PROGRESS | REGRESS

Women's health amidst a pandemic

Mount Saint Mary's University
LOS ANGELES

THE REPORT ON THE STATUS OF WOMEN AND GIRLS IN CALIFORNIA™

2022

CENTER FOR THE ADVANCEMENT OF WOMEN
AT MOUNT SAINT MARY'S UNIVERSITY

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message

from the president

With the production of the 2022 edition of The Report on the Status of Women and Girls in California™ in progress, the spread of the new Omicron variant made international news. And like so many others, we braced ourselves for a second winter season living with COVID-19 and all of the associated challenges that come with a pandemic.

In 2021, the promise and delivery of safe vaccinations, and then boosters, had given many of us hope that life was moving quickly and definitively toward a more recognizable kind of normal. And while things did not move as quickly and directly as we might have anticipated, we do see progress. Our children are back in school; we are more able to gather with family and friends; and many of us have started traveling again. This is good news.

But this pandemic continues to challenge everyone's physical, mental, and emotional health in ways both big and small. We know all too well that women often sacrifice the most to ensure the wellbeing of their families. We see this in everything from the delay of an annual well-woman exam to the reconsideration of a carefully planned career. And we certainly see it in the fatigue that comes from shouldering their families' needs amidst turbulent and uncharted waters.

The toll is real. That's why the 2022 edition of The Report assesses the progress, or lack thereof, that California has made in advancing women's health since we last focused on this topic in 2017. What we discovered this year is disappointing — generally, trends in life expectancy, racial disparities in mortality and chronic diseases, and the emotional wellbeing of women have not improved over the past half-decade. In fact, they appear to be getting worse. Layer on top of all this the effect of living in a pandemic, and we have a real problem on our hands.

This is a problem that we need to confront now in order to lessen the impact it could have in the years ahead. It is our clarion call to prioritize the health of all Californians and to leverage the lessons learned during the pandemic to ensure a better future for women and girls. A better tomorrow starts with each of us. That includes legislators who can pass laws to make us safer. Employers who can provide greater flexibility and create more compassionate and effective mental health policies. And every mother, sister, daughter, and friend who encourages each of us to take care of ourselves, by asking: How will we prioritize our health so that we can help our communities move forward?

Thank you for reading The Report and coming together to create solutions that are vital to our health and our future.

Sincerely,

Ann McElaney-Johnson

President, Mount Saint Mary's University
Board Chair, Women's College Coalition

report highlights

This summary of key findings provides a picture of how women's health and wellness has changed since we last reported on the topic in 2017. While five years isn't long enough to make predictions about long-term health trends, we can identify some insights that illustrate how well women's health is progressing — or regressing — here in California.

- **Trends in life expectancy are mixed.** California women generally live longer than women nationwide, and they have a life expectancy that's almost five years longer than California men. However, in 2020, the life expectancy of women and men across the nation decreased by 1.5 years relative to 2019. Deaths resulting from COVID-19 were the largest factor in this decline; other factors included increases in unintentional injuries, homicide, and diabetes. [page 5]
- **Racial disparities in mortality rates persist.** African American women are still more likely to die from breast or cervical cancers than Latinas, white, or Asian American women. The same is true for pregnancy-related deaths; for example, African American women are roughly six times more likely to die from a pregnancy-related issue than white women. [page 10]
- **Emotional wellbeing of women has decreased.** The percentage of California women reporting serious psychological distress increased from 9% in 2016 to 17% in 2019. That distress has only intensified during the pandemic. In 2019, 19% of California women reported having been diagnosed with depression; in 2020, more than half reported symptoms of mild to severe depression. [page 12]
- **Preventive care screenings plummeted, then rebounded.** In year one of the pandemic, preventive screenings were down across the board. For instance, cervical cancer screening rates in California decreased by 80%. While rates have not yet returned to pre-pandemic levels, a greater proportion of women have now resumed their preventive care screenings. [page 16]

These aren't just statistics, of course. Every death or data point in The Report represents real women who have died or are suffering. A life cut short — or one not lived to its full potential — is a loss not just for that individual woman but also for her family, her community, and our state.

The good news: Research consistently shows that California's women and girls are resilient. Indeed, emerging data from 2021 already shows that anxiety and depression among women is decreasing as they adjust to new professional and family realities even as the pandemic continues.

snapshot:

California's women and girls

Population[1]

39,368,078

Total California population

50%

(19,787,692)

are women and girls

Women's median age[2]

38.6 **YEARS**

Employment status[3]

(Women 16–64 years of age)

71% **Women who worked in the past 12 months**

56% **Working women who worked full time**

Median earnings[4]

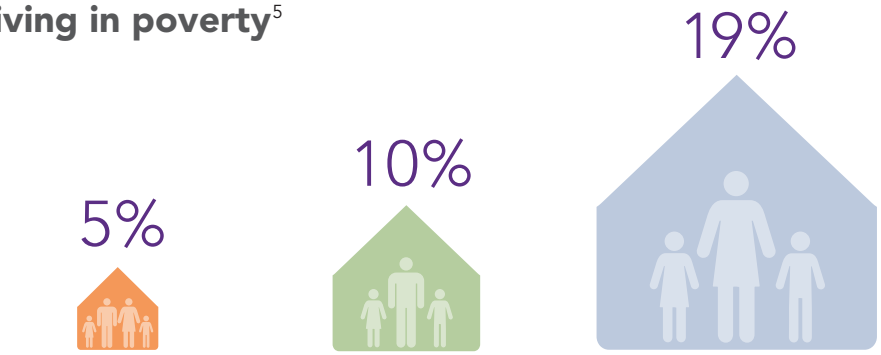
$32,743

Women with any earnings

$52,402

Full-time working women

Families living in poverty[5]



*No spouse present

Note: This year's snapshot includes limited information due to the interruption of U.S. Census data collection during the pandemic. Most data are from 2020.

measuring progress: California women's health

FIVE YEARS AGO, we conducted a deep dive into the health and wellness of California women and girls. This year, we return to the topic to measure areas of progress — and regression — amidst the world-altering backdrop of the COVID-19 pandemic.

This 2022 edition of The Report on the Status of Women and Girls in California™ takes stock of how women and girls are doing both mentally and physically and compares current data to our last in-depth investigation in 2017. Experts from our Mount Saint Mary's University community weigh in with Closer Looks on the health impacts of chronic conditions, stress, and physical activity. And we spotlight MSMU's own health and wellness movement — seven years in — to offer insights we've learned on how to effectively center women's wellbeing within an organization.

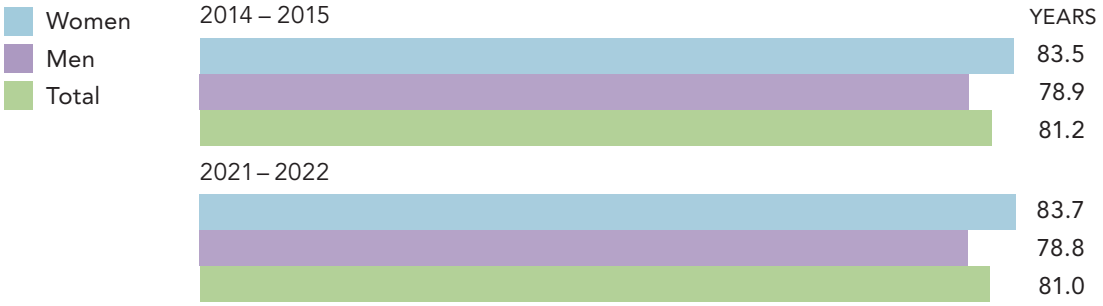
The health of women and girls matters. To each individual, of course. But also for the wellbeing of communities statewide — our schools, our businesses, our culture, and our economy. When our state's women and girls thrive, so does California.

LIFE EXPECTANCY

One indicator of health and wellbeing is life expectancy, or the number of years one can expect to live. While different models can be used to project a "typical" life span, all involve an extensive analysis of certified deaths and population estimates. Thus, a life expectancy published in 2020, for example, is generally based on a pool of data collected over prior years. With this caveat in mind, the life expectancy of Californians has very slightly decreased (0.2 years) since 2014 – 2015.

FIGURE 1

CALIFORNIA LIFE EXPECTANCY AT BIRTH[6]



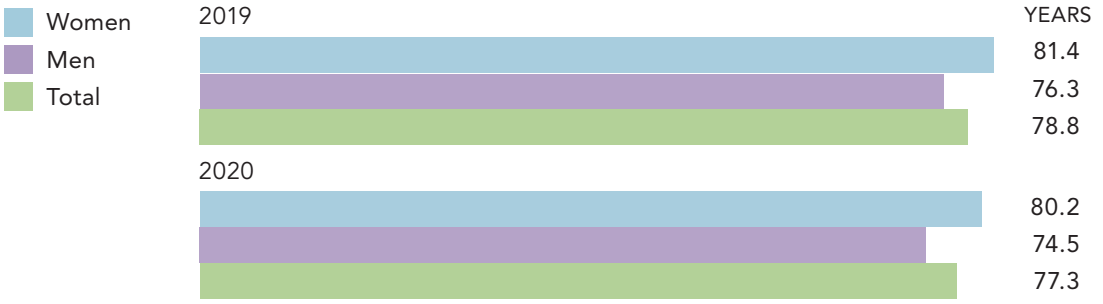
Note: Life expectancies were calculated in years by Measure of America using data from the California Department of Public Health and U.S.Census Bureau. Years listed represent publication dates; the 2021 – 2022 life expectancy is calculated from 2015 – 2019 death data and 2019 population data. See references for methodology.

Source: Measure of America's Portrait of California series (2014 – 2015, and 2021 – 2022)

Life expectancies for the United States tend to be shorter than for California, but, as in California, women tend to live longer than men.

FIGURE 2

U.S. LIFE EXPECTANCY AT BIRTH[7]



Note: 2020 data are provisional; provisional life expectancies are early estimates, in years, based on death certificate information, which may later be revised.

