



Women at High Risk for Diabetes: Access and Quality of Health Care, 2003-2006



Women at High Risk for Diabetes: Access and Quality of Health Care, 2003-2006

**U.S. Department of
Health and Human Services**

Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

AHRQ Publication No. 11-0002
January 2011

Acknowledgments

Centers for Disease Control and Prevention (CDC)

Thomas Frieden, M.D., M.P.H., Director

Ursula E. Bauer, Ph.D., M.P.H., Director of the National Center for Chronic Disease Prevention and Health Promotion

Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Ann Albright, Ph.D., R.D., Director of the Division of Diabetes Translation

Gloria L.A. Beckles, M.D., M.Sc., Medical Epidemiologist

Michelle D. Owens-Gary, Ph.D., Behavioral Scientist

Sarah R. Lewis, M.P.H., C.H.E.S., Oak Ridge Institute for Science and Education Fellow

Agency for Healthcare Research and Quality (AHRQ)

Carolyn Clancy, M.D., Director

William Munier, M.D., Director, Center for Quality Improvement and Patient Safety

Francis Chesley, M.D., Director, Office of Extramural Research, Education, and Priority Populations

Katherine Crosson, M.P.H., Associate Director, Center for Quality Improvement and Patient Safety

Additional AHRQ Staff

Doreen Bonnett, M.S.W.

Mary Rolston

Other Staff

Paul Gorrell, Ph.D., formerly of Social & Scientific Systems, Inc. (SSS)

Shakeh J. Kaftarian, Ph.D., formerly of AHRQ

Table of Contents

Highlights	1
Introduction and Methods	3
Introduction.....	3
Methods.....	3
Data Sources	4
Data Notes and Limitations	4
Contact Information	5
Diabetes Risk Factors of U.S. Women	7
Population Size and Growth.....	7
Demographic and Socioeconomic Profile.....	7
General Health and Well-Being	9
Self-Rated Health	13
Diagnosed Hypertension	16
Diagnosed Overweight	19
Cholesterol	20
Smoking	23
Alcohol Consumption	26
Access to Care	29
Health Insurance.....	29
Use of Health Care Services.....	41
Diabetes-Related Risk Reduction	51
Provider-Directed Risk Reduction	51
Blood Pressure Measurement.....	51
Lipid Profile.....	55
Provider Advice About Weight.....	59
Physical Activity	66
Weight Loss.....	70
Appendix A: References	83
Appendix B: Tables	87



Highlights

The Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ) are pleased to release this report, *Women at High Risk for Diabetes: Access and Quality of Health Care, 2003-2006*, on behalf of the U.S. Department of Health and Human Services (HHS). This collaboration examined the quality of preventive health care received by U.S. women at high risk and not at high risk for diabetes, using the most scientifically based measures and national data sources available. The report presents measures of health care quality showing the use of services in several areas: access to care, general health and well-being, and preventive care and behaviors. It should be noted that the data used (2003-2006) will not capture any recent changes in access to and quality of care.

This Highlights section offers a concise overview of findings from this report. The findings indicate that, among women at high risk and not at high risk for diabetes, disparities exist in access to and quality of care.

General Health and Well-Being

- Overall, women at high risk for diabetes were more likely than women not at high risk for diabetes to report fair/poor health. Regardless of diabetes risk status, fair/poor health was more commonly reported by minority women, women with low levels of education, and women who lived in low-income families.
- Overall, women at high risk for diabetes were more likely than women not at high risk for diabetes to be aware of having major risk factors for diabetes (hypertension, overweight).
- Regardless of diabetes risk status, awareness of hypertensive status was lowest among Mexican-American women and highest among African-American women. Awareness of overweight status was lowest among minority women and decreased as education or family income decreased.
- Overall, women at high risk for diabetes were less likely than women not at high risk for diabetes to smoke or consume alcohol. However, alcohol consumption was most commonly reported by non-Hispanic women and women with high levels of education or family income.

Access to Care

- Among non-Hispanic whites, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have only public health insurance coverage during the year. No significant differences were found among non-Hispanic or Mexican-American women.
- Regardless of diabetes risk status, non-Hispanic black women were significantly more likely than non-Hispanic white women to have only public health insurance coverage during the year.
- Regardless of diabetes risk status, women with a high school education or less were significantly more likely than women with more than a high school education to have been uninsured all year.

Diabetes-Related Risk Reduction

- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to report that they exercised for at least 150 minutes per week.
- Women at high risk for diabetes who had a high school education or less were significantly less likely than women at high risk for diabetes who had more than a high school education to have tried to lose weight in the past year.



Introduction and Methods

Introduction

Diabetes is a chronic disease that is very common, serious, and costly. Diabetes can lead to serious complications, such as heart disease and stroke, high blood pressure, blindness, and kidney disease. However, people with diabetes can control the disease and reduce their likelihood of developing complications.¹ An estimated 24 million people in the United States, or 8% of those age 20 years and over, have diabetes; of those, almost half are women.^{1,2}

At least one-fourth of adults in the United States are also known to have prediabetes, a condition in which people have blood glucose levels higher than normal but not high enough to be diagnosed with diabetes. People with prediabetes have an increased risk of type 2 diabetes, heart disease, and stroke.¹

Women are more likely than men to develop chronic diseases, such as diabetes, and to suffer disproportionately from disability compared to men.³ It is important to target women at high risk for diabetes for intervention to reduce their risk of diabetes. Evidence shows that people with prediabetes who lose 5 to 7% of their body weight and increase their physical activity can prevent or delay diabetes.⁴ Early interventions and access to preventive care services are important for women to reduce the risk of developing other diseases, such as cardiovascular disease.³ However, very few studies have examined preventive care measures for women at high risk for diabetes.

To address this gap, CDC collaborated with AHRQ to develop this report, which assesses and describes the quality of care that women at high risk for diabetes receive in the United States. This report can be used to identify areas in which intervention can help women at high risk for diabetes across the lifespan, and to focus attention on possible gaps in public health programs, policies, research, and surveillance.

Methods

Similar to the 2008 report, *Women With Diabetes: Quality of Health Care, 2004-2005*, this report analyzes a wide variety of measures selected by experts at CDC and AHRQ as highly relevant to an examination of the quality of health care for women at high risk for diabetes. Due to data availability and other constraining factors, the measures discussed in this report are not necessarily comprehensive. Still, they highlight important areas of health care quality of particular relevance to women at high risk for diabetes.

Throughout the report, the comparison groups are:

- Women at high risk for diabetes
- Women not at high risk for diabetes

Women are defined as females age 18 years and older. Women at high risk for diabetes were identified by the following criteria⁵:

- Age 45 years and over with a body mass index (BMI) of 25 kg/m² or greater, or
- Ages 18-44 years with a body mass index (BMI) of 25 kg/m² or greater, and any of the following:
 - Low physical activity (less than 150 minutes per week)
 - Family history of diabetes
 - Racial or ethnic background in a high-risk group (African American, Hispanic or Latino, American Indian or Alaska Native, Asian American, or Native Hawaiian or Pacific Islander)
 - History of gestational diabetes or baby with birth weight greater than 9 lb
 - Hypertension (blood pressure greater than or equal to 140/90 mm Hg [systolic] or 90 mm Hg [diastolic])
 - Dyslipidemia (low-density lipoprotein [LDL] greater than 130 mg/dL; high-density lipoprotein [HDL] less than 50 mg/dL, triglyceride level above 250 mg/dL)
 - History of heart attack, stroke, or peripheral arterial disease

Women not at high risk are defined as women who do not have diabetes and do not meet any of the above criteria for women at high risk for diabetes.

Data Sources

Data from the National Health and Nutrition Examination Survey (NHANES) were analyzed. NHANES is conducted by the National Center for Health Statistics, part of CDC, with data collection on an annual basis. Data are currently released in 2-year cycles. For this report, combined data from the 2003-2004 and 2005-2006 NHANES were analyzed.

The NHANES is a national survey of the U.S. civilian noninstitutionalized population. All ages are included in the survey population. The survey is designed to be nationally representative. Approximately 5,000 people are examined each year, with oversampling of African Americans, Mexican Americans, adolescents, older people, and low-income non-Hispanic whites.

In addition to in-person, in-home interviews, NHANES respondents are asked to participate in physical examinations and laboratory tests conducted in mobile examination centers (MECs). Tests include blood pressure readings, height and weight measurements (used for BMI calculation), and blood tests for cholesterol levels.

Data Notes and Limitations

1. Race and ethnicity categories are based on respondent self report.
2. Two components of the definition above for being at high risk for diabetes (history of gestational diabetes or baby with birth weight greater than 9 lb, and history of peripheral arterial disease) were not included due to limitations of the source data.
3. Low physical activity was defined as having less than 150 minutes of activity per week. Activities included walking, bicycling, and working in the home or yard where the activity required at least moderate physical effort.
4. Family history of diabetes is based on respondent self report.

5. Blood pressure was based on mean values of the second, third, and fourth readings. Hypertension was defined as a mean systolic reading greater than or equal to 140 mm Hg OR a mean diastolic reading greater than or equal to 90 mm Hg.
6. Dyslipidemia was defined as having an LDL value greater than 130 mg/dL OR an HDL value less than 50mg/dL OR a triglyceride value greater than 250 mg/dL.
7. Indicators of socioeconomic position used were education attained and family income, measured as poverty-income ratio (U.S. Census Bureau, poverty-income ratio). Poverty status was defined by categories of the poverty-income ratio. Negative/poor refers to household incomes below the Federal poverty line (FPL); near poor/low, over the poverty line to just below 200% of FPL; middle, 200% to just below 400% of FPL; and high, 400% of FPL and over. Self-reported education and income may be subject to recall and social desirability bias.
8. Only differences with a two-tailed p-value <0.05 are considered statistically significant. All comparisons between groups are based on estimates age-standardized to the U.S. Census 2000 population. Estimates based on cell size less than 100 or a relative standard error greater than 30% do not meet the criteria for statistical reliability, data quality, or confidentiality and are not reported.

Contact Information

Agency home page: <http://www.cdc.gov/nchs>.

Data system home page: <http://www.cdc.gov/nchs/nhanes.htm>.



Diabetes Risk Factors of U.S. Women

Population Size and Growth

In 2005, 51.4% of the estimated population age 18 years and over were women.⁶ From 2005-2050, through the combination of low birth rates, declining death rates, and net international migration, the population of women age 18 years and older is projected to grow by 59 million.⁷⁻⁹ This growth will increase the number of women at high risk for developing diabetes. The number of women diagnosed with diabetes is projected to reach 27.5 million by 2050; of these, more than one-third will be age 75 or older.¹⁰

Demographic and Socioeconomic Profile

Age and race/ethnicity are strongly associated with risk of developing or having diabetes.¹¹⁻¹³ In 2005, 48.8% of women were in the reproductive years (18-44); 32.6% were in the middle years (45-64); and 18.7% were age 65 and older (numbers do not add to 100 due to rounding).⁶

The female population is racially and ethnically heterogeneous.¹⁴ Among U.S. women reporting a single race in 2005, an estimated 70% were non-Hispanic white; 12.4% were non-Hispanic black, 11.8% were Hispanic of any race, 4.5% were Asian, 0.9% were American Indian or Alaska Native, and 0.2% were Pacific Islander. From 2005-2050, the number of nonwhite minority females is projected to increase from approximately 30% to nearly 60% of the total female population.¹⁵ Since minorities can be at greater risk for diabetes than non-Hispanic whites, the projected growth in the number of minority women suggests that increasing numbers of minority women will be diagnosed with diabetes.¹⁰

Socioeconomic position, as measured by education, income, or occupation, is strongly associated with prevalence and incidence of diabetes.^{12,16-21} Among women age 18 years and over in 2005, approximately 15% had not completed high school and only about one-quarter had completed college or higher; estimates for older women were 25.4% and 14.9%, respectively.²² Regardless of level of education attained, earnings for women are about three-quarters of that for men even when they work full time and year round.²³ Therefore, poverty is a major concern for women across the lifespan.

In 2005, more than 14 million (13%) women lived below the Federal poverty threshold, accounting for 3 out of every 5 poor adults age 18 years and over.²⁴ About 59% of poor women are in the reproductive years but nearly 24% of women are in the middle years and 17% of older women live below the poverty threshold. In 2005, 1 in 4 black women and 1 in 5 Hispanic women lived in poverty; there was very little variation with age. A substantial proportion of American women of all racial and ethnic origins are exposed to socioeconomic circumstances that put them at increased risk of developing diabetes.

In addition to nonmodifiable factors such as age and race, a number of potentially modifiable biologic and behavioral factors are associated with an increased risk of type 2 diabetes.

These include:

- Obesity, hypertension, physical inactivity, and high-calorie diets
- Excessive alcohol use and tobacco use
- Psychosocial factors such as depression and poor mental health status¹³

Increased physical activity and weight loss can prevent or delay the onset of type 2 diabetes among high-risk adults of both sexes, different ages, and racial and ethnic origins.^{4,25-27} Furthermore, the effect of such lifestyle modification on the incidence of type 2 diabetes might be sustainable.²⁸⁻³⁰ However, the demographic and socioeconomic profiles of women at greater risk for diabetes are similar to the profile of those with inadequate access to health care and low levels of evidence-based preventive health care services, such as advice regarding lifestyle modification.³¹⁻³³

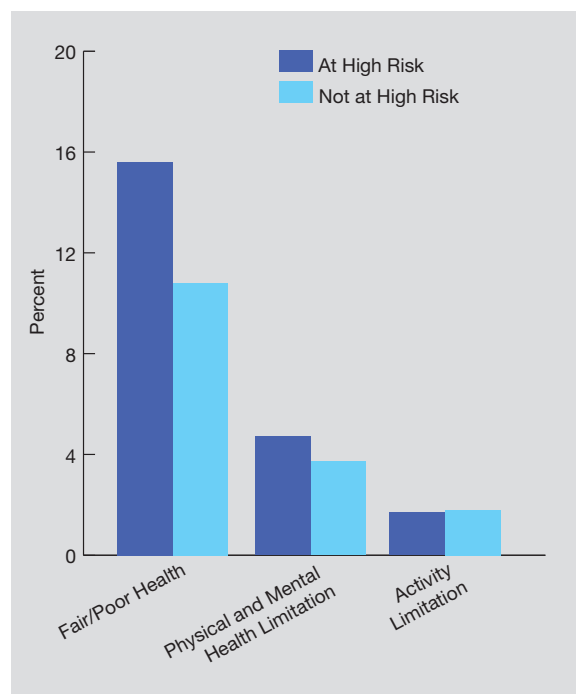


General Health and Well-Being

Self-rated health is a global indicator of physical, mental, and social well-being that is measured by asking individuals to evaluate their health status on a 5-point scale (excellent, very good, good, fair, or poor).³⁴ A large body of evidence indicates that ratings of fair or poor health are powerful predictors of increased levels of mortality, morbidity, functional decline, risk factors for chronic diseases, and use of health care services.³⁴⁻³⁹ Adults who have high levels of risk factors for diabetes are more likely than those with lower levels to report fair/poor health and less likely to report excellent/very good/good health.

The odds of reporting fair/poor health are higher for Hispanics and non-Hispanic blacks than non-Hispanic whites,³⁶ are higher among women with histories of gestational diabetes (hGDM) than women without hGDM,³⁷ and increase with increasing obesity, more so in women than men.^{36, 38} In addition, adults without diabetes who engage in physical activity are more likely than those who do not to report excellent/very good/good health.³⁹

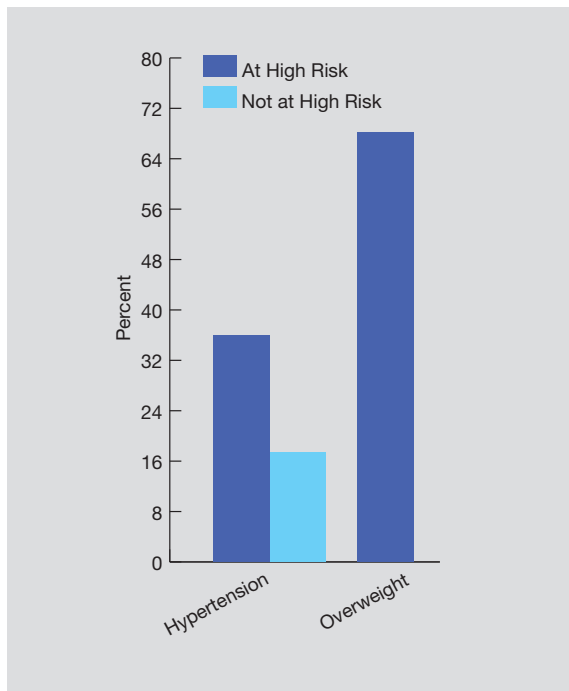
General health and well-being in the past year among women age 18 years and over, by diabetes risk status, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report fair or poor health in the past year.
- No significant differences were found between women at high risk and women not at high risk in self-reported physical and mental limitations or activity limitation in the past year.

Women age 18 years and over who were ever told by a doctor or other health professional that they had hypertension or were overweight,* by diabetes risk status, 2003-2006



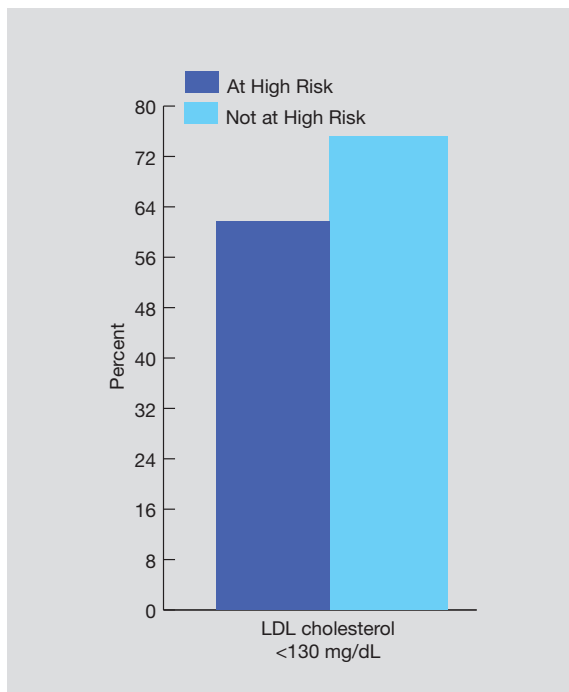
* Data for women not at high risk for diabetes who were told they were overweight did not meet criteria for statistical reliability, data quality, or confidentiality.

Source: National Health and Nutrition Examination Survey, 2003-2006

Appendix Table: Table 2

- Women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have been told by a doctor or other health professional that they had hypertension.
- Approximately 2 out of 3 women at high risk for diabetes were told by a health care professional that they were overweight.

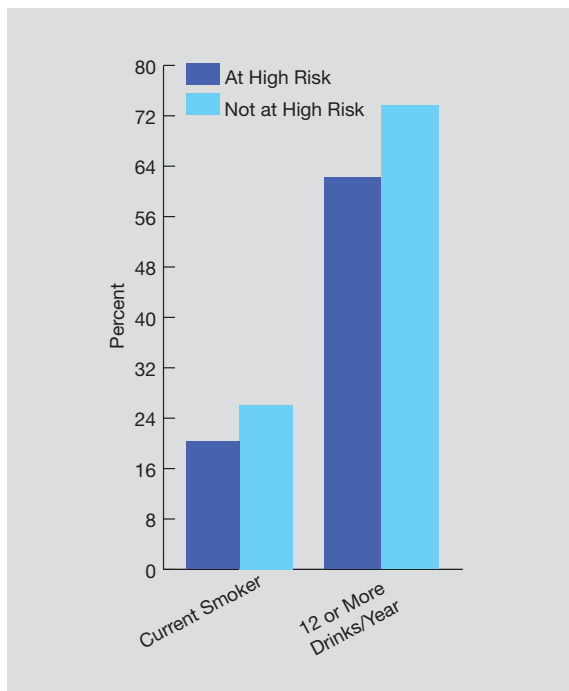
Women age 18 years and over whose LDL cholesterol was less than 130 mg/dL, by diabetes risk status, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to have LDL cholesterol less than 130 mg/dL.

General health and well-being in the past year among women age 18 years and over, by diabetes risk status, 2003-2006

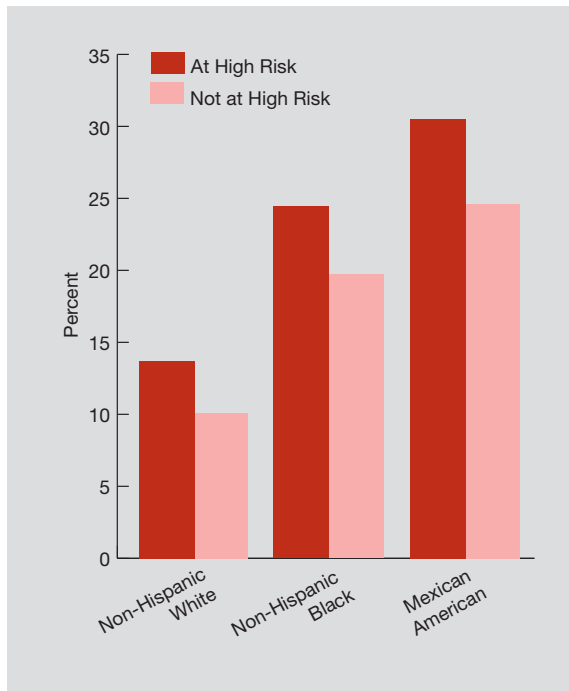


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Women at high risk for diabetes were significantly less likely than women not at high risk to be current smokers in the past year.
- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to report consumption of 12 or more alcoholic drinks in the past year.

Self-Rated Health

Women age 18 years and over who reported fair or poor health in the past year, by diabetes risk status and race/ethnicity, 2003-2006

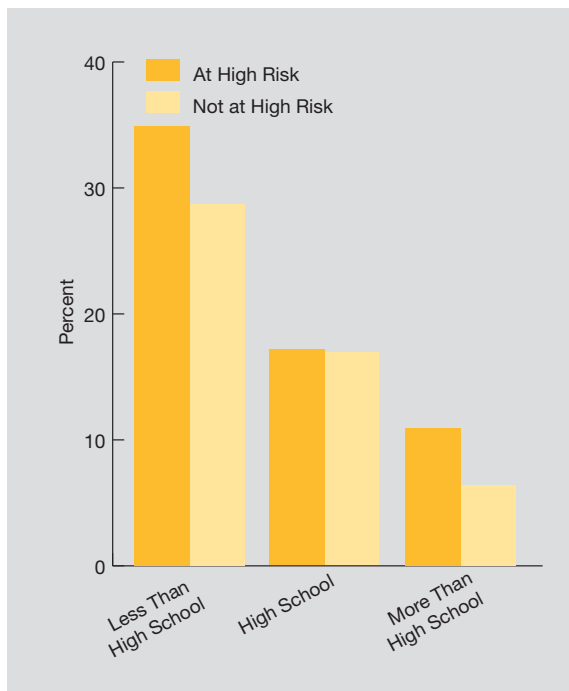


Source: National Health and Nutrition Examination Survey, 2003-2006

Appendix Table: Table 2

- In each racial/ethnic group, no significant differences were found between women at high risk and women not at high risk for diabetes who reported fair or poor health in the past year.
- Regardless of diabetes risk status, non-Hispanic black and Mexican American women were significantly more likely than non-Hispanic white women to report fair or poor health in the past year.

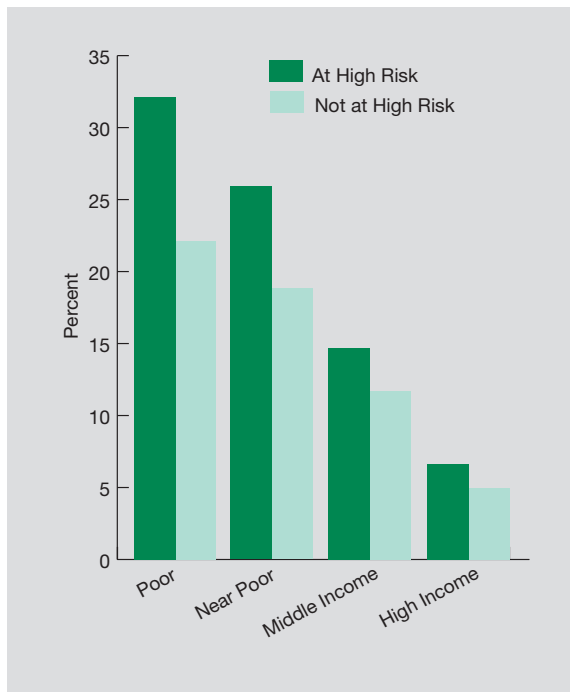
Women age 18 years and over who reported fair or poor health in the past year, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report fair or poor health in the past year if they had more than a high school education. No differences were found for women with lower levels of education.
- Regardless of diabetes risk status, women with more than a high school education were significantly less likely to report fair or poor health than women with lower levels of education.

