



A call to action for individuals
and their communities

**Annual
Report
2017**





America's Health Rankings® was built upon the World Health Organization definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Our model reflects that determinants of health directly influence health outcomes, with determinants accounting for three-quarters and outcomes accounting for one-quarter of each state's overall score and ranking. Four categories of determinants are included in our model of health: Behaviors, Community & Environment, Policy and Clinical Care.

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Executive Summary

OVERVIEW

America's Health Rankings® presents its 28th Annual Report, providing new insights to the longest-running assessment of the nation's health on a state-by-state basis.

The 2017 report looks at 35 measures covering behaviors, community and environment, policy, clinical care and outcomes data. The report also serves as a benchmark for states – and the nation – to measure progress, identify emerging trends and drive action for improving public health.

This year, the report reveals that the nation is facing serious public health challenges, including rising rates of premature death and an uneven concentration of key health care providers.

United Health Foundation, through *America's Health Rankings* platform, helps policy-makers, public health officials, researchers and communities improve the health, well-being and health care at the local, state and national level.

Executive Summary

THE NATION FACES CONCERNING TRENDS IN MORTALITY

Across the U.S., the premature death rate (the number of years of potential life lost before age 75) increased for the third straight year, reaching 7,214 years lost before age 75 per 100,000 population. This recent rise is concerning, particularly after the premature death rate declined dramatically by 20 percent from 1990 to 2015.

2017 also saw increases in the rates of cardiovascular and drug deaths nationwide. Cardiovascular deaths increased in the U.S. for the second consecutive year. The rate among blacks is significantly higher than the rate among whites, Hispanics, Asians and American Indians/Alaska Natives. Drug deaths continued on an upward trend, increasing by 7 percent to the highest level recorded by *America's Health Rankings* (15.0 deaths per 100,000 population) and were particularly high among whites.

PREMATURE DEATHS

+3%

Since 2015

DRUG DEATHS

+7%

In the past year

CARDIOVASCULAR DEATHS

+2%

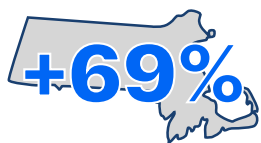
Since 2015

MORTALITY RATES ARE INCREASING IN MANY STATES, EVEN THOSE RANKED HIGHLY FOR OVERALL HEALTH

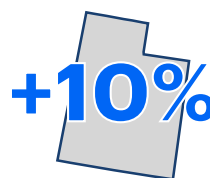
The report finds that over the past five years, even some of the nation's healthiest states by overall rank have experienced notable increases in key measures of mortality. Three northeastern states that regularly rank toward the top in overall health have experienced large increases in drug deaths.

- New Hampshire's rate increased by 118 percent (additional 13.2 deaths per 100,000 population).
- Massachusetts' rate increased by 69 percent (additional 8.1 deaths per 100,000 population).
- Rhode Island's rate increased by 56 percent (additional 8.9 deaths per 100,000 population).

This trend is also true for cardiovascular deaths. Although ranked as the fourth healthiest state this year, Utah experienced one of the largest increases in the rate of cardiovascular deaths (additional 21.9 deaths per 100,000 population) from 2012 to 2017.



MASSACHUSETTS is ranked the healthiest state, but has experienced a large increase in the **drug death rate** since 2012.



UTAH is ranked the fourth healthiest state, but has one of the largest increases in the **cardiovascular death rate** since 2012.

While key mortality rates have increased nationally, the burden has not been felt evenly by all states. For example:

- Nevada's rate of cancer deaths declined, but its rate of cardiovascular deaths increased since 2012 (from 191.3 to 189.7 deaths per 100,000 population and 271.9 to 285.0 deaths per 100,000 population, respectively).
- Meanwhile, Louisiana's rate of drug deaths increased from 13.7 to 17.7 deaths per 100,000 population over the past five years, but cancer and cardiovascular deaths declined during the same period (by 1.0 deaths per 100,000 population and 2.3 deaths per 100,000 population, respectively).

WIDE VARIATION ACROSS THE COUNTRY IN THE CONCENTRATION OF HEALTH CARE PROVIDERS

This year's report also examined the concentration of key health care providers, including mental health providers, primary care physicians and dentists, and found wide variation across the country.

Nationwide, the concentration of mental health providers varies most widely, with some states having six times the number of mental health providers per 100,000 population than other states.



Massachusetts has
**the highest concentration
of mental health providers**
(547.3 per 100,000 population)



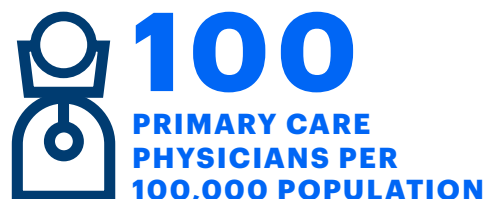
Alabama has
**the lowest concentration
of mental health providers**
(85.0 per 100,000 population)

The distribution of primary care physicians and dentists also varies across the country by approximately two to one. Rhode Island, Massachusetts, New York and Connecticut have more than 200 primary care physicians per 100,000 population, compared with fewer than 100 physicians per 100,000 in Utah and Idaho. Similarly, Massachusetts and New Jersey have more than 80 dentists per 100,000 population, while Arkansas, Mississippi, Alabama and Delaware have fewer than 45 dentists per 100,000 population.

Massachusetts, Connecticut,
New York and Rhode Island
have more than



Utah and Idaho
have fewer than



Similarly, Massachusetts and
New Jersey have more than

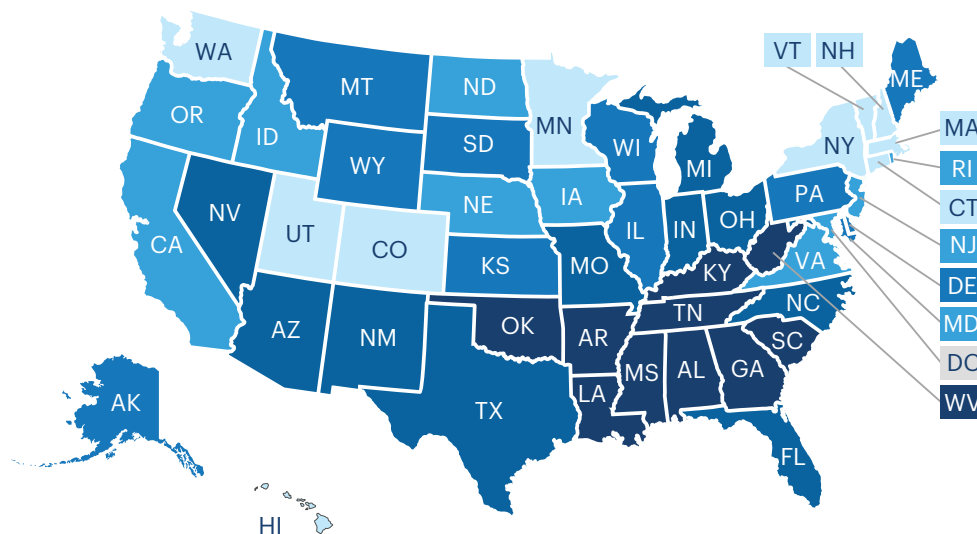


Arkansas, Mississippi, Alabama
and Delaware have fewer than



Executive Summary

2017 STATE RANKINGS



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

This year, Massachusetts ranks as the healthiest state, while Hawaii — which has held the top spot for the past five years — drops to second. Vermont (No. 3), Utah (No. 4) and Connecticut (No. 5) round out the top five states for overall health.



For the second year in a row, Mississippi (No. 50) has the greatest opportunity for improvement in overall health. Louisiana (No. 49), Arkansas (No. 48) and Alabama (No. 47) maintained their rankings from last year, while West Virginia fell three places (No. 46) to round out the five states with the most significant areas of opportunity for improvement in health and well-being.



Florida and Utah experienced the largest rank improvements since last year, rising four places in the rankings to No. 32 and No. 4 in the country, respectively. Florida's improvements include positive changes in its rankings for the percentage of children in poverty and frequent mental distress since 2016. Utah also improved its rankings for several measures in the same time period, including air pollution and immunizations among children.

North Dakota experienced the largest rank decline, falling seven places in the rankings to No. 18 in the country. The state's rankings for smoking, *Salmonella* and immunizations among children all declined in the past year.

The States That Made the Biggest Improvement in Rank



The State With the Largest Rank Decline



ADDRESSING MOUNTING CHALLENGES TO THE HEALTH OF OUR NATION

For the 28th year, *America's Health Rankings* provides data and insights on a national and state-by-state level, which can be used to drive action in improving the health of our communities. While the report highlights significant challenges facing our country, United Health Foundation also recognizes cross-stakeholder collaboration has resulted in local successes, which may have potential for adaptation across geographies. Community leaders looking to improve the health of where they live are encouraged to leverage the report's findings, along with additional data available on the *America's Health Rankings*® website, to identify opportunities for improvement.

Introduction

The United Health Foundation is excited to release the 2017 *America's Health Rankings® Annual Report*, which is the longest-running annual assessment of the nation's health on a state-by-state basis. For 28 years, the report has analyzed a comprehensive set of behaviors, community and environmental conditions, policies, as well as clinical care and outcomes data to provide a holistic view of the nation's health. This year, the report evaluates 35 core measures across these categories.

The longevity of the report and wealth of credible data available for analysis provide a unique opportunity to track short- and long-term successes as well as identify current and emerging challenges to our nation's health. The entire report is available as an interactive web tool that allows users to explore health measures and state data for custom comparisons.

America's Health Rankings Annual Report strives to improve U.S. public health by:

1. **Providing a benchmark for states.** This report is vital for gauging how the health of each state's population changes by year and decade. The report also facilitates comparisons. How does each state's health compare with the health of other states and the nation overall? Data for many measures extend back to 1990 and are invaluable when forming a wide-angle, holistic view of state and U.S. health. *America's Health Rankings Annual Report* presents findings "from the front lines" of population health, revealing encouraging and troubling trends over time.
2. **Stimulating action.** This is the overarching purpose of the report — to be a catalyst for data-driven discussions that can drive positive change and improve health. States incorporate the report into their annual review of programs, and many organizations use the report as a reference point when assigning goals for health-improvement programs.

The 2017 *America's Health Rankings Annual Report* reveals distressing increases in mortality measures. In the past year, the premature death rate increased again. Since 2015, the premature death rate increased 3 percent or the equivalent of 217 years lost before age 75 per 100,000. The drug death rate continued its upward trend, increasing 7 percent to 15.0 deaths per 100,000

in the past year, a new high. The report also highlights that the number of health care providers per state varies greatly and primary care physicians, mental health providers and dentists are not equally represented within states.

On a positive note, smoking prevalence, the rate of preventable hospitalizations and the percentage of the population without health insurance continue to fall.

When reading the *America's Health Rankings Annual Report*, it is important to read beyond the rankings. Every state has strengths and challenges. Additionally, each measure does not stand alone but is a strand in the web of health and everyday life of Americans. For example, a change for the good in physical inactivity could affect obesity, diabetes, cardiovascular deaths and other measures.

America's Health Rankings website, www.AmericasHealthRankings.org, allows users to read and download the report as well as study and analyze the data by state or by measure of interest. A detailed view of this report is available in the Learn section. The Explore section provides tools to visualize trends and variations in rankings geographically and by demographic characteristics.

In sum, *America's Health Rankings Annual Report* provides a continually evolving snapshot of state and national health, yields insights on how each state's health changes and — most importantly — enables action that makes communities and states healthier.

Findings

Overview

The 2017 *America's Health Rankings Annual Report* finds:

- For the first time, Massachusetts ranks as the healthiest state.
- Florida (No. 32) and Utah (No. 4) made the biggest improvements.
- For the third consecutive year, premature death increased nationally. Cardiovascular deaths and drug deaths also increased.
- States have unique successes and challenges. Some states are making improvements in areas the nation is struggling with, such as drug deaths, smoking, obesity and diabetes, while several of the highest ranking states are experiencing increases in measures of mortality.
- Long-term challenges remain — including infant mortality and low birthweight.
- The number of primary care physicians, dentists and mental health providers per 100,000 population varies widely by state. Mental health providers is a new measure in the 2017 edition.
- Each state has a different profile of high health status prevalence when examined by gender, race and ethnicity, household income, education and urbanicity.

State Rankings

Figure 1 lists the 2017 state scores sorted by rank and depicts how much a state is above or below the national average. Table 1 shows the 2017 rankings in alphabetical order and Figure 2 displays the rankings on a U.S. map.

Healthiest States

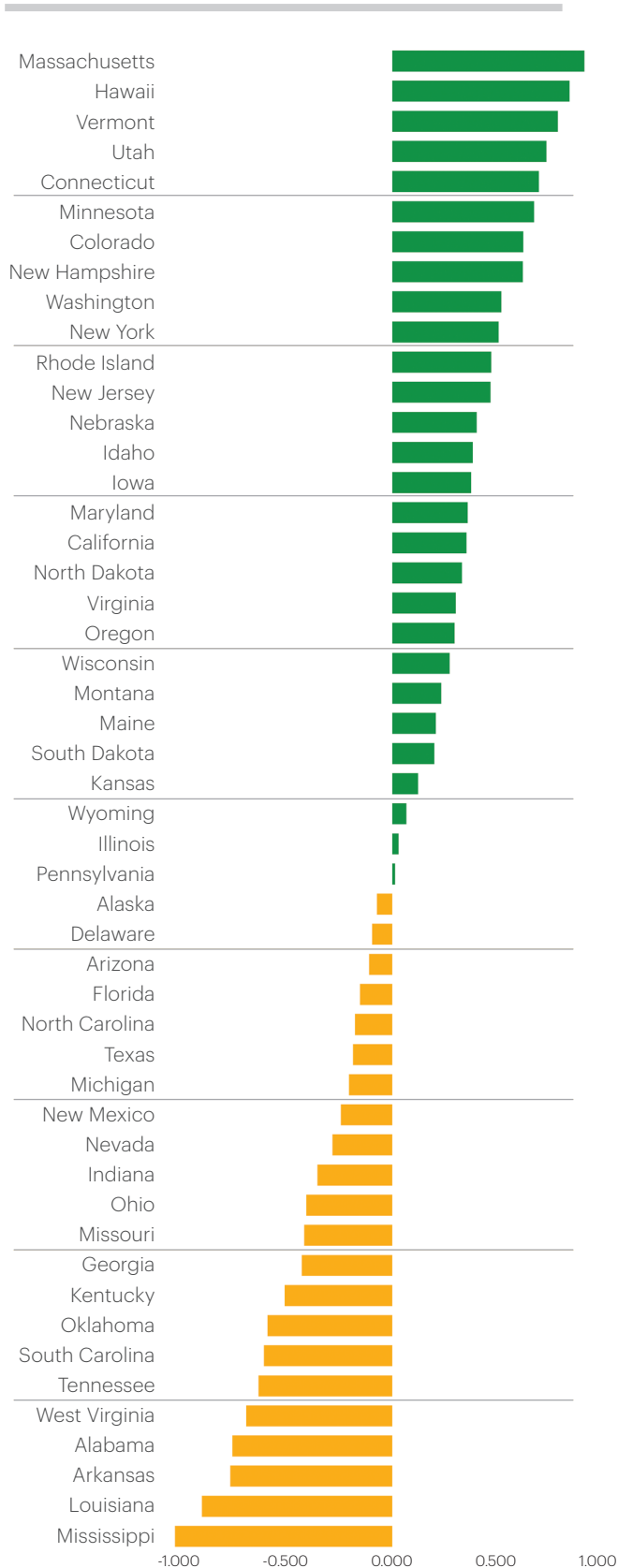
Massachusetts ranks No. 1 this year, up from No. 2 in 2016. This is the first time Massachusetts attained top ranking, thus ending Hawaii's five-year reign as the healthiest state. Massachusetts has steadily progressed from No. 11 in 1990 to No. 4 in 2012. The other top-five states in 2017 are Hawaii (No. 2), Vermont (No. 3), Utah (No. 4) and Connecticut (No. 5). Utah replaces Minnesota (No. 6) in the top five this year.

Massachusetts' strengths include the lowest percentage of uninsured at 2.7 percent of the population, a low prevalence of obesity and a high number of mental health providers. The state is challenged by a high preventable hospitalization rate, high drug death rate and large disparities in health status by educational attainment. Massachusetts has reduced smoking prevalence 25 percent in the past five years, from 18.2 percent in 2012 to 13.6 percent of adults in 2017. In the past two years, the percentage of children in poverty in the state decreased 38 percent from 17.6 percent to 11.0 percent of children.

Most Challenged States

The bottom-five states in 2017 are Mississippi (No. 50), Louisiana (No. 49), Arkansas (No. 48), Alabama (No. 47) and West Virginia (No. 46). West Virginia replaced Oklahoma (No. 43) in the bottom five. Mississippi and Louisiana have major health challenges, including a high prevalence of smoking, obesity and children in poverty. These challenges contribute heavily to poor rankings and make it difficult for these two states to rise above No. 49 and No. 50. Figure 1 shows the large difference between the bottom two states and No. 48 Arkansas.

Figure 1
2017 scores* sorted by rank



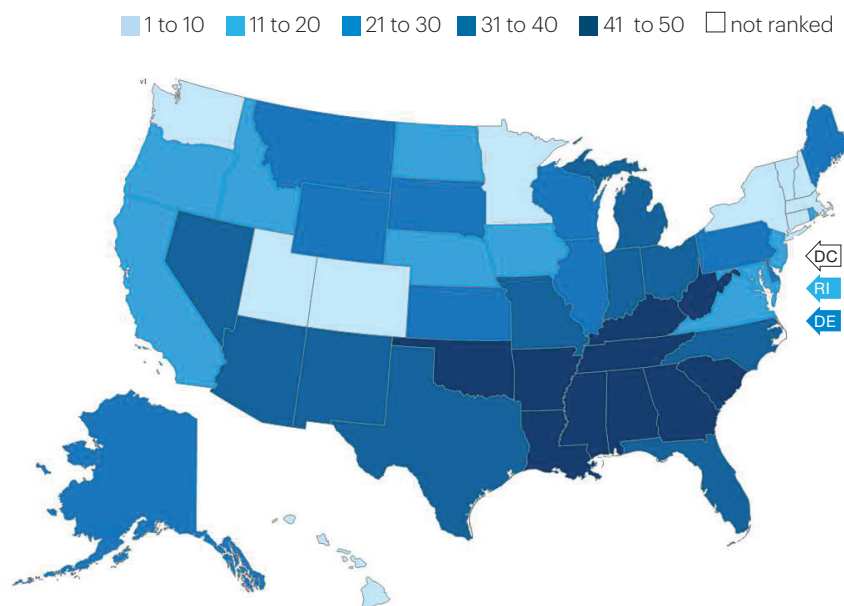
* Weighted standard deviation relative to U.S. value. A score of 0.000 is equal to the U.S. value.

Table 1
2017 alphabetical ranking

2017 Rank	State	Score*
47	Alabama	-0.762
29	Alaska	-0.073
31	Arizona	-0.110
48	Arkansas	-0.772
17	California	0.354
7	Colorado	0.624
5	Connecticut	0.699
30	Delaware	-0.096
32	Florida	-0.154
41	Georgia	-0.432
2	Hawaii	0.845
14	Idaho	0.384
27	Illinois	0.029
38	Indiana	-0.357
15	Iowa	0.376
25	Kansas	0.123
42	Kentucky	-0.512
49	Louisiana	-0.908
23	Maine	0.207
16	Maryland	0.359
1	Massachusetts	0.916
35	Michigan	-0.206
6	Minnesota	0.676
50	Mississippi	-1.036
40	Missouri	-0.420
22	Montana	0.233
13	Nebraska	0.403
37	Nevada	-0.285
8	New Hampshire	0.622
12	New Jersey	0.469
36	New Mexico	-0.245
10	New York	0.507
33	North Carolina	-0.178
18	North Dakota	0.332
39	Ohio	-0.410
43	Oklahoma	-0.594
20	Oregon	0.297
28	Pennsylvania	0.014
11	Rhode Island	0.472
44	South Carolina	-0.611
24	South Dakota	0.200
45	Tennessee	-0.637
34	Texas	-0.187
4	Utah	0.734
3	Vermont	0.789
19	Virginia	0.303
9	Washington	0.520
46	West Virginia	-0.696
21	Wisconsin	0.273
26	Wyoming	0.067

Findings

Figure 2
2017 ranking U.S. map



Largest Changes in Ranking Since 2016

In the past year, Florida (No. 32) and Utah (No. 4) made the most improvement in rank, with each state rising four places (Table 2). Florida's rankings in children in poverty, disparity in health status and frequent mental distress improved. Utah's rankings in air pollution, immunizations among children and disparity in health status improved. North Dakota fell seven places. North Dakota's ranking for smoking, *Salmonella* and immunizations among children dropped.

Largest Changes in Ranking Since 2012

New York made the largest gain, moving from No. 18 in 2012 to No. 10 this year. Montana rose six places from No. 28 in 2012 to No. 22 this year. North Dakota lost the most ground, moving from No. 10 to No. 18. Maine (No. 15 to No. 23) and Wisconsin (No. 13 to No. 21) each dropped eight places.

Largest Changes in Ranking Since 1990

It is noteworthy that since the inception of the rankings in 1990, New York rose 30 places

Table 2

Largest changes in ranking since 2016 (One-year change)

Improved Ranking	2016 Ranking	2017 Ranking	Change
Florida	36	32	4
Utah	8	4	4
Kentucky	45	42	3
New York	13	10	3
Oklahoma	46	43	3
Rhode Island	14	11	3
Colorado	10	7	3

Declined Ranking	2016 Ranking	2017 Ranking	Change
North Dakota	11	18	-7
Missouri	37	40	-3
New Jersey	9	12	-3
West Virginia	43	46	-3

(No. 40 in 1990 to No. 10 this year). Vermont improved 17 places (No. 20 to No. 3), and Maryland moved up 15 places (No. 31 to No. 16). North Dakota fell 17 places since 1990 (No. 1 to No. 18), and Missouri slipped 16 places (No. 24 to No. 40).

Figure 3
America's Health Rankings model of health



Model of Health Category Rankings

America's Health Rankings are built upon the World Health Organization definition of health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The model used for the rankings reflects that determinants of health — shown on the left in Figure 3 — directly influence health outcomes.

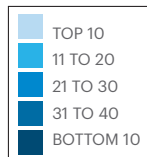
Not all states perform equally well in these five categories of health, as reflected in Table 3. The five shades of blue identify how the model categories of health vary within a state. The lightest shade indicates a ranking in the top 10 states, and the darkest shade indicates a ranking in the bottom 10 states. For example, West Virginia ranks No. 46 and is in the bottom 10 states for Behaviors, Clinical Care and Outcomes measures; but West Virginia ranks much stronger in Policy measures at No. 12. In contrast, Utah ranks high overall at No. 4 but only ranks No. 35 in Policy measures.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Findings

Table 3
Rankings by model categories

	Overall Ranking	Behaviors	Community & Environment	Policy	Clinical Care	Health Outcomes
Massachusetts	1	3	3	1	1	9
Hawaii	2	5	4	4	3	4
Vermont	3	10	2	2	2	14
Utah	4	1	9	35	6	2
Connecticut	5	4	15	6	4	10
Minnesota	6	14	10	10	8	1
Colorado	7	9	5	20	9	3
New Hampshire	8	20	1	7	5	20
Washington	9	12	20	15	11	11
New York	10	13	18	8	10	16
Rhode Island	11	17	13	3	7	29
New Jersey	12	6	12	26	12	18
Nebraska	13	19	18	19	16	8
Idaho	14	11	11	25	14	17
Iowa	15	18	17	11	20	7
Maryland	16	7	22	17	13	26
California	17	2	43	29	18	15
North Dakota	18	33	14	14	22	5
Virginia	19	8	6	39	19	23
Oregon	20	27	16	34	17	24
Wisconsin	21	23	21	9	21	21
Montana	22	16	23	41	23	12
Maine	23	29	8	22	15	33
South Dakota	24	21	25	37	26	6
Kansas	25	22	24	28	25	22
Wyoming	26	34	7	48	29	19
Illinois	27	23	38	21	27	28
Pennsylvania	28	31	30	13	24	31
Alaska	29	40	49	45	34	13
Delaware	30	30	34	5	28	34
Arizona	31	25	45	40	33	25
Florida	32	28	28	46	32	30
North Carolina	33	26	31	30	31	36
Texas	34	15	37	50	38	27
Michigan	35	44	29	18	30	38
New Mexico	36	36	47	31	36	32
Nevada	37	32	32	43	35	35
Indiana	38	40	27	32	37	41
Ohio	39	46	33	24	40	39
Missouri	40	39	35	42	41	40
Georgia	41	35	39	33	42	37
Kentucky	42	47	26	16	39	46
Oklahoma	43	37	41	49	43	45
South Carolina	44	42	46	44	46	42
Tennessee	45	43	40	35	45	44
West Virginia	46	48	36	12	44	50
Alabama	47	38	48	23	47	49
Arkansas	48	45	42	27	48	47
Louisiana	49	50	50	38	49	43
Mississippi	50	49	44	47	50	48



Successes

Smoking

National

In the past year, the percentage of adults who reported smoking at least 100 cigarettes in their lifetime and who currently smoke decreased 2 percent from 17.5 percent to 17.1 percent of adults. In the past five years, the prevalence of smoking decreased 19 percent from 21.2 percent of adults to 17.1 percent. Nationally, smoking prevalence is significantly higher (based on nonoverlapping 95 percent confidence intervals) in men than women as well as in adults aged 25 and older without a high school degree compared with those with higher levels of education. In the past five years, the prevalence of smoking decreased the most among adults aged 18 to 44 compared with adults aged 45 to 64 and adults aged 65 and older.

State

In the past five years, adult smoking declined in all 50 states — decreasing significantly in 39 states and the District of Columbia. Figure 4 shows the largest percentage point decreases in prevalence of smoking between 2012 and 2017 occurred in Oklahoma (26.1 percent to 19.6 percent), Nevada (22.9 percent to 16.5 percent) and Rhode Island (20.0 percent to 14.4 percent). The smallest decreases in the past five years occurred in New Hampshire and Tennessee.

Nevada, Illinois and Wisconsin experienced the largest five-year decrease in smoking prevalence among adults aged 25 and older without a high school degree (Figure 5). Conversely, Tennessee, Maine and North Dakota experienced the largest five-year increase in smoking prevalence among adults aged 25 and older without a high school degree. Similarly, in the past five years West Virginia, South Dakota and North Dakota experienced the largest increase in the prevalence of smoking among adults aged 25 and older with a household income less than \$25,000.

Figure 4
Smoking in 2012 and 2017

Shown are the five states with the largest and smallest percentage point decreases displayed in relation to the United States

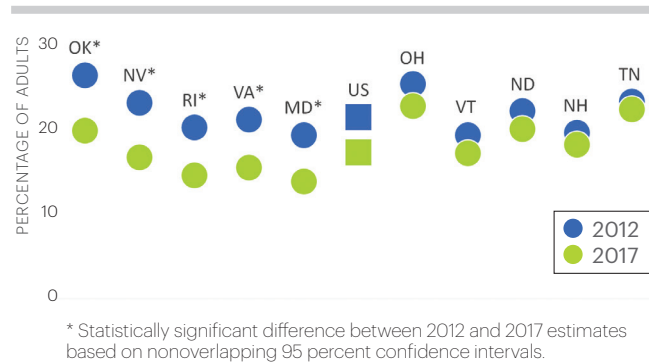
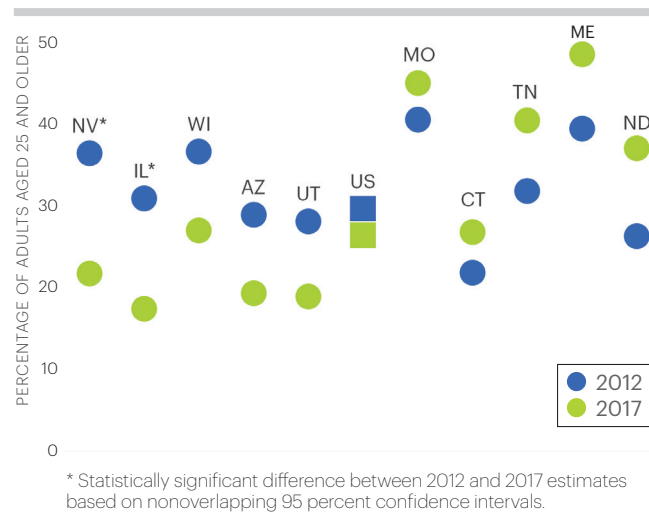


Figure 5
Smoking among adults aged 25 and older without a high school degree in 2012 and 2017

Shown are the five states with the largest and smallest percentage point decreases and increases displayed in relation to the United States



Some states have smaller disparities in smoking prevalence compared with the nation. California, Massachusetts and Texas have a prevalence of smoking that is similar among adults aged 25 and older without a high school degree, with a high school degree and with some college. These states rank in the top 10 for smoking. Smoking prevalence among those with a college degree, however, remains significantly lower than those with other educational levels in all states and the District of Columbia.

Findings

Air Pollution

National

Air pollution, measured as the average exposure of the general public to particulate matter of 2.5 microns or less in size, has decreased yearly since *America's Health Rankings* started tracking it in 2003 (Figure 6). In the past five years, the level of air pollution decreased 18 percent from 10.5 to 8.6 micrograms of fine particles per cubic meter. In the past 10 years, the level of air pollution decreased 30 percent from 12.2 micrograms of fine particles per cubic meter to 8.6.

State

Between 2012 and 2017, the largest decreases in air pollution levels occurred in California (15.3 micrograms of fine particles per cubic meter to 11.7), Arkansas (10.8 to 7.2), West Virginia (11.2 to 7.7), Indiana (13.1 to 9.7) and Hawaii (13.1 to 9.7) (Figure 7). Air pollution in Alaska increased from 6.0 to 8.7 micrograms of fine particles per cubic meter. Nevada and Arizona also experienced small increases.

Figure 6
Air pollution, 2003 to 2017

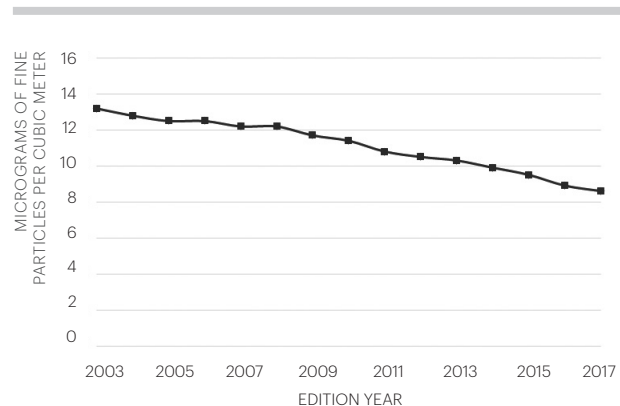


Figure 7
Air pollution in 2012 and 2017

Shown are the five states with the largest decreases in micrograms of fine particles and five states with the smallest decreases or increases displayed in relation to the United States



Children in Poverty

National

The percentage of children younger than 18 who live in households at or below the poverty threshold decreased for the second consecutive year (Figure 8). Children in poverty decreased 9 percent from 19.7 percent to 18.0 percent of children in the past year, and it decreased 15 percent in the past two years. The percentage of children in poverty, however, is 14 percent above its 25-year low of 15.8 percent of children in 2002.

State

Between 2012 and 2017, the percentage of children in poverty in the District of Columbia, Indiana, New Mexico and Nevada decreased 9 percentage points or more (Figure 9). During the same time period, the largest increases in the percentage of children in poverty occurred in North Dakota, Alaska and Mississippi.

Figure 8
Children in poverty, 1990 to 2017

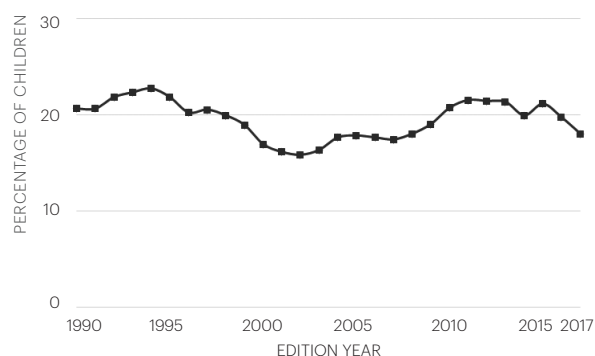
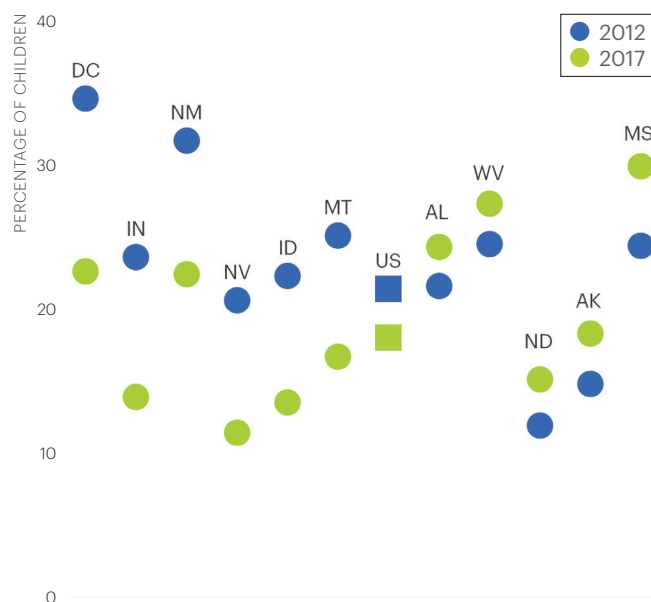


Figure 9
Children in poverty in 2012 and 2017

Shown are D.C. and the five states with the largest percentage point decreases and increases displayed in relation to the United States



Findings

Uninsured

National

In the past five years, the percentage of the population that does not have health insurance privately, through an employer or through the government decreased 44 percent from 16.0 percent to 9.0 percent (Figure 10). This decline coincides with the enactment of the Affordable Care Act.

State

In the past five years, the largest percentage point decline in the percentage of uninsured occurred in California, New Mexico, Nevada, Arkansas and Louisiana (Figure 11). The smallest change occurred in Maine and Massachusetts, two states that already had low percentages of uninsured compared with other states in 2012.

Figure 10
Uninsured, 2002 to 2017

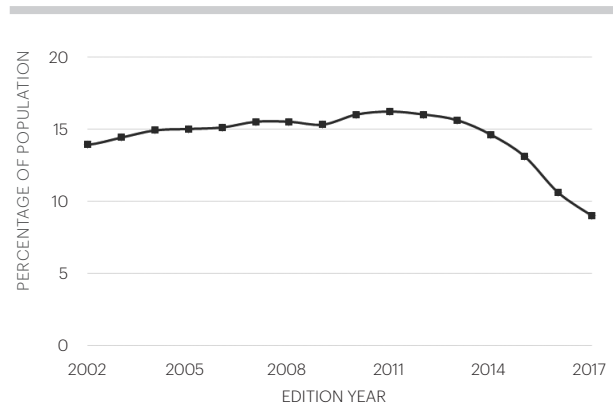
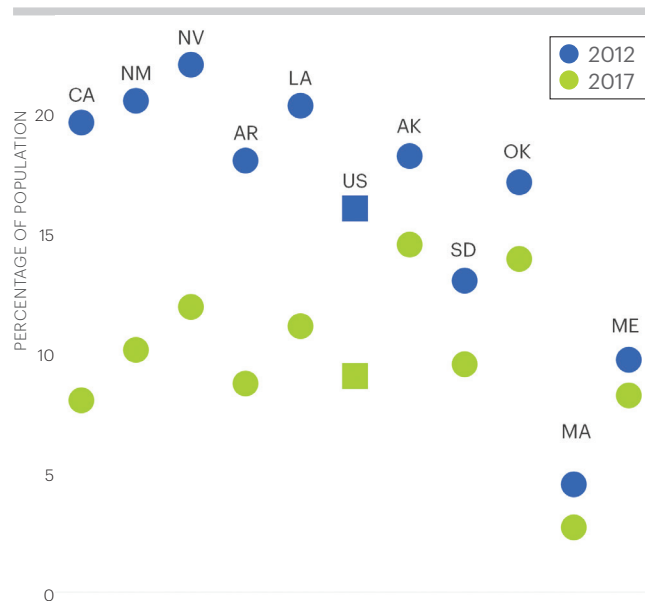


Figure 11
Uninsured in 2012 and 2017

Shown are the five states with the largest and smallest percentage point decreases displayed in relation to the United States



Preventable Hospitalizations

National

The preventable hospitalization rate — defined as — the number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 and older, has decreased annually since 2008 at a rate of approximately 3.3 percent per year (Figure 12). The rate declined 1 percent in the past year from 49.9 to 49.4 discharges per 1,000 Medicare enrollees.

State

Over the past five years, the largest decreases in the preventable hospitalization rate occurred in Louisiana, Kentucky, Tennessee, West Virginia and Ohio, all states with a higher rate than the nation in both 2012 and in 2017 (Figure 13).

Hawaii maintains its No. 1 rank in this measure despite no notable change in the preventable hospitalization rate since 2012.

Figure 12

Preventable hospitalizations, 2000 to 2017

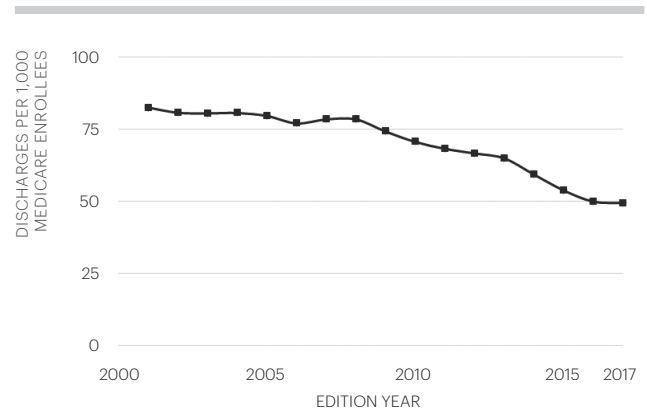


Figure 13

Preventable hospitalizations in 2012 and 2017

Shown are the five states with the largest decreases in number of discharges and five states with the smallest decreases displayed in relation to the United States



Findings

Challenges

Drug Deaths

National

In the past year, the age-adjusted number of deaths due to drug injury increased 7 percent from 14.0 to 15.0 deaths per 100,000 population. This increase continues an upward trend, with drug death rates up 23 percent since 2012 and up 60 percent since 2007 (Figure 14).

The drug death rate among males is 18.7 deaths per 100,000, which is significantly higher than females at 11.3 deaths per 100,000 population (Figure 15). Since 2012, the rate of drug deaths increased more among males (15.0 deaths in 2012 to 18.7 deaths in 2017 per 100,000) than among females (9.3 in 2012 to 11.3 in 2017). The rate of drug deaths among whites continues to be significantly higher than the rate for blacks, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives.

State

In the past year, drug deaths increased significantly in 14 states. In the last five years, the drug death rate increased significantly in 34 states and the District of Columbia. Notably, it declined significantly in Florida (Figure 16). Since 2012, Massachusetts, Rhode Island, Ohio, New Hampshire and West Virginia experienced the largest increases in the drug death rate.

Figure 14
Drug deaths, 2007 to 2017

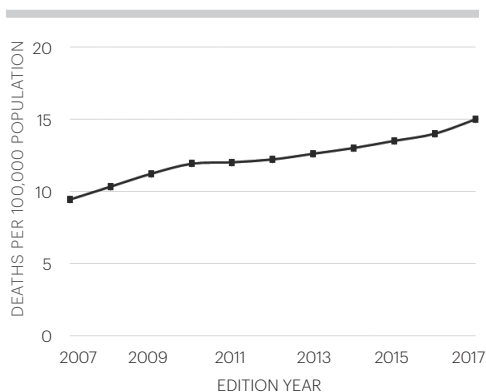


Figure 15
Drug deaths in 2012 and 2017 by race/ethnicity and by sex

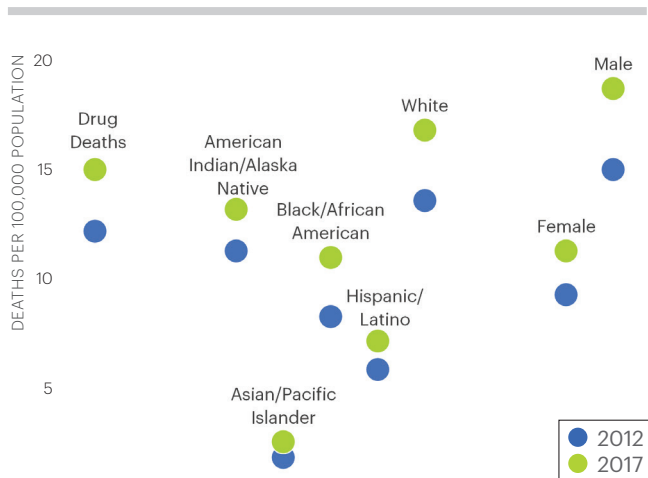
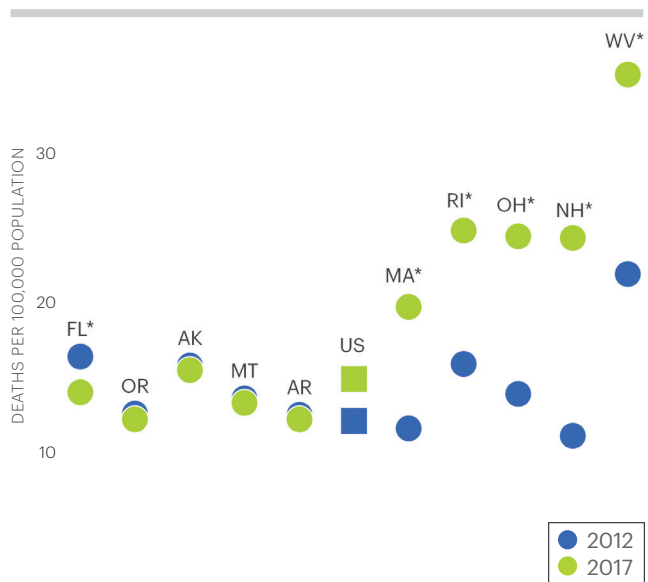


Figure 16
Drug deaths in 2012 and 2017

Shown are the five states with the largest decreases in the number of drug deaths and five states with the largest increases displayed in relation to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Obesity

National

In the past five years, the percentage of adults with a body mass index of 30.0 or higher based on reported height and weight increased 8 percent from 27.8 percent to 29.9 percent of adults.

Obesity prevalence is similar for males and females, but it is significantly higher among blacks compared with whites, Hispanics and all other race/ethnicity groups except American Indian/Alaska Natives (Figure 17). Since 2012, obesity prevalence among adults increased more among American Indian/Alaska Natives (35.4 percent to 38.1 percent), Hawaiian/Pacific Islanders (25.0 percent to 30.6 percent), Hispanics (30.1 percent to 33.1 percent) and whites (26.2 percent to 28.6 percent) than among Asians (8.7 percent to 9.8 percent) and blacks (37.3 percent to 38.3 percent).

Obesity among adults aged 25 and older increased in all income groups in the past five years and is significantly higher among those living in households with less than \$25,000 income versus all other household income levels (Figure 18). Obesity prevalence is also significantly higher among adults aged 25 and older without a high school degree than among those with all other educational levels and rural adults versus suburban or urban adults.

State

In Kansas, obesity prevalence decreased significantly in the past year from 34.2 percent to 31.2 percent of adults.

In the past five years, obesity prevalence increased the most in North Dakota, Illinois, Arkansas, West Virginia and Tennessee (Figure 19). It declined slightly in Virginia and the District of Columbia.

Figure 17

Obesity in 2012 and 2017 by race/ethnicity

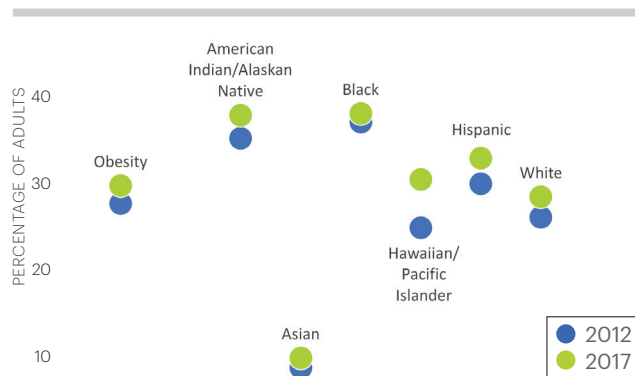


Figure 18

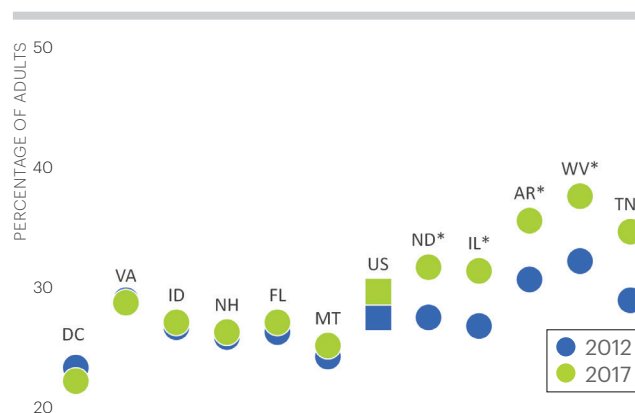
Obesity in 2012 and 2017 by income level



Figure 19

Obesity in 2012 and 2017

Shown are D.C. and the five states with the smallest percentage point increases or decreases and five states with the largest percentage point increases displayed in relation to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Findings

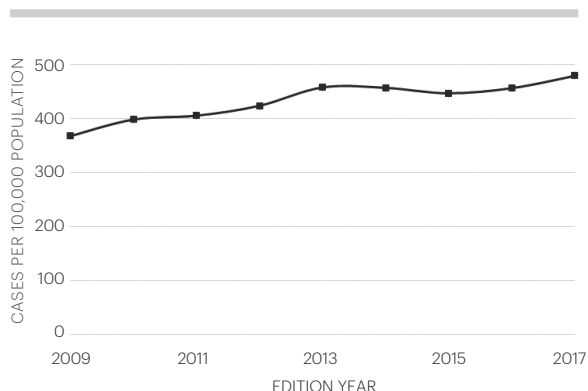
Chlamydia

National

In the past five years, the incidence of the sexually transmitted infection chlamydia increased 13 percent from 423.6 to 478.8 cases per 100,000 population (Figure 20). In the past eight years, the rate of chlamydia infections increased 30 percent from 367.5 to 478.8 cases per 100,000 population.

