



National Women's  
Health Resource Center  
[www.healthywomen.org](http://www.healthywomen.org)

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First Annual Health Survey:  
*Women Talk*

Executive Summary  
May 2005





## Women's Perceptions of Their Health

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**W**omen *Talk* is a national survey conducted by the National Women's Health Resource Center (NWHRC) exploring women's knowledge, attitudes and perceptions of their health. While most studies of women's health focus narrowly on women's knowledge about the diseases and conditions that affect their health, this survey reveals that for women, being healthy is multidimensional and goes far beyond the absence of disease. Women define health as both physical and emotional wellness. Understanding the status of women's health—and the steps that women can take to improve it—clearly requires thinking about women's health in terms of both mind and body.

Survey findings strongly suggest that women place a greater priority on the health of their family than on their own personal health. In fact, caring for the health of others is perceived to have a major positive impact on women's physical and mental health. Given the importance and influence women report their family's health as having on their own health, it is not surprising that women choose to take on the role of "health manager" for their family, making the bulk of health care-related decisions. The majority of women report valuing their role as caregiver so much that they say it has improved the quality of their lives. However, the decisions American women make regarding their own health are limited by demands on their time and resources. It is very clear from this research that women, in particular women under 65, feel pressure from competing responsibilities of work and home life that restrict their time and energy.

Women's perceptions of why their health has improved or declined over the past five years are strongly linked to lifestyle issues, such as changes in stress levels and exercise. In fact, women reported that having more time and reducing stress would most help improve their health.

For the most part, women have a solid understanding of the issues affecting their health and understand the basic steps needed to improve their health, such as exercising and losing weight. But, not enough women are translating their knowledge into action. Time constraints, inadequate financial resources and cultural differences among women are responsible for this lack of action.

Among the many health information sources—newspapers, television, the Internet—it is the health care professional women trust most. However, the survey reveals that there is room for improved communication between women and their health care professionals. The data suggest that health care professionals can more effectively use office visits to explain how wellness strategies, such as stress management and health screenings, can help improve women's health. The data also suggest women need to better prepare themselves to get the most from medical visits with their health care professionals.

The following report is based on survey findings from a national telephone survey of 1,005 women, 18 years of age and older in the United States, including an over-sample of African-American, Latina and Asian women. The margin of error is +/-3 percentage points.