General health and well-being in the past year among women age 18 years and over, by diabetes risk status and family income, 2003-2006

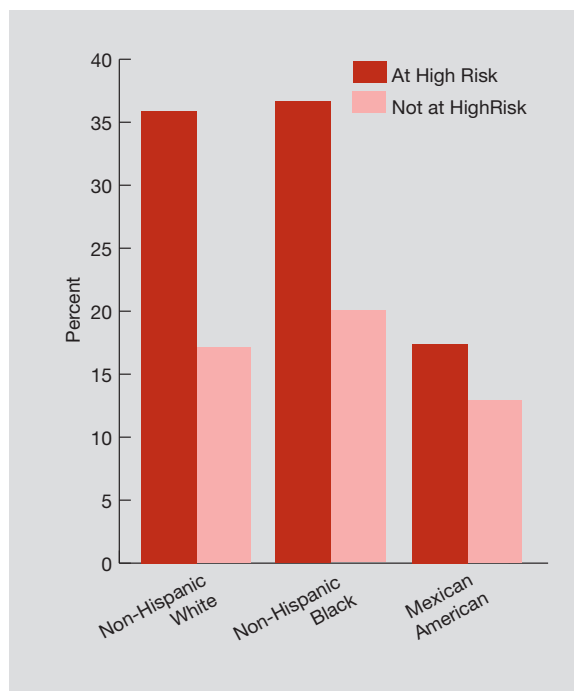


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- Women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report fair or poor health in the past year if they were poor or near poor. No significant differences were found between women at high risk and not at high risk who lived in middle- or high-income families.
- Regardless of diabetes risk status, women who lived in poor, near-poor, or middle-income families were significantly more likely than women who lived in high-income families to report fair or poor health in the past year.

Diagnosed Hypertension

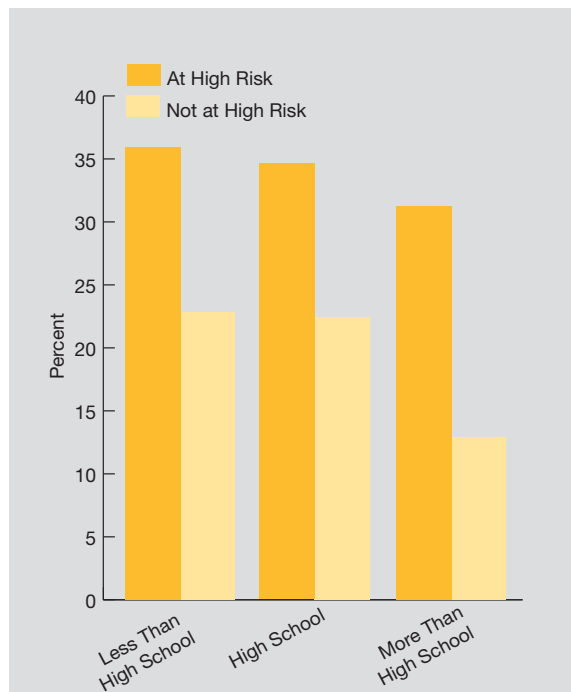
Women age 18 years and over who had ever been told by a doctor or other health professional that they had hypertension, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Non-Hispanic white and non-Hispanic black women at high risk for diabetes were significantly more likely than those not at high risk for diabetes to have been told by a doctor or other health professional that they had hypertension. No significant difference was found between Mexican-American women at risk and not at high risk for diabetes.
- Among women at high risk for diabetes, the proportion of non-Hispanic blacks who were told that they had hypertension was significantly higher than the proportion of non-Hispanic whites. The proportion of Mexican Americans was significantly lower than the proportion of non-Hispanic whites.
- Among women not at high risk for diabetes, non-Hispanic blacks were significantly more likely to be told by a doctor or other health professional that they had hypertension. No significant difference was found between Mexican Americans and non-Hispanic whites.

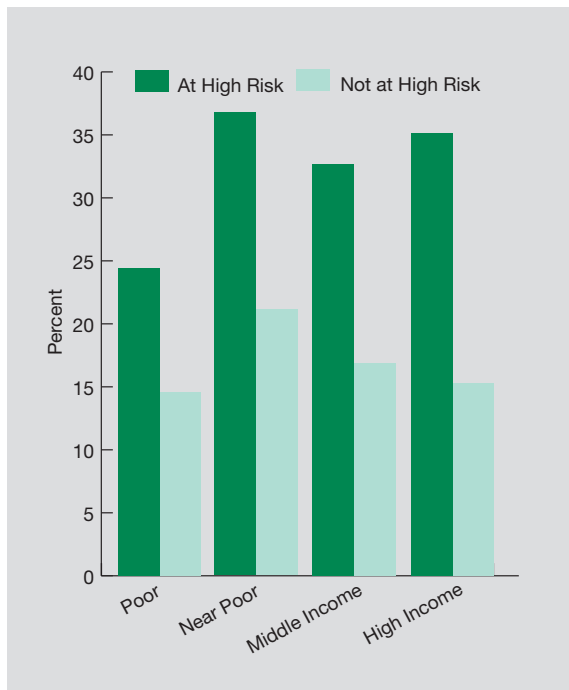
Women age 18 years and over who had ever been told by a doctor or other health professional that they had hypertension, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- At all levels of education, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report ever having been told that they had hypertension.
- Among women at high risk and not at high risk for diabetes, the proportions of women who had been told that they had hypertension did not significantly vary by level of education.

Women age 18 years and over who had ever been told by a doctor or other health care professional that they had hypertension, by diabetes risk status and family income, 2003-2006

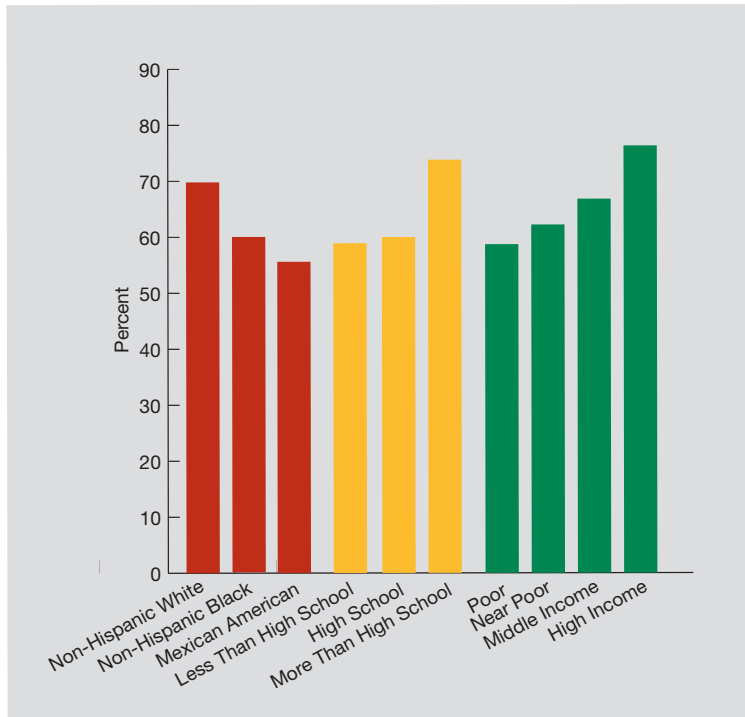


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- At all levels of family income, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they had been told by a doctor or other health professional that they had hypertension.
- There were no significant differences by income in the percentages of women at high risk or not at high risk for diabetes who reported having been told that they had hypertension.

Diagnosed Overweight

Women at high risk for diabetes who were told by a doctor or other health professional that they were obese, by race/ethnicity, education, and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006

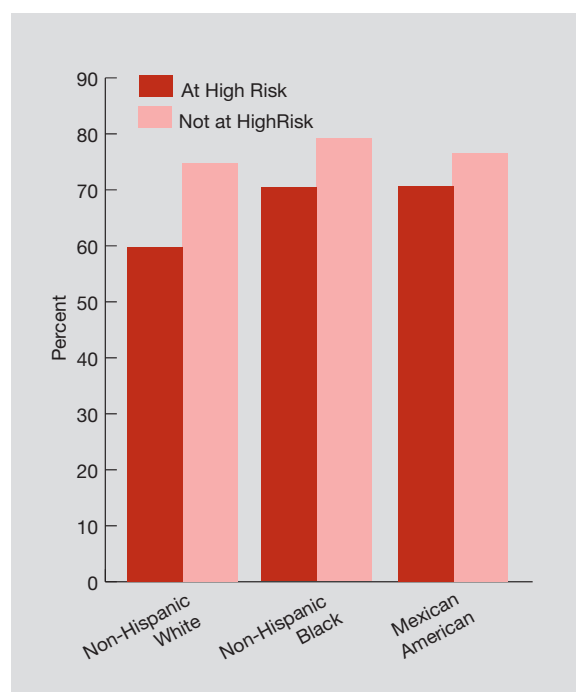
Appendix Table: Tables 2, 3, and 4

- Among women at high risk for diabetes, non-Hispanic blacks and Mexican Americans were significantly less likely than non-Hispanic whites to report having been told that they were overweight.
- Women at high risk for diabetes with a high school education or less were significantly less likely than women at high risk for diabetes with a higher level of education to report having been told that they were overweight.
- Women at high risk for diabetes who lived in poor, near-poor, or middle-income families were significantly less likely than women at high risk for diabetes who lived in high-income families to report having been told that they were overweight.

Cholesterol

Managing cholesterol levels has been shown to reduce cardiovascular risk among those at high risk for diabetes with elevated glucose levels (prediabetes). Individuals with prediabetes usually have significantly increased levels of total cholesterol, LDL, and triglycerides, while HDL levels are significantly lower.⁴⁰ According to the American Heart Association, optimal LDL cholesterol is less than 100 mg/dL; optimal HDL cholesterol for women is greater than 50 mg/dL; and optimal triglyceride level is less than 150 mg/dL.⁴¹

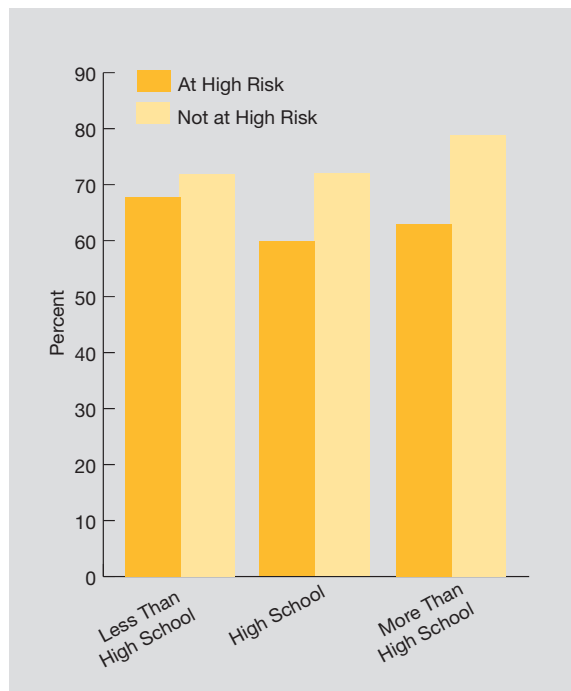
Women age 18 and over whose LDL cholesterol was less than 130 mg/dL, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Among non-Hispanic whites, women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to have LDL cholesterol less than 130 mg/dL.
- Compared with non-Hispanic whites, non-Hispanic blacks and Mexican Americans at high risk for diabetes were significantly more likely to have LDL cholesterol less than 130 mg/dL.
- There were no significant racial or ethnic differences among women not at high risk for diabetes.

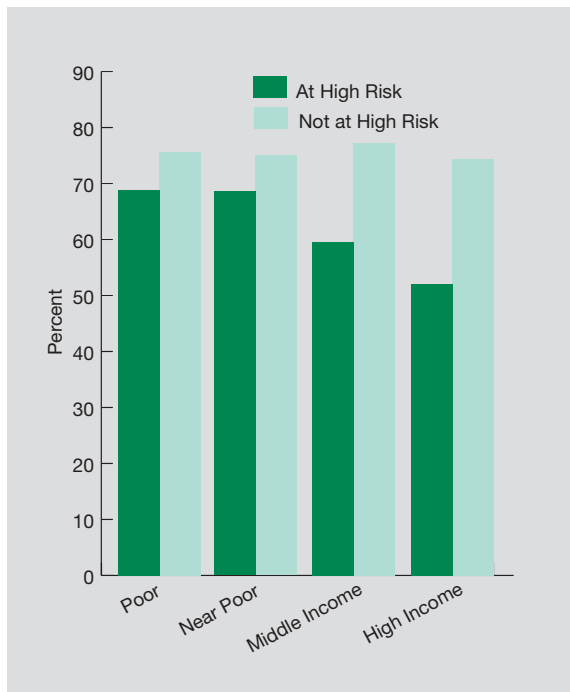
Women age 18 and over whose LDL cholesterol was less than 130 mg/dL, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Among women who have a high school diploma or more, women at high risk for diabetes were significantly less likely than those not at high risk to have LDL cholesterol less than 130 mg/dL.
- There were no significant differences by diabetes risk status among women with less than a high school diploma.

Women age 18 and over whose LDL cholesterol was less than 130 mg/dL, by diabetes risk status and income, 2003-2006



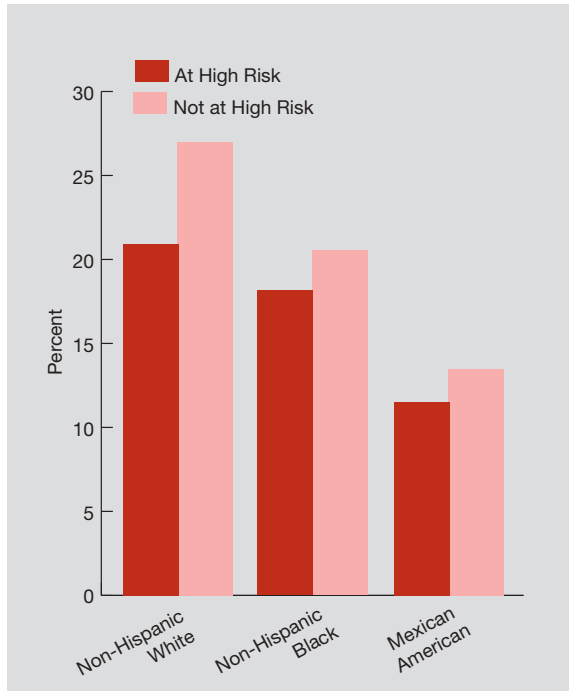
Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- Among middle- and high-income groups, women at high risk were significantly less likely than women not at high risk to have LDL cholesterol less than 130 mg/dL.
- No significant differences were found by diabetes risk status among other income groups.



Smoking

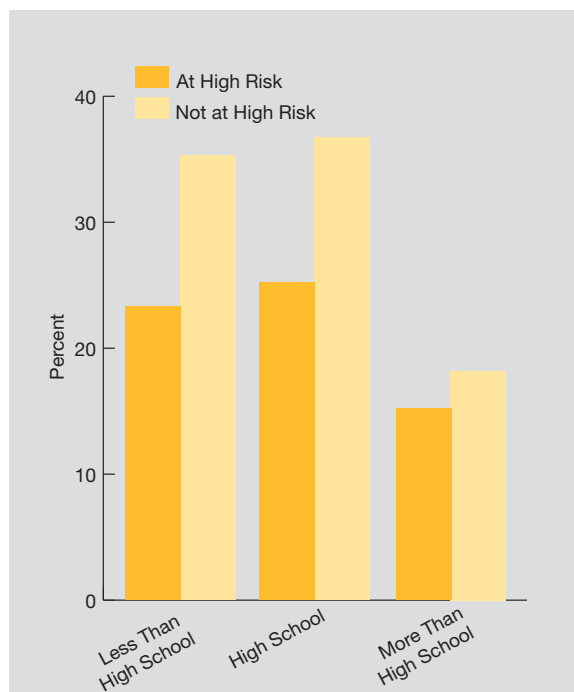
Women age 18 years and over who reported that they were current smokers, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- No significant differences were found in any racial/ethnic group between women at high risk for diabetes and women not at high risk for diabetes who were current smokers in the past year.
- Regardless of diabetes risk status, non-Hispanic black and Mexican-American women were significantly less likely than non-Hispanic white women to be current smokers.

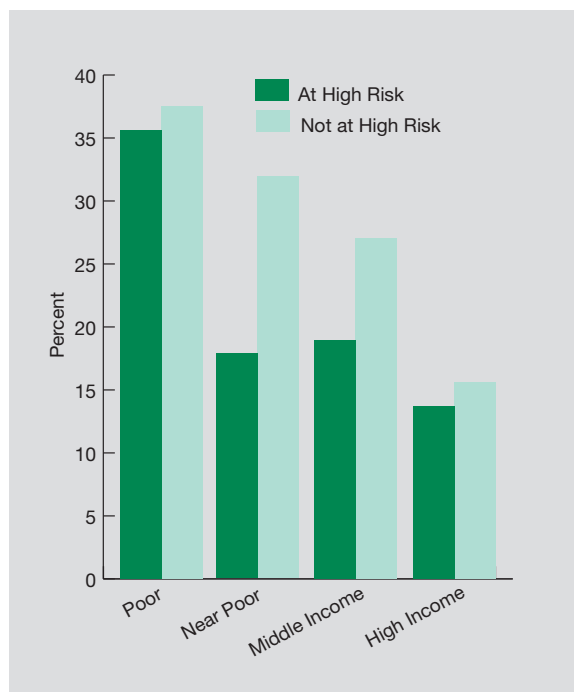
Women age 18 years and over who reported that they were current smokers, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to be current smokers in the past year if they had a high school education or less.
- No significant difference was found between women at high risk and women not at high risk who had more than a high school education.
- Regardless of diabetes risk status, women with a high school education or less were significantly more likely than women with more than a high school education to be current smokers in the past year.

Women age 18 years and over who reported that they were current smokers, by diabetes risk status and family income, 2003-2006

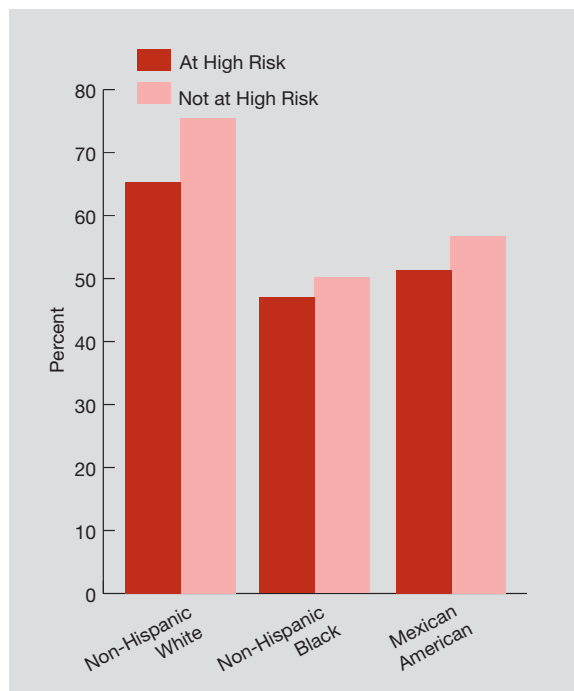


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to be current smokers in the past year if they lived in near-poor or middle-income families. No significant differences were found between women at high risk and not at high risk for diabetes who lived in poor or high-income families.
- Regardless of diabetes risk status, women who lived in poor, near-poor, or middle-income families were significantly more likely than women who lived in high-income families to be current smokers in the past year.

Alcohol Consumption

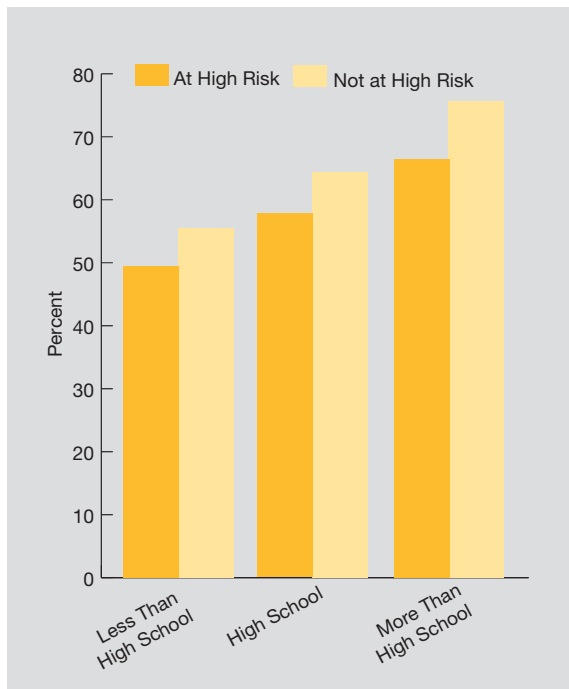
Women age 18 years and over who had 12 or more alcoholic drinks in the past year, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Among non-Hispanic white women, women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to report consumption of 12 or more alcoholic drinks in the past year.
- No significant differences were found between women at high risk and not at high risk for diabetes among non-Hispanic black or Mexican-American women.
- Regardless of diabetes risk status, non-Hispanic black and Mexican-American women were significantly less likely than non-Hispanic white women to report consumption of 12 or more alcoholic drinks in the past year.

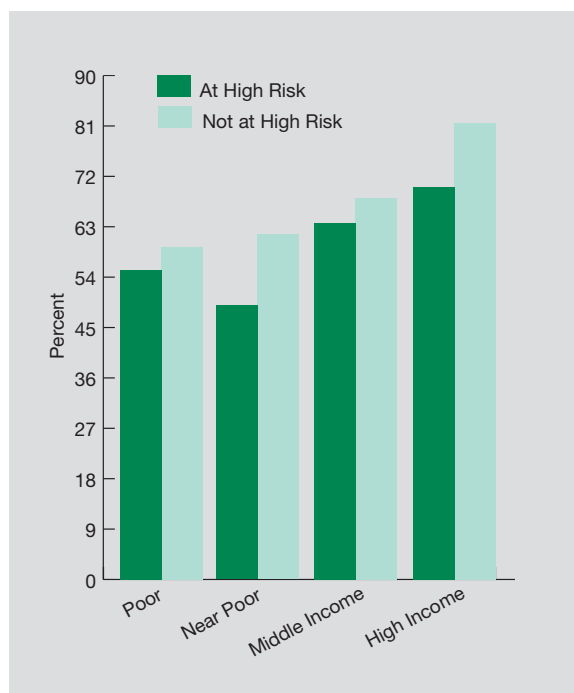
Women age 18 years and over who had 12 or more alcoholic drinks in the past year, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to report consumption of 12 or more alcoholic drinks if they had more than a high school education.
- No significant differences were found between women at high risk and not at high risk who had lower levels of education.
- Regardless of diabetes risk status, women with less than a high school education were significantly less likely than women with more than a high school education to report consumption of 12 or more alcoholic drinks in the past year.

Women age 18 years and over who had 12 or more alcoholic drinks in the past year, by diabetes risk status and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

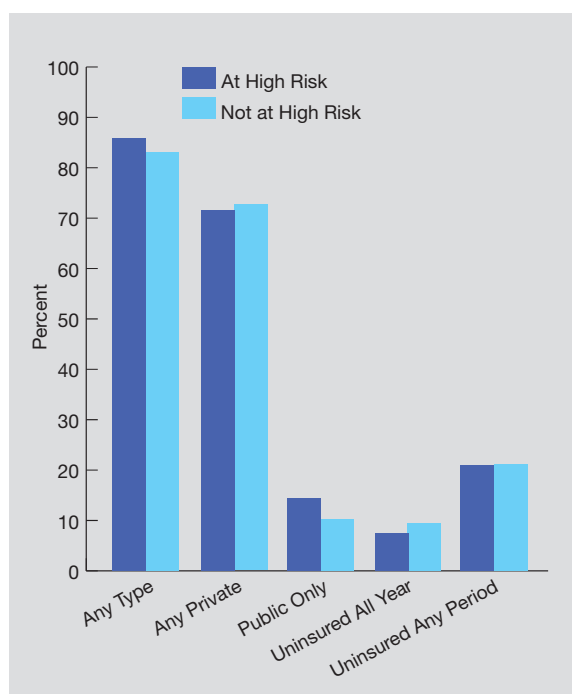
- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to report consumption of 12 or more alcoholic drinks in the past year if they lived in near-poor or high-income families.
- Women at high risk for diabetes who lived in poor or near-poor families were significantly less likely than women at high risk who lived in high-income families to report consumption of 12 or more alcoholic drinks in the past year.
- No significant difference was found between women who lived in middle-income and high-income families.
- Women not at high risk for diabetes who lived in poor, near-poor, or middle-income families were significantly less likely than women not at high risk who lived in high-income families to consume 12 or more alcoholic drinks in the past year.

