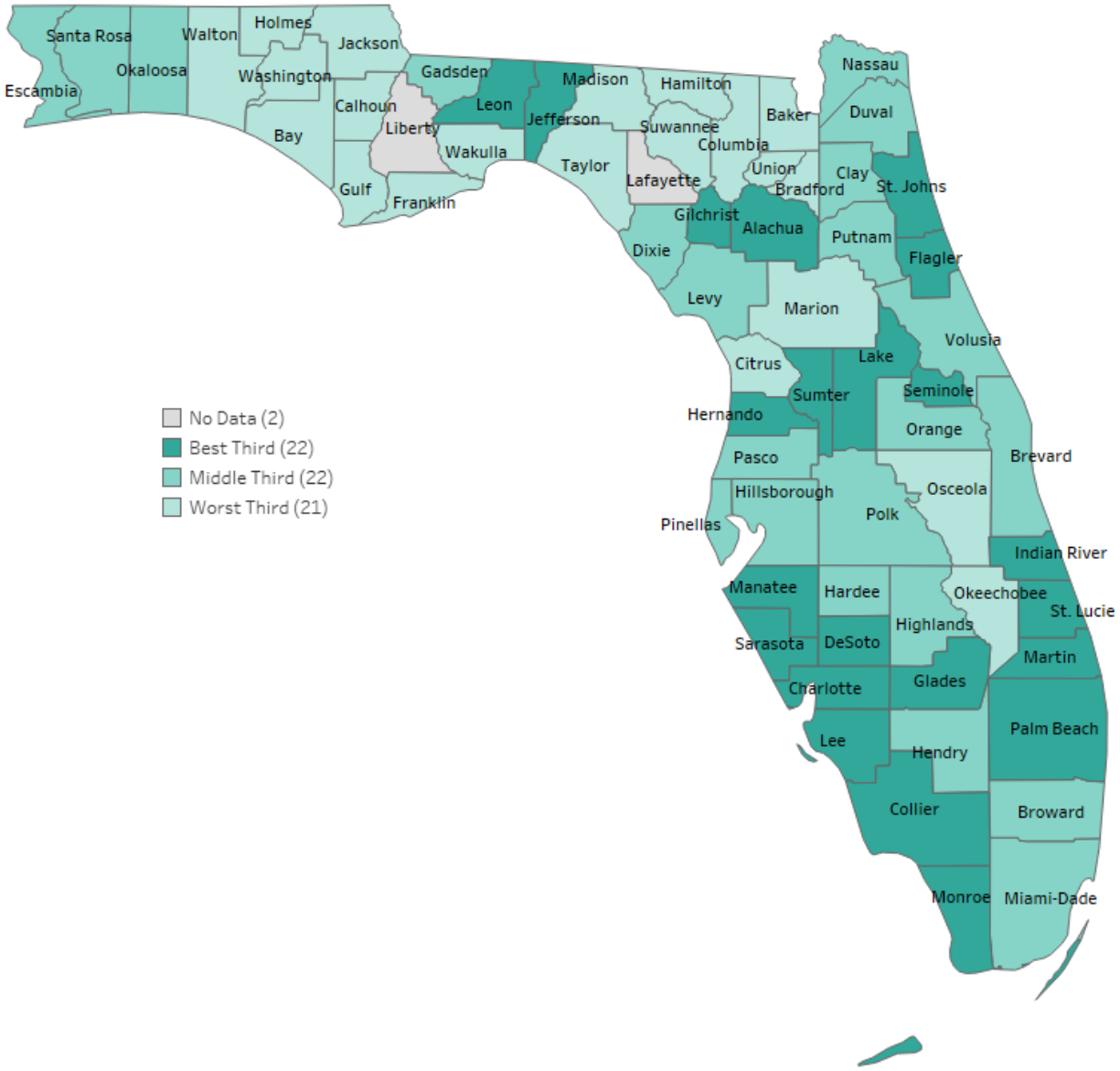
Heart Disease

Heart disease is the leading cause of mortality for women in the United States, responsible for one in four female deaths (Centers for Disease Control and Prevention 2017b). Mortality rates from heart disease vary substantially by race and ethnicity. In the United States and in Florida, Black women have the highest rates of heart disease mortality among women of all races and ethnicities (Appendix Table 2; Figure 1). Risk factors such as hypertension and obesity disproportionately affect Black women; in the United States overall, Black women have higher average blood pressures than White women and nearly 75 percent of Black women are overweight or obese (Anderson et al. 2016; Lackland 2014).

- In the United States, the rate of mortality from heart disease is 133.2 per 100,000 women of all ages (Table 1), meaning that more than 133 in 100,000 women die of heart disease each year. The heart disease mortality rate in Florida is 115.6 per 100,000, earning Florida a rank of 13 among the 50 states and the District of Columbia (Table 1).
- Heart disease mortality varies widely across the counties in Florida. The counties with the highest rates of women's mortality from heart disease are Holmes (236.7 per 100,000), Union (217.7 per 100,000), Madison (210.6 per 100,000), and Washington (202.1 per 100,000; Appendix Table 3 and Map 1). A total of 29 Florida counties have mortality rates from heart disease that are greater than the national average of 133.2 per 100,000 (Appendix Table 3 and Map 1).
- The counties with women's lowest rates of mortality from heart disease are Collier (68.8 per 100,000), Sarasota (78.6 per 100,000), and Martin (83.6 per 100,000; Appendix Table 3 and Map 1).
- While the heart disease mortality rate for all women in Florida is 115.6 per 100,000, the rate for Black women is 143.2 per 100,000 (Figure 1). This rate is 23 percent higher than the rate for White women, who have the second highest rates of heart disease mortality (116.4 per 100,000). Hispanic, Asian/Pacific Islander, and Native American women have the lowest rates (99.4, 58.5, and 56.4 per 100,000, respectively; Figure 1).

Map 1

Heart Disease Mortality Rates, Florida Counties, 2015



Notes: Three-year (2013-2015) data are used. Mortality rates are average annual rates per 100,000 population, include women of all ages, and are age-adjusted to the 2000 U.S. standard population.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2016f).

Cancer

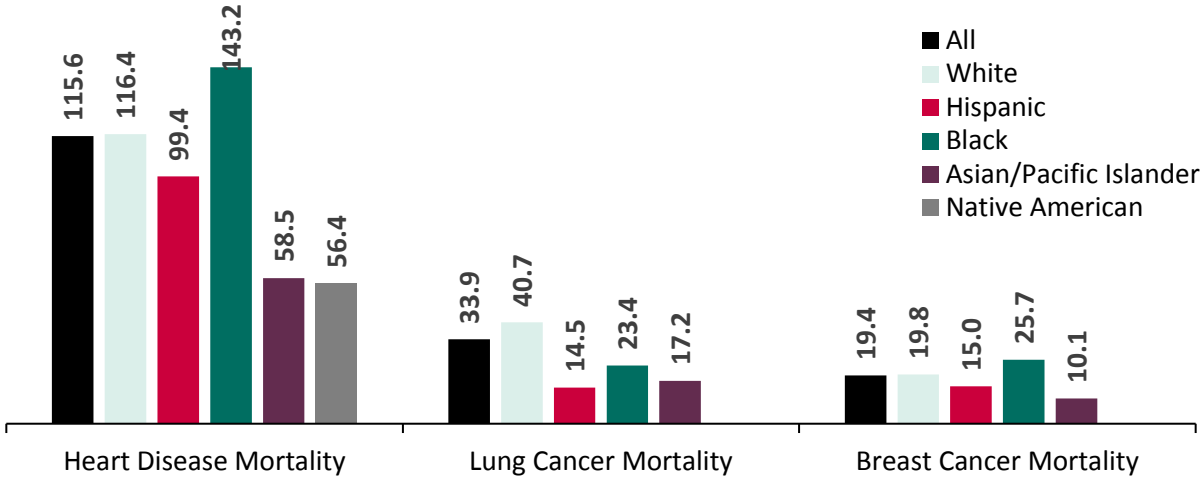
Cancer is the second leading cause of death for all women in the United States (Centers for Disease Control and Prevention 2017a). Lung cancer and breast cancer are the two most common and lethal cancers among women (Centers for Disease Control and Prevention 2015b). Nationally, the mortality rate from lung cancer among women of all ages is 34.5 per 100,000, which represents a decline in the mortality rate among women from this disease since 1999–2001, when the rate was 41.0 per 100,000

(Table 1; Caiazza et al. 2004). Though lung cancer is the leading cause of cancer death among women in Florida, lung cancer mortality has been declining.

- In the United States overall and in Florida, women have significantly lower rates of mortality from lung cancer than men (Table 1; Appendix Table 1). Still, for women in Florida the rate of mortality from lung cancer is 33.9 per 100,000 (Table 1).
- Lung cancer mortality among women varies widely across Florida's counties (Map 2). The counties with the highest mortality rates are Wakulla (67.6 per 100,000), Okeechobee (67.0 per 100,000), and Calhoun (63.5 per 100,000; Appendix Table 3 and Map 2). Nearly 45 Florida counties have mortality rates from lung cancer that are greater than the national average for women of 34.5 per 100,000 (Appendix Table 3).
- Women in Miami-Dade County have the lowest rate of mortality from lung cancer at 18.5 per 100,000; Miami-Dade is the only county in Florida with a rate below 20 per 100,000 (Appendix Table 3 and Map 2). The second-ranking county, Osceola, has a much higher mortality rate of 25.1 per 100,000 (Appendix Table 3).
- In Florida, White women have the highest lung cancer mortality rate at 40.7 per 100,000, a much higher rate than among Black women, who rank second highest with a rate of 23.4 per 100,000 (Figure 1). Hispanic and Asian/Pacific Islander women have the lowest rates (14.5 and 17.2 per 100,000, respectively).
- White women in Florida have a higher rate of mortality from lung cancer than White women in the United States as a whole (40.7 per 100,000 compared with 38.2 per 100,000; Figure 1 and Appendix Table 2). Hispanic women in Florida also have a higher lung cancer mortality rate than their counterparts in the United States (14.5 per 100,000 compared with 13.1 per 100,000; Figure 1 and Appendix Table 2). Asian/Pacific Islander, Native American, and Black women in Florida have lower lung cancer mortality rates than their counterparts in the nation overall.

