

# Women's Health in California

A compilation of data slides from the California Behavioral Risk Factor Surveillance System, 2013

California Department of Public Health  
Office of Health Equity  
Health Research and Statistics Unit



# Background

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The California Behavioral Risk Factor Surveillance System (BRFSS) is a system of telephone surveys that collect data regarding health-related risk behaviors, demographic information, tobacco use, health screenings, and other public health topics.

The California BRFSS utilizes random digit dialing of California landline and cell phone numbers, and conducts interviews in English and Spanish. Data are weighted to the California population, allowing researchers to estimate the prevalence of health conditions and behaviors.

The women's health questions in the 2013 BRFSS were taken from the [California Women's Health Survey](#), which was discontinued in 2012.

These questions cover women's health, experiences with providers in the health care setting, and experiences of discrimination in any setting.

# Methods

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- The data for this descriptive analysis come from the women's health and discrimination questions from the 2013 California Behavioral Risk Factor Surveillance System (BRFSS).
- Responses were stratified by age, race, sexual orientation, education, and poverty status.
- All data shown have relative standard error (RSE)  $\leq 30\%$  unless otherwise indicated with an asterisk. Differences among estimates were not assessed for statistical significance.
- "Don't know" and "refused" responses were coded as missing for all health and demographic variables.
- The weight used in this analysis was `_CWT10R42`.

# Key Findings

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- ❖ Women with incomes below the Federal Poverty Level (FPL), and those aged 18-24 were the **least likely to have been seen by a provider** for a routine well-woman exam in the last two years.
- ❖ **Inability to afford an exam** was the most commonly cited reason for not having received a well-woman exam in the last two years.
- ❖ Nearly two-thirds (63.5%) of California women reported having had an **appointment with their health care provider** in the last 12 months.
- ❖ Hispanic women were the least likely (46.9%) to have had an appointment with their health care provider of any racial group.
- ❖ Young women 18-24 were the least likely to have been seen by a health care provider (45.3%), with rates increasing by age group.

# Key Findings

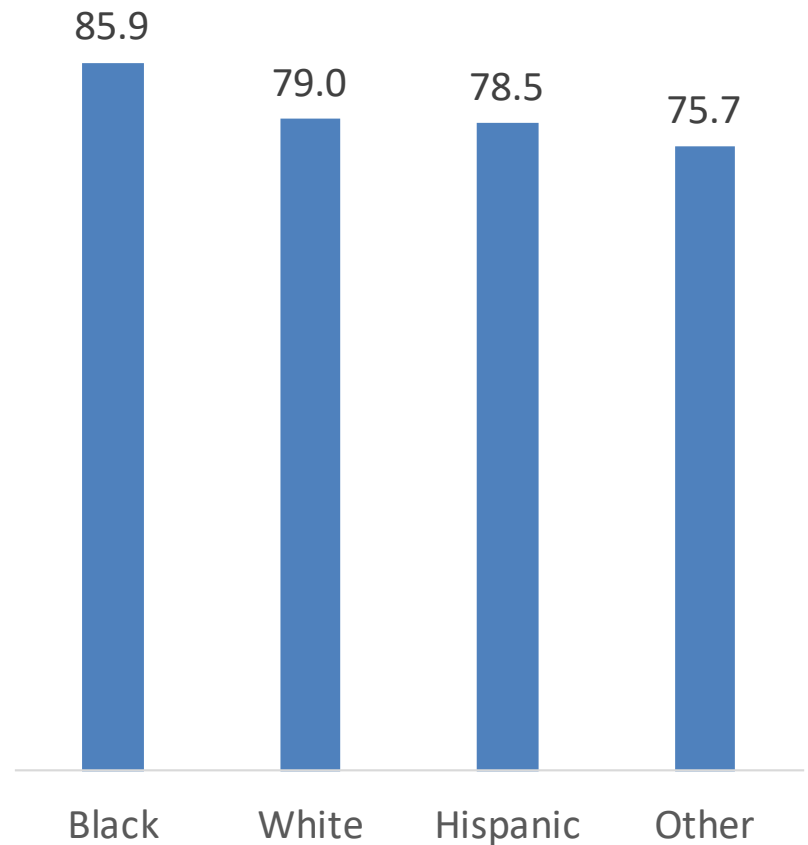
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- ❖ Lesbian, gay, and bisexual women were less likely than heterosexual women to have been by a health care provider.
- ❖ Hispanic women, low-income women, and those with less than a 9<sup>th</sup> grade education were the least likely to have been asked their opinion regarding treatment decisions.
- ❖ One-fifth (19.6%) of women experienced discrimination because of their race/ethnicity.
- ❖ Black women comprised more than half (58.1%) of women who reported experiencing discrimination because of their race/ethnicity.
- ❖ More than half of black women (59.5%) felt emotionally upset as a result of how they were treated based on their race, ethnicity, or disability status.

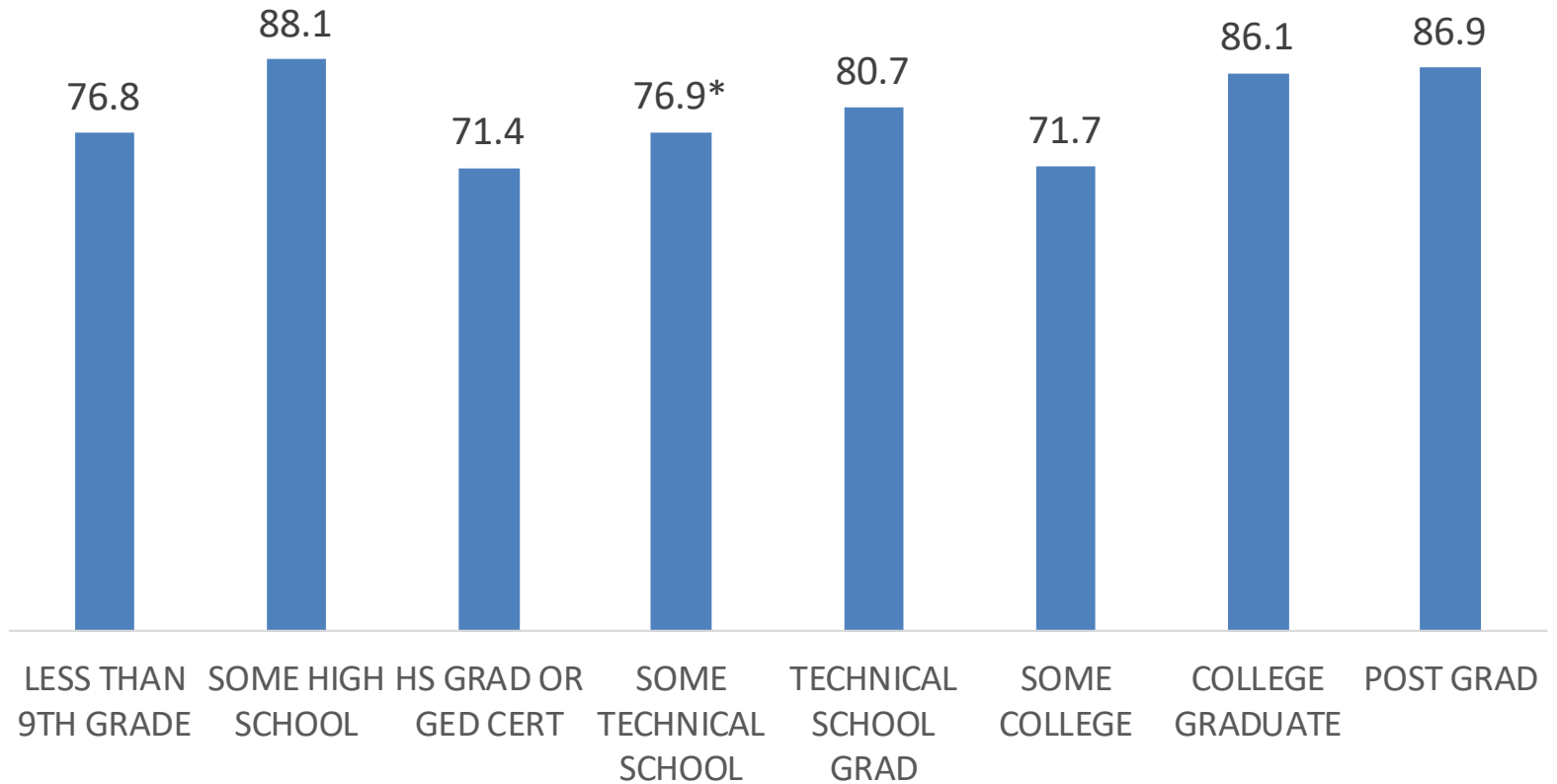


# **WELL WOMAN EXAMS**

Black women were the most likely to have received a well-woman exam of any racial group.