## Key Findings

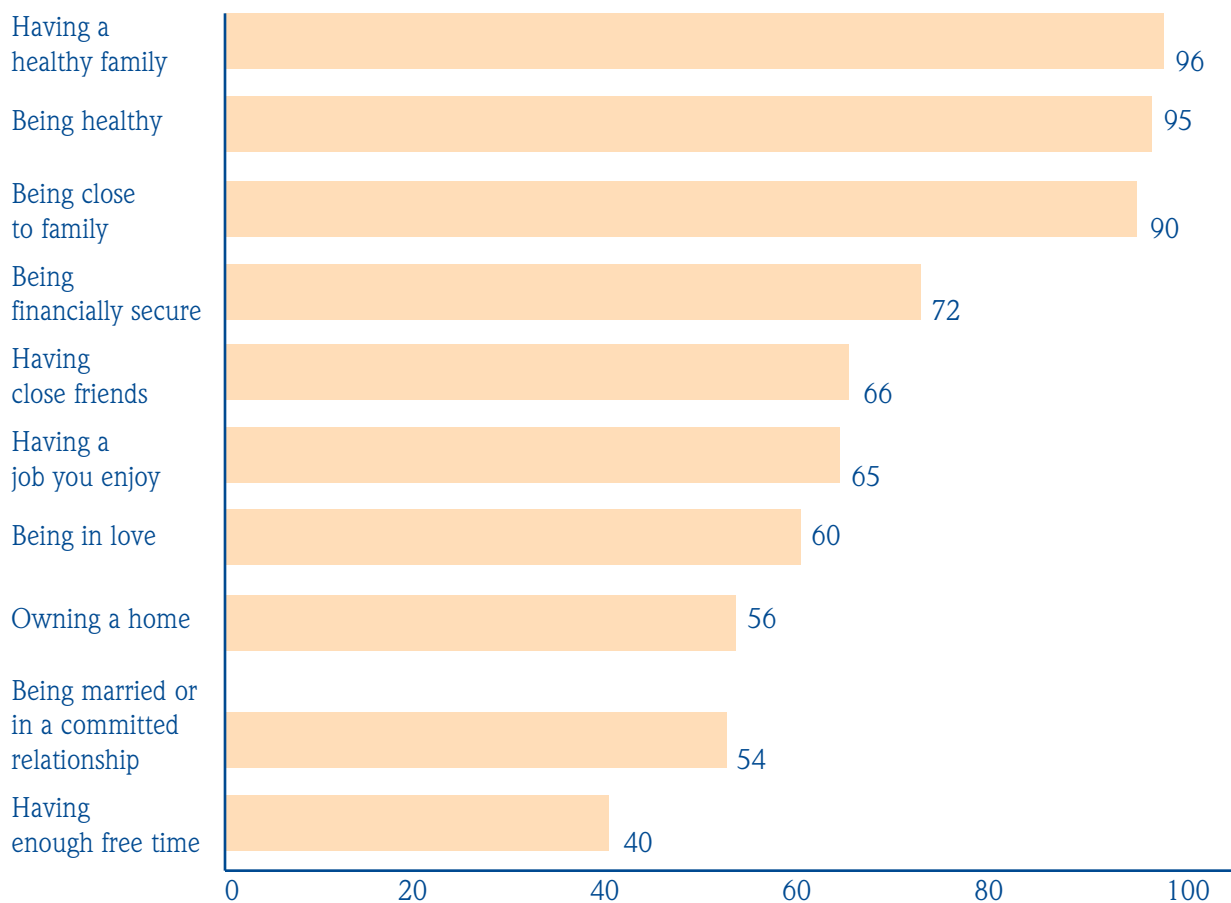
### Women as Health Managers

**Women's perceptions of being healthy are defined by their family's health.** Women define “being healthy” as having a healthy family. In fact, women's greatest concern—just slightly ahead of being diagnosed with an incurable or chronic illness themselves—is losing a loved one. The importance of having a healthy family is most evident among women who are married or in a committed relationship (47 percent married or committed versus 38 percent unmarried) and among those women with children (50 percent with children versus 38 percent without). However, single women without children also view their family's health as a top priority.

Seventy-one percent of women report that they make health care decisions such as selecting a health care professional and choosing when to go to the doctor for their family. Only 19 percent report it is a joint decision with their spouse/partner.

**Women see reward in taking care of others.** Women believe that the time they spend taking care of others has a positive impact on their physical and their mental health. A near majority (48 percent) say that taking care of others has a positive impact on their physical health and 57 percent say that taking care of others has a positive impact on their mental health.

**FIGURE 1: Women's Priorities**  
(Percent Responding “Very Important”)



*“Now I'd like to read to you a list of things that some people say are important to them and, for each, I'd like you to tell me how important it is to you personally. Is it very important to you, somewhat important, not very important or not important at all to you?”*

## Awareness and Attention to Their Own Health

**Women are aware of the risks to their health.** Overall, women report heart disease as the leading cause of death in women. A majority (55 percent) of women accurately identified heart disease as the leading cause of death among women of all ages. (According to the American Cancer Society, cancer is now the leading killer of all Americans under the age of 85, though heart disease is still the leading cause of death for women of all ages.) However, disparities by race in identifying the leading cause of death emerged. The majority of Caucasian women (64 percent) identified heart disease as the leading cause of death, while 34 percent of African-American and 24 percent of both Latina and Asian women identified heart disease. For Latina and Asian women, breast cancer was identified as the leading cause of death among women.

**FIGURE 2:** “What is the Leading Cause of Death Among Women?”

	Total	Caucasian	African American	Latina	Asian
Heart disease	55	64	34	24	24
Breast cancer	25	20	34	44	37
Lung cancer	4	3	9	2	8
Diabetes	3	2	7	5	3
Stress	3	2	4	5	5
Obesity	2	2	1	4	0
Depression	2	1	2	7	4
HIV/AIDS	2	1	5	4	4
Stroke	1	1	3	1	3
Osteoporosis	1	1	-	-	0
Other/Don't know	3	3	2	3	12

*“Now I'd like to ask you something a little different. What disease do you believe is the leading cause of death among women?”*

**Most women are aware of their family medical history.** Nearly two-thirds of women say that they are very familiar with their family's medical history, an additional 31 percent say they are somewhat familiar and 95 percent say that they are aware of specific diseases or conditions from which their parents suffer or have suffered. Eight of 10 say they are aware of specific diseases or conditions from which their grandparents suffer or have suffered.