Figure 1

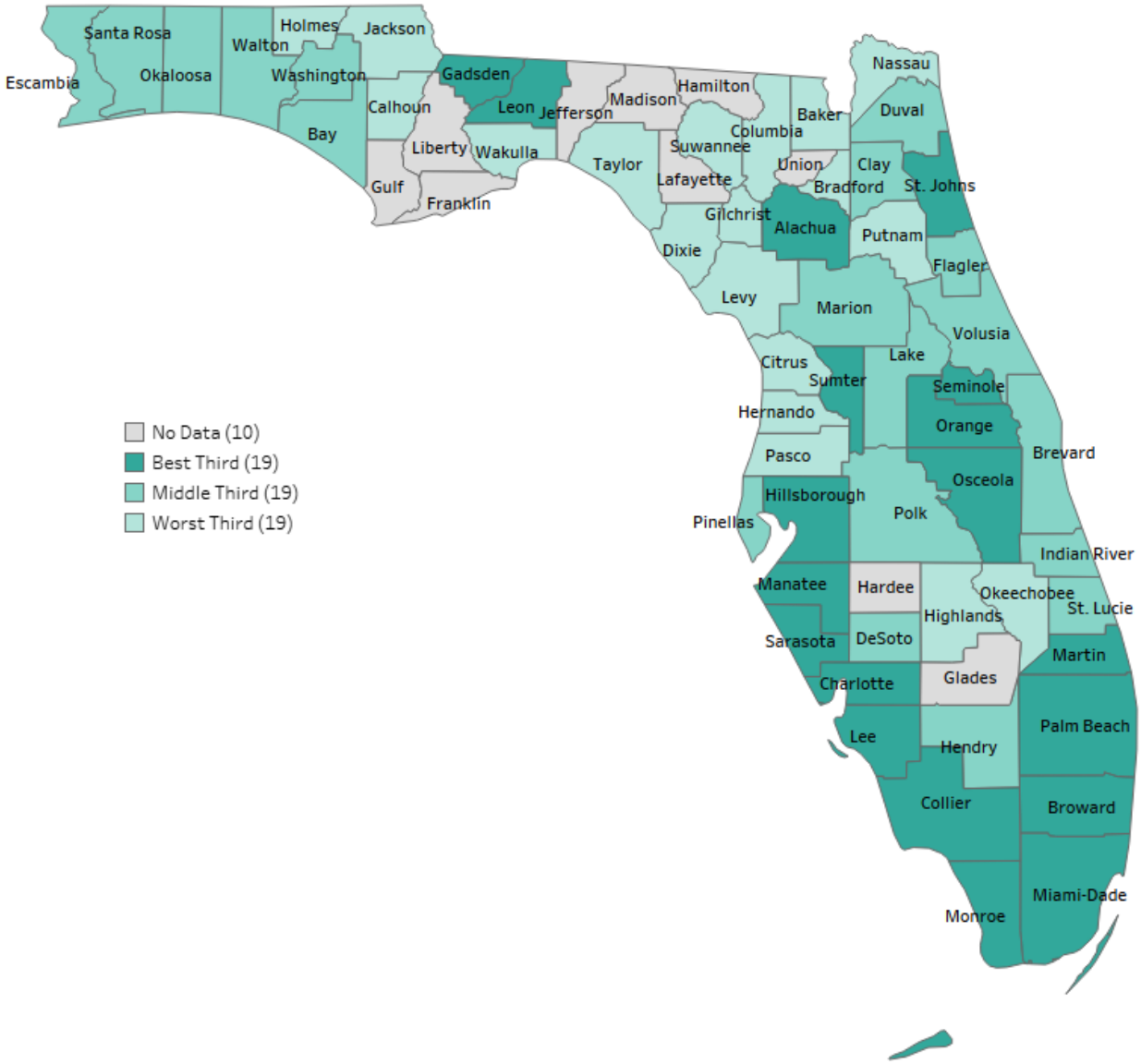
Heart Disease, Lung Cancer, and Breast Cancer Mortality Rates Among Florida Women, by Race and Ethnicity, 2015



Notes: Three-year (2013-2015) data are used. Mortality rates are average annual rates per 100,000 population, include women of all ages, and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Data are not available for those who identify as another race or as two or more races. Data for Native American women are only available for heart disease mortality.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2016f).

Map 2

Lung Cancer Mortality Rates, Florida Counties, 2015



Notes: Three-year (2013-2015) data are used. Mortality rates are average annual rates per 100,000 population, include women of all ages, and are age-adjusted to the 2000 U.S. standard population.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2016f).

Though lung cancer is the deadliest cancer for women in the United States, breast cancer is the most common form of the disease. Approximately 252,710 new cases of breast cancer and 40,610 deaths are expected among the nation's women in 2017 (American Cancer Society 2017). Nationally, the mortality rate for women of all ages from breast cancer is 20.6 per 100,000 (Table 1). Like lung cancer mortality, breast cancer mortality among women in Florida has been decreasing; however, breast cancer mortality varies by county.

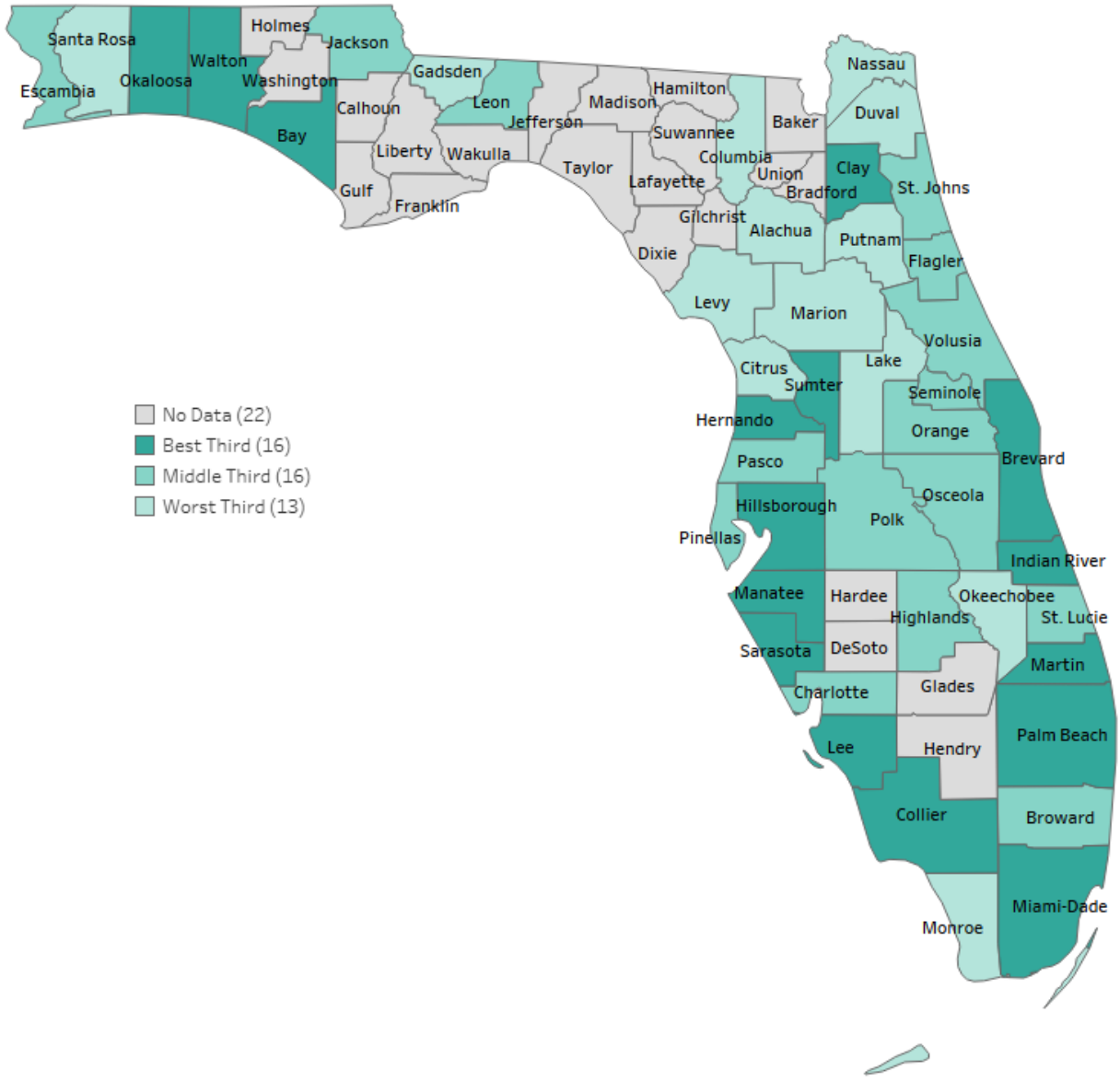
- Among the 45 counties with reliable data, those with the highest rates of mortality from breast cancer are Okeechobee (28.0 per 100,000), Levy (26.4 per 100,000), and Columbia (26.0 per 100,000; Appendix Table 3 and Map 3).

- Collier County has the lowest rate of women's mortality from breast cancer at 12.5 per 100,000, followed by Indian River County (14.8 per 100,000) and Hernando County (16.0 per 100,000; Appendix Table 3 and Map 3).

- Black women in Florida have the highest breast cancer mortality rate (25.7 per 100,000 women), followed by White women (19.8 per 100,000), then Hispanic women (15.0 per 100,000). Asian/Pacific Islander women in the state have the lowest rate (10.1 per 100,000 women).