Source: Centers for Disease Control and Prevention, National Vital Statistics System

Because of different methodologies and different data sets used to calculate life expectancy, caution should be used in comparing numbers in Figure 1 to those in Figure 2. What is significant, regardless of methodology, is that:

- Californians tend to live longer than the general U.S. population
- Women have a longer life expectancy at birth than men
- Life expectancy of women and men collectively has declined slightly in recent years

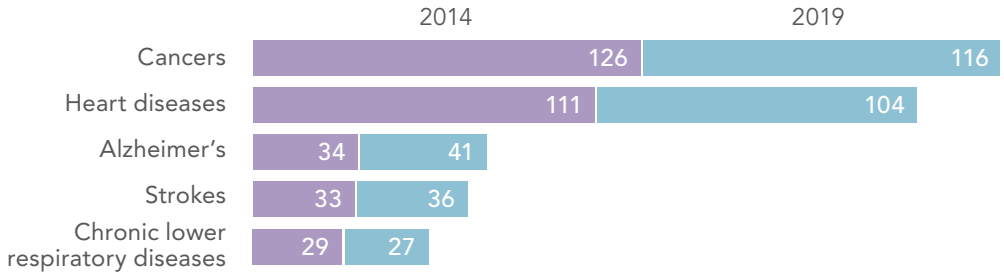
Factors affecting life expectancy include gender, hygiene, safety, and health. According to provisional data, COVID-19 appears to have decreased life expectancy of women and men across the nation by 1 – 2 years. Those most at risk for severe illness or death from COVID-19 are individuals over the age of 65 and people with underlying medical conditions or compromised immune systems.[8]

LEADING CAUSES OF DEATH AMONG WOMEN

The five leading causes of death among California women — cancers, heart diseases, Alzheimer's, strokes, and chronic respiratory diseases — are the same now as they were five years ago.[9]

FIGURE 3

DEATH RATES FOR LEADING CAUSES OF DEATH AMONG CALIFORNIA WOMEN PER 100,000



Note: Death rates have been rounded; they are age-adjusted and listed per 100,000 women. Data from 2019 are the most recent available from the CDC.

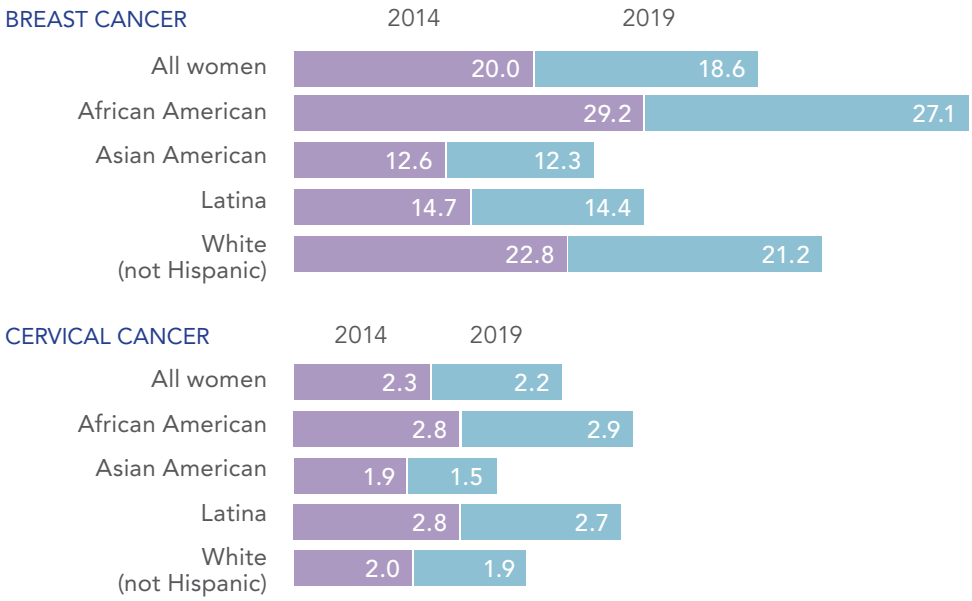
Source: Centers for Disease Control and Prevention, WONDER database

Progress has been made in lowering the age-adjusted death rates among women for cancers, heart diseases, and chronic respiratory diseases. However, the rates of death from strokes and Alzheimer's disease have increased.

Two cancers which disproportionately affect women and which were discussed in the 2017 edition of The Report are those of the breast and the cervix.

FIGURE 4

DEATH RATES OF CALIFORNIA WOMEN FROM BREAST AND CERVICAL CANCERS PER 100,000 BY RACE/ETHNICITY



Notes: Breast and cervical cancers are a subset of malignant neoplasms. Rates are age-adjusted and represent the number of deaths per 100,000 women. Selected for African American and Asian American women of all origins; Latinas of all races; white, not Hispanic. Disease ICD-10: code is C-50 for breast cancer and C-53 for cervical cancer: malignant neoplasms of the breast and cervix uteri, respectively.

Source: Centers for Disease Control and Prevention, WONDER database

Over the past five years, the death rate from breast cancer has steadily declined, while the number of deaths from cervical cancer has remained about constant (Figure 4). Cervical cancer is often referred to as a "hidden" disease because symptoms manifest at a late stage of the illness when treatment is less successful. The racial breakdown indicates that a greater proportion of African American women die from both breast and cervical cancers than other racial groups listed here. A greater proportion of Latinas also die from cervical cancer than Asian American and white women who are not of Hispanic origin.

CHRONIC DISEASES

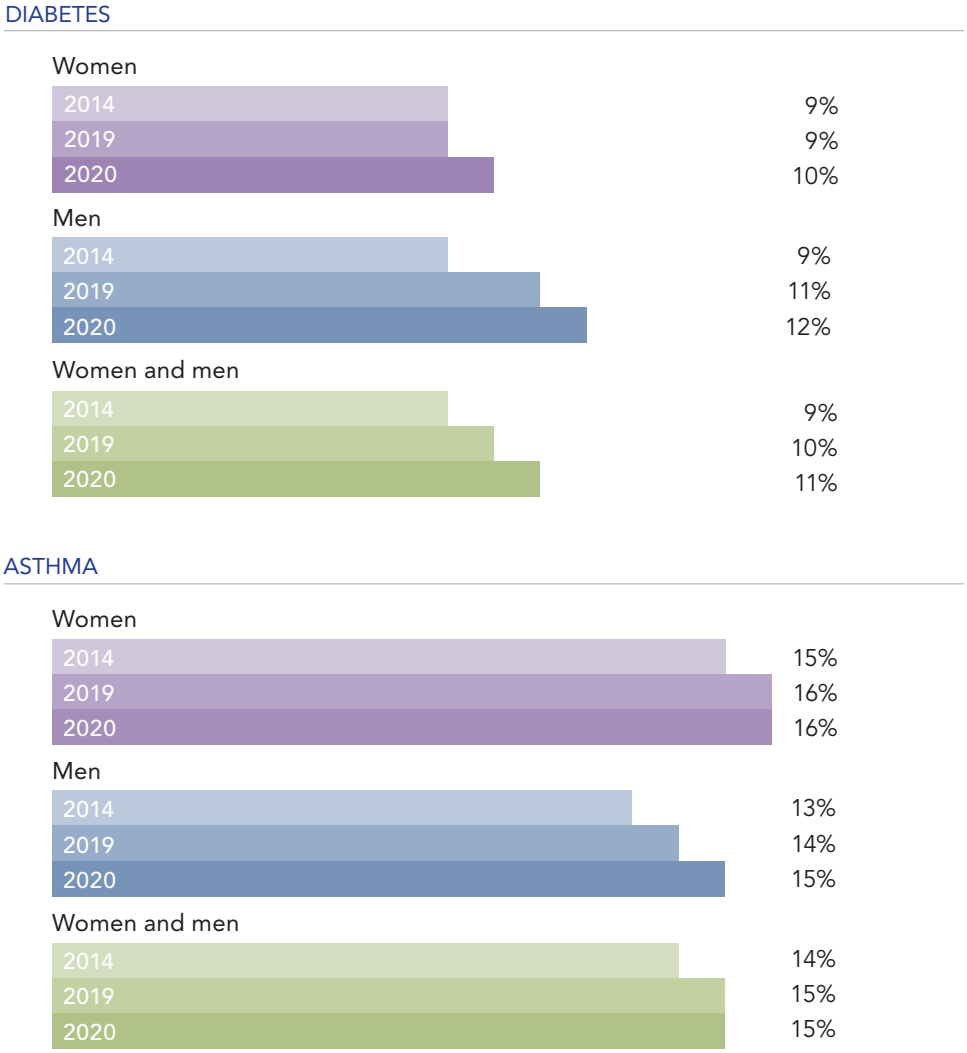
In 2020, the Centers for Disease Control and Prevention listed several chronic diseases that would put people at risk for serious illness if they became infected with the novel coronavirus. Among these diseases were three that were covered in the 2017 edition of The Report: diabetes, obesity, and asthma.[10] More than one in 10 Californians have been diagnosed with one or more of these diseases, a rate that's increased in recent years.

Diabetes and asthma

While a smaller percentage of women than men has been diagnosed with diabetes, more women than men have been diagnosed with asthma.[11]

FIGURE 5

CALIFORNIANS DIAGNOSED WITH DIABETES OR ASTHMA



Note: Percentages have been rounded. 2019 figures represent the pre-pandemic period; 2020 numbers reflect the presence of the COVID-19 pandemic.