**Women are familiar with screening guidelines.** Broad majorities of women accurately report needing annual preventative screenings such as Pap smears (86 percent), pelvic exams (81 percent) and teeth cleanings (90 percent). They also report the need for frequent screenings such as mammograms (81 percent among women over 40), cholesterol tests (84 percent among women over 50) and bone density tests (39 percent among women over 50).

Women see health care professionals with great frequency (92 percent in the last year) and majorities have undergone relevant routine medical screenings over the course of the last year. Three-quarters of women say they have had a Pap smear within the last year, and 67 percent report having a pelvic exam. This is particularly likely among a more targeted age group, women between ages 30 and 50. Among women in this age group, 82 percent report having had a Pap smear in the last year and 75 percent report having had a pelvic exam. Additionally, two-thirds of women over 40 report having had a mammogram and 41 percent of women over 50 report having had a bone density test.

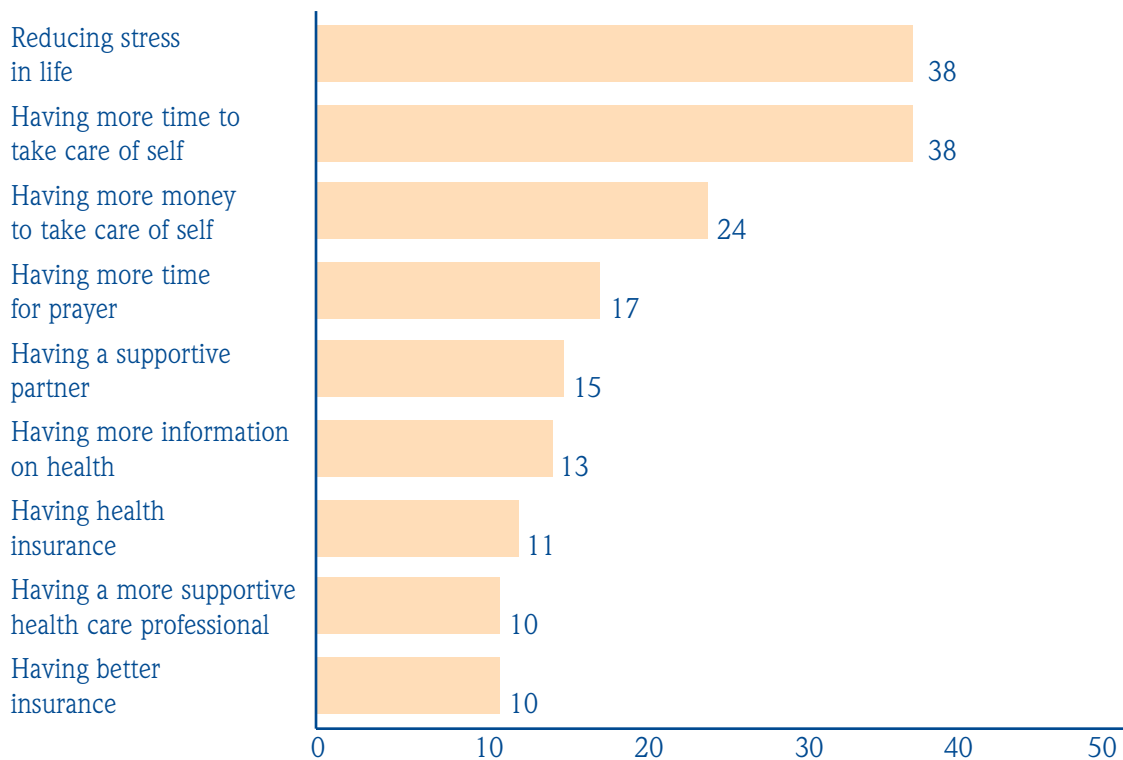
**Few women are able to make large-scale or permanent lifestyle changes to improve their health.**

Although 65 percent of women report exercising more, and 59 percent say they went on a diet, few women indicate they have met their diet or weight-loss goals. While women report stress playing a significant role in the state of their health, only half say they reduced stress in their life last year. Just 15 percent visited a mental health counselor during that time.