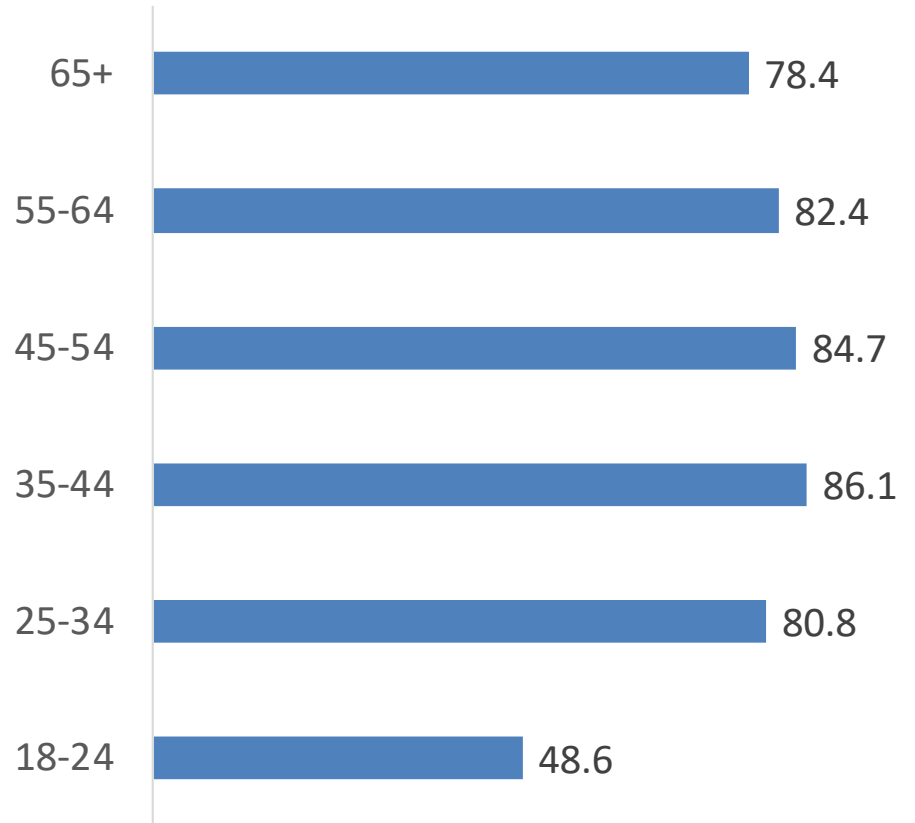


There was no clear trend in receipt of well-woman exam by education.

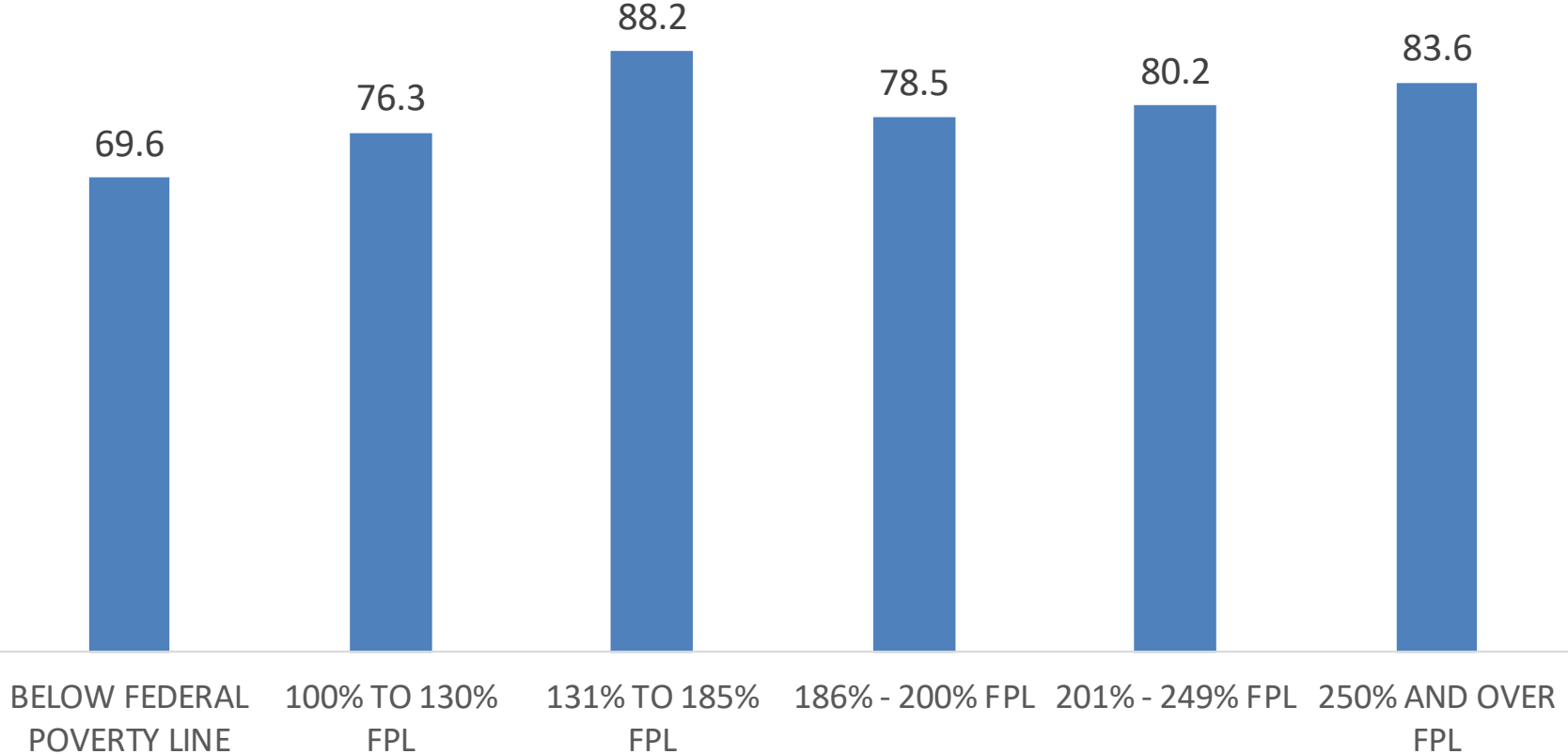




Women aged 18-24 were the least likely to have received a well-woman exam.



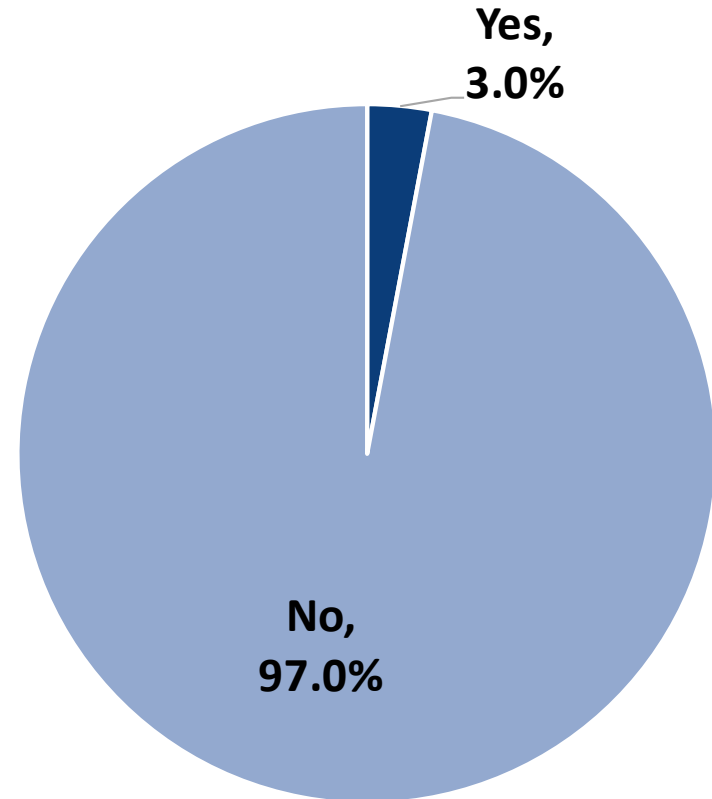
Women between 131% to 185% FPL were most likely to have received a well-woman exam (88.2%), whereas those below the poverty level were least likely (69.6%).