Source: 2014, 2019, and 2020 California Health Interview Surveys

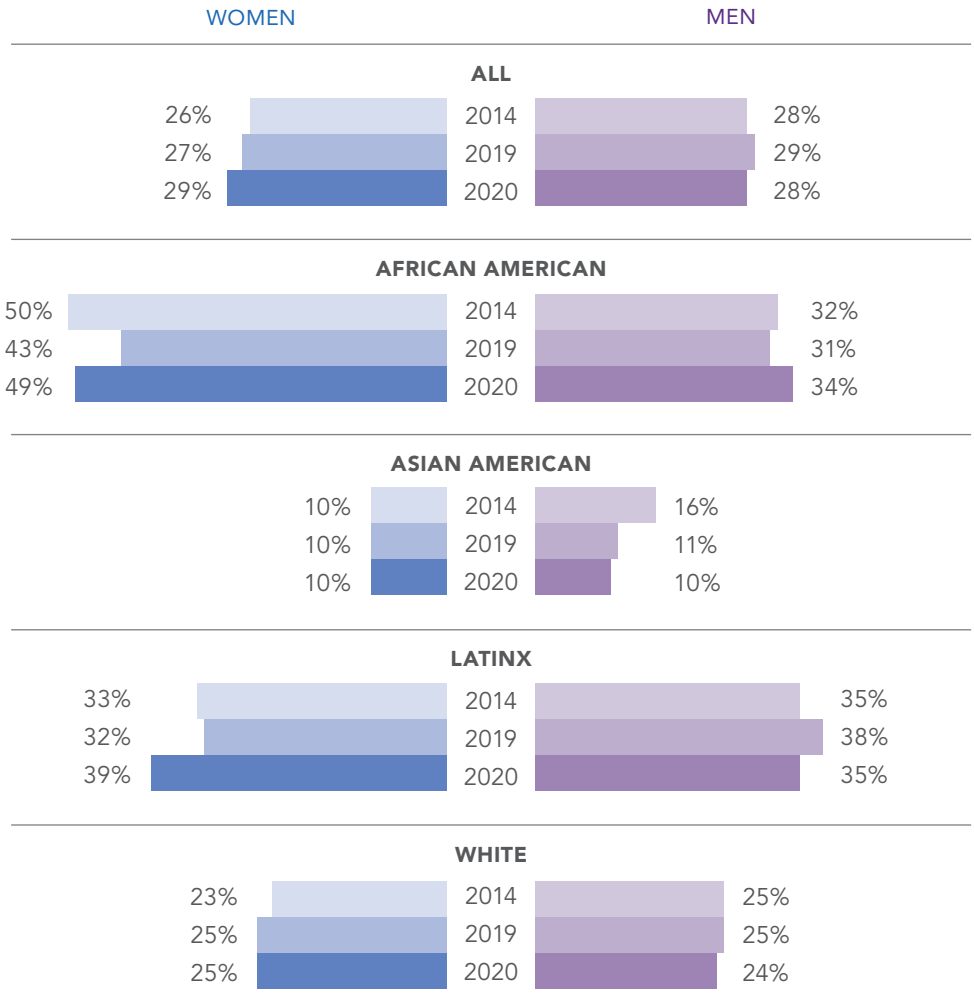
In 2019, one in 10 Californians reported having been diagnosed at some point with diabetes, while one in seven reported having a medical diagnosis of asthma. While the death rate among California women from asthma is low, diabetes is the sixth-leading cause of death from disease.[12] Diabetes was the underlying cause of more than 20 deaths per 100,000 women in 2019.

Obesity

Obesity is defined as a body mass index (BMI) of 30 or more and is a condition that may result from a number of factors, some of which are genetic.

FIGURE 6

CALIFORNIANS WITH OBESITY, BY RACE AND ETHNICITY



Note: These figures are for adults only (18 years and over). The figures listed here for 2014 are generally higher than those reported in the 2017 edition of The Report; for consistency this table reports all data retrieved using a singledata tool. 2019 figures represent the pre-pandemic period and 2020 numbers reflect the presence of the COVID-19 pandemic.

Source: 2014, 2019, and 2020 California Health Interview Surveys

Other factors that contribute in part to obesity include overall health status and personal habits (e.g., physical activity and nutrition). Whatever the underlying cause of obesity, the proportion of Californians with a BMI of 30 or more has generally increased over time. Changes in 2020 responses relative to 2019 reflect changes in health status and personal habits as a result of pandemic conditions.

The multiplying effects of diabetes

As this Report shows, diabetes is the sixth-leading cause of death from disease for women. And we know that individuals with underlying comorbidities, such as diabetes, remain at an increased risk of severe COVID-19 and death.[13] This increased risk can be explained by at least three factors:[14]

- **Defects in the immune response** stem from insufficient insulin production in people with diabetes. This leads to an increase in glucose levels in the blood and a subsequent inflammatory response. Low-grade and chronic inflammation damages the pancreas and makes it more difficult to fight viral infections.[15]
- **Increased susceptibility** to the novel coronavirus infection and increased viral loads in diabetics are associated with increased levels of a protein that allows the virus to more easily enter the cells' ACE2 receptor.[16] Even though most coronavirus infections are limited to the respiratory tract, the ACE2 receptor is present in the brain, heart, pancreas, kidneys, and other organs, explaining multi-organ complications in some COVID-19 patients.[17]
- **Reduced ability to clear the virus** is also linked to increased levels of ACE2 in diabetes and obesity. Higher levels of ACE2 lead to increased viral loads within multiple tissues and higher risk of severe COVID-19.[18]

Even though COVID-19 tends to affect men more seriously than women, women with diabetes face unique biomedical, psychological, and social challenges.[19] Healthy diet and regular physical activity improve glycemic control, help maintain a healthy weight, and improve stress management.[20] However, during this pandemic, women found themselves unequally burdened with unpaid care and domestic workloads, leaving less time for self-care.[21]

Our faculty and students are playing an important role in diabetes research. In 2019, Mount Saint Mary's and Loyola Marymount University received a joint National Institutes of Health (NIH) grant to advance research on a potential therapeutic formula that could prevent chronic diabetes from progressing. This is the fourth R15 Academic Research Enhancement Awards grant the University has received from the NIH.

Using this grant, a team of eight to 10 student researchers work with me throughout the year to discover why beta cells die when exposed to a cluster of a small peptide called amylin. The team then experiments with other, naturally occurring peptides to examine their effects on protecting the body from beta cell loss. Preliminary findings show that some of these peptides prevent amyloid formation, potentially preventing the progression of Type 2 diabetes.

To be on the verge of a solution to Type 2 diabetes is thrilling on its own. But to bring students along on this journey, and create invaluable opportunities for their emerging STEM careers, is beyond gratifying.

AUTHOR

Luiza Nogaj, PhD, is a professor in the department of biological sciences and a co-director of the Global Women in STEM Undergraduate Research Honors Program at Mount Saint Mary's.

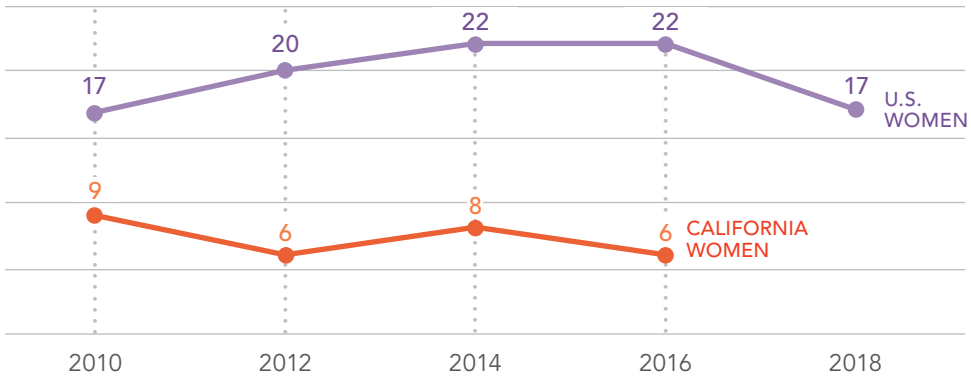
MATERNAL MORTALITY

In our 2017 edition of The Report on the Status of Women and Girls in California™, we reported that maternal mortality was increasing across the U.S., while California's numbers were generally decreasing.[22] Additionally, significant racial disparities were shown to exist: African American mothers were roughly three or more times likely to die from a pregnancy-related cause than white women.

Recent research from the California Pregnancy Mortality Surveillance System[23] reached a similar conclusion: The mortality rate of the U.S. continues to rise, while that of California is slightly declining. African American women were again found to be much more likely to die a pregnancy-related death than women of other races (Figure 8).

FIGURE 7

MATERNAL MORTALITY IN CALIFORNIA AND THE U.S. PER 100,000, 2010 – 2018[24]



Note: These rates are the number of deaths from specific pregnancy-related causes (determined from death certificate data) per 100,000 live births, **up to 42 days** following the end of pregnancy. For 2018, we do not have reliable data from which to report the maternal mortality rate for California. While a maternal mortality rate for California "based on the most recent data" was released by the World Population Review in 2021,[25] methodology and data sources are unclear. The 2018 U.S. maternal mortality rate is calculated using a revised coding system.

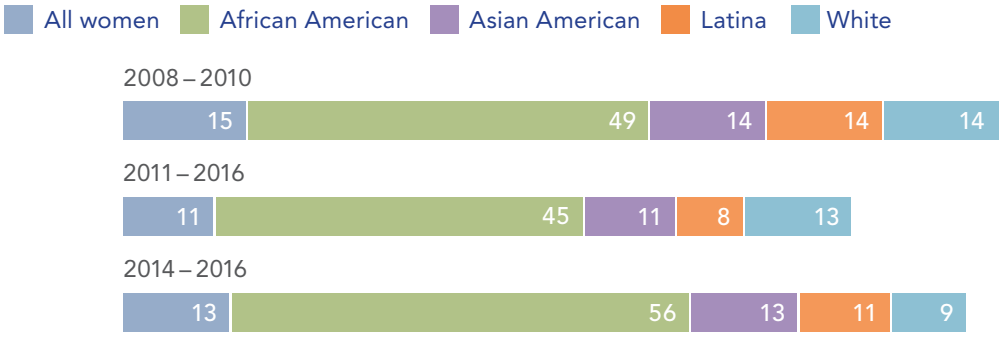
Source: 2010 – 2016: California Pregancy Mortality Surveillance System, California Department of Public Health; 2018: Centers for Disease Control and Prevention, National Vital Statistics System

According to the National Vital Statistics System of the Centers for Disease Control and Prevention, the maternal mortality rate for the U.S. was 17 deaths per 100,000 live births in 2018 — and 20 in 2019. Rates by ethnicity in 2019 include 44 for African American women, 13 for Latinas, and 18 for non-Hispanic white women.[26]

When the timing of pregnancy-related deaths is extended to one year following the end of pregnancy, the 2016 mortality rate of California women rises to 14 deaths per 100,000 live births. And a breakdown by race/ethnicity shows an apparent widening disparity in pregnancy-related deaths in California. In 2008–2010, African American women were 3.5 times more likely to die from a pregnancy-related cause than white women; in 2014–2016 African American women were six times more likely to die than white women.