Access to Care

Lack of access to care can shorten lives and influence an individual's overall quality of life.⁴² Women who are at high risk for diabetes need a consistent source of health care, either a person or a place, to receive ongoing patient-centered preventive care, which can delay or prevent the complications of diabetes. Several factors can impede a woman's ability to obtain access to care. Race and ethnicity, socioeconomic position, age, and other factors contribute to the lack of ongoing care for women.⁴³

Health Insurance

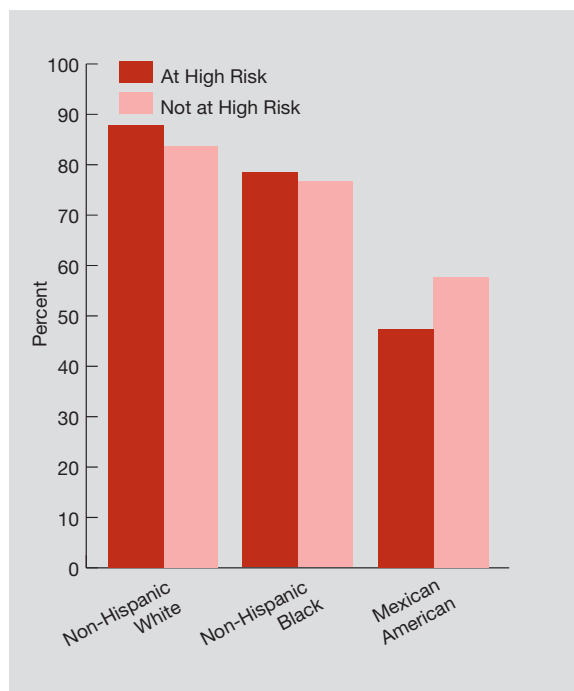
Health insurance coverage during the past year among women ages 18-64 years, by diabetes risk status, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- The types of health insurance coverage reported by women at high risk for diabetes were not significantly different from the types of coverage reported by women not at high risk for diabetes.

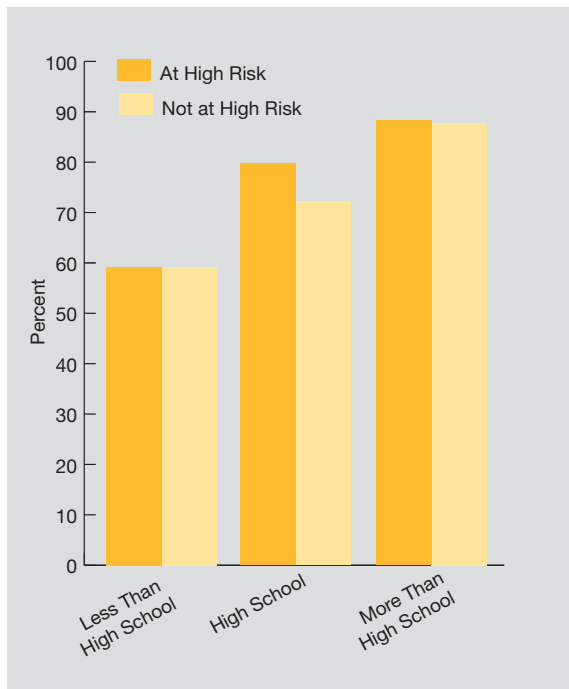
Women ages 18-64 years with any type of health insurance coverage during the past year, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Mexican-American women at high risk for diabetes were significantly less likely than Mexican-American women not at high risk for diabetes to have any type of insurance during the past year.
- Among women at high risk for diabetes, Mexican-American and non-Hispanic black women were significantly less likely than non-Hispanic white women to have any type of insurance during the past year.
- Among women not at high risk for diabetes, Mexican Americans were significantly less likely than non-Hispanic whites to have any type of insurance during the past year.

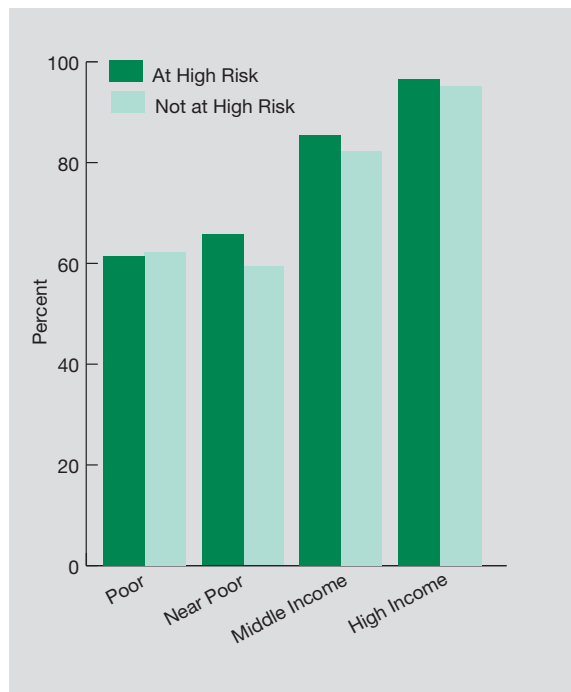
Women ages 18-64 years with any type of health insurance coverage during the past year, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- At all levels of education, the proportion of women at high risk for diabetes who reported having any type of health insurance was not significantly different from the proportion of women not at high risk for diabetes.
- Regardless of diabetes risk status, women who had a high school education or less were significantly less likely than women who had higher levels of education to have any type of health insurance.

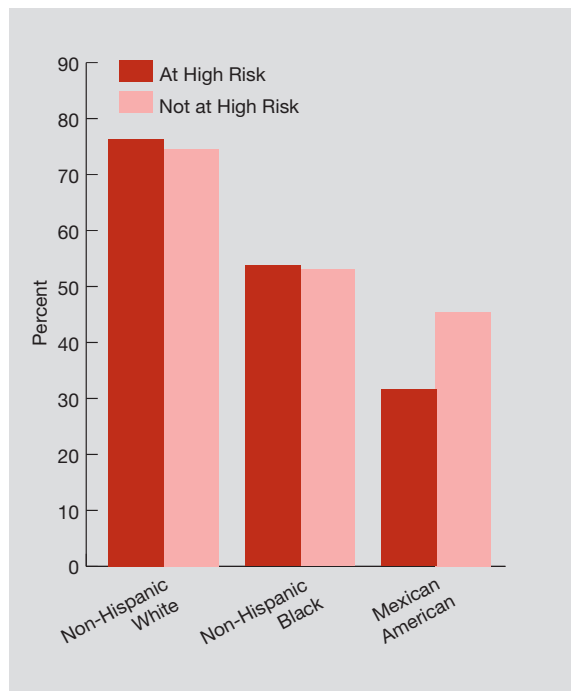
Women ages 18-64 years with any type of health insurance during the past year, by diabetes risk status and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- At all levels of family income, the proportion of women at high risk for diabetes who reported having any type of health insurance was not significantly different from the proportions of women not at high risk for diabetes.
- Regardless of diabetes risk status, women who lived in poor, near-poor, or middle-income families were significantly less likely than women who lived in high-income families to report having any type of health insurance during the past year.

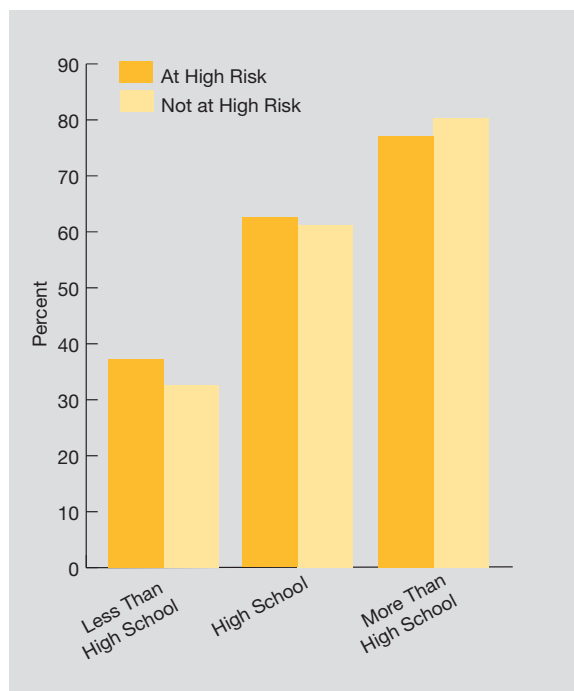
Women ages 18-64 years with any private health insurance during the year, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Among Mexican Americans, women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to have any private health insurance during the year. No significant differences were found among non-Hispanic black or non-Hispanic white women.
- Regardless of diabetes risk status, Mexican-American and non-Hispanic black women were significantly less likely than non-Hispanic white women to have any private health insurance during the year.

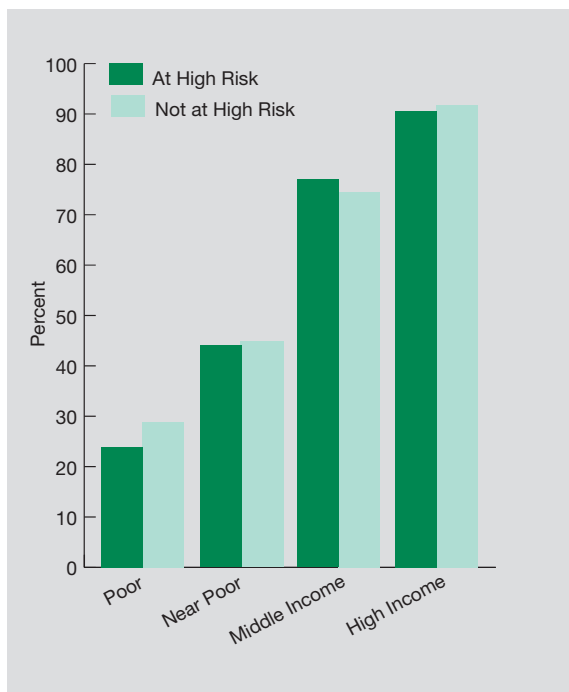
Women ages 18-64 years with any private health insurance during the year, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- At all levels of education, the proportions of women at high risk and not at high risk for diabetes who reported having any private health insurance during the year were not significantly different.
- Regardless of diabetes risk status, women who had a high school education or less were significantly less likely than women with more than a high school education to have any private health insurance during the year.

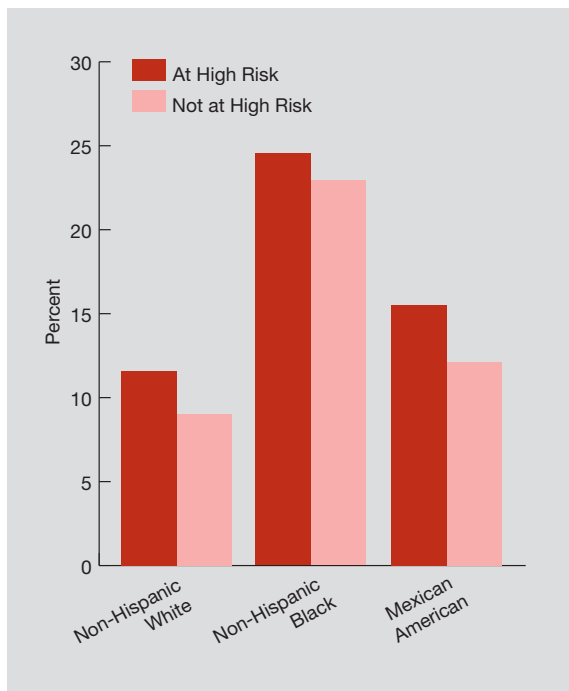
Women ages 18-64 years with private health insurance during the year, by diabetes risk status and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- At all levels of family income, the proportions of women at high risk and not at high risk for diabetes who reported having any private health insurance during the year were not significantly different.
- Regardless of diabetes risk status, women who lived in poor, near-poor, or middle-income families were significantly less likely than women who lived in high-income families to have private health insurance during the year.

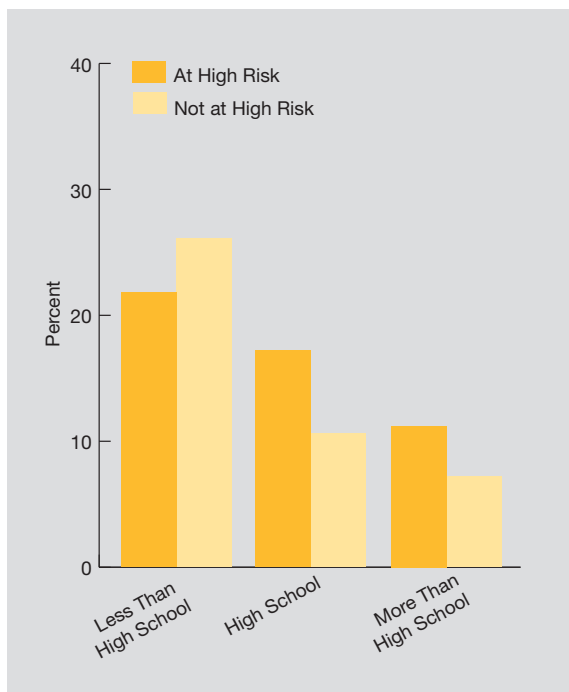
Women ages 18-64 years with only public health insurance during the year, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Among non-Hispanic whites, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have only public health insurance during the year. No significant differences were found among non-Hispanic black or Mexican-American women.
- Regardless of diabetes risk status, non-Hispanic black women were significantly more likely than non-Hispanic white women to have only public health insurance during the year.

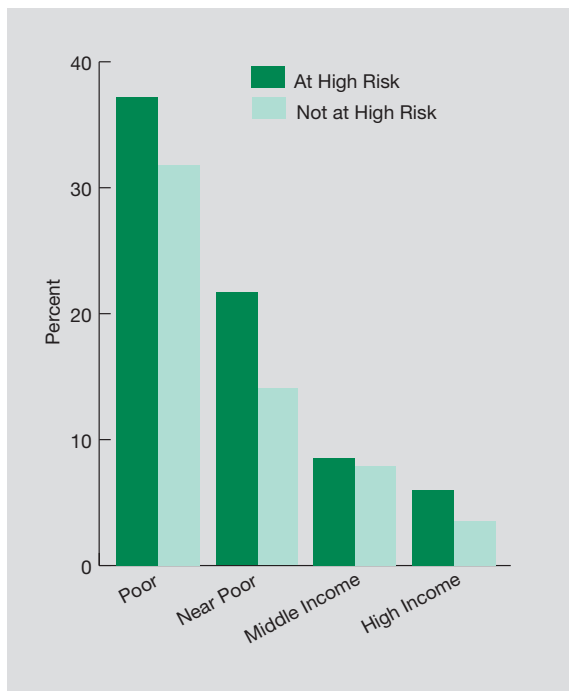
Women ages 18-64 years with only public health insurance coverage during the year, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Among women with a high school education or higher, women at high risk for diabetes were significantly more likely than those not at high risk for diabetes to have only public health insurance during the year.
- Regardless of diabetes risk status, women with a high school education or less were significantly more likely than women with more than a high school education to have only public health insurance during the year.

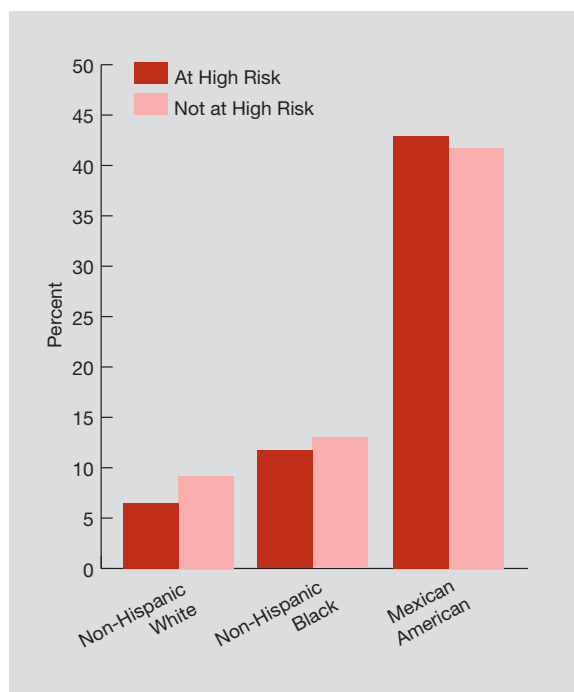
Women ages 18-64 years with only public health insurance during the year, by diabetes risk status and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- In near-poor families, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have only public health insurance during the year. No significant differences were found at other levels of family income.
- Regardless of diabetes risk status, women who were poor, near poor, or middle income were significantly more likely than women who were high income to have only public health insurance during the year.

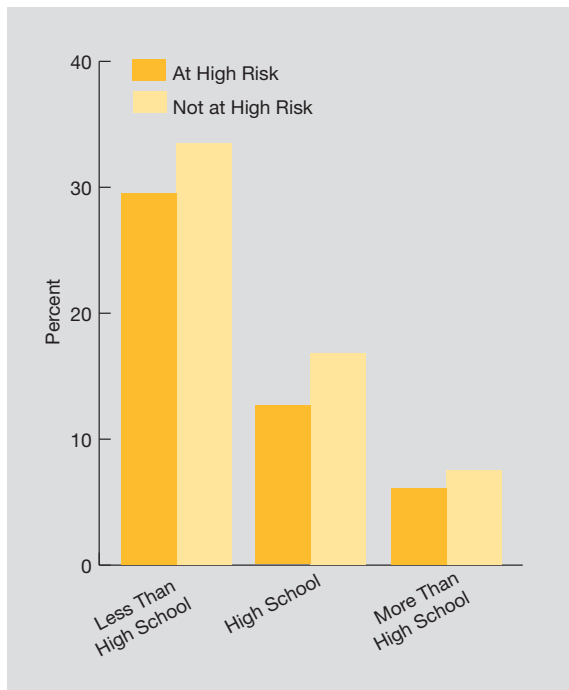
Women ages 18-64 years who were uninsured all year, by diabetes risk status and race/ethnicity, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 2

- In each racial/ethnic group, the proportion of women at high risk for diabetes who were uninsured all year was not significantly different from the proportion among women not at high risk for diabetes.
- Among women at high risk for diabetes, Mexican-American and non-Hispanic black women were significantly more likely than non-Hispanic white women to be uninsured all year.
- Among women not at high risk for diabetes, Mexican-American women were significantly more likely than non-Hispanic white women to be uninsured all year.

Women ages 18-64 years who were uninsured all year, by diabetes risk status and education, 2003-2004

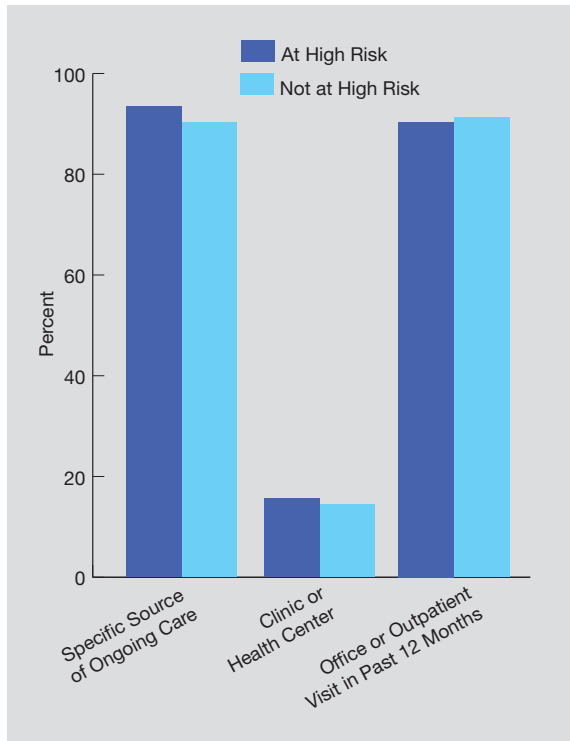


Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 3

- At all levels of education, the proportion of women who were uninsured all year was not significantly different between women at high risk and not at high risk for diabetes.
- Regardless of diabetes risk status, women with a high school education or less were significantly more likely than women with more than a high school education to be uninsured all year.

Use of Health Care Services

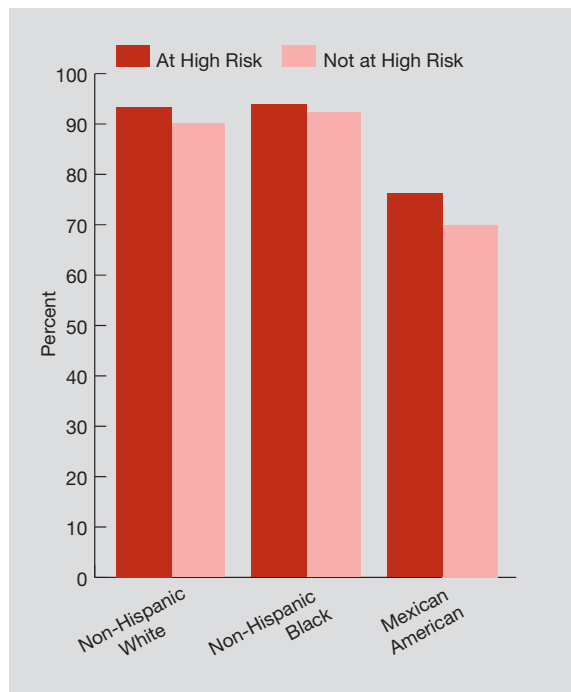
Women age 18 years and over reporting use of health care services, by diabetes risk status, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- The percentages of women at high risk for diabetes who reported that they had a specific source of ongoing care or that the source was a clinic or health center were not significantly different from the percentages among women not at high risk for diabetes.
- The percentage of women at high risk for diabetes who reported an office or outpatient visit in the past 12 months was not significantly different from the percentage among women not at high risk for diabetes.

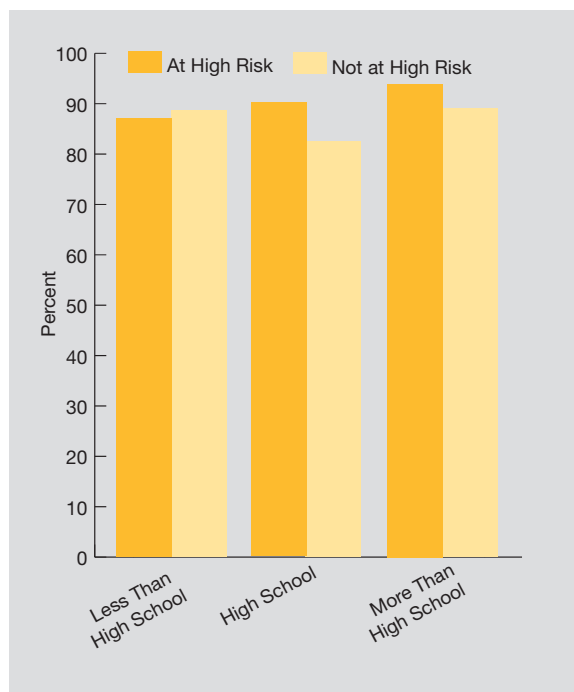
Women age 18 years and over who had a specific source of ongoing care, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- In all racial/ethnic groups, no significant difference was found between the percentages of women at high risk and not at high risk for diabetes who had a specific source of ongoing care.
- Regardless of diabetes risk status, Mexican-American women were significantly less likely than non-Hispanic white women to have a specific source of ongoing care.
- Non-Hispanic black women not at high risk for diabetes were significantly more likely than non-Hispanic white women not at high risk for diabetes to have a specific source of ongoing care.

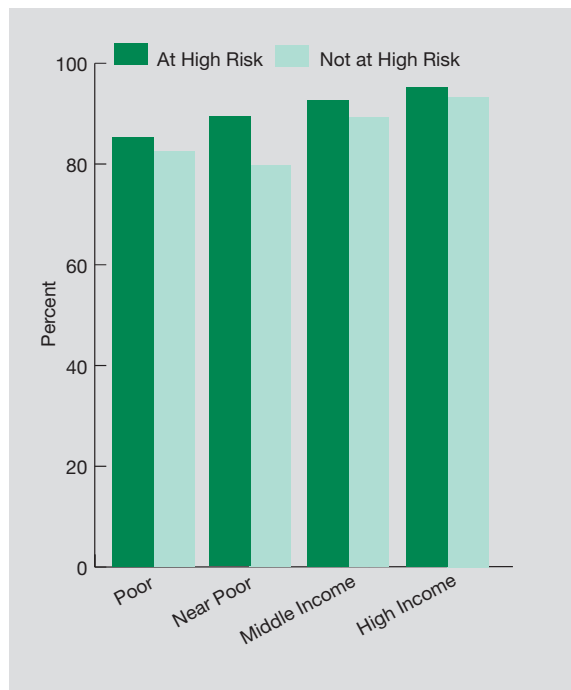
Women age 18 years and over who had a specific source of ongoing care, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Among women with a high school education or more, women at high risk for diabetes were significantly more likely than those not at high risk to have a specific source of ongoing care.
- Women at high risk for diabetes who had less than a high school education or a high school education were significantly less likely than women at high risk for diabetes who had more than a high school education to have a specific source of ongoing care.
- Women not at high risk for diabetes who had a high school education were significantly less likely than those with more than a high school education to have a specific source of ongoing care.