# **ACCESS TO BIRTH CONTROL METHODS**

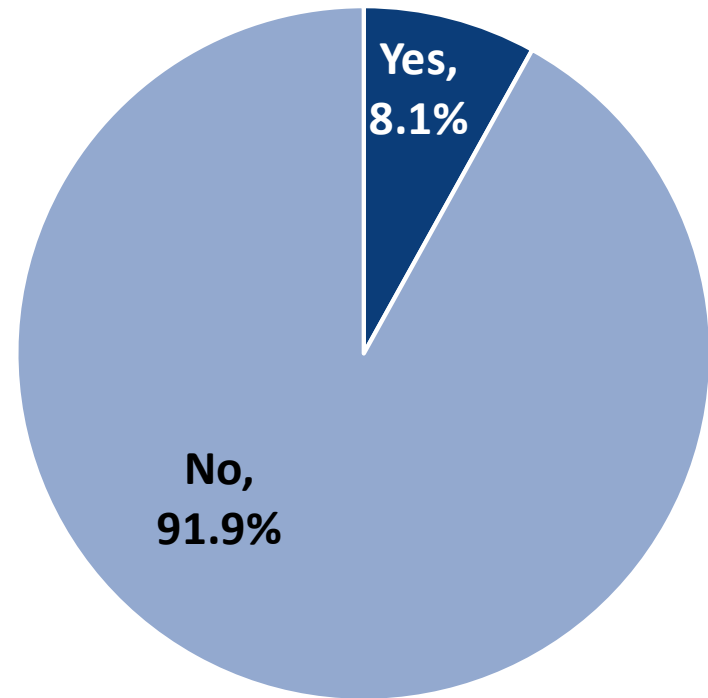
3.0% of heterosexually active women had difficulty buying a birth control method due to financial/income barriers of the family.



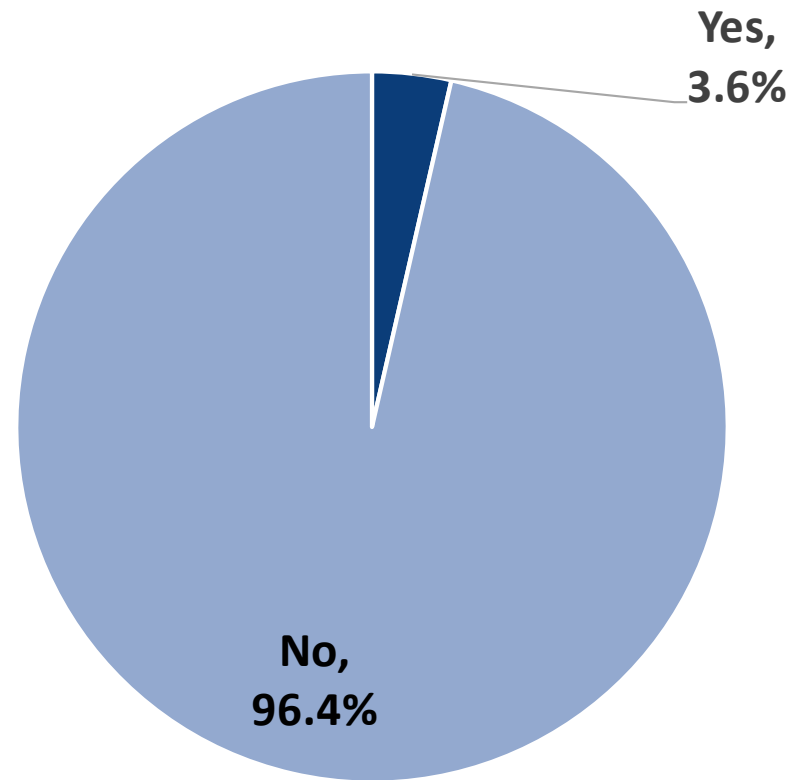


# FERTILITY

8.1% of women were not successful getting pregnant after trying for more than 12 months.



3.6% of women have been told by a doctor that they were infertile.

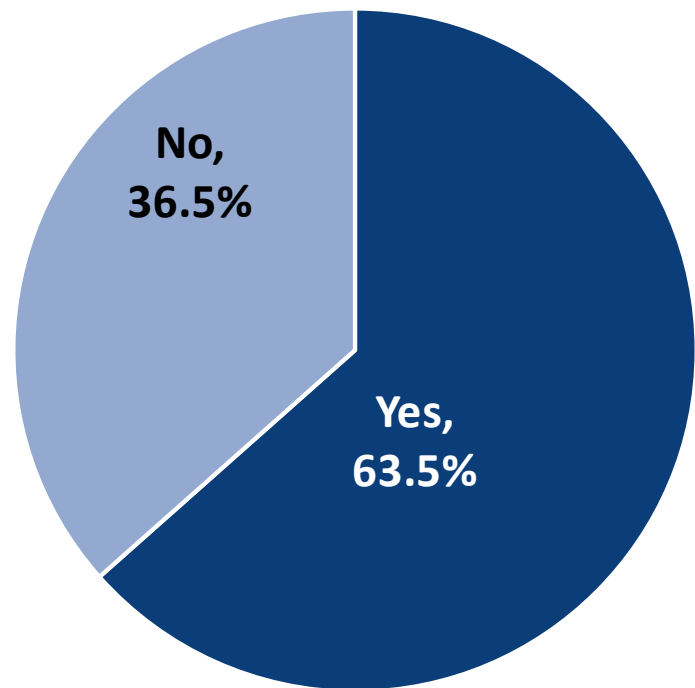




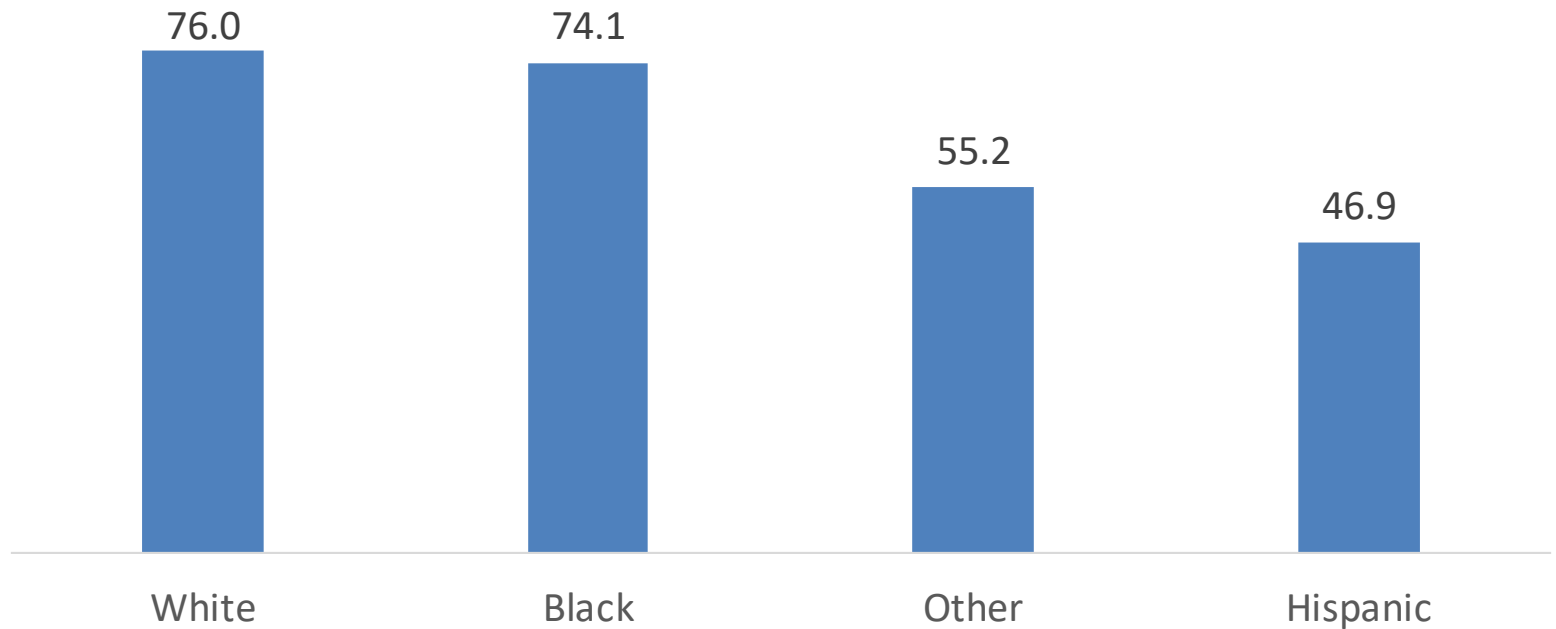
# **APPOINTMENT WITH HEALTH CARE PROVIDER**