FIGURE 8

PREGNANCY-RELATED DEATHS OF CALIFORNIA WOMEN PER 100,000 BY RACE/ETHNICITY



Note: These figures track pregnancy-related deaths **up to one year** following the end of pregnancy and are per 100,000 live births. Numbers have been rounded.

Source: California Pregnancy Mortality Surveillance System

MENTAL HEALTH

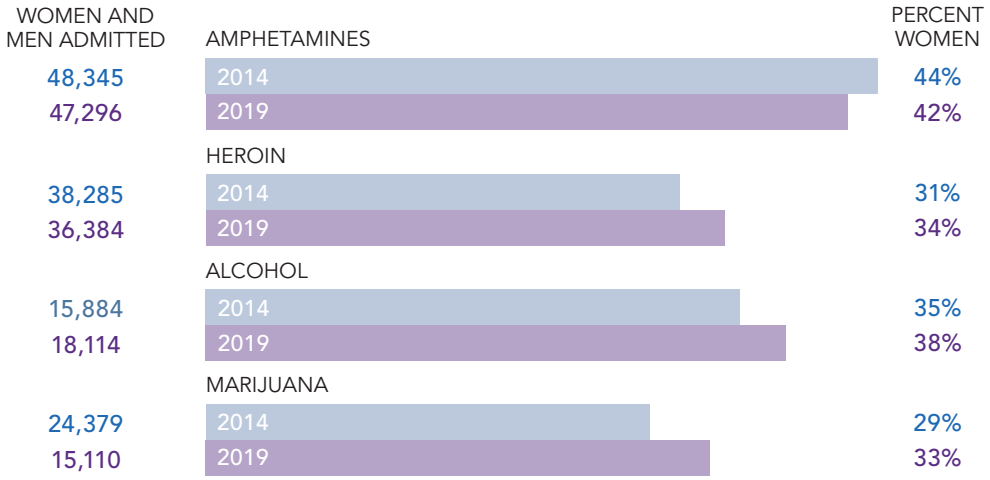
Substance use and treatment

In 2019, females accounted for 38% of all Californians admitted to publicly funded treatment programs.[27] Among the 56,000 California females admitted in 2019, 36% were admitted for treatment of amphetamine, 22% for heroin, 22% for treatment of alcohol (as either a primary or with a secondary drug), and 9% for marijuana; the remaining 11% of substances included cocaine, other opiates, tranquilizers, sedatives, hallucinogens, and inhalants.

Compared to five years before, women in 2019 comprised a greater proportion of all those admitted for treatment of heroin, alcohol, and marijuana.

FIGURE 9

PRIMARY SUBSTANCE USE AMONG ALL CALIFORNIANS ADMITTED TO TREATMENT



Note: These figures apply only to women and men 12 years and older who were admitted for treatment in one of California's publicly funded programs.

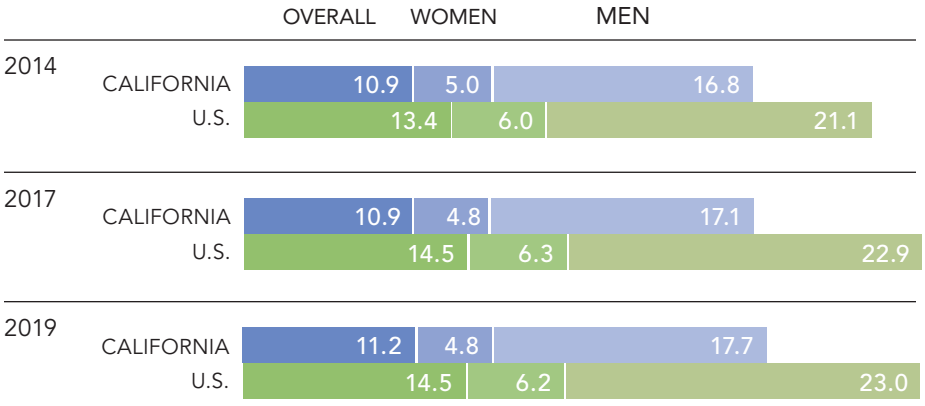
Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Suicide

In general, Californians are less likely to die by suicide than individuals across the nation, but the suicide rates for women and men across the state are roughly the same in 2019 as in 2014. Men are roughly three times more likely to die by suicide than women. In 2019, suicide was the 13th-leading cause of death among women in California; however, it was the second-leading cause of death among women 15 – 24 years of age.[28]

FIGURE 10

RATE OF SUICIDE IN CALIFORNIA AND THE U.S. PER 100,000



Note: These are crude rates and represent the number of suicides per 100,000 population.

Source: American Association of Suicidology; 2014 data from Centers for Disease Control and Prevention

While in general men are more likely than women to commit suicide, there are roughly three times more women than men who attempt suicide with nonfatal outcomes.

Anxiety and depression

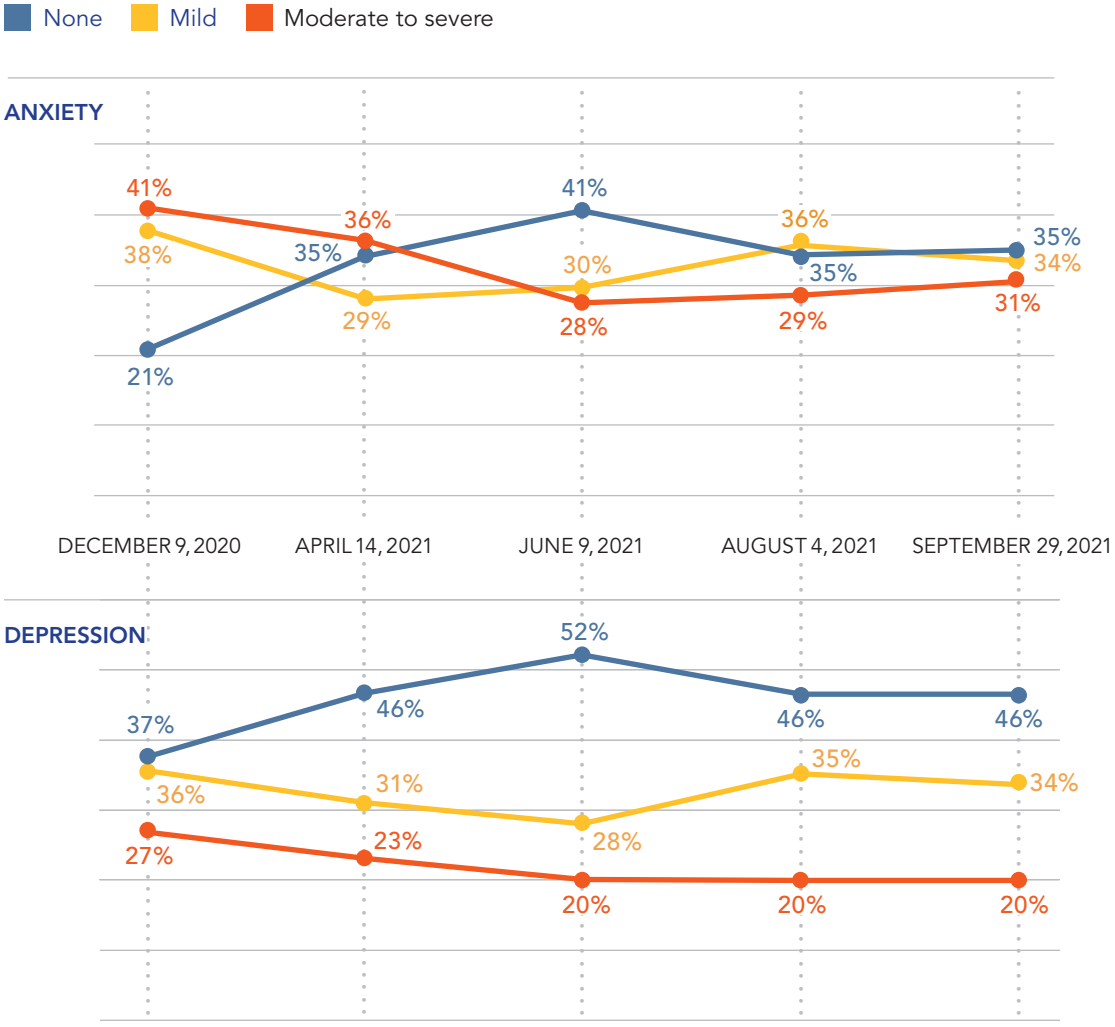
Suicide is often the outcome of emotional distress — increased, uncontrolled feelings of anxiety and, in particular, depression. In 2019, 20% of women and men across the United States reported having been diagnosed with depression. In California, 15% of Californians reported having been diagnosed with depression — 19% of California women and 11% of California men.[29]

In 2020, the first year of the pandemic, those percentages climbed higher. More than half of California women reported experiencing mild to severe depression, and 70% reported mild to severe symptoms of anxiety.[30]

While 2021 data suggest that pandemic-induced anxiety and depression levels are decreasing from 2020 levels, there is lingering mental distress.

FIGURE 11

CALIFORNIA WOMEN WITH SYMPTOMS OF ANXIETY OR DEPRESSION[31]



Notes: September 29 is the last survey for Phase 3.2 of the Household Survey. For anxiety, participants responded to the following question: "Over the last seven days have you experienced feeling nervous, anxious, or on edge?" For depression, the question was: "Over the past seven days have you experienced feeling down, depressed, or hopeless?" Answers were coded as follows: If answer "no," no anxiety/depression; if several days, then "mild." If more than half or nearly every day, then "moderate" to "severe."

