


HEALTH OF WOMEN AND CHILDREN REPORT

MARCH 2018

The full report is available at
www.AmericasHealthRankings.org



OVERVIEW

Promoting the health of women, infants and children is fundamental to keeping our communities and nation healthy – both today and for future generations. Community leaders, public health officials and policymakers can help build better communities by understanding the health of women during their reproductive years, infants and children.

This year, United Health Foundation is proud to continue to identify areas of success as well as challenges for the health of women, infants and children. *America's Health Rankings® Health of Women and Children Report* utilizes 62 health indicators, including those that examine the community and environment, clinical care, behaviors, policies and health outcomes, to better understand the changing health of women and children across the country and state-by-state.

America's Health Rankings data serve as an important benchmark for communities across the country as they work to improve the health and well-being of women, infants and children. By looking separately at their health, states can focus efforts on areas where improvement is most needed. The updated data continue to serve the public health community by providing one of the most comprehensive assessments of the health of women, infants and children at the national and state levels.

For 29 years, *America's Health Rankings®* has provided a wide variety of health and health-related information to help policymakers, advocates and individuals understand the health of key populations in a holistic, inclusive manner. This year's update to the *Health of Women and Children Report* builds on that commitment, providing insights on women of reproductive age and children, who together compose more than 40 percent of the total U.S. population. Research shows that health develops over a lifetime and markers of prenatal and childhood health are significant predictors of health and economic status in adulthood. United Health Foundation recognizes that the health of America's women, infants and children today will impact the future well-being of the United States for generations to come.

SUMMARY OF KEY FINDINGS

PROGRESS

- **Encouraging Declines in Tobacco Use** – the nation has made encouraging progress in regard to the prevalence of smoking among women and children.
- **Progress Made Across Key Markers of Care** – this year's update finds that progress has been made in key measures of clinical care, including an increase in the percentage of women with a dedicated health care provider; a decline in the percentage of uninsured women; and a decline in teen births.

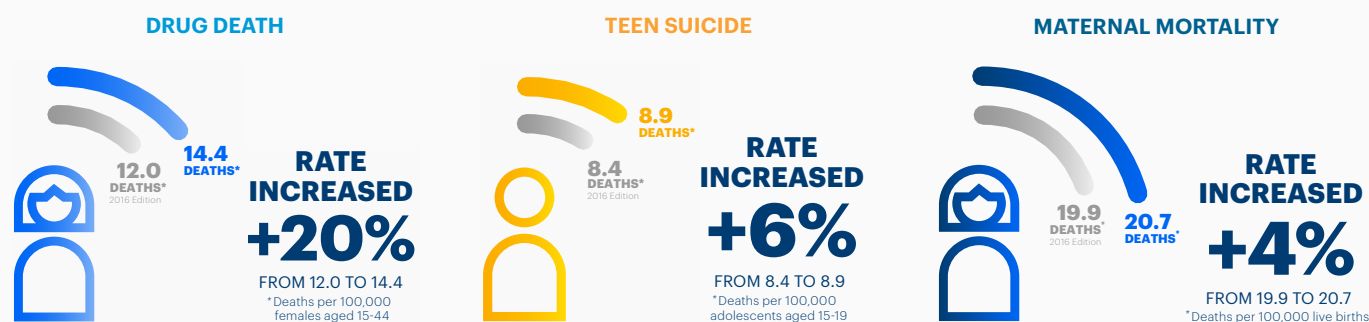
CHALLENGES

- **Concerning Increases in Key Mortality Rates** – key measures of mortality for both women and children have increased since 2016, including: an increase in the rate of drug deaths among females aged 15-44; and an increase in the nation's maternal mortality rate per 100,000 live births.
- **Notable Differences in Mortality Rates Across States** – mortality rates for women and children vary widely across states, highlighting alarming health disparities across state lines.
- **Striking inequities in mortality rates across women, infants and children.**
- **Wide variation across states for the rate of well-visits for women, infants and adolescents.**

CONCERNING INCREASES IN KEY MORTALITY RATES

Nationally, key measures of mortality for both women and children have increased since the 2016 *Health of Women and Children Report*. (*This is the most recent time that the report was created.)