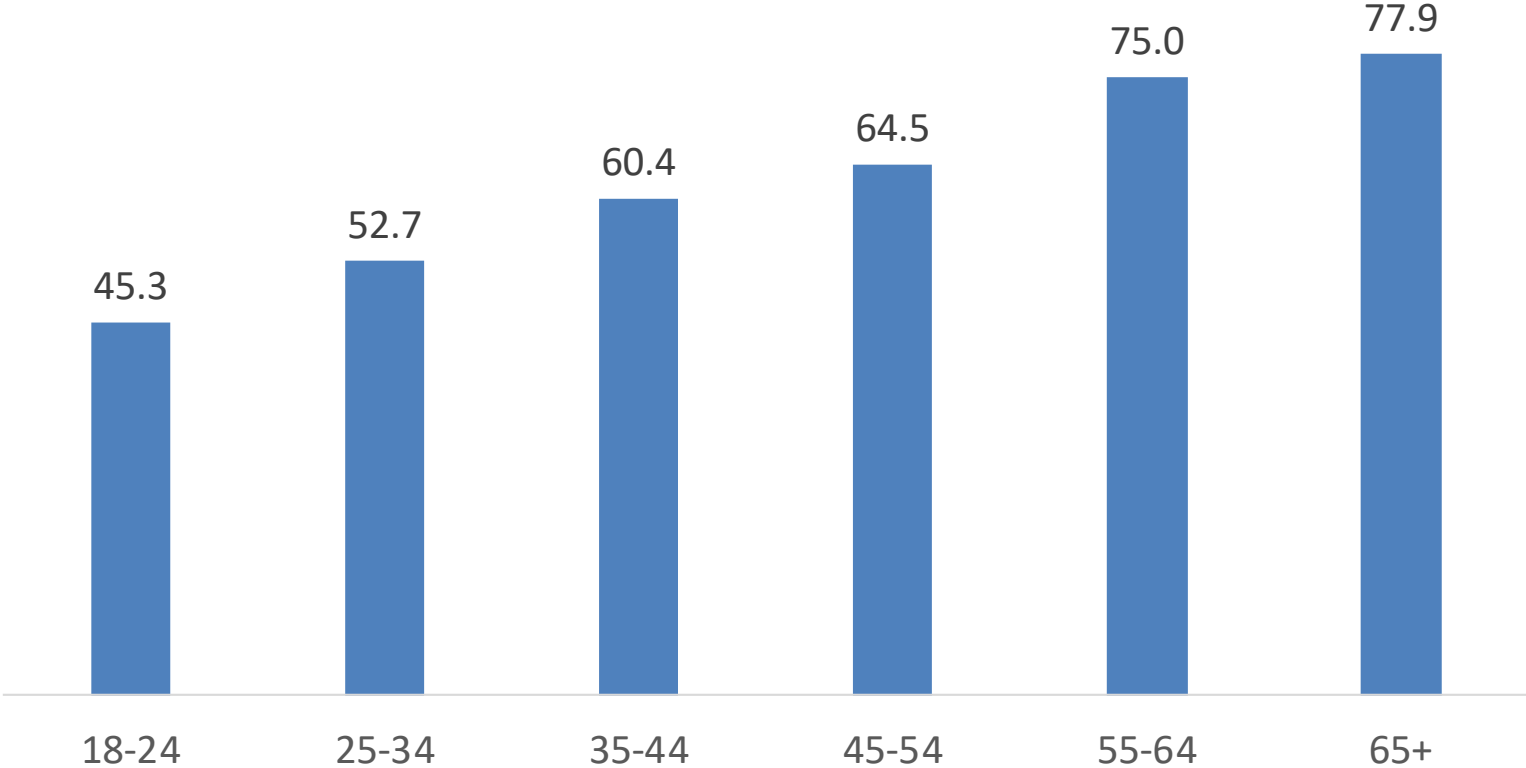
63.5% of California women reported having had an appointment with their health care provider in the last 12 months.



Hispanic women were the least likely (46.9%) to have had an appointment with their health care provider of any racial group.



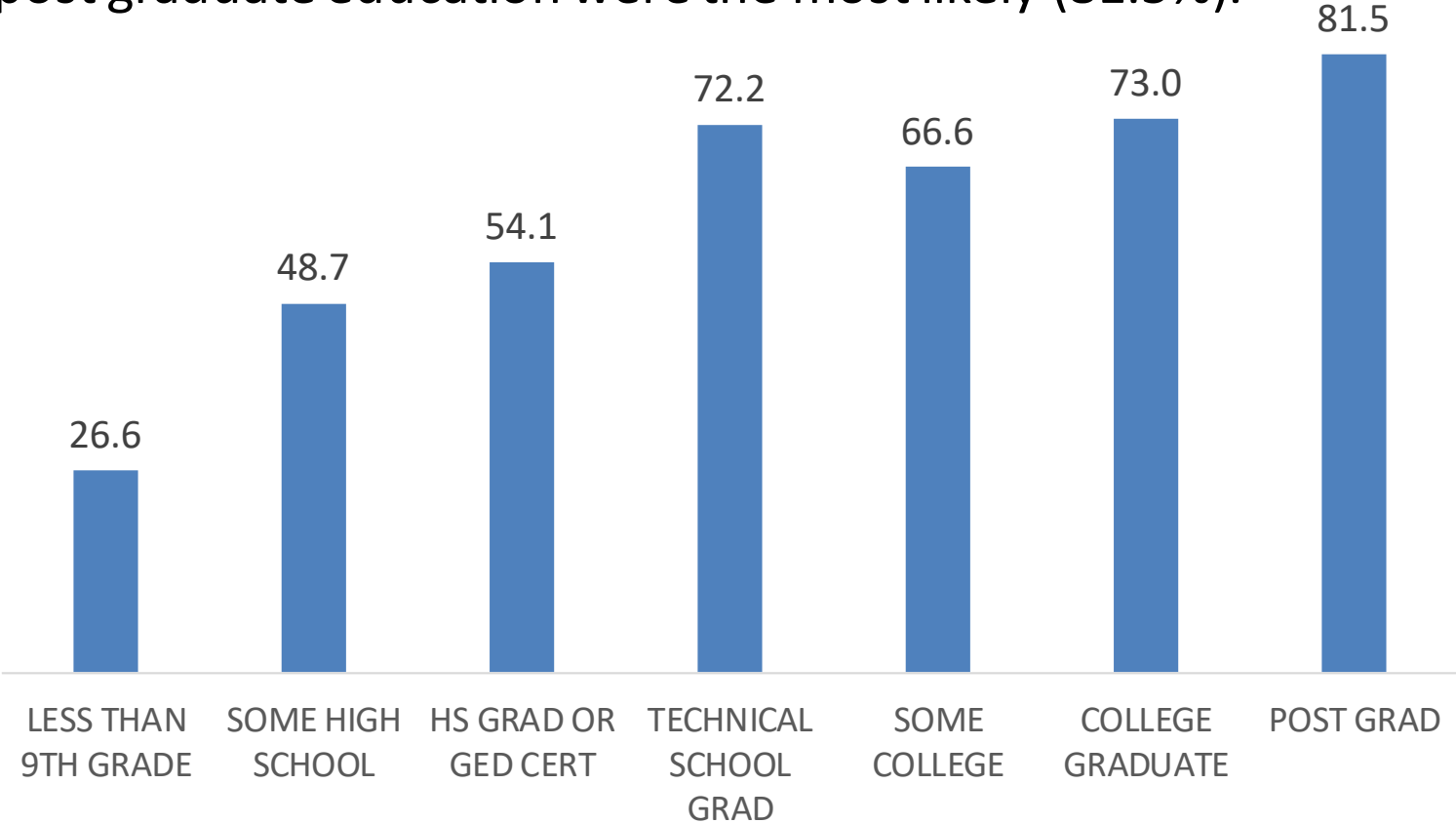
Women aged 18-24 were the least likely to have seen a health care provider at 45.3%, with rates increasing by age group.