Source: U.S. Census Bureau Household Pulse Survey: Weeks 21 (2020), 28, 32, 35, 39

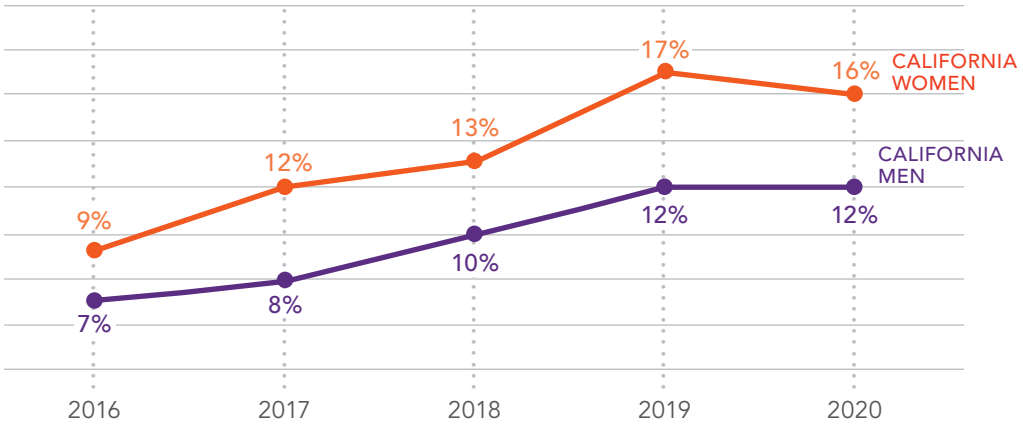
Figure 11 indicates an increase in the number of women reporting no symptoms of anxiety or depression in 2021 relative to 2020, and a decrease in those showing moderate to severe symptoms. Still, even prior to the pandemic, emotional distress among California women has been generally trending upward since 2016 (Figure 12).[32] In general, women are more likely to experience mental distress than men.

FIGURE 12

CALIFORNIANS WITH SERIOUS PSYCHOLOGICAL DISTRESS, 2016 – 2020

Note: Survey participants were judged "Likely to Have Experienced Serious Psychological Distress During the Past Year" based on their responses to a series of questions involving mental problems severe enough to impair social or professional functioning and the need to see a mental health professional.

Source: California Health Interview Survey (selected years)



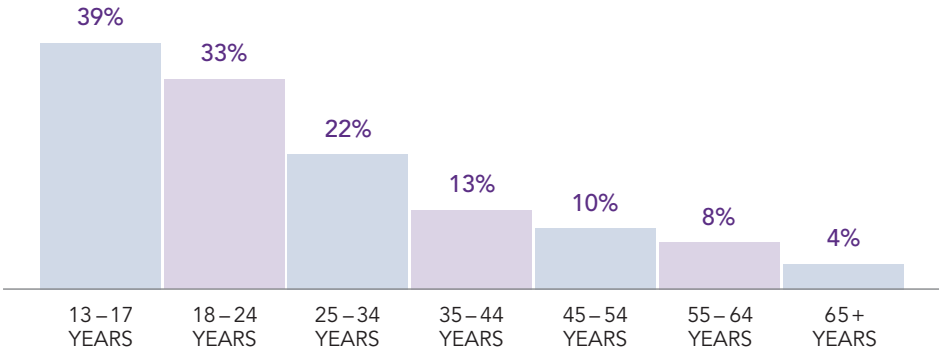
The percentage of women experiencing serious psychological distress has increased from 9% to 16% from 2016 to 2020. Of particular concern is the mental and emotional wellbeing of young Californians. The percentage of women and girls who had likely experienced serious psychological distress during the past year was highest among young women aged 13 to 24 years before steadily decreasing with increasing age.[33]

FIGURE 13

CALIFORNIA WOMEN AND GIRLS LIKELY TO HAVE EXPERIENCED SERIOUS PSYCHOLOGICAL DISTRESS, 2020

Note: Responses account for psychological distress experienced over the preceding 12 months.

Source: 2020 California Health Interview Survey (Mental and Emotional Health)



Emotional wellbeing of young Californians

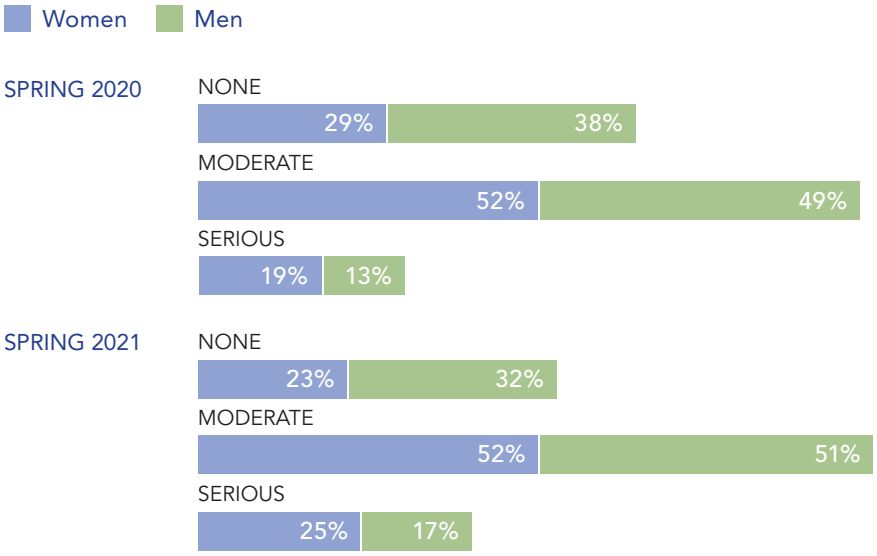
Over the period 2017– 2019, roughly one in five girls in California schools (7th–11th grades) thought about taking their own life.[34] Girls were about 1.5 times more likely than boys to experience these feelings.

A report from the Office of California's State Auditor found that from 2009 to 2018 there were nearly three times as many girls as boys (12 – 19 years of age) who were treated for injuries resulting from self-harm.[35] The report concludes that while there is no single cause for suicidal tendencies among young people, one risk factor is prolonged harassment and bullying leading to the feeling of hopelessness and despair. In spring 2021, 2.3% of men and 1.7% of women in colleges and universities across the nation indicated they had attempted suicide in the past 12 months.[36]

The 2017 edition of The Report highlighted the emotional wellbeing of college and university students across the nation. Similar recent studies of students show a noticeable change in psychological distress reported in a spring 2021 National College Health Assessment Survey compared to spring 2020. In particular, 25% of women indicated serious psychological distress in 2021 compared to 19% in 2020. And 17% of men reported serious psychological distress in spring 2021 compared to 13% in 2020. A greater proportion of women than men reported that their anxiety and depression were factors that inhibited learning (Figure 15).[37]

FIGURE 14

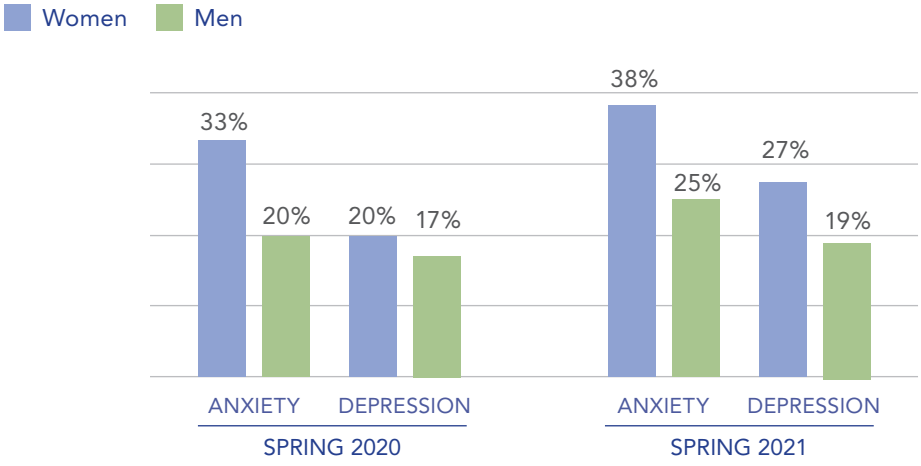
COMPARING THE EMOTIONAL WELLBEING OF U.S. COLLEGE STUDENTS (PSYCHOLOGICAL DISTRESS)



Source: American College Health Association

FIGURE 15

COMPARING THE ANXIETY AND DEPRESSION OF U.S. COLLEGE STUDENTS



Note: Anxiety and depression percentages are the percentage of students who cited experiencing these conditions as a barrier to learning.

Source: American College Health Association

When asked if they had ever been diagnosed with an anxiety disorder or depression, roughly twice as many women undergraduates as men answered "yes." One in three women who responded had been diagnosed with anxiety and one in four with depression.

Women, work, and burnout

At the pandemic's onset, we were a stressed-out society. Social isolation and the uncertainty around when it would be safe to gather with friends and family took a toll. The shutdown of schools and day care facilities made it difficult for working caregivers to juggle the demands of their careers and the needs of their children. And the threat of furloughs or lost jobs created anxiety for many around how to make ends meet.

Two years later, the pandemic persists. Much of our stress does, too. And it's the women who have carried the load when it comes to all that stress.

According to an April 2021 CVS Health survey, "the COVID-19 pandemic has universally amplified levels of stress and anxiety among women, with moms and caregivers most deeply affected. Six-in-ten women say the pandemic has had a negative impact on their overall levels of stress, and nearly half (46%) say they are experiencing significantly more or somewhat more stress compared to this time last year."[38] More specifically, the CVS Survey found that more than 60% of women expressed fears regarding their loved one's health and roughly half (49%) were worried about their household's financial situation.

What we need to keep our eyes on now is burnout. Research tells us that:

- Working mothers are more likely to experience burnout than working fathers.[39]
- Working women are more vulnerable to burnout than working men.[40]
- Women are generally more stressed out for work-related reasons than their male counterparts.[41]

Why might this be the case?

Because every woman and circumstance is unique, it's hard to point to any single reason women might be more prone to burnout. However, experts generally recognize "that the way societal structures and gender norms intersect plays a significant role. Workplace inequalities, for example, are inextricably linked to traditional gender roles."[42] The fact that a gender wage gap persists may cause undue financial stress for women since lower income is linked to higher stress levels. For example, a Columbia University study found that women who made less than their male counterparts but were equally qualified were almost 2.5 times more likely to experience depression and four times more likely to report having felt anxious.[43] Moreover, women may experience slower progress when it comes to advancing their careers compared to men, which can cause increased stress and frustration. The COVID-19 pandemic has exacerbated factors that could fuel women's burnout with the forced recalibration of both their work and home life routines.

