



National Women's
Health Resource Center
www.healthywomen.org

Second Annual Health Survey:
Women Talk

Executive Summary
October 2006

Women's Perceptions of Their Health

This year's *Women Talk* survey, conducted by the National Women's Health Resource Center, shows that although the overwhelming majority of women surveyed say they understand the health risks of being overweight and know how to achieve a healthy weight, there is apparently still a disconnect between knowing and doing.

Nearly two-thirds of the women surveyed are clinically overweight or obese, and seven in 10 women report that they are worried about themselves or a family member being overweight.

The NWHRC conducts an annual survey to explore women's knowledge, attitudes and perceptions of their health. The *Women Talk* survey conducted in August 2006 explores the social and cultural barriers to good health by looking specifically at women's attitudes toward weight management for themselves and their families.

For the second year, the survey results reiterate that, for women, being healthy is multidimensional and extends beyond the absence of disease. Health involves physical and emotional well-being. Both the mind and the body must be considered in examining the status of women's health and in recommending actions to improve it.

The majority of women report that they have a firm grasp on the lifestyle choices necessary to maintain a proper weight and say they practice good health habits, such as getting regular medical screenings and eating healthful diets. Women over age 60 rate themselves healthier than any other age group, but minorities rate themselves in poorer physical and mental health. African-American women are much less likely to have a healthful diet or get enough rest. Across ethnicities, most women say that stress, time and money are the biggest barriers to optimal overall health.

Personal time for themselves is important to women, with more than three-fourths spending some time on themselves each week. When women make time for themselves, they choose some form of entertainment rather than exercise or relaxation. Women see the positive relationship between taking time for themselves and their own health and the health of their families, but managing and prioritizing time remains a challenge.

Overwhelmingly, women report that their health behaviors are based to some degree upon the examples set by their mothers. But less than half of the respondents said that their mothers maintained a healthy weight while their children were growing up. The women in the survey believe they are in better health than their mothers, particularly mentally. However, women report that their mothers' health habits have improved over time, and, ironically, mothers are now leading healthier lifestyles than their daughters.

The following report is based on findings from a national survey of women ages 18 and older. Interviews were conducted in August 2006 by telephone (406) and online (1,147). This report is based solely on the online data. The margin of error is +/- 3 percentage points.

Key Findings

Evaluation of Overall Health

On the whole, women rate themselves to be in very good or excellent mental and physical health. On a scale from 1 to 10, with 10 being “excellent” and 1 being “very poor,” 72% of women rate their mental health to be an 8 or above. Half (52%) rate their physical health an 8 or above.

Older women, those 60 and over, rate both their physical and mental health higher than other age groups. Women aged 40–49 have the lowest rated physical health (6.7), and half (50%) say that their health has declined over the past five years. Women 18–29 cite the lowest score for mental health (7.4).

African-American women have the lowest rated physical health (6.8), while Hispanic women rate their mental health at 7.8, lower than all other ethnic groups.

FIGURE 1: Summary of Physical and Mental Health

Demographic Group	Mean Physical Health	Mean Mental Health
Age		
18-29	7.0	7.4
30-39	7.2	7.6
40-49	6.7	7.9
50-59	7.1	8.1
60+	7.7	9.0
Race/Ethnicity		
Caucasian	7.2	8.1
African-American	6.8	8.1
Asian	7.0	8.5
Hispanic	7.1	7.8
Parental Status		
Has children	7.0	7.8
Has no children	7.2	8.1
Marital Status		
Married	7.3	8.1
Single	7.0	8.0

When asked what being healthy means, most women cite “not having any chronic diseases” (47%), followed by “being physically active” and “being happy,” both at 36%. Specifically, the majority of Asian-American women (51%) define being healthy as “being happy.” While African-American women are more likely than other ethnicities to define being healthy as “having a spiritual well being” (46%).

The majority of women (54%) say that reducing stress would help improve their overall health. Having more money to take care of themselves (38%) and more time for themselves (35%) are the next most popular answers.

Health Behaviors

The majority of women in the survey say they practice good health habits. Two-thirds of women (65%) report getting regular medical screenings, 57% say they eat healthfully, 51% get enough sleep, and 62% have a positive outlook on life.

However, there are major differences in health behaviors across ethnicities. Only 39% of African-American women report eating healthfully compared to 62% of Caucasian women. Less than one-third of African-American women (27%) say they maintain a healthy weight and only 32% report getting enough sleep.