Map 3

Breast Cancer Mortality Rates, Florida Counties, 2015



Notes: Three-year (2013-2015) data are used. Mortality rates are average annual rates per 100,000 population, include women of all ages, and are age-adjusted to the 2000 U.S. standard population.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2016f).

Diabetes

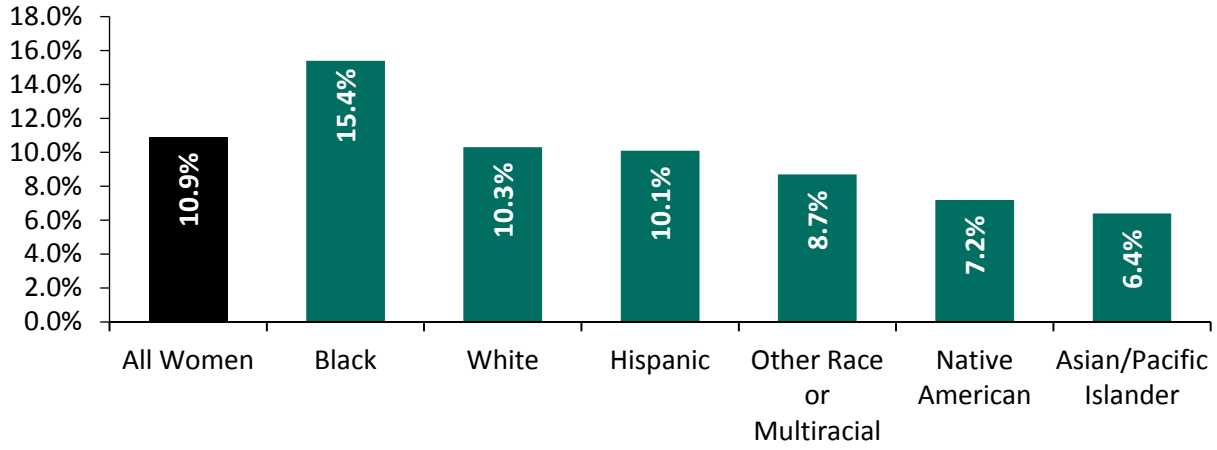
In the United States, there are more than 29 million people living with diagnosed or undiagnosed diabetes (Centers for Disease Control and Prevention 2016e). Elevated rates of diabetes are concerning, since diabetes can considerably increase the risk of developing heart disease or stroke, blindness, kidney disease, and other serious health conditions (Centers for Disease Control and Prevention 2016e).

- The incidence of diabetes among women in Florida in 2015 was 10.9 percent, slightly lower than the incidence among Florida men (11.7 percent).[3]

- Among women in Florida, Black women have the highest rates of diabetes (15.4 percent) and are nearly two and a half times as likely as Asian/Pacific Islander women, who have the lowest rate (6.4 percent), to have ever been told they have diabetes (Figure 2). Furthermore, Black women are a full five percentage points more likely to have been told they have diabetes than White women, who have the second highest rate at 10.3 percent (Figure 2).

Figure 2

Percent of Florida Women Who Have Ever Been Told They Have Diabetes, by Race and Ethnicity, 2015



Notes: One-year data are used for all women and three-year data (2013-2015) are used for racial and ethnic categories. Percent of women who have ever been told they have diabetes. Data include those who are aged 18 and older. Racial categories are non-Hispanic.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (2017a).

HIV/AIDS

In the United States, the majority of those with HIV infections and newly diagnosed AIDS cases are men; however, women—and particularly women of color—are also profoundly affected by HIV/AIDS. The number of AIDS diagnoses among female adolescents and adults in Florida has significantly declined, but despite this progress the state ranks 48th in the country for the percent of women who have been diagnosed with AIDS (7.6 per 100,000; Table 1).

- In the United States and in Florida, Black women are disproportionately diagnosed with AIDS (Appendix Table 2 and Figure 3). Black women in Florida have the highest rate of AIDS diagnoses at

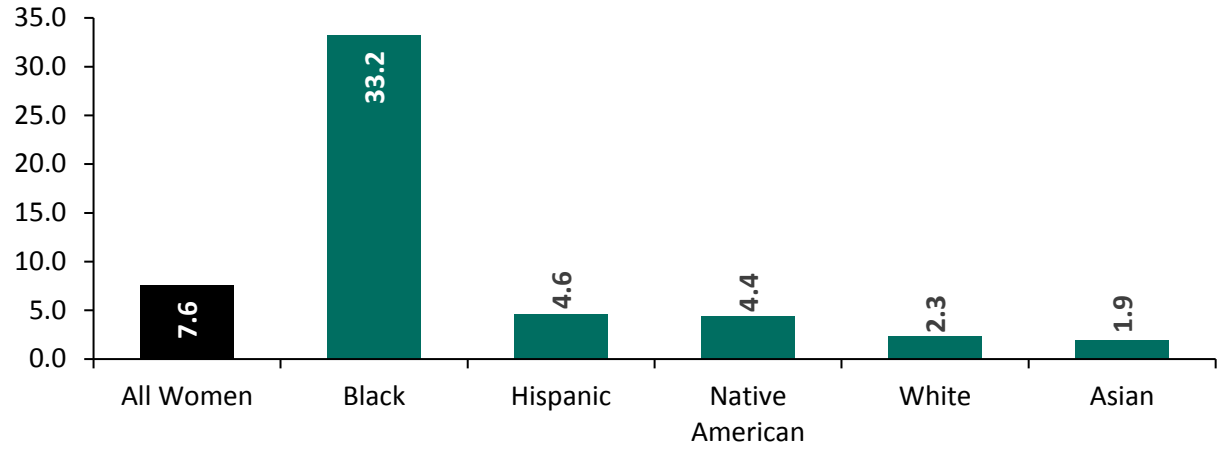
[3] For data for four metropolitan areas in Florida (Jacksonville, Miami-Fort Lauderdale-West Palm Beach, Orlando-Kissimmee-Sanford, and Tampa-St. Petersburg-Clearwater), see Appendix Table 4.

33.2 per 100,000 and are more than 17 times as likely to be diagnosed with AIDS as Asian women, who have the lowest incidence rate for AIDS (1.9 per 100,000; Figure 3). Black women are also seven times more likely to be diagnosed with AIDS than Hispanic women, who have the second highest rate (4.6 per 100,000) and are over fourteen times more likely to be diagnosed with AIDS than White women in the state (2.3 per 100,000; Figure 3).

- For each racial and ethnic group shown in Appendix Table 2, the rate of AIDS diagnoses is higher for women in Florida than for women in the United States as a whole. Among Black women, the difference is especially large: Black women in Florida are more than two times as likely as Black women in the United States overall to be diagnosed with AIDS (33.2 per 100,000 compared with 16.2 per 100,000; Figure 3 and Appendix Table 2).

Figure 3

AIDS Diagnoses Among Florida Women, by Race and Ethnicity, 2015



Notes: Data are per 100,000 population and include women aged 13 and older. Racial categories are non-Hispanic. Asian does not include Native Hawaiian or Pacific Islanders. Data are not available for women of another race or multiple races.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015d).

Chlamydia

Chlamydia is the most commonly reported sexually transmitted infection among women in the United States (Centers for Disease Control and Prevention 2016d) and is much more common among women than men (645.5 per 100.000 compared with 305.2 per 100,000, respectively; Table 1 and Appendix Table 1). Since between 70 and 95 percent of women with chlamydia do not experience symptoms, the infection often goes undiagnosed; if left untreated, chlamydia can lead to pelvic inflammatory disease, which is a common cause of infertility and ectopic pregnancy-related complications (Centers for Disease Control and Prevention 2016b).

- Florida ranks 27th in the nation for the rate of reported cases of chlamydia among women, with 610.1 cases reported for every 100,000 women of all ages (Table 1).

- Women's rate of chlamydia in Florida is more than twice that of men's (610.1 per 100,000 compared with 291.4 per 100,000; Table 1 and Appendix Table 1). Women's higher rate of chlamydia diagnosis may be attributed to their greater likelihood of visiting a doctor than men and their biological predisposition to certain sexually transmitted infections (Centers for Disease Control and Prevention 2011).

Mental Health

Women are more likely than men to suffer from certain mental health conditions, including mood and anxiety disorders (Eaton et al. 2012). Many factors contribute to women's greater likelihood of being diagnosed with such conditions, including higher rates of poverty (Heflin and Iceland 2009) and trauma from gender-based violence (Smith et al. 2017). In addition, research suggests that women are more likely than men to report or seek services for mental health issues (Blumberg, Clarke, and Blackwell 2015).

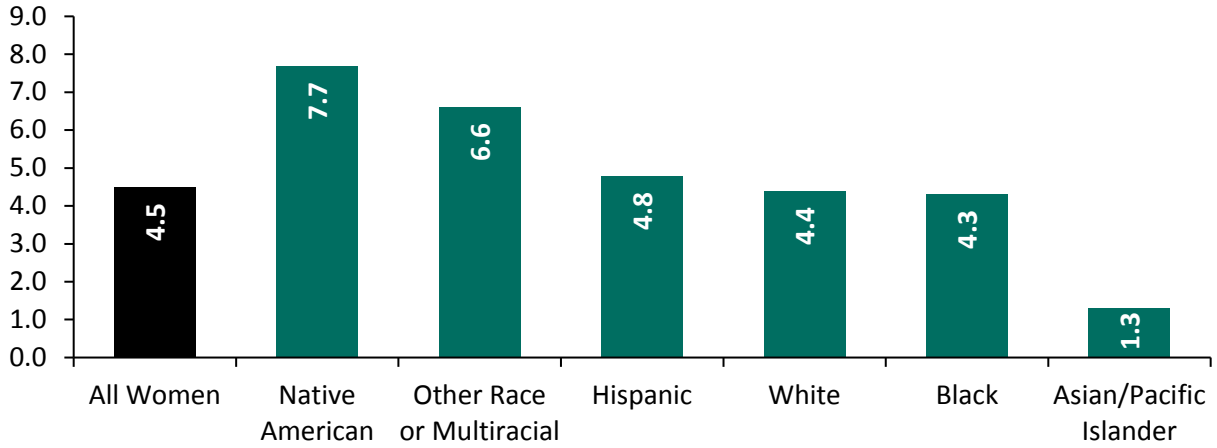
Poor Mental Health

The Behavioral Risk Factor Surveillance Survey asks U.S. women and men aged 18 and older to report on their mental health, including stress, depression, and problems with emotions. In 2015, women in the United States reported an average of 4.2 days per month on which their mental health was not good (Table 1). The number of poor mental health days that women reported experiencing was higher than the average number of poor mental health days per month reported by men (3.2; Appendix Table 1).