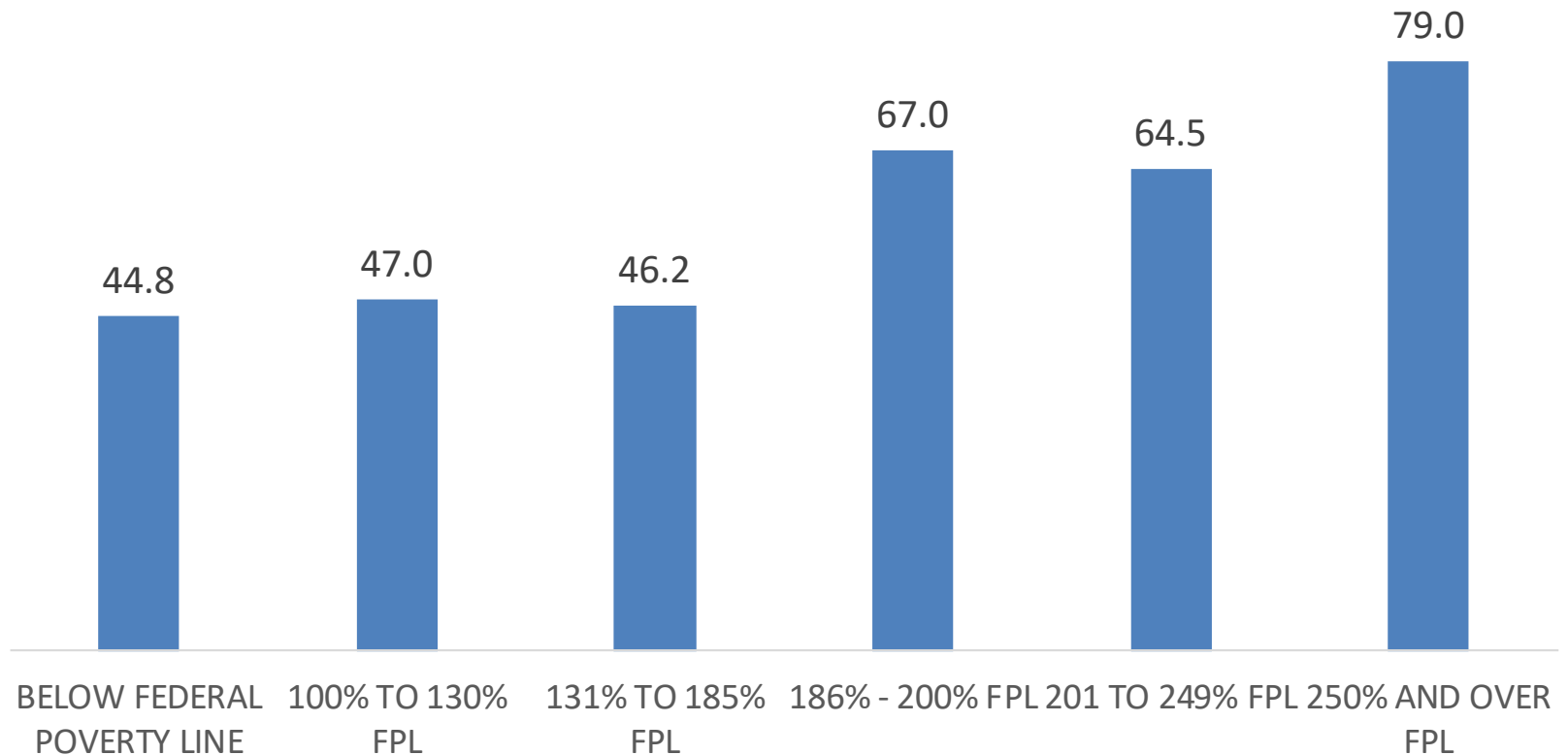
Heterosexual women were the most likely to have seen a health care provider (64.6%), while gay/lesbian women were the least likely (53.9%).



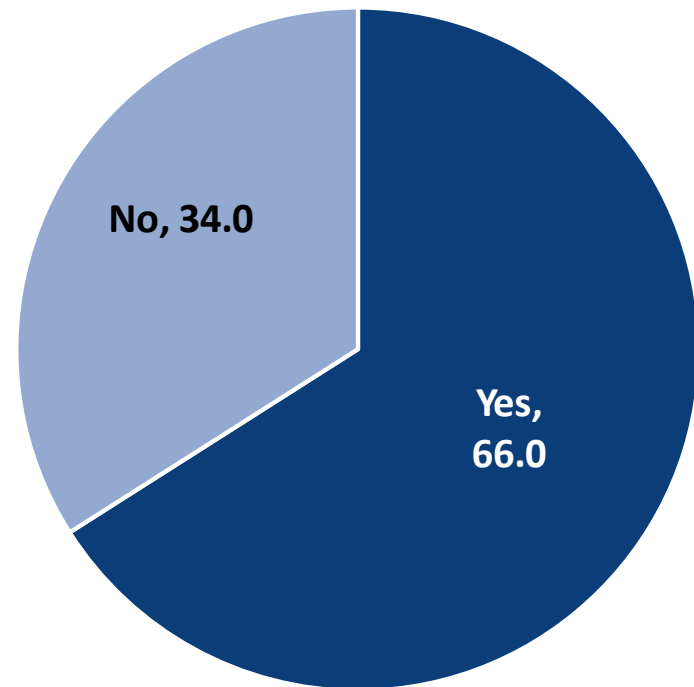
Women with less than a 9<sup>th</sup> grade education were the least likely to have seen a health care provider (26.6%), while those with post graduate education were the most likely (81.5%).



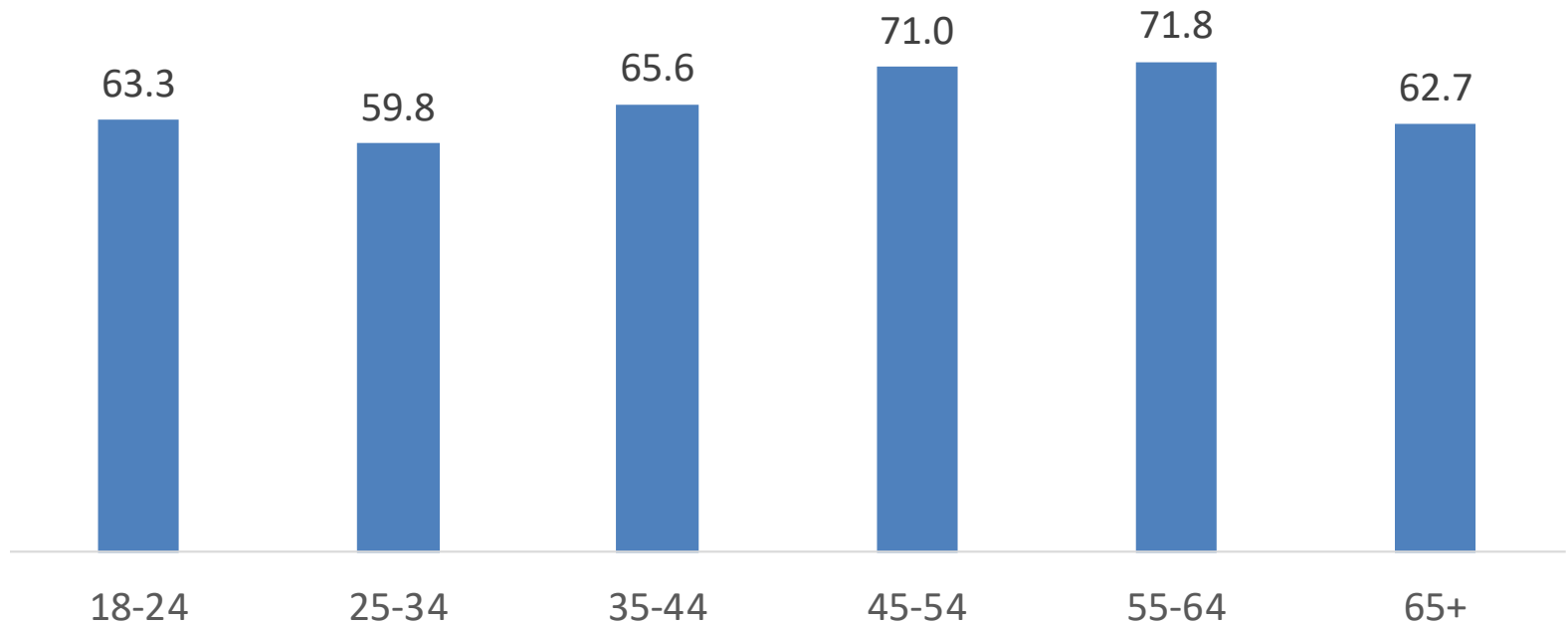
Higher income women were the most likely to have seen a health care provider (79.0%) while those with incomes below the federal poverty line were the least likely (44.8%).



66% of women who had an appointment with their health care provider in the last 12 months said their health care provider asked for their opinion about making treatment decisions.