We have an opportunity to reassess our workplaces given what we have learned about burnout and its impact on women. In order to recover the millions of women who left the workforce during the pandemic, or those who are reassessing their career goals as a consequence, we collectively need to rethink how companies and communities are structured to promote equal opportunity. This means we need to have hard conversations about how we distribute the workload in our households and how the simple act of paying people the same wages for the same work can create more diverse, productive, and innovative organizations.

AUTHOR

Emerald Archer, PhD is the director of the Center for the Advancement of Women and associate professor of political science at Mount Saint Mary's University. She also serves as executive director of the Women's College Coalition.

HEALTH AND SELF-CARE

While not all factors governing general health status are subject to individual decisions, there are three aspects of promoting good health over which individuals have some control of their care: getting medical care when needed, practicing preventive health, and maintaining healthy habits.

Timely medical care

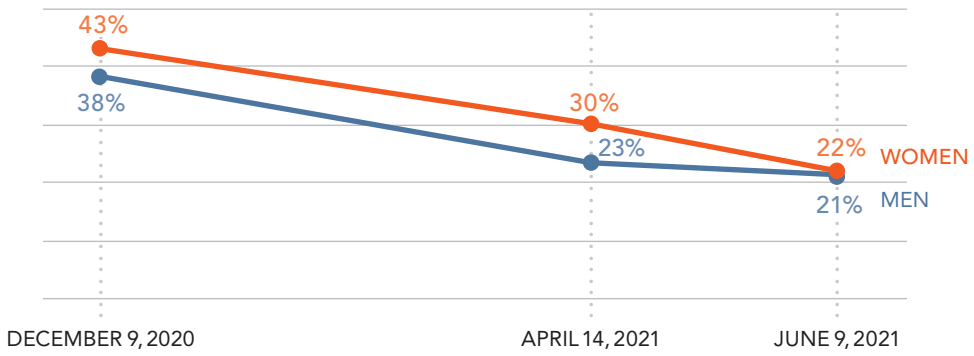
Because of the pandemic, roughly four out of 10 Californians reported delaying needed medical care in 2020, with a greater proportion of women than men delaying needed care. The number of women delaying needed health care by June 2021 had decreased to about one in five from roughly two in five in June 2020.[44]

FIGURE 16

CALIFORNIANS DELAYING NEEDED MEDICAL CARE DUE TO COVID-19

Note: Delays could have happened at any point in the last four weeks prior to the survey question.

Source: U.S. Census Bureau, Household Pulse Surveys (Weeks 21, 28, 32)



Preventive health

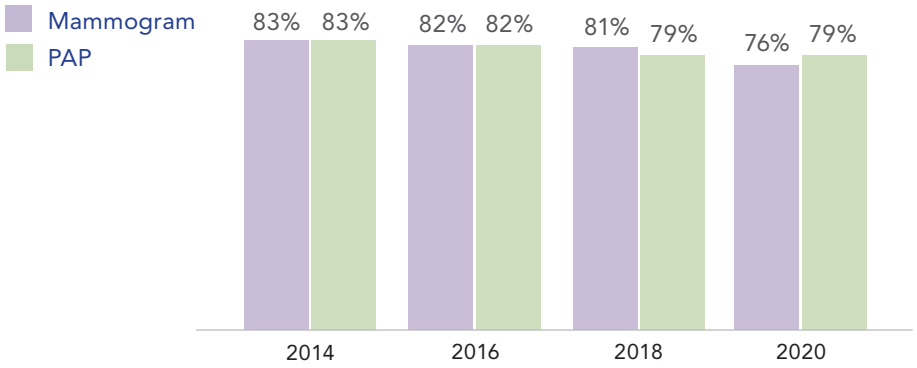
Being current on recommended vaccines and health screenings plays an important role in safeguarding the health of women. Regular screenings allow problems to be detected early when there is a better chance at successful treatment. The majority of California women are current in two important recommended tests — specifically, a mammogram to screen for breast cancer and a Papanicolaou (PAP) test to detect cervical abnormalities.[45]

FIGURE 17

CALIFORNIA WOMEN WHO HAVE HAD A MAMMOGRAM OR PAP TEST

Note: All percentages are rounded to whole numbers; each percentage has an uncertainty of about two percentage points. Mammograms in the past two years are reported for women 40 years and over; PAP tests in the past three years are reported for women 21–65 years of age.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Program



Preventive testing in 2020 was significantly lower than 2014. Nationwide, breast cancer screenings were down 97% in April 2020 compared to April 2019 and cervical cancer screenings were down 91%.[46] In California, specifically, one recent study of cervical screening rates showed that the number of screenings in March through June 2020 was down 80% from the same time frame in 2019.[47] The good news is that in June through September 2020, cervical cancer screening rates were down by only 25% compared to the year before. While not yet back at pre-pandemic levels, a greater proportion of women are resuming preventive health care screenings.

Healthy habits

The choice of a healthy lifestyle includes developing the following habits: eating nourishing foods, engaging in physical activity, getting sufficient sleep, and taking time off from stress. Guidelines in most of these areas have been established, and, while the guidelines depend on age and other factors, an outline of minimum guidelines for most adults is listed below. See endnote references for detailed guidelines by age.

OUTLINE OF HEALTHY GUIDELINES FOR ADULTS

Sources: U.S. Department of Agriculture, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

NUTRITION

2 – 3 cups of vegetables and 1.5 – 2 cups of fruits daily[48]

PHYSICAL ACTIVITY

150 minutes minimum of medium-intensity aerobic activity per week, including two days of muscle-strengthening activity[49]

SLEEP

7–9 hours per night[50]

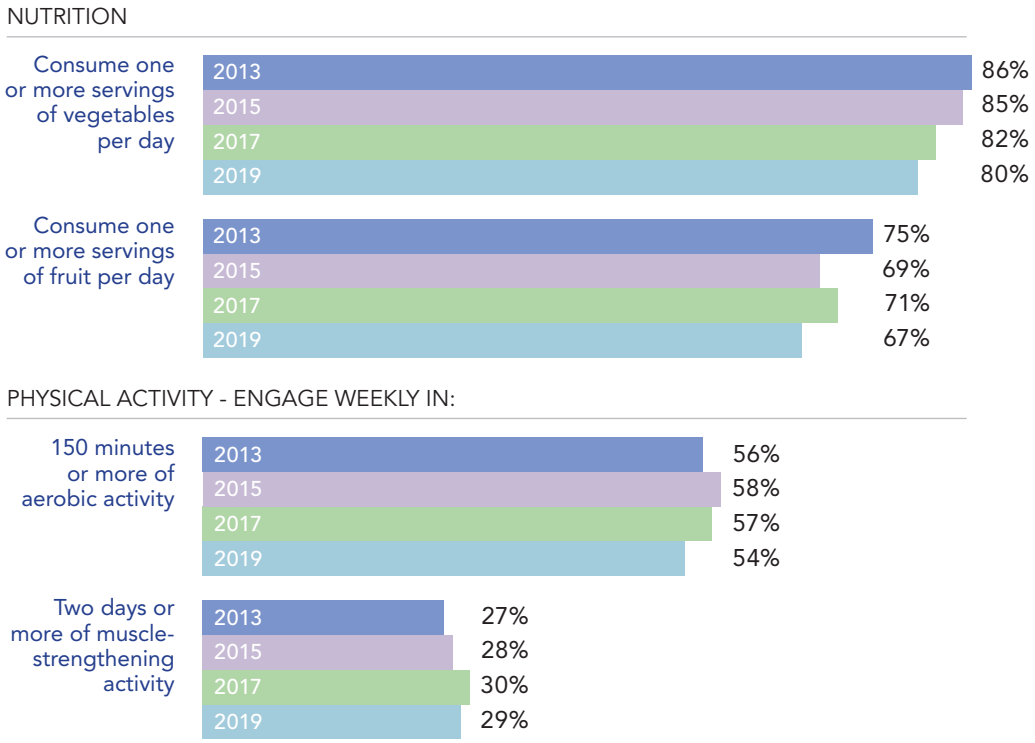
NUTRITION AND PHYSICAL ACTIVITY. In general, women are better at meeting nutritional guidelines than those involving physical activity. Although not shown here, a slightly smaller percentage of women than men report meeting the minimum aerobic activity guidelines; however, a greater proportion of women than men eat one or more portions of vegetables and fruits each day.

FIGURE 18

CALIFORNIA WOMEN MEETING MINIMUM NUTRITIONAL AND PHYSICAL ACTIVITY GUIDELINES[51]

Note: Percentages have been rounded; each figure has an uncertainty of roughly two percentage points.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey



While a majority of women report meeting the nutritional and aerobic activity guidelines listed on page 17, the proportion of women meeting the guidelines in 2019 is smaller than that in 2013. Importantly, less than one in three California women engage in muscle-strengthening activity two days per week, ranging from 27% meeting the guideline in 2013 to 29% in 2019. Inadequate physical activity compounds serious health risks by increasing the likelihood of death from many diseases and exacerbating chronic conditions.

SLEEP. Sufficient sleep — at least seven hours for adults — is critical to good biological, cognitive, and emotional functioning. Yet in 2018, 30% of California women and 33% of men reported sleeping less than seven hours daily. As a group, adults 45 – 64 years of age get the least sleep (38% report insufficient sleep); adults 65 years and older get the most sleep (just 27% report insufficient sleep).[52] In 2017– 2018, 14% of girls and 7% of boys reported less than seven hours of sleep on weekdays.[53]

Between 40 – 50% of college and university undergraduates across the nation report getting less than seven hours of sleep during the week. During the pandemic, a greater proportion of both women and men cited insufficient sleep as hindering academic performance.[54]

FALL 2019

50%
of women and men reported sleeping less than seven hours daily on weeknights.

25%
of women and
19%
of men felt that sleep difficulties hindered academic performance.

SPRING 2021

40%
of women and men reported sleeping less than seven hours daily on weeknights.

28%
of women and
22%
of men felt that sleep difficulties hindered academic performance.

STRESS. Stress is a highly subjective term based on feeling overwhelmed and having difficulty coping with mental or emotional pressure. During the pandemic, half of the women students felt that stress hindered their academic performance compared to 42% prior to the pandemic in fall 2019.[55]

FALL 2019

42%
of women and
28%
of men felt that stress hindered their academic performance.