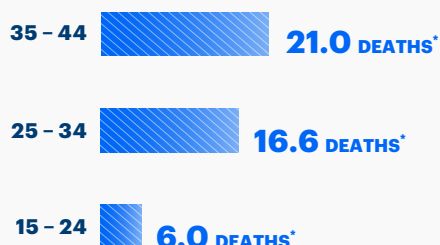
- The rate of drug deaths increased 20 percent per 100,000 females aged 15-44.
- The teen suicide rate has increased 6 percent per 100,000 adolescents aged 15-19.
- The nation's maternal mortality rate increased 4 percent per 100,000 live births, which measures deaths from any cause related to or aggravated by pregnancy and childbirth.



The report also finds striking inequities in mortality rates across women, infants and children, highlighting the health challenges that different groups face.

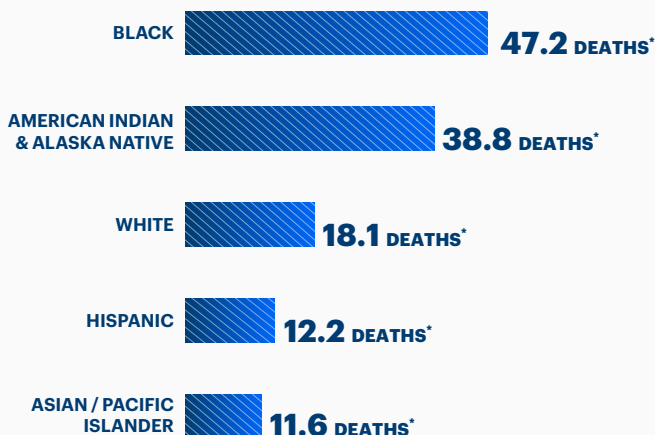
- Drug death rates are higher among women aged 35-44 compared with those aged 15-24 and 25-34.
- The maternal mortality rate among black women is 2.5 times higher than the rate among white women and 4 times higher than the rate among Asian/Pacific Islanders and Hispanic women; the rate among white women is about 1.5 times higher than the rate among Asian/Pacific Islander and Hispanic women.
- Teen suicide rates are highest among American Indian & Alaska Native teens, followed by white, Hispanic and black teens.
- Black children face the highest child mortality rate among racial/ethnic groups – more than 2 times higher than the rate for Asian children and 1.5 times higher than the rate for white children.

THE RATE OF DRUG DEATHS INCREASES WITH AGE



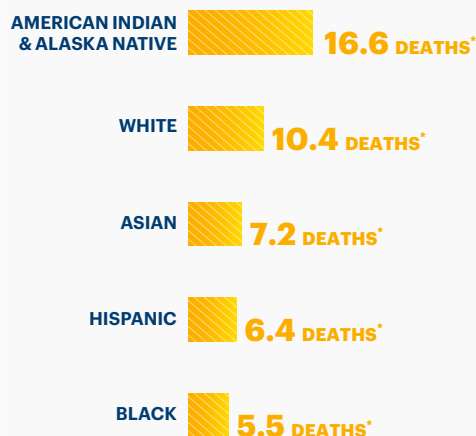
* Deaths per 100,000 females from 2018 Edition

RATE OF MATERNAL MORTALITY BY RACE / ETHNICITY



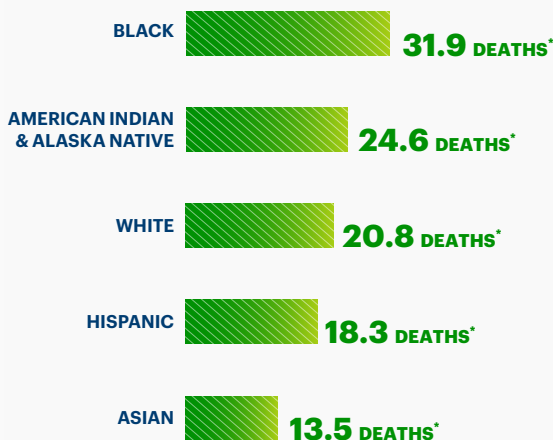
* Deaths per 100,000 live births from 2018 Edition