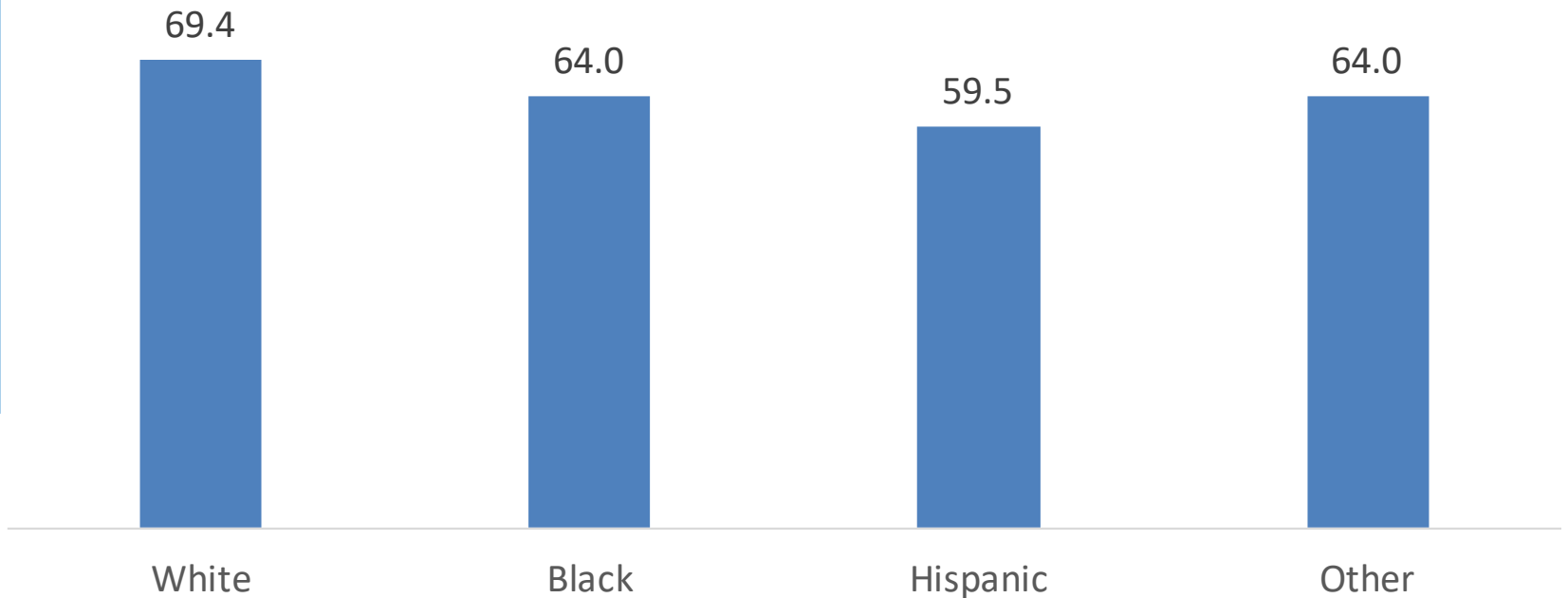


Women aged 25-34 were the least likely to have been asked for their opinion regarding treatment decisions (59.8%) compared to women aged 55-64 (71.8%).

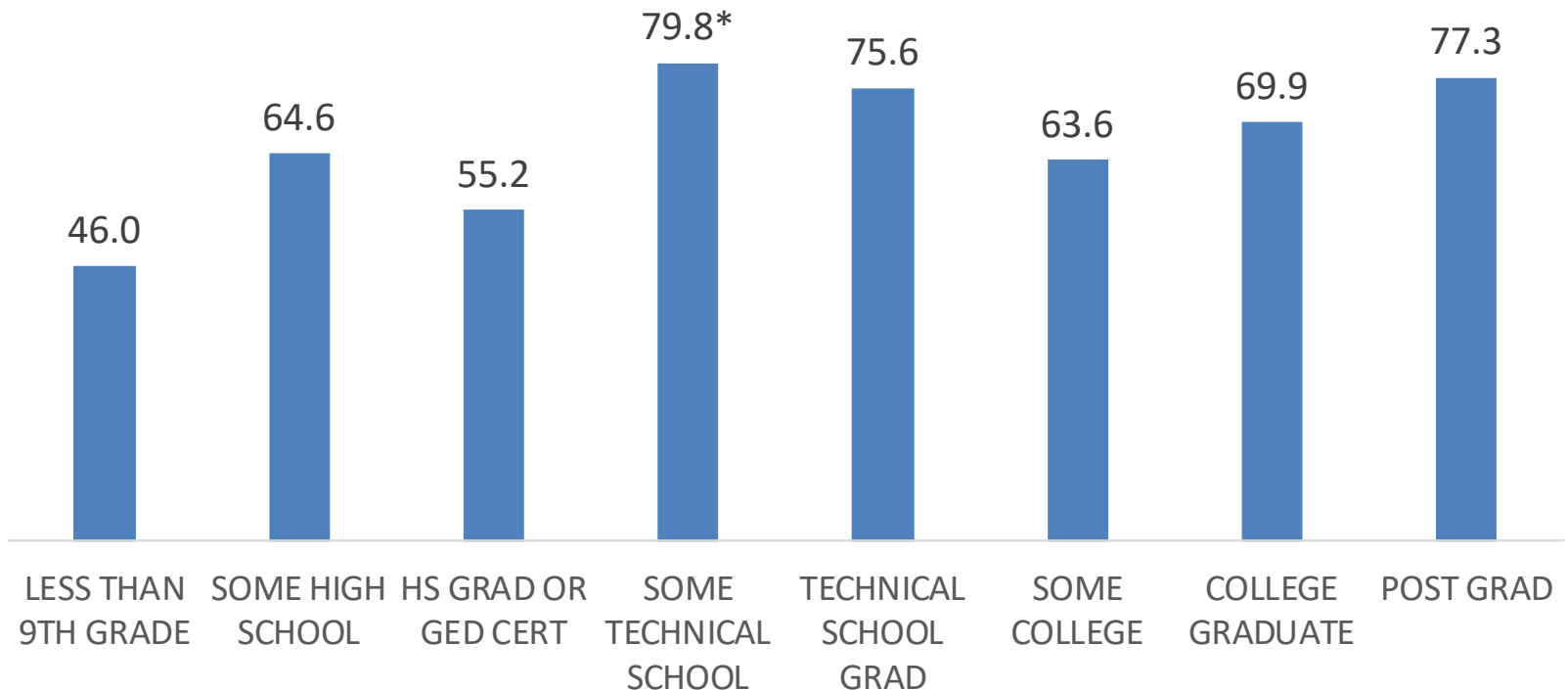




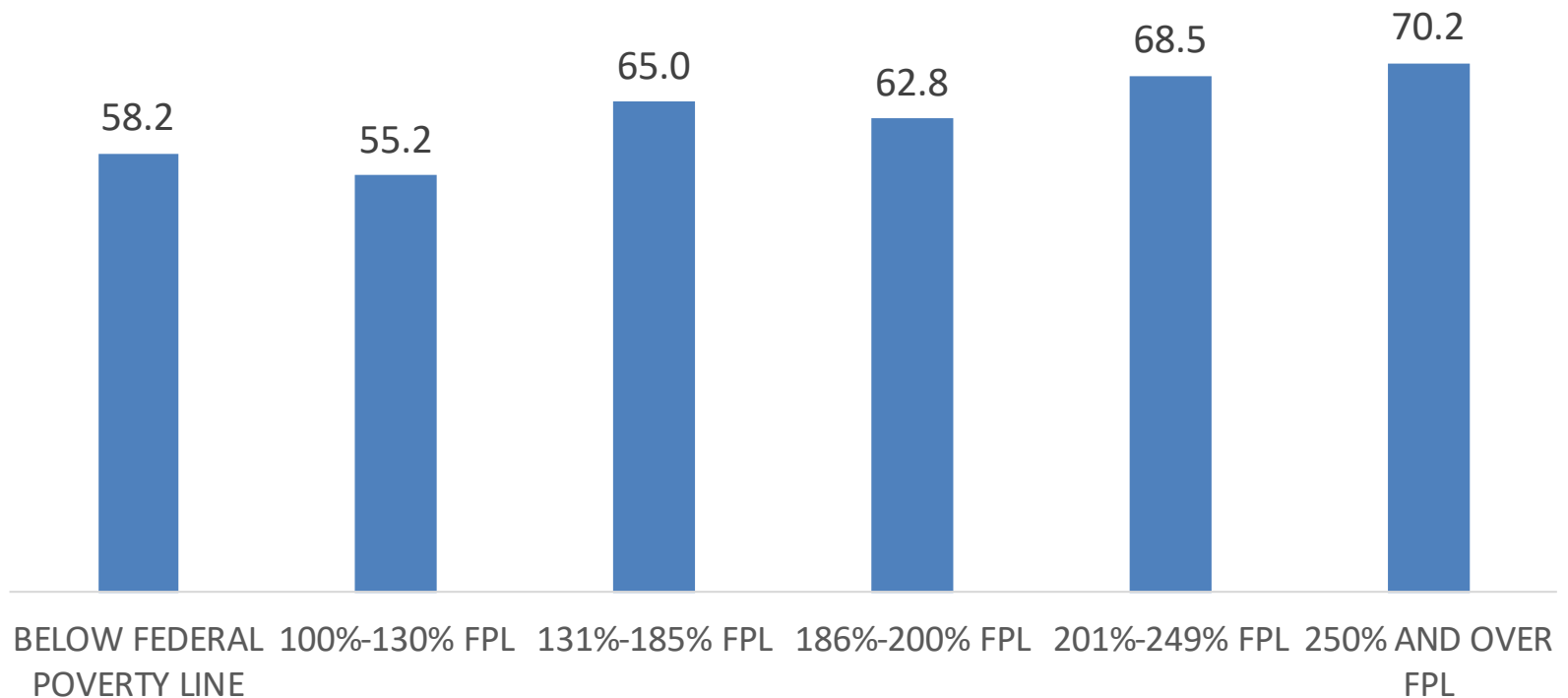
White women were the most likely to have been asked for their opinion regarding treatment decisions (69.4%), while Hispanic women were the least likely (59.5%).