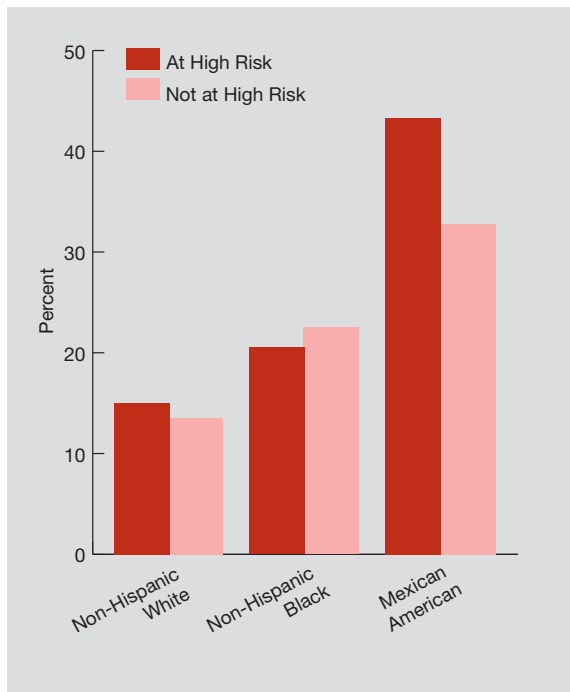
Women age 18 years and over who had a specific source of ongoing care, by diabetes risk status and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- Women at high risk for diabetes who lived in near-poor families were significantly more likely than those not at high risk for diabetes to have a specific source of ongoing care. We found no significant differences by diabetes risk status in the other family income groups.
- Among women at high risk for diabetes, those who lived in poor or near-poor families were significantly less likely than those who lived in high-income families to have a specific source of ongoing care. No significant difference was found for women in middle-income families.
- Women not at high risk for diabetes who were poor, near poor, or middle income were significantly less likely than those with high income to have a specific source of ongoing care.

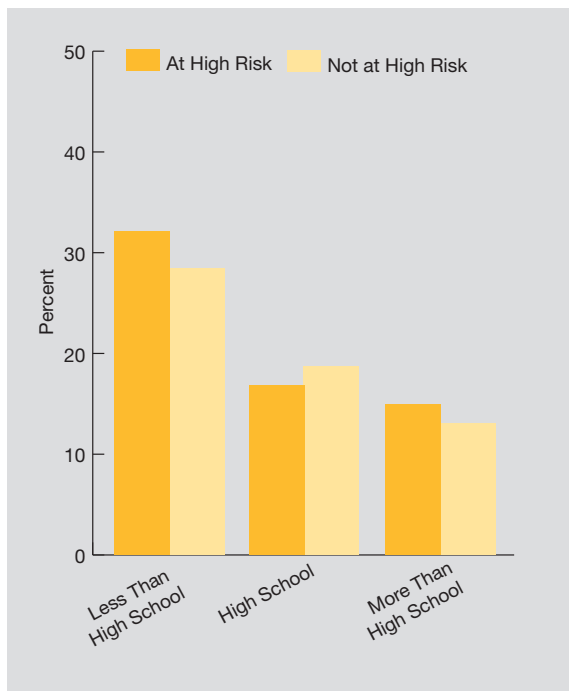
Women age 18 years and over whose source of ongoing care is a clinic or health center, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Mexican-American women at high risk for diabetes were significantly more likely than those not at high risk for diabetes to use a clinic or health center as their ongoing source of care. No significant difference was found in other racial/ethnic groups.
- Regardless of diabetes risk status, Mexican-American women were significantly more likely than non-Hispanic white women to use a clinic or health center as their ongoing source of care. No significant difference was found between non-Hispanic black and non-Hispanic white women.

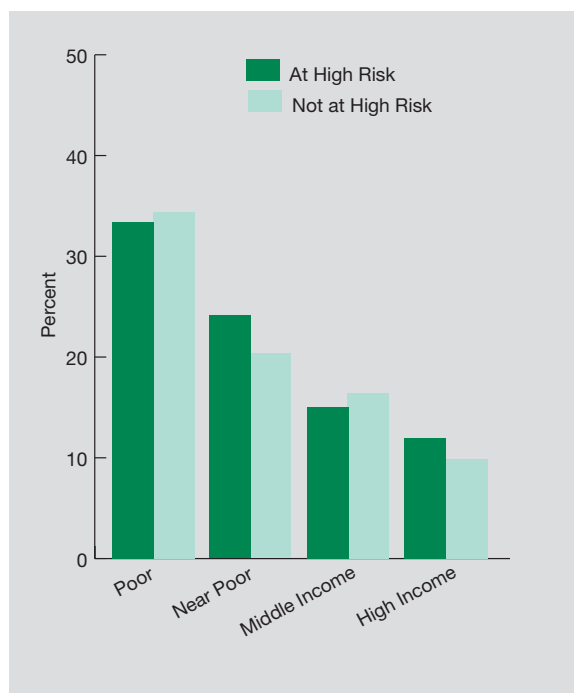
Women age 18 years and over whose source of ongoing care is a clinic or health center, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- At all levels of education, no significant difference was found between women at high risk for diabetes and women not at high risk for diabetes in the percentages reporting a clinic or health center as their ongoing source of care.
- Regardless of diabetes risk status, women who had less than a high school education were significantly more likely than women who had more than a high school education to have a clinic or health center as their ongoing source of care. No significant difference was found for women with a high school education.

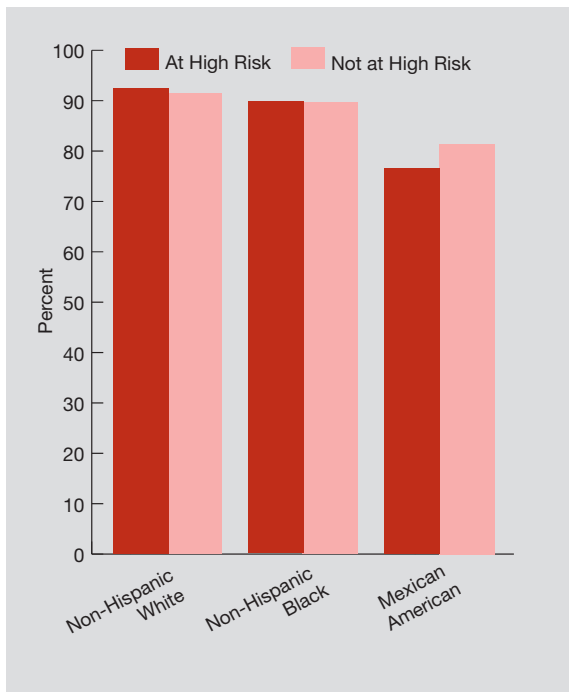
Women age 18 years and over whose source of ongoing care is a clinic or health center, by diabetes risk status and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- No significant difference by income was found between the percentages of women at high risk and not at high risk for diabetes who had a clinic or health center as their ongoing source of care.
- Women at high risk for diabetes who were poor or near poor were significantly more likely than women at high risk for diabetes with high income to have a clinic or health center as their ongoing source of care.
- Women not at high risk for diabetes who were poor, near poor, or middle income were significantly more likely than women not at high risk for diabetes with high income to have a clinic or health center as their ongoing source of care.

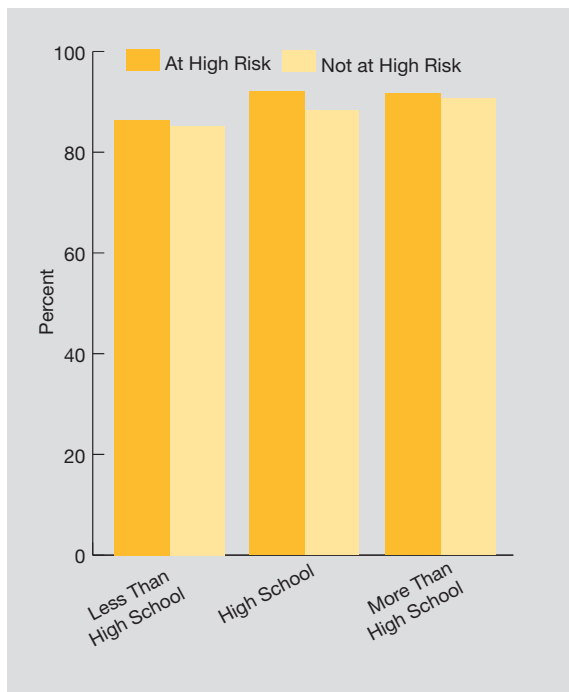
Women age 18 years and over who reported an office or outpatient visit in the past 12 months, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- In each racial/ethnic group, the proportions of women at high risk and not at high risk for diabetes who reported making an office or outpatient visit in the past 12 months were not significantly different.
- Regardless of diabetes risk status, Mexican-American women were significantly less likely than non-Hispanic white women to have reported an office or outpatient visit in the past 12 months. No significant differences were found between non-Hispanic black and non-Hispanic white women.

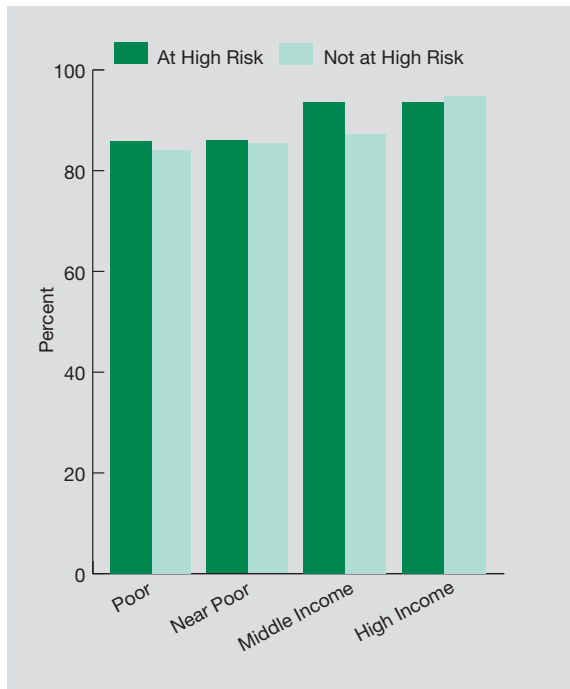
Women age 18 years and over who reported an office or outpatient visit in the past 12 months, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- At all levels of education, no significant difference was found between the percentages of women at high risk and not at high risk for diabetes who reported an office or outpatient visit in the past 12 months.
- Regardless of diabetes risk status, women with less than a high school education were less likely than women with more than a high school education to report an office or outpatient visit in the past 12 months.

Women age 18 years and over who reported an office or outpatient visit in the past 12 months, by diabetes risk status and family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- At any level of family income, the proportions of women at high risk or not at high risk for diabetes who reported an office visit or outpatient visit were not significantly different.
- Women at high risk for diabetes who lived in poor or near-poor families were significantly less likely than women at high risk for diabetes who lived in high-income families to report an office or outpatient visit in the past 12 months.
- Women not at high risk for diabetes who lived in poor, near poor, or middle-income families were significantly less likely than women not at high risk for diabetes who lived in high-income families to report an office or outpatient visit in the past 12 months.



Diabetes-Related Risk Reduction

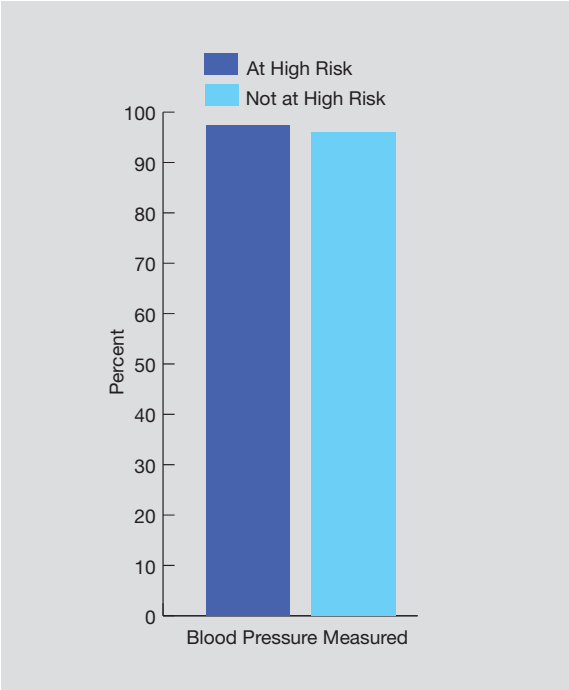
Provider-Directed Preventive Care

Individuals at high risk for diabetes have been shown to have an increased risk for cardiovascular disease, when compared to those not at high risk.⁴⁴ For instance, at-risk adults are more likely to have cardiovascular disease risk factors, including higher mean weight, waist circumference, systolic blood pressure, and triglyceride levels, as well as a higher prevalence of hypertension.⁴⁵

Blood Pressure Measurement

High blood pressure is more common among individuals at high risk for diabetes, compared to those not at high risk.⁴⁶ Hypertension, defined as a systolic blood pressure of 140 mm Hg or higher or a diastolic blood pressure of 90 mm Hg or higher, is a major risk factor for cardiovascular disease. It is recommended that adults have their blood pressure checked at least once every 2 years.⁴⁷

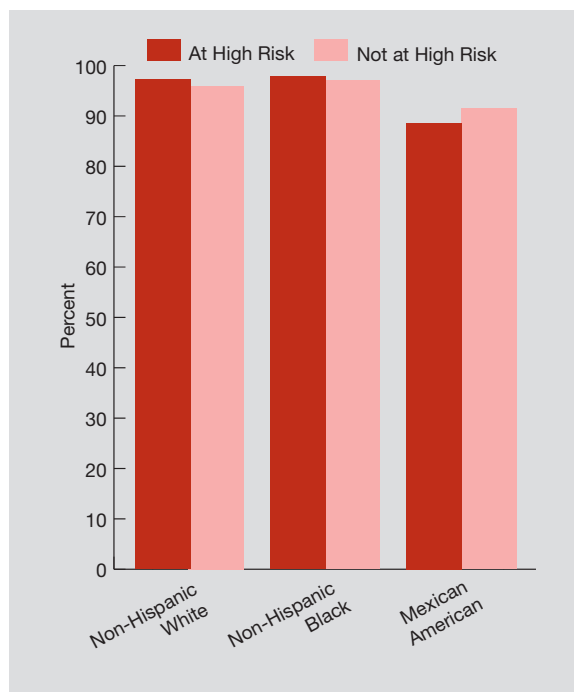
Women age 18 and over whose provider measured their blood pressure within the past 2 years, by diabetes risk status, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 2

- No significant differences were found between women at high risk and not at high risk for diabetes who had their blood pressure measured by a provider within the past 2 years.

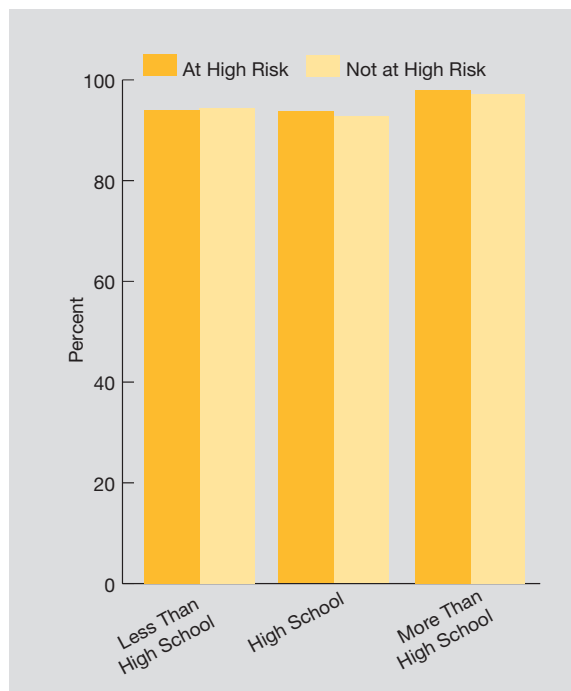
Women age 18 and over whose provider measured their blood pressure within the past 2 years, by diabetes risk status and race/ethnicity, 2003/2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 2

- In each racial/ethnic group, no significant difference was found between women at high risk and not at high risk for diabetes who reported having their blood pressure measured by a provider within the past 2 years.
- Among women at high risk for diabetes, Mexican Americans were significantly less likely than non-Hispanic whites to report having their provider measure their blood pressure within the past 2 years. No significant difference was found for non-Hispanic blacks.
- Among women not at risk, no significant differences were found by race/ethnicity.

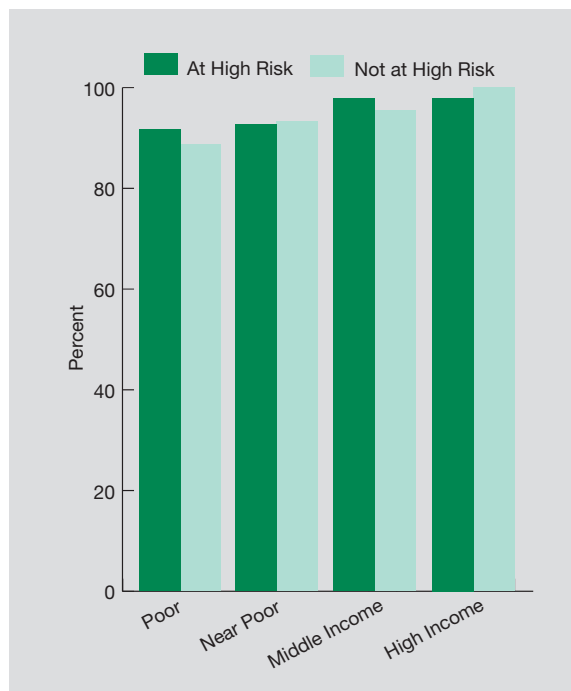
Women age 18 and over whose provider measured their blood pressure within the past 2 years, by diabetes risk status and education, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 3

- At all levels of education, no significant differences were found between women at high risk and not at high risk for diabetes who had their blood pressure measured by a provider within the past 2 years.
- Women at high risk for diabetes who had more than a high school education were significantly more likely than women with lower levels of education to report having their blood pressure measured by a health care provider within the past 2 years.
- Women not at high risk for diabetes who had more than a high school education were significantly more likely than those with only a high school education to report having their blood pressure measured by a health care provider within the past 2 years.

Women age 18 and over whose provider measured their blood pressure within the past 2 years, by diabetes risk status and family income, 2003-2004

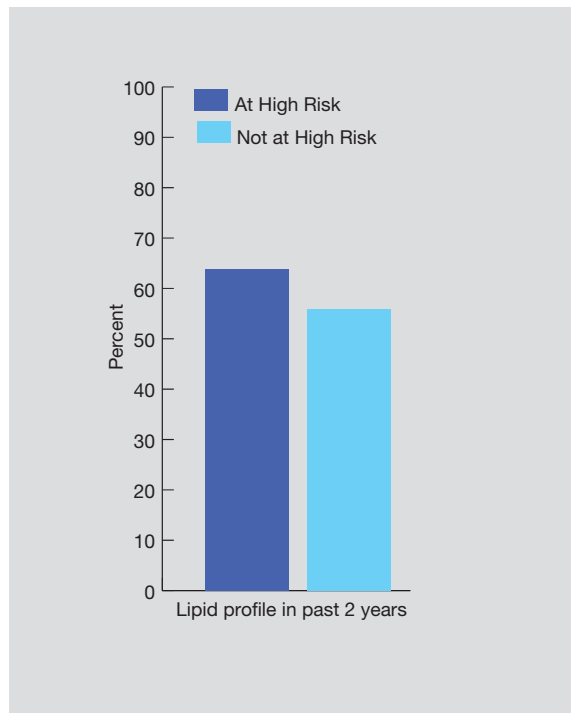


Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 4

- At all levels of family incomes, no significant differences were found between women at high risk and not at high risk for diabetes who had their blood pressure measured by a health care provider within the past 2 years.
- Women at high risk who were poor or near poor were significantly less likely than those who had high income to report having their provider measure their blood pressure within the past 2 years.
- Women not at high risk for diabetes who had less than high income were also significantly less likely to have their provider measure their blood pressure within the past 2 years.

Lipid Profile

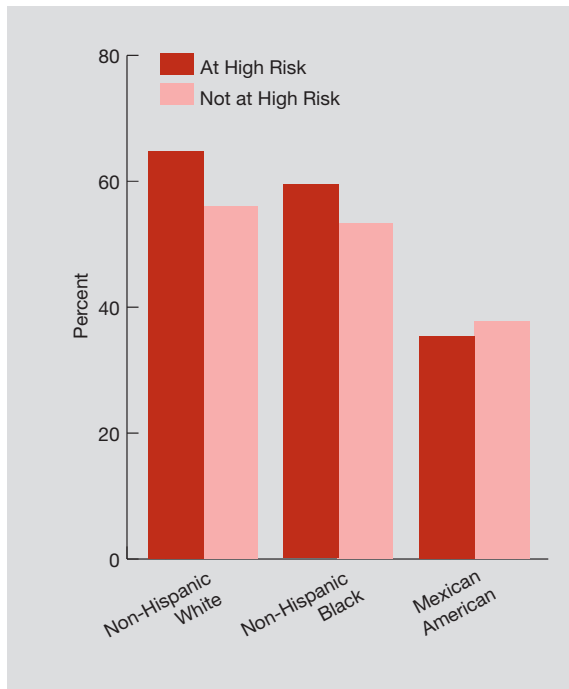
Women age 18 and over who had a lipid profile in the past 2 years, by diabetes risk status, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- No significant difference was found between women at high risk for diabetes and women not at high risk for diabetes to report having a lipid profile in the past 2 years.

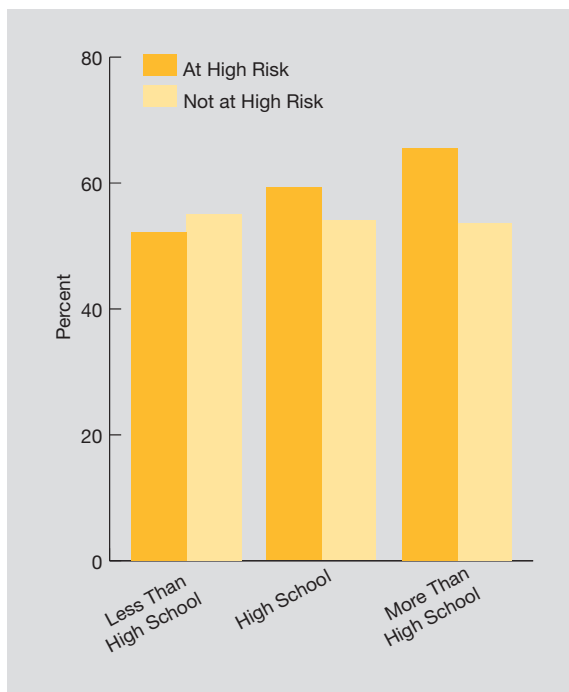
Women age 18 and over who had a lipid profile in the past 2 years, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Within each racial/ethnic group, no differences were found between women at high risk and not at high risk for diabetes who reported having a lipid profile in the past 2 years.
- Regardless of diabetes risk status, Mexican-American and non-Hispanic black women were significantly less likely than non-Hispanic white women to report having a lipid profile in the past 2 years.

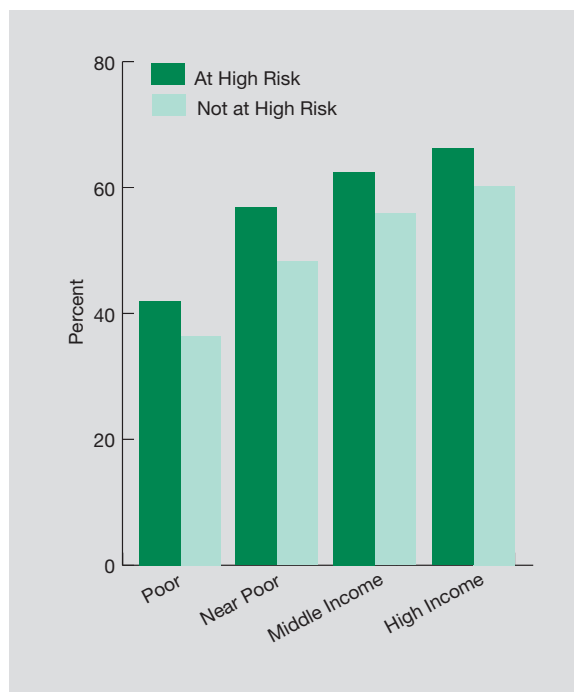
Women age 18 and over who had a lipid profile in the past 2 years, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Women at high risk for diabetes with more than a high school education were significantly more likely than those not at risk to have had a lipid profile in the past 2 years. No significant differences were found by diabetes risk status among women with a high school diploma or less.
- Women at high risk for diabetes with a high school diploma or less were significantly less likely than those who had more than a high school education to have had a lipid profile in the past 2 years.
- There were no significant differences by education level among women not at high risk.