Chlamydia incidence among males is rising faster than among females, although the incidence is still less than half that of females (305.2 male cases versus 645.5 female cases per 100,000 population).

Figure 20
Chlamydia, 2009 to 2017



Violent Crime

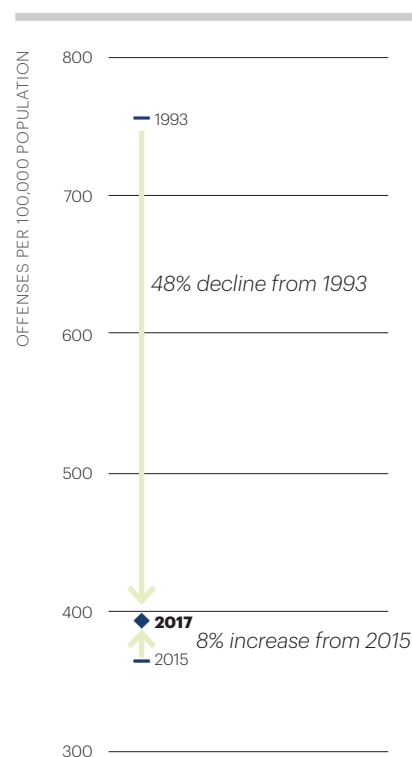
National

Violent crime — the number of murders, rapes, robberies and aggravated assaults per 100,000 population — has increased 8 percent in the past two years, from 368 to 397 offenses per 100,000 population (Figure 21). Despite this increase, violent crime is 48 percent lower today than in 1993 when there were 758 offenses per 100,000 population.

State

From 2015 to 2017, the largest increases in the number of offenses occurred in Alaska (640 to 804 offenses per 100,000 population) and Montana (253 to 368 offenses per 100,000 population). The largest decrease was in New Jersey (289 to 245 offenses per 100,000 population).

Figure 21
Violent crime in 1993, 2015 and 2017



Low Birthweight

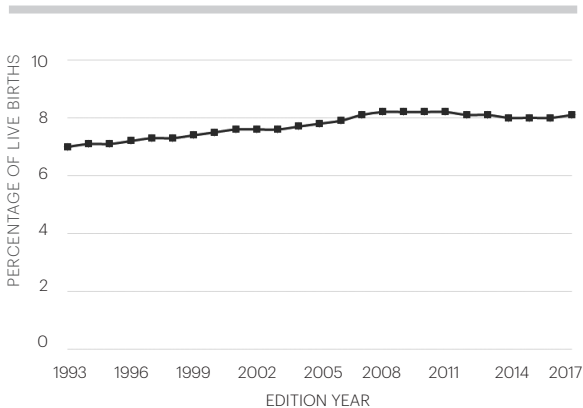
National

The percentage of infants weighing less than 2,500 grams, or 5 pounds 8 ounces, at birth has remained historically high since 2007, hovering between 8.0 percent and 8.2 percent of live births (Figure 22). Black mothers have a significantly higher prevalence of low birthweight babies compared with white and Hispanic mothers. Overall, the prevalence of low birthweight decreases with educational attainment.

State

In the past five years, the prevalence of low birthweight decreased in 24 states, with Mississippi, Oklahoma and New York experiencing statistically significant decreases.

Figure 22
Low birthweight, 1993 to 2017



Findings

Diabetes

National

In the past year, the percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes) increased 6 percent from 9.9 percent to 10.5 percent of adults (Figure 23). This is a new high. Since 2012, the prevalence of diabetes increased 11 percent from 9.5 to 10.5 percent of adults. Among adults aged 25 and older, diabetes prevalence is higher among those in the lowest education and income groups.

State

In the past five years, diabetes prevalence significantly increased in seven states, with the largest increases in Kentucky, Alabama and West Virginia (Figure 24). Diabetes prevalence declined in the District of Columbia, South Dakota, Idaho, Alaska, Colorado and Kansas.

Figure 23
Diabetes, 2012 to 2017

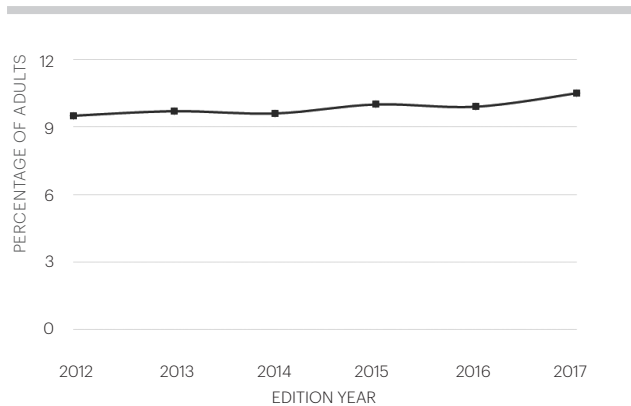


Figure 24
Diabetes in 2012 and 2017

Shown are D.C. and the five states with the largest percentage point decreases and five states with the largest increases displayed in relation to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Challenges in Mortality Outcomes

Cancer Deaths

National

The age-adjusted number of deaths due to all cancer causes per 100,000 population has remained relatively constant at approximately 190 deaths per 100,000 population for the last eight years (Figure 25). Cancer deaths occur at a significantly higher rate among males than females, despite a decline in the cancer death rate among males in the past five years. Cancer death rates among females remained constant in the past five years.

The rate of cancer deaths among blacks at 218.1 deaths per 100,000 population is significantly higher than for whites at 190.6 deaths per 100,000 population. In the past five years, the cancer death rate among blacks has decreased from 224.2 deaths per 100,000 to 218.1, while whites have experienced an increase from 189.7 deaths to 190.6. Blacks have a higher rate of cancer deaths than Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives.

State

In the past five years, the rate of cancer deaths significantly increased in nine states, with the largest increases in West Virginia and Utah (Figure 26). The cancer death rate significantly decreased in five states — Massachusetts, Connecticut, Washington, California and New Jersey. Wyoming and Delaware also experienced large decreases.

Figure 25
Cancer deaths, 1990 to 2017

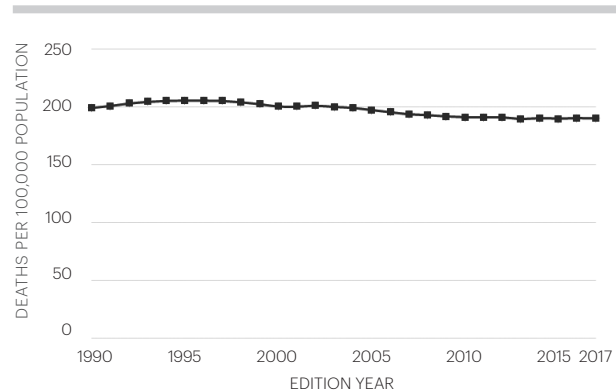
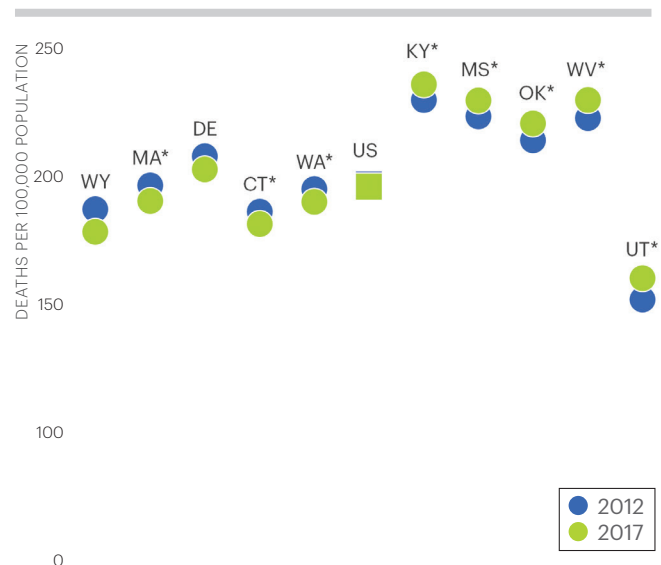


Figure 26
Cancer deaths in 2012 and 2017

Shown are the five states with the largest decreases in the number of deaths and five states with the largest increases displayed in relation to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Findings

Cardiovascular Deaths

National

Cardiovascular deaths — the age-adjusted number of deaths due to all causes of cardiovascular disease including heart disease and stroke per 100,000 population — increased for the second consecutive year after continuously decreasing for the first 25 years of *America's Health Rankings* history (Figure 27). In the past two years, the cardiovascular death rate increased significantly by 2 percent, from 250.8 to 254.6 deaths per 100,000 population.

Males have a significantly higher cardiovascular death rate than females. The rate of cardiovascular deaths among blacks is significantly higher than whites, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives. In the past five years, cardiovascular deaths declined among Asians, Hispanics and blacks. Cardiovascular deaths have held approximately constant among whites.

State

In the past two years, the rate of cardiovascular deaths significantly increased in 21 states and significantly decreased only in California. In the past five years, Nevada and Utah experienced the largest increases in the cardiovascular death rate, while New York and West Virginia experienced the largest decreases (Figure 28).

Figure 27

Cardiovascular deaths, 1990 to 2017

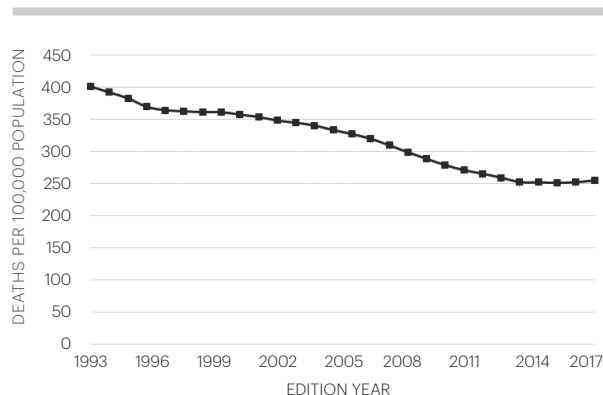
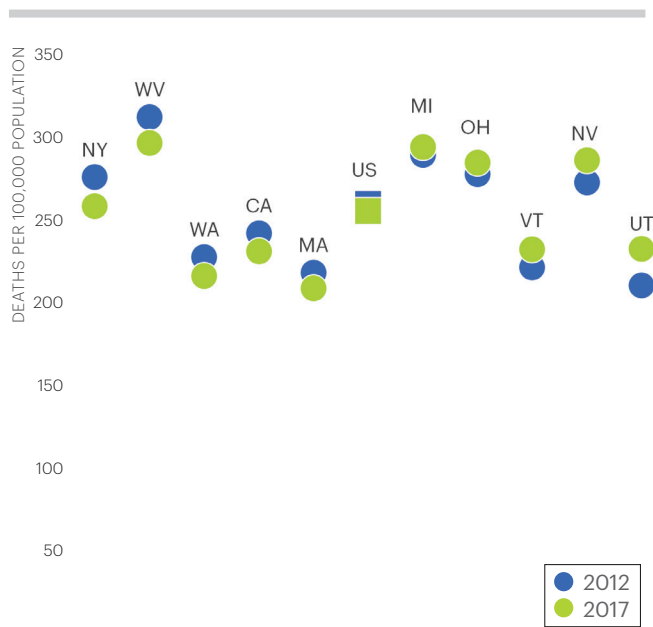


Figure 28

Cardiovascular deaths in 2012 and 2017

Shown are the five states with the largest decreases in the number of deaths and five states with the largest increases displayed in relation to the United States



Infant Mortality

National

There was no improvement in the infant mortality rate in the past year (Figure 29). In the past 10 years, the infant mortality rate, defined as the number of infant deaths occurring before age 1 per 1,000 live births, decreased 13 percent from 6.8 to 5.9 deaths per 1,000 live births. For an international context, see Comparison With Organization for Economic Cooperation and Development Nations (page 40).

State

The infant mortality rate declined in the past five years by more than 1.0 death per 1,000 live births in Rhode Island, Colorado, Virginia, Pennsylvania, Tennessee and Mississippi (Figure 30). Conversely, over the same time period, the infant mortality rate increased by more than 1.0 death per 1,000 live births in Maine and Alaska, the states with the largest increases in the past five years.

Figure 29
Infant mortality, 1990 to 2017

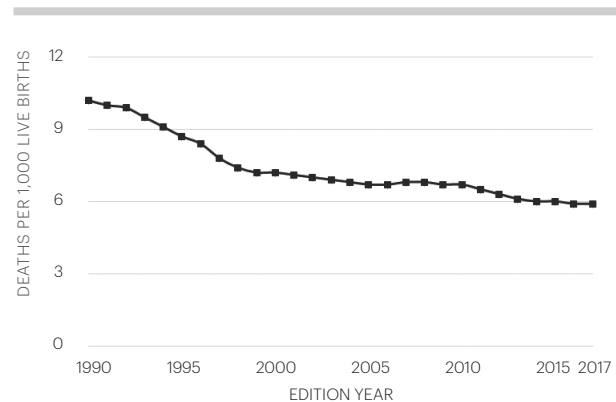


Figure 30
Infant mortality in 2012 and 2017

Shown are the six states with the largest decreases in the number of deaths and five states with the largest increases displayed in relation to the United States



Findings

Premature Death

National

Premature death includes deaths from all causes before the age of 75 and is an important indicator of a population's health. In the past two years, the premature death rate — the number of years of potential life lost before age 75 per 100,000 population — significantly increased 3 percent from 6,997 to 7,214 years lost per 100,000 population (Figure 31). This is the third straight year premature death increased, however, it still remains dramatically lower than in 1990 when the rate was 8,716 years lost per 100,000 population (Figure 32).

State

In the past year, the premature death rate increased in 47 states, with statistically significant increases in 18 states. Premature death varies from fewer than 6,000 years of potential life lost before age 75 per 100,000 population in Minnesota, California, New York, Connecticut, New Jersey and Massachusetts to more than 10,000 in Louisiana, Kentucky, Alabama and Mississippi. Premature death is highly correlated with the overall state ranking ($r^2=0.91$).

From 2012 to 2017, the largest increases in the premature death rate occurred in New Mexico, Alaska, Vermont, South Dakota and New Hampshire; each state increased by more than 500 years of potential life lost per 100,000 population (Figure 33). Over the same time, the largest decreases in premature death occurred in the District of Columbia, Hawaii and California; each state decreased by at least 500 years lost per 100,000 population.

Figure 31
Premature death, 1990 to 2017

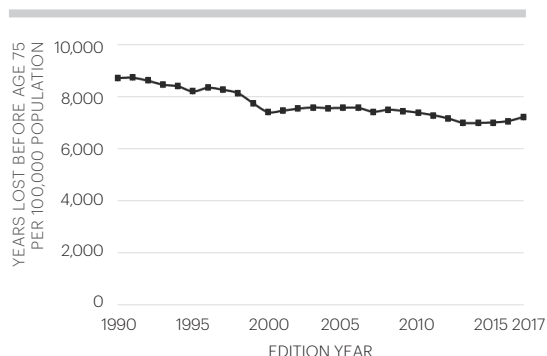


Figure 32
Premature death, 1990, 2015 and 2017

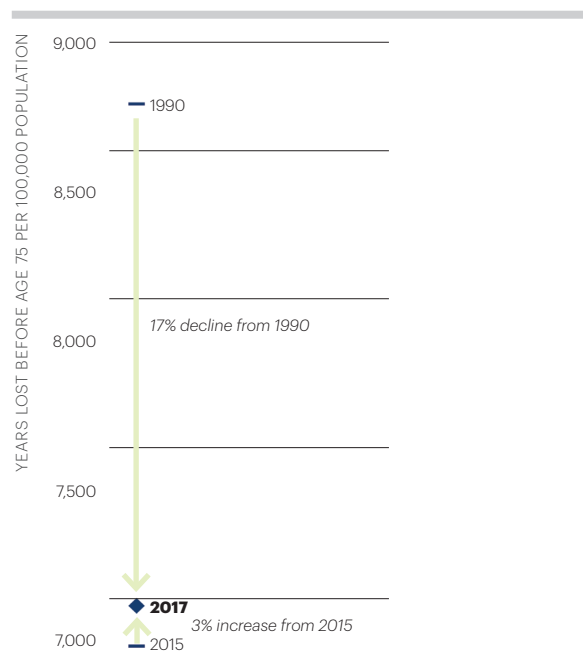


Figure 33
Premature death in 2012 and 2017

Shown are D.C. and the six states with the largest decreases in the number of premature deaths and five states with the largest increases in relation to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Variations in Mortality Measures by State

America's Health Rankings tracks multiple measures of mortality and they vary widely between and within states. Table 4 shows the premature death rate, cancer death rate, cardiovascular death rate, infant mortality rate and drug death rate for each state, sorted by overall ranking and shaded by value. The lightest shade indicates a value in the top 10, and the darkest shade indicates a value in the bottom 10. Measures of mortality vary within states, with one state ranking in the same quintile across all five measures of mortality. Mississippi, which ranks last overall and has the largest number of years lost due to premature death, has a relatively low rate of drug deaths. New Mexico, which ranks No. 36 and is among the bottom 10 states in premature death and drug deaths, is in the top 10 in cancer and cardiovascular deaths. Connecticut and New York are among the top 10 healthiest states and are among the five states with the lowest premature death rate. New York, however, is in the bottom 20 states for cardiovascular deaths, and Connecticut is in the bottom 20 states for drug deaths.

Table 5 shows how mortality measures changed in each state over the past five years. The table displays the five-year absolute difference in mortality measures between 2012 and 2017, sorted by the 2017 overall rankings. A positive difference indicates the rate decreased and health improved in the past five years. A negative change or difference indicates the rate increased and health declined in the past five years. The lighter the color, the greater

the improvement. The table demonstrates that states make improvements regardless of their overall rank, and some of the highest ranking states are experiencing increases in measures of mortality. For example, in the past five years drug deaths increased 69 percent in Massachusetts (No. 1), from 11.7 to 19.8 deaths per 100,000 population. Over the same period, drug deaths increased 118 percent in New Hampshire (No. 8) from 11.2 to 24.4 deaths per 100,000 and 56 percent in Rhode Island (No. 11) from 16.0 to 24.9 deaths per 100,000 population. Similarly, in the past five years Utah (No. 4) experienced one of the largest increases in cardiovascular deaths, from 209.9 to 231.8 deaths per 100,000 population.

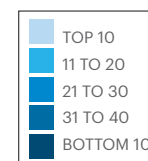
Some states are making progress in one measure of mortality while struggling with another. For example, cancer deaths decreased in Nevada (No. 37) in the past five years from 191.3 to 189.7 deaths per 100,000 population, however, cardiovascular deaths increased from 271.9 to 285.0 deaths per 100,000 population. In Louisiana (No. 49), drug deaths increased from 13.7 to 17.7 deaths per 100,000 population in the past five years, while cancer and cardiovascular deaths decreased during the same period (by 1.0 deaths per 100,000 population and 2.3 deaths per 100,000 population, respectively).

Findings

Table 4

Premature death, cancer deaths, cardiovascular deaths, infant mortality and drug deaths by state, sorted by overall ranking

	Overall Ranking	Premature Death	Cancer Deaths	Cardiovascular Deaths	Infant Mortality	Drug Deaths
Massachusetts	1	5,970	183.6	208.3	4.4	19.8
Hawaii	2	6,031	161.0	210.7	5.2	11.5
Vermont	3	6,326	192.5	231.6	4.6	14.9
Utah	4	6,399	150.5	231.8	5.0	22.9
Connecticut	5	5,771	173.7	218.4	5.2	18.4
Minnesota	6	5,555	180.9	189.7	5.1	9.9
Colorado	7	6,113	160.9	203.0	4.7	16.0
New Hampshire	8	6,572	188.1	217.0	4.2	24.4
Washington	9	6,096	183.3	215.7	4.7	14.2
New York	10	5,701	178.2	257.6	4.6	12.2
Rhode Island	11	6,516	197.5	232.0	5.0	24.9
New Jersey	12	5,875	182.2	245.4	4.6	14.8
Nebraska	13	6,592	187.3	232.2	5.4	6.7
Idaho	14	6,599	181.3	233.4	5.1	13.7
Iowa	15	6,333	195.2	245.1	4.5	9.4
Maryland	16	7,113	187.8	255.0	6.6	17.7
California	17	5,647	169.3	230.4	4.4	11.8
North Dakota	18	7,225	179.6	228.7	6.1	5.7
Virginia	19	6,696	190.1	239.4	5.8	11.3
Oregon	20	6,507	190.6	217.6	5.1	12.3
Wisconsin	21	6,437	191.7	238.1	5.7	15.1
Montana	22	8,229	183.5	231.8	5.7	13.4
Maine	23	7,144	205.7	227.4	6.6	16.7
South Dakota	24	7,627	184.7	233.9	6.6	7.5
Kansas	25	7,380	194.3	253.5	6.1	11.8
Wyoming	26	8,130	170.3	233.1	5.7	17.6
Illinois	27	6,825	199.8	257.8	6.3	13.2
Pennsylvania	28	7,541	199.6	263.3	6.0	22.2
Alaska	29	8,342	194.9	222.2	6.7	15.6
Delaware	30	7,871	197.2	250.7	7.9	20.0
Arizona	31	7,246	169.6	214.4	5.8	19.0
Florida	32	7,412	182.1	229.0	6.2	14.1
North Carolina	33	7,889	196.9	254.3	7.2	14.0
Texas	34	7,175	180.9	261.1	5.8	9.7
Michigan	35	7,853	201.5	293.0	6.5	18.0
New Mexico	36	8,913	169.0	219.2	5.2	24.9
Nevada	37	7,729	189.7	285.0	5.3	20.8
Indiana	38	8,471	210.5	277.5	7.2	17.9
Ohio	39	8,492	208.7	283.6	7.0	24.5
Missouri	40	8,558	209.0	288.6	6.3	17.6
Georgia	41	8,185	195.2	278.1	7.6	11.9
Kentucky	42	10,042	233.6	296.4	6.9	25.5
Oklahoma	43	9,951	216.9	335.2	7.7	20.3
South Carolina	44	9,131	201.3	277.0	6.7	14.5
Tennessee	45	9,467	216.5	308.0	6.9	19.9
West Virginia	46	10,478	226.9	295.5	7.1	35.3
Alabama	47	10,321	210.6	339.6	8.5	14.3
Arkansas	48	9,972	219.5	323.0	7.5	12.3
Louisiana	49	10,003	218.2	316.2	7.6	17.7
Mississippi	50	10,950	226.7	352.5	8.8	11.5



Premature Death
YEARS LOST BEFORE AGE 75
PER 100,000 POPULATION

Cancer Deaths
DEATHS PER 100,000
POPULATION

Cardiovascular Deaths
DEATHS PER 100,000
POPULATION

Infant Mortality
DEATHS PER 1,000 LIVE BIRTHS

Drug Deaths
DEATHS PER 100,000
POPULATION

Table 5

Difference in mortality measures between 2012 and 2017 by state, sorted by overall ranking

	Overall Ranking	Premature Death	Cancer Deaths	Cardiovascular Deaths	Infant Mortality	Drug Deaths
Massachusetts	1	76	-6.7	-9.4	-0.3	8.1
Hawaii	2	-732	4.8	1.7	-1.0	1.4
Vermont	3	614	0.2	10.8	-0.6	5.0
Utah	4	241	9.2	21.9	-0.1	4.5
Connecticut	5	-172	-5.3	-1.4	-0.2	7.9
Minnesota	6	-66	-4.0	2.8	0.5	2.4
Colorado	7	-299	-3.4	0.4	-1.4	1.7
New Hampshire	8	732	-0.5	-1.9	-0.2	13.2
Washington	9	-231	-5.3	-11.3	0.0	-0.2
New York	10	-482	-1.3	-17.3	-0.6	4.0
Rhode Island	11	-27	4.4	-6.6	-1.6	8.9
New Jersey	12	-298	-5.2	-2.6	-0.4	7.9
Nebraska	13	72	3.9	2.3	0.1	0.7
Idaho	14	-174	4.6	4.7	0.0	2.5
Iowa	15	-299	5.9	-8.8	-0.2	1.8
Maryland	16	-408	-3.6	-6.3	-0.4	5.9
California	17	-543	-3.0	-10.9	-0.4	0.8
North Dakota	18	29	2.4	-2.6	-0.4	0.7
Virginia	19	-428	-1.9	-9.0	-1.2	3.3
Oregon	20	-234	-0.9	-0.3	0.2	-0.4
Wisconsin	21	91	1.2	1.7	-0.3	4.1
Montana	22	393	5.2	3.2	-0.2	-0.3
Maine	23	420	2.2	4.1	1.1	5.0
South Dakota	24	700	3.1	-3.5	-0.2	1.0
Kansas	25	-201	6.1	2.9	-0.5	2.2
Wyoming	26	330	-9.8	-6.4	-0.6	4.4
Illinois	27	-330	0.6	-2.4	-0.5	2.8
Pennsylvania	28	-93	-0.7	-3.6	-1.2	7.1
Alaska	29	581	-0.1	-0.1	1.4	-0.3
Delaware	30	-144	-5.6	-0.4	0.1	4.7
Arizona	31	139	-1.5	-3.9	-0.2	3.0
Florida	32	-481	-1.9	-1.4	-0.5	-2.4
North Carolina	33	-355	0.9	-8.2	-0.3	1.7
Texas	34	-471	-1.5	-4.2	-0.3	0.2
Michigan	35	46	1.5	4.8	-0.8	4.3
New Mexico	36	528	1.1	-2.4	-0.3	0.8
Nevada	37	-430	-1.6	13.1	-0.4	0.3
Indiana	38	114	1.5	-0.8	-0.5	4.0
Ohio	39	273	1.0	6.9	-0.7	10.5
Missouri	40	149	4.5	-2.4	-0.6	2.7
Georgia	41	-206	3.3	-5.8	0.7	1.5
Kentucky	42	252	6.7	-3.4	0.1	5.9
Oklahoma	43	-254	7.3	4.7	0.0	1.5
South Carolina	44	-14	-1.7	-0.6	-0.5	0.9
Tennessee	45	-46	2.0	-1.3	-1.1	4.2
West Virginia	46	-98	7.8	-15.5	-0.4	13.3
Alabama	47	-175	-3.5	3.8	0.0	1.6
Arkansas	48	-126	3.1	3.6	0.0	-0.3
Louisiana	49	-259	-1.0	-2.3	-0.6	4.0
Mississippi	50	-163	6.8	-6.1	-1.1	0.4

TOP 10

11 TO 20

21 TO 30

31 TO 40

BOTTOM 10

Premature Death
YEARS LOST BEFORE AGE 75
PER 100,000 POPULATION

Cancer Deaths
DEATHS PER 100,000
POPULATION

Cardiovascular Deaths
DEATHS PER 100,000
POPULATION

Infant Mortality
DEATHS PER 1,000 LIVE BIRTHS

Drug Deaths
DEATHS PER 100,000
POPULATION

Findings

Variations in the Number of Health Care Providers Between and Within States

Shortages of primary care physicians, mental health providers and dentists limit people's ability to seek essential preventive services and necessary treatments. Shortages tend to be greatest in rural areas. Table 6 shows the number of primary care physicians, mental health providers and dentists per 100,000 population in each state as well as the percentage of adults who reported they have a dedicated health care provider, sorted by overall 2017 ranking. The lightest shade indicates a value in the top 10, and the darkest shade indicates a value in the bottom 10. The number of health care providers per state varies greatly and primary care physicians, mental health providers and dentists are not equally represented within states. For example, Pennsylvania (No. 28), is in the top 10 states for the number of primary care physicians per 100,000 population but in the bottom 20 states for mental health providers. Adults in Pennsylvania are also more likely to have one or more people they identify as their dedicated health provider than in most other states.

Primary Care Physicians

The number of primary care physicians by state varies by about two to one, from more than 200 physicians per 100,000 population in the District of Columbia, Rhode Island, Massachusetts, New York and Connecticut to fewer than 100 physicians per 100,000 in Utah and Idaho. Primary care physicians is defined as the number of active primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine) per 100,000 population.

Mental Health Providers

The number of mental health providers varies widely, with some states having six times the number of mental health providers per 100,000 population than other states. Massachusetts has the highest number at 547.3 providers per 100,000 population, while Alabama has the fewest at 85.0 providers per 100,000 population. This variation is much larger than the variation between states for primary care physicians or dentists. Mental health providers is defined as the number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population.

Dentists

The number of practicing dentists also varies greatly by state from 41.2 in Arkansas to 80.7 dentists per 100,000 population in Massachusetts and New Jersey, about the same magnitude of variation as primary care physicians.

Dedicated Health Care Providers

Dedicated health care providers (page 102), defined as the percentage of adults who reported having one or more people they think of as their personal doctor or health care provider, vary from 67.8 percent of adults in Alaska to 88.9 percent in Massachusetts.

Table 6

Primary care physicians, mental health, dentists and dedicated health care provider by state, sorted by overall ranking

	Overall Ranking	Primary Care Physicians	Mental Health Providers	Dentists	Dedicated Health Care Provider
Massachusetts	1	237.1	547.3	80.7	88.9
Hawaii	2	179.9	229.5	76.4	84.7
Vermont	3	175.1	407.3	57.0	88.0
Utah	4	99.8	293.4	61.7	72.7
Connecticut	5	209.4	354.8	76.1	85.2
Minnesota	6	162.3	216.8	59.5	72.7
Colorado	7	139.9	313.5	69.7	74.4
New Hampshire	8	160.6	273.8	63.4	87.9
Washington	9	144	308.5	71.6	75.7
New York	10	215.5	259.2	73.5	83.4
Rhode Island	11	256.3	375.0	54.2	87.2
New Jersey	12	171.1	188.9	80.7	82.3
Nebraska	13	150.7	233.0	65.1	80.9
Idaho	14	96.6	193.6	55.8	72.3
Iowa	15	142.3	134.7	51.9	83.4
Maryland	16	184.9	219.3	70.7	84.8
California	17	135.1	315.5	76.8	76.0
North Dakota	18	140.5	165.4	55.4	73.9
Virginia	19	141.8	145.2	63.6	77.9
Oregon	20	143.8	453.7	67.9	78.6
Wisconsin	21	145.2	178.5	55.9	82.9
Montana	22	113.6	265.2	60.5	73.6
Maine	23	187.4	442.1	50.0	88.1
South Dakota	24	125.8	162.2	52.3	76.0
Kansas	25	133.3	181.4	50.5	77.6
Wyoming	26	105.7	310.2	53.1	68.9
Illinois	27	175.3	193.8	67.4	82.1
Pennsylvania	28	199.8	182.0	60.7	85.8
Alaska	29	133.7	364.2	74.1	67.8
Delaware	30	156.7	235.7	44.3	83.2
Arizona	31	126	121.9	53.9	73.3
Florida	32	131.6	144.8	52.3	72.0
North Carolina	33	130.9	219.1	51.2	78.8
Texas	34	112.9	98.3	52.3	68.9
Michigan	35	193	234.8	61.5	85.2
New Mexico	36	136.6	369.4	51.4	70.1
Nevada	37	107.9	190.7	52.9	69.2
Indiana	38	123.4	144.2	46.8	81.7
Ohio	39	167.3	182.5	52.0	82.7
Missouri	40	160.4	171.5	48.5	77.9
Georgia	41	119.9	122.5	46.7	72.7
Kentucky	42	120.6	194.6	54.6	79.6
Oklahoma	43	127.5	382.7	49.6	75.3
South Carolina	44	127	157.7	48.2	78.4
Tennessee	45	138.5	138.2	49.2	78.0
West Virginia	46	159.6	112.7	47.9	80.5
Alabama	47	119.3	85.0	43.7	78.7
Arkansas	48	115.4	213.3	41.2	80.3
Louisiana	49	131.1	257.1	48.2	75.4
Mississippi	50	105.9	132.6	42.2	77.4

Primary Care Physicians
NUMBER PER 100,000
POPULATION

Mental Health Providers
NUMBER PER 100,000
POPULATION

Dentists
NUMBER PER 100,000
POPULATION

Dedicated Health Care Provider
PERCENTAGE OF ADULTS

TOP 10

11 TO 20

21 TO 30

31 TO 40

BOTTOM 10

Health Equity

“Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.” — World Health Organization

“Health disparities are the metric we use to measure progress toward achieving health equity. Moving toward greater equity is achieved by selectively improving the health of those who are economically/socially disadvantaged, not by a worsening of the health of those in advantaged groups.” — Margaret Whitehead, World Health Organization

The *America's Health Rankings Annual Report* examines health equity across the states. Measures of disparity are used to show progress at achieving health equity. This report uses the measure Disparity in Health Status to gauge the difference in self-reported high health status between adults aged 25 and older with less than a high school degree and adults aged 25 and older with a high school degree or more. High health status is defined as the percentage of adults reporting their health is very good or excellent.

This year's report continues to show a wide variation in Disparity in Health Status by state. In Alaska, there is only an 8.1 percentage point difference in the percentage of adults with a high school degree or more who report very good or excellent health status compared with those without a high school degree. Relative to other states, this is a small difference in high health status based on education level. In 12 states, the difference between the percentage of adults with at least a high school education and those with less than a high school degree reporting high health status is 30.0 percent or more.

Self-reported health status is a sound indicator of mortality and future use of health

care services. According to a study in the *International Journal of Epidemiology* by medical sociologist and social demographer Amélie Quesnel-Vallée, populations with a higher health status tend to have lower overall mortality and use fewer health care resources.

Disparity in Health Status is an important, however, incomplete picture of inequity within states. It does not account for variation in high health status by gender, race/ethnicity, household income, urbanicity and additional education levels. The following section expands the discussion of health equity by reviewing additional disparities in high health status among these subpopulations.

Gender

Nationally, there is little difference between the percentage of males versus females reporting high health status (51.4 percent and 49.9 percent, respectively). Greater variation exists at the state level (Figure 34). In Texas, for instance, the percentage of males reporting high health status (50.5 percent) is significantly higher than females (43.2 percent). In Wisconsin and Vermont, the percentage of males reporting high health status (48.5 percent and 55.3 percent, respectively) is significantly lower than females (54.1 percent and 61.2 percent, respectively).

For males, high health status varies from 41.4 percent in West Virginia to 58.0 percent in Connecticut. Over the past five years, high health status among males in Wisconsin has significantly declined, and in Montana it has significantly increased (Figure 35).

For females, the prevalence of high health status varies from 39.3 percent in Arkansas to 61.2 percent in Vermont. The change in the last five years for females is small at the national and state levels.

Figure 34

High health status by gender and by state in 2017

Shown are the states with the largest gaps in high health status between males and females in relation to the United States

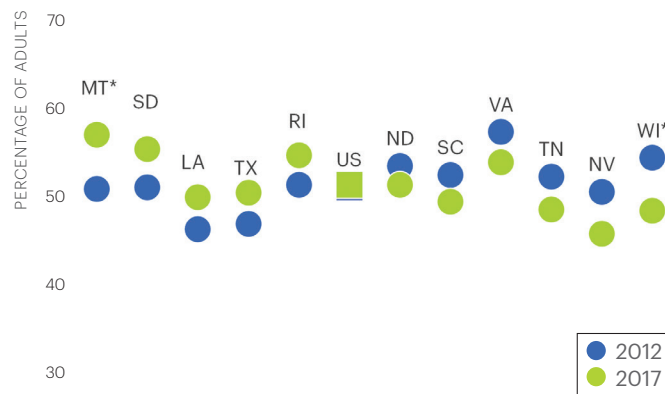


* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Figure 35

High health status among males in 2012 and 2017 by state

Shown are the five states with the largest percentage point increases and five states with the largest decreases in relation to the United States



* Statistically significant difference between 2012 and 2017 estimates based on nonoverlapping 95 percent confidence intervals.

Findings

Race and Ethnicity

Figure 36 shows the prevalence of high health status by race and ethnicity groups. All race groups are non-Hispanic. The percentage of adults reporting high health status varies widely by race and ethnicity. For example, 56.2 percent of non-Hispanic Asian adults report high health status compared with only 37.9 percent of Hispanic adults.

When comparing prevalence of high health status by race/ethnicity at the state level, the difference between the group with the highest prevalence compared with the group with the lowest prevalence varies greatly (Figure 37). In Arizona, Vermont and Delaware, the difference is more than 40 percentage points. In Arkansas, New Hampshire, West Virginia and Tennessee, the difference is less than 10 percentage points.

Note that compared to Arkansas, New Hampshire is closer to accomplishing the dual goals of obtaining a high prevalence of high health status as a state and minimizing the differences within the state by race/ethnicity.

Not all race/ethnicity groups were used in the state-level analysis. Only race/ethnicity groups with sufficient sample size in a state were compared. Values were suppressed if the sample size was less than 50 or the relative standard error was greater than 30 percent. For example, only Hispanics and whites are represented in Arkansas.

Figure 36
High health status by race/ethnicity with 95 percent confidence intervals

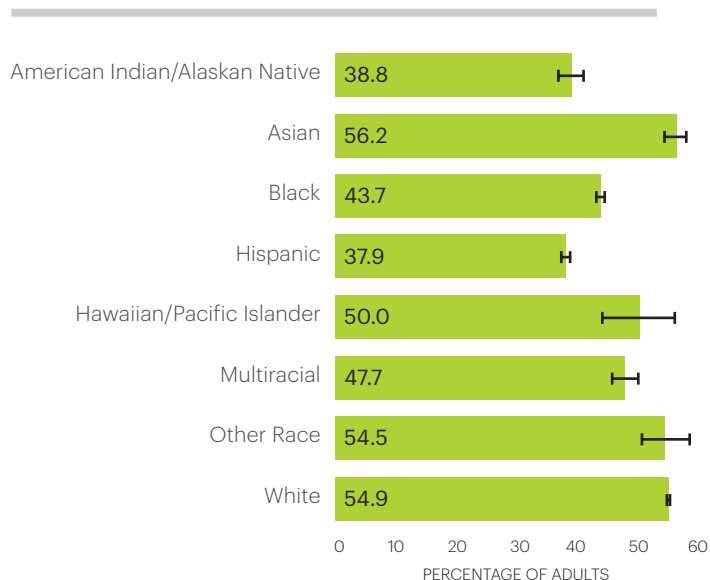
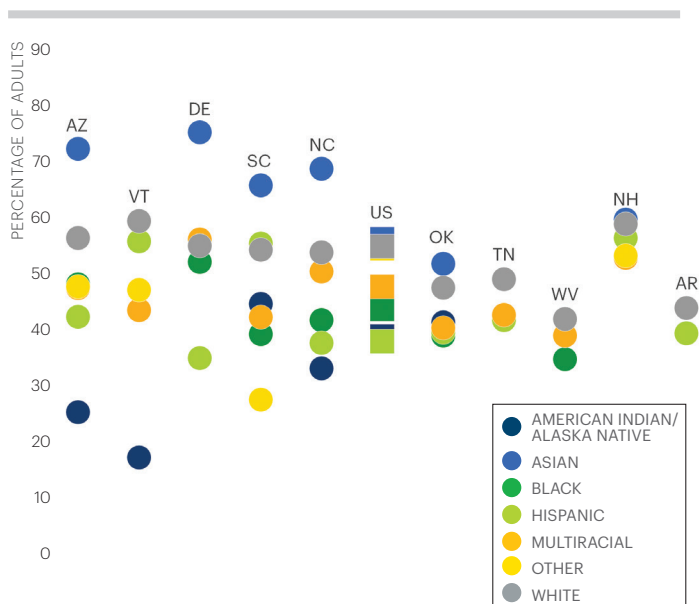


Figure 37
High health status by race/ethnicity and by state

Shown are the five states with the largest and smallest gaps in health status by race/ethnicity in relation to the United States



Household Income

The prevalence of high health status increases with household income. Figure 38 shows that in the U.S., the prevalence of high health status among adults aged 25 and older with an income of \$75,000 or more (68.0 percent) is 2.4 times the prevalence among households with an income of less than \$25,000 per year (28.1 percent).

Figure 39 shows that Vermont has the largest gap in high health status at 47.9 percentage points between adults aged 25 and older with an income of \$75,000 or more (76.8 percent) and adults aged 25 and older with an income of less than \$25,000 per year (28.9 percent). Hawaii has the smallest gap in high health status at 22.5 percentage points between adults with the highest and lowest income levels.

Figure 38
High health status by income level with 95 percent confidence intervals

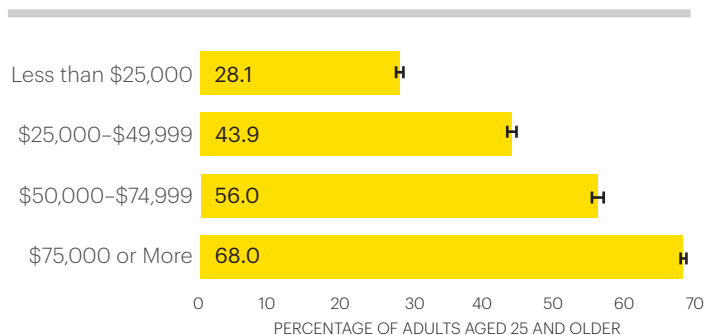
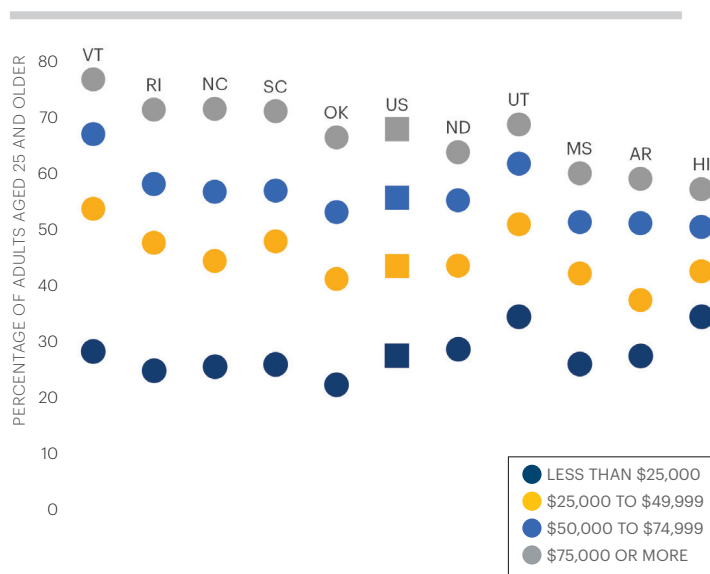


Figure 39
High health status by income level and by state

Shown are the five states with the largest and smallest gaps in health status by income level in relation to the United States



Findings

Education

Nationally, the prevalence of high health status among adults aged 25 and older is statistically different at each education level (Figure 40).

The prevalence of high health status among U.S. adults aged 25 and older with a college degree is 66.8 percent. It varies from 58.6 percent of adults aged 25 and older in Alabama to 76.0 percent in the District of Columbia.

The prevalence of high health status among U.S. adults aged 25 and older without a high school degree is 22.6 percent. This is one-third of the prevalence among those with a college degree. It varies from 17.3 percent of adults aged 25 and older in West Virginia to 44.0 percent in Alaska.

North Carolina has the widest gap between adults aged 25 and older with a college degree, 70.0 percent, and those without a high school degree, 18.8 percent (Figure 41). Alaska has the narrowest gap, 71.4 percent versus 42.6 percent. The 10 states in Figure 41 show another characteristic of high health status that is true among all 50 states: the variation in high health status among adults aged 25 and older in the lowest education group is greater than those in the highest education groups. This suggests that where people live matters more for adults aged 25 and older with less than a high school education than those with higher education levels.