Women with less than a 9<sup>th</sup> grade education were the least likely to have been asked for their opinion regarding making treatment decisions (46.0%) compared to women with post graduate education (77.3%).



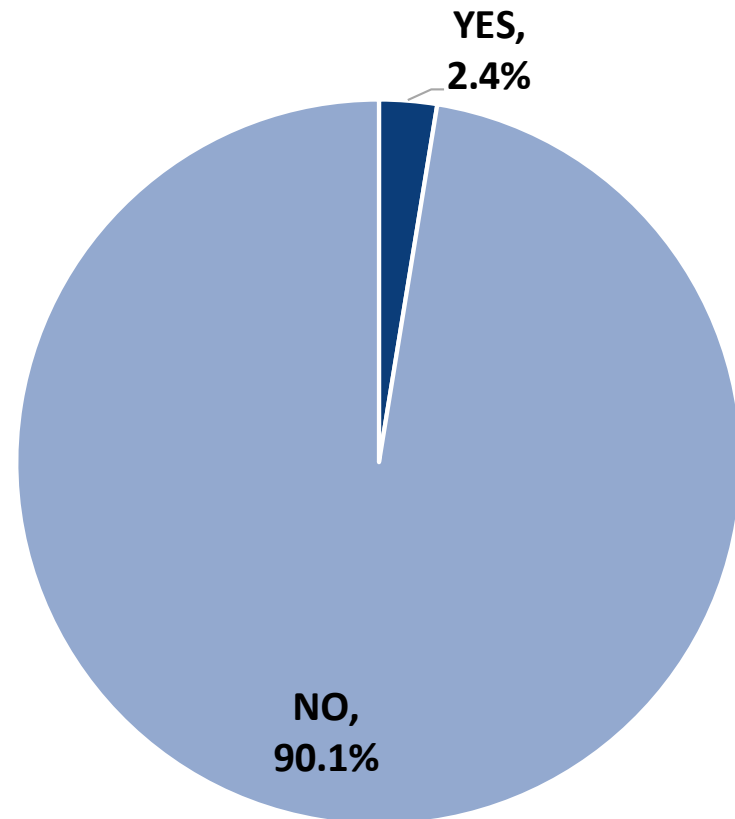
Women with incomes below the federal poverty line (FPL) were the least likely to have been asked for their opinion regarding making treatment decisions (58.2%), while women >250% FPL were the most likely (70.2%).





# **DOMESTIC VIOLENCE**

2.4% of women reported having felt frightened for their safety because of anger or threats of a partner or former partner.





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2.2% of women felt controlled by a partner or former partner in the last 12 months (an estimated 333,477 women in California)

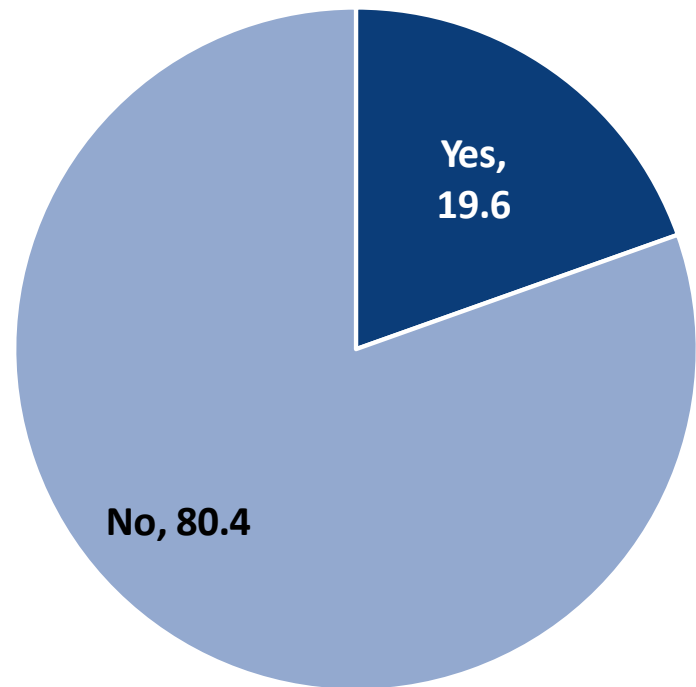
Of women who reported having felt controlled by a partner in the last 12 months, 50.8% of them said it was their husband.

Note: Total population of women over 18 obtained from 2013-2017 American Community Survey.  
19,616,268 CA female –  
(4,458,267 CA females <18) = 15,158,001 women >18 in CA. 2.2% of 15,158,001 = 333,477



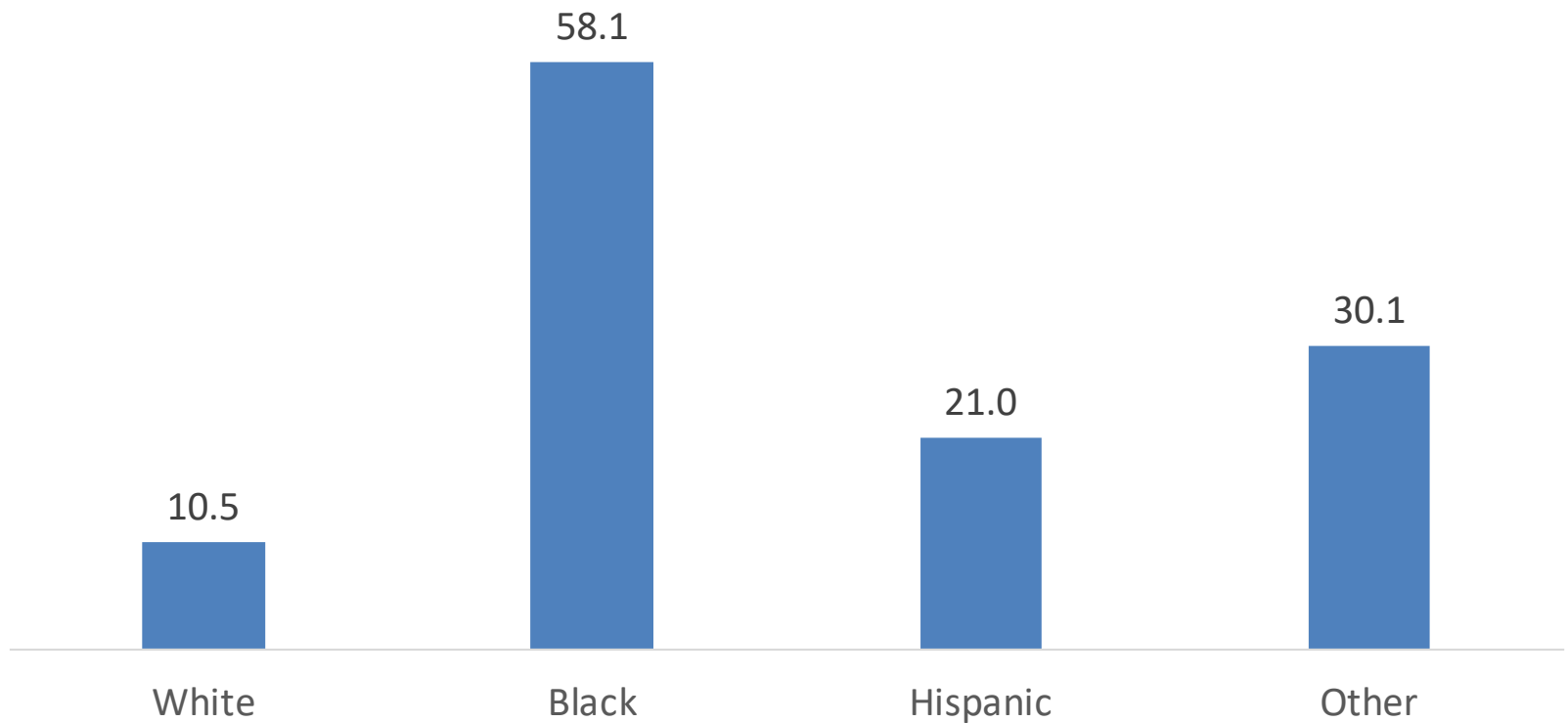
# **DISCRIMINATION**

19.6% of women experienced discrimination because of their race or ethnicity.