**An Issue of Capacity, Not Neglect**

Regardless of age, race or marital status women indicate that the two most helpful steps to improving their health would be having more time to take care of themselves and reducing stress in their lives.

**FIGURE 3: Steps to Improve Health**  
(Percent Responding)



*“Thinking some more about improving your health, I am going to read you a list of things that some people say would help them improve their health, and I’d like you to tell me which TWO you think would most help you improve your own health?”*

## Health Information Resources

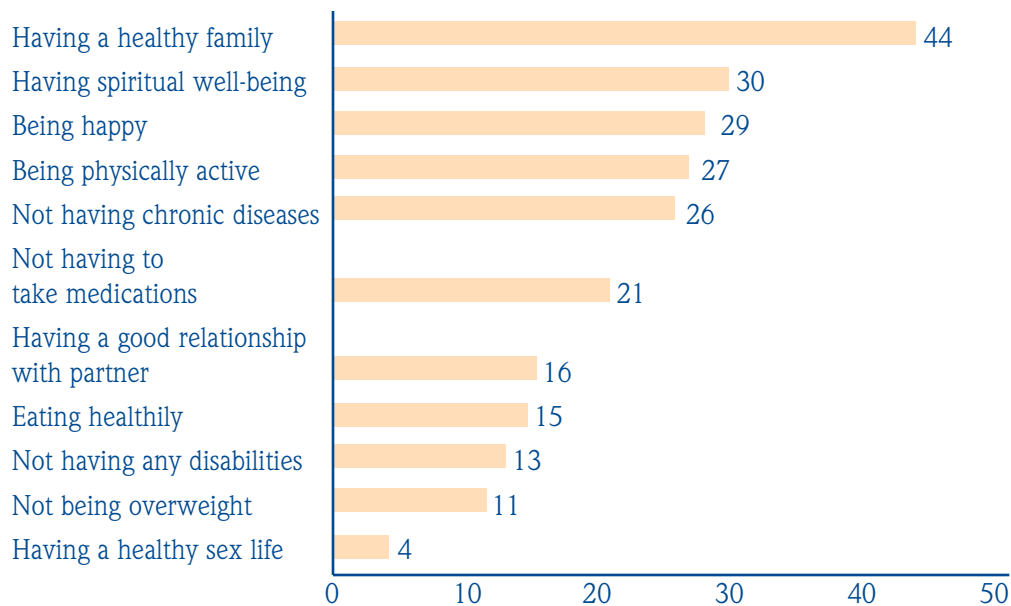
**The majority of women (73 percent) say they are most likely to get their information on health issues from their health care professional.** An overwhelming majority, 67 percent of women, trust the information provided by health care professionals more than any other source. The Internet was ranked second with six percent. When asked where else women would like to get health information, 57 percent said their health care professional's waiting room.

**The Internet is emerging as an important information resource.** Although the Internet was ranked a distant second as a trusted source of information, 60 percent of women have used the Internet to find information about a health issue affecting them personally. A majority of women (94 percent) found the health information available on the Internet to be helpful. Of those who found the information not helpful, 34 percent reported it to be too basic.

**Dialogue between a woman and her health care professional is limited.** Nine out of 10 women visited their health care professional within the last year. Most of these visits were for a specific health problem. Overall, only four out of 10 women prepared a list of questions for their health care professional in advance. Only three out of 10 Asian women prepared questions in advance of their visits.

**Health care professionals need to focus beyond physical components of health.** Women define being healthy as having both physical and mental health. Women attributed improvements in their health over the last five years to a reduced amount of stress (22 percent), a new exercise routine (22 percent) and healthier eating habits (22 percent). Declining health over the last five years was also attributed to both physical and lifestyle changes; specifically, a worsening medical condition (24 percent), an increase in stress levels (20 percent) and weight gain (18 percent).