Fully seven in 10 Hispanic women (73%) get regular medical screenings, however only 39% report exercising regularly and 21% are smokers.

FIGURE 2: Differences in Health Behavior Across Ethnicities

	Total	Caucasian	African-American	Asian	Hispanic
Getting regular medical screenings (such as Pap smears, mammograms, etc.)	65%	66%	52%	58%	73%
Having a positive outlook on life	62%	63%	57%	61%	55%
Getting regular medical check-ups	61%	62%	61%	53%	60%
Healthy eating	57%	62%	39%	45%	51%
Making enough time for myself	55%	56%	53%	56%	45%
Getting enough rest/sleep	51%	56%	32%	45%	43%
Developing my sense of spirituality, faith or religious well-being	50%	52%	59%	28%	41%
Exercising regularly	47%	50%	37%	40%	39%
Maintaining a healthy weight	42%	45%	27%	41%	38%
Smoking	14%	14%	8%	9%	21%

Personal Time

The vast majority of women (79%) report spending some amount of time on themselves on a weekly basis. When they do get to spend time on themselves, nearly two-thirds (64%) engage in a form of entertainment, rather than exercise (29%) or relaxing (19%).

When asked about the amount of time they have for themselves, women were generally split with 48% reporting they had too little time for themselves and 48% reporting they had the right amount of time for themselves. In contrast, only one in three (32%) African-American women say they spend the right amount of time on themselves.

Despite the number of women who say they do not have enough time for themselves, many believe that taking care of themselves, including making time for themselves, is ultimately good for their health and the health of their families. Fully 90% believe that making time for themselves is one of the best ways they can take care of their families. Two-thirds (65%) indicate that they are able to strike the right balance between work and personal obligations and six in ten (58%) agree that taking care of themselves is their top priority.

Almost half of women (47%) reported better prioritization of time would help them make more time for themselves. The average amount of time women would like to spend on themselves each day is about two hours.

FIGURE 3: Differences in Time Prioritization Across Ethnicities

	Total	Caucasian	African-American	Asian	Hispanic
<i>Frequency of Personal Time Spent Per Week</i>					
Once a week or more often on themselves	79%	82%	65%	78%	77%
Less than once a week on themselves	21%	18%	35%	20%	23%
<i>Amount of Time Women Report Spending on Themselves</i>					
Too little time on themselves	48%	45%	63%	45%	50%
The right amount of time on themselves	48%	53%	32%	45%	42%
Too much time on themselves	3%	2%	5%	10%	8%

Attitudes on Weight Management

By body mass index (BMI) estimates, nearly two-thirds of the women in the survey (64%) are clinically overweight (26%) or obese (38%). Fifty-eight percent of women self report themselves as overweight. Only 40% say a doctor has told them they have a problem with their weight.

The overwhelming majority of women, regardless of age or ethnicity, say they understand the health risks of being overweight (97%), and agree that they have the information necessary to maintain a healthy weight (89%).

The large majority of women say it's extremely or very important that they maintain a healthy weight (80%), and that their children (84%) and spouse (80%) maintain a healthy weight. Yet seven in 10 (70%) women report that they are worried about themselves or a family member being overweight.

Even when women believe their family have weight problems, most are not encouraging weight loss. When asked about their children, 14% of women said that their children have a weight problem. However only 5% of women have encouraged their children to lose weight. Nearly half (49%) of women say their partner has a problem with their weight, but only 19% of women have encourage their partner or spouse to lose weight. Conversely, 27% of women in a relationship report that their partner or spouse has told them that the women have a problem with their weight.

However, women are taking an active role in influencing the health of their families as it relates to dietary choices. More than half (57%) report that they have prepared healthy meals; half (48%) have bought fewer foods with trans fats; and nearly one-quarter (21%) have bought more organic food.

Women who were clinically overweight make healthy lifestyle choices and have a better understanding of the health risks of being overweight. Fully 100% of the clinically overweight women say they understand the health risks of being overweight, say they do everything they can to take good care of themselves (66%), keep up with the latest health information (74%), prepare healthy meals (65%) and exercise more than the general population (38%).