SPRING 2021

50%
of women and
37%
of men felt that stress hindered their academic performance.

Because stress is subjective, what is perceived as stress for one person may not be stressful for another. However, when the level of stress causes "distress," it interferes with that person's physical and/or mental health and overall quality of life. Often, stress is caused by something over which the individual perceives they have little or no control, as is the case with the coronavirus pandemic.[56]

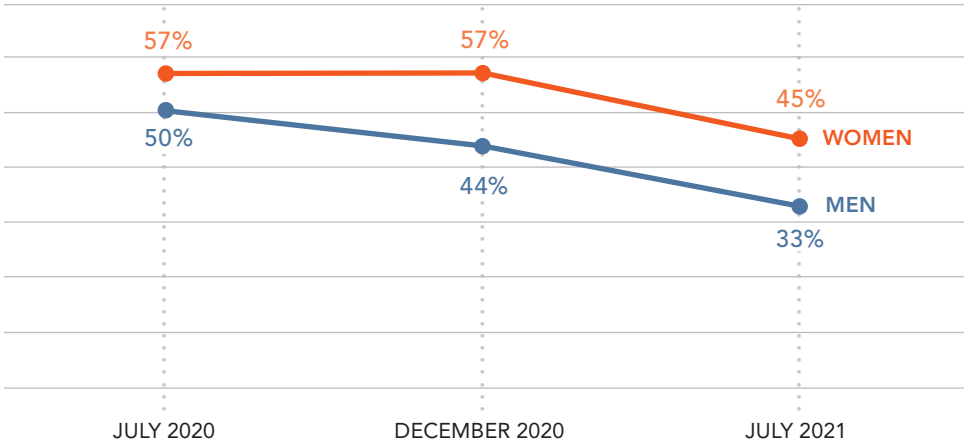
Kaiser Family Foundation Health Tracking Polls have followed the stress levels of U.S. adults throughout the pandemic, finding that adults' mental health has been slowly improving since its nadir in July 2020.[57]

FIGURE 19

U.S. ADULTS WHO REPORT NEGATIVE IMPACTS ON MENTAL HEALTH DUE TO PANDEMIC-RELATED STRESS

Note: These percentages have been rounded and include those who reported both a major and minor negative impact on mental health.

Source: Kaiser Family Foundation



Research has shown that women and men have different ways of manifesting stress; even prior to the pandemic, women were more likely to report health symptoms associated with stress.[58] However, the worry or stress associated with economic insecurity, additional family care responsibilities, and physical isolation imposed by the pandemic has widened the gender gap from seven percentage points in July 2020 to 12 percentage points in July 2021 (Figure 20).[59] The July 2021 poll also found that parents suffered more negative impacts of stress on mental health than nonparents as a result of the pandemic (54% and 38%, respectively) and that more mothers than fathers were negatively impacted (61% and 45%, respectively).[60]

To alleviate stress, individuals are advised to engage in self-relaxation, seek support networks, and connect socially with others.[61] While more women than men report feeling stressed, evidence suggests that women are also more likely than men to do a better job of connecting with others. In this way, women are better at developing and utilizing support networks that can be critical to stress-management strategies.[62]

Physical activity has generational health impacts

In 2019, the CDC released data showing that only 23% of California adults had met federal physical activity guidelines in the past month.[63] Furthermore, 21% of California adults reported no physical exercise other than their job in the last month.[64] Sedentary behavior — remaining at a low state of energy while seated, reclining, or lying down[65] — compounds the health risks of insufficient physical activity. Physical activity and sedentary behavior are actually separate considerations; those who achieve their recommended physical activity dosage may still exhibit long bouts of sedentariness throughout the day. Overall, women report about 5% less physical activity than men and more sedentariness.[66]

We all know that physical activity and movement are good for our health. So why highlight them in the context of the 2022 edition of The Report? Because insufficient physical activity, sedentary behavior, and elevated body mass index (BMI) increase the likelihood of — and mortality from — diabetes, cardiovascular diseases, certain cancers, and psychiatric issues.[67] And it's chronic health conditions like these that make individuals more susceptible to other diseases, such as COVID-19. These conditions negatively impact financial and public health, too, as they can decrease earning potential and increase healthcare costs, exacerbating gender disparities in wages and healthcare accessibility.[68]

However, if individuals increase their physical activity, become less sedentary, and lose weight via diet and exercise, they can reap better health outcomes.[69] The benefits of such health-behavior changes are particularly impactful for women.[70]

Lifelong physical activity and sedentary behavior patterns are established in childhood, so examining girls' behaviors is essential. Nationally, among children in sixth grade, only 28.1% of girls (and 41.4% of boys) meet federal physical activity guidelines.[71] Inactive children are more likely to become overweight, miss school, and have poor academic performance.[72] They're more likely to struggle with obesity as adults and suffer from infertility or complicated pregnancies.[73] Child-onset obesity may also worsen morbidity and mortality rates from cancer, diabetes, cardiovascular disease, autoimmunity, or psychiatric disorders.

Alternatively, active youth are more likely to be active, nonobese adults.[74] In fact, children who meet physical activity guidelines are 30% less likely to experience obesity, even on a poor diet.[75] And girls who engage in sports are more likely to perform better academically, attend college, and enter male-dominated high-earning professions, even when controlling for socioeconomics.[76]

Unfortunately, severe gender disparities exist in youth physical activity and sports. There are more than 100,000 fewer high school athletic opportunities for girls than for boys in California.[77] Many recreation departments report that girls receive only one third of the total opportunities for park-based sports participation.[78] In 2016 and again in 2020, the LA84 Foundation surveyed Los Angeles County youth (ages 6–17) about their physical activity.[79] Over that time, sports participation for girls increased to 82% (up 9%), and now only slightly trails boys' (84%). And girls' physical inactivity fell to 18% (a decrease of 9%).[80]

As The Report has shown, the broad impacts of the COVID-19 pandemic have disproportionately affected women. And it's the same story with physical activity. During the pandemic, women have been less active when it comes to moderate-to-vigorous and overall physical activity, resulting in wider disparities in mental health and anxiety.[81] More girls than boys have also opted out of youth sports during the pandemic.[82]

Other factors can affect our physical activity levels, sedentary behaviors, and related health outcomes — including race, education level, LGBTQ identity, socioeconomics, and the physical environment of our neighborhoods.[83] But perhaps the best way to help ensure our daughters — and sons — are more physically active is to get active ourselves. Physically inactive parents are 5.8 times more likely to raise physically inactive children.[84] That's a trend with generational health consequences that we can affect now.

AUTHORS

Abbigail Fietzer, PhD, is an assistant professor in the physical therapy department at Mount Saint Mary's. **Deborah Lowe, PhD**, is the chair of the physical therapy department and director of the Mount Saint Mary's University Doctor of Physical Therapy Program.

taking action: building resilience

Through the years, our Reports have presented evidence that many gender gaps in education, health, politics, business, and media roles have narrowed. But inequalities persist. As a new normal continues to emerge from the devastating and disruptive wake of COVID-19, we'll need a resilient community of women and men committed to equitable post-pandemic opportunities for all people. And good health can help enable resiliency.

Data in this Report suggest two important actions that we can take going forward to fortify our health and build resilience: 1) Find ways to alleviate stress and its impact on the emotional and mental health of women, and 2) Encourage women to practice self-care in optimizing their health.

1. Stress due to economic insecurity, additional family care responsibilities, and social isolation disproportionately burden women, taking a toll on their physical, mental, and emotional health during times of crisis. As we asked in The Report last year: "What conversations can you have today, in the home and workplace, that might begin to disrupt traditional narratives about women's work and gender stereotypes — to ensure that domestic labor and caregiving don't disproportionally fall to women?" We've had a year to seriously interrogate that question and now we need to probe deeper, asking questions like: What family-friendly policies are practiced in your workplace to ensure that women — and men — feel secure in their jobs and can meet family care needs? How can we build more resilient support networks for women and their families?

2. Traditionally, women have neglected their own health by prioritizing the needs of others. Given the link between health and resilience, what actions can women take to ensure that self-care, so critical to good health, is a regular consideration of healthcare? How can care of self be incentivized as a critical component of family care? Data in this Report suggest that changes in diet, physical activity, and sleep habits — and improvement in stress-related coping strategies — all have the potential to enable more women to survive, to be more effective caregivers, and thrive in the face of unexpected events and crises.

On the whole, the future is hopeful. A growing number of infectious disease experts believe COVID-19 will become endemic in 2022, post-Omicron, similar to the flu.[85] Our task as advocates for women and girls statewide is to be ready for that day. Ready to regain any gender equity ground lost during the pandemic. And ready to carry forth the lessons we've learned from the physical, mental, and emotional health challenges posed by COVID-19.

Yes, women and girls are resilient. But healthy is an even better starting point to ensure California's women are engaged as full partners in strengthening our families, workplaces, and communities across the state.

SPOTLIGHT

Mount Saint Mary's health and wellness movement: A model in higher education

Mount Saint Mary's University students, like so many others around the world, are living with loss, missed opportunities, and an uncertainty that has become a way of life. The experience of the COVID-19 pandemic, a long overdue racial reckoning in our country, and a mental health crisis, all within a very short period of time, has raised stress levels and challenged the human spirit. Our commitment to our community's wellbeing as a whole — and students' specifically — required a University-wide approach to support wellness and mental health.

Fortunately, we already had a community-wide wellness movement in place to nimbly respond to students' needs. Notably, this initiative has not been led from the top-down. Given that 60% of Mount Saint Mary's graduates enter health related fields, the University established a Peer Wellness Advocates program in 2017 designed to help students in the health sciences learn to model healthy living in their own lives through peer-to-peer education, advocacy, and coaching. The Peer Wellness Advocates program, funded by the UniHealth and Riordan Foundations, as well as other generous donors, is a one-of-a-kind program that has been recognized nationally as a model for other colleges and universities.

The Peer Wellness Advocates work with fellow students to follow the comprehensive tenets of the wellness movement: Eat Green, Sleep Well, Move More, and De-Stress. These overarching areas have created a movement that is inclusive and empowering to students who are on many different paths to achieve their optimal health and wellness. Throughout the pandemic, the Peer Wellness Advocates have offered virtual resilience coaching, a new program that continues to be successful. Students who work one-on-one with a trained peer coach show an average increase in resiliency of 15%.