TEEN SUICIDE RATE BY RACE / ETHNICITY



* Deaths per 100,000 adolescents aged 15-19 from 2018 Edition

CHILD MORTALITY RATE BY RACE / ETHNICITY



* Deaths per 100,000 children aged 1-18 from 2018 Edition

NOTABLE DIFFERENCES IN MORTALITY RATES ACROSS STATES

Mortality rates for women and children vary widely across states, highlighting startling health disparities across state lines. Some states experience mortality rates as much as ten times higher than other states.

- For example, West Virginia has the highest drug death rate among women aged 15-44 (at 41.6 deaths per 100,000), while Hawaii has the lowest drug death (5.5 deaths per 100,000) rate among this population.
- Even greater differences are found when looking at maternal mortality. Georgia experiences the highest rate (at 46.2 deaths per 100,000), while California experiences the lowest rate (at 4.5 deaths per 100,000).
- Teen suicide is another measure where large differences are reported across states. Rhode Island has the lowest teen suicide rate in the country among adolescents aged 15-19 (at 4.7 deaths per 100,000) which is one-eighth the teen suicide rate in Alaska (at 35.1 deaths per 100,000), the state with the highest rate in the country.
- States face stark differences in child mortality, as South Dakota, the state with the highest child mortality rate among children aged 1-18 (at 36.4 deaths per 100,000), has a rate three times higher than Connecticut, the state with the lowest rate (at 12.8 deaths per 100,000).

RATE OF DRUG DEATHS AMONG FEMALES

Deaths per 100,000 females aged 15-44

Highest Rate
WEST VIRGINIA



8X
DIFFERENCE

Lowest Rate
HAWAII



MATERNAL MORTALITY RATE

Deaths per 100,000 live births

Highest Rate
GEORGIA



10X
DIFFERENCE

Lowest Rate
CALIFORNIA



TEEN SUICIDE RATE

Deaths per 100,000 adolescents aged 15-19

Highest Rate
ALASKA



7.5X
DIFFERENCE

Lowest Rate
RHODE ISLAND



CHILD MORTALITY RATE

Deaths per 100,000 children aged 1-18

Highest Rate
SOUTH DAKOTA



3X
DIFFERENCE

Lowest Rate
CONNECTICUT



ENCOURAGING DECLINES IN TOBACCO USE

Since the 2016 *Health of Women and Children Report*, the nation has made encouraging progress in regard to the prevalence of smoking among women and children. Three notable areas where smoking rates have declined during this time include:



Smoking among women
(aged 18-44) **DECREASED 10%**
(from 17.4% to 15.6%).

Tobacco use during
pregnancy **DECREASED 7%**
(from 8.4% to 7.8%).

Tobacco use among youth
(aged 12-17) **DECREASED 23%**
(from 7.4% to 5.7%).

However, wide disparities in tobacco use and exposure persist across states. West Virginia, for example, has a prevalence of smoking among women 4 times higher than California and Utah, the states with the lowest rates for this measure.

PROGRESS MADE ACROSS KEY MARKERS OF CARE

In addition to improved national smoking rates, this year's update finds that progress has been made in key measures of clinical care. A higher percentage of women aged 18-44 report having a dedicated health care provider (from 71.6 percent to 73.7 percent) and the country has seen a sizable decline in the percentage of uninsured among this population (from 16.8 percent to 12.2 percent). Also encouraging is the decline in births among teens, with 8 percent fewer births per 1,000 females aged 15-19 compared to the 2016 findings, as well as an increase in the percentage of infants breastfed exclusively for six months – rising 14 percent.