Figure 40
High health status by educational level with 95 percent confidence intervals

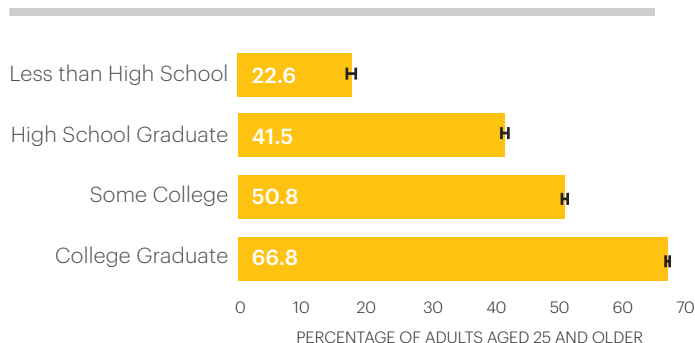
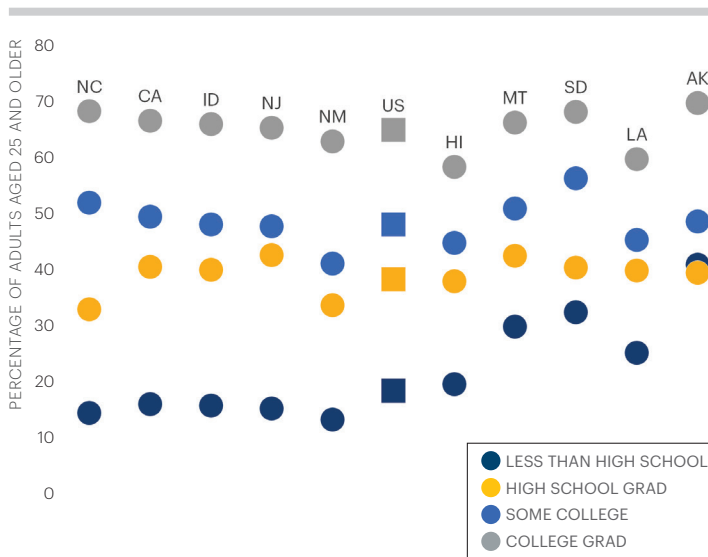


Figure 41
High health status by education level and by state

Shown are the five states with the largest and smallest gaps in health status by education level in relation to the United States



Urbanicity

High health status also varies by urbanicity. All three categories of urbanicity are significantly different from each other, with adults living in rural areas having the lowest prevalence of high health status at 42.2 percent (Figure 42).

There is variation among the 46 states that have population estimates in all three categories (Figure 43), but the variation is not as wide as with race, income or education.

Conclusions

Equity in health status is lacking at the national and state levels when viewed by race/ethnicity, gender, household income, urbanicity and education. Each state has a different profile of disparities in high health status. These profiles highlight the largest challenge faced by states and the U.S. in reducing differences in health status related to economic and social disadvantage.

Figure 42

High health status by urbanicity with 95 percent confidence intervals

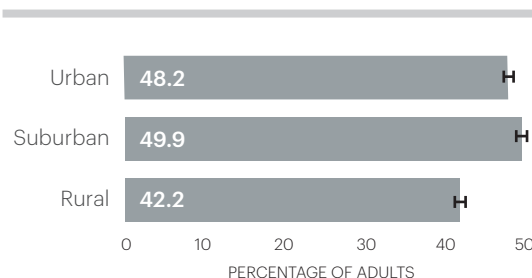
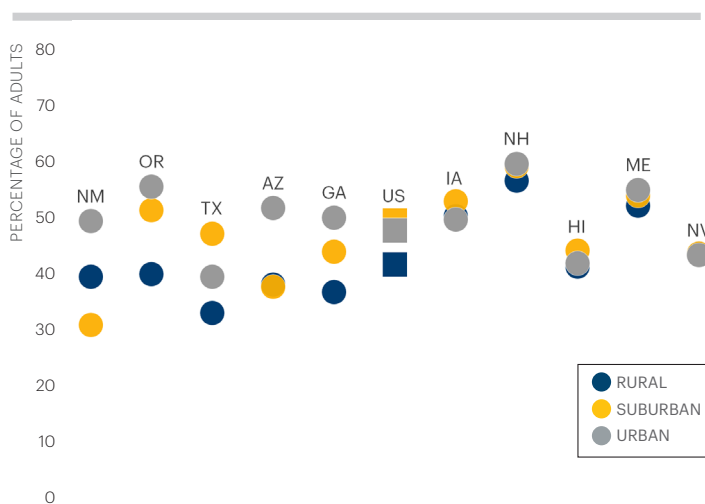


Figure 43

High health status by urbanicity and by state

Shown are the five states with the largest and smallest gaps in health status by urbanicity in relation to the United States



Comparison With Organization for Economic Cooperation and Development Nations

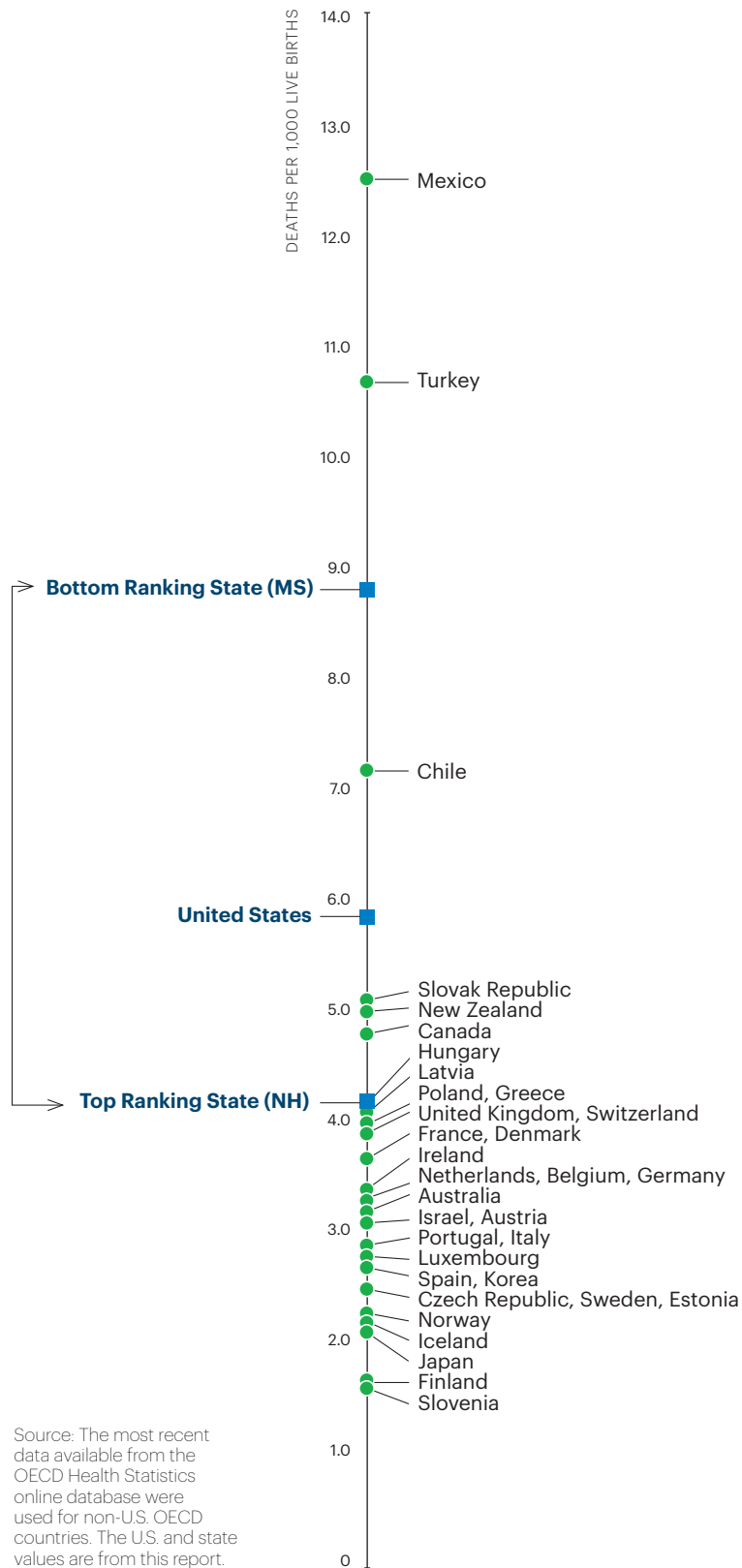
America's Health Rankings Annual Report examines the relative health of the 50 states and the District of Columbia in relation to national benchmarks. In this section we broaden our scope to evaluate how the health of the U.S. population compares with member countries of the Organization for Economic Cooperation and Development (OECD). This analysis compares infant mortality, obesity and life expectancy in the top state, bottom state and U.S. with infant mortality, obesity and life expectancy in OECD member countries. Results show the U.S. has a higher infant mortality rate, a higher prevalence of obesity and a lower life expectancy at birth compared with most OECD member countries. Even the top U.S. state in each of these measures ranks toward the bottom among OECD countries.

Thirty-five countries, including the United States, comprise the OECD. The OECD's mission is to promote economic development and social well-being of people worldwide. The OECD collects and analyzes data from each of the member countries on a wide range of topics, including certain health measures.

Infant Mortality

According to this year's *America's Health Rankings* report, the U.S. infant mortality rate is 5.9 deaths per 1,000 live births (page 92). This infant mortality rate places the U.S. No. 32 out of 35 OECD countries (Figure 44). New Hampshire has the lowest infant mortality rate in the U.S. at 4.2 deaths per 1,000 live births, and yet if it were an OECD country, it would rank No. 28 and be tied with Hungary. Only Turkey (10.7 deaths per 1,000 live births) and Mexico (12.5 deaths per 1,000 live births) have higher infant mortality rates than Mississippi, the state with the highest infant mortality rate at 8.8 deaths per 1,000 live births.

Figure 44
Infant mortality rates in OECD countries and top and bottom ranking U.S. states for infant mortality



Comparison

Obesity

According to this year's *America's Health Rankings* report, an estimated 29.9 percent of U.S. adults have obesity (pages 52–53). When compared with the 32 OECD countries with obesity data, the U.S. ranks last (Figure 45). In top-ranking Korea, only 2.8 percent of the population aged 15 and older have obesity. Australia ranks No. 31 at 21.3 percent. Colorado, the state with the lowest prevalence of obesity at 22.3 percent of adults, would also rank last among OECD countries.

Figure 45

Obesity prevalence in OECD countries and the top and bottom ranking U.S. states for obesity

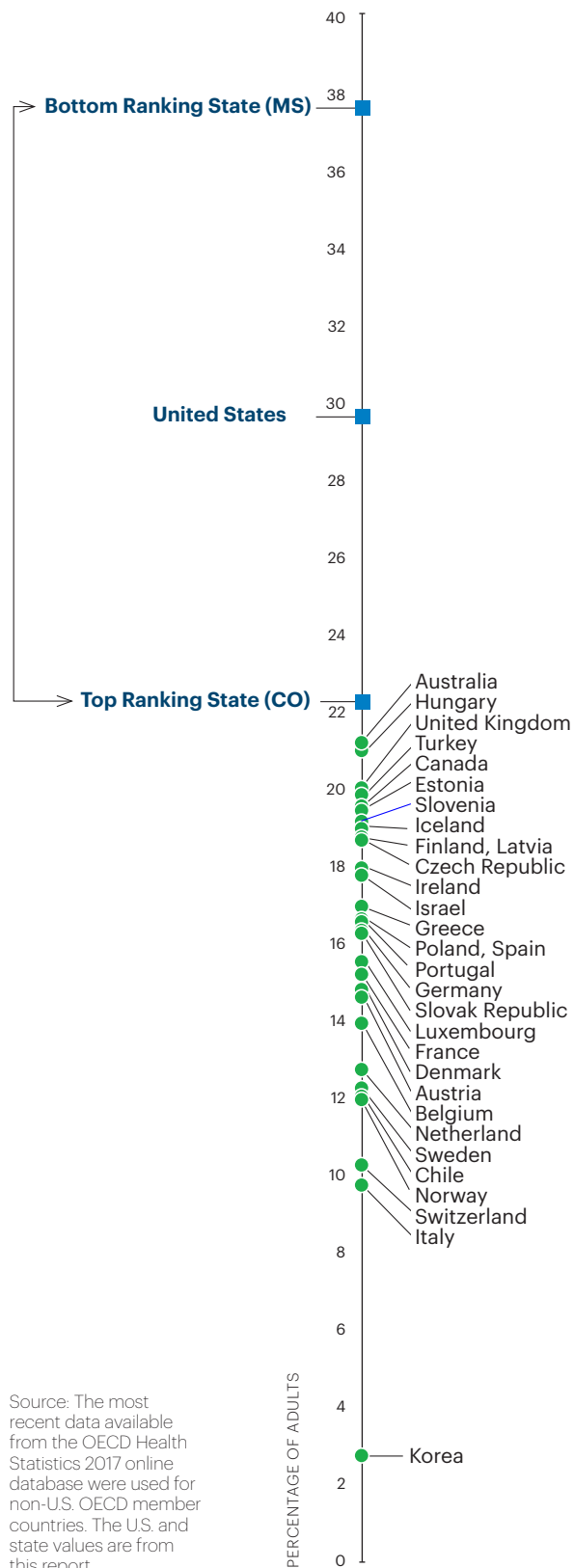
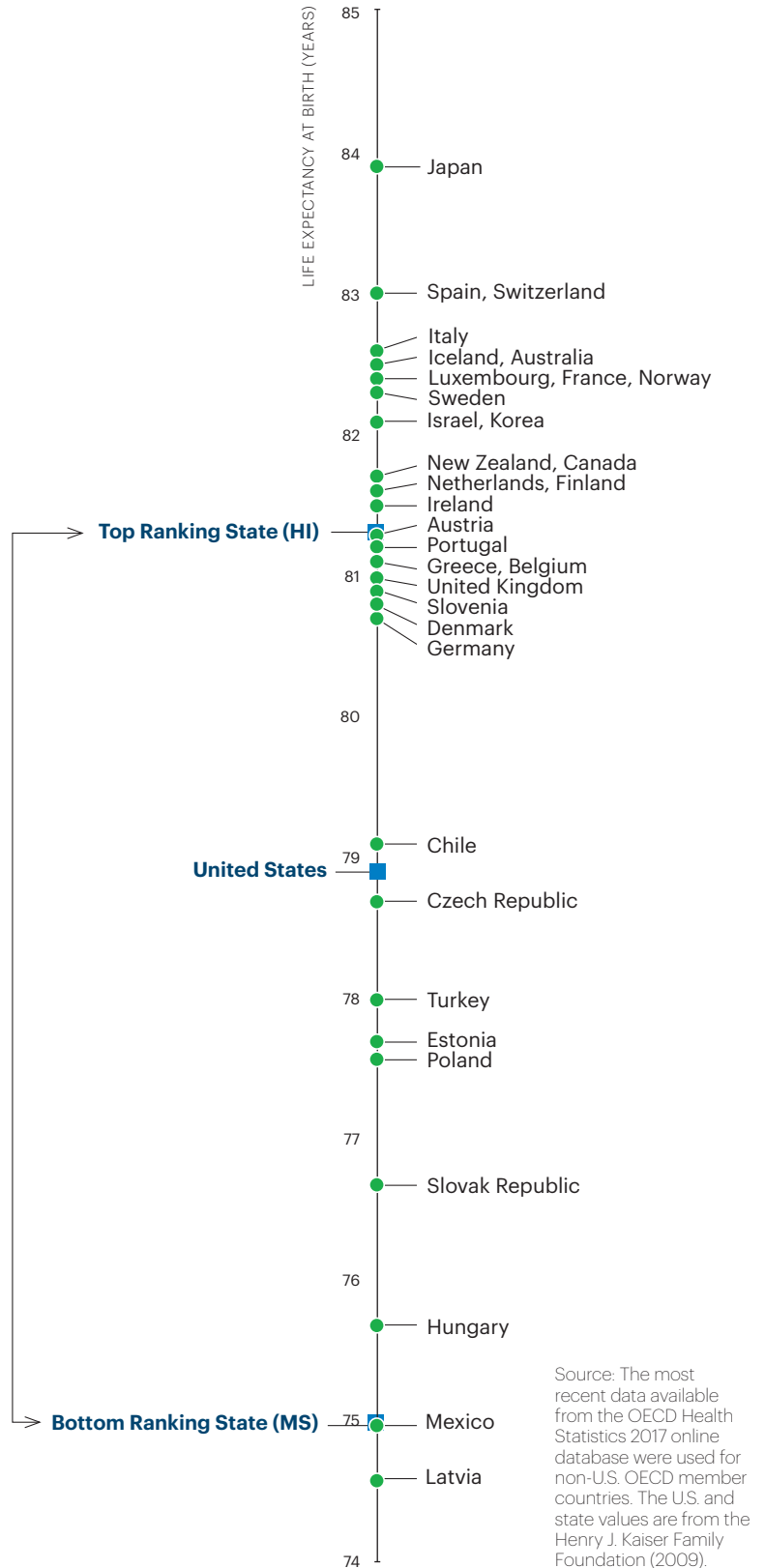


Figure 46

Life Expectancy at birth in OECD countries and the top and bottom ranking U.S. states for life expectancy

Life Expectancy

The U.S. life expectancy at birth of 78.9 years ranks No. 27 out of 35 OECD countries (Figure 46). Hawaii has the highest life expectancy in the U.S. at 81.3 years. If Hawaii were an OECD country, it would rank No. 18 and be tied with Austria. Mississippi, the state with the lowest life expectancy at 75.0 years, is the same as Mexico.

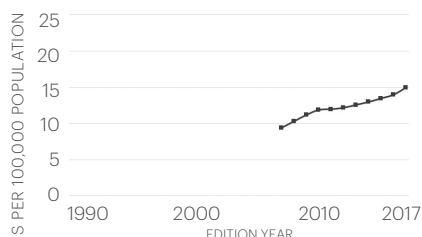
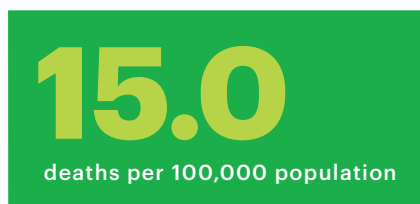


Core Measures

Drug Deaths

Drug overdoses are the leading cause of injury deaths in the United States with a record high of 64,116 deaths in 2016, 11,712 more than in 2015. More than six out of 10 drug deaths involve an opioid, primarily prescription pain relievers (morphine, oxycodone, hydrocodone or heroin). Opioid-related overdose deaths increased 200 percent between 2000 and 2014, and since 1999 opioid pain reliever prescribing quadrupled. The effects of drug abuse and overdoses are costly to society, burdening individuals, their families, the health care system and the economy. In 2016, the total cost of opioid abuse, dependence and overdose was over \$95.3 billion.

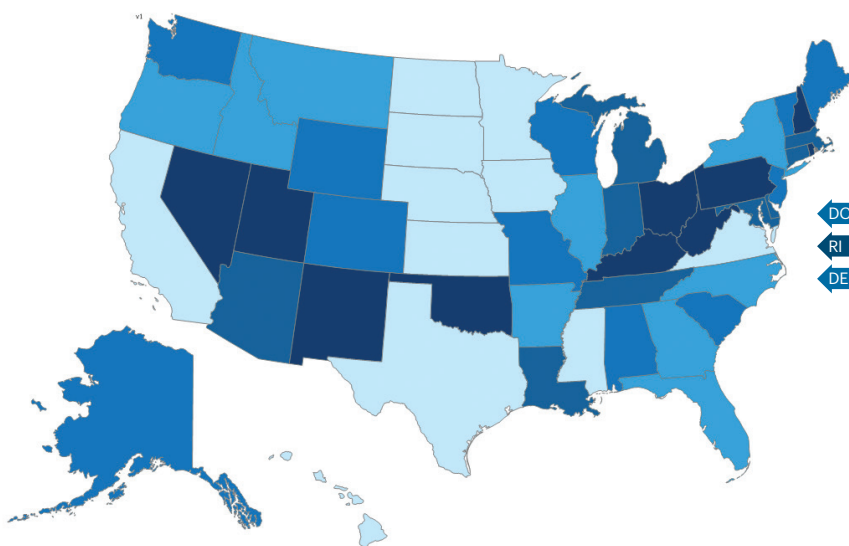
Data source: Centers for Disease Control and Prevention, *National Vital Statistics System*, 2013-2015
For details: <http://www.AmericasHealthRankings.org/AR17/Drugdeaths>



Drug Deaths by State

Age-adjusted number of deaths due to drug injury of any intent (unintentional, suicide, homicide or undetermined) per 100,000 population

Legend: ≤11.8, 11.9 to 14.1, 14.2 to 17.6, 17.7 to 20.0, ≥20.1

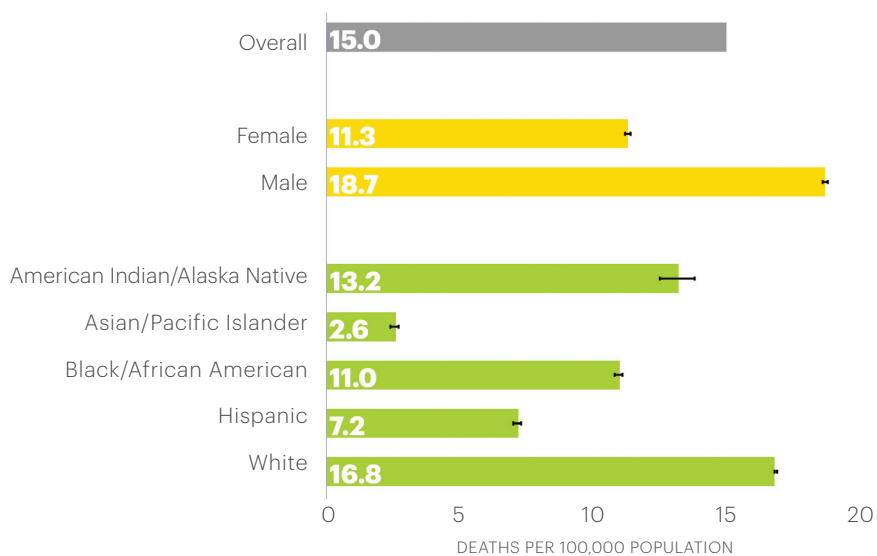


Ranking

by Drug Deaths

Rank	State	Value
1	North Dakota	5.7
2	Nebraska	6.7
3	South Dakota	7.5
4	Iowa	9.4
5	Texas	9.7
6	Minnesota	9.9
7	Virginia	11.3
8	Hawaii	11.5
8	Mississippi	11.5
10	California	11.8
10	Kansas	11.8
12	Georgia	11.9
13	New York	12.2
14	Arkansas	12.3
14	Oregon	12.3
16	Illinois	13.2
17	Montana	13.4
18	Idaho	13.7
19	North Carolina	14.0
20	Florida	14.1
21	Washington	14.2
22	Alabama	14.3
23	South Carolina	14.5
24	New Jersey	14.8
25	Vermont	14.9
26	Wisconsin	15.1
27	Alaska	15.6
28	Colorado	16.0
29	Maine	16.7
30	Missouri	17.6
30	Wyoming	17.6
32	Louisiana	17.7
32	Maryland	17.7
34	Indiana	17.9
35	Michigan	18.0
36	Connecticut	18.4
37	Arizona	19.0
38	Massachusetts	19.8
39	Tennessee	19.9
40	Delaware	20.0
41	Oklahoma	20.3
42	Nevada	20.8
43	Pennsylvania	22.2
44	Utah	22.9
45	New Hampshire	24.4
46	Ohio	24.5
47	New Mexico	24.9
47	Rhode Island	24.9
49	Kentucky	25.5
50	West Virginia	35.3
United States		15.0
District of Columbia		17.9

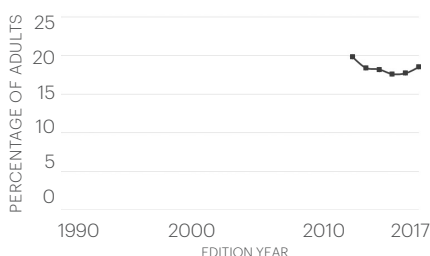
Drug Deaths by Subpopulations with 95 percent confidence intervals



Excessive Drinking

Excessive alcohol use includes binge drinking and chronic drinking; it can lead to memory loss, poor decision making, fetal damage, liver diseases, hypertension, cardiovascular diseases and other major health problems. An annual average of 87,798 alcohol-attributable deaths and 12,460 motor vehicle crashes were due to excessive drinking from 2006 to 2010, along with 2.5 million years of potential life lost. Excessive alcohol use cost the United States \$249 billion in 2010, or \$2.05 for each alcoholic beverage consumed, in terms of losses in workplace productivity, health care expenses, criminal justice expenses, motor vehicle crashes and property damage. The median cost to states was \$3.5 billion.

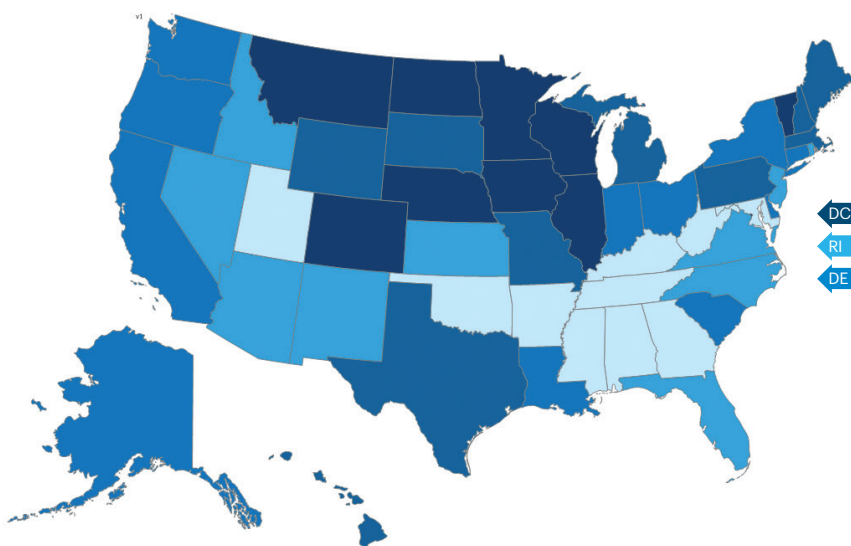
Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/ExcessDrink>



Excessive Drinking by State

Percentage of adults who reported either binge drinking (having four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)

■ ≤16.5%
 ■ 16.6% to 17.6%
 ■ 17.7% to 19.1%
 ■ 19.2% to 20.5%
 ■ ≥20.6%

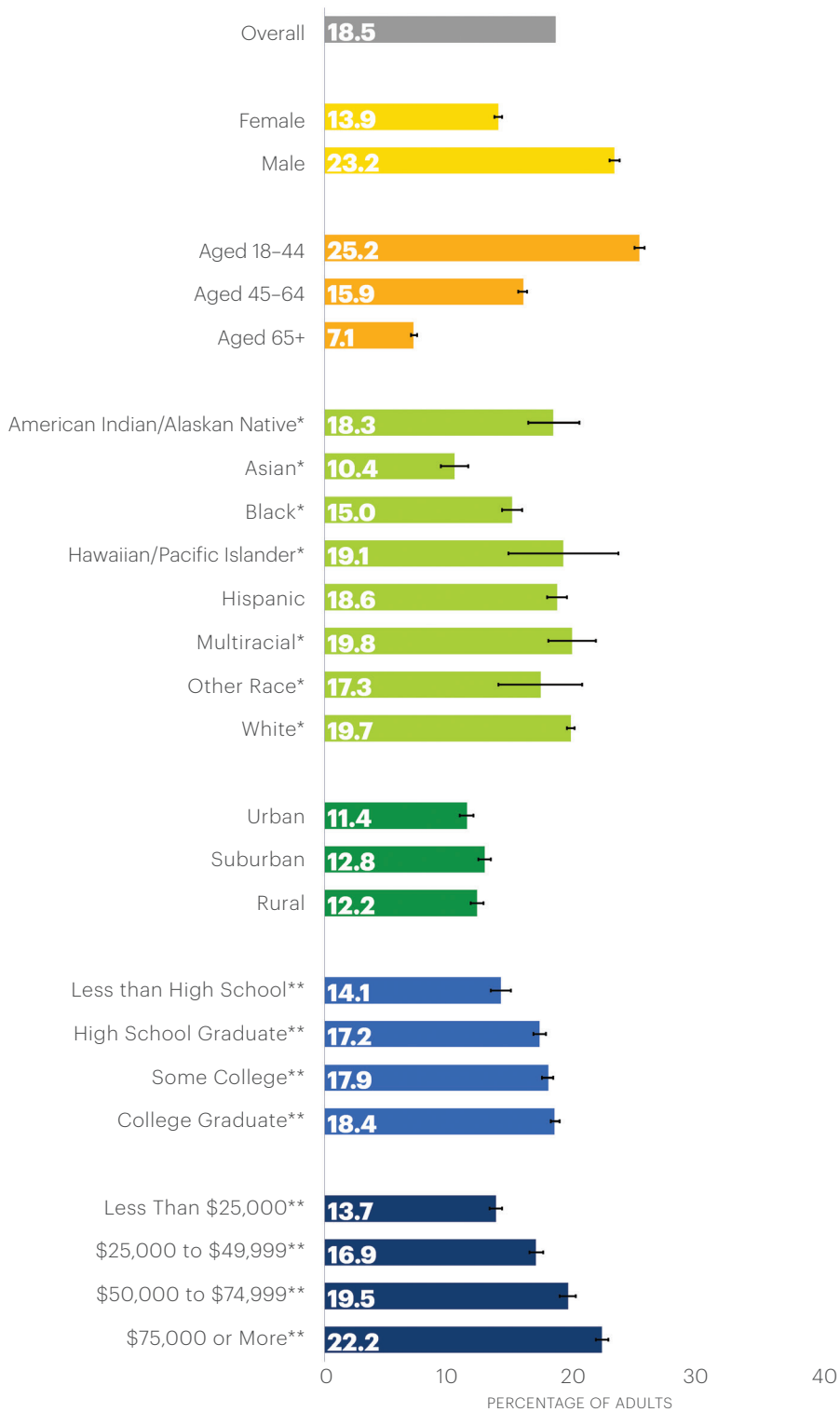


Ranking

by Excessive Drinking

Rank	State	Value (%)
1	West Virginia	11.8
2	Oklahoma	12.8
3	Utah	13.4
4	Mississippi	13.7
5	Alabama	14.2
6	Tennessee	14.4
7	Georgia	15.1
8	Kentucky	15.8
9	Arkansas	15.9
10	Maryland	16.5
11	New Mexico	16.6
12	North Carolina	16.7
13	New Jersey	17.1
14	Arizona	17.3
15	Idaho	17.4
15	Kansas	17.4
15	Rhode Island	17.4
15	Virginia	17.4
19	Florida	17.5
20	Nevada	17.6
21	California	17.8
22	Washington	18.2
23	Connecticut	18.4
23	Delaware	18.4
25	Louisiana	18.5
25	Oregon	18.5
25	South Carolina	18.5
28	Indiana	18.6
29	New York	18.8
30	Alaska	19.1
30	Ohio	19.1
32	Texas	19.4
33	Missouri	19.5
34	Wyoming	19.9
35	Massachusetts	20.1
35	New Hampshire	20.1
37	South Dakota	20.2
38	Hawaii	20.3
39	Maine	20.5
39	Michigan	20.5
39	Pennsylvania	20.5
42	Colorado	20.6
42	Vermont	20.6
44	Montana	20.7
45	Illinois	21.1
45	Nebraska	21.1
47	Iowa	22.1
48	Minnesota	22.9
49	North Dakota	25.9
50	Wisconsin	26.2
	United States	18.5
	District of Columbia	29.0

Excessive Drinking by Subpopulations with 95 percent confidence intervals



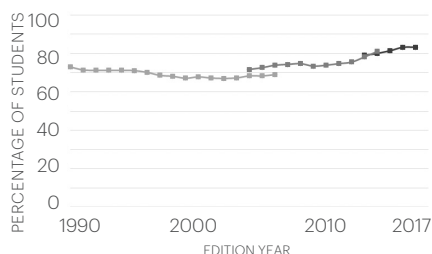
* Non-Hispanic ** Adults aged 25 and older

High School Graduation

Individuals with more education tend to have fewer negative health behaviors and better health outcomes compared with those with less education. Among adults aged 25 and older without a high school diploma, life expectancy is four to five years shorter than high school graduates, and nine years shorter than college graduates. The prevalence of diabetes, high blood pressure, heart disease and heart attack are significantly higher among those with less than a high school degree. If the health of less educated Americans were on par with the health of college-educated Americans, the result would be a savings of more than \$1 trillion annually.

Data source: U.S. Department of Education, National Center for Education Statistics, 2014-2015
Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

For details: <http://www.AmericasHealthRankings.org/AR17/Graduation>



Ranking

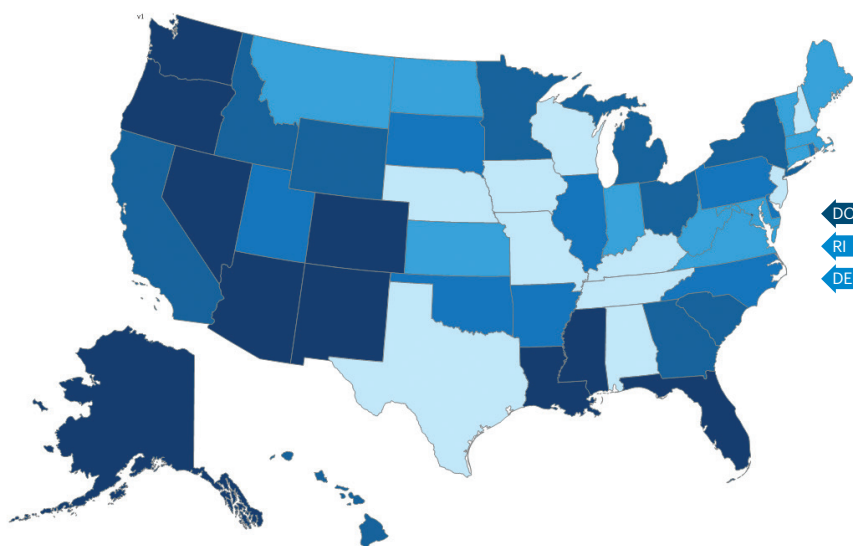
by High School Graduation

Rank	State	Value (%)
1	Iowa	90.8
2	New Jersey	89.7
3	Alabama	89.3
4	Texas	89.0
5	Nebraska	88.9
6	Wisconsin	88.4
7	New Hampshire	88.1
8	Kentucky	88.0
9	Tennessee	87.9
10	Missouri	87.8
11	Vermont	87.7
12	Maine	87.5
13	Massachusetts	87.3
14	Connecticut	87.2
15	Indiana	87.1
16	Maryland	87.0
17	North Dakota	86.6
18	West Virginia	86.5
19	Montana	86.0
20	Kansas	85.7
20	Virginia	85.7
22	Delaware	85.6
22	Illinois	85.6
22	North Carolina	85.6
25	Arkansas	84.9
26	Pennsylvania	84.8
26	Utah	84.8
28	South Dakota	83.9
29	Rhode Island	83.2
30	Oklahoma	82.5
31	California	82.0
32	Minnesota	81.9
33	Hawaii	81.6
34	Ohio	80.7
35	South Carolina	80.3
36	Michigan	79.8
37	Wyoming	79.3
38	New York	79.2
39	Idaho	78.9
40	Georgia	78.8
41	Washington	78.2
42	Florida	77.9
43	Louisiana	77.5
44	Arizona	77.4
45	Colorado	77.3
46	Alaska	75.6
47	Mississippi	75.4
48	Oregon	73.8
49	Nevada	71.3
50	New Mexico	68.6
United States		83.2
District of Columbia		68.5

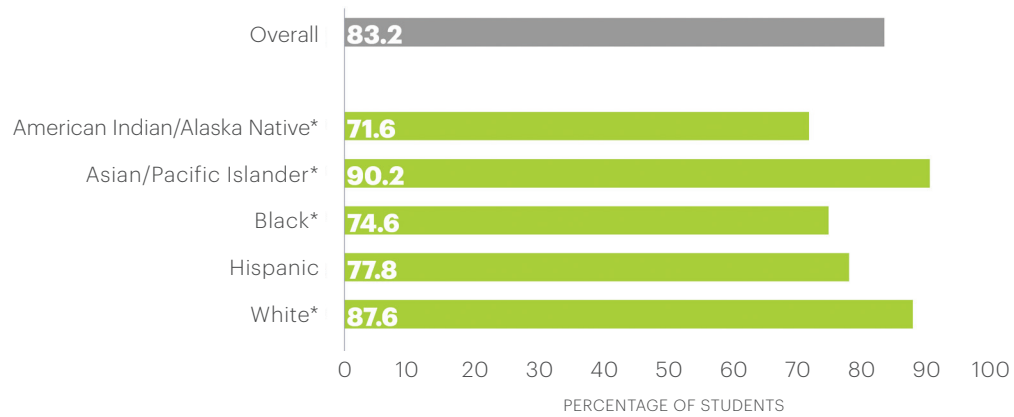
High School Graduation by State

Percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade

■ >=87.8%
 ■ 85.7% to 87.7%
 ■ 82.5% to 85.6%
 ■ 78.8% to 82.4%
 ■ <=78.7%



High School Graduation by Subpopulations

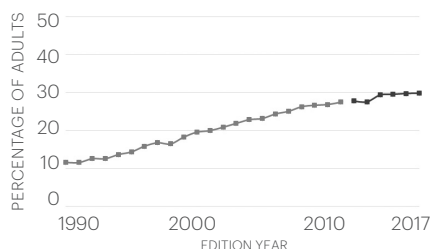
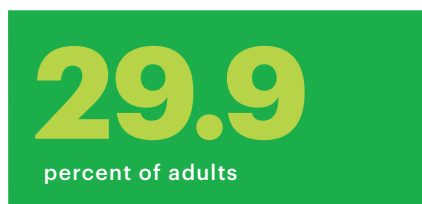


* Non-Hispanic

Obesity

Obesity is generally caused by the regular consumption of more calories than the body is able to burn. Additional contributing factors include genetics, prenatal and early life influences, unhealthy diet, insufficient sleep, too much television, lack of physical activity, and the social and physical environment. Obesity is a leading factor in preventable conditions that contribute to illness and death, such as heart disease, type 2 diabetes, stroke, cancer and hypertension. Children with obesity are more likely to have obesity as an adult. The total estimated cost of obesity in 2010 was \$315.8 billion.

Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Obesity>



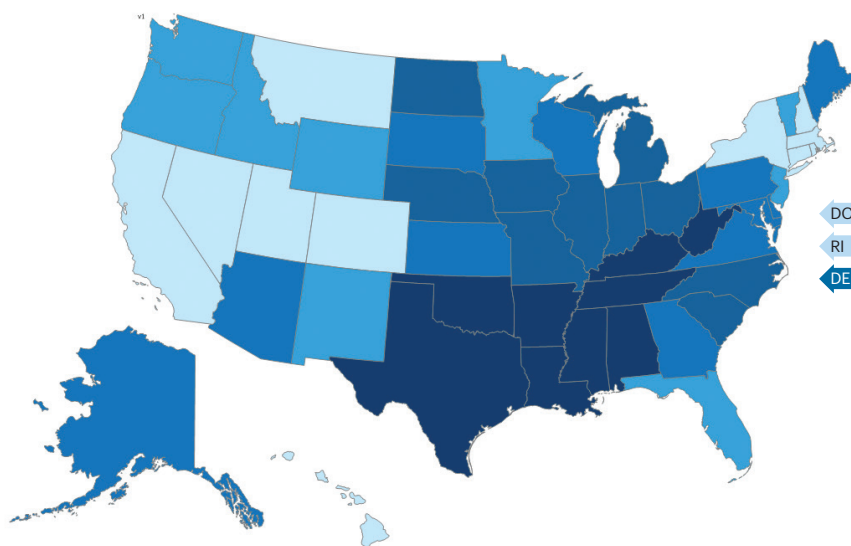
Ranking by Obesity

Rank	State	Value (%)
1	Colorado	22.3
2	Massachusetts	23.6
3	Hawaii	23.8
4	California	25.0
5	Utah	25.3
6	Montana	25.5
6	New York	25.5
8	Nevada	25.8
9	Connecticut	26.0
10	New Hampshire	26.6
10	Rhode Island	26.6
12	Vermont	27.1
13	New Jersey	27.3
14	Florida	27.4
14	Idaho	27.4
16	Wyoming	27.7
17	Minnesota	27.8
18	New Mexico	28.3
19	Washington	28.6
20	Oregon	28.7
21	Arizona	29.0
21	Virginia	29.0
23	South Dakota	29.6
24	Maine	29.9
24	Maryland	29.9
26	Pennsylvania	30.3
27	Delaware	30.7
27	Wisconsin	30.7
29	Kansas	31.2
30	Alaska	31.4
30	Georgia	31.4
32	Ohio	31.5
33	Illinois	31.6
34	Missouri	31.7
35	North Carolina	31.8
36	North Dakota	31.9
37	Iowa	32.0
37	Nebraska	32.0
39	South Carolina	32.3
40	Indiana	32.5
40	Michigan	32.5
42	Oklahoma	32.8
43	Texas	33.6
44	Kentucky	34.2
45	Tennessee	34.8
46	Louisiana	35.5
47	Alabama	35.7
47	Arkansas	35.7
49	Mississippi	37.3
50	West Virginia	37.7
United States		29.9
District of Columbia		22.6

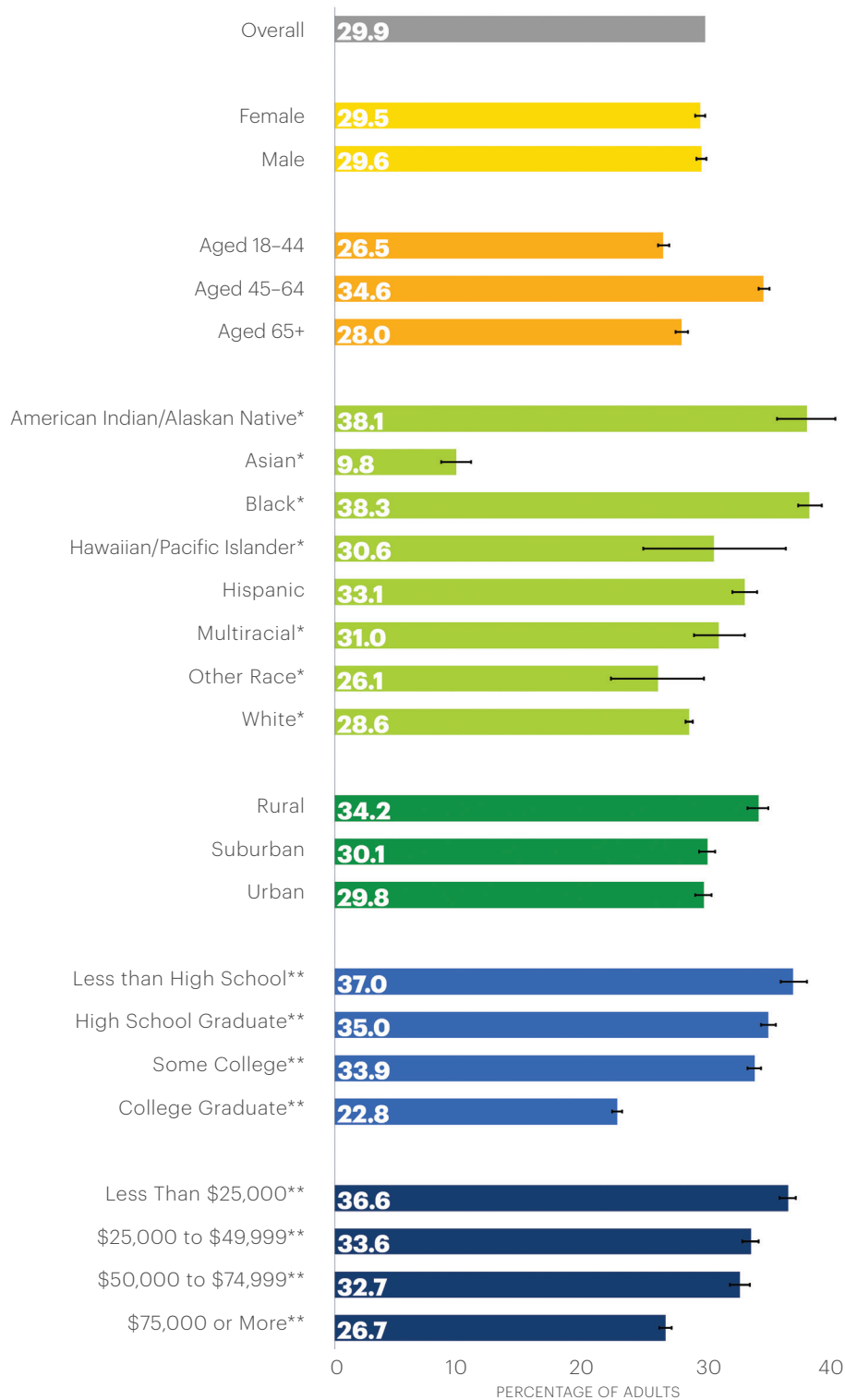
Obesity by State

Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight

■ ≤26.6%
 ■ 26.7% to 28.7%
 ■ 28.8% to 31.4%
 ■ 31.5% to 32.5%
 ■ ≥32.6%



Obesity by Subpopulations with 95 percent confidence intervals

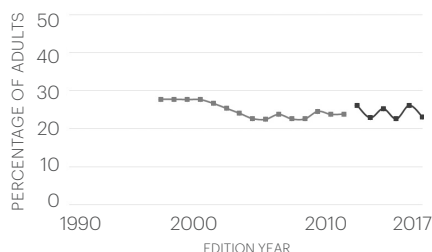


* Non-Hispanic ** Adults aged 25 and older

Physical Inactivity

Physical inactivity is a risk factor for cardiovascular disease, type 2 diabetes, some cancers, depression and premature death. It is also associated with many social and environmental factors including education level, socioeconomic status, violent crime and poverty. Only 23.4 percent of adults met physical activity recommendations between 2008-2014. Reducing physical inactivity would significantly decrease chronic disease prevalence and increase life expectancy. Physical inactivity costs \$117 billion annually and accounts for more than 11 percent of total U.S. health care expenditures.