- In Florida, the mean number of days per month that women's mental health was not good was 4.5 (Table 1).[4]
- Women's self-reported number of days per month of poor mental health is lowest for Asian/Pacific Islander women in Florida (1.3 days; Figure 4).
- Native American women experience the most days of poor mental health (7.7 days), followed by women who identify with another race or as multiracial (6.6 days; Figure 4).

Figure 4

Average Number of Days per Month of Poor Mental Health Among Florida Women, by Race and Ethnicity, 2015



Notes: One-year data are used for all women and three-year data (2013-2015) are used for racial and ethnic categories. Mean number of days in the past 30 days on which mental health was not good, as self-reported by female respondents aged 18 and older to the BRFSS survey. Racial categories are non-Hispanic.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (2017a).

[4] For data for four metropolitan areas in Florida (Jacksonville, Miami-Fort Lauderdale-West Palm Beach, Orlando-Kissimmee-Sanford, and Tampa-St. Petersburg-Clearwater), see Appendix Table 4.

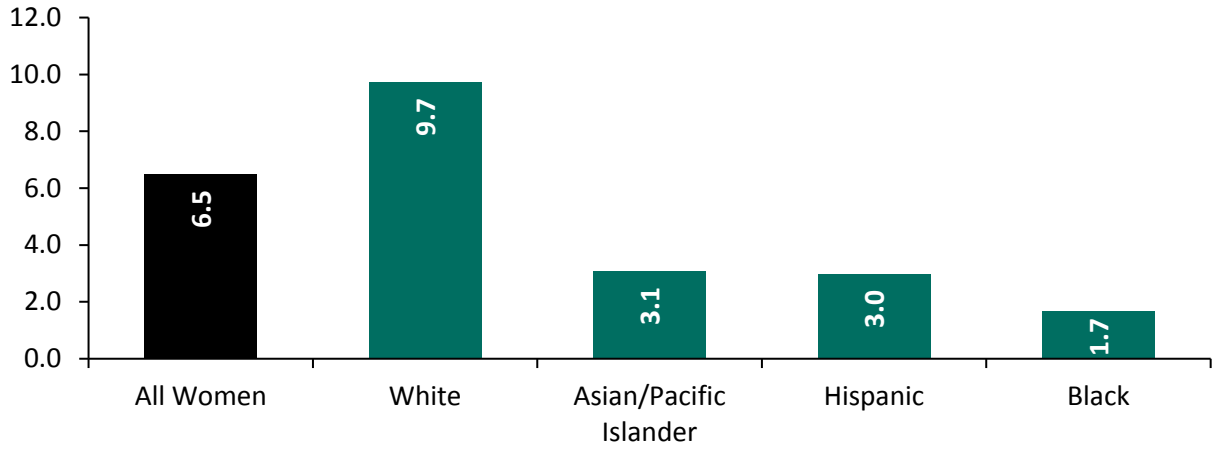
Suicide

In the United States and Florida, women are much less likely than men to commit suicide; however, women are as likely as men to engage in suicidal behaviors, such as making plans to commit suicide, and are more likely to have suicidal thoughts (Crosby et al. 2011). Women are three times as likely as men to attempt suicide (Drapeau and McIntosh 2015), but men are more likely than women to complete suicide because they choose more violent and immediately lethal means (Tsirigotis, Gruszczynski, and Tsirigotis 2011). The national suicide mortality rate for women of all ages in 2015 was 5.8 per 100,000 (Table 1).[5]

- In Florida, the rate of mortality by suicide is 6.5 per 100,000 women of all ages (Table 1).
- White women in Florida, who have a suicide mortality rate of 9.7 per 100,000, are more than three times as likely as Asian/Pacific Islander and Hispanic women, the groups of women with the second and third highest rates, to commit suicide (Figure 5). Black women have the lowest suicide mortality rate at 1.7 per 100,000, nearly four times lower than the rate of all Florida women.

Figure 5

Suicide Mortality Among Florida Women by Race and Ethnicity, 2015



Notes: Three-year data (2013-2015) are used. Mortality rates are average annual rates per 100,000 population, include women of all ages, and are age-adjusted to the 2000 U.S. standard population. Racial categories are non-Hispanic. Data are not available for Native American women or those who identify as another race or multiracial.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2015c).

Limitations on Activities

A number of factors, including illness, disability, or poor mental or physical health, can threaten women's ability to fully participate in their families, workplaces, and communities. In 2015, U.S. women aged 18 and older responding to the Behavioral Risk Factor Surveillance Survey reported that their activities were limited by their physical or mental health status for an average of 4.8 days in the month preceding the survey (Table 1). Women in Florida reported that their activities were limited by their health on an average of 5.3 days per month (Table 1), earning Florida a ranking of 39th in the country.[6]

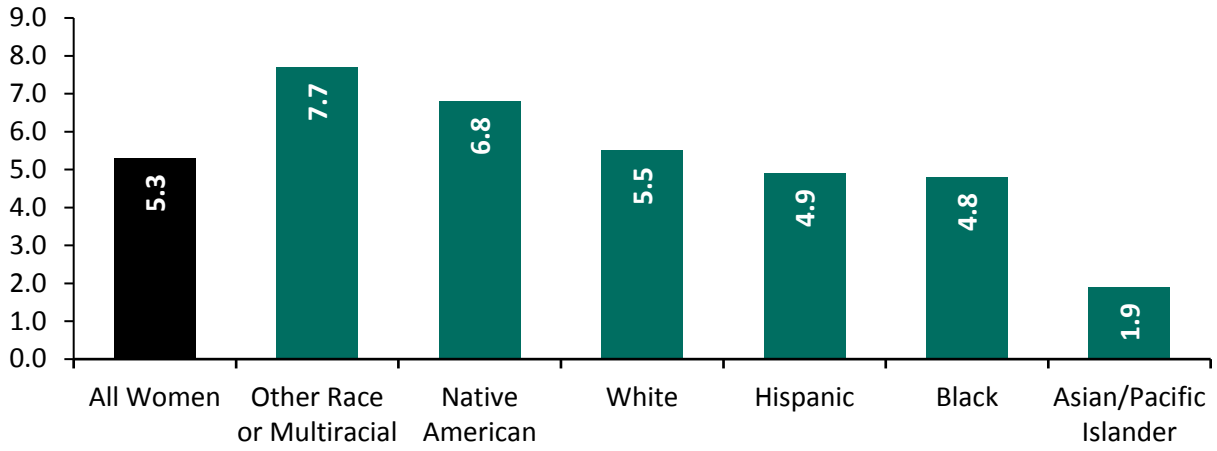
[5] Suicide mortality data are three-year averages (2013-2015).
[6] For data for four metropolitan areas in Florida (Jacksonville, Miami-Fort Lauderdale-West Palm Beach, Orlando-Kissimmee-Sanford, and Tampa-St. Petersburg-Clearwater), see Appendix Table 4.

Women's activity limitations vary by race and ethnicity.

- In Florida, women who identify with another race or as multiracial, White women, and Hispanic women have a higher average number of days per month of limited activities than women of these racial and ethnic backgrounds in the United States as a whole (Figure 6; Appendix Table 2). Asian/Pacific Islander, Black, and Native American women in Florida, however, report fewer days of limited activities than their counterparts in the rest of the country.
- In Florida, women who identify with another race or as multiracial have the highest number of days of limited activities (7.7 days per month), followed by Native American women (6.8 days; Figure 6).
- Asian/Pacific Islander women report the fewest days of limited activities (1.9 days per month) among women of all racial/ethnic groups in Florida and the United States (Figure 6; Appendix Table 2).

Figure 6

Average Number of Days per Month of Limited Activities Among Florida Women, by Race and Ethnicity, 2015



Notes: One-year data are used for all women and three-year data (2013-2015) are used for racial and ethnic categories. Mean number of days in the past 30 days on which activities were limited due to poor physical or mental health, as self-reported by female respondents aged 18 and older to the BRFSS survey. Racial categories are non-Hispanic.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (2017a).

Women with a Disability or Living with a Person with a Disability

Florida ranks poorly on the Long-Term Services and Supports (LTSS) State Scorecard, created by the AARP (American Association of Retired Persons) Public Policy Institute to measure states on the care and services available to the elderly, those with disabilities, and their family members who are caregivers (Reinhard et al. 2017). Long-term services and supports (LTSS) encompass a range of supports including personal care, help with household tasks, social services, and medical care provided to either the person requiring services or their unpaid caregiver. In all three LTSS Scorecards (2011, 2014, and 2017), Florida has ranked in the bottom ten of states overall (Reinhard et al. 2017). Florida ranks worst in the nation on nurse delegation and nurse practitioner scope of practice. Registered nurses are not allowed to delegate some tasks to aides, sometimes resulting in more expensive care and increasing the stress on family caregivers who may perform the routine tasks themselves, and nurse practitioners are restricted from fully and independently providing a full range of care (Reinhard et al. 2017).