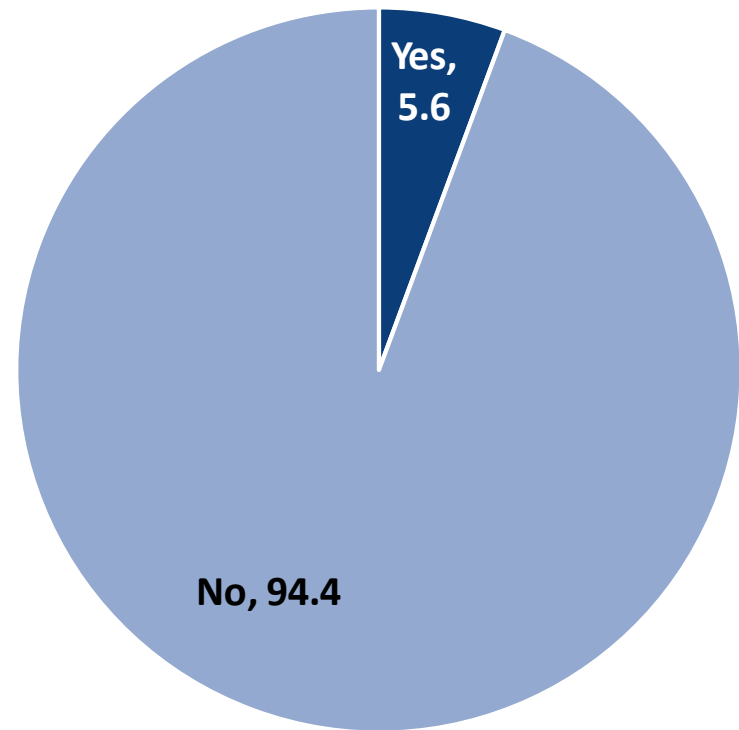




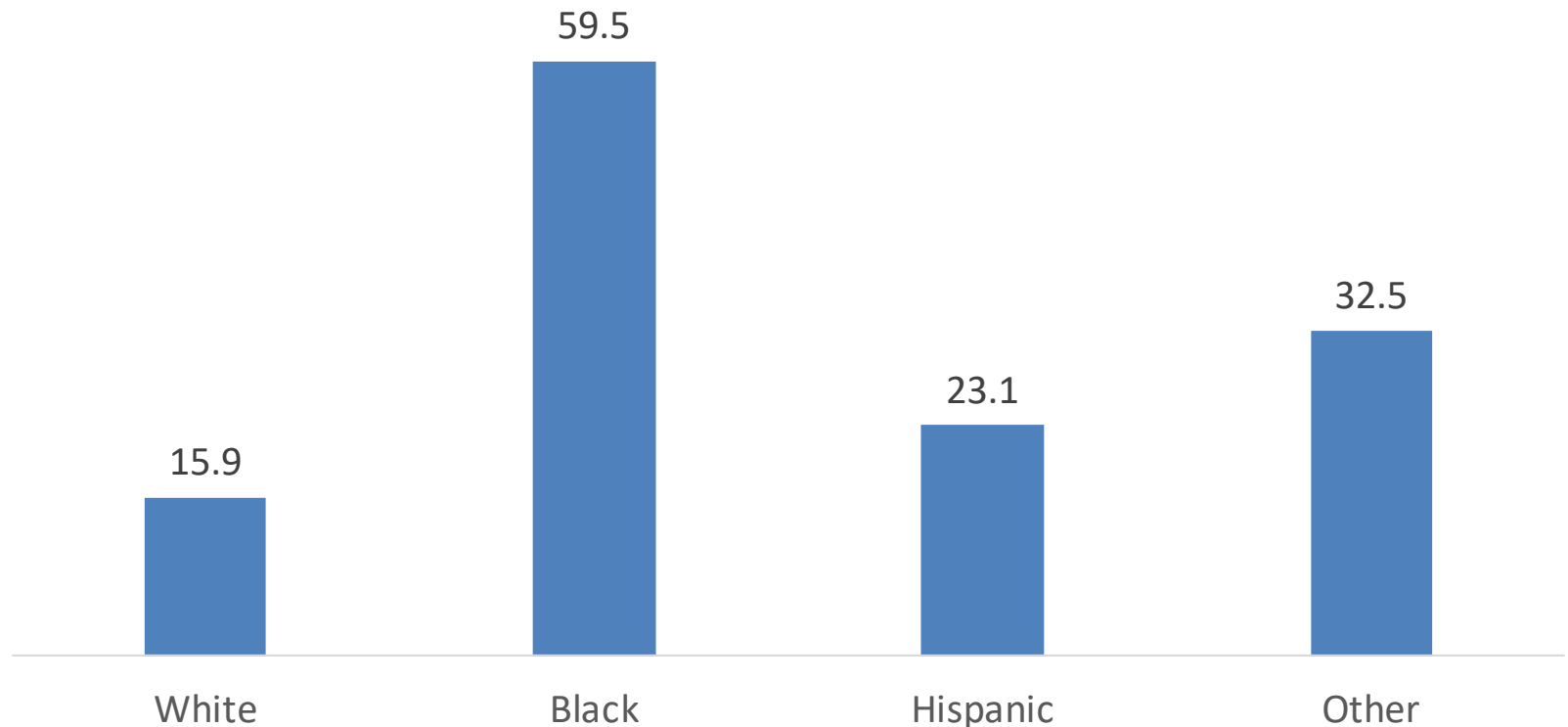
Black women were the most likely (58.1%) to report having experienced discrimination because of their race or ethnicity.



5.6% of women experienced discrimination because of a disability.



23.2% of women felt emotionally upset as a result of how they were treated based on their race, ethnicity, or disability status. Black women were the most likely to have felt emotionally upset (59.5%) of any race/ethnic group.



# Publications Using These Data

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Plascak JJ, Hohl B, Barrington WE, Beresford SA. Perceived neighborhood disorder, racial-ethnic discrimination and leading risk factors for chronic disease among women: California Behavioral Risk Factor Surveillance System, 2013. *SSM Popul Health*. 2018;5:227-238. Published 2018 Jul 10. doi:10.1016/j.ssmph.2018.07.001

## Key findings from Plascak et al (2018):

- Perceived racial-ethnic discrimination was associated with a greater tobacco smoking prevalence; greater alcohol consumption among African American and Latino women; and less physical activity among African American women.
- Racial-ethnic discrimination may be an independent contributor to chronic disease through tobacco smoking, alcohol consumption, and physical activity.

# Technical Notes

- Crosstabulations for which all or most values were unstable (RSE >30) are not shown.
- All data shown have relative standard error (RSE) ≤30% unless otherwise indicated with an asterisk.
- [Sacramento State's Public Health Survey Research Program - California Behavior Risk Factor Surveillance System \(BRFSS\) website](#)
- Variables examined in this analysis:
  - Receipt of well-woman exam in last 2 years (GYNEXAM)
  - Reason not received well-woman exam in last 2 years (NOEXAM2)
  - Sex partners in last 12 months (WHOSX12M)
  - Difficulty buying birth control due to financial barriers (BCDIFF)
  - Ever tried 12+ months to get pregnant and not successful (PROBP4)
  - Told by a doctor that you were infertile (INFERTI3)
  - Appointment with health care provider in last 12 months (HCPROVID)
  - Experience with health care provider (HCPROVI4)
  - Health care provider asked opinion about treatment decisions (HCPROVI3)
  - Felt frightened for your or your family's or friend's safety because of partner or former partner (DVFEAR2)
  - Partner tried to control most or all of daily activities (DVCNTROL)
  - [If yes to DVNTROL] Partner's relationship to you (DVRELATN)
  - Ever experienced discrimination because of your race/ethnicity (DISCEVER)
  - Ever experienced discrimination because of disability (DISDISAB)
  - Ever felt emotionally upset because of how you were treated based on race/ethnicity or disability (EMOUPSET)



For questions and comments, please contact:

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