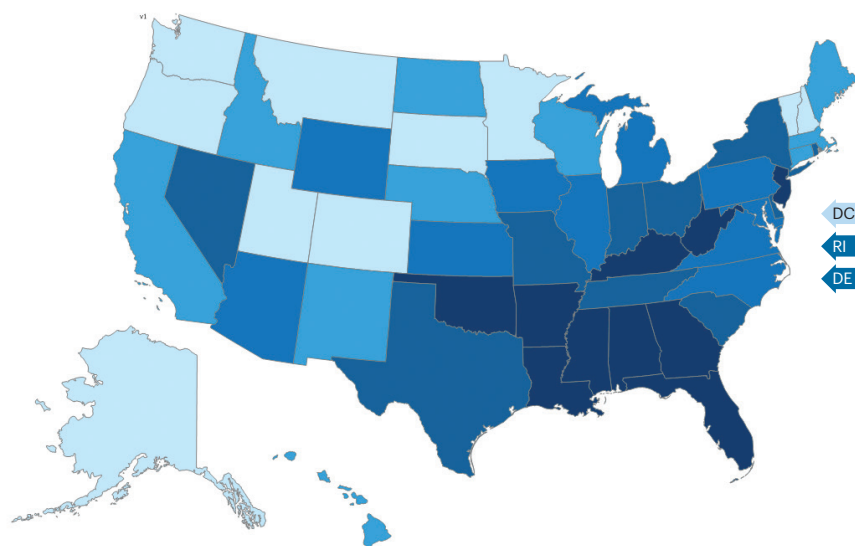
Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Sedentary>



Physical Inactivity by State

Percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days

■ ≤19.9%
 ■ 20.0% to 22.4%
 ■ 22.5% to 23.9%
 ■ 24.0% to 28.4%
 ■ ≥28.5%

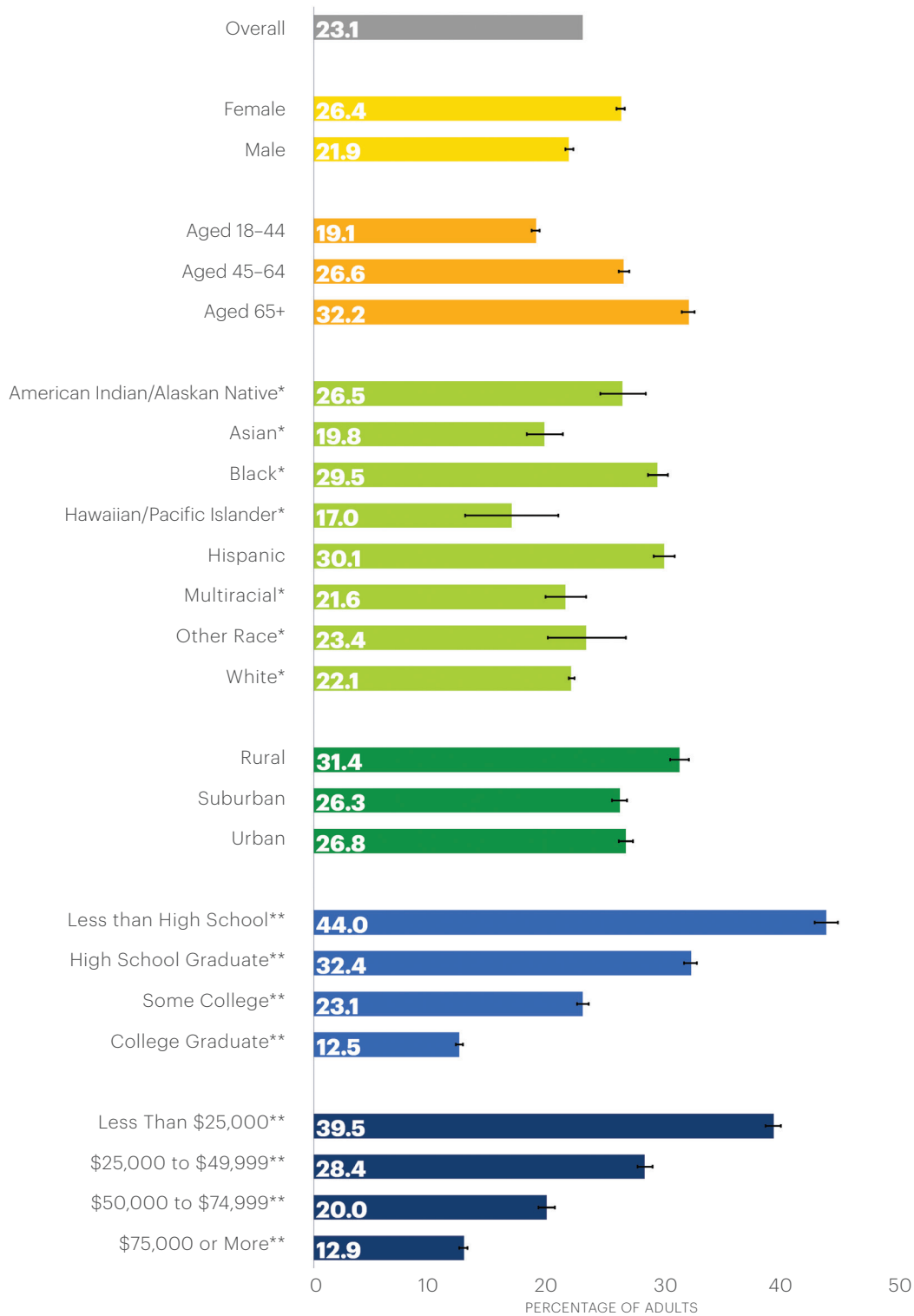


Ranking

by Physical Inactivity

Rank	State	Value (%)
1	Utah	15.7
2	Colorado	15.8
3	Oregon	17.2
4	Washington	17.6
5	Minnesota	18.0
6	South Dakota	18.9
7	Alaska	19.1
8	New Hampshire	19.3
9	Vermont	19.5
10	Montana	19.9
11	Massachusetts	20.0
11	Wisconsin	20.0
13	Idaho	20.2
14	New Mexico	20.3
15	California	20.5
16	Maine	20.6
17	Hawaii	20.8
18	Connecticut	21.3
19	North Dakota	22.2
20	Nebraska	22.4
21	Iowa	22.7
22	Pennsylvania	22.9
23	Arizona	23.1
23	Maryland	23.1
23	Wyoming	23.1
26	North Carolina	23.3
26	Virginia	23.3
28	Kansas	23.5
29	Illinois	23.9
29	Michigan	23.9
31	Rhode Island	24.4
32	Nevada	24.7
33	Missouri	24.9
34	Texas	25.2
35	Ohio	25.9
36	New York	26.3
37	Delaware	26.6
38	Indiana	26.8
39	South Carolina	26.9
40	Tennessee	28.4
41	Oklahoma	28.5
41	West Virginia	28.5
43	Louisiana	29.1
44	Alabama	29.4
44	Georgia	29.4
46	Florida	29.8
46	Kentucky	29.8
46	New Jersey	29.8
49	Mississippi	30.3
50	Arkansas	32.5
United States		23.1
District of Columbia		16.2

Physical Inactivity by Subpopulations with 95 percent confidence intervals

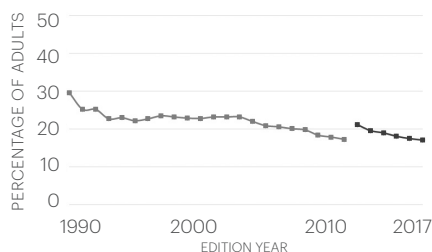


* Non-Hispanic ** Adults aged 25 and older

Smoking

Smoking is the leading cause of preventable death. Annually, more than 480,000 people die from cigarette smoking, including nearly 42,000 deaths from secondhand smoke exposure. More than 16 million Americans are living with a smoking-related disease, which can damage nearly every organ and potentially cause respiratory disease, heart disease, stroke, cancer, preterm birth, low birthweight and premature death. Smoking prevalence has decreased in all 50 states over the past five years, but it has increased among adults with a household income less than \$25,000 in North Dakota, Missouri and New Hampshire. Direct medical expenditures attributed to smoking exceed \$170 billion annually.

Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Smoking>



Ranking

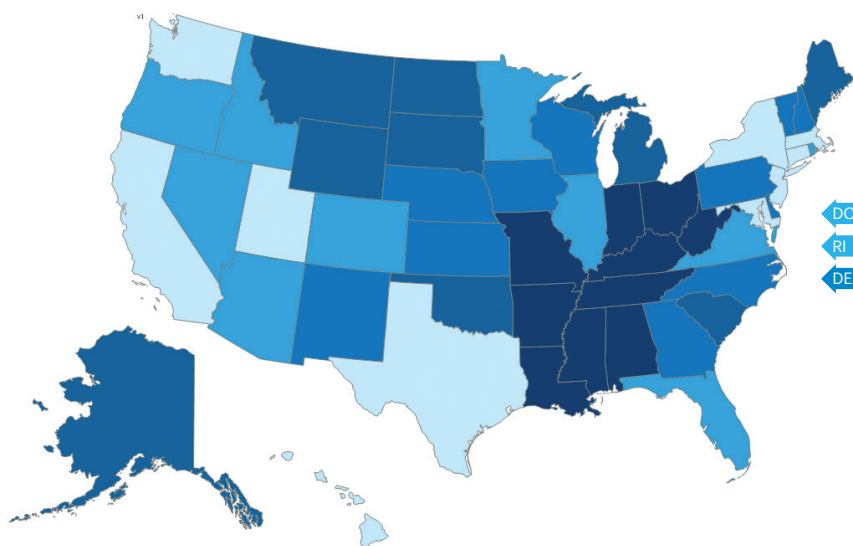
by Smoking

Rank	State	Value (%)
1	Utah	8.8
2	California	11.0
3	Hawaii	13.1
4	Connecticut	13.3
5	Massachusetts	13.6
6	Maryland	13.7
7	Washington	13.9
8	New Jersey	14.0
9	New York	14.2
10	Texas	14.3
11	Rhode Island	14.4
12	Idaho	14.5
13	Arizona	14.7
14	Minnesota	15.2
15	Virginia	15.3
16	Florida	15.5
17	Colorado	15.6
18	Illinois	15.8
19	Oregon	16.2
20	Nevada	16.5
21	New Mexico	16.6
22	Iowa	16.7
23	Nebraska	17.0
23	Vermont	17.0
25	Wisconsin	17.1
26	Kansas	17.2
27	Delaware	17.7
28	Georgia	17.9
28	North Carolina	17.9
30	New Hampshire	18.0
30	Pennsylvania	18.0
32	South Dakota	18.1
33	Montana	18.5
34	Wyoming	18.9
35	Alaska	19.0
36	Oklahoma	19.6
37	Maine	19.8
37	North Dakota	19.8
39	South Carolina	20.0
40	Michigan	20.4
41	Indiana	21.1
42	Alabama	21.5
43	Missouri	22.1
43	Tennessee	22.1
45	Ohio	22.5
46	Mississippi	22.7
47	Louisiana	22.8
48	Arkansas	23.6
49	Kentucky	24.5
50	West Virginia	24.8
	United States	17.1
	District of Columbia	14.7

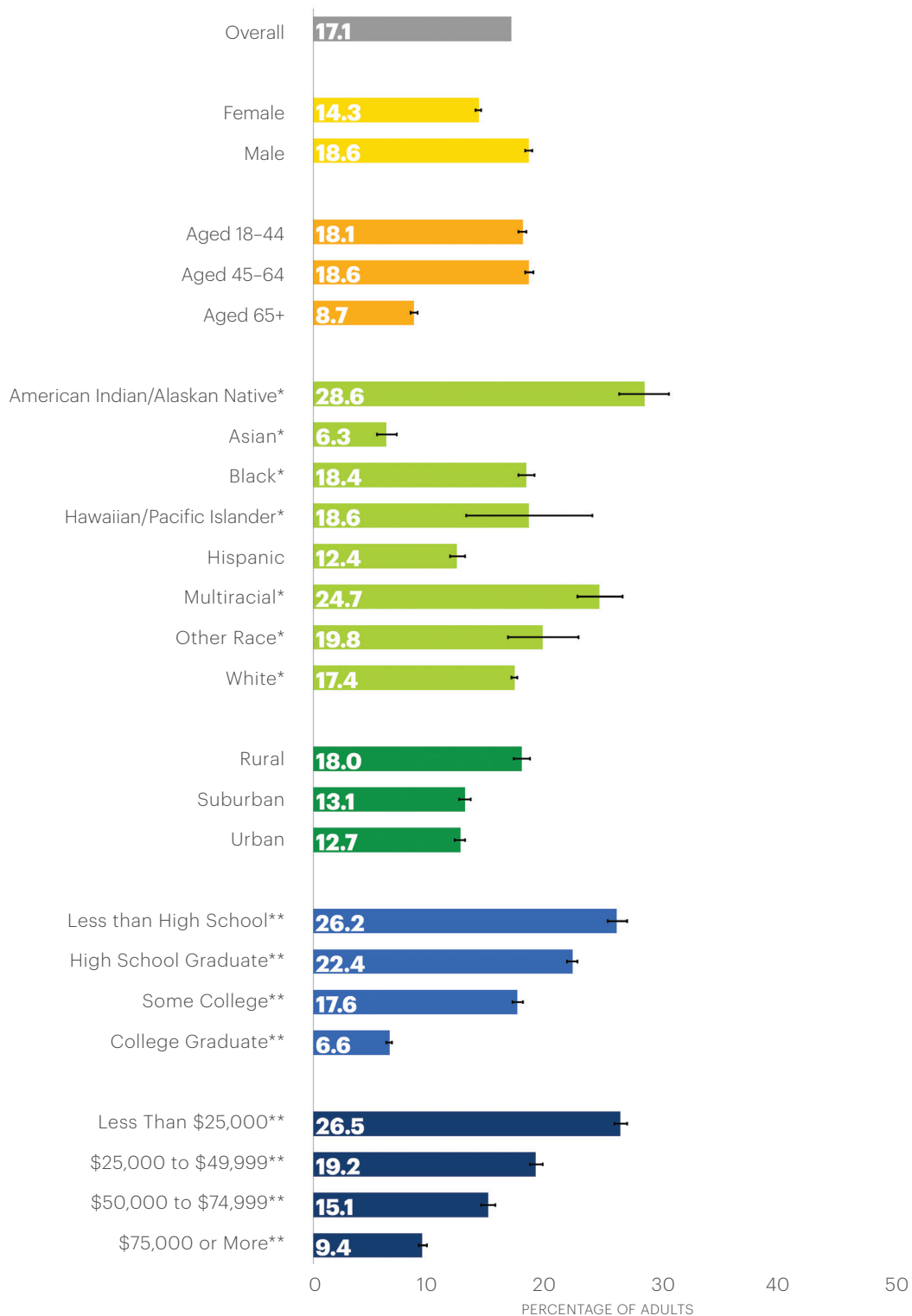
Smoking by State

Percentage of adults who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)

■ <=14.3%
 ■ 14.4% to 16.5%
 ■ 16.6% to 18.0%
 ■ 18.1% to 20.4%
 ■ >=20.5%



Smoking by Subpopulations with 95 percent confidence intervals

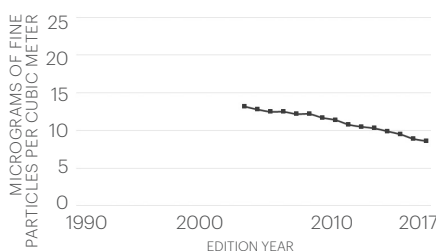


* Non-Hispanic ** Adults aged 25 and older

Air Pollution

Fine particulates in smoke and haze penetrate lung tissue and contribute to premature death. Air pollution is linked to poor lung function, asthma, chronic bronchitis, irregular heartbeats and heart attacks. Combustion emissions cause an estimated 200,000 annual premature deaths. The Environmental Protection Agency estimates the Clean Air Act prevented 130,000 heart attacks, 1.7 million asthma attacks, and 13 million lost workdays between 1990 and 2010. It is estimated that the Clean Air Act will prevent 230,000 annual cases of premature death by 2020.

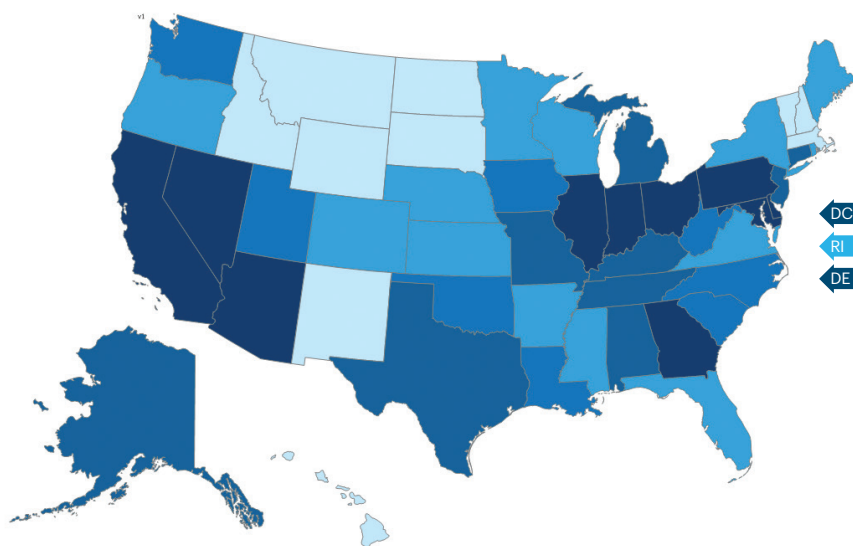
Data source: U.S. Environmental Protection Agency, 2014-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2014-2016
For details: <http://www.AmericasHealthRankings.org/AR17/air>



Air Pollution by State

Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5)

■ ≤6.2 ■ 6.3 to 7.5 ■ 7.6 to 8.1 ■ 8.2 to 8.9 ■ ≥9.0



Ranking

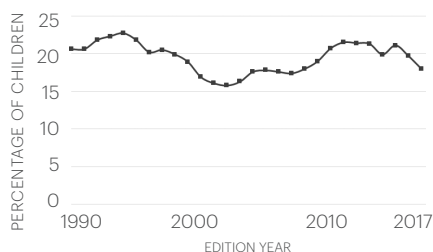
by Air Pollution

Rank	State	Value
1	Wyoming	3.8
2	North Dakota	4.2
3	South Dakota	5.5
3	Vermont	5.5
5	New Mexico	5.7
6	Hawaii	5.9
6	Idaho	5.9
6	New Hampshire	5.9
9	Montana	6.0
10	Massachusetts	6.2
11	Maine	6.4
12	Colorado	6.6
13	Florida	6.8
13	Oregon	6.8
15	Nebraska	7.0
16	Arkansas	7.2
16	New York	7.2
18	Kansas	7.3
19	Wisconsin	7.4
20	Minnesota	7.5
20	Mississippi	7.5
20	Rhode Island	7.5
20	Virginia	7.5
24	West Virginia	7.7
25	Iowa	7.8
25	Louisiana	7.8
25	North Carolina	7.8
25	South Carolina	7.8
25	Washington	7.8
30	Oklahoma	8.1
30	Utah	8.1
32	Tennessee	8.2
33	Missouri	8.3
34	New Jersey	8.5
35	Connecticut	8.6
36	Alaska	8.7
36	Michigan	8.7
38	Kentucky	8.8
39	Alabama	8.9
39	Texas	8.9
41	Georgia	9.0
41	Maryland	9.0
43	Delaware	9.1
43	Nevada	9.1
45	Ohio	9.6
46	Arizona	9.7
46	Indiana	9.7
48	Pennsylvania	10.1
49	Illinois	10.2
50	California	11.7
United States		8.6
District of Columbia		10.4

Children in Poverty

Poverty influences a family's ability to meet children's basic needs and may limit access to health care, healthy foods, educational opportunities and physical activity choices. Children living in poverty are three times more likely to have unmet health needs than other children. Children born into poverty are more likely than other children to have low birthweight. As impoverished children grow, they are more likely to engage in risky or unhealthy behaviors and are at a greater lifetime risk of many different health problems. Programs such as the Supplemental Nutrition Assistance Program and Women, Infants, and Children offer nutritional support, education and health care referrals to low-income families.

Data source: U.S. Census Bureau, Current Population Survey, *Annual Social and Economic Supplement*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/ChildPoverty>



Ranking

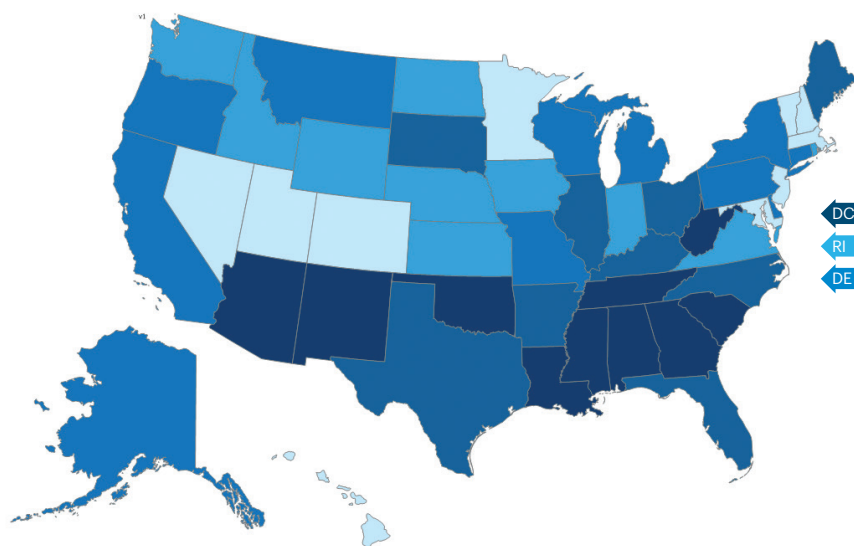
by Children in Poverty

Rank	State	Value (%)
1	New Hampshire	7.6
2	Colorado	8.4
3	Utah	9.0
4	Maryland	9.6
5	Massachusetts	11.0
6	Nevada	11.4
7	Hawaii	11.6
8	Vermont	12.3
9	Minnesota	12.5
10	New Jersey	12.7
11	Virginia	13.0
12	Idaho	13.5
13	Indiana	13.9
13	Wyoming	13.9
15	Iowa	14.0
16	Nebraska	14.1
17	North Dakota	15.1
17	Washington	15.1
19	Rhode Island	15.6
20	Kansas	15.9
21	Connecticut	16.3
21	Wisconsin	16.3
23	Montana	16.7
24	Delaware	16.9
25	Michigan	17.3
26	New York	17.6
26	Pennsylvania	17.6
28	Oregon	18.2
29	Alaska	18.3
30	California	18.6
30	Missouri	18.6
32	Florida	18.7
33	Illinois	19.1
34	Texas	19.2
35	North Carolina	19.3
36	South Dakota	19.4
37	Maine	19.6
38	Kentucky	20.7
39	Arkansas	21.4
40	Ohio	21.6
41	Oklahoma	21.7
42	Tennessee	21.9
43	New Mexico	22.4
44	South Carolina	22.6
45	Arizona	23.1
46	Georgia	23.2
47	Alabama	24.3
48	West Virginia	27.3
49	Louisiana	28.3
50	Mississippi	29.9
United States		18.0
District of Columbia		22.6

Children in Poverty by State

Percentage of children younger than 18 who live in households at or below the poverty threshold

■ <=12.7%
 ■ 12.8% to 15.9%
 ■ 16.0% to 18.6%
 ■ 18.7% to 21.6%
 ■ >=21.7%



Infectious Disease

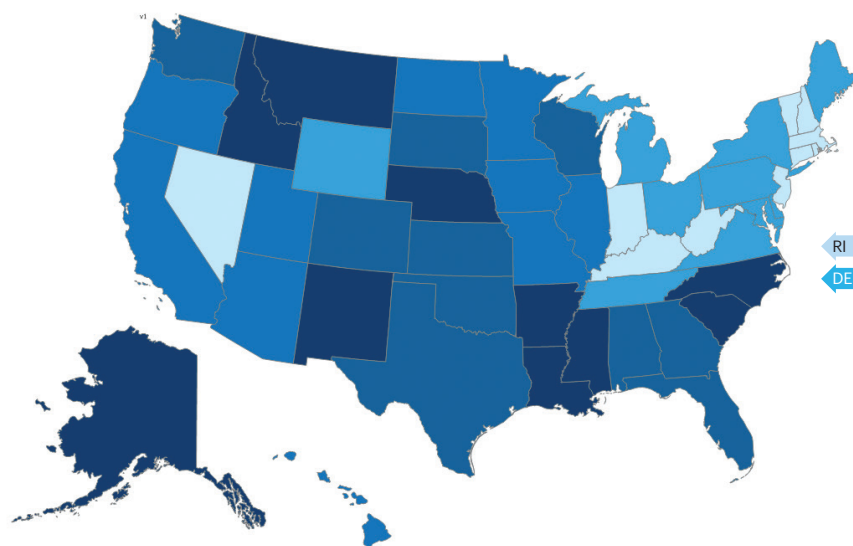
Many largely preventable infectious diseases continue to burden our nation's health. Infectious diseases can lead to hospitalizations and even death, particularly in young children and older adults. The Centers for Disease Control and Prevention tracks many infectious diseases; the three included in this measure were chosen because they are common diseases representing different transmission mechanisms and therefore different prevention and treatment options. Pertussis (whooping cough) is spread through respiratory droplets, *Salmonella* is generally spread through food, and chlamydia is sexually transmitted. Increases in new cases of infectious disease may indicate a need for greater investment in public health prevention measures such as immunizations and educational campaigns.

Data source: America's Health Rankings composite measure, 2017
For details: <http://www.AmericasHealthRankings.org/AR17/infectiousdisease>

Infectious Disease by State

Mean z score of the incidence of chlamydia, pertussis and *Salmonella* per 100,000 population

Legend: <=-0.533 (lightest blue), -0.532 to -0.210 (light blue), -0.209 to 0.103 (medium blue), 0.104 to 0.363 (dark blue), >=0.364 (darkest blue)



Ranking

by Infectious Disease

Rank	State	Value
1	West Virginia	-1.107
2	New Hampshire	-1.063
3	Connecticut	-0.853
4	Vermont	-0.740
5	New Jersey	-0.683
6	Indiana	-0.653
7	Kentucky	-0.643
8	Nevada	-0.597
9	Massachusetts	-0.543
10	Rhode Island	-0.533
11	Wyoming	-0.513
12	Michigan	-0.497
13	Virginia	-0.443
14	Pennsylvania	-0.417
15	Tennessee	-0.380
16	Maryland	-0.353
17	Maine	-0.307
18	Delaware	-0.213
18	New York	-0.213
20	Ohio	-0.210
21	Iowa	-0.207
22	Missouri	-0.167
23	Utah	-0.130
24	North Dakota	-0.107
25	Minnesota	-0.020
26	Illinois	0.000
27	Oregon	0.010
28	California	0.023
29	Hawaii	0.040
30	Arizona	0.103
31	Colorado	0.147
32	South Dakota	0.163
33	Wisconsin	0.170
34	Kansas	0.177
35	Georgia	0.267
36	Florida	0.277
36	Texas	0.277
38	Oklahoma	0.280
39	Washington	0.300
40	Alabama	0.363
41	Arkansas	0.413
42	Nebraska	0.443
43	Idaho	0.523
44	Montana	0.533
45	Mississippi	0.660
46	Alaska	0.747
47	South Carolina	0.793
48	North Carolina	0.830
49	New Mexico	0.890
50	Louisiana	0.947
United States		
District of Columbia		

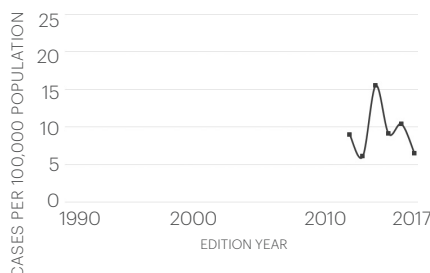
Infectious Disease—Pertussis

Pertussis (whooping cough) is a highly contagious respiratory disease spread through coughing or sneezing and can be life-threatening. In 2015, 20,762 cases were reported, though many more go undiagnosed and unreported. Vaccination is the best way to prevent transmission.

Data source: Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Summary of Notifiable Infectious Diseases and Conditions*, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/pertussis>

6.5

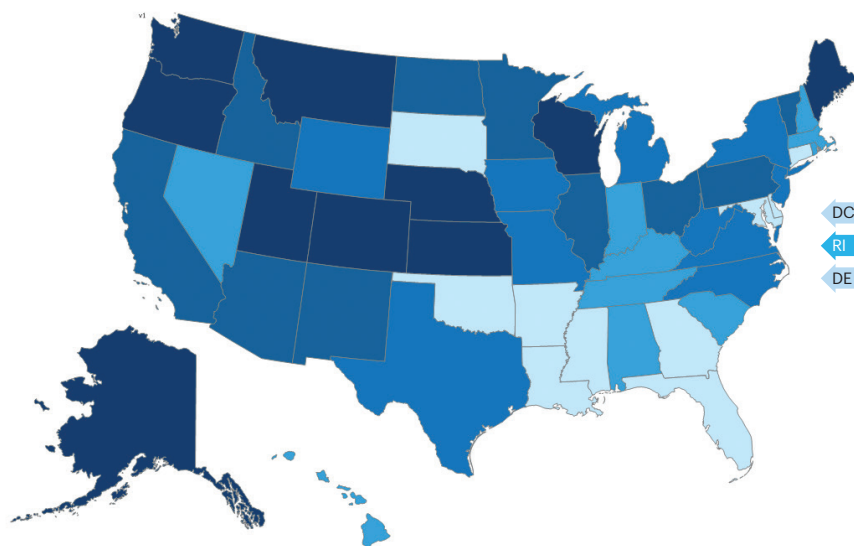
cases per 100,000 population



Infectious Disease—Pertussis by State

Number of new cases of pertussis per 100,000 population

■ ≤2.4 ■ 2.5 to 4.2 ■ 4.3 to 5.5 ■ 5.6 to 11.7 ■ ≥11.8



Ranking

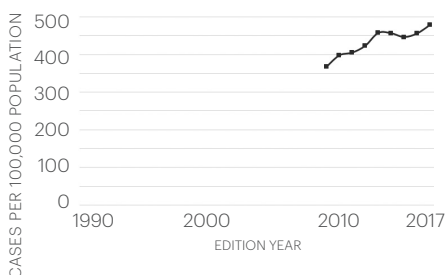
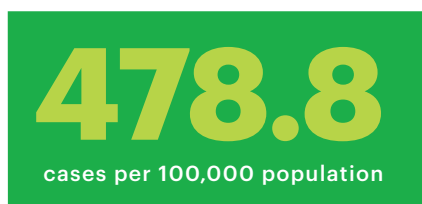
by Infectious Disease—
Pertussis

Rank	State	Value
1	Mississippi	0.4
2	Louisiana	1.2
3	Florida	1.7
4	Arkansas	2.0
4	South Dakota	2.0
6	Connecticut	2.1
6	Delaware	2.1
8	Maryland	2.2
9	Oklahoma	2.3
10	Georgia	2.4
11	Rhode Island	2.6
12	Tennessee	2.8
13	New Hampshire	3.1
14	Alabama	3.3
14	Hawaii	3.3
16	Indiana	3.4
17	South Carolina	3.5
18	Massachusetts	3.7
19	Nevada	3.9
20	Kentucky	4.2
21	West Virginia	4.3
22	Missouri	4.4
22	North Carolina	4.4
22	Virginia	4.4
25	Michigan	4.8
26	Wyoming	4.9
27	New York	5.3
28	Iowa	5.5
28	New Jersey	5.5
28	Texas	5.5
31	Illinois	5.6
32	North Dakota	5.7
33	Pennsylvania	6.9
34	Ohio	7.1
35	Vermont	7.8
36	Arizona	8.5
37	California	9.2
38	Minnesota	10.9
39	New Mexico	11.6
40	Idaho	11.7
41	Wisconsin	13.1
42	Alaska	14.2
43	Kansas	14.5
44	Oregon	14.6
45	Utah	16.7
46	Colorado	16.8
47	Washington	19.3
48	Maine	21.1
49	Montana	22.3
50	Nebraska	27.2
United States		6.5
District of Columbia		1.6

Infectious Disease—Chlamydia

Chlamydia is a sexually transmitted infection caused by the bacterium *Chlamydia trachomatis* that infects both men and women. More than 1.5 million chlamydia cases were reported in 2015—making it the most common notifiable infectious disease. While easily treated, chlamydia infections can lead to serious health problems if left untreated.

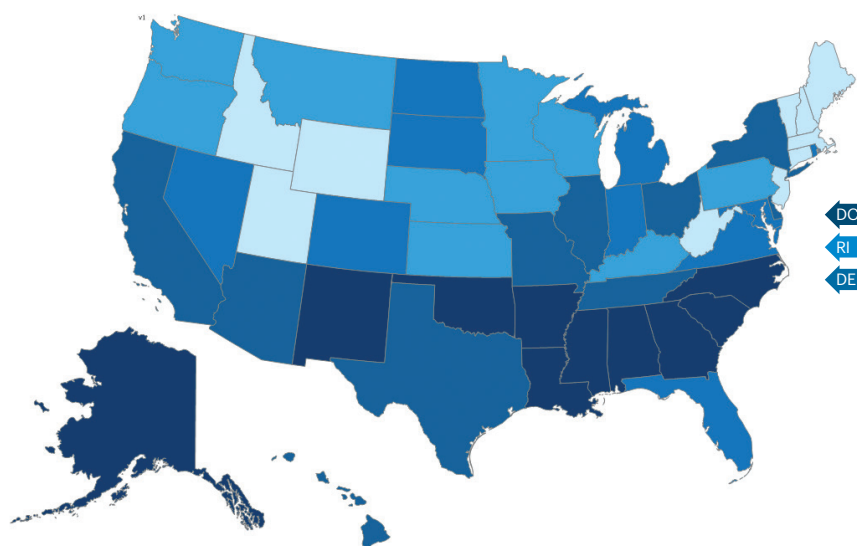
Data source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/chlamydia>



Infectious Disease—Chlamydia by State

Number of new cases of chlamydia per 100,000 population

Legend: ■ ≤364.9 ■ 365.0 to 423.5 ■ 423.6 to 469.1 ■ 469.2 to 540.4 ■ ≥540.5

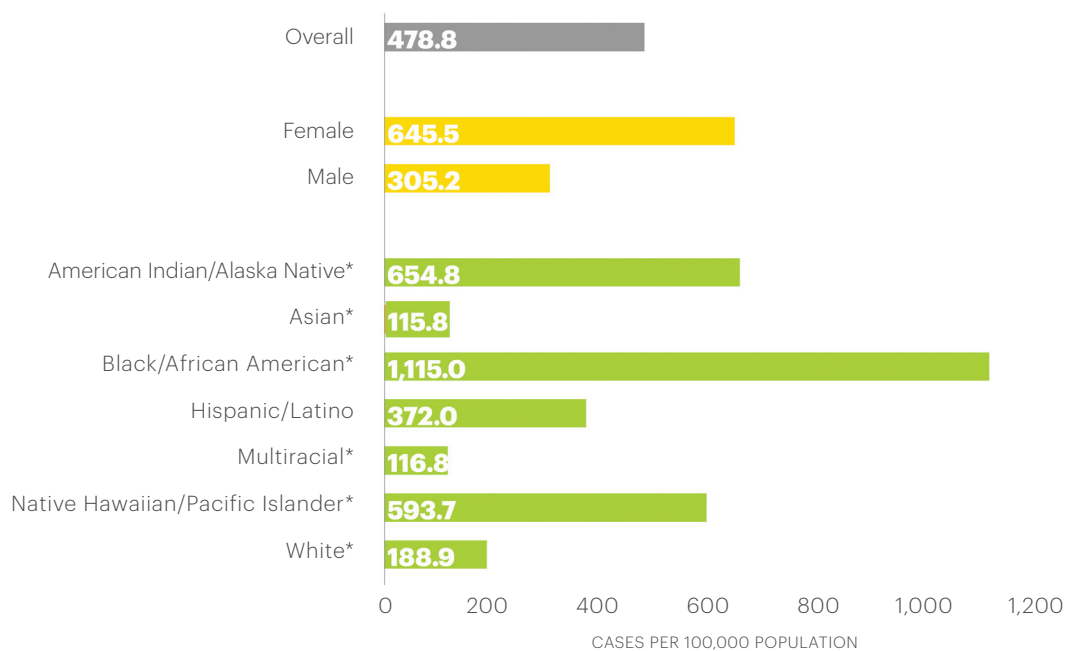


Ranking

by Infectious Disease—Chlamydia

Rank	State	Value
1	New Hampshire	233.3
2	West Virginia	268.0
3	Utah	293.3
4	Maine	298.1
5	Vermont	303.4
6	Idaho	344.5
7	Wyoming	348.7
8	New Jersey	350.6
9	Massachusetts	357.3
10	Connecticut	364.9
11	Iowa	388.9
12	Minnesota	389.3
13	Kansas	394.8
14	Kentucky	395.2
15	Washington	406.4
16	Montana	408.8
17	Oregon	410.7
18	Pennsylvania	418.1
19	Nebraska	422.9
20	Wisconsin	423.5
21	Virginia	424.5
22	North Dakota	427.2
23	Rhode Island	433.6
24	Indiana	437.9
25	Colorado	445.4
26	Florida	454.8
27	Nevada	455.3
28	Maryland	459.3
29	South Dakota	462.9
30	Michigan	469.1
31	Missouri	477.4
32	Tennessee	477.5
33	Arizona	481.1
34	California	487.5
35	Ohio	489.3
36	Delaware	492.2
37	Hawaii	498.3
38	Texas	523.6
39	New York	524.7
40	Illinois	540.4
41	Oklahoma	542.2
42	Alabama	543.6
43	Arkansas	545.0
44	South Carolina	569.9
45	Georgia	570.8
46	Mississippi	580.2
47	New Mexico	605.7
48	North Carolina	647.4
49	Louisiana	695.2
50	Alaska	768.3
United States		478.8
District of Columbia		1198.1

Infectious Disease—Chlamydia by Subpopulations

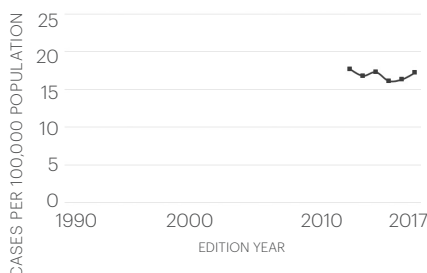


* Non-Hispanic

Infectious Disease—Salmonella

Infections caused by *Salmonella* bacteria often produce diarrhea, fever and abdominal cramps between 12 and 72 hours after exposure. Approximately 1.2 million U.S. *Salmonella* infections occur annually, with 1 million illnesses resulting from contaminated food.

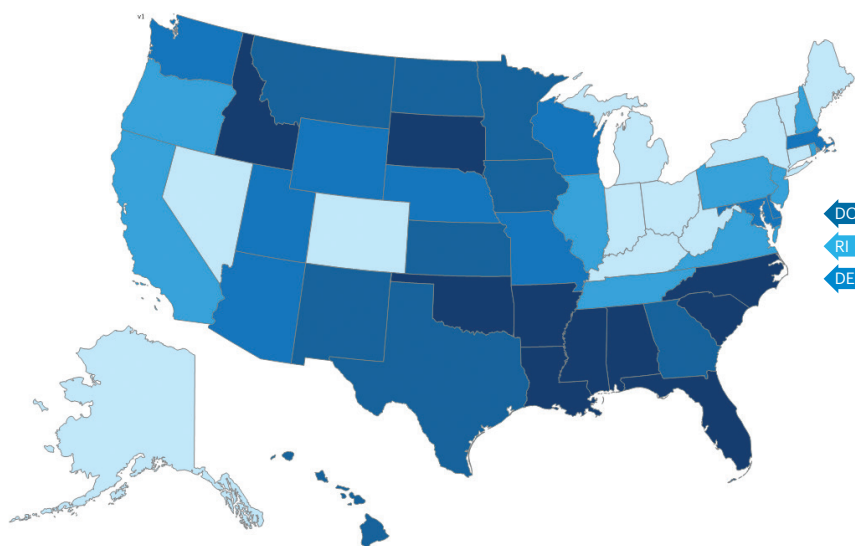
Data source: Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Summary of Notifiable Infectious Diseases and Conditions*, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/salmonella>



Infectious Disease—Salmonella by State

Number of new cases of *Salmonella* per 100,000 population

≤12.1 12.2 to 14.3 14.4 to 17.0 17.1 to 21.5 ≥21.6



Ranking

by Infectious Disease—*Salmonella*

Rank	State	Value
1	Maine	9.3
2	Nevada	9.6
3	Michigan	9.7
4	Indiana	10.1
5	Alaska	10.6
6	West Virginia	10.8
7	Colorado	11.3
7	New York	11.3
9	Ohio	11.7
10	Connecticut	12.1
10	Kentucky	12.1
10	Vermont	12.1
13	Pennsylvania	12.4
14	New Jersey	12.8
15	New Hampshire	13.0
16	Oregon	13.1
17	Rhode Island	13.6
17	Tennessee	13.6
19	Virginia	14.1
20	California	14.3
20	Illinois	14.3
22	Washington	14.5
23	Utah	15.4
24	Maryland	16.0
25	Missouri	16.2
26	Nebraska	16.3
27	Delaware	16.8
28	Wyoming	16.9
29	Arizona	17.0
29	Massachusetts	17.0
29	Wisconsin	17.0
32	Kansas	17.5
33	Minnesota	17.7
34	Montana	18.9
35	North Dakota	19.2
36	Iowa	19.8
37	Hawaii	20.1
38	Texas	20.9
39	Georgia	21.1
40	New Mexico	21.5
41	Oklahoma	23.2
42	Alabama	23.7
43	North Carolina	25.3
44	Arkansas	26.0
45	South Dakota	26.2
46	Louisiana	28.4
47	Florida	29.3
48	South Carolina	30.9
49	Idaho	35.6
50	Mississippi	35.7
United States		17.2
District of Columbia		18.2

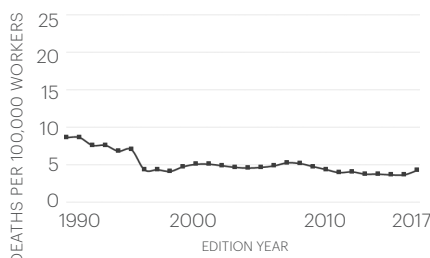
Occupational Fatalities

In 2015, 4,836 deaths occurred on the job, the highest number since 2008. The leading causes were transportation incidents, falls, contact with equipment, and violence that includes homicide and suicide. Fatal workplace injuries disproportionately affect men, adults aged 65 and older, and Hispanic and Latino employees. Workplace fatalities are almost always preventable. Increased safety precautions and regulatory oversight have significantly reduced the number of occupational injuries and fatalities, even in the riskiest occupations. The estimated cost of occupational fatalities was \$206.1 billion in 2013, or \$1.45 million per death.