Women age 18 and over who had a lipid profile in the past 2 years, by diabetes risk status and family income, 2003-2006



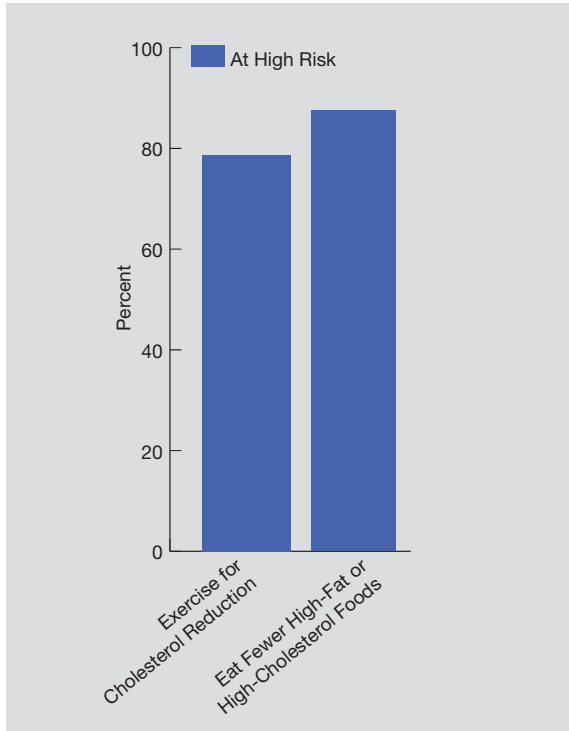
Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- Women at high risk for diabetes who lived in poor families were significantly more likely than women not at high risk for diabetes to have had a lipid profile in the past 2 years. Within the other family income groups, there were no significant differences by diabetes risk status.
- Women at high risk for diabetes who lived in high-income families were significantly more likely than those who lived in families with lower incomes to report having a lipid profile in the past 2 years.
- Women not at high risk for diabetes who lived in high-income families were significantly more likely than those who lived in poor or near-poor families to report having a lipid profile in the past 2 years.

Provider Advice About Weight

Being overweight or obese is an established risk factor for diabetes. The American Diabetes Association recommends that clinicians counsel overweight or obese patients to lose 5 to 10% of their body weight and increase their physical activity to at least 150 minutes per week to reduce diabetes risk.⁴⁸ Although clinician advice has been associated with adoption of healthy behaviors, only about one-third of adults at risk reported that they had received such advice in 2006.⁴⁵

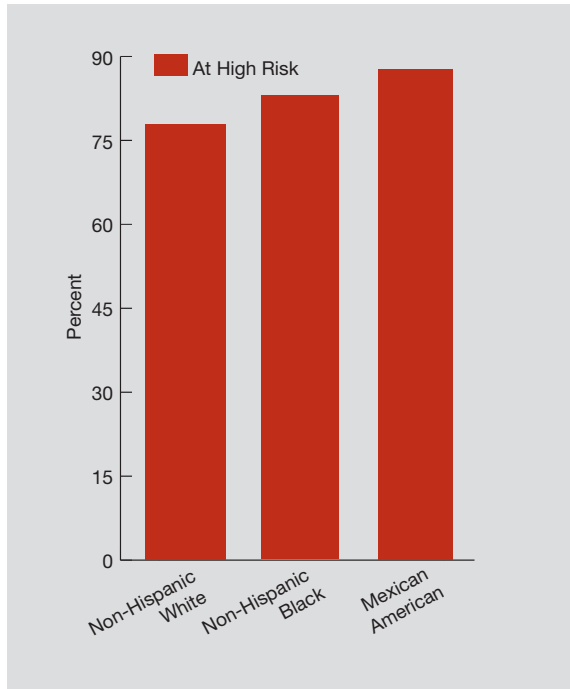
Obese women with high cholesterol who were given advice by provider, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

Advice about exercising for cholesterol reduction

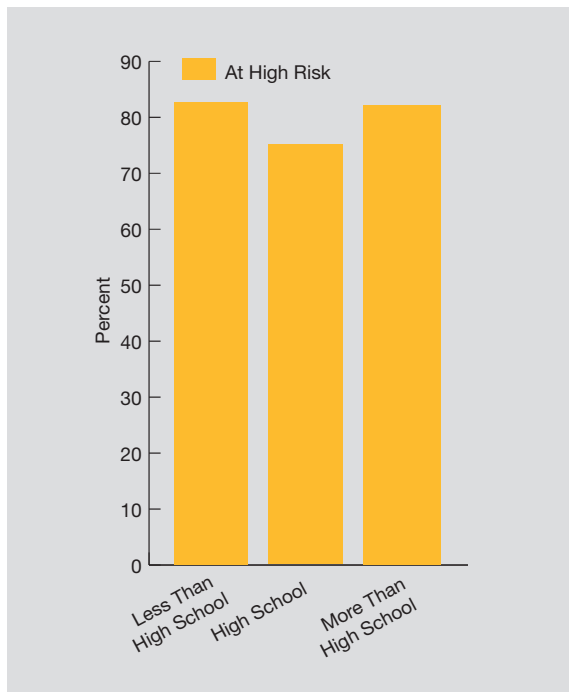
Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction, by race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Among obese women with high cholesterol, Mexican Americans were significantly more likely than non-Hispanic whites to be given advice that they should exercise to lower their cholesterol. No significant difference was found for non-Hispanic black women.

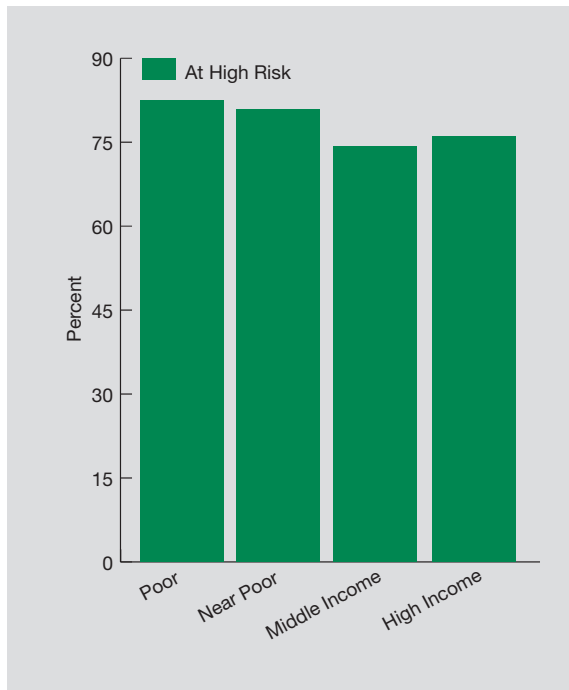
Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction, by education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- There were no significant differences by education among obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction.

Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction, by family income, 2003-2006

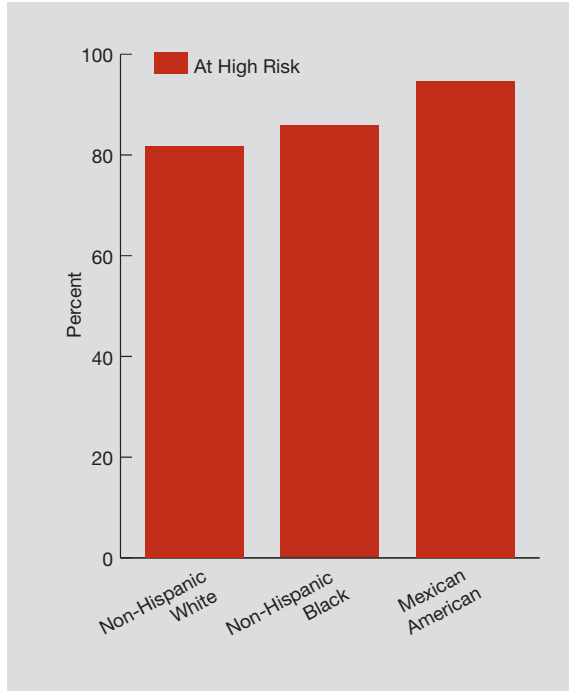


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- There were no significant differences by income among obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction.

Advice about eating fewer high-fat or high-cholesterol foods

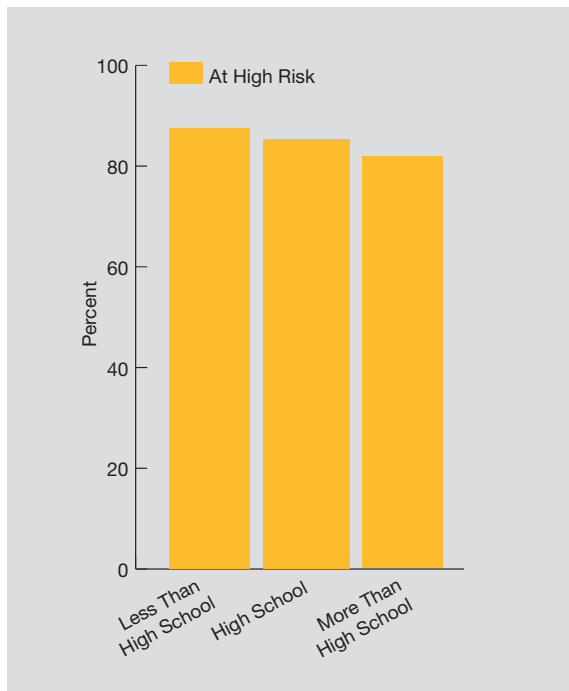
Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods, by race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Among obese women with high cholesterol, Mexican Americans were significantly more likely than non-Hispanic whites to be given advice that they should eat fewer high-fat or high-cholesterol foods.

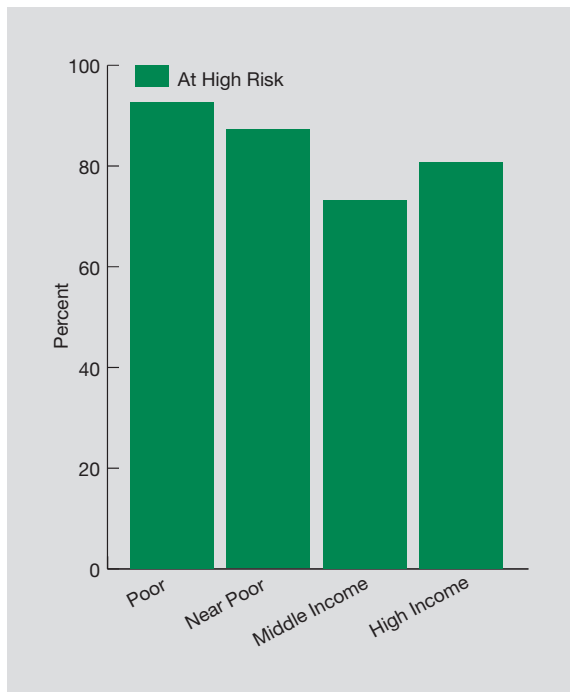
Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods, by education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- There were no significant differences by education among obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods.

Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods, by family income, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

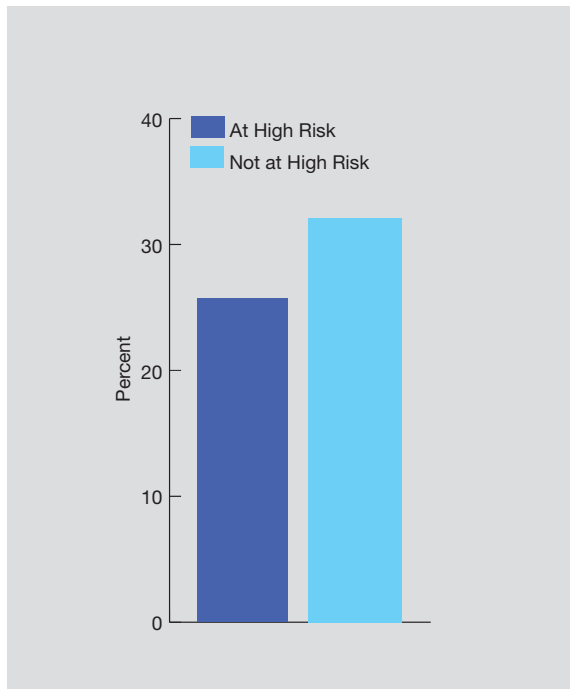
- Obese women with middle income were significantly less likely than those with high income to be given advice about eating fewer high-fat or high-cholesterol foods. No significant difference was found between lower than middle-income groups and the high-income group.

Self-Care Behaviors

Numerous studies with followup periods ranging from 7 to 20 years have indicated that lifestyle modification through dietary changes and regular physical activity significantly lowers long-term diabetes risk among those with impaired glucose tolerance or prediabetes.^{4,25-30} However, according to the 2006 National Health Interview Survey, only 52.2% of adults with self-reported prediabetes reported trying to control or lose weight; 54.7% reported reducing fat or calories; and 48.5% reported increasing physical activity. Women were more likely than men to report engaging in each activity, and individuals of normal weight were less likely to report engaging in each activity than those who were overweight or obese.⁴⁵

Physical Activity

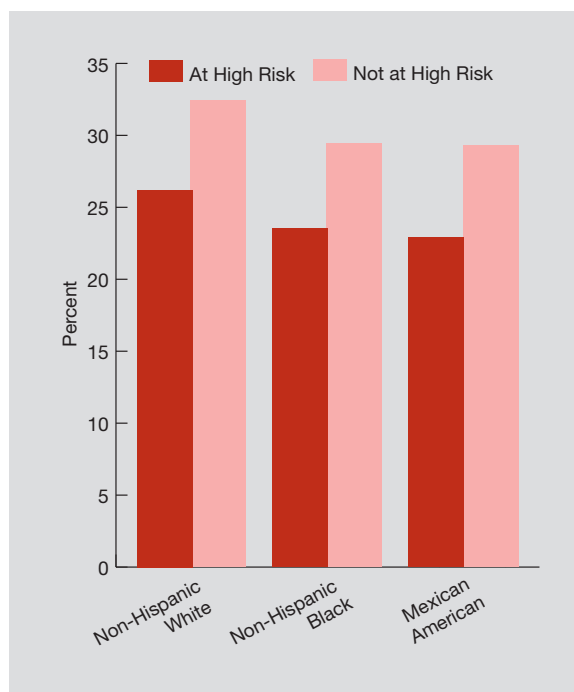
Women age 18 and over who exercise 150 minutes/week, by diabetes risk status, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to report that they exercised 150 minutes per week.

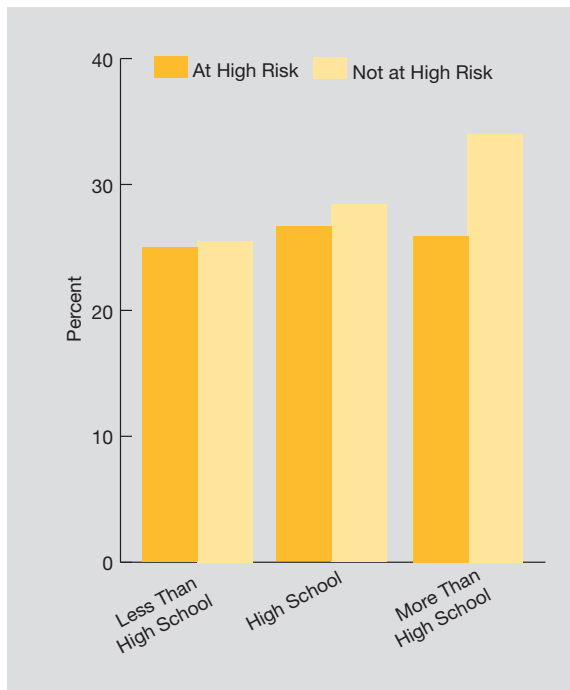
Women age 18 and over who exercise 150 minutes/week, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Among non-Hispanic whites, women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to exercise 150 minutes per week. There were no significant differences by diabetes risk status in the other racial/ethnic groups.
- Among women at high risk for diabetes, the percentage of women who reported at least 150 minutes/week of exercise was not significantly different between the racial/ethnic groups. This finding was similar for women not at high risk for diabetes.

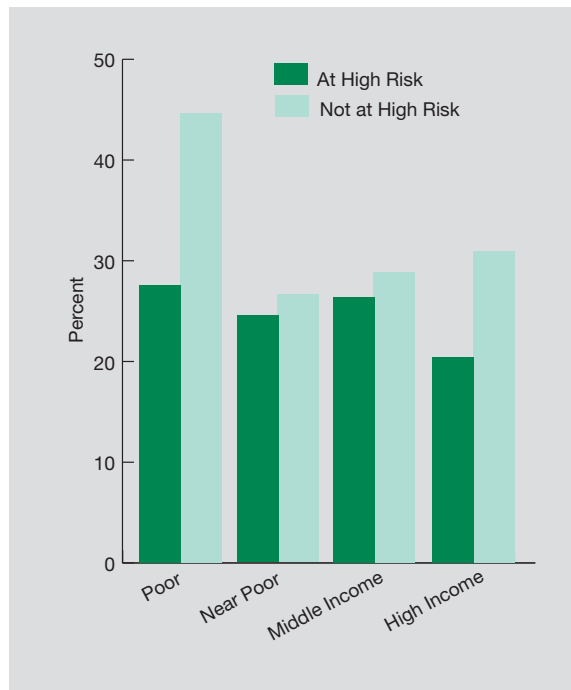
Women age 18 and over who exercise 150 minutes/week, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Women at high risk for diabetes who had more than a high school education were significantly less likely to exercise at least 150 minutes per week than women not at high risk. No significant differences were found by diabetes risk status among those with a high school diploma or less.
- Among women at high risk for diabetes, no significant differences were found by education.
- Women not at high risk for diabetes who had not graduated from high school were significantly less likely than those who had more than a high school education to exercise at least 150 minutes per week.

Women age 18 and over who exercise 150 minutes/week, by diabetes risk status and family income, 2003-2006

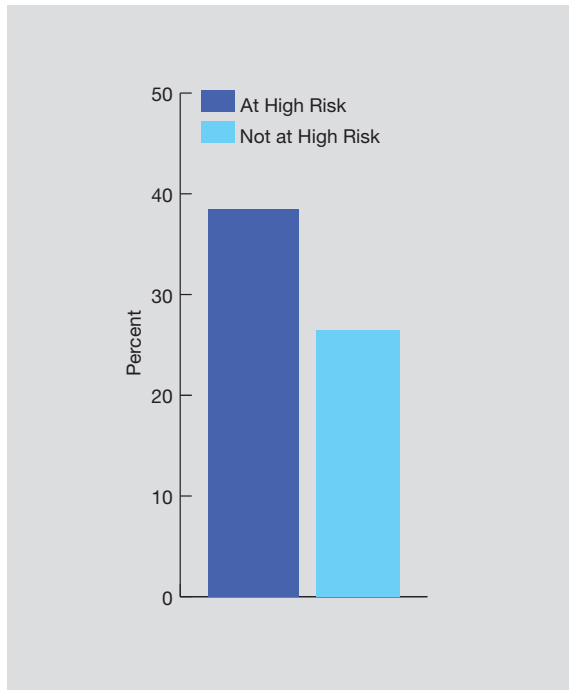


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- Among poor and high-income groups, women at high risk for diabetes were significantly less likely than women not at high risk for diabetes to exercise for at least 150 minutes per week. There were no significant differences among near-poor and middle-income groups by diabetes risk status.
- Among women not at risk, poor women were significantly more likely than women who had high income to exercise at least 150 minutes per week. No significant differences were found by income level among women at risk.

Weight Loss

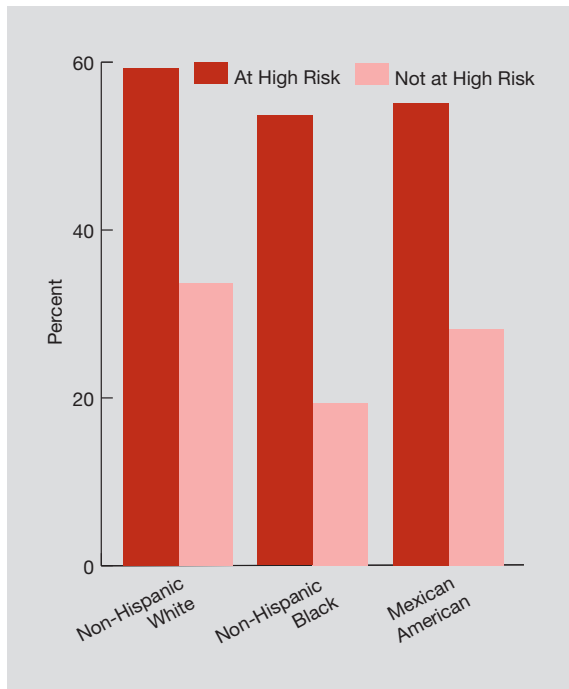
Women age 18 and over who tried to lose weight in the past 12 months, by diabetes risk status, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- Women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have tried to lose weight in the past 12 months.

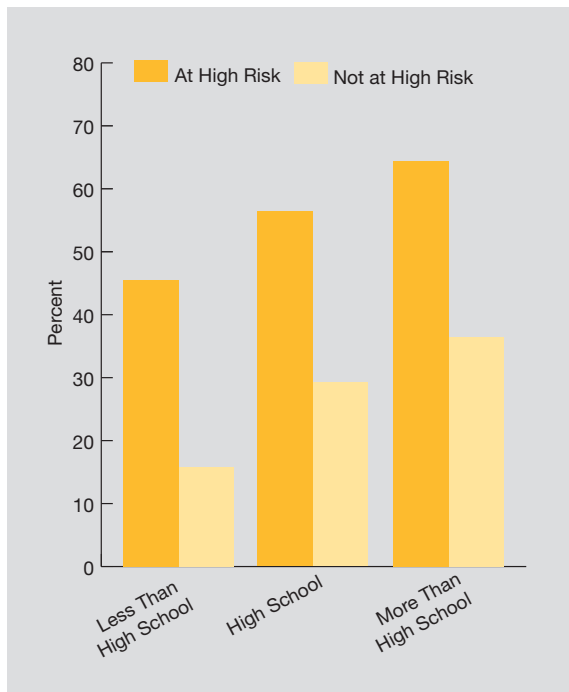
Women age 18 and over who tried to lose weight in the past 12 months, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- In all racial/ethnic groups, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have tried to lose weight in the past 12 months.
- Among women at high risk for diabetes, non-Hispanic blacks and Mexican Americans were significantly less likely than non-Hispanic whites to have tried to lose weight in the past 12 months.
- Non-Hispanic black women not at high risk for diabetes were significantly less likely than non-Hispanic white women not at high risk for diabetes to have tried to lose weight in the past 12 months. No significant difference was found between Mexican-American and non-Hispanic white women who were not at high risk for diabetes.

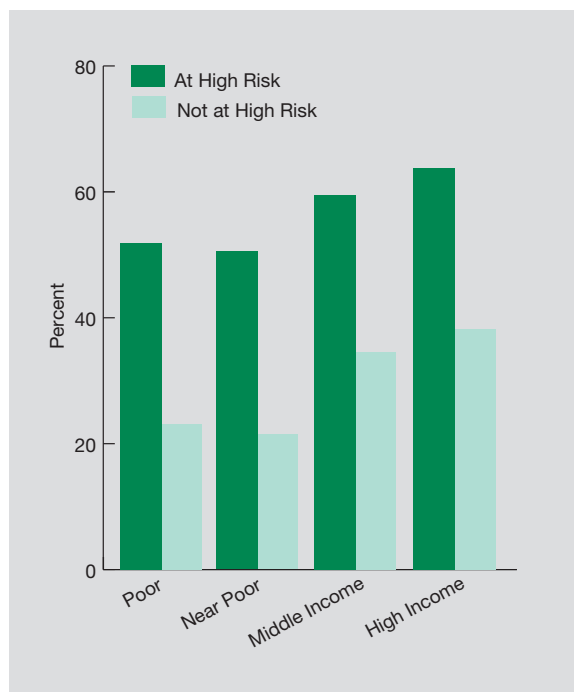
Women age 18 and over who tried to lose weight in the past 12 months, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- At all levels of education, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have tried to lose weight in the past 12 months.
- Women at high risk for diabetes who had a high school education or less were significantly less likely than women at high risk for diabetes who had more than a high school education to have tried to lose weight in the past year.
- Among women not at high risk, those who had less than a high school education were significantly less likely than those who had more than a high school education to have tried to lose weight in the past year.