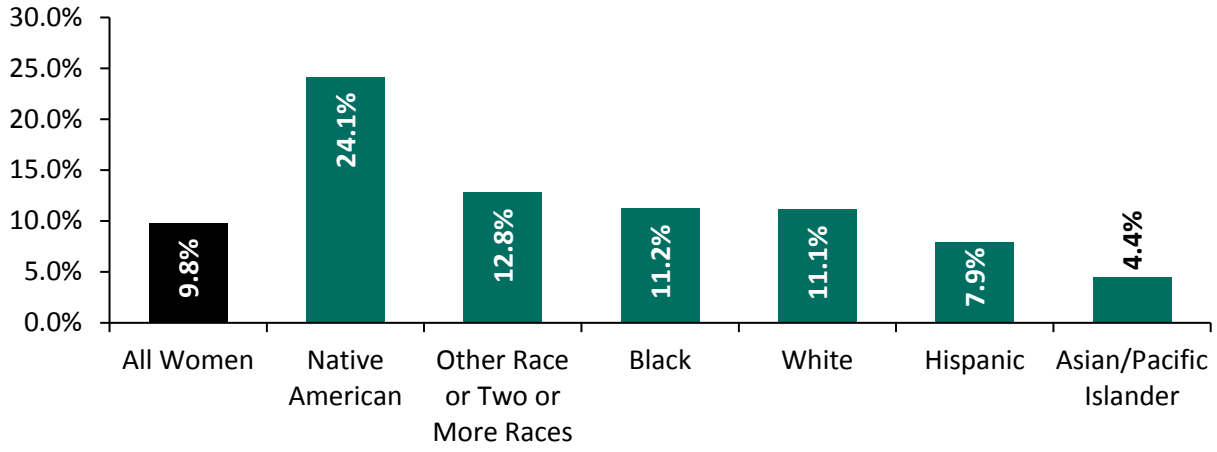
Living with a disability or caring for someone with a disability can limit women's ability to participate fully in their communities and the labor force. In the United States, 10.6 percent of women between the ages of 21 and 64, and 11.3 percent of men of the same age range, experience cognitive, ambulatory, sight, hearing, or self-care or independent living difficulties (Institute for Women's Policy Research 2017b). In Florida, fewer individuals are living with a disability (9.8 percent of women and 11.2 percent of men; Figure 7 and Institute for Women's Policy Research 2017b); however, slightly more women between the ages of 16 to 64 are living with someone who has one or more disabilities in Florida than in the United States as a whole (15.3 compared with 14.9 percent; Institute for Women's Policy Research 2017b).[7] Among women in Florida aged 65 and older, the share living with someone with a disability is considerably higher than the share of women aged 16 to 64 who live with a person with a disability (21.7 percent; Institute for Women's Policy Research 2017b).

Disability status varies by race and ethnicity.

- Among women aged 21–64 from the racial and ethnic groups shown in Figure 7, Native American women in Florida are the most likely to live with a disability (24.1 percent; Figure 7). Native American women are nearly two times as likely as women who identify with another race or two or more races, the group with the second highest disability rate, to live with a disability.
- About 11 percent of White and Black women in Florida live with a disability (Figure 7).
- Hispanic and Asian/Pacific Islander women are the least likely to live with a disability (7.9 and 4.4 percent, respectively; Figure 7).

Figure 7

Percent of Florida Women with a Disability, by Race and Ethnicity, 2015



Note: Disability includes cognitive, ambulatory, sight, hearing, and self-care or independent living difficulties. Data include women aged 21-64. Racial categories are non-Hispanic. Data for all women are from 2015; data by race and ethnicity are three-year estimates (2013-2015).
Source: IWPR analysis of American Community Survey 2013-2015 microdata (Integrated Public Use Microdata Series, Version 6.0).

[7] The percent of women living with a person with one or more disabilities includes women aged 16 to 64 who live with someone aged 15 or older who needs assistance with one or more of the following: hearing; vision; cognitive tasks because of difficulty remembering, concentrating, or making decisions; walking or climbing stairs; bathing or dressing; and doing errands such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem.

Obesity and Healthy Weight

Across the United States, increasing rates of obesity are causing concern among public health experts. Individuals who are obese are at risk for stroke, type 2 diabetes, and heart disease (Centers for Disease Control and Prevention 2015a). In Florida, nearly six in ten women (56.5 percent) aged 18 and older are overweight or obese (classified as having a body mass index of 25 or greater; Institute for Women's Policy Research 2017a).

- Black women in Florida are more likely to be overweight or obese (72.8 percent) than women from any other racial/ethnic background (Institute for Women's Policy Research 2017a).
- Hispanic women are the second most likely to be overweight or obese (58.8 percent), followed by women who identify with another race or two or more races (56.1 percent) and White women (52.4 percent; Institute for Women's Policy Research 2017a).
- Native American and Asian/Pacific Islander women are the least likely to be overweight or obese (at 45.7 and 30.6 percent, respectively; Institute for Women's Policy Research 2017a).

Health Behaviors and Preventive Care

Health-related behaviors and practices can either improve or undermine women's health and overall well-being.[8]

- In Florida, about half of women aged 18 and older (49.9 percent) report exercising at least 150 minutes per week (Table 3). Asian/Pacific Islander women are the most likely to say they get this much exercise (61.2 percent), followed by women who identify with another race or two or more races (58.3 percent) and White women (53.4 percent; Table 3). Black women (39.7 percent), Native American women (40.9 percent), and Hispanic women (45.6 percent; Table 3) are the least likely to report exercising at least 150 minutes per week.
- Only 21.6 percent of women aged 18 and older in Florida say they eat five or more servings of fruits and vegetables every day (Table 3). Native American (19.2 percent), White (20.6 percent), and Hispanic women (21.4 percent) are the least likely to eat this amount of fruits and vegetables daily. Women who identify with another race or two or more races (30.1 percent), Asian/Pacific Islander women (26.5 percent), and Black women (24.2 percent) are the most likely (Table 3).
- In Florida, fewer than one in six adult women (14.8 percent; Table 3) report that they have smoked 100 or more cigarettes in their lifetime and now smoke every day or some days. Asian/Pacific Islander women are the least likely to smoke (5.1 percent), and Native American women are the most likely (43.0 percent; Table 3).
- About one in ten (10.5 percent) women in Florida aged 18 and older report binge drinking (having consumed four or more drinks on at least one occasion during the preceding month; Table 3). Women who identify with another race or two or more races are the most likely to report binge drinking (14.5 percent), followed by Native American (12.2 percent) and White women (11.8 percent). Asian/Pacific Islander (6.9 percent), Black (7.4 percent), and Hispanic (8.9 percent) women are the least likely to report having engaged in binge drinking in the past month.
- Three out of four (75.6 percent) women aged 18 and older in Florida report having had a pap test in the past three years (Table 3). Black women (87.9 percent) are the most likely to say they have had a pap test, followed by Asian/Pacific Islander women (83.1 percent), Hispanic women (81.3 percent),

[8] For data for four metropolitan areas in Florida (Jacksonville, Miami-Fort Lauderdale-West Palm Beach, Orlando-Kissimmee-Sanford, and Tampa-St. Petersburg-Clearwater), see Appendix Table 5.

and women of another race or two or more races (81.1 percent; Table 3). White women are the least likely to report having had this test (70.7 percent; Table 3).

- Approximately four in five (79.9 percent) women in Florida aged 50 and older report having had a mammogram in the past two years (Table 3). Black women (89.6 percent) are the most likely to say they have had this screening, followed by White (78.9 percent) and Hispanic women (77.7 percent).
- Nearly seven out of ten (67.8 percent) women aged 18 and older in Florida report having had a cholesterol screening in the past 5 years (Table 3). White women (70.5 percent) are the most likely to say they have had this screening, followed by Native American (69.9 percent), Black (64.7 percent), and Hispanic women (63.9 percent; Table 3). Asian/Pacific Islander women and women of another race or two or more races were least likely to have been screened (60.4 and 59.5 percent, respectively; Table 3).
- In Florida, fewer than half of adult women (43.4 percent; Table 3) report that they have ever been tested for HIV in their lifetime. Asian/Pacific Islander women are the least likely to have been tested at 31.1 percent, followed by White women (34.2 percent). Black women are the most likely (68.0 percent), followed by Native American women (56.2 percent), women of another or two or more races (55.9 percent), and Hispanic women (51.8 percent; Table 3).

Table 3

Health Behaviors and Preventive Care Among Florida Women by Race and Ethnicity

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Percent Who Exercise at Least 150 Minutes per Week, 2013 and 2015	49.9%	53.4%	45.6%	39.7%	61.2%	40.9%	58.3%
Percent Who Eat Five or More Servings of Fruits and Vegetables per Day, 2013 and 2015	21.6%	20.6%	21.4%	24.2%	26.5%	19.2%	30.1%
Percent Who Smoke (100 or More Cigarettes in Lifetime and Who Now Smoke Every Day or Some Days), 2013-2015	14.8%	17.6%	10.3%	10.2%	5.1%	43.0%	16.0%
Percent Who Report Binge Drinking (Four or More Drinks on One Occasion at Least Once in the Past Month), 2013-2015	10.5%	11.8%	8.9%	7.4%	6.9%	12.2%	14.5%
Percent Aged 50 and Older Who Have Had a Mammogram in Past Two Years, 2014	79.9%	78.9%	77.7%	89.6%	N/A	N/A	N/A
Percent Who Have Had a Pap Test in the Past Three Years, 2014	75.6%	70.7%	81.3%	87.9%	83.1%	N/A	81.1%
Percent Who Have Been Screened for Cholesterol in the Past Five Years, 2013 and 2015	67.8%	70.5%	63.9%	64.7%	60.4%	69.9%	59.5%
Percent Who Have Ever Been Tested for HIV, 2013-2015	43.4%	34.2%	51.8%	68.0%	31.1%	56.2%	55.9%

Notes: Data are for women aged 18 and older, except for the percent of women who have had a mammogram in the past two years. Racial categories are non-Hispanic.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (2017a).