Data source: U.S. Bureau of Labor Statistics, *Census of Fatal Occupational Injuries*, 2013-2015; U.S. Bureau of Economic Analysis, 2013-2015
For details: <http://www.AmericasHealthRankings.org/AR17/WorkFatalities>

4.3

deaths per 100,000 workers



Ranking

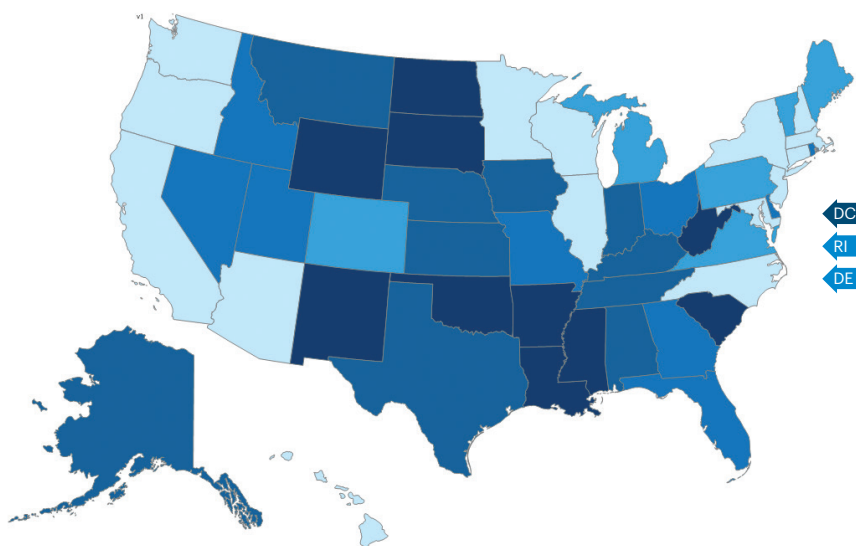
by Occupational Fatalities

Rank	State	Value
1	New York	2.0
2	Massachusetts	2.4
3	Washington	2.5
4	Minnesota	2.8
5	California	3.0
6	New Hampshire	3.1
7	Oregon	3.4
8	Connecticut	3.5
9	New Jersey	3.7
10	Arizona	3.9
10	Hawaii	3.9
10	Illinois	3.9
10	Maryland	3.9
10	North Carolina	3.9
10	Wisconsin	3.9
16	Colorado	4.0
16	Michigan	4.0
16	Vermont	4.0
19	Maine	4.1
20	Pennsylvania	4.2
20	Virginia	4.2
22	Ohio	4.3
22	Rhode Island	4.3
24	Delaware	4.4
24	Utah	4.4
26	Florida	4.6
27	Idaho	4.7
27	Nevada	4.7
29	Georgia	4.8
29	Missouri	4.8
31	Kansas	5.0
31	Nebraska	5.0
33	Indiana	5.1
33	Tennessee	5.1
35	Alabama	5.5
35	Iowa	5.5
35	Kentucky	5.5
38	Montana	5.6
38	Texas	5.6
40	Alaska	5.9
41	South Dakota	6.2
42	South Carolina	6.4
43	New Mexico	6.9
44	Arkansas	7.5
44	Louisiana	7.5
46	West Virginia	7.7
47	Oklahoma	8.1
48	Mississippi	9.3
49	North Dakota	9.5
50	Wyoming	12.6
United States		4.3
District of Columbia		6.1

Occupational Fatalities by State

Number of fatal occupational injuries in construction, manufacturing, trade, transportation, utilities and professional and business services per 100,000 workers

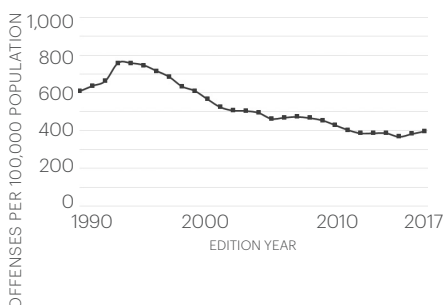
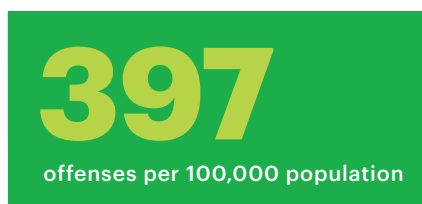
■ ≤3.9
 ■ 4.0 to 4.2
 ■ 4.3 to 4.8
 ■ 4.9 to 5.9
 ■ ≥6.0



Violent Crime

More than 1.2 million violent crimes occurred in the United States in 2016, including 17,000 homicides. Homicide is the third-leading cause of death among those aged 15 to 34. Violent crime can cause injuries, mental health issues, disability, death, and long-term stress in children, families and neighborhoods. Violent crime interferes with healthy lifestyles by discouraging physical activity. Exposure to violence in childhood is associated with increased risk of chronic diseases in adulthood such as heart disease, diabetes and stroke. Violent crime carries an annual economic burden estimated at \$65 billion in lost productivity and \$6 billion in direct medical costs.

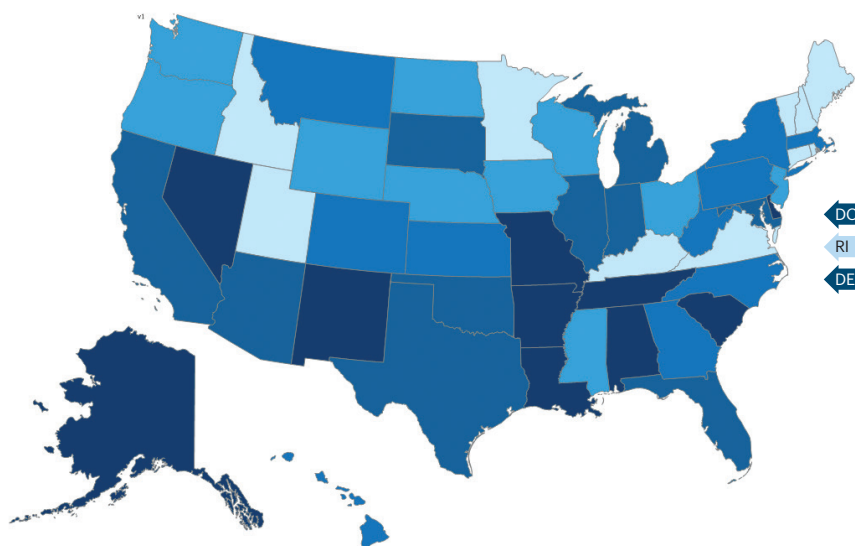
Data source: Federal Bureau of Investigation, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Crime>



Violent Crime by State

Number of murders, rapes, robberies and aggravated assaults per 100,000 population

■ ≤243
 ■ 244 to 306
 ■ 307 to 398
 ■ 399 to 472
 ■ ≥473



Ranking

by Violent Crime

Rank	State	Value
1	Maine	124
2	Vermont	158
3	New Hampshire	198
4	Virginia	218
5	Connecticut	227
6	Idaho	230
7	Kentucky	232
8	Rhode Island	239
9	Minnesota	243
9	Utah	243
11	Wyoming	244
12	New Jersey	245
13	North Dakota	251
14	Oregon	265
15	Mississippi	281
16	Iowa	291
16	Nebraska	291
18	Ohio	300
19	Washington	302
20	Wisconsin	306
21	Hawaii	309
22	Pennsylvania	316
23	Colorado	343
24	West Virginia	358
25	Montana	368
26	North Carolina	372
27	New York	376
28	Massachusetts	377
29	Kansas	380
30	Georgia	398
31	Indiana	405
32	South Dakota	418
33	Florida	430
34	Texas	434
35	Illinois	436
36	California	445
37	Oklahoma	450
38	Michigan	459
39	Arizona	470
40	Maryland	472
41	South Carolina	502
42	Delaware	509
43	Missouri	519
44	Alabama	532
45	Arkansas	551
46	Louisiana	566
47	Tennessee	633
48	Nevada	678
49	New Mexico	703
50	Alaska	804
United States		397
District of Columbia		1206

Immunizations—Adolescents

As children age, protection from some childhood vaccines diminish, putting school-aged children at risk for serious diseases like pertussis. A tetanus diphtheria and acellular pertussis booster (Tdap) for teens (preferably at age 11 or 12) is recommended to maintain protection against pertussis and to prevent the disease from spreading to vulnerable individuals, including infants and older adults. Other recommended vaccines are the meningococcal conjugate vaccine (MenACWY) that protects against meningococcal disease in teens and young adults and the human papillomavirus (HPV) vaccine that protects against cervical, genital and oropharyngeal cancers into adulthood. Yearly administration of the flu vaccine is also recommended to protect against seasonal influenza.

Data source: America's Health Rankings composite measure, 2017
For details: http://www.AmericasHealthRankings.org/AR17/immunize_teens_a

Ranking

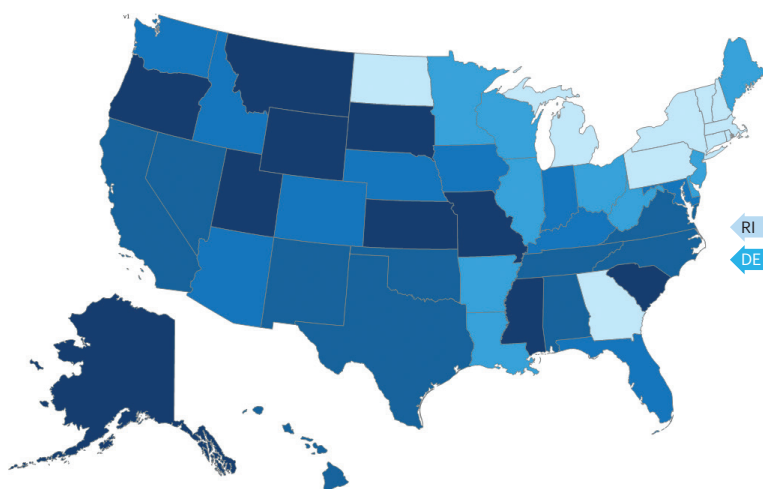
by Immunizations—
Adolescents

Rank	State	Value
1	Rhode Island	1.717
2	Massachusetts	1.425
3	Connecticut	1.055
4	New Hampshire	1.040
5	Vermont	1.030
6	North Dakota	0.980
7	Pennsylvania	0.943
8	Michigan	0.920
9	New York	0.918
10	Georgia	0.765
11	Louisiana	0.680
12	Delaware	0.630
13	Wisconsin	0.473
14	Maine	0.470
15	New Jersey	0.452
16	Illinois	0.445
17	West Virginia	0.283
18	Minnesota	0.257
19	Arkansas	0.135
20	Ohio	0.060
21	Maryland	0.027
22	Indiana	-0.028
23	Colorado	-0.032
24	Nebraska	-0.072
25	Iowa	-0.078
26	Washington	-0.112
27	Idaho	-0.137
28	Kentucky	-0.138
29	Arizona	-0.158
30	Florida	-0.180
31	North Carolina	-0.217
32	Hawaii	-0.272
33	Nevada	-0.318
34	Oklahoma	-0.323
35	California	-0.325
36	Alabama	-0.333
37	Tennessee	-0.373
38	New Mexico	-0.452
39	Texas	-0.493
40	Virginia	-0.590
41	Oregon	-0.620
42	Kansas	-0.757
43	Montana	-0.790
44	Utah	-0.962
45	Missouri	-1.133
46	Alaska	-1.177
47	Wyoming	-1.368
48	South Dakota	-1.382
49	South Carolina	-1.633
50	Mississippi	-1.647
United States		
District of Columbia		

Immunizations—Adolescents by State

Mean z score of the percentage of adolescents aged 13 to 17 who received ≥ 1 dose of Tdap vaccine since age 10, ≥ 1 dose of meningococcal vaccine and all recommended doses of human papillomavirus vaccine

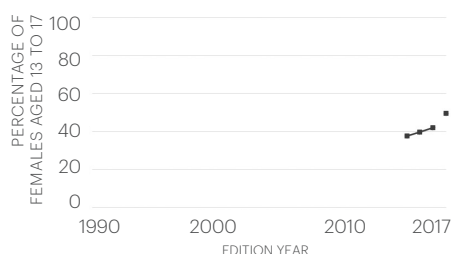
■ ≥ 0.765 ■ 0.060 to 0.764 ■ -0.180 to 0.059 ■ -0.590 to -0.181 ■ ≤ -0.591



Immunizations, HPV Females

Human papillomavirus (HPV) is the most common sexually transmitted infection, affecting nearly all sexually active people. Almost 80 million Americans, or about one in four, are infected with HPV, and about 14 million people become newly infected each year. Completing the HPV vaccine series before becoming sexually active can prevent HPV infections that cause cervical, vaginal and vulvar cancers in women, penile cancer in men, and anal cancer, throat cancer and genital warts in both men and women.

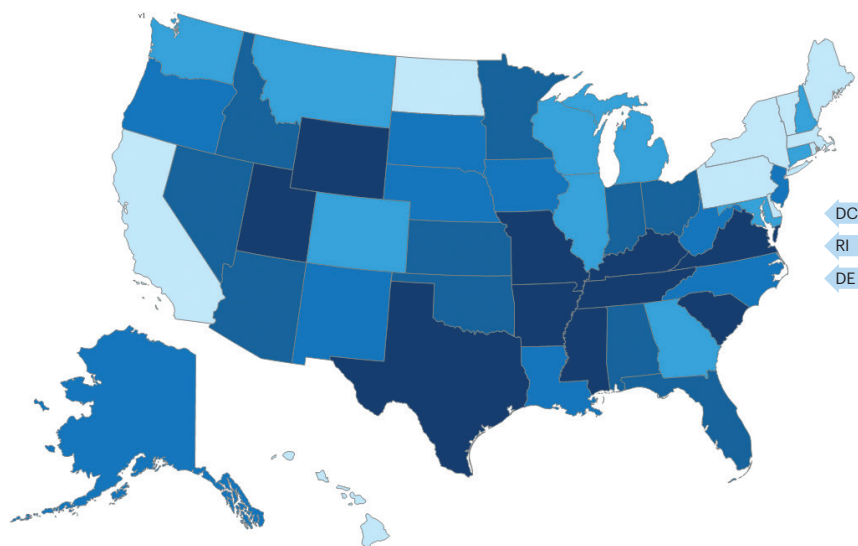
Data source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2016
For details: http://www.AmericasHealthRankings.org/AR17/immunize_hpv_female



Immunizations, HPV Females by State

Percentage of females aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine

■ >=58.0% ■ 51.8% to 57.9% ■ 46.9% to 51.7% ■ 42.5% to 46.8% ■ <=42.4%



Ranking

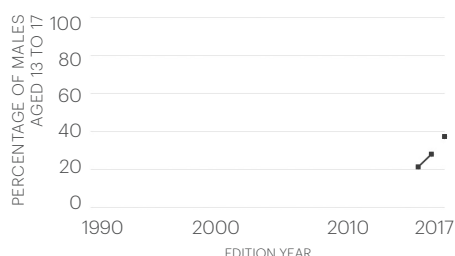
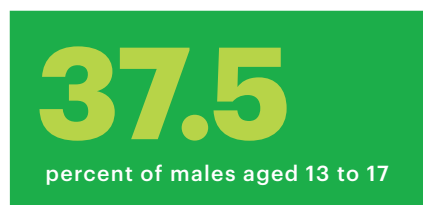
by Immunizations,
HPV Females

Rank	State	Value (%)
1	Rhode Island	73.0
2	Delaware	66.8
3	Maine	64.3
4	Massachusetts	62.0
5	Hawaii	61.5
6	New York	61.3
7	North Dakota	60.2
8	Vermont	58.4
9	California	58.3
10	Pennsylvania	58.0
11	Connecticut	56.9
12	New Hampshire	56.5
13	Georgia	55.4
13	Michigan	55.4
15	Washington	55.2
16	Wisconsin	53.6
17	Illinois	52.6
18	Montana	52.5
19	Colorado	52.1
20	Maryland	51.8
21	Louisiana	50.8
22	Nebraska	50.6
23	Oregon	50.3
24	New Jersey	50.1
25	West Virginia	49.7
26	New Mexico	49.0
27	Alaska	47.8
28	Iowa	47.4
29	South Dakota	47.3
30	North Carolina	46.9
31	Arizona	46.6
32	Alabama	46.5
33	Florida	46.4
33	Minnesota	46.4
35	Kansas	45.6
36	Oklahoma	43.6
37	Indiana	43.5
38	Idaho	43.4
39	Nevada	43.0
40	Ohio	42.5
41	Utah	41.3
42	Virginia	41.1
43	Kentucky	39.7
43	Texas	39.7
45	Missouri	38.5
46	Tennessee	36.9
47	Arkansas	35.5
48	Mississippi	33.9
48	Wyoming	33.9
50	South Carolina	30.8
United States		49.5
District of Columbia		65.1

Immunizations, HPV Males

Human papillomavirus (HPV) is the most common sexually transmitted infection, affecting nearly all sexually active people. Almost 80 million Americans, or about one in four, are infected with HPV, and about 14 million people become newly infected each year. HPV vaccination before becoming sexually active can prevent HPV infections that cause cervical, vaginal and vulvar cancers in women, penile cancer in men, and anal cancer, throat cancer and genital warts in both men and women.

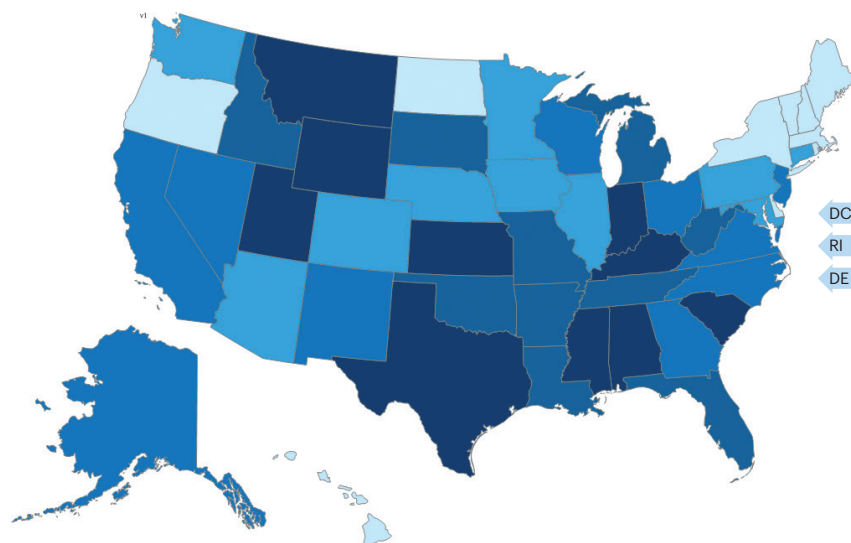
Data source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2016
For details: http://www.AmericasHealthRankings.org/AR17/immunize_hpv_male



Immunizations, HPV Males by State

Percentage of males aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine

■ >=44.7% ■ 41.3% to 44.6% ■ 35.7% to 41.2% ■ 30.0% to 35.6% ■ <=29.9%



Ranking

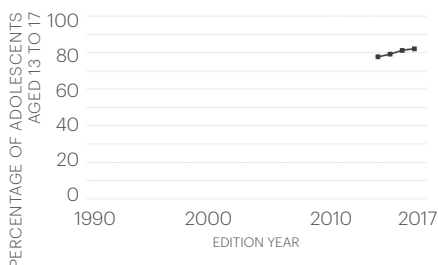
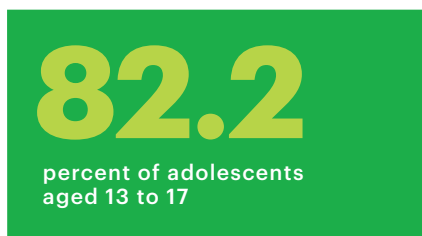
by Immunizations,
HPV Males

Rank	State	Value (%)
1	Rhode Island	68.7
2	Vermont	53.1
3	Massachusetts	51.4
4	New York	50.3
5	Maine	48.2
6	Delaware	47.3
7	Hawaii	46.9
8	New Hampshire	46.3
9	North Dakota	45.5
10	Oregon	44.7
11	Maryland	44.5
12	Pennsylvania	44.4
13	Colorado	44.0
13	Washington	44.0
15	Iowa	43.8
16	Illinois	43.2
17	Minnesota	42.0
18	Arizona	41.7
19	Connecticut	41.5
20	Nebraska	41.3
21	Ohio	41.1
22	California	40.3
23	Alaska	39.1
24	Wisconsin	37.8
25	Virginia	37.4
26	Nevada	37.0
26	New Mexico	37.0
28	Georgia	36.2
29	New Jersey	35.8
30	North Carolina	35.7
31	Tennessee	35.2
32	Oklahoma	35.0
33	Michigan	34.6
34	Florida	34.5
35	Arkansas	33.6
36	Missouri	33.3
37	Louisiana	33.2
38	West Virginia	33.0
39	South Dakota	30.5
40	Idaho	30.0
41	Kentucky	28.5
42	Montana	27.9
43	South Carolina	27.4
44	Texas	26.5
45	Kansas	26.0
46	Alabama	24.7
46	Indiana	24.7
48	Mississippi	24.5
49	Utah	20.3
50	Wyoming	19.9
United States		37.5
District of Columbia		58.8

Immunizations, Meningococcal

Meningococcal disease is a potentially life-threatening illness caused by *Neisseria meningitidis* bacteria, most commonly diagnosed in infants, teens and young adults. The meningococcal vaccine protects against the three most common serogroups (B, C and Y) seen in the United States.

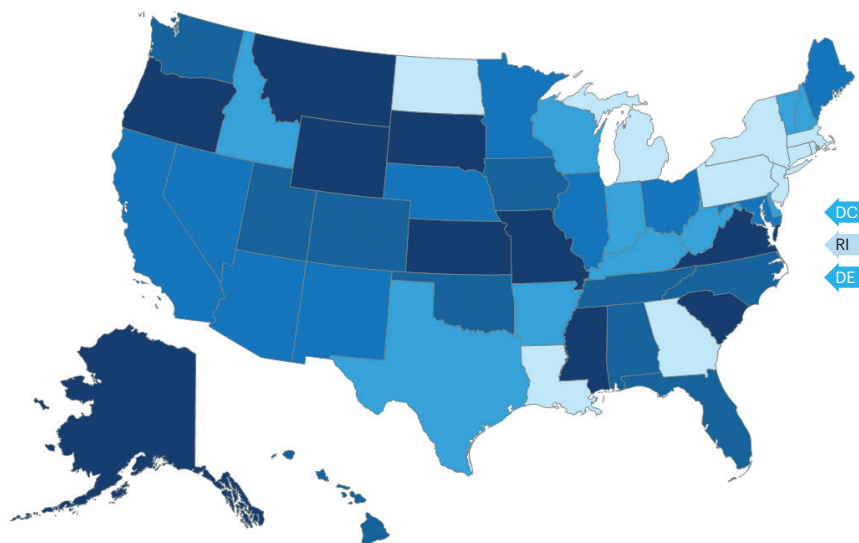
Data source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2016
For details: http://www.AmericasHealthRankings.org/AR17/Immunize_mcv4



Immunizations, Meningococcal by State

Percentage of adolescents aged 13 to 17 who received ≥ 1 dose of meningococcal conjugate vaccine (MenACWY)

■ $\geq 89.2\%$
■ 85.5% to 89.1%
 ■ 77.8% to 85.4%
 ■ 72.4% to 77.7%
 ■ $\leq 72.3\%$



Ranking

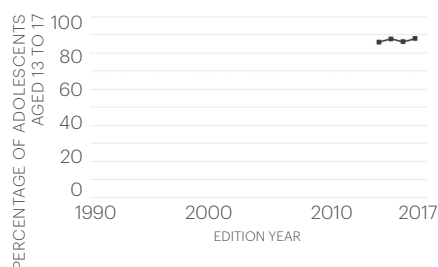
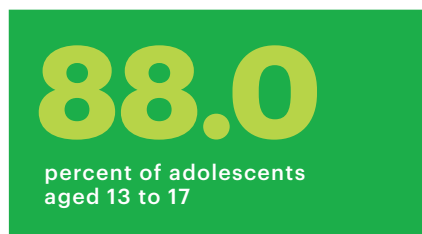
by Immunizations,
Meningococcal

Rank	State	Value (%)
1	Rhode Island	96.4
2	Michigan	95.0
3	Connecticut	93.9
4	Pennsylvania	92.7
5	North Dakota	92.0
6	New Jersey	91.7
7	Georgia	91.4
8	Louisiana	90.9
9	Massachusetts	90.4
10	New York	89.2
11	Arkansas	89.1
12	West Virginia	89.0
13	Indiana	88.0
13	New Hampshire	88.0
15	Delaware	87.3
16	Idaho	86.5
17	Vermont	86.4
18	Kentucky	85.9
19	Wisconsin	85.6
20	Texas	85.5
21	Arizona	85.2
21	Minnesota	85.2
23	Maryland	84.8
24	Illinois	83.9
25	Maine	83.5
26	Nebraska	80.2
27	California	79.7
28	Ohio	79.6
29	Nevada	78.7
30	New Mexico	77.8
31	Colorado	77.5
32	Utah	76.6
33	Florida	76.3
33	Tennessee	76.3
35	Hawaii	75.8
36	North Carolina	75.7
37	Washington	75.1
38	Iowa	74.9
39	Oklahoma	73.6
40	Alabama	72.4
41	Virginia	71.5
42	Oregon	70.5
43	Kansas	69.7
44	South Carolina	68.9
45	Montana	67.6
46	Alaska	67.0
47	Missouri	66.2
48	South Dakota	65.7
49	Mississippi	57.4
50	Wyoming	54.2
	United States	82.2
	District of Columbia	86.9

Immunizations, Tdap

The tetanus, diphtheria and acellular pertussis booster (Tdap) provides protection from potentially serious diseases caused by three types of bacteria: tetanus (lockjaw), diphtheria and pertussis (whooping cough). The Tdap booster is recommended for adolescents, preferably at age 11 or 12, who have completed the recommended childhood diphtheria, tetanus and acellular pertussis (DTaP) vaccine series.

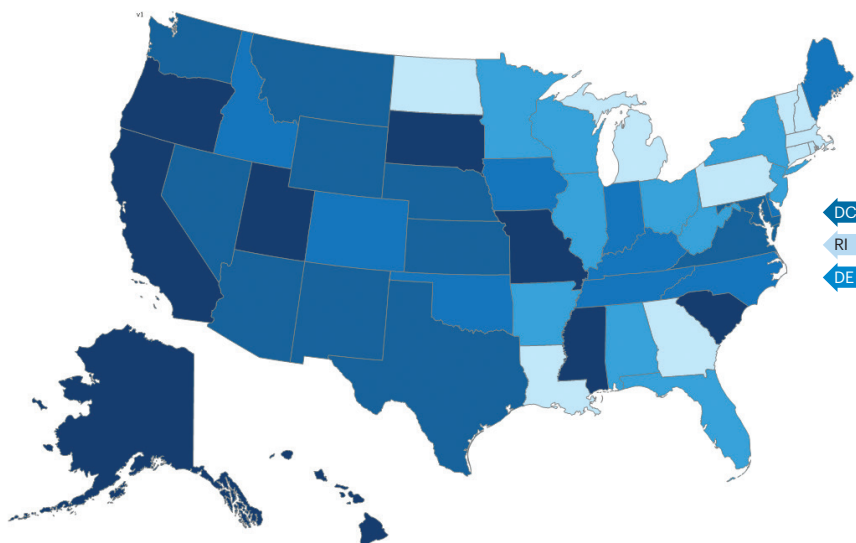
Data source: Centers for Disease Control and Prevention, *National Immunization Survey, 2016*
For details: http://www.AmericasHealthRankings.org/AR17/Immunize_tdap



Immunizations, Tdap by State

Percentage of adolescents aged 13 to 17 who received ≥ 1 dose of tetanus, diphtheria and acellular pertussis (Tdap) vaccine since age 10

■ $\geq 92.0\%$ ■ 89.7% to 91.9% ■ 87.5% to 89.6% ■ 84.3% to 87.4% ■ $\leq 84.2\%$



Ranking

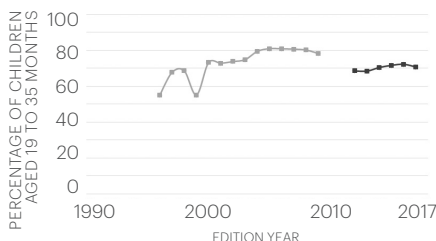
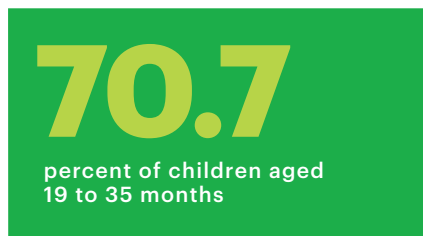
by Immunizations, Tdap

Rank	State	Value (%)
1	Massachusetts	96.7
2	Rhode Island	95.4
3	New Hampshire	95.3
4	Connecticut	93.9
5	Vermont	93.8
6	Louisiana	93.7
7	Michigan	93.6
8	Georgia	92.8
9	North Dakota	92.0
9	Pennsylvania	92.0
11	Alabama	91.7
12	Wisconsin	91.6
13	New York	91.1
14	Arkansas	91.0
14	Illinois	91.0
16	Ohio	90.8
17	New Jersey	89.9
18	Florida	89.7
18	Minnesota	89.7
18	West Virginia	89.7
21	Oklahoma	89.6
22	Indiana	89.5
23	Tennessee	89.3
24	Iowa	89.2
25	North Carolina	89.1
26	Kentucky	89.0
27	Colorado	87.5
27	Delaware	87.5
27	Idaho	87.5
27	Maine	87.5
31	Kansas	87.3
32	Nevada	87.1
32	Virginia	87.1
34	Nebraska	86.8
34	Washington	86.8
36	Wyoming	86.7
37	Montana	85.7
38	Maryland	85.0
38	Texas	85.0
40	Arizona	84.3
40	New Mexico	84.3
42	Missouri	83.9
42	Utah	83.9
44	Oregon	83.2
45	Hawaii	82.2
46	California	82.1
47	Mississippi	82.0
48	Alaska	79.4
48	South Dakota	79.4
50	South Carolina	77.5
United States		88.0
District of Columbia		86.5

Immunizations—Children

Early childhood immunization is a safe and cost-effective means of protecting children from potentially life-threatening diseases. Infants receiving recommended immunizations by age two are protected from 14 diseases. After the implementation of the Vaccines For Children Program in 1994, it is estimated that among all children born between 1994 and 2013, childhood vaccinations prevented 322 million illnesses and roughly 732,000 early deaths, saving society a total of \$1.38 trillion. Unfortunately, geographic, racial and socioeconomic variation in U.S. childhood vaccination coverage levels persists. Non-Hispanic black children and children living below the federal poverty level had the lowest immunization coverage in 2016.

Data source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Immunize>



Ranking

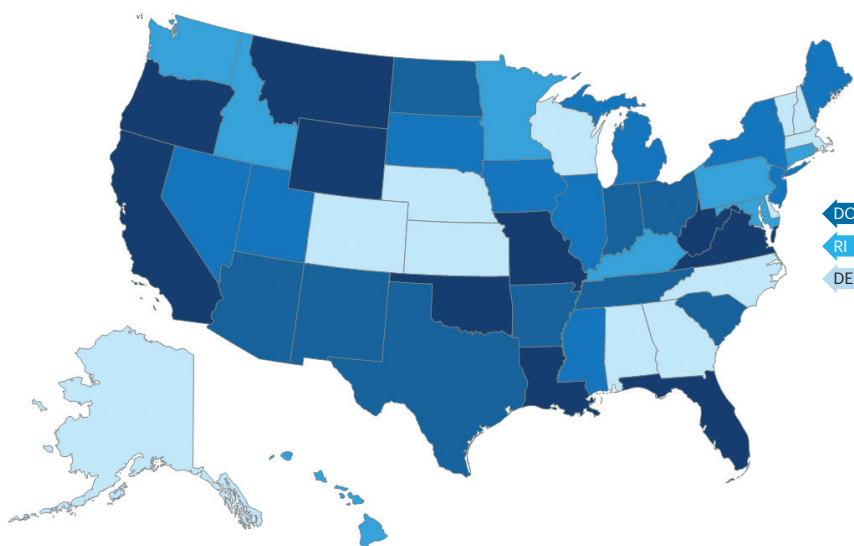
by Immunizations—Children

Rank	State	Value (%)
1	Massachusetts	85.3
2	Nebraska	80.6
3	Wisconsin	79.4
4	Delaware	78.1
5	New Hampshire	78.0
6	North Carolina	77.8
7	Alabama	77.3
7	Georgia	77.3
9	Vermont	76.8
10	Colorado	76.4
10	Kansas	76.4
12	Connecticut	75.7
12	Washington	75.7
14	Rhode Island	75.5
15	Hawaii	75.1
16	Kentucky	74.5
17	Maryland	74.4
18	Idaho	73.9
19	Minnesota	73.8
20	Pennsylvania	73.7
21	Iowa	73.5
22	New York	72.3
23	Utah	72.2
24	Nevada	71.9
25	Illinois	71.5
26	Maine	70.6
27	Mississippi	70.4
27	South Dakota	70.4
29	Michigan	70.2
29	New Jersey	70.2
31	Arizona	69.9
32	South Carolina	69.7
33	Texas	69.5
34	Alaska	68.8
34	Indiana	68.8
36	New Mexico	68.5
37	North Dakota	68.2
38	Ohio	68.0
39	Arkansas	67.8
40	Tennessee	67.4
41	Florida	67.1
42	Oklahoma	67.0
43	Missouri	66.9
44	Louisiana	66.8
45	Virginia	65.9
46	California	65.3
47	West Virginia	64.7
48	Montana	63.6
49	Wyoming	62.8
50	Oregon	58.1
	United States	70.7
	District of Columbia	68.2

Immunizations—Children by State

Percentage of children aged 19 to 35 months who received recommended doses of diphtheria, tetanus and acellular pertussis (DTaP), measles, mumps and rubella (MMR), polio, *Haemophilus influenzae* type b (Hib), hepatitis B, varicella and pneumococcal conjugate vaccines

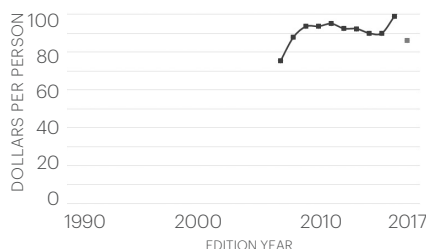
■ >=76.4% ■ 73.7% to 76.3% ■ 70.2% to 73.6% ■ 67.4% to 70.1% ■ <=67.3%



Public Health Funding

Public health funding allows states to proactively implement preventive and education programs that improve health. Public health program spending represents only a small fraction of all health care spending, yet its impact can be substantial. Increased spending on public health programs is linked to a decrease in mortality from preventable causes of death. Research shows investing \$10 per person per year in community-based programs proven to increase physical activity, improve nutrition, and prevent smoking or other tobacco use could save the country more than \$16 billion annually within five years. This is a return of \$5.60 for every \$1 invested.

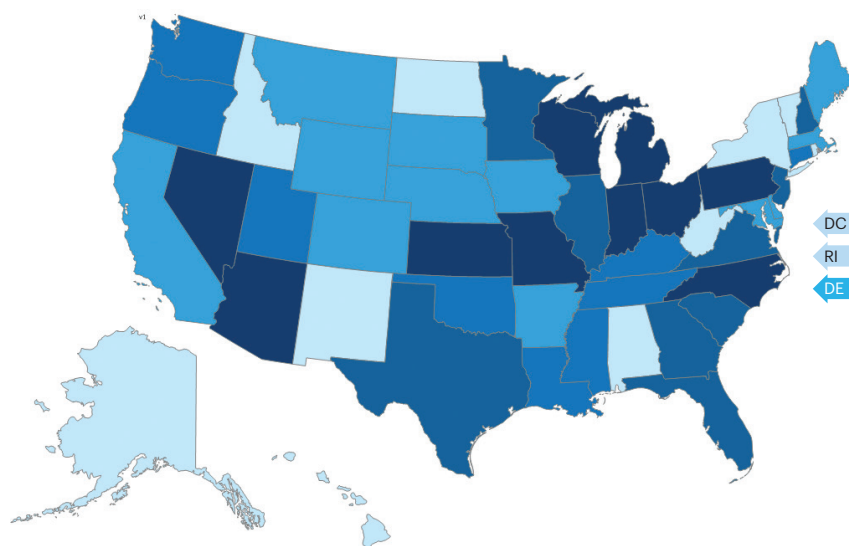
Data source: Trust For America's Health, 2015-2016; U.S. Department of Health & Human Services, 2015-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2015-2016
For details: http://www.AmericasHealthRankings.org/AR17/PH_Spending



Public Health Funding by State

State dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention and the Health Resources Services Administration per person

■ >=\$113 ■ \$95 to \$112 ■ \$77 to \$94 ■ \$63 to \$76 ■ <=\$62



Ranking

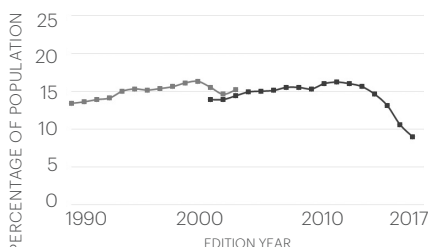
by Public Health Funding

Rank	State	Value
1	West Virginia	296
2	Alaska	285
3	Hawaii	247
4	North Dakota	154
5	Idaho	153
5	New York	153
7	Rhode Island	140
8	Vermont	138
9	New Mexico	126
10	Alabama	113
11	Montana	111
12	Wyoming	110
13	Massachusetts	108
14	Arkansas	107
14	Delaware	107
16	Iowa	105
16	South Dakota	105
18	California	103
19	Colorado	97
20	Maine	95
20	Maryland	95
20	Nebraska	95
23	Tennessee	94
24	Washington	93
25	Oklahoma	87
26	Louisiana	86
27	Connecticut	82
28	Oregon	81
29	Kentucky	79
30	Mississippi	77
30	Utah	77
32	South Carolina	74
33	Minnesota	73
33	Virginia	73
35	Georgia	72
36	New Hampshire	71
37	Illinois	69
38	Texas	67
39	New Jersey	65
40	Florida	63
41	Michigan	62
42	Kansas	56
42	North Carolina	56
42	Pennsylvania	56
45	Missouri	53
45	Ohio	53
47	Arizona	50
47	Wisconsin	50
49	Indiana	49
50	Nevada	41
United States		86
District of Columbia		506

Uninsured

Individuals without health insurance have more difficulty accessing the health care system, are often unable to participate in preventive care programs, and tend to have more unmet health needs than those with health insurance. Unmet health needs may develop into more serious conditions requiring more costly treatments. Lack of health insurance often leads to emergency department visits that can be 10 times costlier than treatment in a clinic. Since the passage of the Affordable Care Act in 2010, the percentage of uninsured Americans is the lowest it has been in over 50 years.

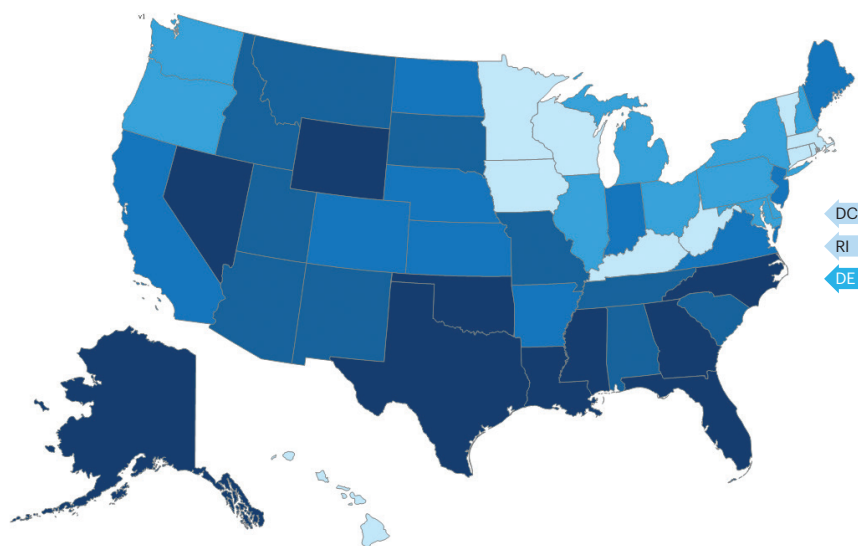
Data source: U.S. Census Bureau, American Community Survey, 2015-2016
For details: <http://www.AmericasHealthRankings.org/AR17/uninsured>



Uninsured by State

Percentage of the population that does not have health insurance privately, through their employer or through the government

≤5.7% 5.8% to 6.8% 6.9% to 8.9% 9.0% to 10.6% ≥10.7%



Ranking

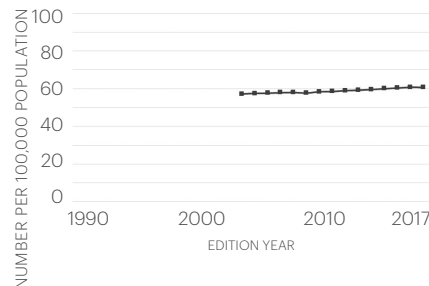
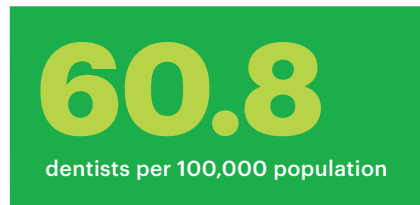
by Uninsured

Rank	State	Value (%)
1	Massachusetts	2.7
2	Hawaii	3.8
2	Vermont	3.8
4	Minnesota	4.3
5	Iowa	4.7
6	Rhode Island	5.0
7	Connecticut	5.5
7	Wisconsin	5.5
9	Kentucky	5.6
10	West Virginia	5.7
11	Delaware	5.8
11	Michigan	5.8
13	Pennsylvania	6.0
14	New Hampshire	6.1
14	Ohio	6.1
16	Washington	6.3
17	Maryland	6.4
18	New York	6.6
18	Oregon	6.6
20	Illinois	6.8
21	North Dakota	7.4
22	Colorado	7.8
23	California	8.0
24	Maine	8.2
25	Nebraska	8.4
25	New Jersey	8.4
27	Arkansas	8.7
28	Indiana	8.9
28	Kansas	8.9
28	Virginia	8.9
31	Missouri	9.4
32	South Dakota	9.5
33	Alabama	9.6
34	Tennessee	9.7
34	Utah	9.7
36	Montana	9.9
37	New Mexico	10.1
38	Arizona	10.4
39	South Carolina	10.5
40	Idaho	10.6
41	North Carolina	10.8
42	Louisiana	11.1
43	Wyoming	11.5
44	Nevada	11.9
45	Mississippi	12.3
46	Florida	12.9
47	Georgia	13.4
48	Oklahoma	13.9
49	Alaska	14.5
50	Texas	16.9
United States		9.0
District of Columbia		3.9

Dentists

Nearly one-third of U.S. adults have untreated tooth decay, and despite steady growth in working dentists, many areas and populations do not have an adequate supply of dentists to meet current needs. Significant oral health disparities exist in rural communities. These disparities are due to limited access to oral health care, which is associated with an inadequate supply of dentists, a decreasing number of dentists accepting Medicaid patients, patient difficulty in traveling to a dentist, poverty, lack of a fluoridated community water supply and a growing older adult population. Disparities in oral health care contribute to higher rates of dental caries and toothlessness in rural populations compared with urban populations.

Data source: American Dental Association, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/dentists>



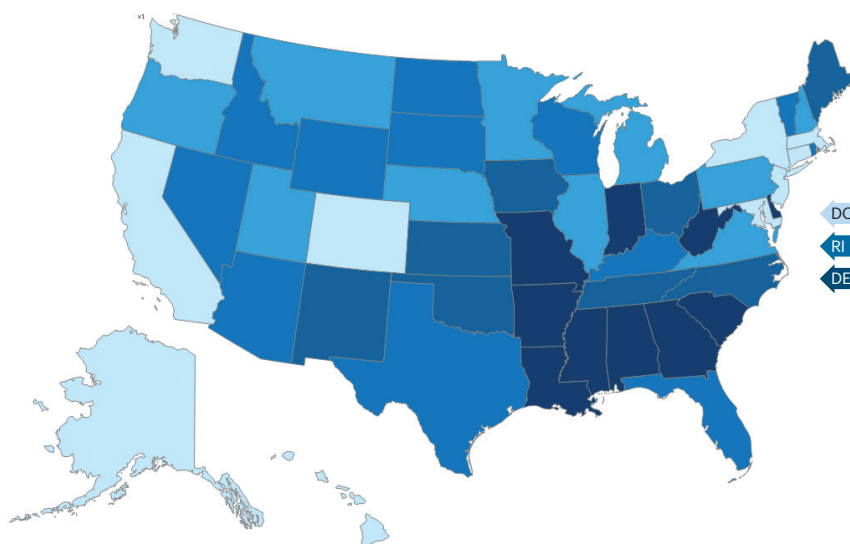
Ranking by Dentists

Rank	State	Value
1	Massachusetts	80.7
1	New Jersey	80.7
3	California	76.8
4	Hawaii	76.4
5	Connecticut	76.1
6	Alaska	74.1
7	New York	73.5
8	Washington	71.6
9	Maryland	70.7
10	Colorado	69.7
11	Oregon	67.9
12	Illinois	67.4
13	Nebraska	65.1
14	Virginia	63.6
15	New Hampshire	63.4
16	Utah	61.7
17	Michigan	61.5
18	Pennsylvania	60.7
19	Montana	60.5
20	Minnesota	59.5
21	Vermont	57.0
22	Wisconsin	55.9
23	Idaho	55.8
24	North Dakota	55.4
25	Kentucky	54.6
26	Rhode Island	54.2
27	Arizona	53.9
28	Wyoming	53.1
29	Nevada	52.9
30	Florida	52.3
30	South Dakota	52.3
30	Texas	52.3
33	Ohio	52.0
34	Iowa	51.9
35	New Mexico	51.4
36	North Carolina	51.2
37	Kansas	50.5
38	Maine	50.0
39	Oklahoma	49.6
40	Tennessee	49.2
41	Missouri	48.5
42	Louisiana	48.2
42	South Carolina	48.2
44	West Virginia	47.9
45	Indiana	46.8
46	Georgia	46.7
47	Delaware	44.3
48	Alabama	43.7
49	Mississippi	42.2
50	Arkansas	41.2
United States		60.8
District of Columbia		88.5

Dentists by State

Number of practicing dentists per 100,000 population

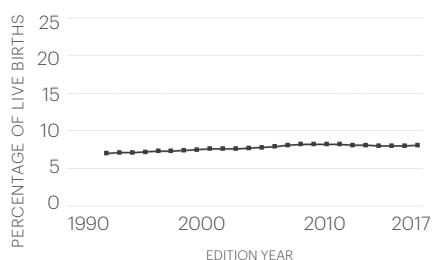
■ >=69.7
 ■ 59.5 to 69.6
 ■ 52.3 to 59.4
 ■ 49.2 to 52.2
 ■ <=49.1



Low Birthweight

Low birthweight is associated with increased infant mortality. Potential medical problems in infants with low birthweight include respiratory distress syndrome, heart problems and intestinal disorders. There may be a connection between low birthweight and chronic adulthood diseases such as type 2 diabetes and coronary heart disease. Black women are almost twice as likely to have a low birthweight baby compared with white and Hispanic women. Other significant maternal risk factors include chronic health conditions, smoking, low education or income level and stress. The average hospital cost for a low birthweight infant is estimated to be \$76,700, compared with \$1,000 for a normal weight newborn.