Women age 18 and over who tried to lose weight in the past 12 months, by diabetes risk status and family income, 2003-2006

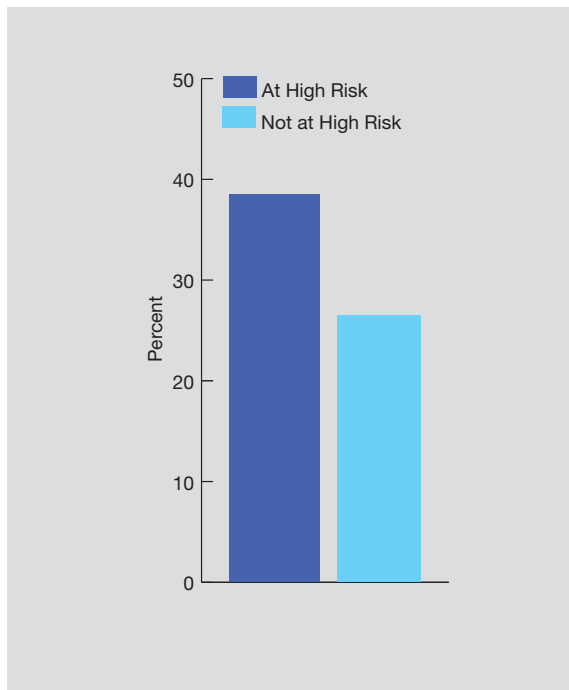


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- At all levels of family income, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to have tried to lose weight in the past 12 months.
- Regardless of diabetes risk status, women who lived in poor or near-poor families were significantly less likely than those who lived in high-income families to have tried to lose weight in the past 12 months.

Weight loss by exercising

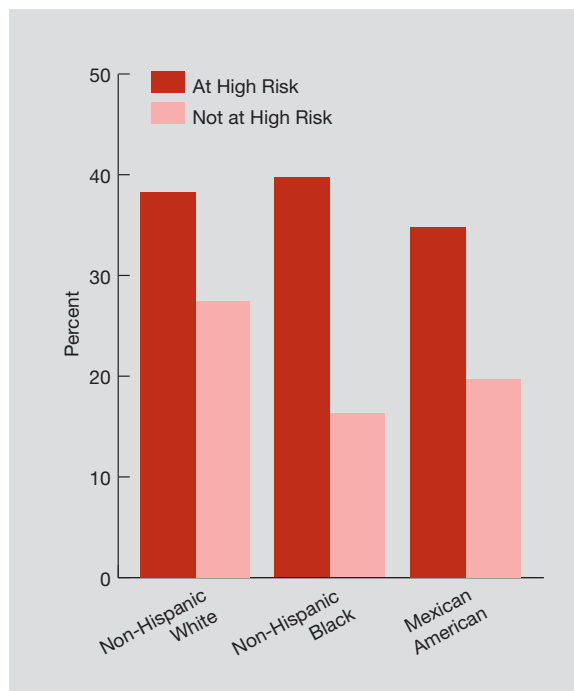
Women age 18 and over who tried to lose weight by exercising in the past 12 months, by diabetes risk status, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 2

- Women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by exercising in the past 12 months.

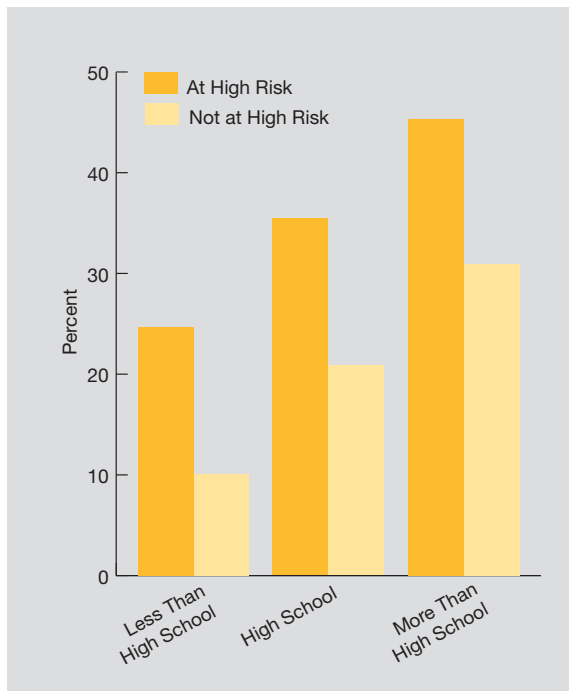
Women age 18 and over who tried to lose weight by exercising in the past 12 months, by diabetes risk status and race/ethnicity, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 2

- In each racial/ethnic group, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by exercising in the past 12 months.
- Among women at high risk for diabetes, Mexican-American women were significantly less likely than non-Hispanic white women to report they tried to lose weight by exercising in the past year.
- Among women not at high risk for diabetes, non-Hispanic black women were significantly less likely than non-Hispanic white women to report that they tried to lose weight by exercising in the past year. No significant difference was found for Mexican-American women.

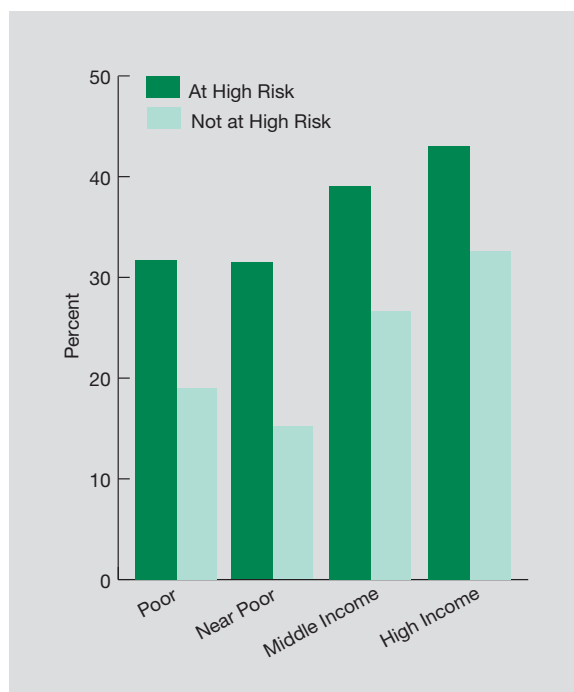
Women age 18 and over who tried to lose weight by exercising in the past 12 months, by diabetes risk status and education, 2003-2006



Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 3

- Regardless of education level, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by exercising in the past 12 months.
- Regardless of diabetes risk status, women with a high school education or less were significantly less likely than those with more than a high school education to report that they tried to lose weight by exercising in the past 12 months.

Women age 18 and over who tried to lose weight by exercising in the past 12 months, by diabetes risk status and family income, 2003-2006

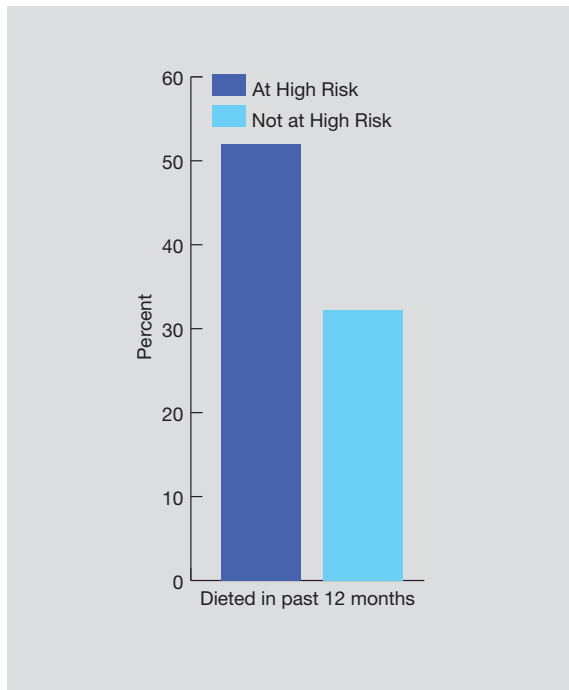


Source: National Health and Nutrition Examination Survey, 2003-2006
Appendix Table: Table 4

- At all levels of family income, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by exercising in the past 12 months.
- Regardless of diabetes risk status, women who lived in poor or near-poor families were significantly less likely than women who lived in high-income families to report that they tried to lose weight by exercising in the past 12 months.

Weight loss by dieting

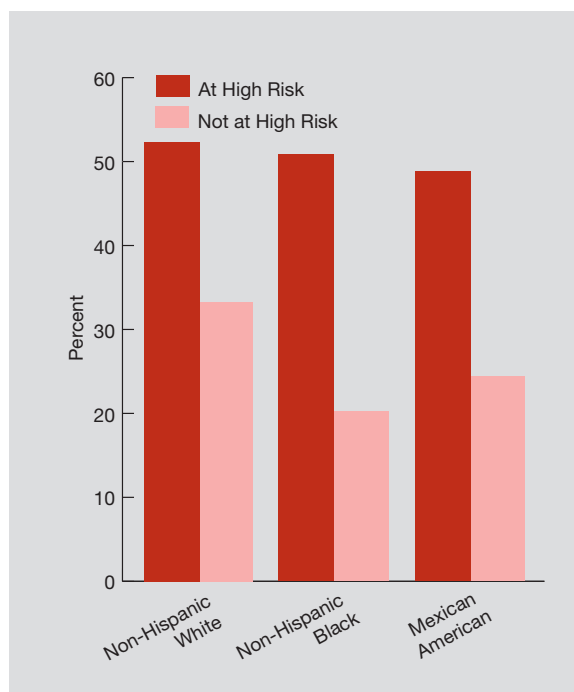
Women age 18 and over who tried to lose weight by dieting in the past 12 months, by diabetes risk status, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 2

- Women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by dieting in the past 12 months.

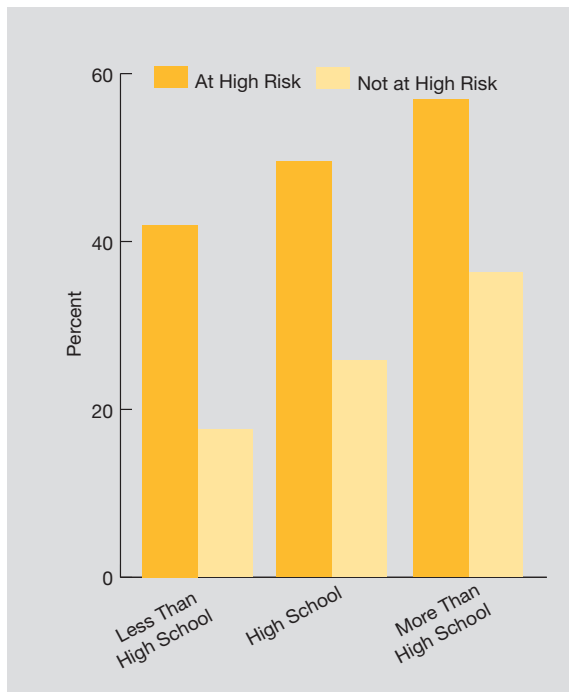
Women age 18 and over who tried to lose weight by dieting in the past 12 months, by diabetes risk status and race/ethnicity, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 2

- In each racial/ethnic group, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by dieting in the past 12 months.
- Among women at risk, only Mexican Americans were significantly less likely than non-Hispanic whites to report that they tried to lose weight by dieting in the past 12 months.
- Among women not at high risk for diabetes, both non-Hispanic blacks and Mexican Americans were significantly less likely than non-Hispanic whites to report that they tried to lose weight by dieting in the past 12 months.

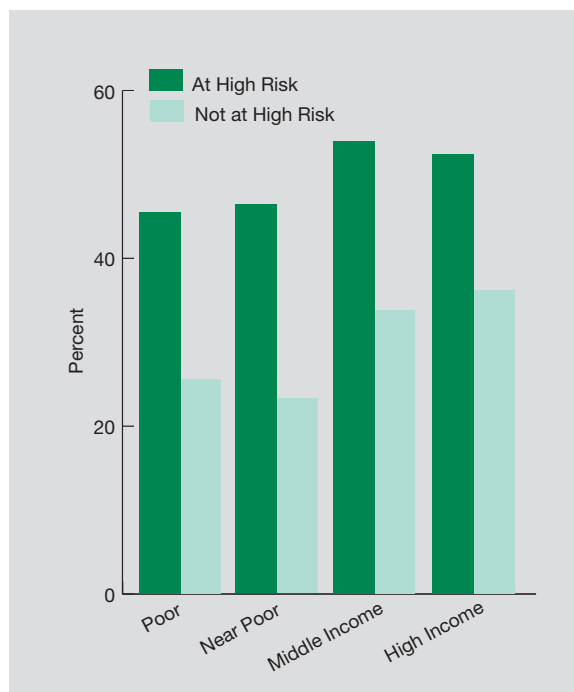
Women age 18 and over who tried to lose weight by dieting in the past 12 months, by diabetes risk status and education, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 3

- At each level of education, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by dieting in the past 12 months.
- Regardless of diabetes risk status, women with a high school education or less were significantly less likely than women with higher levels of education to report that they tried to lose weight by dieting in the past 12 months.

Women age 18 and over who tried to lose weight by dieting in the past 12 months, by diabetes risk status and family income, 2003-2004



Source: National Health and Nutrition Examination Survey, 2003-2004
Appendix Table: Table 4

- At all levels of family income, women at high risk for diabetes were significantly more likely than women not at high risk for diabetes to report that they tried to lose weight by dieting in the past 12 months.
- Regardless of diabetes risk status, women who lived in poor or near poor families were significantly less likely than women who lived in high income families to report that they tried to lose weight by dieting in the past 12 months.



Appendix A: References

1. Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2007. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.
2. Boyle JP, Honeycutt AA, Narayan KM, et al. Projection of diabetes burden through 2050: impact of changing demography and disease prevalence in the U.S. *Diabetes Care* 2001 Nov;24(11):1936-40.
3. The Jacobs Institute of Women's Health. Women's health care and health care reform: the economic burden of disease in women. Washington, DC: The George Washington University School of Public Health and Health Services; 2009.
4. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002 Feb;346(6):393-403.
5. American Diabetes Association. Screening for type 2 diabetes. *Diabetes Care* 2003;26(Suppl 1):S21-S50.
6. U.S. Census Bureau. Annual estimates of the population by selected age groups and sex for the United States: April 2000 to July 1, 2005 (NC-EST2005-02) [Internet]. Available at: <http://www.census.gov/popest/national/asrh/NC-EST2005-sa.html>.
7. U.S. Census Bureau. Projections of the population by selected age groups and sex for the United States: 2010 to 2050 (NP2008-T2) [Internet]. 2008. Available at: <http://www.census.gov/population/www/projections/summarytables.html>.
8. Shrestha LB. CRS Report for Congress. The changing demographic profile of the United States. Washington DC: Library of Congress; 2005 May 5. Available at: <http://www.fas.org/sgp/crs/misc/RL32701.pdf>.
9. U.S. Census Bureau. Percent distribution of the projected population by selected age groups and sex for the United States: 2010 to 2050 (NP2008-T3) [Internet]. 2008. Available at: <http://www.census.gov/population/www/projections/summarytables.html>.
10. Cowie CC, Rust KP, Ford ES, et al. Full accounting of diabetes and prediabetes in the U.S. population in 1988-1994 and 2005-2006. *Diabetes Care* 2009 Feb;32(2):287-94.
11. Narayan KMV, Boyle JP, Geiss LS, et al. Impact of recent increase in incidence on future diabetes burden: U.S., 2005-2050. *Diabetes Care* 2006 Sep;29(9):2114-6.
12. Geiss LS, Pan L, Cadwell B, et al. Changes in incidence of diabetes in U.S. adults, 1997-2003. *Am J Prev Med* 2006 May;30(5):371-7.
13. Deshpande AD, Harris-Hayes M, Schootman M. Epidemiology of diabetes and diabetes-related complications. *Phys Ther* 2008;88(11):1254-64.
14. U.S. Census Bureau. Annual estimates of the population by sex, race and Hispanic or Latino origin for the United States: April 1, 2000 to July 1, 2005 (NC-EST2005-03) [Internet]. Available at: <http://www.census.gov/popest/national/asrh/NC-EST2005-srh.html>.
15. U.S. Census Bureau. Projections of the population by sex, race, and Hispanic origin for the United States: 2010 to 2050 (NP2008-T4) [Internet]. Available at: <http://www.census.gov/population/www/projections/summarytables.html>.
16. Kanjilal S, Gregg EW, Cheng YJ, et al. Socioeconomic status and trends in disparities in four major risk factors for cardiovascular disease among U.S. adults, 1971-2002. *Arch Intern Med* 2006 Nov 27;166(21):2348-55.
17. Tang M, Chen Y, Krewski D. Gender-related differences in the association between socioeconomic status and self-reported diabetes. *Int J Epidemiol* 2003 Jun;32(3):381-5.
18. Maty SC, Everson-Rose SA, Haan MN, et al. Education, income, occupation, and the 34-year incidence (1965-99) of type 2 diabetes in the Alameda County Study. *Int J Epidemiol* 2005 Dec;34(6):1271-84.
19. Kumari M, Head J, Marmot M. Prospective study of social and other risk factors for incidence of type 2 diabetes in the Whitehall II Study. *Arch Intern Med* 2004 Sept 27;164(17):1873-80.

20. Maty SC, James SA, Kaplan GA. Life-course socioeconomic position and incidence of diabetes mellitus among blacks and whites: The Alameda County Study, 1965-1999. *Am J Public Health* 2010 Jan;100(1):137-45.
21. Krishnan S, Cozier YC, Rosenberg L, et al. Socioeconomic status and incidence of type 2 diabetes: results from the Black Women's Health Study. *Am J Epidemiol* 2010 Mar 1;171(5):564-70.
22. U.S. Census Bureau. Educational attainment in the United States, 2005. Current Population Survey, 2006. Annual Social and Economic Supplement [Internet]. Available at: <http://www.census.gov/hhes/socdemo/education/data/cps/2005/tables.html>.
23. U.S. Census Bureau. Current Population Survey, 2006. Annual Social and Economic Supplement [Internet]. Available at: <http://www.census.gov/hhes/socdemo/education/data/cps/2006/tables.html>.
24. U.S. Census Bureau. Current Population Survey, 2006. Annual Social and Economic Supplement [Internet]. Available at: <http://pubdb3.census.gov/macro/032006/pov/toc.htm>.
25. Pan XR, Li GW, Hu YH, et al. Effect of diet and exercise in preventing NIDDM in people with impaired glucose tolerance: the Da Qing IGT and diabetes study. *Diabetes Care* 1997, April;20(4):537-44.
26. Tuomilehto J, Lindstrom J, Eriksson JG, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose intolerance. *N Engl J Med* 2001 May 3;344(18):1343-50.
27. Ramachandran A, Snehalatha C, Mary S, et al. The Indian Diabetes Prevention Programme shows that lifestyle modification and metformin prevent type 2 diabetes in Asian Indian subjects with impaired glucose tolerance (IDPP-1). *Diabetologia* 2006;49:289-97.
28. Li G, Zhang P, Wang J, et al. The long-term effect of lifestyle interventions to prevent diabetes in the China Da Qing Diabetes Prevention Study: a 20-year followup study. *Lancet* 2008 May 24;371:1783-9.
29. Lindstrom J, Ilanne-Parikka P, Peltonen M, et al. Sustained reduction in the incidence of type 2 diabetes by lifestyle intervention: followup of the Finnish Diabetes Prevention Study. *Lancet* 2006 Nov 11;368:1673-9.
30. Diabetes Prevention Research Group. 10-year followup of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet* 2009 Nov 14;374:1677-86.
31. Doescher MP, Saver BG, Fiscella K, et al. Racial/ethnic inequities in continuity and site of care: location, location, location. *Health Serv Res* 2001 Dec; 36(6 Pt 2):78-89.
32. Sambamoorthi U, McAlpine DD. Racial, ethnic, socioeconomic, and access disparities in the use of preventive services among women. *Prev Med* 2003 Nov;37(5):475-84.
33. Shi L, Tsai J, Higgins PC, et al. Racial/ethnic and socioeconomic disparities in access to care and quality of care for U.S. health center patients compared with non-health center patients. *J Ambul Care Manage* 2009 Oct-Dec;32(4):342-50.
34. Jylha M. What is self-rated health and why does it predict mortality? Towards a unified conceptual model. *Soc Sci Med* 2009 Aug;69(3):307-16.
35. Idler E, Russell LB, Davis D. Survival, functional limitations, and self-rated health in the NHANES I Epidemiologic Follow-up Study, 1992. *Am J Epidemiol* 2000 Nov;152(9):874-83.
36. Okosun IS, Choi S, Matamoros T, et al. Obesity is associated with reduced self-rated general health status: evidence from a representative sample of white, black, and Hispanic Americans. *Prev Med* 2001 May;32(5):429-36.
37. Kim C, Varathian A. Self-rated health and health care use among women with histories of gestational diabetes mellitus. *Diabetes Care* 2010 Jan;33(1):41-2.
38. Imai K, Gregg EW, Chen YI, et al. The association of BMI with functional status and self-rated health in U.S. adults. *Obesity* 2008, Feb;16(2):402-8.
39. Tsai J, Ford ES, Li C, et al. Physical and optimal self-rated health of adults with and without diabetes. *BMC Public Health* 2010 June 23;10:365.

40. Chakarova N, Tankova T, Atanassova I, et al Serum lipid and hsCRP levels in prediabetes – impaired fasting glucose (IFG) and impaired glucose tolerance (IGT). *Diabetes Res Clin Pract* 2009 Oct;86(1):56-60.
41. National Cholesterol Education Program. Third report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) final report. *Circulation* 2002 Dec 17;106(25):3143-421.
42. Chassin MR, Galvin RW. The urgent need to improve health care quality. Institute of Medicine National Roundtable on Health Care Quality. *JAMA* 1998 Sep 16; 280(11): 1000-5.
43. Beckles GLA, Thompson-Reid PE, eds. *Diabetes and women’s health across the life stages: a public health perspective*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation; 2001.
44. Ford E, Zhao G, Li C. Prediabetes and the risk for cardiovascular disease: a systematic review of the evidence. *J Am Coll Cardiol* 2010 Mar 30;55(13):1310-7.
45. Geiss LS, James C, Gregg EW, et al. Diabetes risk reduction behaviors among U.S. adults with prediabetes. *Am J Prev Med* 2010 Apr;38(4):403-9.
46. Lim SC, Tai ES, Tan BY, et al. Cardiovascular risk profile in individuals with borderline glycemia: the effect of the 1997 American Diabetes Association diagnostic criteria and the 1998 World Health Organization Provisional Report. *Diabetes Care* 2000 Mar; 23(3):278-82.
47. Chobanian AV, Bakris GL, Black HR, et al. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure. *Hypertension* 2003 Dec;42(6):1206-52.
48. Rolka DR, Burrows NR, Geiss LS. Self-reported prediabetes and risk-reduction activities. *MMWR* 2008 Nov 7;58(44):1203-5.