**FIGURE 4: Being Healthy**  
(Percent Responding)



*“Being healthy means different things to different people. What does being healthy mean to you? Is it...”*

## Perceptions of Health by Race and Socio-Economic Status

**Race has little impact on women's perceptions of their own health.** A majority of women, Caucasian (60 percent), African American (56 percent), Latina (54 percent) and Asian (56 percent) rate their own physical health between 8 and 10 on a scale of 1 to 10. Likewise, there is little variation in how women rate the quality of their own mental health. However, women of all races indicate a better mental health than physical health.

**Income has a dramatic impact on women's perceptions of their own health.** Lower income women indicate poorer quality of health than women of higher socio-economic status. Thirty-nine percent of women earning under \$20,000 a year rate their physical health, as poor, giving it a 1 to 5 on a scale of 1 to 10, as compared to just 15 percent of middle income women (earning between \$20,000-\$50,000) who do so and seven percent of upper income women (earning over \$50,000).

**Lower-income women report that their health has deteriorated over the course of the last five years.** One out of two low-income women say that their health has gotten worse in the last five years compared to just 31 percent of middle income women and 26 percent of upper income women.

**Lower-income women believe that they have less control over being healthy than do middle- or upper-income women.** Only 54 percent of lower-income women report being healthy is in their control, while 79 percent of upper-income women and 71 percent of middle-income women feel it is within their control. Of the women who reported being healthy is not in their control, 35 percent of lower-income women said they feel that way because of a chronic condition, while the majority of middle- and upper-income women reported not being able to control genetics as their number one reason.

**FIGURE 5:** Perceptions of Health by Income  
(Percent Responding)

	Total	Less than \$20K	\$20K to \$50K	\$50K or more
Much better	9	6	13	10
Somewhat better	14	6	13	21
No difference	43	38	44	43
Somewhat worse	27	32	27	24
Much worse	6	19	4	2
Total better	23	12	25	30
Total worse	33	50	31	26

*"Thinking back over the last five years, would you say that your health has gotten better, gotten worse, or has there been no change in your health?"*

**Awareness of family medical history varies by race.** Caucasian women (67 percent) and African-American women (60 percent) report being very familiar with their family’s medical history. While 51 percent of Latina and only 33 percent of Asian women report being very familiar with their family’s medical history.

**Patterns of knowledge around preventative screening guidelines emerge around race.** African-American women report they are most aware about a broad range of guidelines for preventative medical screenings. Survey data indicate Asian women seem less aware about preventative screenings, specifically those relating to their gynecological health.

**Asian women report a lower level of action steps regarding their health.** According to the survey, Asian women are less likely than women of other races to take a range of steps to improve their health such as visiting a health care professional, getting their blood pressure checked and taking medications as prescribed. The survey found they are also less likely to have preventative screenings, specifically regarding their gynecological health such as Pap smears, and mammograms.

**FIGURE 6:** Awareness of Preventative Screenings by Race  
(Percent Responding “Annually”)

	Total	Caucasian	African American	Latina	Asian
Teeth cleaning	90	89	92	93	93
Pap smear	86	85	95	89	63
Pelvic exam	81	82	88	79	56
Mammogram	78	75	93	84	67
Cholesterol test	78	74	91	91	78
Bone density test	34	28	58	55	37

*“Now I’d like to read you a list of screenings and, for each, I’d like you to tell me how often you believe you should get each screening. Should you get it every month, every six months, once a year, every two-to-three years, or only when you have a specific problem?”*

## Methodology

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The survey was conducted by Greenberg Quinlan Rosner Research Inc. on behalf of the National Women's Health Resource Center. The survey reports findings from a national telephone survey of 1,005 women, 18 years of age and older in the United States, including an over-sample of African-American, Latina and Asian women. The margin of error is +/-3 percentage points. The survey was conducted in March 2005.

## About the National Women's Health Resource Center

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The National Women's Health Resource Center (NWHRC) is the leading independent health information source for women. Our mission is to empower women to learn about their health through the variety of resources available to them. As informed health consumers, women can take the best care of themselves and their families and better communicate their health needs to their health care team.

Women turn to the NWHRC for health information they can trust. For nearly two decades the NWHRC has produced reliable and objective content reviewed and approved as medically accurate by leaders in women's health care.



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