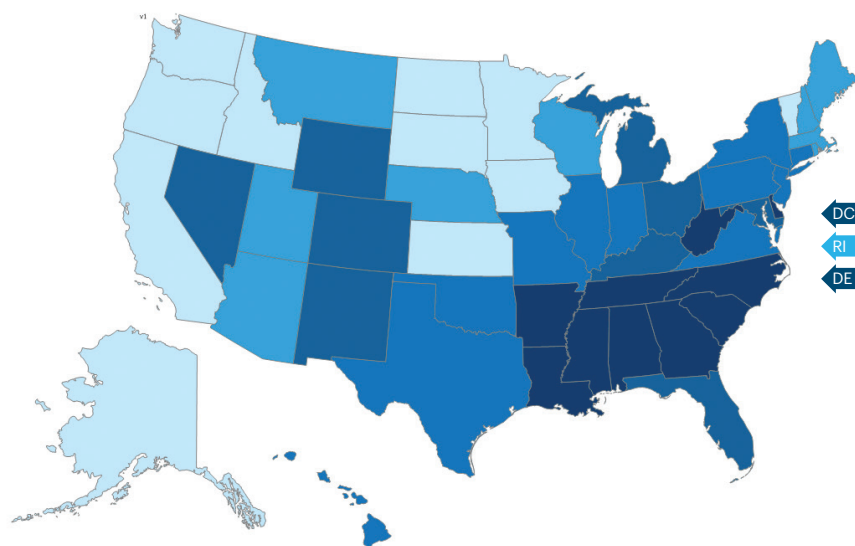
Data source: Centers for Disease Control and Prevention, *National Vital Statistics System*, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/birthweight>



Low Birthweight by State

Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth

■ ≤6.8%
 ■ 6.9% to 7.6%
 ■ 7.7% to 8.3%
 ■ 8.4% to 9.0%
 ■ ≥9.1%



Ranking

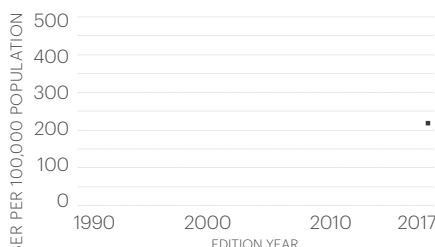
by Low Birthweight

Rank	State	Value (%)
1	Alaska	5.8
2	South Dakota	6.1
3	North Dakota	6.2
4	Minnesota	6.4
4	Oregon	6.4
4	Washington	6.4
7	Idaho	6.6
7	Vermont	6.6
9	Iowa	6.7
10	California	6.8
10	Kansas	6.8
12	Maine	6.9
12	New Hampshire	6.9
14	Montana	7.0
14	Utah	7.0
16	Nebraska	7.1
17	Arizona	7.2
18	Wisconsin	7.3
19	Massachusetts	7.4
20	Rhode Island	7.6
21	New York	7.8
22	Connecticut	7.9
22	Oklahoma	7.9
22	Virginia	7.9
25	Indiana	8.0
26	New Jersey	8.1
26	Pennsylvania	8.1
28	Texas	8.2
29	Hawaii	8.3
29	Illinois	8.3
29	Missouri	8.3
32	Michigan	8.5
32	Nevada	8.5
32	Ohio	8.5
35	Florida	8.6
35	Maryland	8.6
35	Wyoming	8.6
38	Kentucky	8.7
38	New Mexico	8.7
40	Colorado	9.0
41	North Carolina	9.1
41	Tennessee	9.1
43	Arkansas	9.2
44	Delaware	9.3
45	Georgia	9.5
45	South Carolina	9.5
45	West Virginia	9.5
48	Alabama	10.4
49	Louisiana	10.6
50	Mississippi	11.4
United States		8.1
District of Columbia		10.0

Mental Health Providers

Access to mental health care is as important as access to care for physical ailments. More than 43 million adults had a mental illness in 2015 and nearly 10 million had a serious mental illness. Mental health providers provide assessment, diagnosis, treatment and medication and/or therapeutic interventions for mental and behavioral disorders. In 2016 44.7 percent of adults with a mental illness and 64.8 percent with a serious mental illness received treatment in the past year. Access to mental health providers is a large problem in rural areas where 20 percent of the population lives but only about 10 percent of psychologists and psychiatrists work.

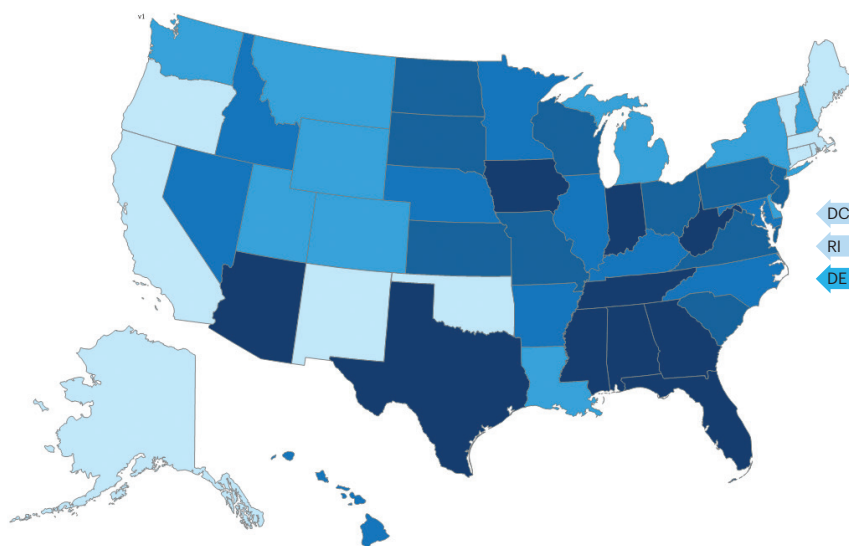
Data source: U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, 2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/mentalhealthproviders>



Mental Health Providers by State

Number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population

■ >=315.5
 ■ 234.8 to 315.4
 ■ 190.7 to 234.7
 ■ 145.2 to 190.6
 ■ <=145.1



Ranking

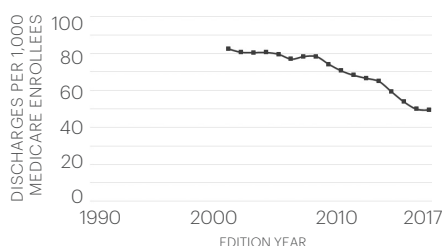
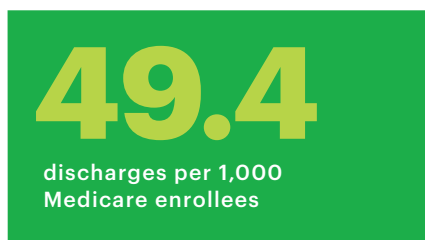
by Mental Health Providers

Rank	State	Value
1	Massachusetts	547.3
2	Oregon	453.7
3	Maine	442.1
4	Vermont	407.3
5	Oklahoma	382.7
6	Rhode Island	375.0
7	New Mexico	369.4
8	Alaska	364.2
9	Connecticut	354.8
10	California	315.5
11	Colorado	313.5
12	Wyoming	310.2
13	Washington	308.5
14	Utah	293.4
15	New Hampshire	273.8
16	Montana	265.2
17	New York	259.2
18	Louisiana	257.1
19	Delaware	235.7
20	Michigan	234.8
21	Nebraska	233.0
22	Hawaii	229.5
23	Maryland	219.3
24	North Carolina	219.1
25	Minnesota	216.8
26	Arkansas	213.3
27	Kentucky	194.6
28	Illinois	193.8
29	Idaho	193.6
30	Nevada	190.7
31	New Jersey	188.9
32	Ohio	182.5
33	Pennsylvania	182.0
34	Kansas	181.4
35	Wisconsin	178.5
36	Missouri	171.5
37	North Dakota	165.4
38	South Dakota	162.2
39	South Carolina	157.7
40	Virginia	145.2
41	Florida	144.8
42	Indiana	144.2
43	Tennessee	138.2
44	Iowa	134.7
45	Mississippi	132.6
46	Georgia	122.5
47	Arizona	121.9
48	West Virginia	112.7
49	Texas	98.3
50	Alabama	85.0
United States		218.0
District of Columbia		470.5

Preventable Hospitalizations

Preventable hospitalizations reflect the efficiency of a population's use of primary care and the quality of the primary health care received. Accessible and effective primary care can reduce hospitalizations for many preventable infectious diseases, asthma attacks, diabetes and hypertension. Routine care in outpatient settings for non-emergent acute or chronic conditions can prevent complications and more severe disease, as well as the need for hospitalization. Preventable hospitalizations are more common among the uninsured and often occur because of failure to treat conditions early in an outpatient setting. Preventable hospitalizations impose a nonessential financial burden on health care systems estimated at \$30.8 billion per year.

Data source: The Dartmouth Atlas of Health Care, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/preventable>



Ranking

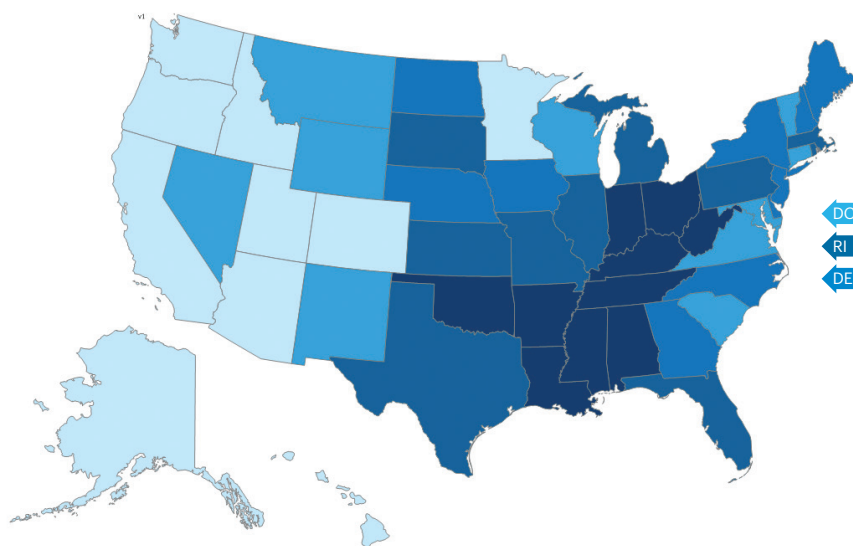
by Preventable
Hospitalizations

Rank	State	Value
1	Hawaii	23.3
2	Utah	27.9
3	Colorado	31.2
4	Idaho	32.3
5	Washington	32.7
6	Oregon	33.9
7	Alaska	36.0
8	Arizona	36.1
9	California	36.2
10	Minnesota	36.6
11	Vermont	39.4
12	New Mexico	39.5
13	Montana	41.1
14	Nevada	42.2
15	Virginia	42.8
16	Wyoming	43.1
17	Wisconsin	45.0
18	South Carolina	45.6
19	Connecticut	46.2
20	Maryland	46.7
21	New York	46.8
22	New Hampshire	47.1
23	Delaware	47.2
24	Nebraska	48.3
25	Iowa	48.9
26	North Carolina	49.0
27	North Dakota	49.1
28	Maine	49.4
29	New Jersey	49.6
30	Georgia	50.2
31	South Dakota	50.5
32	Kansas	51.3
33	Pennsylvania	51.7
34	Texas	53.2
35	Florida	53.6
36	Rhode Island	54.0
37	Massachusetts	54.3
38	Illinois	54.8
39	Michigan	55.4
40	Missouri	56.6
41	Indiana	56.8
42	Ohio	57.0
43	Tennessee	59.3
44	Oklahoma	59.9
45	Arkansas	61.8
46	Alabama	62.0
47	Louisiana	65.8
48	Mississippi	70.2
49	West Virginia	75.0
50	Kentucky	76.6
United States		49.4
District of Columbia		38.3

Preventable Hospitalizations by State

Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 and older

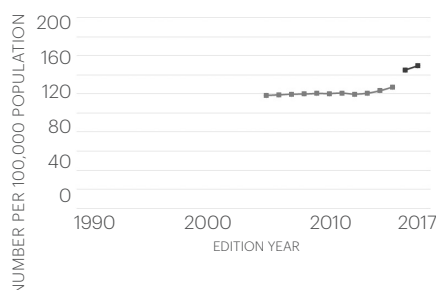
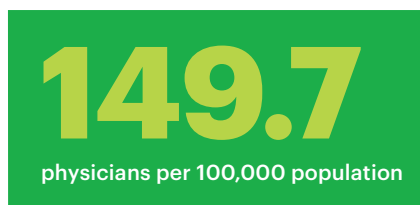
■ ≤36.6
 ■ 36.7 to 46.7
 ■ 46.8 to 50.2
 ■ 50.3 to 56.6
 ■ ≥56.7



Primary Care Physicians

The Health Services and Resource Administration estimates that an additional 8,200 primary care physicians are needed to meet unmet needs. Primary care physicians are typically the first point of contact with the health care system for patients. They provide critical preventive care, ongoing care and referrals to specialists. Primary care availability has a documented influence on health; having a greater number of primary care physicians has been linked to better health outcomes including lower rates of low birthweight and all-cause mortality and longer life spans. Access to primary care is especially problematic in rural areas; 77 percent of rural counties are designated health professional shortage areas.

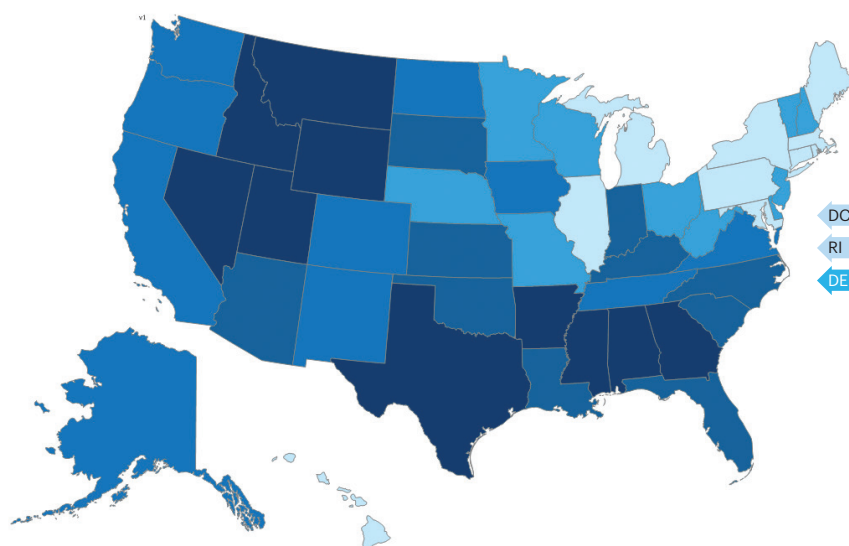
Data source: American Medical Association, Special data request for active state licensed physicians provided by Redi-Data, Inc., Sept 18, 2017; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/PCP>



Primary Care Physicians by State

Number of active primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine) per 100,000 population

■ ≥175.3 ■ 145.2 to 175.2 ■ 133.7 to 145.1 ■ 120.6 to 133.6 ■ ≤120.5



Ranking

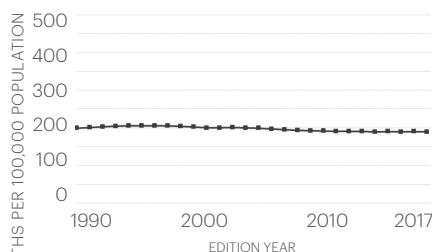
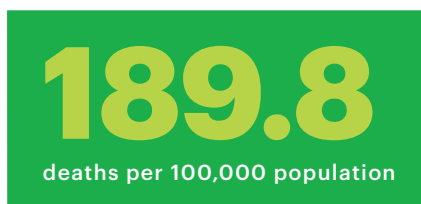
by Primary Care Physicians

Rank	State	Value
1	Rhode Island	256.3
2	Massachusetts	237.1
3	New York	215.5
4	Connecticut	209.4
5	Pennsylvania	199.8
6	Michigan	193.0
7	Maine	187.4
8	Maryland	184.9
9	Hawaii	179.9
10	Illinois	175.3
11	Vermont	175.1
12	New Jersey	171.1
13	Ohio	167.3
14	Minnesota	162.3
15	New Hampshire	160.6
16	Missouri	160.4
17	West Virginia	159.6
18	Delaware	156.7
19	Nebraska	150.7
20	Wisconsin	145.2
21	Washington	144.0
22	Oregon	143.8
23	Iowa	142.3
24	Virginia	141.8
25	North Dakota	140.5
26	Colorado	139.9
27	Tennessee	138.5
28	New Mexico	136.6
29	California	135.1
30	Alaska	133.7
31	Kansas	133.3
32	Florida	131.6
33	Louisiana	131.1
34	North Carolina	130.9
35	Oklahoma	127.5
36	South Carolina	127.0
37	Arizona	126.0
38	South Dakota	125.8
39	Indiana	123.4
40	Kentucky	120.6
41	Georgia	119.9
42	Alabama	119.3
43	Arkansas	115.4
44	Montana	113.6
45	Texas	112.9
46	Nevada	107.9
47	Mississippi	105.9
48	Wyoming	105.7
49	Utah	99.8
50	Idaho	96.6
United States		149.7
District of Columbia		451.1

Cancer Deaths

Cancer is the second-leading cause of death. More than 1.6 million new cancer cases and 595,000 cancer deaths occur annually. Breast, prostate, lung, colorectal and pancreatic cancer accounted for 47 percent of all U.S. cancer deaths in 2015. Lung cancer accounted for 27 percent. Avoiding tobacco use is best way to reduce cancer deaths. Smoking is responsible for at least 30 percent of cancer deaths. Deaths from breast cancer, colorectal cancer, and cervical cancer may be avoided through screening programs that detect cancer in early stages while it is most susceptible to treatment. The total of all health care costs associated with cancer was \$87.8 billion in 2014.

Data source: Centers for Disease Control and Prevention, *National Vital Statistics System*, 2013-2015
For details: <http://www.AmericasHealthRankings.org/AR17/CancerDeaths>



Ranking

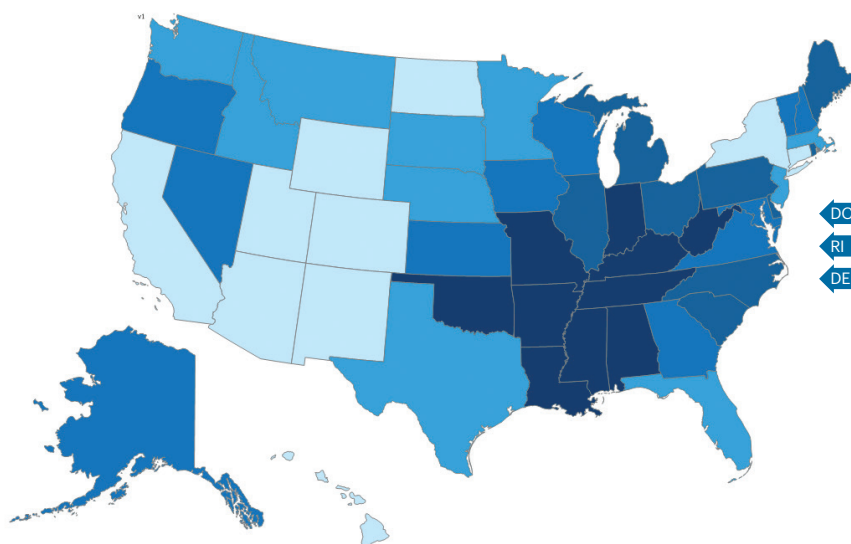
by Cancer Deaths

Rank	State	Value
1	Utah	150.5
2	Colorado	160.9
3	Hawaii	161.0
4	New Mexico	169.0
5	California	169.3
6	Arizona	169.6
7	Wyoming	170.3
8	Connecticut	173.7
9	New York	178.2
10	North Dakota	179.6
11	Minnesota	180.9
11	Texas	180.9
13	Idaho	181.3
14	Florida	182.1
15	New Jersey	182.2
16	Washington	183.3
17	Montana	183.5
18	Massachusetts	183.6
19	South Dakota	184.7
20	Nebraska	187.3
21	Maryland	187.8
22	New Hampshire	188.1
23	Nevada	189.7
24	Virginia	190.1
25	Oregon	190.6
26	Wisconsin	191.7
27	Vermont	192.5
28	Kansas	194.3
29	Alaska	194.9
30	Georgia	195.2
30	Iowa	195.2
32	North Carolina	196.9
33	Delaware	197.2
34	Rhode Island	197.5
35	Pennsylvania	199.6
36	Illinois	199.8
37	South Carolina	201.3
38	Michigan	201.5
39	Maine	205.7
40	Ohio	208.7
41	Missouri	209.0
42	Indiana	210.5
43	Alabama	210.6
44	Tennessee	216.5
45	Oklahoma	216.9
46	Louisiana	218.2
47	Arkansas	219.5
48	Mississippi	226.7
49	West Virginia	226.9
50	Kentucky	233.6
	United States	189.8
	District of Columbia	207.4

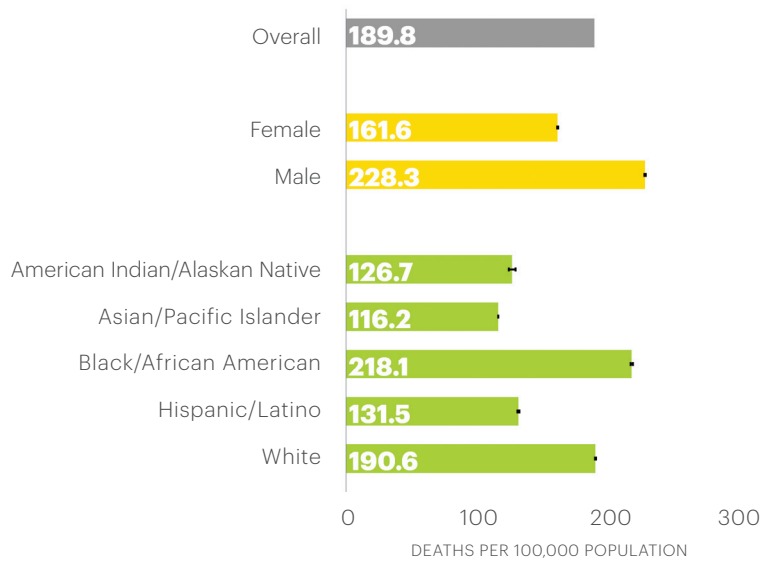
Cancer Deaths by State

Age-adjusted number of deaths due to all causes of cancer per 100,000 population

≤179.6
179.7 to 187.3
187.4 to 195.2
195.3 to 208.7
≥208.8



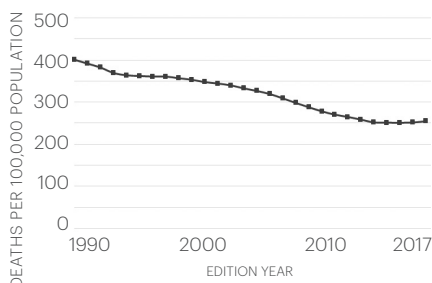
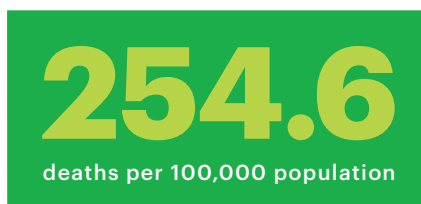
Cancer Deaths by Subpopulations with 95 percent confidence intervals



Cardiovascular Deaths

Cardiovascular deaths include deaths from heart disease, stroke, hypertension, heart attack and heart failure. Heart disease causes one in every four U.S. deaths and is the leading cause of death in both men and women. Stroke is the fifth-leading cause of death. Cardiovascular deaths vary by race and ethnicity. Non-Hispanic blacks have nearly twice the rate of avoidable deaths from heart disease, stroke and hypertensive disease as non-Hispanic whites. Cardiovascular disease is treatable and may be prevented by maintaining a healthy weight, eating healthy, participating in physical activity, limiting alcohol and avoiding tobacco. Cardiovascular disease is responsible for 17 percent of medical spending and 30 percent of Medicare spending.

Data source: Centers for Disease Control and Prevention, *National Vital Statistics System*, 2013-2015
For details: <http://www.AmericasHealthRankings.org/AR17/CVDDeaths>



Ranking

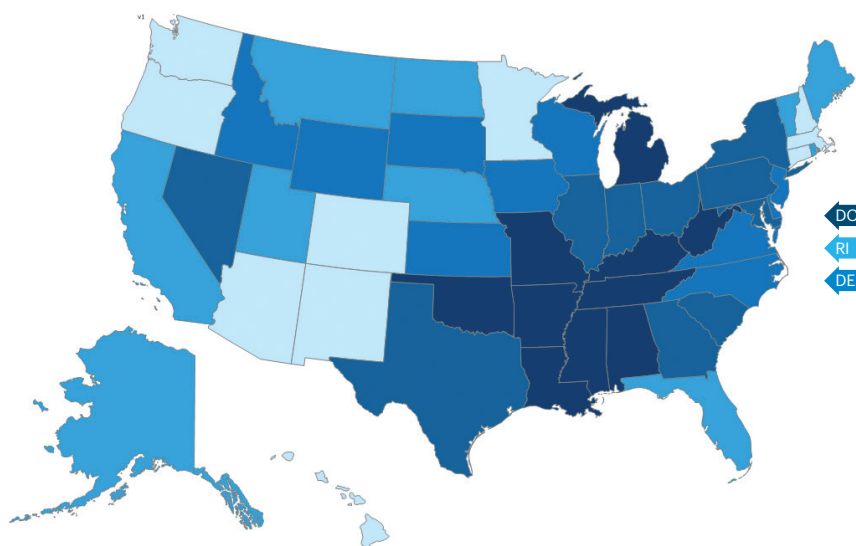
by Cardiovascular Deaths

Rank	State	Value
1	Minnesota	189.7
2	Colorado	203.0
3	Massachusetts	208.3
4	Hawaii	210.7
5	Arizona	214.4
6	Washington	215.7
7	New Hampshire	217.0
8	Oregon	217.6
9	Connecticut	218.4
10	New Mexico	219.2
11	Alaska	222.2
12	Maine	227.4
13	North Dakota	228.7
14	Florida	229.0
15	California	230.4
16	Vermont	231.6
17	Montana	231.8
17	Utah	231.8
19	Rhode Island	232.0
20	Nebraska	232.2
21	Wyoming	233.1
22	Idaho	233.4
23	South Dakota	233.9
24	Wisconsin	238.1
25	Virginia	239.1
26	Iowa	245.1
27	New Jersey	245.4
28	Delaware	250.7
29	Kansas	253.5
30	North Carolina	254.3
31	Maryland	255.0
32	New York	257.6
33	Illinois	257.8
34	Texas	261.1
35	Pennsylvania	263.3
36	South Carolina	277.0
37	Indiana	277.5
38	Georgia	278.1
39	Ohio	283.6
40	Nevada	285.0
41	Missouri	288.6
42	Michigan	293.0
43	West Virginia	295.5
44	Kentucky	296.4
45	Tennessee	308.0
46	Louisiana	316.2
47	Arkansas	323.0
48	Oklahoma	335.2
49	Alabama	339.6
50	Mississippi	352.5
United States		254.6
District of Columbia		296.9

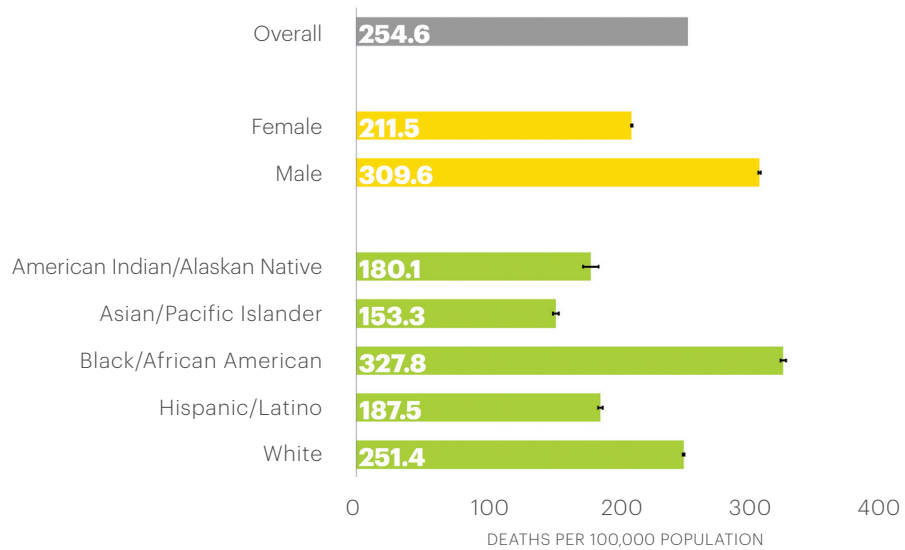
Cardiovascular Deaths by State

Age-adjusted number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population

■ ≤219.2
 ■ 219.3 to 232.2
 ■ 232.3 to 254.3
 ■ 254.4 to 285.0
 ■ ≥285.1



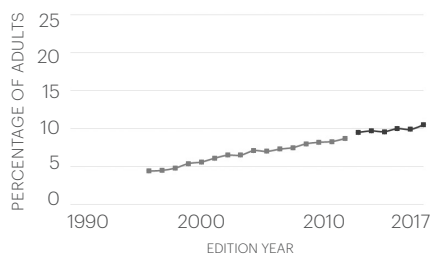
Cardiovascular Deaths by Subpopulations with 95 percent confidence intervals



Diabetes

Diabetes, the nation's seventh-leading cause of death, is a chronic condition that contributes to other leading causes of death, including heart disease and stroke. Diabetes is a leading cause of kidney failure, nontraumatic lower-limb amputations and blindness in adults. Type 2 diabetes accounts for 90 to 95 percent of all cases. Onset of type 2 diabetes can be prevented through improving diet, increasing physical activity and losing weight. Medical expenses for individuals with diabetes are 2.3 times higher than those without diabetes. Costs of diagnosed, undiagnosed and prediabetes exceeded \$322 billion in 2012.

Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Diabetes>



Ranking

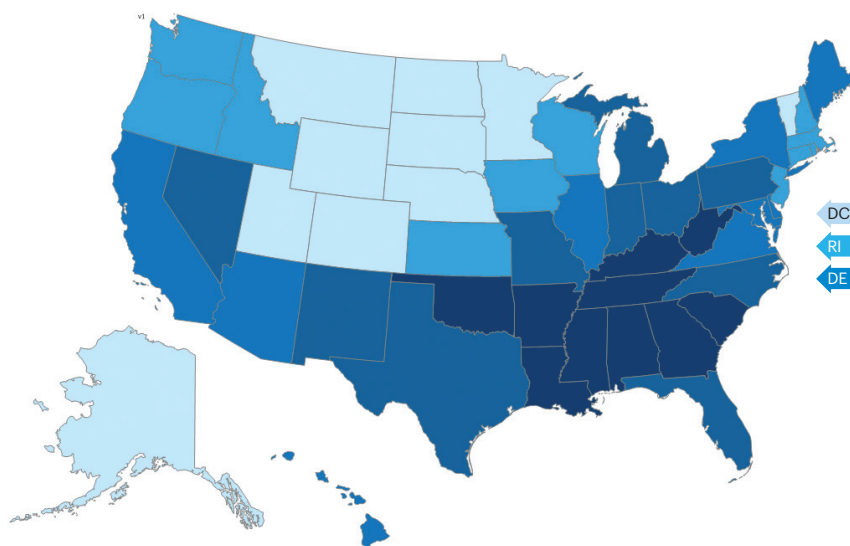
by Diabetes

Rank	State	Value (%)
1	Colorado	6.6
2	Utah	7.2
3	Alaska	7.5
4	South Dakota	7.9
5	Montana	8.1
6	Wyoming	8.3
7	Minnesota	8.4
7	Vermont	8.4
9	North Dakota	8.6
10	Nebraska	8.8
11	Idaho	8.9
12	New Hampshire	9.0
13	New Jersey	9.2
14	Iowa	9.3
14	Massachusetts	9.3
16	Kansas	9.4
16	Washington	9.4
18	Oregon	9.5
19	Connecticut	9.8
19	Rhode Island	9.8
19	Wisconsin	9.8
22	California	10.2
23	Illinois	10.4
23	Virginia	10.4
25	Hawaii	10.5
25	New York	10.5
27	Delaware	10.6
27	Maine	10.6
29	Arizona	10.8
29	Maryland	10.8
31	Nevada	11.1
31	Ohio	11.1
33	Michigan	11.2
33	Texas	11.2
35	North Carolina	11.3
35	Pennsylvania	11.3
37	Indiana	11.5
37	Missouri	11.5
39	New Mexico	11.6
40	Florida	11.8
41	Oklahoma	12.0
42	Georgia	12.1
42	Louisiana	12.1
44	Tennessee	12.7
45	South Carolina	13.0
46	Kentucky	13.1
47	Arkansas	13.5
48	Mississippi	13.6
49	Alabama	14.6
50	West Virginia	15.0
United States		10.5
District of Columbia		7.7

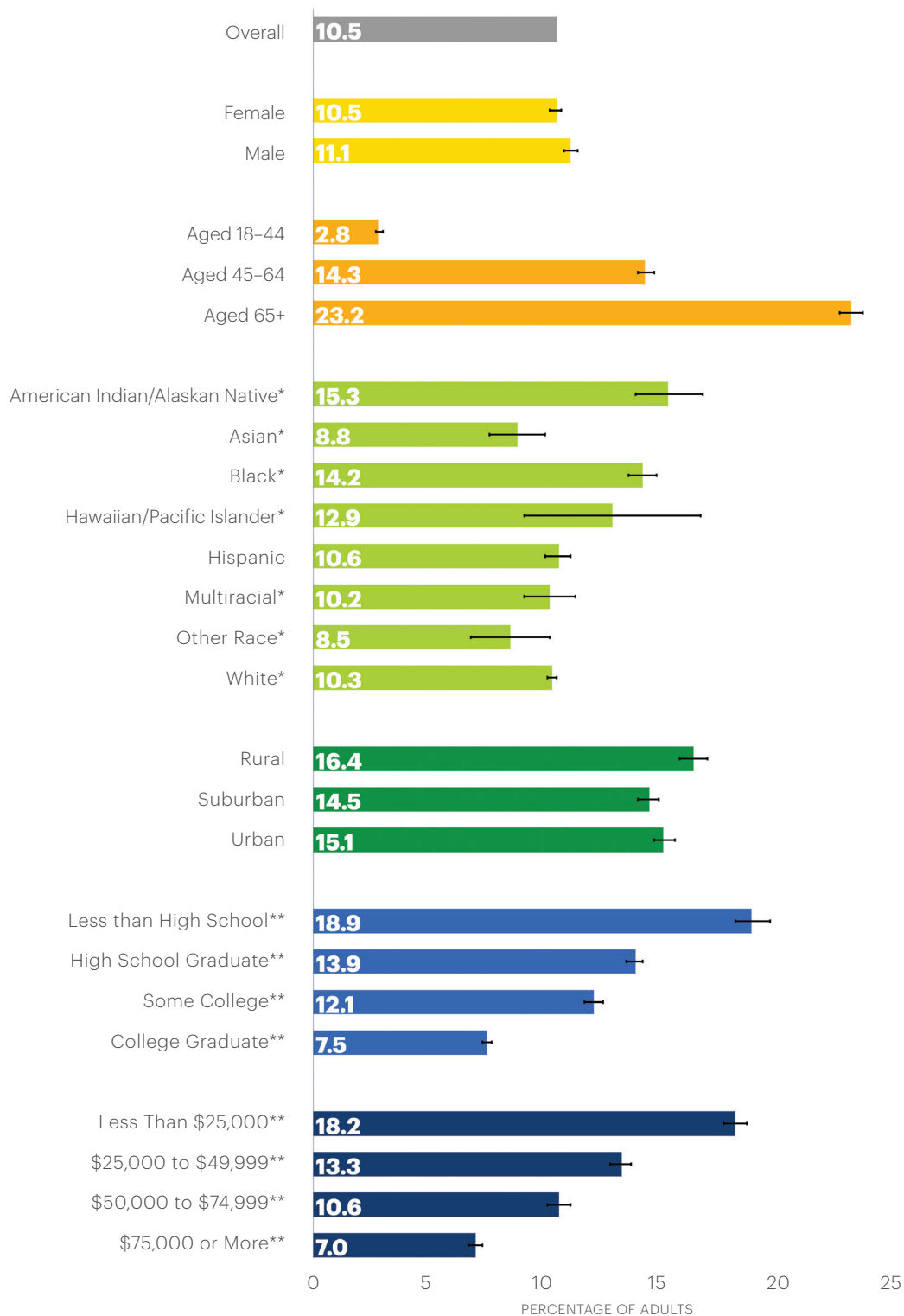
Diabetes by State

Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)

■ <=8.8%
 ■ 8.9% to 9.8%
 ■ 9.9% to 10.8%
 ■ 10.9% to 11.8%
 ■ >=11.9%



Diabetes by Subpopulations with 95 percent confidence intervals

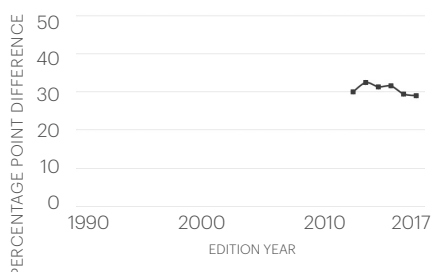
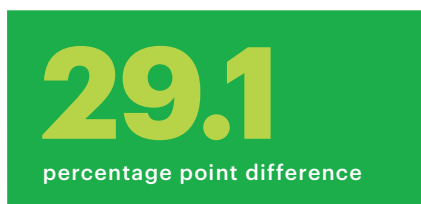


* Non-Hispanic ** Adults aged 25 and older

Disparity in Health Status

Education improves health, and this disparity measure showcases the importance of keeping students in school through high school and beyond. More education is linked to a longer life regardless of age, gender or race. It may improve health directly (healthier lifestyles, better stress-coping, more effective chronic disease management) and indirectly (better work and economic conditions and social-psychological resources). Each increase in education level generally improves health status. Reducing health disparities between U.S. adults with less education and those with college education would result in savings of more than \$1 trillion annually, according to the National Bureau of Economic Research.

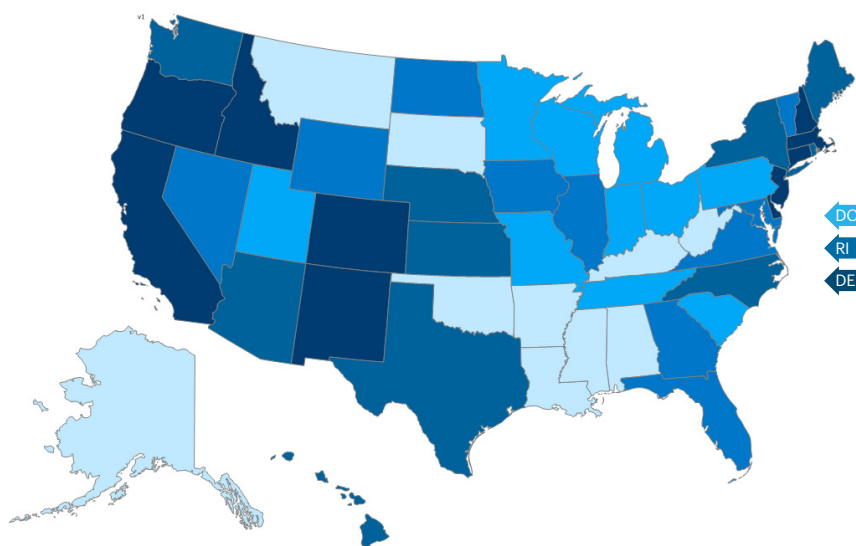
Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016
For details: http://www.AmericasHealthRankings.org/AR17/healthstatus_disparity



Disparity in Health Status by State

Difference between the percentage of adults with a high school education compared with those without who reported their health is very good or excellent (adults aged <25 excluded)

■ ≤23.8%
 ■ 23.9% to 26.3%
 ■ 26.4% to 28.3%
 ■ 28.4% to 30.3%
 ■ ≥30.4%

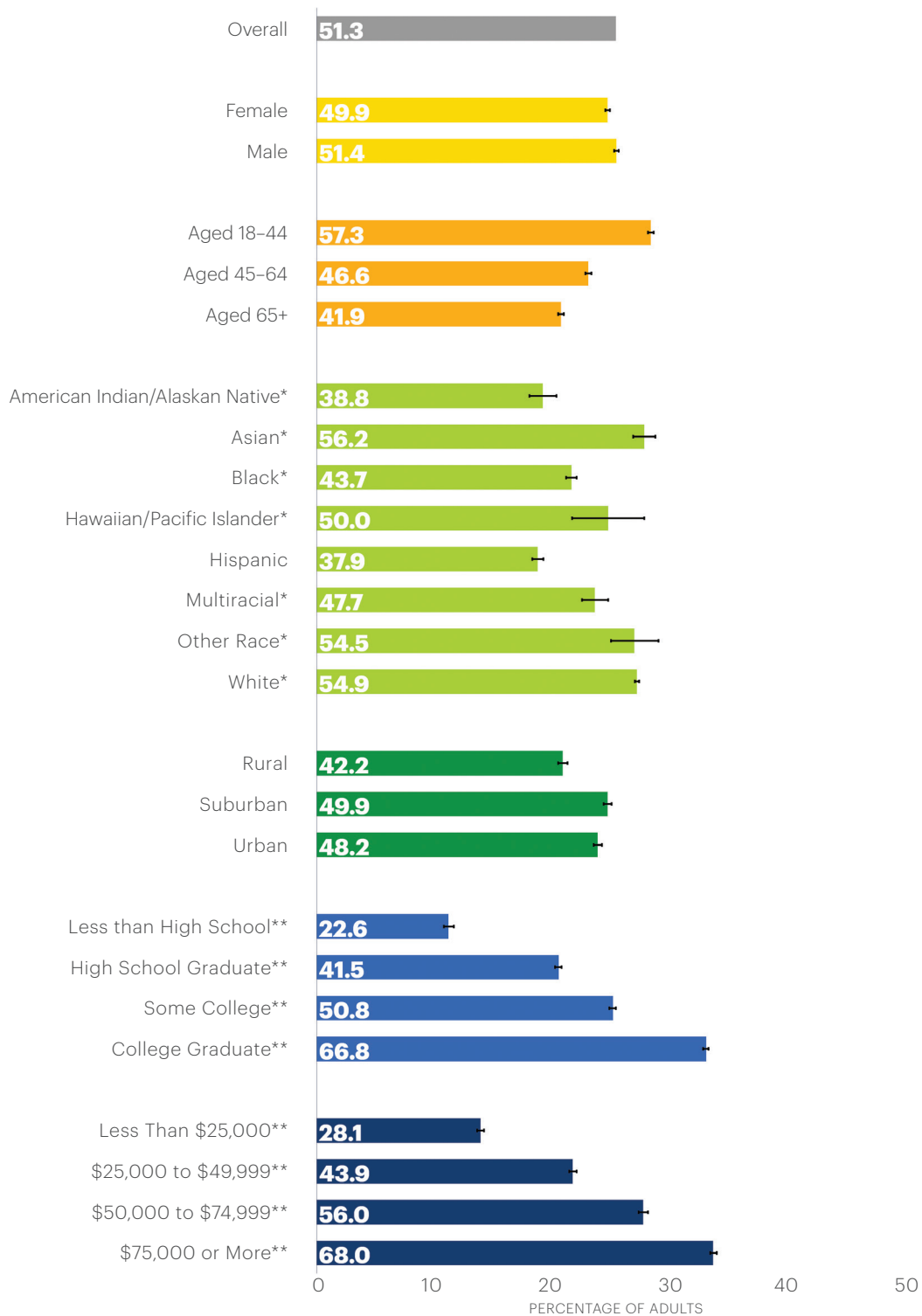


Ranking

by Disparity in Health Status

Rank	State	Value (%)
1	Alaska	8.1
2	Arkansas	18.5
3	Oklahoma	18.9
4	Kentucky	19.7
5	Mississippi	19.9
6	Louisiana	20.2
7	Montana	21.3
8	Alabama	22.0
9	West Virginia	22.7
10	South Dakota	23.8
11	Pennsylvania	24.3
12	Utah	24.5
13	Tennessee	24.6
14	South Carolina	24.8
15	Wisconsin	25.3
16	Indiana	25.5
16	Missouri	25.5
18	Michigan	25.6
19	Ohio	26.2
20	Minnesota	26.3
21	Wyoming	26.4
22	Nevada	26.6
23	Florida	26.9
24	Georgia	27.0
24	North Dakota	27.0
26	Iowa	27.3
27	Virginia	27.4
28	Illinois	27.6
28	Vermont	27.6
30	Maryland	28.3
31	Hawaii	28.4
32	Arizona	28.5
32	Maine	28.5
34	Kansas	28.7
35	Washington	29.0
36	Nebraska	29.3
37	Rhode Island	29.4
38	Texas	29.8
39	New York	30.0
40	North Carolina	30.3
41	Massachusetts	30.4
42	Oregon	30.7
43	Connecticut	31.4
44	Idaho	32.4
45	New Hampshire	32.9
46	New Jersey	33.0
46	New Mexico	33.0
48	Colorado	33.8
49	Delaware	34.7
50	California	37.6
United States		29.1
District of Columbia		24.8

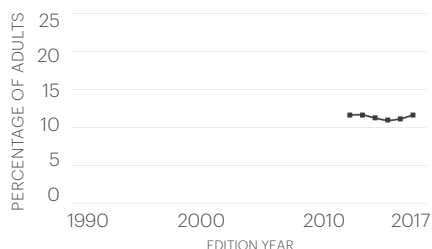
High Health Status by Subpopulations with 95 percent confidence intervals



* Non-Hispanic ** Adults aged 25 and older

Frequent Mental Distress

Frequent mental distress is a measure of perceived poor mental health and represents the percentage of the population experiencing persistent and likely severe mental health issues. The number of poor mental health days a person experiences is a significant predictor of future health events resulting in a provider visit, hospitalization or mortality within 30 days and within one year among older adults. Although occasional short periods of mental distress may be unavoidable, more prolonged and serious episodes are treatable and preventable through early intervention. Estimates put the economic burden of serious mental illness at \$317 billion, excluding incarceration, homelessness, comorbid conditions and early mortality.