FIGURE 4: Clinically Overweight: Attitudes and Behaviors

Behavior	Clinically Overweight Women
Agree "Taking care of themselves is their top priority"	66%
Agree "They do everything they can to take good care of themselves"	66%
Agree "They are concerned about the health risks of being overweight"	82%
Agree "They have too little time to maintain a healthy lifestyle"	17%
Agree "It is too expensive to maintain a healthy lifestyle"	28%
Agree "Being healthy is something they have complete control over"	50%
Understand the health risks of being overweight	100%
Keep up with the latest health information	74%
Have the right balance of work and personal life	74%
Prepare healthy meals for themselves and their families	65%
Incorporate regular exercise into their lives	38%

Mothers' Influence on Health Behaviors

Many women believe they are in better health than their mothers'. In comparison to how they evaluate their own health, women think their own physical health is only marginally better than their mothers' (52% rate their health an eight or higher, while 46% rate their mothers the same). However, as it relates to mental health, women evaluate their mental health considerably higher. Nearly three-quarters (72%) of women consider their mental health to be good while 57% rate their mothers' mental health similarly.

Six in 10 women (59%) rate their health as better than their mothers' and 51% said they have better health habits than their mothers'. However, their mothers' were more likely to get regular medical screenings (70% vs. 65%), make time for themselves (62% vs. 55%), get enough sleep (61% vs. 51%), and maintain a healthy weight (48% vs. 42%).

FIGURE 5: Health Behavior of Daughter vs. Mother

(as reported by daughter)

Behavior	Respondent Self Now	Mom Now
Getting regular medical screenings (such as pap smears, mammograms, etc.)	65%	70%
Having a positive outlook on life	62%	54%
Getting regular medical checkups	61%	69%
Healthy eating	57%	57%
Making time for herself	55%	61%
Getting enough rest/sleep	51%	61%
Developing her sense of spiritual, faith or religious well-being	50%	48%
Exercising regularly	47%	36%
Maintaining a healthy weight	42%	48%
Smoking	14%	13%

Almost three-fourths (72%) of women say their own health behavior is to some degree based on the example their mothers' set. When asked which health behaviors their mothers had now and when growing up, in many respects their mothers' health behavior has improved over time.

FIGURE 6: Health Behaviors of Mothers Over Time

(as reported by daughter)

Behavior	Mothers' Behavior Now	Mothers' Behavior Growing Up	% Point Increase/Decrease from Now
Getting regular medical screenings (such as Pap smears, mammograms, etc.)	70%	44%	+26
Having a positive outlook on life	54%	48%	+6
Getting regular medical checkups	69%	47%	+22
Healthy eating	57%	37%	+20
Making time for herself	62%	31%	+31
Getting enough rest/sleep	61%	49%	+12
Developing her sense of spiritual, faith or religious well-being	48%	51%	-3
Exercising regularly	36%	24%	+12
Maintaining a healthy weight	48%	45%	+3
Smoking	13%	32%	-19

Family Health Management and Information

The vast majority of women are involved in the health care decision making in their families, and two-thirds believe they make a positive impact on the health of their families. More than six in 10 (62%) women report that they are the primary health care decision makers in their families, and an additional 27% report they are a joint decision maker with their spouses (22%), parent (4%) or adult children (1%). Fully two-thirds (66%) of women report that they have a positive (51%) or very positive (15%) impact on the health of their family.

Physicians are a powerful source of information for women with six in 10 (59%) reporting that this is their most trusted source. The least most trusted source of information was television at 22%.

Methodology

The online survey was conducted by Harris Interactive on behalf of the National Women's Health Resource Center between August 4 and 20, 2006, among women, aged 18 and older. Figures for age by sex, education, household income, region, race/ethnicity and propensity to be online were weighted to align them with population proportions. A total of 1,147 online interviews were completed, which included responses from Caucasian (784) African-American (146), Hispanic (116) and Asian (72) women. With a pure probability sample of 1,147 one could say with a 95% probability that the overall results have a sampling error of +/-3 percentage points. Sampling error for data based on subsamples would be higher and would vary. However that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

About the National Women's Health Resource Center

The not-for-profit National Women's Health Resource Center (NWHRC) is the leading independent health information source for women. NWHRC develops and distributes up-to-date and objective women's health information based on the latest advances in medical research and practice. NWHRC believes all women should have access to the most trusted and reliable health information. Information empowers women to make the best decisions to maintain and improve their health and the health of their families.



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