Infant Mortality and Low Birthweight Babies in Florida

In Florida and the United States overall, infant mortality and low birth weight are major public health issues. The death of a baby can have a significant impact on the health and well-being of families and communities and preterm birth and/or low birth weight is a leading cause of infant mortality (Centers for Disease Control and Prevention 2016f). Pregnancy outcomes vary by a number of factors, including location and race and ethnicity (Centers for Disease Control and Prevention 2016f).

The infant mortality rate is the number of infant deaths per 1,000 live births. In the United States in 2011-2013, the rate was 6.0 per 1,000 live births. However, the infant mortality rate varies widely by race; for Black mothers it is nearly twice that of all mothers, at 11.3 per 1,000 births (Table 4).

In Florida, infant deaths occur at a rate of 6.2 per 1,000 live births. These rates also vary greatly by race and ethnicity. Among women of the largest racial and ethnic groups, Asian/Pacific Islander women (3.7 per 1,000 live births) and Hispanic women (4.6 per 1,000) have the lowest rates of infant mortality, while Black women have the highest rate (10.8 per 1,000; Table 4). The infant mortality rate for Black mothers is more than twice that of White women, who have the second highest rate (5.0 per 1,000 live births; Table 4). The infant mortality rates for Black mothers in Florida, however, is lower than that of their counterparts in the United States as a whole (11.3 per 1,000; Table 4).

In the United States, 8.1 percent of babies are born at a low birth weight, classified as less than five and a half pounds. The percentage of women who have low birth weight babies in Florida (8.6 percent) is slightly higher than the national average (Table 4); however, like the infant mortality rate, low birth weight varies by race and ethnicity. In Florida, among the largest racial and ethnic groups, Black women are the most likely to have low birth weight babies (13.2 percent), followed by Hispanic women (7.3 percent) and White women (7.1 percent; Table 4).

Table 4

Infant Mortality Rate and Low Birthweight Births by Race and Ethnicity of Mother, Florida and the United States

	Infant Mortality, 2013		Low Birthweight Births, 2015	
	Florida	United States	Florida	United States
All Women	**6.2**	**6.0**	**8.6%**	**8.1%**
White	5.0	5.1	7.1%	6.9%
Hispanic	4.6	5.1	7.3%	7.2%
Black	10.8	11.3	13.2%	13.3%
Asian/Pacific Islander	3.7	4.2	N/A	N/A
Native American	N/A	8.1	N/A	N/A

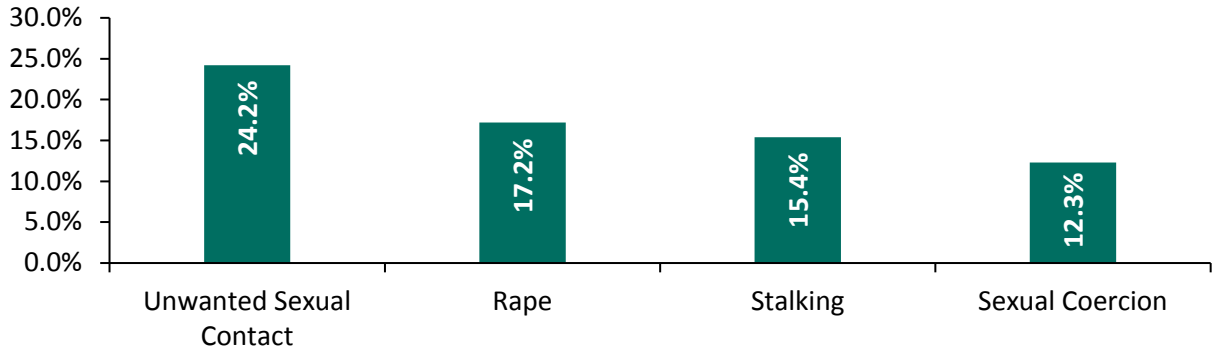
Notes: Infant mortality rates are for 2011-2013 and include deaths of infants under age one per 1,000 live births. White and Black are non-Hispanic. Low birth weight is less than 2,500 grams. N/A=not available. Data are not available by county.
Source: IWPR compilation of 2011-2013 infant mortality data (Mathews, MacDorman, and Thoma 2015) and 2015 data on low birthweight births (Martin et al. 2017).

Violence Against Women

Violence against women takes many forms and can lead to a range of negative effects. In Florida, nearly one-fourth (24.2 percent) of women aged 18 and older report having experienced unwanted sexual contact in their lifetime, 17.2 percent have been raped, and 12.3 percent have been coerced into having sex (Figure 8). More than one in seven Florida women (15.4 percent) have been stalked by a perpetrator; common stalking tactics include making unwanted phone calls or text messages, threatening physical harm, damaging personal property, approaching the victim, or showing up unexpectedly in places such as home, school, or work (Figure 8; Smith et al. 2017).

Figure 8

Lifetime Prevalence of Stalking and Sexual Violence Victimization by Any Perpetrator Among Florida Women, 2010-2012

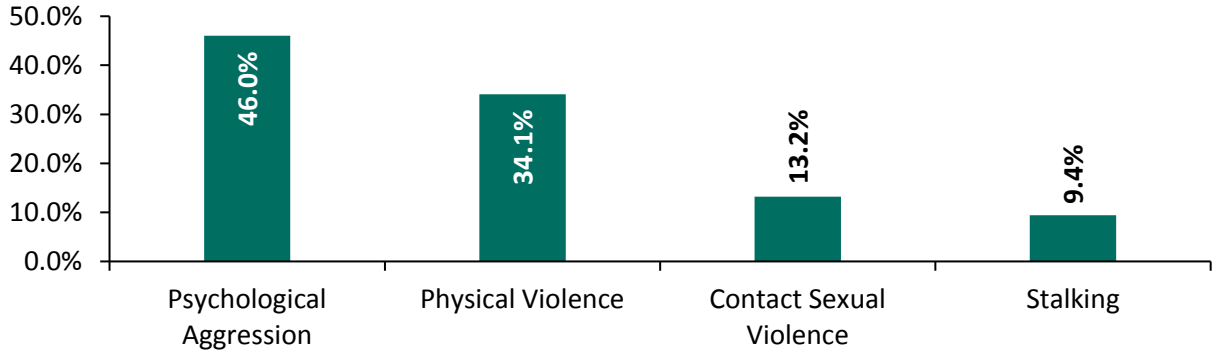


Notes: Women aged 18 and older. Rape includes completed or attempted rape.
Source: Smith et al. 2017.

A large share of women experience violence and intimidation by an intimate partner in their lifetime. Almost half of women in Florida (46.0 percent) experience psychological aggression from an intimate partner, which can include name calling or attempting to control or monitor them, a particularly harmful aspect of abuse (Figure 9; Stark 2012). Over a third of Florida women (34.1 percent) face physical violence and 13.2 percent face sexual violence, including rape by an intimate partner (Figure 9). A smaller share, 9.4 percent, are stalked by an intimate partner.

Figure 9

Lifetime Prevalence of Stalking and Sexual Violence Victimization by an Intimate Partner Among Florida Women, 2010-2012

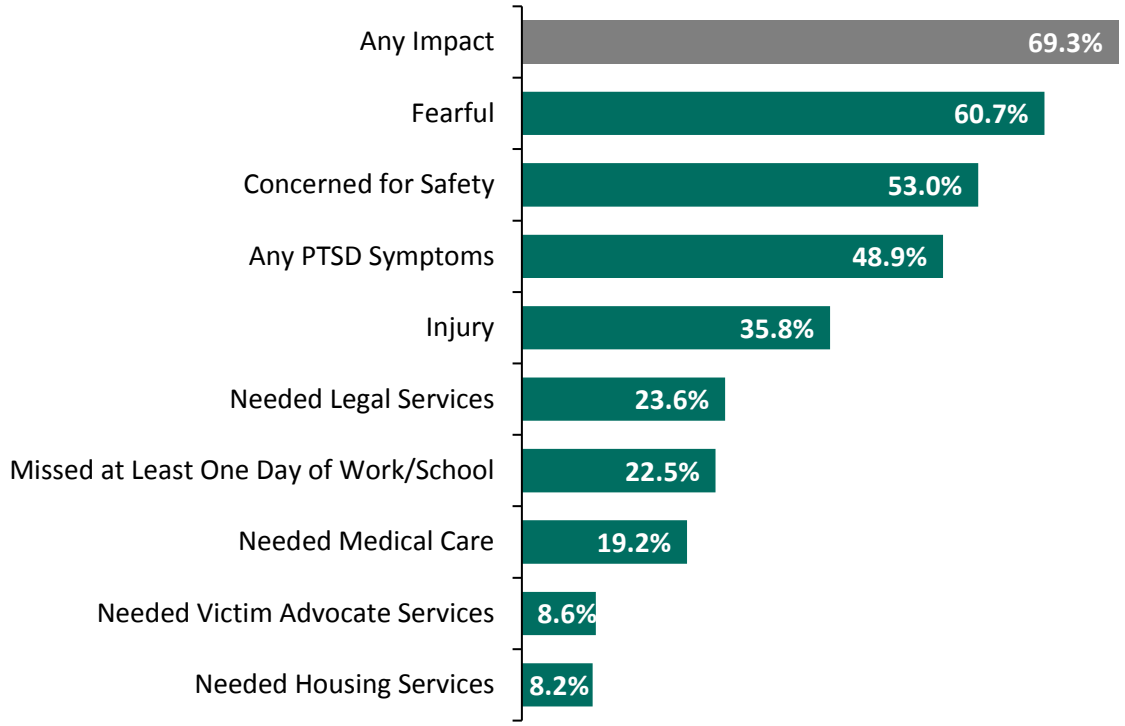


Notes: Women aged 18 and older. Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion (defined as nonphysically pressured unwanted penetration), and/or unwanted sexual contact perpetrated by an intimate partner.
Source: Smith et al. 2017.