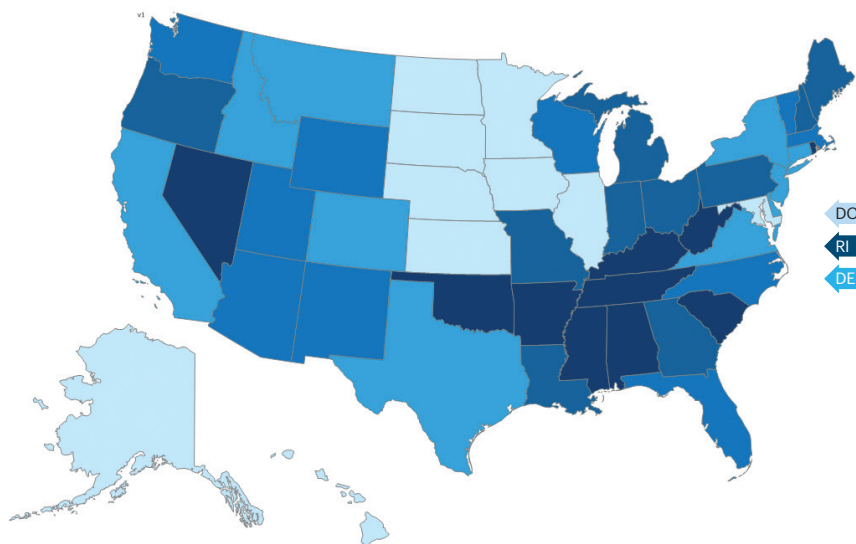


Data source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2016
For details: http://www.AmericasHealthRankings.org/AR17/mental_distress

Frequent Mental Distress by State

Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days

■ <=10.2%
 ■ 10.3 to 11.1%
 ■ 11.2 to 12.5%
 ■ 12.6 to 13.4%
 ■ >=13.5%

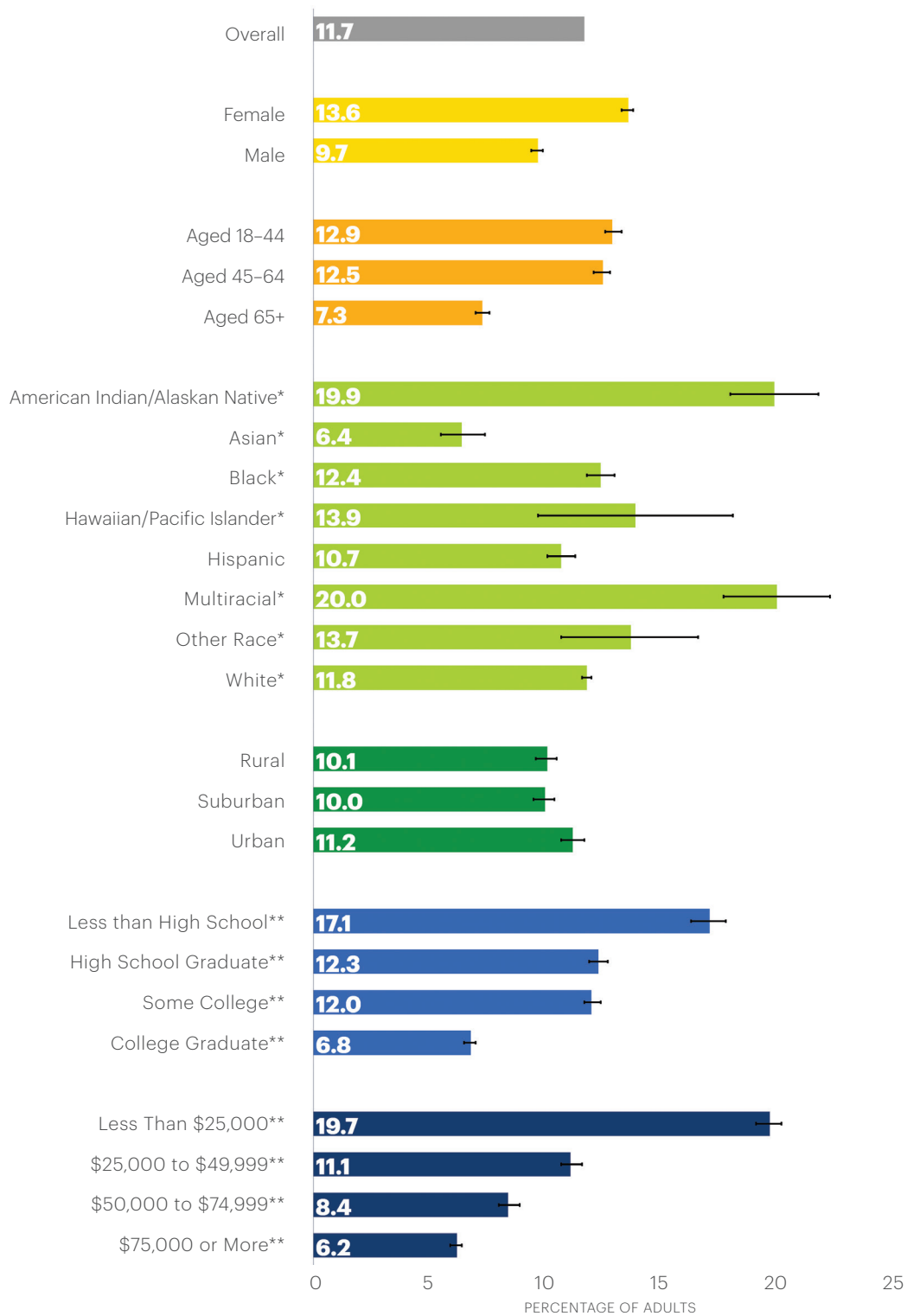


Ranking

by Frequent Mental Distress

Rank	State	Value (%)
1	South Dakota	8.3
2	North Dakota	9.0
3	Hawaii	9.2
4	Minnesota	9.3
5	Nebraska	9.5
6	Kansas	9.8
7	Illinois	10.0
7	Iowa	10.0
9	Maryland	10.1
10	Alaska	10.2
11	Montana	10.4
12	California	10.6
12	Colorado	10.6
12	New York	10.6
12	Texas	10.6
16	Connecticut	10.7
16	Idaho	10.7
16	New Jersey	10.7
19	Virginia	10.9
20	Delaware	11.1
21	Florida	11.4
21	Washington	11.4
23	Utah	11.5
24	Wisconsin	11.6
25	Arizona	11.7
26	Massachusetts	11.9
26	Vermont	11.9
28	North Carolina	12.1
28	Wyoming	12.1
30	New Mexico	12.5
31	Georgia	12.6
31	Pennsylvania	12.6
33	Maine	12.7
33	New Hampshire	12.7
35	Ohio	12.9
36	Oregon	13.0
37	Louisiana	13.1
38	Indiana	13.2
38	Missouri	13.2
40	Michigan	13.4
41	Rhode Island	13.5
42	South Carolina	13.7
42	Tennessee	13.7
44	Mississippi	14.1
45	Nevada	14.2
46	Oklahoma	14.3
47	Alabama	14.4
48	Kentucky	14.7
49	Arkansas	16.4
50	West Virginia	16.5
	United States	11.7
	District of Columbia	9.1

Frequent Mental Distress by Subpopulations with 95 percent confidence intervals

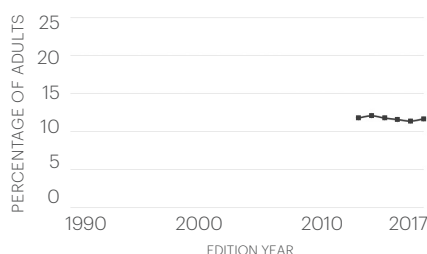


* Non-Hispanic ** Adults aged 25 and older

Frequent Physical Distress

Frequent physical distress is a measure of perceived poor physical health and represents the percentage of the population experiencing persistent and likely severe physical health problems. Frequent physical distress is more common among adults with a greater number of chronic illnesses and among those with cardiovascular disease, including heart attack, angina and stroke. Research shows that the number of poor physical health days is a significant predictor of future adverse health events resulting in a provider visit, hospitalization or mortality within 30 days and within one year among older adults.

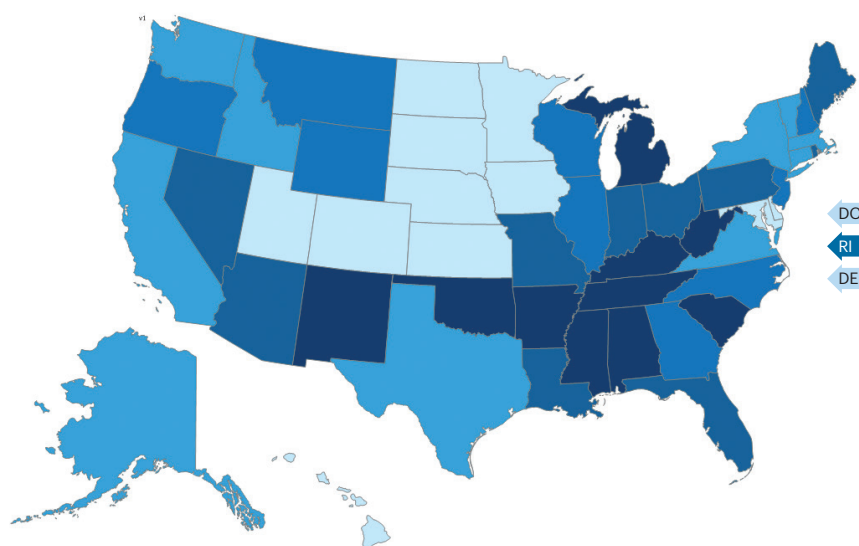
Data source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2016
For details: http://www.AmericasHealthRankings.org/AR17/Physical_distress



Frequent Physical Distress by State

Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days

■ ≤10.5%
 ■ 10.6 to 11.3%
 ■ 11.4 to 12.1%
 ■ 12.2 to 14.0%
 ■ ≥14.1%

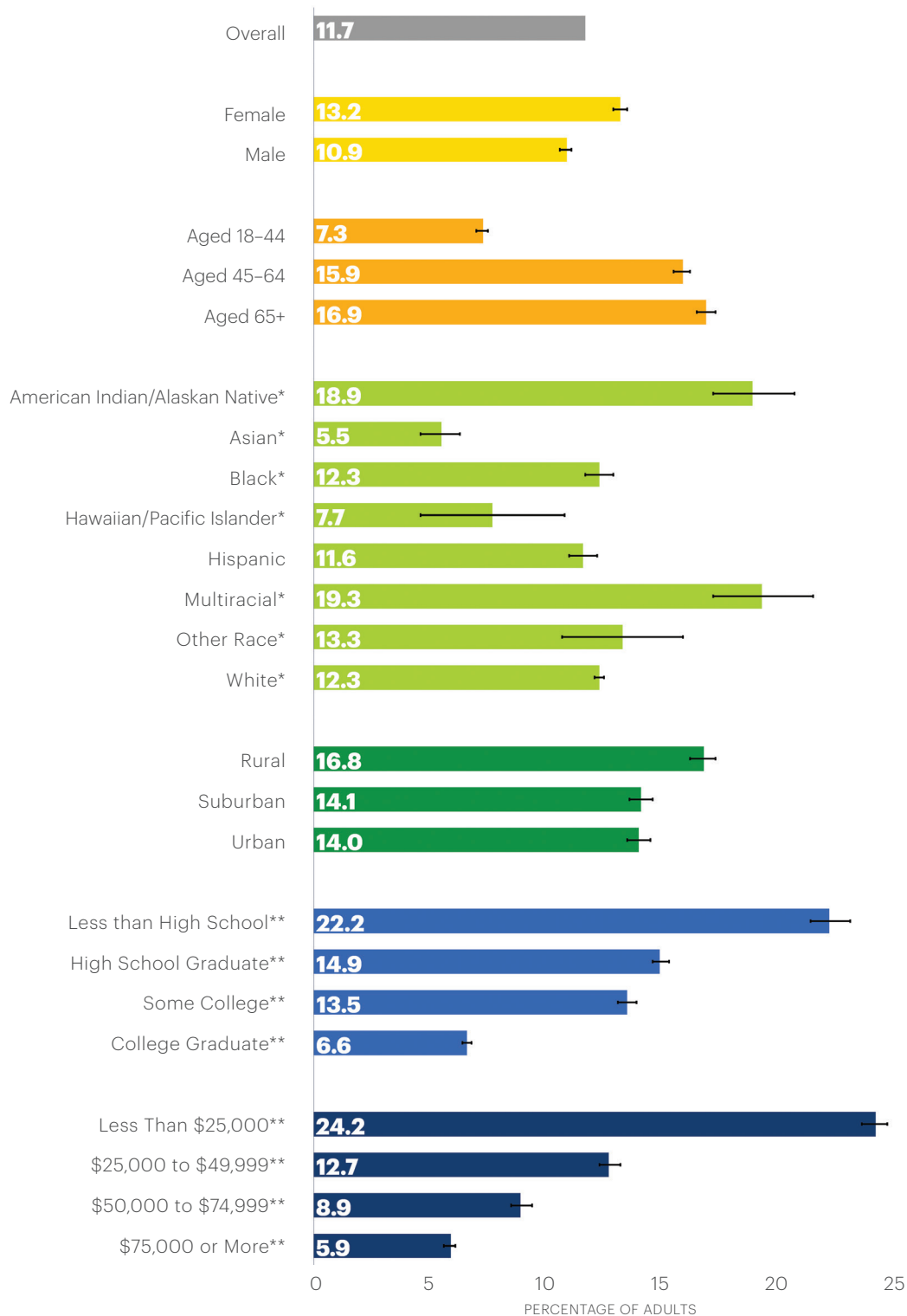


Ranking

by Frequent Physical Distress

Rank	State	Value (%)
1	North Dakota	8.9
2	Minnesota	9.3
3	Maryland	9.5
3	Utah	9.5
5	Iowa	9.6
6	Kansas	9.8
6	Nebraska	9.8
8	Hawaii	9.9
9	South Dakota	10.0
10	Colorado	10.5
10	Delaware	10.5
12	Connecticut	10.8
12	Massachusetts	10.8
14	Idaho	11.0
14	Texas	11.0
14	Virginia	11.0
17	California	11.1
18	Alaska	11.2
19	New York	11.3
19	Vermont	11.3
19	Washington	11.3
22	Illinois	11.4
23	Wisconsin	11.5
24	Oregon	11.7
24	Wyoming	11.7
26	New Hampshire	11.9
27	Georgia	12.0
27	New Jersey	12.0
27	North Carolina	12.0
30	Montana	12.1
31	Rhode Island	12.4
32	Indiana	12.6
32	Pennsylvania	12.6
34	Florida	12.9
34	Ohio	12.9
36	Louisiana	13.0
37	Arizona	13.2
38	Missouri	13.5
39	Maine	13.6
40	Nevada	14.0
41	Michigan	14.1
42	South Carolina	14.2
43	New Mexico	14.4
44	Oklahoma	14.7
45	Mississippi	14.8
46	Alabama	14.9
47	Tennessee	15.0
48	Kentucky	16.5
49	Arkansas	17.7
50	West Virginia	18.2
United States		11.7
District of Columbia		8.2

Frequent Physical Distress by Subpopulations with 95 percent confidence intervals

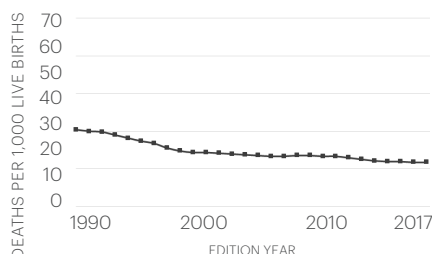


* Non-Hispanic ** Adults aged 25 and older

Infant Mortality

More than 23,000 U.S. infants died in 2015. Significant progress has been made in the past 50 years to reduce infant mortality, but the U.S. rate remains consistently higher than other developed countries. Significant sociodemographic disparities persist in infant mortality, predominantly regarding race—babies born to black women have the highest rate of infant mortality at 11 deaths per 1,000 births, more than two times higher than the rate for babies born to white women. The leading causes of infant mortality in 2014 were congenital malformation, low birthweight and preterm birth and maternal complications—accounting for 45 percent of infant deaths.

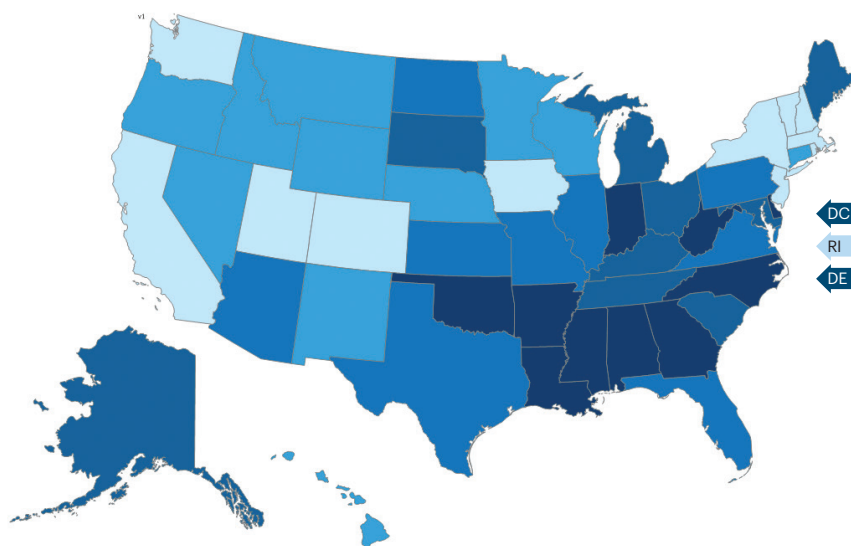
Data source: Centers for Disease Control and Prevention, *National Vital Statistics System*, 2014-2015
For details: <http://www.AmericasHealthRankings.org/AR17/IMR>



Infant Mortality by State

Number of infant deaths (before age 1 year) per 1,000 live births

■ ≤5.0 ■ 5.1 to 5.7 ■ 5.8 to 6.3 ■ 6.4 to 7.0 ■ ≥7.1



Ranking

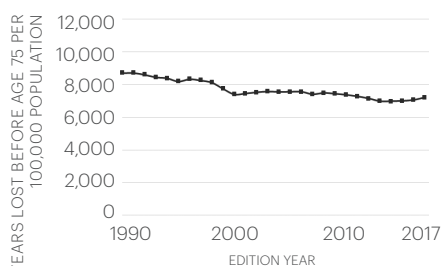
by Infant Mortality

Rank	State	Value
1	New Hampshire	4.2
2	California	4.4
2	Massachusetts	4.4
4	Iowa	4.5
5	New Jersey	4.6
5	New York	4.6
5	Vermont	4.6
8	Colorado	4.7
8	Washington	4.7
10	Rhode Island	5.0
10	Utah	5.0
12	Idaho	5.1
12	Minnesota	5.1
12	Oregon	5.1
15	Connecticut	5.2
15	Hawaii	5.2
15	New Mexico	5.2
18	Nevada	5.3
19	Nebraska	5.4
20	Montana	5.7
20	Wisconsin	5.7
20	Wyoming	5.7
23	Arizona	5.8
23	Texas	5.8
23	Virginia	5.8
26	Pennsylvania	6.0
27	Kansas	6.1
27	North Dakota	6.1
29	Florida	6.2
30	Illinois	6.3
30	Missouri	6.3
32	Michigan	6.5
33	Maine	6.6
33	Maryland	6.6
33	South Dakota	6.6
36	Alaska	6.7
36	South Carolina	6.7
38	Kentucky	6.9
38	Tennessee	6.9
40	Ohio	7.0
41	West Virginia	7.1
42	Indiana	7.2
42	North Carolina	7.2
44	Arkansas	7.5
45	Georgia	7.6
45	Louisiana	7.6
47	Oklahoma	7.7
48	Delaware	7.9
49	Alabama	8.5
50	Mississippi	8.8
	United States	5.9
	District of Columbia	7.9

Premature Death

Premature death captures the years of potential life lost before age 75. Deaths occurring in youth cause the measure's value to increase more than a death in someone nearly age 75. Deaths among youth are more likely to be preventable than deaths in older adults and often indicate health care system failures and/or lifestyle factors. Cancer, unintentional injuries, heart disease, suicide and perinatal deaths are the top five causes of premature death in the United States. Nearly half of U.S. premature deaths are due to behavioral factors such as tobacco use, lack of physical activity and poor diet.

Data source: Centers for Disease Control and Prevention, *National Vital Statistics System*, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/YPLL>



Ranking

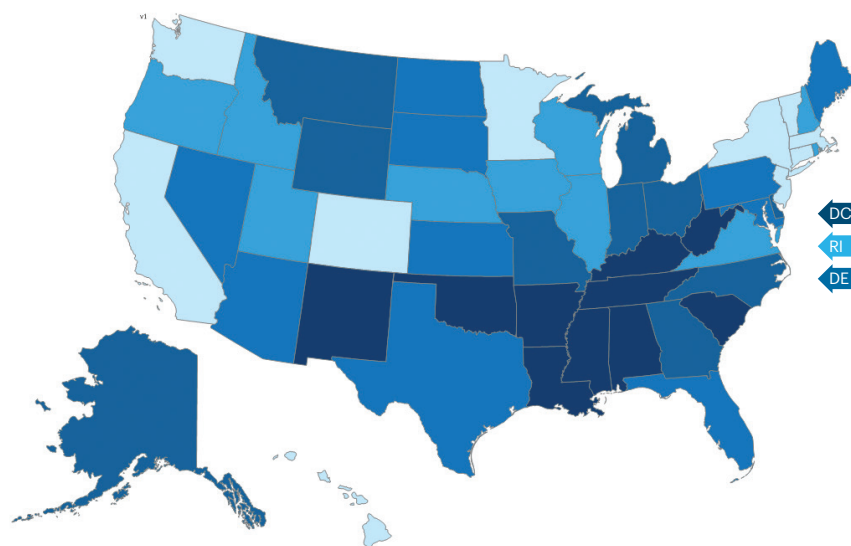
by Premature Death

Rank	State	Value
1	Minnesota	5,555
2	California	5,647
3	New York	5,701
4	Connecticut	5,771
5	New Jersey	5,875
6	Massachusetts	5,970
7	Hawaii	6,031
8	Washington	6,096
9	Colorado	6,113
10	Vermont	6,326
11	Iowa	6,333
12	Utah	6,399
13	Wisconsin	6,437
14	Oregon	6,507
15	Rhode Island	6,516
16	New Hampshire	6,572
17	Nebraska	6,592
18	Idaho	6,599
19	Virginia	6,696
20	Illinois	6,825
21	Maryland	7,113
22	Maine	7,144
23	Texas	7,175
24	North Dakota	7,225
25	Arizona	7,246
26	Kansas	7,380
27	Florida	7,412
28	Pennsylvania	7,541
29	South Dakota	7,627
30	Nevada	7,729
31	Michigan	7,853
32	Delaware	7,871
33	North Carolina	7,889
34	Wyoming	8,130
35	Georgia	8,185
36	Montana	8,229
37	Alaska	8,342
38	Indiana	8,471
39	Ohio	8,492
40	Missouri	8,558
41	New Mexico	8,913
42	South Carolina	9,131
43	Tennessee	9,467
44	Oklahoma	9,951
45	Arkansas	9,972
46	Louisiana	10,003
47	Kentucky	10,042
48	Alabama	10,321
49	West Virginia	10,478
50	Mississippi	10,950
United States		7,214
District of Columbia		8,739

Premature Death by State

Number of years of potential life lost before age 75 per 100,000 population

■ <=6,326
 ■ 6,327 to 6,825
 ■ 6,826 to 7,729
 ■ 7,730 to 8,558
 ■ >=8,559



Binge Drinking

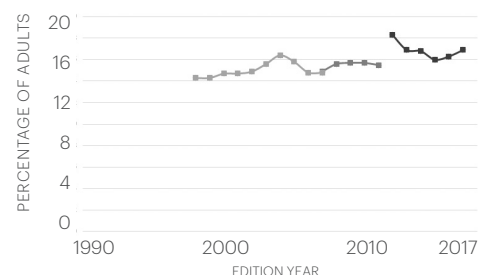
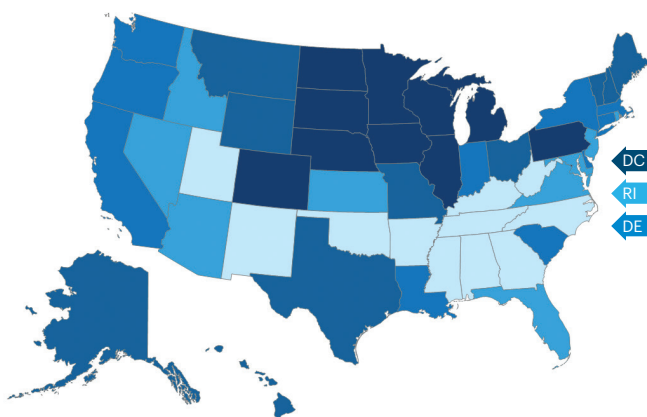
Binge drinking is the most common, costly and deadly form of excessive alcohol use in the U.S. It is associated with unintentional injuries and deaths, violence, risky sexual behavior and many chronic diseases. One in six adults binge drinks four times a month on average. Binge drinking is most prevalent among men and adults

aged 18 to 34. Most binge drinkers are not considered alcohol-dependent. In 2010 excessive drinking cost the United States \$249 billion due to missed work, additional health care expenses and increased crime. Binge drinking was responsible for 77 percent of these costs.

Behaviors

Percentage of adults who reported having four or more (women) or five or more (men) drinks on one occasion in the past month

■ ≤15.0% ■ 15.1% to 16.1% ■ 16.2% to 17.8% ■ 17.9 to 18.9% ■ ≥19.0%



Data source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Binge>

Chronic Drinking

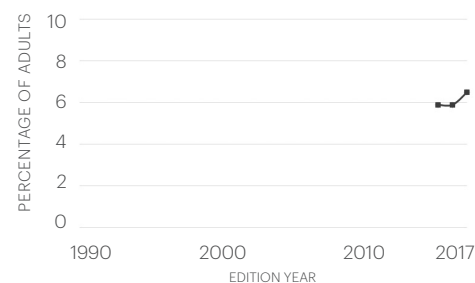
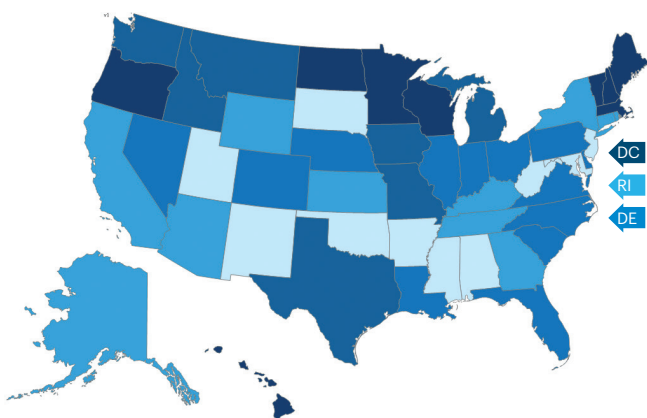
Chronic drinking is a symptom of an alcohol use disorder. Drinking every day for prolonged periods of time increases the risk of developing health problems such as liver disease, high blood pressure, heart disease, stroke, some cancers, social problems and alcohol dependence. On average, life is cut short by about 30 years

due to excessive alcohol use. The U.S. Preventive Services Task Force recommends clinicians screen adults aged 18 and older for alcohol misuse. A variety of evidence-based strategies have been shown to be effective in preventing excessive drinking and reducing alcohol-related health and social costs.

Behaviors

Percentage of adults who reported having eight or more (women) or 15 or more (men) drinks per week

■ ≤5.5% ■ 5.6% to 6.2% ■ 6.3% to 6.8% ■ 6.9% to 7.1% ■ ≥7.2%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: http://www.AmericasHealthRankings.org/AR17/chronic_drinking

Fruits

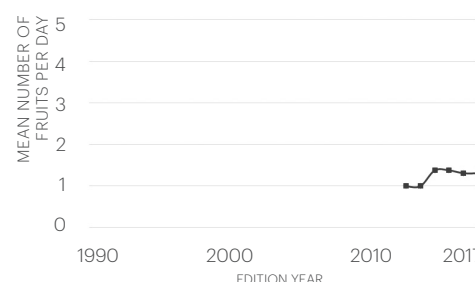
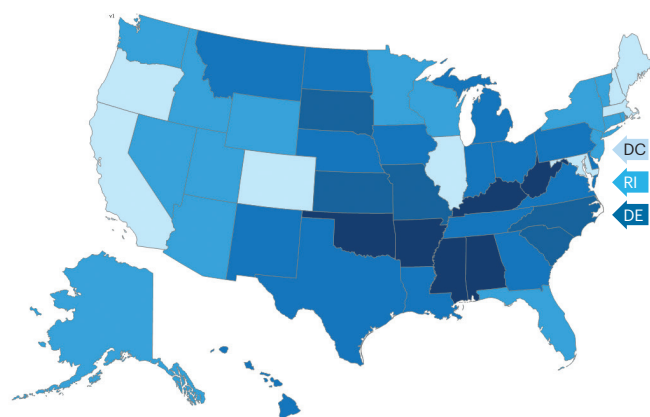
Roughly half of U.S. adults suffer from one or more preventable chronic disease related to poor diet and physical inactivity. Diets high in fruit and vegetables reduce the risk of developing chronic diseases and assist with weight management. The first National Health and Nutrition Examination Survey Epidemiologic Follow-up Study showed a 27 percent reduction in cardiovascular disease

Behaviors

mortality and a 15 percent decrease in all-cause mortality in those consuming fruits and vegetables three or more times daily compared with those eating them less than once daily. Unfortunately, U.S. adults only consume an average of 1.3 fruits each day, and less than 18 percent consume the recommended daily amount of fruit.

Mean number of fruits consumed per day by adults

■ ≥1.5 ■ 1.4 ■ 1.3 ■ 1.2 ■ ≤1.1



Data source: CDC, Behavioral Risk Factor Surveillance System, 2015. Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition. For details: <http://www.AmericasHealthRankings.org/AR17/Fruit>

Insufficient Sleep

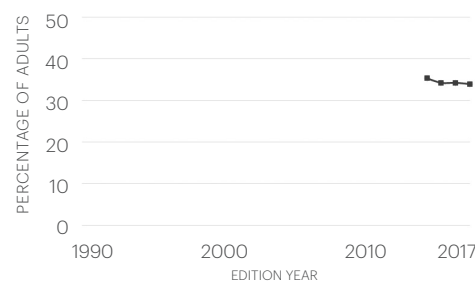
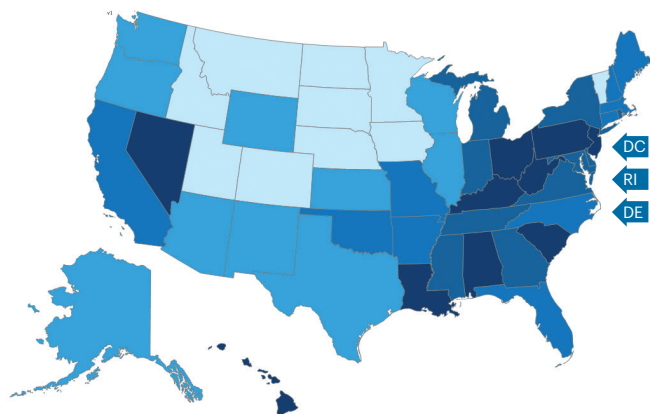
Insufficient sleep has become an important public health concern. An estimated 50 to 70 million U.S. adults suffer from chronic sleep and wakefulness disorders. Adults averaging fewer than seven hours of sleep per night are more likely to have obesity, diabetes, cancer, hypertension and depression. An estimated \$15.9 billion of health care costs are attributable to sleep disorders, sleep

Behaviors

deprivation and sleepiness, not including the costs of accidents, lost productivity and sleep-related health problems. The American Academy of Sleep Medicine recommends adults sleep seven or more hours per night and school-aged children sleep nine to 12 hours per day.

Percentage of adults who reported sleeping less than seven hours in a 24-hour period on average

■ ≤29.9% ■ 30.0 to 32.8% ■ 32.9 to 34.9% ■ 35.0 to 37.0% ■ ≥37.1%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016. For details: <http://www.AmericasHealthRankings.org/AR17/sleep>

Seat Belt Use

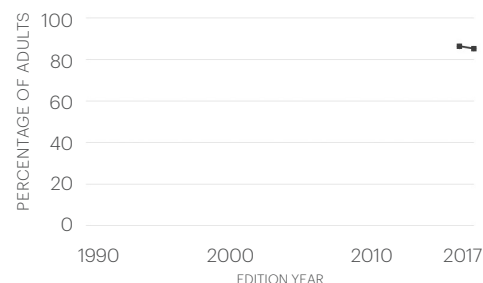
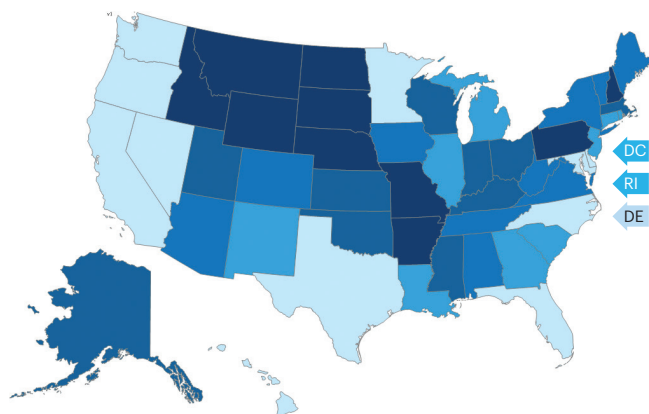
Motor vehicle accidents are the leading cause of injury deaths in the U.S. among individuals aged 5 to 24. More than 22,400 drivers and passengers died in 2015 as a result of motor vehicle crashes. Wearing a seat belt is the most effective way to prevent these deaths and injuries, reducing serious injuries and deaths by

approximately 50 percent. States with primary seat belt laws tend to have higher seat belt use compared with states that have only secondary or no seat belt laws. Non-fatal injuries to drivers and passengers result in more than \$45 billion in lifetime medical costs and lost work productivity.

Behaviors

Percentage of adults who reported always using a seat belt when driving or riding in a car

■ >=90.1% ■ 87.8% to 90.0% ■ 84.2% to 87.7% ■ 80.0% to 84.1% ■ <=79.9%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: http://www.AmericasHealthRankings.org/AR17/seat-belt_use

Vegetables

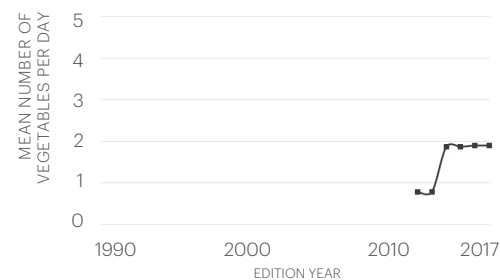
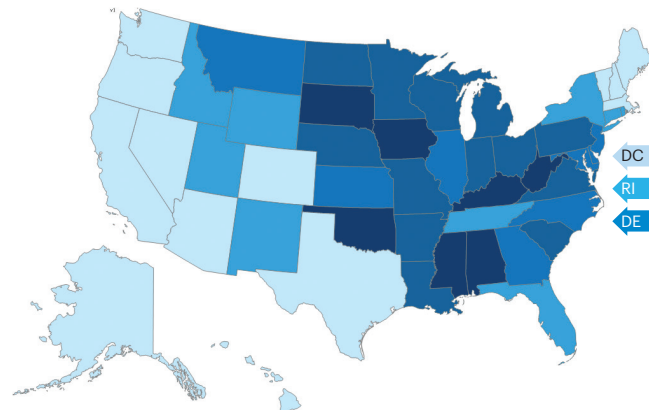
Studies show the quantity, not variety, of fruit and vegetable intake is associated with lower cardiovascular disease risk. Higher fruit and vegetable intake is also associated with a lower risk of heart attack, ischemic heart disease and ischemic stroke. Unfortunately, U.S. adults only consume an average of 1.9 vegetables per day, and

less than 14 percent consume the daily recommended amount of vegetables. States with a higher density of healthy food retailers, farmers markets and farmers markets that accept nutrition-assistance program benefits show a higher consumption of fruits and vegetables than other states.

Behaviors

Mean number of vegetables consumed per day by adults

■ >=2.1 ■ 2.0 ■ 1.9 ■ 1.8 ■ <=1.7



Data source: CDC, Behavioral Risk Factor Surveillance System, 2015
Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition.
For details: <http://www.AmericasHealthRankings.org/AR17/Veggie>

Disconnected Youth

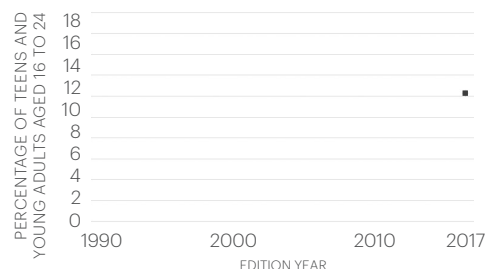
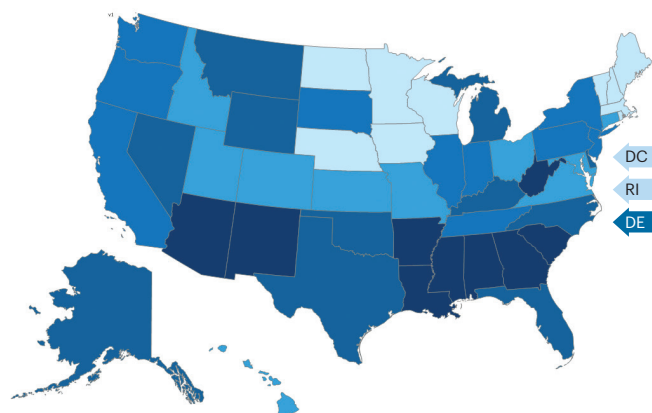
Community & Environment

Youth disconnection is one measure of how successfully young people transition into adulthood. Teens and young adults who are neither working nor in school are at a higher risk of smoking, alcohol consumption and violent behavior, and may have fewer emotional, cognitive and academic skills than their peers. Both a

lack of educational attainment and unemployment are linked to depression, anxiety and poor physical health. It is estimated that the lost revenue and social service investments for disconnected youth cost approximately \$93 billion a year.

Percentage of teens and young adults aged 16 to 24 who are neither working nor in school

■ ≤9.8% ■ 9.9% to 11.5% ■ 11.6% to 12.3% ■ 12.4% to 14.3% ■ ≥14.4



Data source: Measure of America, *Promising Gains, Persistent Gaps—Youth disconnection in America 2017 Report*, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/disconnectedyouth>

Income Inequity

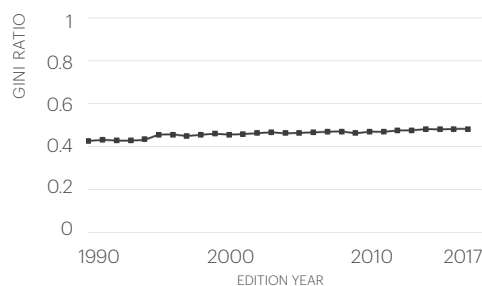
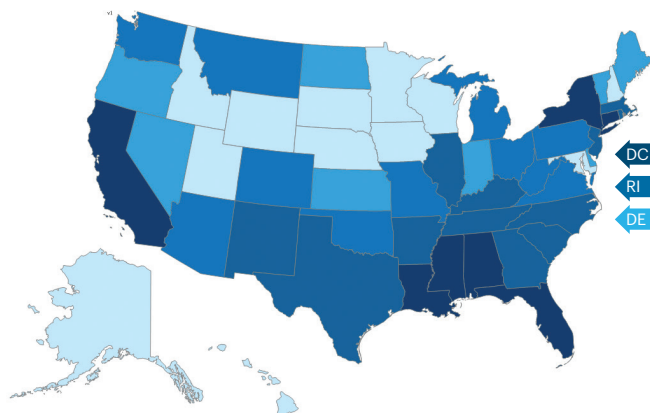
Community & Environment

There has been a steady widening in the gap of income distribution in the United States. As of 2015, the top 10 percent of earners were receiving half of all U.S. income. Countries with greater income disparity have higher rates of obesity, imprisonment, violence and

chronic stress, as well as lower levels of social cohesion and trust. Most developed European nations and Canada have Gini indices between 0.22 and 0.38, while the United States Gini index has stayed between approximately 0.45 and 0.48 since the mid-1990s.

Inequality on the Gini scale is measured between zero, where everyone earns the same income, and one, where all the country's income is earned by a single person

■ ≤0.450 ■ 0.451 to 0.458 ■ 0.459 to 0.471 ■ 0.472 to 0.481 ■ ≥0.482



Data source: U.S. Census Bureau, *American Community Survey*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/gini>

Median Household Income

Community & Environment

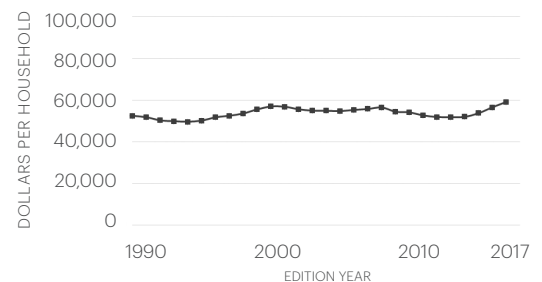
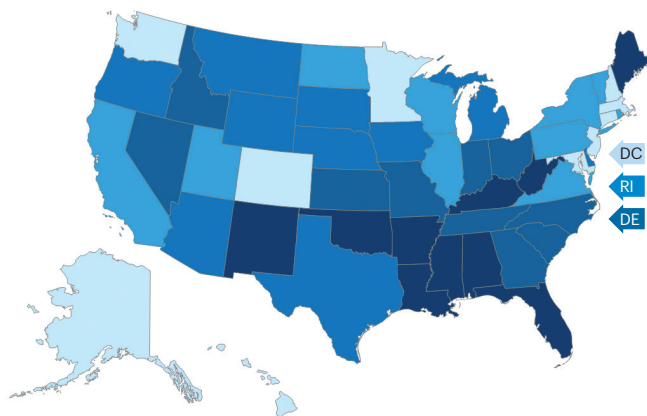
Median household income combines incomes of all household members and indicates the relative wealth of a geographic area; the higher the median household income, the wealthier the area.

Socioeconomic status has a strong inverse association with

mortality and morbidity. The 2016 U.S. median household income was \$59,039, up 3.2 percent from 2015. This was the fourth year in a row with a statistically significant increase.

Dollar amount that divides the household income distribution into two equal groups

■ >=\$68,468 ■ \$59,817 to \$68,467 ■ \$57,075 to \$59,816 ■ \$51,344 to \$57,074 ■ <=\$51,343



Data source: U.S. Census Bureau, *Current Population Survey, Annual Social and Economic Supplement*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Median-income>

Neighborhood Amenities

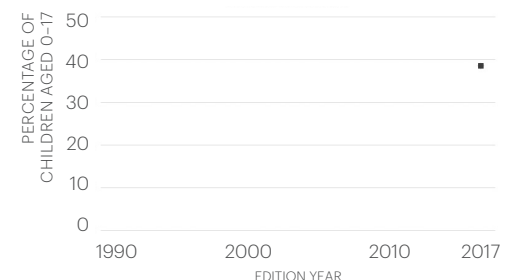
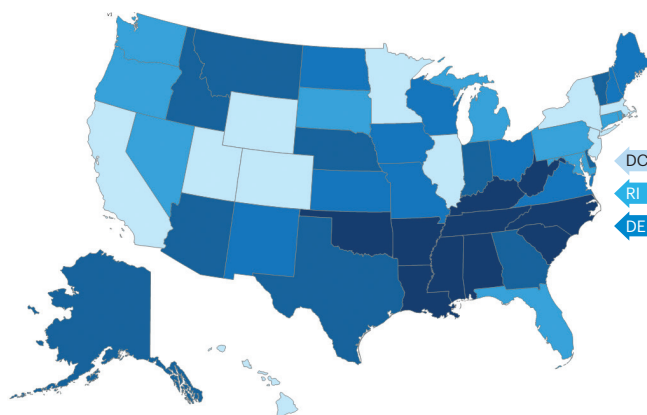
Community & Environment

Neighborhood amenities, such as playgrounds, sidewalks, walking paths, libraries and community centers, offer opportunities for recreation, social interaction and education without traveling far from home. Access to playgrounds, sidewalks and walking paths can promote physical activity in adults and children. Children who grow

up in neighborhoods with few neighborhood amenities are more likely to be obese than those with more neighborhood amenities, regardless of socioeconomic characteristics. Urban neighborhoods are more likely to have more amenities than rural neighborhoods.