Appendix B: Tables

Table number	Title
1a	Selected characteristics among women age 18 and over overall and by diabetes risk status, United States, 2003-2006 (crude)
1b	Selected characteristics among women age 18 and over overall and by diabetes risk status, United States, 2003-2006 (age standardized)
2	Percentage of women at high risk or not at high risk for diabetes who received preventive care, by race/ethnicity, United States, 2003-2006 (crude)
2a	Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care, by race/ethnicity, United States, 2003-2006
3	Percentage of women at high risk or not at high risk for diabetes who received preventive care, by education, United States, 2003-2006 (crude)
3a	Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care, by education, United States, 2003-2006
4	Percentage of women at high risk or not at high risk for diabetes who received preventive care, by family income, United States, 2003-2006 (crude)
4a	Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care, by family income, United States, 2003-2006
5a	Age-standardized percentage of women at high risk for diabetes who received preventive care, by race/ethnicity, United States, 2003-2006
5b	Age-standardized percentage of women at high risk for diabetes who received preventive care, by education, United States, 2003-2006
5c	Age-standardized percentage of women at high risk for diabetes who received preventive care, by family income, United States, 2003-2006
6a	Age-standardized percentage of women not at high risk for diabetes who received preventive care, by race/ethnicity, United States, 2003-2006
6b	Age-standardized percentage of women not at high risk for diabetes who received preventive care, by education, United States, 2003-2006
6c	Age-standardized percentage of women not at high risk for diabetes who received preventive care, by family income, United States, 2003-2006

Table 1a. Selected characteristics among women age 18 years and over overall and by diabetes risk status, United States, 2003-2006 (crude)

Selected characteristics	At high risk				Not at high risk				Total				
	Sample size	Percent	95% CI (low)	95% CI (high)	Sample size	Percent	95% CI (low)	95% CI (high)	Sample size	Percent	95% CI (low)	95% CI (high)	
Total		3,007	100		1,901	100			4,908	100			
Age	18-44	1,627	47.9	44.7	51.1	1,171	58.9	55.5	62.2	2,798	52.6	49.7	55.4
	45-64	799	35.1	32.3	38.0	352	26.3	23.7	29.1	1,151	31.4	29.1	33.8
	65 and over	581	17.0	14.7	19.6	378	14.8	13.1	16.8	959	16.1	14.4	17.9
Race/ethnicity	Non-Hispanic white	1,318	73.6	67.4	79.0	1,077	86.0	82.6	88.9	2,395	78.7	74.0	82.8
	Non-Hispanic black	791	16.9	13.2	21.4	308	7.9	5.8	10.8	1,099	13.2	10.2	16.9
	Mexican American	707	9.5	6.7	13.2	325	6.1	4.6	7.9	1,032	8.1	6.0	10.8
Education	Less than high school	897	19.0	16.4	21.9	453	15.0	12.9	17.5	1,350	17.3	15.6	19.2
	High school	778	27.1	25.3	28.9	457	23.0	20.8	25.4	1,235	25.3	23.9	26.8
	More than high school	1,331	53.9	51.5	56.3	984	62.0	58.6	65.2	2,315	57.3	55.1	59.5
Family income	Negative/poor	633	14.1	12.2	16.3	379	13.1	10.6	16.1	1,012	13.7	11.8	15.9
	Near poor	775	22.6	20.6	24.7	437	19.1	16.9	21.5	1,212	21.1	19.6	22.6
	Middle income	780	31.8	29.5	34.3	463	29.1	26.2	32.1	1,243	30.7	28.8	32.6
	High income	654	31.5	28.6	34.5	525	38.7	34.6	42.9	1,179	34.5	31.7	37.6

Key: CI = confidence interval.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Note: Percentages may not add to 100 due to rounding. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, above the poverty line to just below 200 percent of the poverty line; middle income, 200 percent to just below 400 percent of the poverty line; and high income, 400 percent of the poverty line and over.

Table 1b. Selected characteristics among women age 18 years and over overall and by diabetes risk status, United States, 2003-2006 (age standardized)

Selected characteristics	At high risk				Not at high risk				Total				
	Sample size	Percent	95% CI (low)	95% CI (high)	Sample size	Percent	95% CI (low)	95% CI (high)	Sample size	Percent	95% CI (low)	95% CI (high)	
Total		3,007	100		1,901	100			4,908	100			
Age	18-44	1,627	49.9	46.7	53.2	1,171	60.7	57.4	64.0	2,798	54.5	51.7	57.3
	45-64	799	32.5	29.9	35.3	352	24.1	21.7	26.8	1,151	28.9	26.7	31.3
	65 and over	581	17.5	15.2	20.2	378	15.1	13.3	17.1	959	16.5	14.8	18.4
Race/ethnicity	Non-Hispanic white	1,318	73.3	67.1	78.8	1,077	85.8	82.4	88.7	2,395	78.5	73.8	82.7
	Non-Hispanic black	791	17.0	13.2	21.5	308	8.0	5.8	10.9	1,099	13.3	10.3	16.9
	Mexican American	707	9.7	6.9	13.4	325	6.2	4.7	8.0	1,032	8.2	6.1	11.0
Education	Less than high school	897	19.2	16.6	22.1	453	15.2	13.0	17.6	1,350	17.5	15.7	19.4
	High school	778	27.2	25.4	29.1	457	22.9	20.7	25.3	1,235	25.4	23.9	26.8
	More than high school	1,331	53.6	51.2	55.9	984	62.0	58.6	65.2	2,315	57.2	55.0	59.3
Family income	Negative/poor	633	14.4	12.5	16.6	379	13.4	10.8	16.4	1,012	14.0	12.0	16.1
	Near poor	775	22.8	20.7	24.9	437	19.2	17.0	21.6	1,212	21.2	19.8	22.8
	Middle income	780	31.8	29.5	34.3	463	29.2	26.3	32.2	1,243	30.7	28.8	32.6
	High income	654	31.0	28.2	33.9	525	38.3	34.3	42.4	1,179	34.1	31.3	37.1

Key: CI = confidence interval.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Note: Percentages may not add to 100 due to rounding. Estimates are age standardized to the 2000 standard population using three age-groups: 18-44, 45-64, and 65 and over. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, above the poverty line to just below 200 percent of the poverty line; middle income, 200 percent to just below 400 percent of the poverty line; and high income, 400 percent of the poverty line and over.

Table 2. Percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006 (crude)

Category	Measures	Non-Hispanic White		Non-Hispanic black		Mexican American		Total ^c	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Access to care^b	Women ages 18-64 with any type of insurance during the year	87.9	83.6	78.3	76.6	47.3	57.6	85.9	83.0
	Women ages 18-64 with any private insurance during the year	76.3	74.5	53.6	53.0	31.6	45.5	71.6	72.6
	Women ages 18-64 with only public insurance during the year	11.6	9.0	24.5	22.9	15.5	12.1	14.3	10.2
	Women ages 18-64 uninsured all year, 2003-2004 data only	6.5	9.2	11.7	13.0	42.9	41.7	7.5	9.5
	Women ages 18-64 with any period of public insurance during the year	19.2	13.0	27.2	24.6	17.3	14.9	20.9	14.0
	Women ages 18-64 with any period of uninsurance during the year	18.7	20.3	29.9	31.1	60.8	50.0	21.0	21.2
	General health and well-being	Women age 18 and over who reported fair or poor health in the past year	13.7	10.1	24.4	19.7	30.5	24.6	15.6
	Women age 18 and over with physical and mental health limitations	5.4	3.9	*	*	2.4	*	4.7	3.7
	Women age 18 and over who are current smokers	20.9	27.0	18.1	20.5	11.5	13.5	20.3	26.5
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	65.3	75.5	46.9	50.1	51.3	56.7	62.1	73.6
	Women age 18 and over who have alcohol at least 1 day per year	66.4	77.5	51.9	52.9	57.1	56.9	63.9	75.6
	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	2.2	3.4	2.5	*	94.3	2.1	2.3	3.5
Specific to cardiovascular disease	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	97.2	95.9	97.7	96.9	88.6	91.5	97.3	96.0
	Women age 18 and over who had a lipid profile in the past 2 years	64.8	56.0	59.4	53.3	35.4	37.8	63.8	55.8
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	59.7	74.8	70.2	79.0	70.7	76.5	61.7	75.1
	Women age 18 and over who exercise 150 minutes/week	26.2	32.4	23.5	29.4	22.9	29.3	25.7	32.1
	Obese women who were told that they were overweight	70.6	*	59.4	*	56.5	*	68.1	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	77.9	*	82.9	*	87.7	*	78.7	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	81.8	*	85.7	*	94.6	*	82.5	*
	Women age 18 and over with activity limitation in the past year	1.7	1.8	1.8	1.8	1.9	1.9	1.7	1.8

Table 2. Percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006 (crude) (continued)

Category	Measures	Non-Hispanic white		Non-Hispanic black		Mexican American		Total	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
New measures	Women age 18 and over who have ever been told by a doctor or other health professional that they had hypertension	35.9	17.1	36.6	20.0	17.4	12.9	36.0	17.4
	Women age 18 and over who had a specific source of ongoing care	93.3	90.1	93.8	92.2	76.2	76.0	93.4	90.3
	Women age 18 and over whose source of ongoing care is clinic or health center	14.4	13.4	20.3	24.2	44.6	36.9	15.5	14.3
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	83.3	84.3	72.0	69.5	50.1	57.2	81.1	83.0
	Women age 18 and over whose source of ongoing care is hospital outpatient department	1.4	1.0	7.4	4.7	*	*	2.5	1.3
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	92.4	91.5	89.7	89.6	76.5	81.4	91.9	91.3
	Women age 18 and over who reported an inpatient discharge in the past 12 months	13.0	10.3	14.2	14.4	14.9	10.1	13.2	10.6
	Women age 18 and over who tried to lose weight in the past 12 months	59.3	33.6	53.6	19.3	55.1	28.2	58.3	32.4
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	52.3	33.3	50.8	20.2	48.8	24.4	52.0	32.2
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	38.3	27.4	39.7	16.2	34.8	19.7	38.5	26.5

^a Estimates are not adjusted. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

^c Total = women at high risk plus women not at high risk for diabetes.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 2a. Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006

Category	Measures	Non-Hispanic white		Non-Hispanic black		Mexican American		Total	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Access to care^b	Women ages 18-64 with any type of insurance during the year	87.4	83.7	78.3	78.0	48.3	61.0	85.6	83.1
	Women ages 18-64 with any private insurance during the year	75.1	74.6	53.7	57.0	33.2	47.0	70.5	72.8
	Women ages 18-64 with only public insurance during the year	12.2	8.9	24.3	20.5	14.9	14.0	14.9	10.1
	Women ages 18-64 uninsured all year, 2003-2004 data only	7.0	9.1	11.9	11.5	41.7	36.7	7.8	9.4
	Women ages 18-64 with any period of public insurance during the year	19.5	12.9	27.1	21.9	17.0	16.1	21.3	13.9
	Women ages 18-64 with any period of uninsurance during the year	19.7	20.1	29.8	29.3	59.7	47.6	21.7	20.9
	General health and well-being	Women age 18 and over who reported fair or poor health in the past year	13.2	10.2	25.6	23.8	35.9	27.1	15.3
	Women age 18 and over with physical and mental health limitations	5.0	4.3	*	*	3.3	*	4.4	4.1
	Women age 18 and over who are current smokers	23.0	27.0	17.4	20.7	11.2	16.5	21.5	26.4
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	67.3	75.5	46.3	51.6	49.1	57.5	63.2	73.5
	Women age 18 and over who have alcohol at least 1 day per year	68.2	77.4	50.0	51.5	52.0	54.3	65.0	75.4
	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	2.2	3.4	2.5	*	1.3	*	2.3	3.5
Specific to cardiovascular disease	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	97.1	95.9	97.7	96.9	90.5	91.1	97.3	96.0
	Women age 18 and over who had a lipid profile in the past 2 years	60.1	56.0	60.4	55.3	42.8	46.0	60.5	56.1
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	61.4	74.7	69.1	76.0	69.7	70.9	63.2	74.8
	Women age 18 and over who exercise 150 minutes/week	25.0	32.4	22.8	26.5	21.2	27.8	25.0	32.1
	Obese women who were told that they were overweight	69.8	*	59.9	*	55.6	*	67.3	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	78.0	*	83.5	*	90.0	*	79.1	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	84.1	*	85.3	*	94.4	*	84.2	*
	Women age 18 and over with activity limitation in the past year	1.7	1.8	1.8	1.8	1.8	1.8	1.7	1.8

Table 2a. Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006 (continued)

Category	Measures	Non-Hispanic white		Non-Hispanic black		Mexican American		Total	
		At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent
New measures	Women age 18 and over who have ever been told by a doctor or other health professional that they had hypertension	31.5	17.5	40.5	24.9	25.1	20.0	32.9	18.0
	Women age 18 and over who had a specific source of ongoing care	92.6	90.2	94.2	92.6	78.8	78.1	92.9	90.5
	Women age 18 and over whose source of ongoing care is clinic or health center	15.0	13.5	20.5	22.5	43.3	32.8	15.9	14.4
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	82.4	84.2	71.9	71.9	51.5	60.9	80.4	83.0
	Women age 18 and over whose source of ongoing care is hospital outpatient department	1.5	1.0	7.3	3.8	*	*	2.7	1.3
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	91.9	91.5	90.1	88.7	79.0	83.5	91.7	91.4
	Women age 18 and over who reported an inpatient discharge in the past 12 months	13.5	10.3	14.7	14.6	14.2	10.1	13.6	10.7
	Women age 18 and over who tried to lose weight in the past 12 months	60.1	33.8	52.6	18.6	51.6	27.3	58.6	32.5
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	52.5	33.4	50.0	20.4	46.5	23.9	51.9	32.3
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	39.9	27.3	37.8	15.3	31.8	19.9	39.6	26.3

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 3. Percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006 (crude)

Category	Measures	Less than high school		High school		More than high school	
		At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent
Access to care^b	Women ages 18-64 with any type of insurance during the year	59.2	59.2	79.7	72.2	88.3	87.8
	Women ages 18-64 with any private insurance during the year	37.3	32.6	62.5	61.1	77.0	80.3
	Women ages 18-64 with only public insurance during the year	21.8	26.1	17.2	10.6	11.2	7.2
	Women ages 18-64 uninsured all year, 2003-2004 data only	29.5	33.5	12.6	16.8	6.1	7.5
	Women ages 18-64 with any period of public insurance during the year	24.3	27.3	22.3	15.4	18.8	11.4
	Women ages 18-64 with any period of uninsurance during the year	47.4	46.7	29.0	32.4	18.3	16.9
	General health and well-being	Women age 18 and over who reported fair or poor health in the past year	34.9	28.7	17.1	16.9	10.9
Women age 18 and over with physical and mental health limitations		*	*	*	*	4.8	3.5
Women age 18 and over who are current smokers		23.3	35.3	25.2	36.7	15.2	18.2
Women age 18 and over who had at least 12 alcohol drinks/1 yr		49.9	55.5	57.7	64.3	66.4	75.7
Women age 18 and over who have alcohol at least 1 day per year		48.2	50.0	60.1	67.0	69.9	79.4
Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months		3.6	4.5	2.0	4.2	2.0	2.9
Specific to cardiovascular disease		Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	94.1	94.4	93.6	92.7	98.0
	Women age 18 and over who had a lipid profile in the past 2 years	52.2	55.0	59.1	54.0	65.5	53.6
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	67.8	71.9	59.8	71.9	63.0	78.8
	Women age 18 and over who exercise 150 minutes/week	25.0	25.5	26.6	28.4	25.9	34.0
	Obese women who were told that they were overweight	58.9	*	60.9	*	74.0	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	82.6	*	75.0	*	82.1	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	87.5	*	85.2	*	81.8	*
	Women age 18 and over with activity limitation in the past year	1.7	1.6	1.7	1.7	1.8	1.8

Table 3. Percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006 (crude) (continued)

Category	Measures	Less than high school		High school		More than high school	
		At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent
New measures	Women age 18 and over who have ever been told by a doctor or other health professional that they had hypertension	35.7	22.8	34.6	22.4	31.2	13.4
	Women age 18 and over who had a specific source of ongoing care	87.0	88.6	90.1	82.5	93.9	89.0
	Women age 18 and over whose source of ongoing care is clinic or health center	32.1	28.4	16.8	18.7	14.9	13.1
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	62.9	67.6	77.4	78.0	83.1	84.1
	Women age 18 and over whose source of ongoing care is hospital outpatient department	4.6	*	4.8	*	1.0	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	86.4	85.2	92.0	88.2	91.6	90.7
	Women age 18 and over who reported an inpatient discharge in the past 12 months	14.8	14.8	13.6	13.2	11.9	7.8
	Women age 18 and over who tried to lose weight in the past 12 months	45.5	15.8	56.3	29.2	64.4	36.5
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	42.0	17.6	49.5	25.8	56.9	36.3
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	24.7	10.1	35.4	20.8	45.3	30.9

^a Estimates are not adjusted. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 3a. Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006

Category	Measures	Less than high school		High school		More than high school	
		At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent	At high risk Percent	Not at high risk Percent
Access to care^b	Women ages 18-64 with any type of insurance during the year	59.4	59.5	79.2	72.1	87.9	88.0
	Women ages 18-64 with any private insurance during the year	37.7	35.4	61.7	61.0	76.3	80.6
	Women ages 18-64 with only public insurance during the year	21.5	23.8	17.5	10.6	11.5	7.2
	Women ages 18-64 uninsured all year, 2003-2004 data only	29.0	32.8	12.9	16.8	6.5	7.5
	Women ages 18-64 with any period of public insurance during the year	24.0	25.5	22.8	15.5	18.6	11.2
	Women ages 18-64 with any period of uninsurance during the year	47.2	45.9	29.6	32.5	19.0	16.4
General health and well-being	Women age 18 and over who reported fair or poor health in the past year	35.0	29.2	17.0	16.0	10.9	7.0
	Women age 18 and over with physical and mental health limitations	*	*	*	*	4.5	4.4
	Women age 18 and over who are current smokers	25.2	38.1	27.3	38.7	14.9	17.5
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	52.6	57.0	58.8	65.6	65.6	74.6
	Women age 18 and over who have alcohol at least 1 day per year	51.4	51.7	61.2	68.6	69.3	77.7
	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	3.5	*	2.0	4.1	2.0	3.0
Specific to cardiovascular disease	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	94.0	93.5	93.2	92.7	98.0	97.3
	Women age 18 and over who had a lipid profile in the past 2 years	48.6	51.0	55.2	51.5	64.6	57.2
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	69.1	70.8	60.5	73.1	63.8	77.8
	Women age 18 and over who exercise 150 minutes/week	25.6	26.2	26.7	28.8	24.9	33.7
	Obese women who were told that they were overweight	58.9	*	60.0	*	73.8	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	87.7	*	71.7	*	82.9	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	91.0	*	84.3	*	83.8	*
	Women age 18 and over with activity limitation in the past year	1.7	1.7	1.7	1.7	1.8	1.8

Table 3a. Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006 (continued)

Category	Measures	Less than high school		High school		More than high school	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent
New measures	Women age 18 and over who ever been told by a doctor or other health professional that they had hypertension	33.0	19.8	31.5	21.4	31.2	17.4
	Women age 18 and over who had a specific source of ongoing care	86.1	87.9	89.1	82.0	93.8	89.8
	Women age 18 and over whose source of ongoing care is clinic or health center	33.3	33.3	18.0	19.3	15.0	12.8
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	61.5	62.8	76.0	77.3	82.9	84.4
	Women age 18 and over whose source of ongoing care is hospital outpatient department	4.8	*	5.1	*	1.0	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	85.7	83.2	91.6	87.8	91.9	91.4
	Women age 18 and over who reported an inpatient discharge in the past 12 months	14.8	14.6	13.8	13.1	12.6	8.5
	Women age 18 and over who tried to lose weight in the past 12 months	46.9	17.7	57.5	30.1	63.0	35.5
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	43.1	19.3	50.0	26.3	55.5	35.4
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	25.5	11.0	37.0	21.4	44.4	29.4

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 4. Percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006 (crude)

Category	Measures	Negative/poor		Near poor/low		Middle income		High income	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Access to care^c	Women ages 18-64 with any type of insurance during the year	61.5	62.2	65.6	59.3	85.5	82.3	96.6	95.2
	Women ages 18-64 with any private insurance during the year	23.9	28.9	43.9	44.7	77.0	74.5	90.6	91.8
	Women ages 18-64 with only public insurance during the year	37.2	31.8	21.6	14.0	8.5	7.9	6.0	3.5
	Women ages 18-64 uninsured all year, 2003-2004 data only	23.9	28.3	25.6	29.6	8.4	*	*	*
	Women ages 18-64 with any period of public insurance during the year	39.8	33.7	25.0	16.9	14.6	12.1	15.3	8.4
	Women ages 18-64 with any period of uninsurance during the year	48.9	46.3	43.6	46.3	21.4	22.8	8.3	7.6
General health and well-being	Women age 18 and over who reported fair or poor health in the past year	32.1	22.1	25.9	18.8	14.7	11.7	6.6	5.0
	Women age 18 and over with physical and mental health limitations	*	*	*	*	*	4.7	5.6	*
	Women age 18 and over who are current smokers	35.6	37.5	17.8	31.9	18.9	27.0	13.7	15.6
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	55.3	59.4	48.8	61.5	63.7	68.2	70.1	81.5
	Women age 18 and over who have alcohol at least 1 day per year	51.6	57.6	52.6	60.4	65.4	72.9	75.0	84.2
	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	2.2	4.1	2.9	4.2	2.3	3.0	1.7	3.1
Specific to cardiovascular disease	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	91.7	88.7	92.7	93.3	97.8	95.5	99.3	100.0
	Women age 18 and over who had a lipid profile in the past 2 years	42.0	36.4	56.8	48.2	62.5	55.9	71.8	60.2
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	68.9	75.7	68.5	74.9	59.6	77.3	60.9	74.4
	Women age 18 and over who exercise 150 minutes/week	27.5	44.6	24.5	26.6	26.4	28.8	25.2	30.9
	Obese women who were told that they were overweight	58.8	*	62.3	*	66.8	*	77.1	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	82.5	*	80.8	*	74.3	*	85.8	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	92.6	*	87.1	*	73.2	*	88.7	*
	Women age 18 and over with activity limitation in the past year	1.7	1.6	1.6	1.7	1.8	1.8	1.8	1.8

Table 4. Percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006 (crude) (continued)

Category	Measures	Negative/poor		Near poor/low		Middle income		High income	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
New measures	Women age 18 and over who have ever been told by a doctor or other health professional that they had hypertension	24.4	14.6	36.7	21.1	32.7	16.9	35.1	15.3
	Women age 18 and over who had a specific source of ongoing care	85.3	82.5	89.3	79.7	92.6	89.2	95.1	93.3
	Women age 18 and over whose source of ongoing care is clinic or health center	33.4	34.4	24.1	20.3	15.0	16.4	12.0	9.9
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	59.7	57.1	70.7	75.7	81.0	80.3	87.3	89.0
	Women age 18 and over whose source of ongoing care is hospital outpatient department	5.8	*	4.1	2.6	2.8	*	*	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	85.9	84.0	85.8	85.3	93.5	87.3	93.5	94.7
	Women age 18 and over who reported an inpatient discharge in the past 12 months	15.9	13.3	14.1	11.6	12.0	11.1	10.7	7.2
	Women age 18 and over who tried to lose weight in the past 12 months	51.8	23.1	50.5	21.4	59.5	34.5	67.6	38.2
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	45.5	25.6	46.3	23.2	53.9	33.8	57.8	36.2
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	31.7	19.0	31.4	15.1	39.1	26.7	47.4	32.6

^a Estimates are not adjusted. Denominator excluded all missing values.

^b Negative/poor refers to household incomes below the Federal poverty line; near poor/low, above the poverty line to just below 200 percent of the poverty line; middle income, 200 percent to just below 400 percent of the poverty line; and high income, 400 percent of the poverty line and over.

^c The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 4a. Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006

Category	Measures	Negative/poor		Near poor/low		Middle Income		High income	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Access to care^c	Women ages 18-64 with any type of insurance during the year	60.9	60.6	65.6	58.4	85.2	82.6	96.5	95.3
	Women ages 18-64 with any private insurance during the year	24.9	25.5	43.9	44.3	76.4	74.7	90.9	91.8
	Women ages 18-64 with only public insurance during the year	35.7	34.0	21.6	13.6	8.7	7.9	5.6	3.4
	Women ages 18-64 uninsured all year, 2003-2004 data only	23.3	35.2	25.5	32.2	8.6	*	*	*
	Women ages 18-64 with any period of public insurance during the year	38.3	36.5	25.0	16.2	14.8	12.1	14.5	8.5
	Women ages 18-64 with any period of uninsurance during the year	48.7	48.8	43.6	46.7	22.0	22.0	8.4	7.8
	General health and well-being	Women age 18 and over who reported fair or poor health in the past year	34.9	24.6	25.6	18.7	14.2	12.8	6.8
	Women age 18 and over with physical and mental health limitations	*	*	*	*	*	*	4.7	*
	Women age 18 and over who are current smokers	34.4	35.9	19.3	33.9	19.8	27.3	13.5	14.7
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	54.0	60.4	51.0	62.7	65.3	67.6	69.6	80.7
	Women age 18 and over who have alcohol at least 1 day per year	49.1	55.9	55.3	62.4	66.7	72.0	74.9	82.9
	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	2.0	4.2	2.9	4.4	2.3	3.3	1.7	3.0
Specific to cardiovascular disease	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	92.1	82.2	92.1	93.2	97.8	95.5	99.0	100.0
	Women age 18 and over who had a lipid profile in the past 2 years	47.1	38.5	53.0	46.8	60.2	57.1	69.2	61.7
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	65.5	68.6	69.9	73.1	60.2	77.0	64.2	74.6
	Women age 18 and over who exercise 150 minutes/week	26.0	43.6	24.6	27.5	26.2	29.0	21.9	29.9
	Obese women who were told that they were overweight	58.7	*	62.2	*	66.8	*	76.3	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	83.2	*	82.9	*	76.4	*	81.7	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	93.2	*	86.8	*	73.7	*	90.8	*
	Women age 18 and over with activity limitation in the past year	1.6	1.6	1.7	1.8	1.8	1.8	1.8	1.8

Table 4a. Age-standardized percentage of women at high risk or not at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006 (continued)

Category	Measures	Negative/poor		Near poor/low		Middle income		High income	
		At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk	At high risk	Not at high risk
		Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
New measures	Women age 18 and over who have ever been told by a doctor or other health professional that they had hypertension	30.2	19.8	32.9	20.1	29.8	17.6	32.6	18.4
	Women age 18 and over who had a specific source of ongoing care	86.0	81.1	88.2	79.0	92.1	89.6	94.4	93.4
	Women age 18 and over whose source of ongoing care is clinic or health center	32.9	32.3	25.2	21.3	15.3	16.9	12.2	9.8
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	61.0	56.8	69.0	74.3	80.9	80.1	87.0	89.2
	Women age 18 and over whose source of ongoing care is hospital outpatient department	5.3	*	4.5	2.9	2.7	*	*	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	86.2	82.0	84.5	85.1	93.4	87.3	93.7	95.1
	Women age 18 and over who reported an inpatient discharge in the past 12 months	15.0	12.5	14.2	10.9	11.9	11.2	12.0	8.1
	Women age 18 and over who tried to lose weight in the past 12 months	50.3	24.0	52.5	21.7	60.4	34.2	65.0	37.0
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	44.6	24.6	47.8	23.5	54.4	33.3	55.5	34.7
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	29.0	18.0	33.2	15.5	40.7	25.7	45.7	31.0

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b Negative/poor refers to household incomes below the Federal poverty line; near poor/low, above the poverty line to just below 200 percent of the poverty line; middle income, 200 percent to just below 400 percent of the poverty line; and high income, 400 percent of the poverty line and over.