27% DECLINE in the percentage
of uninsured (from 16.8% to 12.2%).

14% INCREASE in the percentage
of infants breastfed exclusively for
six months.

8% DECLINE in the births among
teens (aged 15-19).

3% INCREASE of women (aged 18-44)
report having a dedicated health care
provider (from 71.6% to 73.7%).

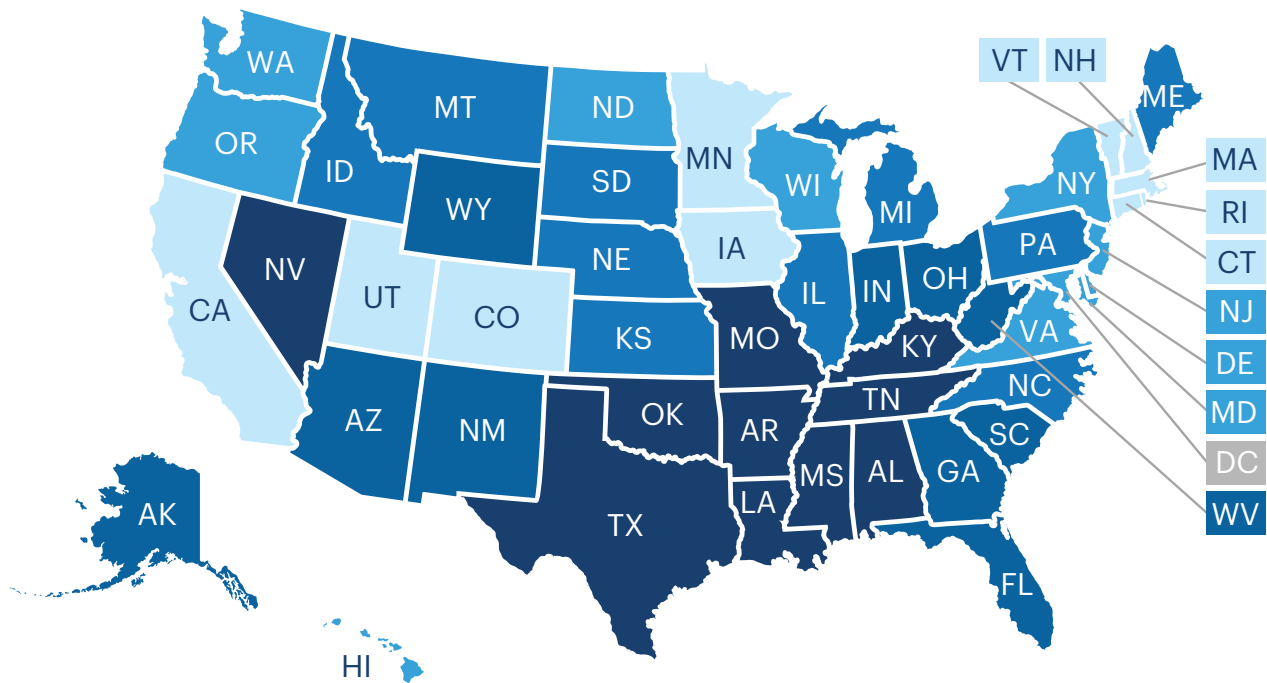
VARIED RATES OF PREVENTIVE CARE USE ACROSS THE COUNTRY

This year's report finds wide variation across states for the rate of well-visits for women, infants and adolescents.

- Nationally, 90.7 percent of babies aged 0-2 years received well-baby checks, but among states, it varies from a low of 83.0 percent in Texas to an encouraging high of 98.8 percent in Ohio.
- Looking at adolescents, 78.9 percent received a well-visit in the last year, while only two-thirds of Alaska teens aged 12-17 received a well-visit in the past year, compared with nearly 90 percent of teens in Delaware.
- Finally, about two-thirds of women received a well-visit nationally, but notable differences exist regionally. Rates for well-woman visits are generally higher among states east of the Mississippi and lower in Texas, Alaska and mountain states.