The National Intimate Partner and Sexual Violence Survey asked survivors about experiences they may have had as a result of sexual violence, physical violence, or stalking by an intimate partner (Smith et al. 2017). Nearly 70 percent of Florida women who have experienced intimate partner violence report one or more negative effects (Figure 10). A majority of survivors report being fearful (60.7 percent) and 53.0 percent report concern for their safety). Nearly half (48.9 percent) have had symptoms of post-traumatic stress disorder and over a third (35.8 percent) were injured. More than one in five survivors (22.5 percent) missed at least one day of school or work as a result of the violence and nearly one in five (19.2 percent) required medical care. Survivors required a variety of services: 23.6 percent needed legal services, 8.6 percent needed a victim advocate, and 8.2 percent needed housing (Figure 10).

Figure 10

Distribution of Intimate Partner Violence-Related Impacts Among Female Victims, Florida, 2010-2012



Notes: Includes women aged 18 and older who experienced contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime. "Any impact" includes experiencing any of the impacts included in the figure and/or contacting a crisis hotline. "Any PTSD symptoms" includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; and felt numb or detached.
Source: Smith et al. 2017.

Although the state-level data collected through the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey fills an important knowledge gap, CDC researchers also point to the value of more local-level data in order to evaluate the scale of violent incidents and the effectiveness of community interventions (Smith et al. 2017). CDC researchers recommend better understanding of perpetration data to improve data quality and they cite a need for new methods to increase the reporting of violence.

Policy Recommendations

The findings reveal wide disparities in the health of Florida's women by race and ethnicity, as well as by county. Policymakers, public health officials, advocates, and philanthropists can use multiple strategies to address health inequities and support women who are caring for others with health challenges.

- Florida has one of the lowest shares of women aged 18 to 64 with health insurance and is home to 20 percent of the nearly 3 million Americans who fall into the insurance gap because their income falls between Medicaid eligibility and the federal poverty level (Garfield and Damico 2016). Because health insurance coverage improves health outcomes and reduces out-of-pocket expenses, Florida can improve the health status of its low-income women by expanding public health programs, including Medicaid.

- Increased investment in health care services would allow more women to access health care and to receive screening and testing to promote early detection of illness or disease.

- An important component of improving Florida women's health is addressing disparities in health outcomes among women from different racial/ethnic and socioeconomic groups. Intervention and investment to tackle the most lethal diseases for women in Florida—heart disease, lung cancer, and breast cancer—can be designed with cultural sensitivity and targeted to the most-affected racial and ethnic groups and to counties where the need is greatest.

- Several policies could better support the many women in Florida who are living with a person who has one or more disabilities: passing paid family medical leave and paid sick days laws to allow working caregivers to better balance work and family responsibilities; addressing the high cost and lack of availability of long-term services and supports; and ensuring that Medicaid adequately supports low-income people and allows them to receive services in their preferred setting. Given the shortage of health care workers and the high costs of care, registered nurses should be allowed to delegate an expanded list of tasks to trained direct care workers, allowing nurses to focus on tasks they are uniquely qualified to perform, and nurse practitioners should be allowed to practice to the fullest extent of their education and training (Commission on Long-Term Care 2013).

- Florida is one of 26 states that does not mandate sex education and one of 16 states that does not mandate HIV education in schools (Guttmacher Institute 2017). Given the high number of chlamydia cases and AIDS diagnoses among women, the lack of sex education is a missed opportunity to provide information on the causes, risks, and prevention of chlamydia, HIV/AIDS, and other sexually transmitted infections.

- To ensure an adequate supply of mental health providers and high-quality care, especially for Florida's most vulnerable women and girls, Medicaid reimbursement for behavioral health services should be increased to comparable rates for Medicare or private insurance (Committee on Health Care 2006; Dormond and Afayee 2016). Florida's Agency for Health Care Administration recommended raising the Medicaid reimbursement rates for behavioral health services in a December 2016 report to the Florida Legislature (Agency for Health Care Administration 2016).

- To reduce infant mortality, Florida should ensure that all pregnant women have adequate access to prenatal and infant care.

- Improving Florida's data collection on women's experiences with violence and abuse at the county level would help researchers and policymakers develop a more complete understanding of the challenges women face and solutions to address them. As a first step toward improved data,

Florida Department of Law Enforcement (FDLE) could gather detailed data on victims and perpetrators of domestic violence, including gender, through the Federal Bureau of Investigation's (FBI) Uniform Crime Report (UCR). Data on human trafficking arrests in Florida, which is not collected in a standard or systematic way across the United States, could also be collected by FDLE and submitted to the FBI for further analysis.

- To facilitate gathering reliable data, local agencies should also receive improved training to identify and appropriately address victims of violence and human trafficking. Agencies must increase their awareness of gender dynamics in violent crimes. Ultimately, it is important to invest in data collection and studies to produce consistent and reliable county-level estimates on key indicators related to women's safety, and information disaggregated by race and ethnicity.

Conclusion

In Florida, women's health status has improved in some areas and worsened in others since the publication of IWPR's 2004 *Status of Women in the States*. On the one hand, mortality from heart disease, lung cancer, and breast cancer has declined, and women are less likely to be diagnosed with AIDS. On the other hand, women are more likely to report poor mental health, have their activities limited by their health status, and report that they have been diagnosed with diabetes than they were in the earlier report. In addition, the suicide mortality rate among women has increased. Compared with women in other states, Florida ranks poorly on a cluster of data points related to mental health—the state ranks 30th for women's suicide mortality, 37th for women's average number of days per month of poor mental health, and 39th for the average number of days per month that women have limited activity due to poor mental or physical health. Because poor mental health is linked with increased risk of chronic diseases, and chronic diseases in turn exacerbate depression, the decline in Florida women's mental well-being threatens to erode the progress made in other aspects of health (Chapman, Perry, and Strine 2005).

Furthermore, while women's health has improved overall in certain arenas, racial and ethnic disparities persist. To ensure that women have the good health they need to pursue work or education, attain economic security, and maintain their overall well-being, all women in Florida must have adequate access to preventive care, health care services, and information about specific health conditions.

Appendix I:

Methodology

To analyze the status of women in Florida, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons with other states and the United States as a whole. The data in IWPR's *Status of Women in Florida by County: Health & Well-Being* report come from federal government agencies and other sources. Much of the analysis of women's health relies on data from the Centers for Disease Control and Prevention (CDC), including the CDC's Wide-ranging OnLine Data for Epidemiologic Research (WONDER), Web-based Injury Statistics Query and Reporting System (WISQARS), and National Center for HIV, STD, and TB Prevention Atlas databases.

IWPR analyzed microdata from the Behavioral Risk Factor Surveillance System (BRFSS) survey for data on health behaviors, preventive care, overweight and obesity, and the following composite component indicators: percent of women who have ever been told they have diabetes, average number of days per month that women's mental health is not good, and average number of days that women's poor mental or physical health limited their activities. BRFSS is conducted by the CDC annually in conjunction with the states, the District of Columbia, and five U.S. territories. BRFSS measures behavioral risk factors for the noninstitutionalized adult population (aged 18 and older) living in the United States. Data are collected through telephone interviews with both landline and mobile telephone numbers in the sample to ensure all segments of the population are covered. In 2015, 441,456 interviews were fully or partially completed (Centers for Disease Control and Prevention 2016a).

When analyzing state- and national-level BRFSS microdata, IWPR used 2015 data, the most recent available. When disaggregating data at the state level by race/ethnicity or by metropolitan or micropolitan statistical area (MMSA), IWPR combined three years of data (2013, 2014, and 2015) to ensure sufficient sample sizes, with several exceptions. Data on the percent of women who exercise at least 150 minutes per week, the percent of women who eat at least five servings of fruits or vegetables per day, and the percent who have been screened for cholesterol in the past five years were available only for 2013 and 2015. Data on the percent of women who have had a pap test in the past three years and the percent who have had a mammogram in the past two years were available only for 2014. IWPR used sample weights provided by the CDC to obtain nationally representative statistics that adjust for sampling both landline and mobile telephone numbers. Data are not presented if the average cell size for the category total is less than 35.

The tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information for the survey determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis separates Hispanics from racial categories—including White, Black (which includes those who identified as Black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, or other Asian or Pacific Islander), or Native American (which includes those who identified as American Indian or Alaska Native).

IWPR used personal weights to obtain nationally representative statistics for person-level analyses of American Community Survey (ACS) microdata. Weights included with the IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates available

from the U.S. Census Bureau due to the additional sampling error and the fact that over time the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

Calculating the Composite Index

The Composite Index includes nine measures of women's physical and mental health: mortality from heart disease, mortality from lung cancer, mortality from breast cancer, incidence of diabetes, rate of reported cases of chlamydia, diagnoses of AIDS, mean days of poor mental health, mortality from suicide, and mean days of activity limitations. To construct the Composite Index, each of the component indicators was converted to scores ranging from 0 to 1 by dividing the observed value for each state by the highest value for all states. Each score was then subtracted from 1 so that high scores represent lower levels of mortality, poor health, or disease. Scores were then given different weights. Mortality from heart disease was given a weight of 1.0. Lung and breast cancer mortality were each given a weight of 0.5. Incidence of diabetes and chlamydia, and diagnoses of AIDS were each given a weight of 0.5. Mean days of poor mental health and women's mortality from suicide were given a weight of 0.5. Activity limitations were given a weight of 1.0. The resulting values for each of the component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score. To grade the states on this Composite Index, values for each of the components were set at desired levels to produce an "ideal score." For each indicator, the desired level was set at the lowest rate or lowest level among all states. Each state's score was then compared with the ideal score to determine the state's grade.