Of course, as collegiate counseling centers across the country can attest, the need for professional mental health services has risen during the era of COVID-19. Research shows that college students experienced higher rates of anxiety, depression, and suicidal ideation in 2020 than in 2019.[86] Data also show a steady increase in traumatic experiences from a study of 200,000 college students at 163 institutions.[87] Mount Saint Mary's students — the majority of whom are women of color and the first in their families to attend college — face additional mental health challenges, including: the stress of being a first-generation college student, race-based and historical traumatic stress, economic stress, cultural mental health stigma in their families, and inexperience with professional therapy.

In an effort to combat racial- and cultural-based stress that has compounded the effect of the pandemic, Mount Saint Mary's Department of Counseling and Psychological Services has presented a new program called "Unpacking Intergenerational Trauma: Healing Our Historical Past." In it, students reflect on how the cultural and social circumstances in which they were raised have influenced their lives. They discuss in small groups ways to cope with stressors and improve their overall wellbeing. The University also offers a community-wide "Healing Through Books" series, which functions like a book club with a mental health focus. Books have included "I Am Not Your Perfect Mexican Daughter," "The Body is Not an Apology," and "Homegoing."

As we move forward through the difficult times ahead — from the evolving COVID-19 pandemic, to the challenges of racial and social justice — we keep the Mount community's wellbeing at the forefront. And we remain firm believers in the power of both science and love as guideposts for the healing ahead.

AUTHORS

Linda McMurdock, PhD, serves as the vice president of student affairs at Mount Saint Mary's University.
Alison Halpern, RD, CHES, serves as the associate director of wellness at Mount Saint Mary's.
Susan K. Salem, PhD, is a licensed psychologist and director of Counseling & Psychological Services at Mount Saint Mary's.

EDITOR'S NOTE

This 11th annual edition of The Report on the Status of Women and Girls in California™ summarizes published data to show how the health status of women has changed since we last reported on it in 2017. The 2017 edition of The Report primarily utilized 2015 data, while this year's Report primarily utilizes 2020 data, the most current at the time of writing.

Typically, The Report has made extensive reference to the U.S. Census Bureau's American Community Survey (ACS) data disaggregated by gender to highlight women's responses. However, the data collection period for the 2020 ACS was significantly disrupted as a result of the COVID-19 pandemic. The Census Bureau solicited and received fewer responses to the ACS from households. Among those who did respond, there was a higher response rate from households with greater income and higher education levels than lower-income households struggling with the pandemic's effects. To account for the socioeconomic bias of its sample, the Bureau employed more complex modeling to represent California's total population. As a result, there are no "standard" ACS data for the year 2020; instead, the data are considered "experimental" 1-year estimates since the quality of data may not meet the Bureau's standards.

For the reasons above, we elected to omit our annual gender equity scorecard this year. We plan to bring it back in 2023 to continue tracking equity across education, employment, earnings, government, leadership, and media.

On November 30, 2021, the Bureau released its limited 2020 ACS Experimental 1-Year Estimates. Most of the tabulated data are not disaggregated by gender. While information about gender may be discerned from parsing the microdata, the modeling uncertainties prompted us to focus this year's Report on the important issue of women's health by relying more heavily on data from smaller-scale surveys and administrative information.

The good news is that the U.S. Census Bureau has resumed its regular schedule of data collection in 2021 and anticipates that standard 1-year estimates from the 2021 ACS will be available in fall 2022.

ENDNOTES

[1] U.S. Census Bureau. (2020). *2020 American Community Survey Experimental 1-Year Estimates.* Table XK200101: Population by Sex. census.gov/programs-surveys/acs/data/experimental-data/1-year.html

[2] U.S. Census Bureau. (2020). *2020 American Community Survey Experimental 1-Year Estimates.* Table XK200103: Median Age by Sex. census.gov/programs-surveys/acs/data/experimental-data/1-year.html

[3] U.S. Census Bureau. (2020). *2020 American Community Survey Experimental 1-Year Estimates.* Table XK202302: Sex by Full-Time Work Status in the Past 12 Months for the Population 16–64 Years. census.gov/programs-surveys/acs/data/experimental-data/1-year.html

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Contributors

Emerald Archer, PhD, is the director of the Center for the Advancement of Women and associate professor of political science at Mount Saint Mary's University in Los Angeles. She is the editor in chief of The Report. Archer has dedicated her academic career to studying questions related to gender equity and women's representation in nontraditional domains like the U.S. military. Through the Center, Archer's primary goal is to promote and increase gender equity across California. She also serves as executive director of the Women's College Coalition.

Abbigail Fietzer, PhD, is an assistant professor in the physical therapy department at Mount Saint Mary's. She heads the Mount's sports pro bono physical therapy clinic. Fietzer received her PhD in biokinesiology from the University of Southern California and is a two-time funding recipient of the Foundation for Physical Therapy Research. Her research explores the influence of altered biomechanical and neuromotor control on overuse injury development and recurrence. Fietzer maintains a small private sports physical therapy practice and has provided medical coverage for Cirque du Soleil, the Lucinda Childs Dance Company, and the Association of Volleyball Professionals.

Alison Halpern, RD, CHES, is a registered dietitian and certified health education specialist. Halpern takes a non-diet approach to nutrition, helping people have a more peaceful relationship with food and body image. She is the associate director of wellness at Mount Saint Mary's University and supervises both wellness program implementation and peer health education.

Deborah Lowe, PhD, has been the chair of the department of physical therapy and director of the Doctor of Physical Therapy Program at Mount Saint Mary's University since 2004. Her teaching expertise includes pathology, neuroscience, integrative medicine, and research. Her research focuses on instruction, clinical practice, and complementary medicine. Lowe's clinical practice includes wellness, orthopedic/neurologic rehabilitation, and complementary medicine with acupuncture, yoga, and energy techniques.

Linda McMurdock, PhD, serves as the vice president of student affairs at Mount Saint Mary's University. A graduate of Howard University with master and doctoral degrees in clinical psychology, McMurdock came to the Mount from Marymount University in Virginia, where she served as vice president of student affairs. Earlier in her career, as dean of students and vice president for student affairs at Loyola Marymount University, McMurdock launched initiatives for LGBT students and first-generation Latino scholars and co-led the creation of a student memorial on campus. A firm believer in transformative education that emphasizes the integration of the mind, body, and spirit, she now guides the Mount's Wellness Movement and Athenians Care, a health education campaign in response to COVID-19.

Luiza Nogaj, PhD, is a professor in the department of biological sciences and a co-director of the Global Women in STEM Undergraduate Research Honors Program at Mount Saint Mary's. She received her PhD in molecular biology, cell biology, and biochemistry at Brown University and completed her post-doctoral work at UCLA. Her National Institutes of Health-funded research focuses on the molecular effects of amylin aggregation on the pancreatic beta cells in diabetes. The goal of her undergraduate student-led research is to prevent amylin fiber formation and identify peptides capable of saving the pancreas from the toxic effects of amylin fibers.

Susan K. Salem, PhD, is a licensed psychologist and the director of Counseling & Psychological Services at Mount Saint Mary's. She has worked at the Mount for 20 years and worked in college counseling centers for over 33 years. Salem is an active member of the Organization for Counseling Center Directors in Higher Education in California and is currently the treasurer for the organization. Her education includes a PhD in clinical psychology from the California School of Professional Psychology, Los Angeles (Alliant International University) and an MA in counseling psychology from UC Santa Barbara.

Eleanor Siebert, PhD, is professor emerita and former provost and academic vice president of Mount Saint Mary's. She is the lead researcher for The Report. Siebert is a fellow of the American Chemical Society and is active in accrediting colleges and universities in the western United States. She also serves on the board of directors of the Southern California Expanding Your Horizons collaborative, which encourages middle school girls to pursue science and mathematics courses.

The Center for the Advancement of Women at Mount Saint Mary's University is a hub for gender equity research, advocacy, and leadership development. The COVID-19 pandemic, and the choices we make in response to it, will undoubtedly have consequences for gender equity in the coming decades. Your engagement now, more than ever, is critical to supporting women's advancement.

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Contact
Emerald Archer, PhD
Director, Center for the Advancement of Women
213.477.2544
emarcher@msmu.edu

MSMU.EDU/CAW

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ACKNOWLEDGEMENTS

Ann McElaney-Johnson, PhD | President

Robert Perrins, PhD | Provost and Academic Vice President

Emerald Archer, PhD | Director, Center for the Advancement of Women | Editor in Chief

Eleanor Siebert, PhD | Lead Researcher

Stephanie Cubba, DPA | Vice President, Institutional Advancement

Kimberly Kenny | Associate Vice President, Institutional Advancement

Phillip Jordan | Copy Editor

Piper Murakami | Designer

Susan Briggs & Sarah Scopio | Proofreaders

ABOUT THE CENTER FOR THE ADVANCEMENT OF WOMEN AT MOUNT SAINT MARY'S UNIVERSITY

The Center for the Advancement of Women at Mount Saint Mary's University is a hub for gender equity research, advocacy, and leadership development. Its vision is to find solutions to persistent gender inequities and work with partners to eradicate those inequities in our lifetime. That goal includes eliminating obstacles that women face in the workplace, in their communities, in the media, and beyond to make a positive difference in the lives of women and girls in California and our nation. The Center also creates public programming, research guides, and training opportunities to engage more partners in its work.

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Mount Saint Mary's is the only women's university in Los Angeles and one of the most diverse in the nation. The University is known nationally for its research on gender equality, its innovative health and science programs, and its commitment to community service. As a leading liberal arts institution, Mount Saint Mary's provides year-round, flexible, and online programs at the undergraduate and graduate level. Weekend, evening, and graduate programs are offered to both women and men. Mount alums are engaged and active global citizens who use their knowledge and skills to better themselves, their communities, and the world.

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Mount Saint Mary's University
LOS ANGELES

CHALON CAMPUS
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Los Angeles, CA 90049
310.954.4000

DOHENY CAMPUS
10 Chester Place
Los Angeles, CA 90007
213.477.2500

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