^c The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed (such as described above). The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 5a. Age-standardized percentage of women at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006

Category	Measures	Percent				Z-score, vs. white	
		Non-Hispanic white	Non-Hispanic black	Mexican American	Total ^c	Black	Mexican American
Access to care^b	Women ages 18-64 with any type of insurance during the year	87.4	78.3	48.3	85.6	-3.42	-11.89
	Women ages 18-64 with any private insurance during the year	75.1	53.7	33.2	70.5	-7.72	-14.35
	Women ages 18-64 with only public insurance during the year	12.2	24.3	14.9	14.9	5.32	1.08
	Women ages 18-64 uninsured all year, 2003-2004 data only	7.0	11.9	41.7	7.8	2.11	12.77
	Women ages 18-64 with any period of public insurance during the year	19.5	27.1	17.0	21.3	2.82	-0.85
General health and well-being	Women ages 18-64 with any period of uninsurance during the year	19.7	29.8	59.7	21.7	3.83	13.61
	Women age 18 and over who reported fair or poor health in the past year	13.2	25.6	35.9	15.3	4.73	10.56
	Women age 18 and over with physical and mental health limitations	5.0	*	3.3	4.4	*	-1.64
	Women age 18 and over who are current smokers	23.0	17.4	11.2	21.5	-2.17	-6.53
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	67.3	46.3	49.1	63.2	-5.00	-5.00
	Women age 18 and over who have alcohol at least 1 day per year	68.2	50.0	52.0	65.0	-5.51	-5.27
Specific to cardiovascular disease	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	2.2	2.5	1.3	2.3	0.46	-3.18
	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	97.1	97.7	90.5	97.3	0.52	-3.61
	Women age 18 and over who had a lipid profile in the past 2 years	60.1	60.4	42.8	60.5	0.12	-5.86
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	61.4	69.1	69.7	63.2	2.03	2.78
	Women age 18 and over who exercise 150 minutes/week	25.0	22.8	21.2	25.0	-1.01	-1.50
	Obese women who were told that they were overweight	69.8	59.9	55.6	67.3	-3.00	-3.97
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	78.0	83.5	90.0	79.1	0.88	2.20
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	84.1	85.3	94.4	84.2	0.28	2.09
	Women age 18 and over with activity limitation in the past year	1.7	1.8	1.8	1.7	0.76	3.02

Table 5a. Age-standardized percentage of women at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006 (continued)

Category	Measures	Percent				Z-score, vs. white	
		Non-Hispanic white	Non-Hispanic black	Mexican American	Total ^c	Black	Mexican American
New measures	Women age 18 and over who ever been told by a doctor or other health professional that they had hypertension	31.5	40.5	25.1	32.9	3.56	-2.43
	Women age 18 and over who had a specific source of ongoing care	92.6	94.2	78.8	92.9	1.39	-5.61
	Women age 18 and over whose source of ongoing care is clinic or health center	15.0	20.5	43.3	15.9	1.64	8.47
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	82.4	71.9	51.5	80.4	-3.15	-9.96
	Women age 18 and over whose source of ongoing care is hospital outpatient department	1.5	7.3	*	2.7	5.53	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	91.9	90.1	79.0	91.7	-1.34	-5.91
	Women age 18 and over who reported an inpatient discharge in the past 12 months	13.5	14.7	14.2	13.6	0.70	0.35
	Women age 18 and over who tried to lose weight in the past 12 months	60.1	52.6	51.6	58.6	-2.17	-2.91
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	52.5	50.0	46.5	51.9	-0.84	-2.06
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	39.9	37.8	31.8	39.6	-0.63	-2.45

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

^c Total = Women at high risk plus women not at high risk.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

The degree of freedom for denominator is 30. Z-scores are formatted to bold blue if the difference between estimates is significant at 0.05 level.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 5b. Age-standardized percentage of women at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006

Category	Measures	Percent			Z-score, vs. college	
		Less than high school	High school	More than high school	Less than high school	High school
Access to care^b	Women ages 18-64 with any type of insurance during the year	59.4	79.2	87.9	-8.69	-3.18
	Women ages 18-64 with any private insurance during the year	37.7	61.7	76.3	-10.17	-4.52
	Women ages 18-64 with only public insurance during the year	21.5	17.5	11.5	3.79	3.27
	Women ages 18-64 uninsured all year, 2003-2004 data only	29.0	12.9	6.5	6.63	2.55
	Women ages 18-64 with any period of public insurance during the year	24.0	22.8	18.6	1.84	1.56
General health and well-being	Women ages 18-64 with any period of uninsurance during the year	47.2	29.6	19.0	8.20	3.49
	Women age 18 and over who reported fair or poor health in the past year	35.0	17.0	10.9	8.81	2.87
	Women age 18 and over with physical and mental health limitations	*	*	4.5	*	*
	Women age 18 and over who are current smokers	25.2	27.3	14.9	4.23	4.24
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	52.6	58.8	65.6	-3.71	-1.56
	Women age 18 and over who have alcohol at least 1 day per year	51.4	61.2	69.3	-4.85	-1.91
Specific to cardiovascular disease	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	3.5	2.0	2.0	2.06	-0.02
	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	94.0	93.2	98.0	-2.76	-2.64
	Women age 18 and over who had a lipid profile in the past 2 years	48.6	55.2	64.6	-5.77	-3.10
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	69.1	60.5	63.8	1.23	-0.94
	Women age 18 and over who exercise 150 minutes/week	25.6	26.7	24.9	0.24	0.74
	Obese women who were told that they were overweight	58.9	60.0	73.8	-4.07	-3.92
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	87.7	71.7	82.9	0.96	-1.51
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	91.0	84.3	83.8	1.73	0.08
	Women age 18 and over with activity limitation in the past year	1.7	1.7	1.8	-2.86	-1.51

Table 5b. Age-standardized percentage of women at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006 (continued)

Category	Measures	Percent			Z-score, vs. college	
		Less than high school	High school	More than high school	Less than high school	High school
New measures	Women age 18 and over who ever been told by a doctor or other health professional that they had hypertension	33.0	31.5	31.2	0.74	0.11
	Women age 18 and over who had a specific source of ongoing care	86.1	89.1	93.8	-4.43	-3.41
	Women age 18 and over whose source of ongoing care is clinic or health center	33.3	18.0	15.0	4.94	1.02
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	61.5	76.0	82.9	-5.59	-2.31
	Women age 18 and over whose source of ongoing care is hospital outpatient department	4.8	5.1	1.0	4.05	4.55
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	85.7	91.6	91.9	-3.52	-0.17
	Women age 18 and over who reported an inpatient discharge in the past 12 months	14.8	13.8	12.6	1.14	0.55
	Women age 18 and over who tried to lose weight in the past 12 months	46.9	57.5	63.0	-5.63	-2.46
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	43.1	50.0	55.5	-4.73	-2.58
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	25.5	37.0	44.4	-6.67	-2.65

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

The degree of freedom for denominator is 30. Z-scores are formatted to bold blue if the difference between estimates is significant at 0.05 level.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 5c. Age-standardized percentage of women at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006

Category	Measures	Percent				Z-score, vs. high income		
		Negative/ poor	Near poor/low	Middle income	High income	Negative/ poor	Near poor/low	Middle income
Access to care^c	Women ages 18-64 with any type of insurance during the year	60.9	65.6	85.2	96.5	-9.31	-10.58	-5.53
	Women ages 18-64 with any private insurance during the year	24.9	43.9	76.4	90.9	-20.43	-15.10	-5.74
	Women ages 18-64 with only public insurance during the year	35.7	21.6	8.7	5.6	9.29	5.45	1.73
	Women ages 18-64 uninsured all year, 2003-2004 data only	23.3	25.5	8.6	*	*	*	*
	Women ages 18-64 with any period of public insurance during the year	38.3	25.0	14.8	14.5	6.12	2.90	0.09
General health and well-being	Women ages 18-64 with any period of uninsurance during the year	48.7	43.6	22.0	8.4	8.94	12.42	5.27
	Women age 18 and over who reported fair or poor health in the past year	34.9	25.6	14.2	6.8	11.61	7.19	3.72
	Women age 18 and over with physical and mental health limitations	*	*	*	4.7	*	*	*
	Women age 18 and over who are current smokers	34.4	19.3	19.8	13.5	6.00	2.01	2.22
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	54.0	51.0	65.3	69.6	-3.65	-4.74	-1.17
	Women age 18 and over who have alcohol at least 1 day per year	49.1	55.3	66.7	74.9	-6.01	-5.88	-2.52
Specific to cardiovascular disease	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	2.0	2.9	2.3	1.7	0.74	1.75	2.15
	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	92.1	92.1	97.8	99.0	-2.55	-3.65	-0.92
	Women age 18 and over who had a lipid profile in the past 2 years	47.1	53.0	60.2	69.2	-6.03	-4.27	-2.35
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	65.5	69.9	60.2	64.2	0.25	1.16	-0.80
	Women age 18 and over who exercise 150 minutes/week	26.0	24.6	26.2	21.9	1.30	0.99	1.45
	Obese women who were told that they were overweight	58.7	62.2	66.8	76.3	-3.84	-3.01	-2.12
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	83.2	82.9	76.4	81.7	0.14	0.15	-0.62
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	93.2	86.8	73.7	90.8	0.49	-0.82	-3.30
	Women age 18 and over with activity limitation in the past year	1.6	1.7	1.8	1.8	-8.28	-5.23	-1.86

Table 5c. Age-standardized percentage of women at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006 (continued)

Category	Measures	Percent				Z-score, vs. high income		
		Negative/ poor	Near poor/low	Middle income	High income	Negative/ poor	Near poor/low	Middle income
New measures	Women age 18 and over who ever been told by a doctor or other health professional that they had hypertension	30.2	32.9	29.8	32.6	-0.64	0.10	-0.83
	Women age 18 and over who had a specific source of ongoing care	86.0	88.2	92.1	94.4	-3.57	-3.62	-1.42
	Women age 18 and over whose source of ongoing care is clinic or health center	32.9	25.2	15.3	12.2	5.00	3.78	1.04
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	61.0	69.0	80.9	87.0	-6.00	-4.67	-2.19
	Women age 18 and over whose source of ongoing care is hospital outpatient department	5.3	4.5	2.7	*	*	*	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	86.2	84.5	93.4	93.7	-3.88	-5.12	-0.20
	Women age 18 and over who reported an inpatient discharge in the past 12 months	15.0	14.2	11.9	12.0	1.27	1.00	-0.05
	Women age 18 and over who tried to lose weight in the past 12 months	50.3	52.5	60.4	65.0	-4.18	-3.89	-1.50
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	44.6	47.8	54.4	55.5	-2.95	-2.35	-0.37
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	29.0	33.2	40.7	45.7	-4.67	-3.66	-1.51

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b Negative/poor refers to household incomes below the Federal poverty line; near poor/low, over the poverty line to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over.

^c The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

The degree of freedom for denominator is 30. Z-scores are formatted to bold blue if the difference between estimates is significant at 0.05 level.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 6a. Age-standardized percentage of women not at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006

Category	Measures	Percent			Z-score, vs. white		
		Non-Hispanic white	Non-Hispanic black	Mexican American	Total ^c	Black	Mexican American
Access to care^b	Women ages 18-64 with any type of insurance during the year	83.7	78.0	61.0	83.1	-1.74	-6.56
	Women ages 18-64 with any private insurance during the year	74.6	57.0	47.0	72.8	-4.61	-6.51
	Women ages 18-64 with only public insurance during the year	8.9	20.5	14.0	10.1	3.56	1.56
	Women ages 18-64 uninsured all year, 2003-2004 data only	9.1	11.5	36.7	9.4	0.72	5.84
	Women ages 18-64 with any period of public insurance during the year	12.9	21.9	16.1	13.9	2.75	1.02
General health and well-being	Women ages 18-64 with any period of uninsurance during the year	20.1	29.3	47.6	20.9	2.68	7.00
	Women age 18 and over who reported fair or poor health in the past year	10.2	23.8	27.1	11.1	4.14	4.24
	Women age 18 and over with physical and mental health limitations	4.3	*	*	4.1	*	*
	Women age 18 and over who are current smokers	27.0	20.7	16.5	26.4	-2.03	-3.31
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	75.5	51.6	57.5	73.5	-5.93	-3.76
	Women age 18 and over who have alcohol at least 1 day per year	77.4	51.5	54.3	75.4	-5.99	-4.49
Specific to cardiovascular disease	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	3.4	*	*	3.5	*	*
	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	95.9	96.9	91.1	96.0	0.48	-1.80
	Women age 18 and over who had a lipid profile in the past 2 years	56.0	55.3	46.0	56.1	-0.15	-2.70
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	74.7	76.0	70.9	74.8	0.23	-0.62
	Women age 18 and over who exercise 150 minutes/week	32.4	26.5	27.8	32.1	-1.91	-1.35
	Obese women who were told that they were overweight	*	*	*	*	*	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	*	*	*	*	*	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	*	*	*	*	*	*
	Women age 18 and over with activity limitation in the past year	1.8	1.8	1.8	1.8	0.60	1.89

Table 6a. Age-standardized percentage of women not at high risk for diabetes who received preventive care,^a by race/ethnicity, United States, 2003-2006 (continued)

Category	Measures	Percent			Z-score, vs. white		
		Non-Hispanic white	Non-Hispanic black	Mexican American	Total ^c	Black	Mexican American
New measures	Women age 18 and over who ever been told by a doctor or other health professional that they had hypertension	17.5	24.9	20.0	18.0	2.21	0.65
	Women age 18 and over who had a specific source of ongoing care	90.2	92.6	78.1	90.5	2.29	-8.64
	Women age 18 and over whose source of ongoing care is clinic or health center	13.5	22.5	32.8	14.4	6.67	13.13
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	84.2	71.9	60.9	83.0	-3.05	-4.68
	Women age 18 and over whose source of ongoing care is hospital outpatient department	1.0	3.8	*	1.3	2.87	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	91.5	88.7	83.5	91.4	-0.95	-2.81
	Women age 18 and over who reported an inpatient discharge in the past 12 months	10.3	14.6	10.1	10.7	1.73	-0.07
	Women age 18 and over who tried to lose weight in the past 12 months	33.8	18.6	27.3	32.5	-4.47	-1.50
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	33.4	20.4	23.9	32.3	-3.57	-2.40
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	27.3	15.3	19.9	26.3	-4.53	-1.71

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

^c Total = women at high risk plus women not at high risk for diabetes.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

The degree of freedom for denominator is 30. Z-scores are formatted to bold blue if the difference between estimates is significant at 0.05 level.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 6b. Age-standardized percentage of women not at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006

Category	Measures	Percent		Z-score, vs. college		
		Less than High school	High school	More than high school	Less than high school	High school
Access to care^b	Women ages 18-64 with any type of insurance during the year	59.5	72.1	88.0	-6.29	-5.05
	Women ages 18-64 with any private insurance during the year	35.4	61.0	80.6	-10.66	-5.15
	Women ages 18-64 with only public insurance during the year	23.8	10.6	7.2	4.99	1.71
	Women ages 18-64 uninsured all year, 2003-2004 data only	32.8	16.8	7.5	3.89	2.63
	Women ages 18-64 with any period of public insurance during the year	25.5	15.5	11.2	4.10	1.60
General health and well-being	Women ages 18-64 with any period of uninsurance during the year	45.9	32.5	16.4	6.69	4.46
	Women age 18 and over who reported fair or poor health in the past year	29.2	16.0	7.0	6.77	3.58
	Women age 18 and over with physical and mental health limitations	*	*	4.4	*	*
	Women age 18 and over who are current smokers	38.1	38.7	17.5	5.75	5.67
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	57.0	65.6	74.6	-4.39	-1.89
	Women age 18 and over who have alcohol at least 1 day per year	51.7	68.6	77.7	-6.66	-2.01
Specific to cardiovascular disease	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	*	4.1	3.0	*	1.73
	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	93.5	92.7	97.3	-1.24	-2.12
	Women age 18 and over who had a lipid profile in the past 2 years	51.0	51.5	57.2	-1.50	-1.68
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	70.8	73.1	77.8	-1.20	-0.95
	Women age 18 and over who exercise 150 minutes/week	26.2	28.8	33.7	-2.09	-1.41
	Obese women who were told that they were overweight	*	*	*	*	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	*	*	*	*	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	*	*	*	*	*
	Women age 18 and over with activity limitation in the past year	1.7	1.7	1.8	*	-1.09

Table 6b. Age-standardized percentage of women not at high risk for diabetes who received preventive care,^a by education, United States, 2003-2006

Category	Measures	Percent			Z-score, vs. college	
		Less than High school	High school	More than high school	Less than high school	High school
New measures	Women age 18 and over who ever been told by a doctor or other health professional that they had hypertension	19.8	21.4	17.4	0.86	1.66
	Women age 18 and over who had a specific source of ongoing care	87.9	82.0	89.8	-0.79	-2.22
	Women age 18 and over whose source of ongoing care is clinic or health center	33.3	19.3	12.8	5.99	1.85
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	62.8	77.3	84.4		
	Women age 18 and over whose source of ongoing care is hospital outpatient department	*	*	*		
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	83.2	87.8	91.4	-2.25	-1.70
	Women age 18 and over who reported an inpatient discharge in the past 12 months	14.6	13.1	8.5	1.91	1.83
	Women age 18 and over who tried to lose weight in the past 12 months	17.7	30.1	35.5	-5.05	-1.61
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	19.3	26.3	35.4	-4.35	-2.61
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	11.0	21.4	29.4	-6.70	-2.39

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

The degree of freedom for denominator is 30. Z-scores are formatted to bold blue if the difference between estimates is significant at 0.05 level.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table 6c. Age-standardized percentage of women not at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006

Category	Measures	Percent				Z-score, vs. high income		
		Negative/ poor	Near poor/low	Middle income	High income	Negative/ poor	Near poor/low	Middle income
Access to care^c	Women ages 18-64 with any type of insurance during the year	60.6	58.4	82.6	95.3	-6.74	-9.91	-3.65
	Women ages 18-64 with any private insurance during the year	25.5	44.3	74.7	91.8	-14.58	-11.88	-4.89
	Women ages 18-64 with only public insurance during the year	34.0	13.6	7.9	3.4	5.90	5.05	2.46
	Women ages 18-64 uninsured all year, 2003-2004 data only	35.2	32.2	*	*	*	*	*
	Women ages 18-64 with any period of public insurance during the year	36.5	16.2	12.1	8.5	5.36	3.01	1.62
General health and well-being	Women ages 18-64 with any period of uninsurance during the year	48.8	46.7	22.0	7.8	8.17	8.92	4.20
	Women age 18 and over who reported fair or poor health in the past year	24.6	18.7	12.8	5.8	5.90	4.53	2.41
	Women age 18 and over with physical and mental health limitations	*	*	*	*	*	*	*
	Women age 18 and over who are current smokers	35.9	33.9	27.3	14.7	5.21	4.97	3.60
	Women age 18 and over who had at least 12 alcohol drinks/1 yr	60.4	62.7	67.6	80.7	-4.10	-4.77	-3.28
	Women age 18 and over who have alcohol at least 1 day per year	55.9	62.4	72.0	82.9	-6.49	-5.37	-2.90
Specific to cardiovascular disease	Women age 18 and over who drink alcohol, mean number of alcoholic drinks per week in the past 12 months	4.2	4.4	3.3	3.0	1.52	1.27	0.48
	Women age 18 and over whose provider measured their blood pressure within the past 2 years-2003-2004 data only	82.2	93.2	95.5	100.0	-3.08	-4.64	-2.08
	Women age 18 and over who had a lipid profile in the past 2 years	38.5	46.8	57.1	61.7	-4.79	-3.57	-1.15
	Women age 18 and over whose LDL cholesterol was less than 130 mg/dL	68.6	73.1	77.0	74.6	-1.02	-0.31	0.46
	Women age 18 and over who exercise 150 minutes/week	43.6	27.5	29.0	29.9	2.54	-0.67	-0.26
	Obese women who were told that they were overweight	*	*	*	*	*	*	*
	Obese women with high cholesterol who were given advice that they should exercise for cholesterol reduction	*	*	*	*	*	*	*
	Obese women with high cholesterol who were given advice about eating fewer high-fat or high-cholesterol foods for cholesterol reduction	*	*	*	*	*	*	*
	Women age 18 and over with activity limitation in the past year	1.6	1.8	1.8	1.8	-4.74	-1.95	-2.23

Table 6c. Age-standardized percentage of women not at high risk for diabetes who received preventive care,^a by family income,^b United States, 2003-2006 (continued)

Category	Measures	Percent				Z-score, vs. high income		
		Negative/ poor	Near poor/low	Middle Income	High Income	Negative/ poor	Near poor/low	Middle Income
New measures	Women age 18 and over who have ever been told by a doctor or other health professional that they had hypertension	19.8	20.1	17.6	18.4	0.41	0.48	-0.23
	Women age 18 and over who had a specific source of ongoing care	81.1	79.0	89.6	93.4	-8.49	-10.07	-3.30
	Women age 18 and over whose source of ongoing care is clinic or health center	32.3	21.3	16.9	9.8	13.08	7.57	5.04
	Women age 18 and over whose source of ongoing care is doctor's office or health maintenance organization	56.8	74.3	80.1	89.2	-7.08	-4.21	-3.05
	Women age 18 and over whose source of ongoing care is hospital outpatient department	*	2.9	*	*	*	*	*
	Women age 18 and over who reported an office or outpatient visit in the past 12 months	82.0	85.1	87.3	95.1	-4.13	-3.66	-3.51
	Women age 18 and over who reported an inpatient discharge in the past 12 months	12.5	10.9	11.2	8.1	1.48	1.17	1.27
	Women age 18 and over who tried to lose weight in the past 12 months	24.0	21.7	34.2	37.0	-2.30	-3.90	-0.68
	Women age 18 and over who tried to lose weight by dieting in the past 12 months	24.6	23.5	33.3	34.7	-2.06	-2.56	-0.31
	Women age 18 and over who tried to lose weight by exercising in the past 12 months	18.0	15.5	25.7	31.0	-3.36	-4.33	-1.34

^a Estimates are adjusted to the age distribution of the 2000 Census population. Denominator excluded all missing values.

^b Negative/poor refers to household incomes below the Federal poverty line; near poor/low, over the poverty line to just below 200 percent of the poverty line; middle income, 200 percent to just below 400 percent of the poverty line; and high income, 400 percent of the poverty line and over.

^c The Health Insurance questionnaire was completely redesigned for 2005-2006. In addition, it used to be administered at the family level where one reference person in the family responded for each individual survey participant (SP) in the family. Now SPs respond for themselves, except in situations where a proxy is needed. The questions are no longer entirely comparable to the questions provided in 2003-2004 and earlier.

* Data do not meet the criteria for statistical reliability, data quality, or confidentiality.

The degree of freedom for denominator is 30. Z-scores are formatted to bold blue if the difference between estimates is significant at 0.05 level.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

**U.S. Department of
Health and Human Services**

Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850



AHRQ Publication No. 11-0002
January 2011