MORTALITY FROM HEART DISEASE: Average annual mortality from heart disease among women of all ages per 100,000 population (in 2013–2015). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2016f).

MORTALITY FROM LUNG CANCER: Average mortality among women of all ages from lung cancer per 100,000 population (in 2013–2015). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2016f).

MORTALITY FROM BREAST CANCER: Average mortality among women of all ages from breast cancer per 100,000 population (in 2013–2015). Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention (2016f).

PERCENT OF WOMEN WHO HAVE EVER BEEN TOLD THEY HAVE DIABETES: As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 2015. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2015 microdata (Institute for Women's Policy Research 2017a).

RATE OF REPORTED CASES OF CHLAMYDIA: Reported rate of chlamydia among women of all ages per 100,000 population in 2015. Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention (2016c).

RATE OF AIDS DIAGNOSES: Rates of diagnosis of AIDS-indicating diseases among females aged 13 years and older per 100,000 population in 2015. Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention Atlas (2015d).

MEAN DAYS OF POOR MENTAL HEALTH: Mean number of days in the past 30 days on which mental health was not good, as self-reported by female respondents in the BRFSS survey in 2015. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2015 microdata (Institute for Women's Policy Research 2017a).

MORTALITY FROM SUICIDE: Average annual mortality from suicide among women of all ages per 100,000 population in 2013–2015. Data are age-adjusted to the 2000 U.S. standard population. Source: Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (2015c).

MEAN DAYS OF ACTIVITY LIMITATIONS: Mean number of days in the past 30 days on which activities were limited due to health status, as self-reported by female respondents in the BRFSS survey in 2015. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: IWPR analysis of BRFSS 2015 microdata (Institute for Women's Policy Research 2017a).

Appendix II:

Health & Well-Being Tables

Appendix Table 1

Men's Health & Well-Being, Florida and the United States, 2015

	Florida	United States
Heart Disease Mortality Rate	192.0	212.4
Lung Cancer Mortality Rate	50.2	51.6
Incidence of Diabetes	11.7%	10.9%
Rate of Reported Cases of Chlamydia	291.4	305.2
Rate of AIDS Diagnoses	18.1	10.5
Days of Poor Mental Health	3.7	3.2
Suicide Mortality	22.0	20.6
Days of Limited Activities	5.9	4.8

Notes: Heart disease, lung cancer, and suicide mortality rates use three years of data (2013-2015). All other indicators use 2015 data. See Methodology for details about each indicator.
Sources: See Methodology.

Appendix Table 2

Women's Health & Well-Being by Race & Ethnicity, United States, 2015

	All Women	White	Hispanic	Black	Asian/ Pacific Islander	Native American	Other Race or Two or More Races
Heart Disease Mortality Rate	133.2	134.4	94.1	172.5	70.1	119.7	N/A
Lung Cancer Mortality Rate	34.5	38.2	13.1	33.3	17.6	29.3	N/A
Breast Cancer Mortality Rate	20.6	20.6	14.2	28.8	11.6	14.7	N/A
Incidence of Diabetes	10.0%	9.1%	10.7%	15.1%	6.7%	15.5%	10.1%
Rate of AIDS Diagnoses	3.2	0.9	2.9	16.2	0.7	4.0	N/A
Days of Poor Mental Health	4.2	4.2	4.1	4.6	2.7	6.4	5.7
Suicide Mortality	5.8	7.5	2.5	2.1	3.5	9.0	N/A
Days of Limited Activities	4.8	4.8	4.5	5.4	3.2	7.1	6.0

Notes: Data for all women for diabetes, days of poor mental health, and days of limited activities are 1-year (2015); for those indicators by race and ethnicity, three-year (2013-2015) data are used. Heart disease, lung cancer, breast cancer, and suicide mortality rates use three years of data (2013-2015). AIDS diagnosis data are from 2015. Racial categories are non-Hispanic. For AIDS data, Asian does not include Native Hawaiian or Pacific Islanders. N/A=data are not available.
Sources: See Methodology.

Appendix Table 3

Heart Disease, Lung Cancer, and Breast Cancer Mortality Rates Among Women, Florida Counties, State, and United States, 2015

County	Heart Disease Mortality	Lung Cancer Mortality	Breast Cancer Mortality
Alachua	105.0	32.3	22.4
Baker	169.8	49.6	N/A
Bay	157.0	38.7	18.2
Bradford	150.0	56.9	N/A
Brevard	124.7	42.5	18.9
Broward	114.8	29.5	20.9
Calhoun	173.4	63.5	N/A
Charlotte	92.8	36.9	20.2
Citrus	153.9	49.1	24.0
Clay	120.4	42.0	18.6
Collier	68.8	25.4	12.5
Columbia	150.0	54.7	26.0
DeSoto	109.9	38.5	N/A
Dixie	141.4	58.7	N/A
Duval	146.3	38.6	22.0
Escambia	148.1	43.5	21.8
Flagler	104.2	40.5	19.2
Franklin	153.1	N/A	N/A
Gadsden	143.8	25.9	23.2
Gilchrist	102.3	56.1	N/A
Glades	99.8	N/A	N/A
Gulf	156.0	N/A	N/A
Hamilton	167.1	N/A	N/A
Hardee	131.0	N/A	N/A
Hendry	134.5	40.2	N/A
Hernando	105.2	45.4	16.0
Highlands	118.8	47.5	19.3
Hillsborough	124.3	34.8	19.0
Holmes	236.7	57.1	N/A
Indian River	100.9	40.2	14.8
Jackson	155.7	45.9	20.5
Jefferson	95.7	N/A	N/A
Lafayette	N/A	N/A	N/A
Lake	112.7	40.7	23.0
Lee	105.6	33.0	16.5
Leon	109.1	29.4	19.6
Levy	149.3	53.6	26.4
Liberty	N/A	N/A	N/A
Madison	210.6	N/A	N/A
Manatee	112.1	32.0	18.5
Marion	152.2	38.8	23.0
Martin	83.6	36.3	16.6
Miami-Dade	118.9	18.5	18.0
Monroe	100.4	32.5	24.5
Nassau	131.6	48.0	24.9
Okaloosa	128.7	41.2	17.6
Okeechobee	190.2	67.0	28.0
Orange	114.9	28.5	19.9
Osceola	157.0	25.1	20.3
Palm Beach	94.0	32.2	18.5
Pasco	117.3	44.4	21.1
Pinellas	116.8	39.9	20.5
Polk	139.3	39.2	20.6
Putnam	145.0	51.8	22.3
St. Johns	98.9	37.7	20.3
St. Lucie	111.0	39.4	21.8
Santa Rosa	132.2	38.1	22.5
Sarasota	78.6	35.6	18.6
Seminole	106.3	31.1	21.8
Sumter	101.3	35.3	19.0
Suwannee	165.4	51.3	N/A
Taylor	163.6	54.6	N/A
Union	217.7	N/A	N/A
Volusia	128.4	40.7	21.5
Wakulla	151.3	67.6	N/A
Walton	160.3	40.9	17.2
Washington	202.1	43.2	N/A
Florida	**115.6**	**33.9**	**19.4**
United States	**133.2**	**34.5**	**20.6**

Notes: Three-year (2013-2015) data are used. Mortality rates are average annual rates per 100,000 population, include women of all ages, and are age-adjusted to the 2000 U.S. standard population.
Source: IWPR compilation of data from the Centers for Disease Control and Prevention (2016f).

Appendix Table 4

Selected Indicators of Health & Well-Being Among Women in Florida Cities, 2015

	Incidence of Diabetes	Poor Mental Health	Limited Activities
Jacksonville	10.4%	5.2	4.8
Miami-Fort Lauderdale-West Palm Beach	10.3%	4.3	4.6
Orlando-Kissimmee-Sanford	11.6%	4.2	5.3
Tampa-St. Petersburg-Clearwater	11.4%	4.4	5.3
Florida (state)	**10.9%**	**4.5**	**5.3**

Note: Data are calculated using three years of data (2013-2015) and include women aged 18 and older.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (2017a).

Appendix Table 5

Health Behaviors and Preventive Care Among Women in Florida Cities

	Florida (state)	Jacksonville	Miami-Fort Lauderdale-West Palm Beach	Orlando-Kissimmee-Sanford	Tampa-St. Petersburg-Clearwater
Percent Who Exercise at least 150 Minutes per Week, 2013 and 2015	**49.9%**	51.3%	48.0%	48.7%	52.1%
Percent Who Eat Five or More Servings of Fruits and Vegetables per Day, 2013 and 2015	**21.6%**	20.4%	23.5%	23.0%	21.7%
Percent Who Smoke (100 or More Cigarettes in Lifetime and Who Now Smoke Every Day or Some Days), 2013-2015	**14.8%**	16.1%	10.4%	13.4%	17.5%
Percent Who Report Binge Drinking (Four or More Drinks on One Occasion at Least Once in the Past Month), 2013-2015	**10.5%**	11.3%	9.5%	10.8%	12.8%
Percent Aged 50 and Older Who Have Had a Mammogram in Past Two Years, 2014	**79.9%**	82.2%	80.6%	85.6%	79.0%
Percent Who Have Had a Pap Test in the Past Three Years, 2014	**75.6%**	79.5%	81.0%	80.1%	72.8%
Percent Who Have Been Screened for Cholesterol in the Past Five Years, 2013 and 2015	**67.8%**	65.2%	69.2%	66.0%	68.6%
Percent Who Have Ever Been Tested for HIV, 2013-2015	**43.4%**	44.3%	48.9%	44.1%	41.7%

Note: Data are for women aged 18 and older, except for the percent of women who have had a mammogram in the past two years.
Source: IWPR analysis of Behavioral Risk Factor Surveillance System microdata (2017a).

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