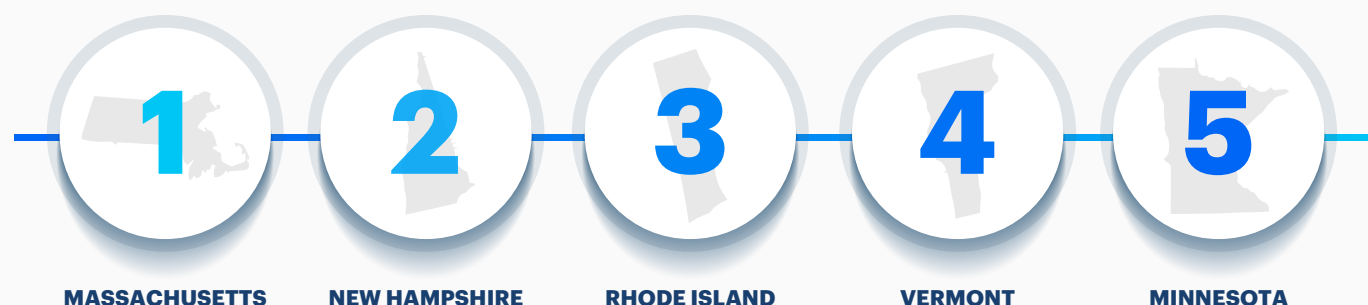
Notably, the prevalence of well-visits varies among women, infants and adolescents within states, calling special attention to the need for states to take a holistic approach to improving rates of preventive care use among women, infants and children. Only Massachusetts has high rates for well-visits across women, infants and adolescents. Immunization rates for children and adolescents similarly vary by state, with the immunization rate for children aged 19 to 35 months being nearly 1.5 times higher in Massachusetts than the state with the lowest immunization coverage, Oregon.

HEALTHIEST STATES FOR WOMEN, INFANTS AND CHILDREN



RANK: 1 to 10 11 to 20 21 to 30 31 to 40 41 to 50 Not Ranked

This year's update ranked each state across 62 measures to compare how states are performing across the health of women, infants and children. Massachusetts (No. 1) and New Hampshire (No. 2) take the top two spots, followed by Rhode Island (No. 3), Vermont (No. 4) and Minnesota (No. 5).



Mississippi ranks as the state with the most challenges for women, infants and children. The state is followed by Arkansas (No. 49), Louisiana (No. 48), Oklahoma (No. 47) and Alabama (No. 46) as states with the greatest opportunities for improvement.



The rankings are generally consistent with those of the *Annual Report*, which ranks each state's overall health. The *Annual Report* found that the Northeast is the healthiest region in the country and that Mississippi also had the greatest opportunities for improvement overall.

POPULATIONS FARE DIFFERENTLY WITHIN STATES

In addition to providing overall state rankings, *America's Health Rankings* ranks the health of each population individually.

- For women, Massachusetts, Vermont and Minnesota rank as the top three states; Texas, Louisiana and Arkansas have the greatest opportunity for improvement.
- For infant health, New Hampshire, California and Oregon are strongest; Mississippi, West Virginia and Alabama face the greatest challenges.
- Children are healthiest in Massachusetts, Connecticut and New Hampshire; Mississippi, Alaska and Oklahoma have the lowest scores for this population group.

CONCLUSION

The public health issues illuminated by this year's data update to the *Health of Women and Children Report* reveal opportunities for improvement across the three studied populations as well as successes, including a reduction in smoking and tobacco use across the country. Findings from this update, coupled with the broader suite of *America's Health Rankings* data, provide important insights to help communities craft data-driven solutions to some of the nation's most pressing health concerns. United Health Foundation is proud to lead this effort through *America's Health Rankings* as a roadmap for healthier communities.



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