Percentage of children aged 0 to 17 with access to parks or playgrounds, recreation or community centers, libraries or book mobiles, and sidewalks or walking paths

■ >=47.1% ■ 38.0% to 47.0% ■ 37.9% to 33.8% ■ 26.4% to 33.7% ■ >=26.3%



Data source: Data Resource Center for Child and Adolescent Health (DRC), *National Survey of Children's Health*, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/neighborhood>

Underemployment Rate

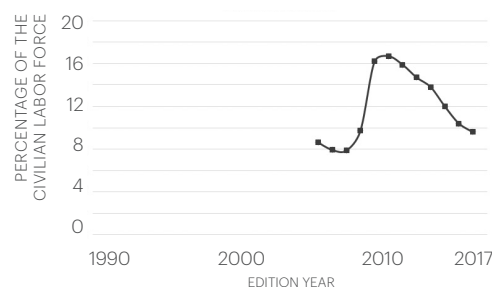
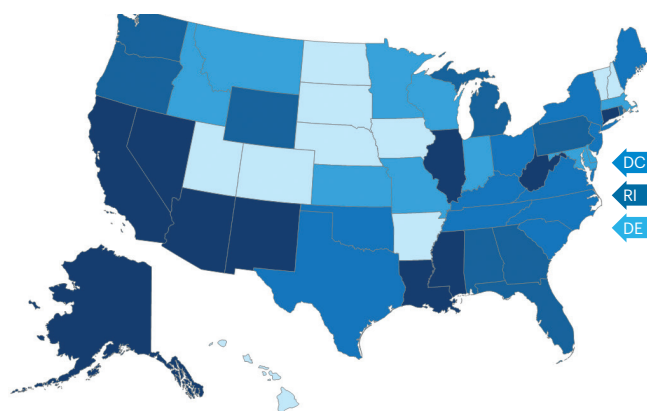
Community & Environment

Underemployment leads to lower earnings and is associated with a lack of health insurance, potentially leading to heightened stress and depression—all of which contribute to poor health. Individuals who are underemployed are more likely to report lower levels of general well-being, and those who are underemployed based solely on income report more depression and alcohol abuse. Racial and

ethnic minorities have significantly higher underemployment rates than white Americans. Underemployment is also inversely associated with educational attainment—rates among those with less than a high school degree are nearly four times higher than among those with a bachelor's degree or higher.

Percentage of the civilian labor force that is unemployed, plus all marginally attached workers, plus the total employed part-time for economic reasons (U-6 definition)

■ ≤7.5% ■ 7.6% to 8.5% ■ 8.6% to 9.7% ■ 9.8% to 10.6% ■ ≥10.7%



Data source: U.S. Bureau of Labor Statistics, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Underemployed>

Unemployment Rate

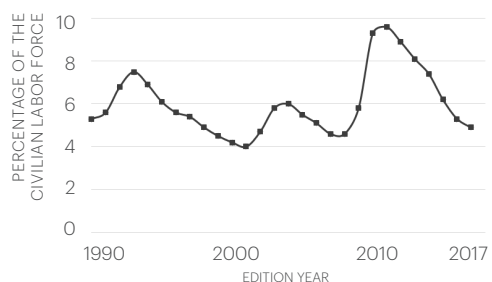
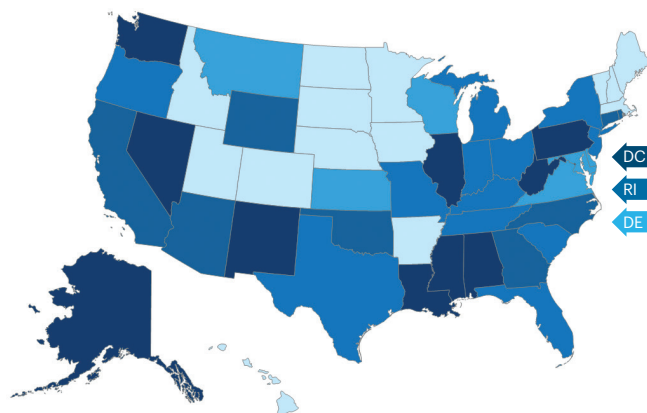
Community & Environment

Unemployed adults are more burdened by medical care costs, more likely to experience delays in treatment and report more chronic disease and poorer physical and mental health compared with those who are employed. Unemployment is also associated with an increase in unhealthy behaviors such as poor diet, lack of

exercise, tobacco use and excessive alcohol consumption. High unemployment rates increase the economic burden on states due to decreased revenue from income taxes and increased demand for unemployment insurance and social welfare programs.

Percentage of the civilian labor force that is unemployed (U-3 definition)

■ ≤3.9% ■ 4.0% to 4.3% ■ 4.4% to 4.9% ■ 5.0% to 5.4% ■ ≥5.5%



Data source: U.S. Bureau of Labor Statistics, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Unemployed>

Water Fluoridation

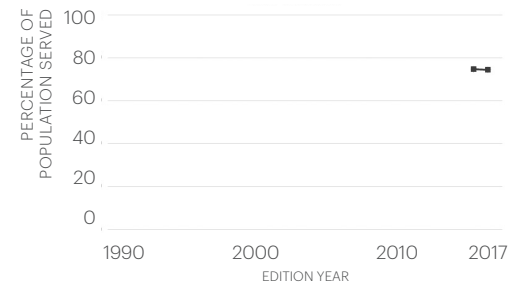
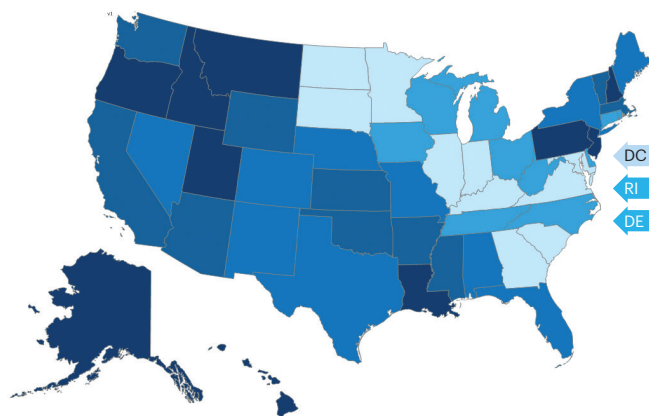
Community water fluoridation is an effective way of preventing dental caries—an infectious disease in which bacteria dissolve the enamel of a tooth. Dental caries can lead to pain, bacterial infections and tooth extraction. Community water fluoridation is a safe and cost-

effective intervention to widely deliver fluoride to all members of a community, regardless of age, education and income. It was named one of 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention.

Policy

Percentage of population served by community water systems who receive fluoridated water

■ ≥93.6% ■ 84.5% to 93.5% ■ 71.4% to 84.4% ■ 56.3 to 71.3% ■ ≤56.2%



Data source: CDC, Water Fluoridation Reporting System, 2014
A data update was not available at the time of this release; the data appearing in this edition are the same that appeared in the 2016 edition.
For details: http://www.AmericasHealthRankings.org/AR17/water_fluoridation

Cholesterol Check

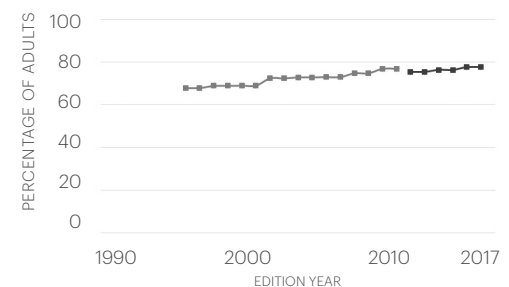
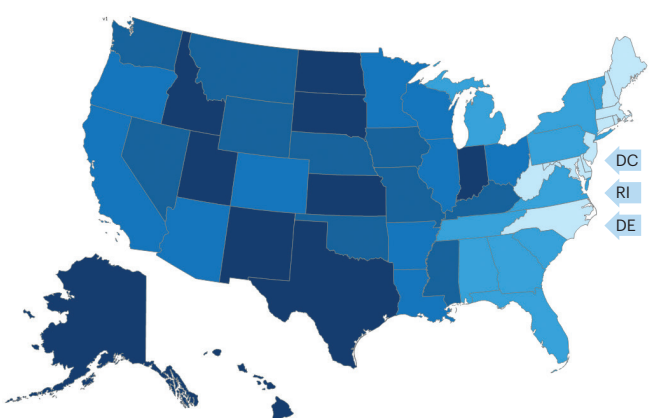
Elevated low-density lipoprotein (LDL), or “bad”, cholesterol is a major and modifiable risk factor for heart disease, the leading cause of U.S. deaths. Nearly one-third of U.S. adults have high LDL cholesterol, which increases risk of stroke, cardiovascular disease and premature death. Only one-third of adults with high LDL cholesterol have the condition under control, and fewer than half are receiving

treatment to lower their levels. Because high cholesterol has no symptoms, a blood test is needed to measure total cholesterol, LDL cholesterol, high-density lipoprotein (HDL), or “good”, cholesterol and triglycerides. Screening every five years is recommended for adults aged 20 and older who have not been diagnosed with heart disease.

Clinical Care

Percentage of adults who reported having their blood cholesterol checked within the past five years

■ ≥81.2% ■ 79.0% to 81.1% ■ 76.6% to 78.9% ■ 74.3% to 76.5% ■ ≤74.2%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2015
Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition.
For details: <http://www.AmericasHealthRankings.org/AR17/cholesteroltest>

Colorectal Cancer Screening

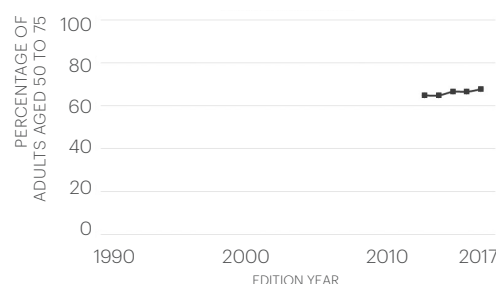
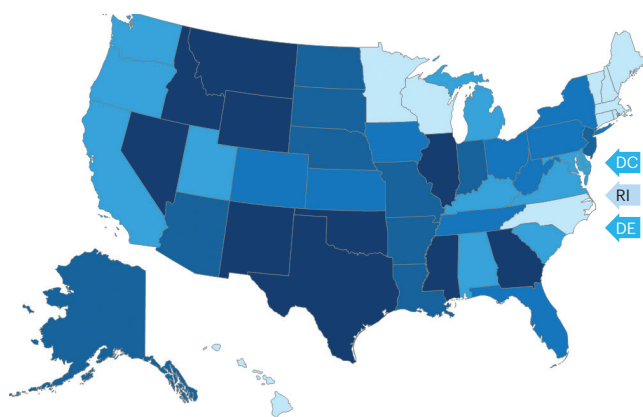
Clinical Care

Colorectal cancer is the second-leading cause of cancer death and the third most common cancer among men and women in the United States. Screening for colorectal cancer, which may include fecal sample testing, colonoscopy, and/or sigmoidoscopy, is recommended for all adults aged 50 to 75, according to the U.S. Preventive Services

Task Force. Earlier screening is recommended for those with particular risk factors or a family history of colorectal cancer. Black adults are at higher risk for colorectal cancer but are less likely to be screened. Screening can save lives—an estimated 20 to 24 colorectal cancer deaths can be prevented for every 1,000 adults screened.

Percentage of adults aged 50 to 75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (fecal occult blood test (FOBT) within the past year, colonoscopy within the past 10 years, or sigmoidoscopy within five years and a home FOBT within the past three years)

■ >=72.5% ■ 69.6 to 72.4% ■ 66.4 to 69.5% ■ 63.8 to 66.3% ■ <=63.7%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: http://www.AmericasHealthRankings.org/AR17/cancer_screening

Dental Visit, Annual

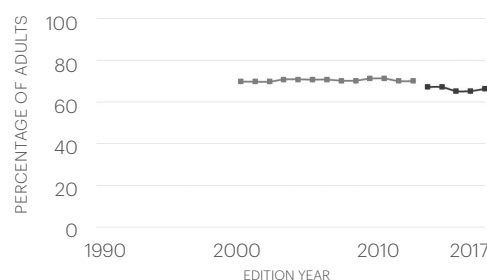
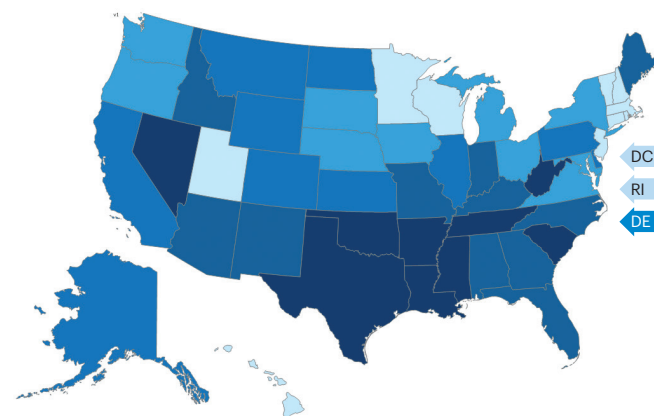
Clinical Care

Oral health problems are largely preventable through routine visits to the dentist and good oral hygiene. An estimated 42 percent of adults with unmet dental needs could not afford treatment or did not have dental insurance, making cost the biggest obstacle to receiving care. Other obstacles include fear, low oral health literacy and limited access to and availability of dental services. Use

of preventive dental services is lower in Hispanics, non-Hispanic blacks, low-income families and families with low educational attainment. These groups also have more untreated tooth decay than the general population. The Institute of Medicine recommends increasing dental workforce diversity to improve patient access, satisfaction and communication.

Percentage of adults who reported visiting the dentist or dental clinic within the past year for any reason

■ >=71.9% ■ 67.9 to 71.8% ■ 65.4 to 67.8% ■ 61.3 to 65.3% ■ <=61.2%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/dental>

Dedicated Health Care Provider

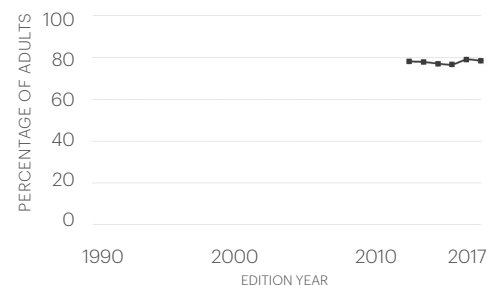
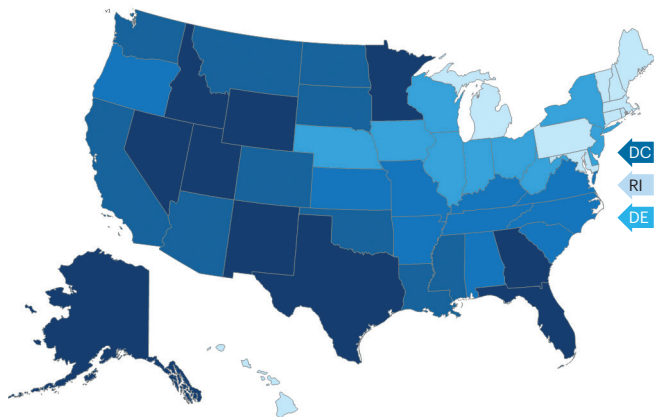
Clinical Care

Individuals with a dedicated health care provider are better positioned to receive care that can prevent, detect and manage disease or other health conditions. Having a primary care provider is associated with greater patient-provider communication and trust, lower healthcare costs, improvements in preventive care

and overall health status, as well as improvements in chronic care management for asthma, hypertension and diabetes. Individuals without a dedicated health care provider are more likely to visit the emergency department for non-urgent or avoidable problems.

Percentage of adults who reported having one or more people they think of as their personal doctor or health care provider

■ >=84.7% ■ 80.5 to 84.6% ■ 77.6 to 80.4% ■ 73.3 to 77.5% ■ <=73.2%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/dedicated-provider>

Heart Attack

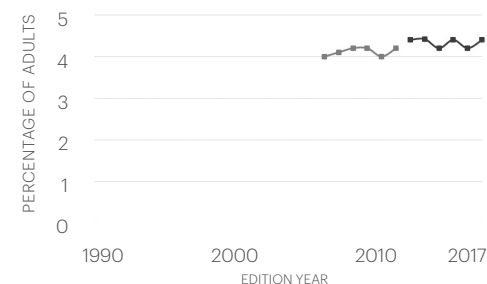
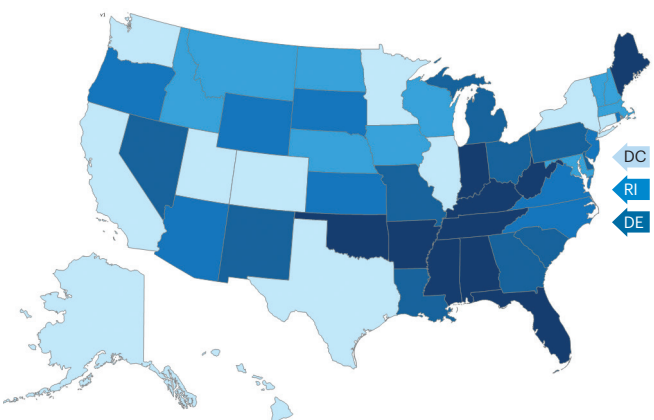
Outcomes

An estimated 580,000 first heart attacks and 210,000 recurrent heart attacks occur yearly in U.S. adults aged 35 and older. The average age at first heart attack is 65 years for men and 71.8 years for women. Roughly 15 percent of those who have a heart attack die as a result. Adjusting for age, patient and hospital characteristics, black men and

white men and women have similar in-hospital mortality rates. Black women have the highest in-hospital mortality rate and the lowest rate of in-hospital interventions for heart attack treatment. The estimated direct and indirect costs of heart attacks were \$11.5 billion in 2010.

Percentage of adults who reported being told by a health professional that they had a heart attack (myocardial infarction)

■ <=3.8% ■ 3.9 to 4.3% ■ 4.4 to 4.6% ■ 4.7 to 5.1% ■ >=5.2%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/MI>

Heart Disease

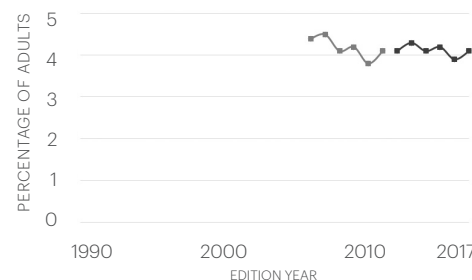
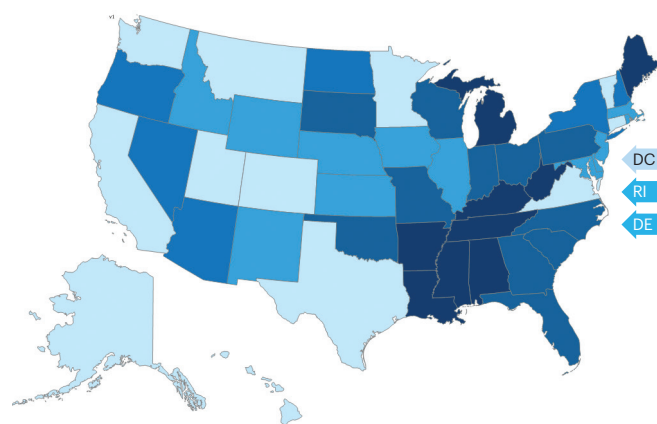
Heart disease has long been the leading cause of U.S. deaths for men and women, killing more than 600,000 people in 2015. Coronary heart disease (CHD) is the most common type of heart disease with more than 370,000 deaths annually. CHD deaths have decreased an estimated 44 percent from 1980 to 2000, largely due to lowering total cholesterol, systolic blood pressure and smoking

Outcomes

prevalence, as well as increasing physical activity. Yet, almost half of U.S. adults have at least one key risk factor for heart disease. For men with two or more risk factors, the lifetime risk of coronary heart disease is 37.5 percent; for women, it is 18.3 percent. Heart disease costs the nation \$200 billion annually in health care services, medications and lost productivity.

Percentage of adults who reported being told by a health professional that they have angina or coronary heart disease

■ ≤3.7% ■ 3.8% to 4.0% ■ 4.1% to 4.5% ■ 4.6% to 4.9% ■ ≥5.0%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/CHD>

High Blood Pressure

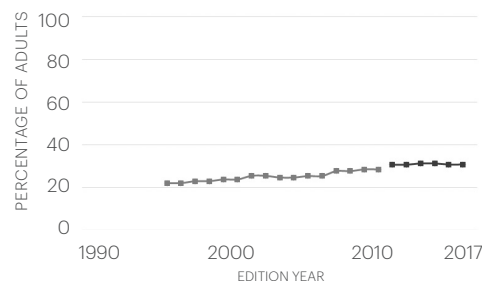
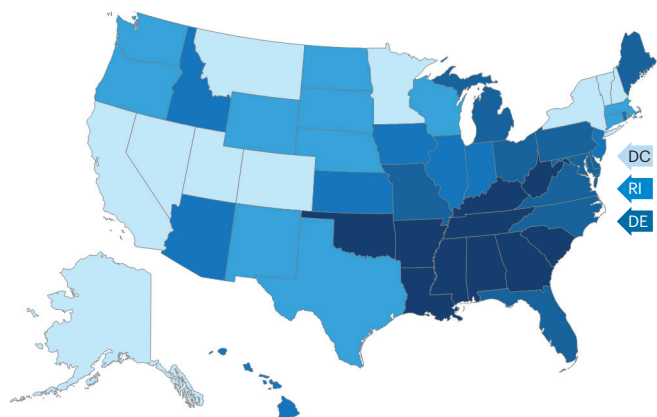
High blood pressure, or hypertension, is a modifiable risk factor for heart disease and stroke, two of the top five leading causes of U.S. deaths. High blood pressure often has no symptoms and is estimated to afflict one in three—or 75 million—Americans. Only about 54 percent of individuals with high blood pressure have it controlled, and

Outcomes

many do not know they have it. High blood pressure costs—medical, medication and lost productivity—are an estimated \$46 billion annually. Black men and women are more likely to develop high blood pressure, and at a younger age, than whites and Hispanics. Reducing sodium intake could prevent 11 million hypertension cases annually.

Percentage of adults who reported being told by a health professional that they have high blood pressure

■ ≤29.4% ■ 29.5% to 30.4% ■ 30.5% to 32.4% ■ 32.5% to 35.2% ■ ≥35.3%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2015.
Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition.
For details: <http://www.AmericasHealthRankings.org/AR17/Hypertension>

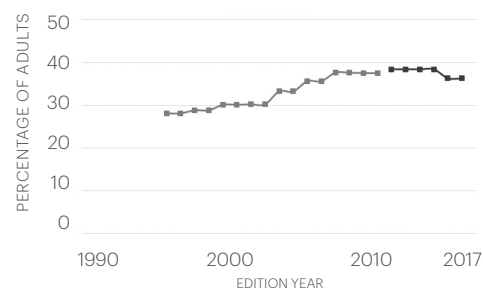
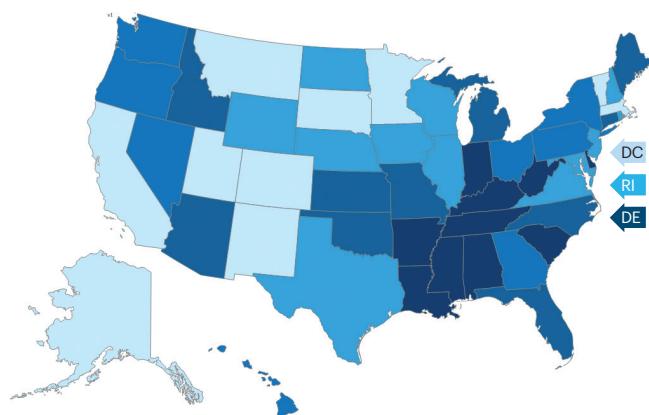
High Cholesterol

Total blood cholesterol higher than 240 mg/dL is unhealthy, especially when maintained for long periods of time. Of an estimated 73.5 million U.S. adults who have high cholesterol, only 48.1 percent of them receive treatment, and less than a third manage their condition. High cholesterol doubles the risk of heart attack and is a risk factor

for cardiovascular diseases, including stroke. High cholesterol can be managed through medication and/or lifestyle modifications such as diet and physical activity. The 2015 Dietary Guidelines for Americans identify eating a diet low in saturated fats to be one of the most effective lifestyle changes to decrease high cholesterol.

Percentage of adults who reported having their cholesterol checked and were told by a health professional that it was high

■ ≤34.5% ■ 34.6% to 36.1% ■ 36.2% to 36.8% ■ 36.9% to 38.5% ■ ≥38.6%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2015. Measure is collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition. For details: http://www.AmericasHealthRankings.org/AR17/High_Chol

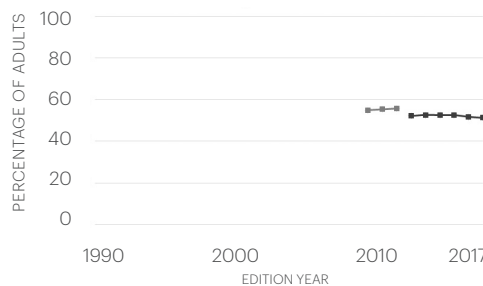
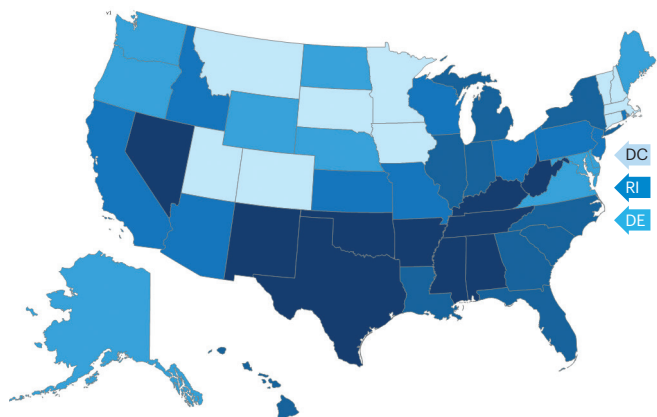
High Health Status

Research shows that adults with a higher self-reported health status have lower rates of all-cause mortality, compared with those with lower self-reported health status. White adults without disabilities are the subpopulation with the highest proportion reporting “very good” or “excellent” health. A higher percentage of women than men report

“fair” or “poor” health. Adults aged 18 to 44 have a higher self-reported health status than adults aged 65 years and older. Adults with high annual household incomes, who are employed and who are married tend to have a higher self-reported health status than those near or in poverty, unemployed, and single, widowed or divorced.

Percentage of adults who reported that their health is very good or excellent

■ ≥55.3% ■ 52.7% to 55.2% ■ 50.7% to 52.6% ■ 47.8% to 50.6% ■ ≤47.7%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016. For details: http://www.AmericasHealthRankings.org/AR17/Health_Status

Injury Deaths

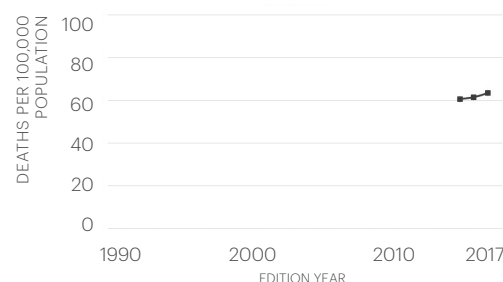
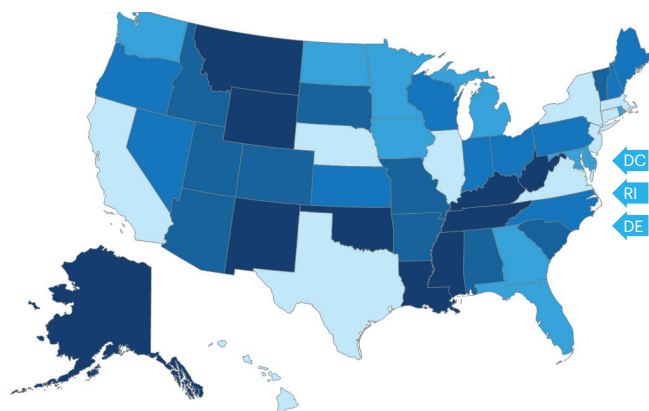
Injuries are a leading cause of illness and death in the United States. Accidental poisonings, motor vehicle accidents and falls are the top three causes of unintentional injury deaths—the fourth leading cause of U.S. deaths. Pharmaceutical and illicit drugs cause the majority of poisonings, and 84 percent of drug poisoning deaths are unintentional. Unintentional injury fatalities contribute

Outcomes

heavily to potential years of life lost because they are the leading cause of death for people aged 1 to 44. Intentional injury fatalities mainly occur via suicide by firearm, suffocation and poisoning, and homicide by firearm. Unintentional and intentional injury fatalities cost nearly \$214 billion in 2013 due to loss of work and medical costs.

Number of deaths due to injury per 100,000 population

■ ≤58.3
 ■ 58.4 to 67.4
 ■ 67.5 to 72.1
 ■ 72.2 to 78.0
 ■ ≥78.1



Data source: CDC, National Vital Statistics System, 2013-2015
For details: http://www.AmericasHealthRankings.org/AR17/injury_deaths

Poor Mental Health Days

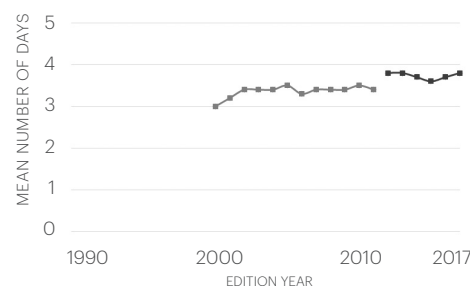
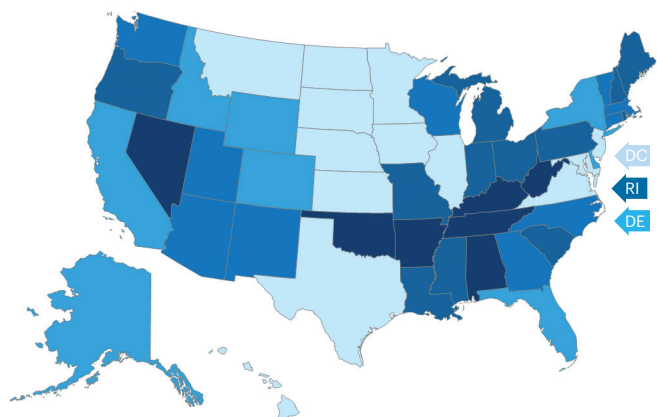
The number of poor mental health days a person experiences is a predictor of future health, forecasting one-month and 12-month office visits and hospitalizations. Poor mental health in extreme cases can lead to suicide, the 10th leading cause of death for all

Outcomes

ages and the second leading cause of death for adults aged 15 to 34 years. The medical costs of mental disorders in the United States are not far behind those of traumatic injury and cancer.

Mean number of days in the past 30 days adults reported their mental health was not good

■ ≤3.4
 ■ 3.5 to 3.6
 ■ 3.7 to 3.9
 ■ 4.0 to 4.3
 ■ ≥4.4



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Mental-Health>

Poor Physical Health Days

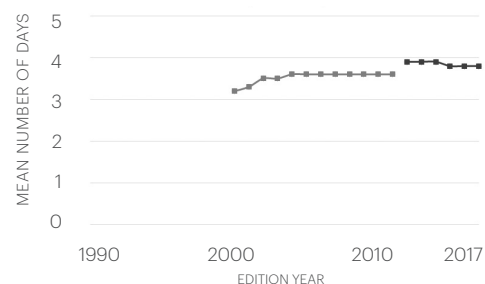
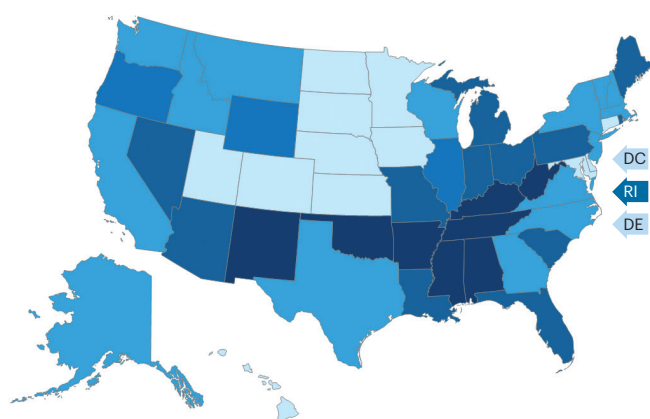
Poor physical health days are an indicator of the population's health-related quality of life. The number of poor physical health days a person experiences reveals information about illnesses within the population, regardless of disease or health condition. Poor physical health days also predict future health and future medical care, such as adverse health events resulting in a provider visit,

hospitalization, or mortality within 30 days or one year among older adults. Among adults with chronic conditions, poor physical health days are highest among those with cardiovascular diseases such as myocardial infarction, angina and stroke. The number of physically unhealthy days tends to increase with age.

Outcomes

Mean number of days in the past 30 days adults reported their physical health was not good

■ ≤3.5 ■ 3.6 to 3.8 ■ 3.9 ■ 4.0 to 4.4 ■ ≥4.5



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Physical-Health>

Stroke

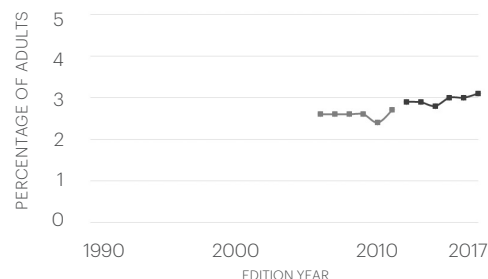
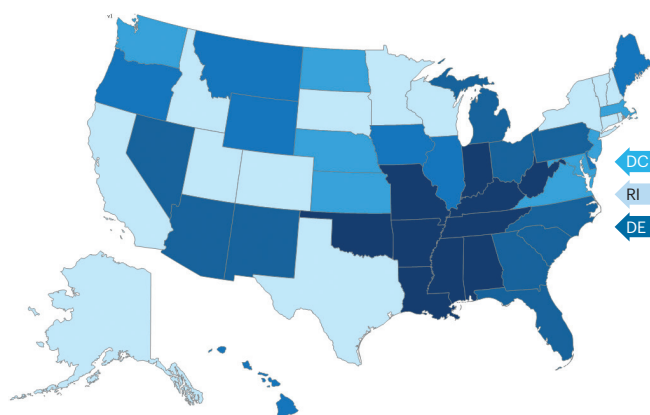
Each year roughly 795,000 people experience a new or recurrent stroke, which is the fifth-leading cause of U.S. deaths. About 80 percent of strokes are preventable, and timely treatment is key to lowering risk of death and disability. Black adults have twice the risk of a first stroke as white adults, and stroke deaths are highest in black

adults. Declines in stroke deaths have slowed in most states, with deaths increasing in southern states. Stroke prevalence is estimated to increase 22 percent by 2030, with the greatest increase in Hispanic men (29 percent). The total U.S. cost of stroke is roughly \$34 billion annually.

Outcomes

Percentage of adults who reported being told by a health professional that they had a stroke

■ ≤2.6% ■ 2.7 to 2.9% ■ 3.0 to 3.2% ■ 3.3 to 3.8% ■ ≥3.9%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/Stroke>

Suicide

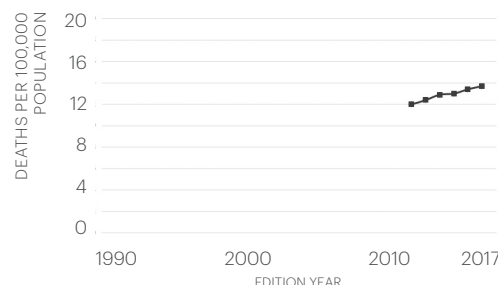
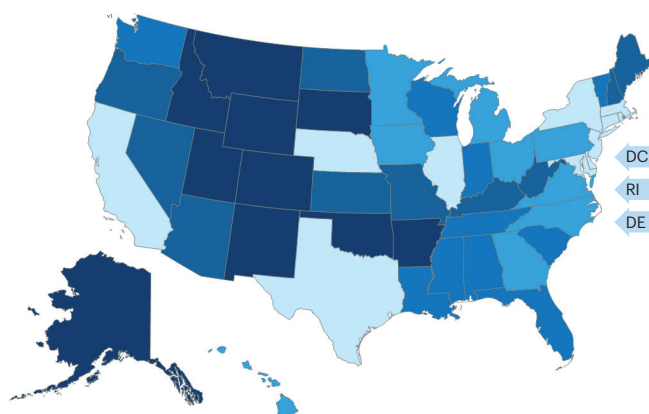
More than 44,100 adults died by suicide in 2015, making it the 10th-leading cause of death. Firearms account for nearly half of these deaths. Each year at least 2.5 times more deaths occur from suicide than homicide. For each death, 25 suicide attempts are made. While middle-aged white men consistently have the highest

Outcomes

rate of suicide, American Indians and Alaskan Natives (AIAN) have the second highest suicide rate in the U.S. Suicide rates among AIAN males aged 18-24 are higher than any other racial or ethnic subgroup of the same age. Suicide costs society nearly \$57 billion a year in medical and work loss costs.

Number of deaths due to intentional self-harm per 100,000 population

■ ≤12.9 ■ 13.0 to 14.5 ■ 14.6 to 16.1 ■ 16.2 to 19.4 ■ ≥19.5



Data source: CDC, National Vital Statistics System, 2015
For details: <http://www.AmericasHealthRankings.org/AR17/Suicide>

Six+ Teeth Extractions

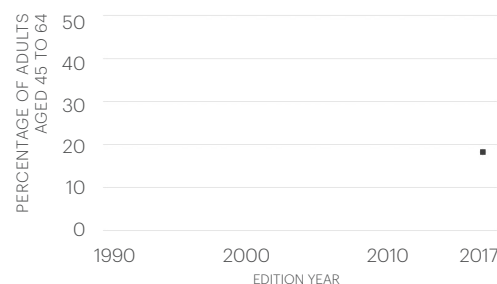
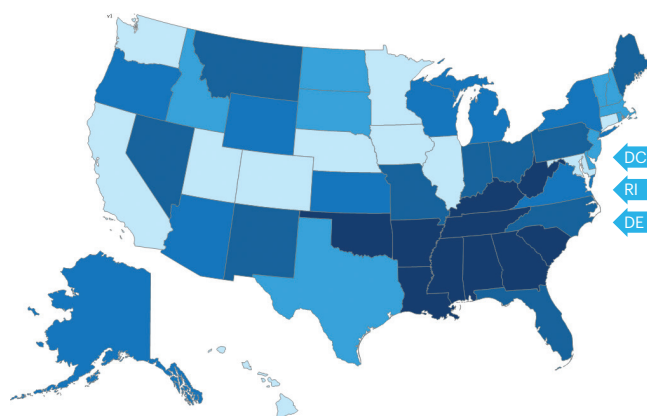
Oral health is essential to overall health. Six or more teeth extractions is an indicator of poor oral health and difficulty accessing a dentist. Nearly one in five U.S. adults aged 45 to 64 reported having six or more teeth extracted in 2016. Adults aged 20 to 39 are twice as likely to have no loss of permanent teeth

Outcomes

compared with adults aged 40 to 64 years. Adults earning less than \$25,000 per year are much less likely to have dental insurance and are more likely to have teeth extracted. Increasing the number of dentists and increasing dental insurance coverage can reduce the prevalence of teeth extractions.

Percentage of adults aged 45 to 64 who reported having six or more permanent teeth removed because of tooth decay or gum disease

■ ≤14.4% ■ 14.5 to 16.7% ■ 16.8 to 19.0% ■ 19.1 to 23.3% ■ ≥23.4%



Data source: CDC, Behavioral Risk Factor Surveillance System, 2016
For details: <http://www.AmericasHealthRankings.org/AR17/sixteeth>

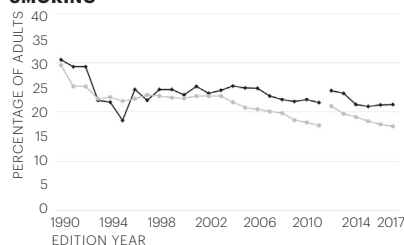
State Summaries

Alabama

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.3	22	5.7
Excessive Drinking (% of adults)	+++++	14.2	5	11.8
High School Graduation (% of students)	+++++	89.3	3	90.8
Obesity (% of adults)	+	35.7	47	22.3
Physical Inactivity (% of adults)	+	29.4	44	15.7
Smoking (% of adults)	+	21.5	42	8.8
Behaviors Total*	++	-0.099	38	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.9	39	3.8
Children in Poverty (% of children)	+	24.3	47	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.363	40	-1.107
Chlamydia (cases per 100,000 population)	+	543.6	42	233.3
Pertussis (cases per 100,000 population)	++++	3.3	14	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	23.7	42	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.5	35	2.0
Violent Crime (offenses per 100,000 population)	+	532	44	124
Community & Environment Total*	+	-0.152	48	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.333	36	1.717
HPV Females (% of females aged 13 to 17 years)	++	46.5	32	73.0
HPV Males (% of males aged 13 to 17 years)	+	24.7	46	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	72.4	40	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	91.7	11	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	77.3	7	85.3
Public Health Funding (dollars per person)	+++++	\$113	10	\$296
Uninsured (% of population)	++	9.6	33	2.7
Policy Total*	+++	0.026	23	0.185
Clinical Care				
Dentists (number per 100,000 population)	+	43.7	48	80.7
Low Birthweight (% of live births)	+	10.4	48	5.8
Mental Health Providers (number per 100,000 population)	+	85.0	50	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	62.0	46	23.3
Primary Care Physicians (number per 100,000 population)	+	119.3	42	256.3
Clinical Care Total*	+	-0.202	49	0.180
All Determinants*	+	-0.427	47	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	210.6	43	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	339.6	49	189.7
Diabetes (% of adults)	+	14.6	49	6.6
Disparity in Health Status (% difference by high school education)	+++++	22.0	8	8.1
Frequent Mental Distress (% of adults)	+	14.4	47	8.3
Frequent Physical Distress (% of adults)	+	14.9	46	8.9
Infant Mortality (deaths per 1,000 live births)	+	8.5	49	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	10,321	48	5,555
All Outcomes*	+	-0.335	49	0.254
OVERALL*	+	-0.762	47	0.916

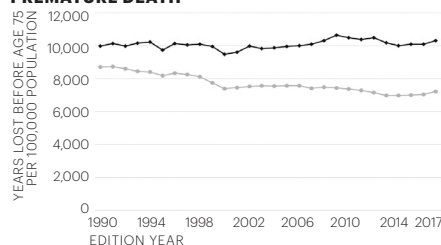
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

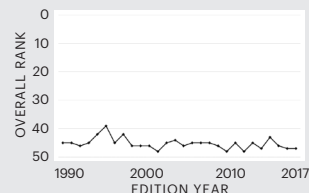
PREMATURE DEATH



OVERALL RANK:
47



Change: **no change**
Determinants Rank: **47**
Outcomes Rank: **49**



Strengths:

- High immunization coverage among children
- Low prevalence of excessive drinking
- Small disparity in health status by educational attainment

Challenges:

- High prevalence of obesity
- High percentage of children in poverty
- High cardiovascular death rate

Highlights:

- In the past three years, drug deaths increased 22% from 11.7 to 14.3 deaths per 100,000 population
- In the past 10 years, air pollution decreased 37% from 14.2 to 8.9 micrograms of fine particles per cubic meter
- In the past year, cardiovascular deaths increased 2% from 332.9 to 339.6 deaths per 100,000 population
- In the past year, immunizations among children increased 9% from 70.6% to 77.3% of children aged 19 to 35 months
- In the past five years, diabetes increased 24% from 11.8% to 14.6% of adults

Ranking:

Alabama is 47th this year; it was 47th in 2016. The state ranks 43rd for senior health and 44th for the health of women and children.

State Health Department Website:
www.adph.org

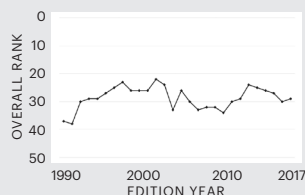
Alaska

OVERALL RANK:
29

Change: ▲ 1

Determinants Rank: **34**

Outcomes Rank: **13**



Strengths:

- Small disparity in health status by educational attainment
- Low prevalence of low birthweight
- Low prevalence of diabetes

Challenges:

- High violent crime rate
- High percentage of uninsured population
- High incidence of chlamydia

Highlights:

- In the past five years, children in poverty increased 24% from 14.8% to 18.3% of children
- In the past year, drug deaths decreased 3% from 16.0 to 15.6 deaths per 100,000 population
- In the past five years, infant mortality increased 26% from 5.3 to 6.7 deaths per 1,000 live births
- In the past two years, violent crime increased 26% from 640 to 804 offenses per 100,000 population
- In the past 10 years, preventable hospitalizations decreased 38% from 58.2 to 36.0 discharges per 1,000 Medicare enrollees

Ranking:

Alaska is 29th this year; it was 30th in 2016. The state ranks 29th for senior health and 28th for the health of women and children.

State Health Department Website:

dhss.alaska.gov/Pages/default.aspx

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	15.6	27	5.7
Excessive Drinking (% of adults)	+++	19.1	30	11.8
High School Graduation (% of students)	+	75.6	46	90.8
Obesity (% of adults)	+++	31.4	30	22.3
Physical Inactivity (% of adults)	+++++	19.1	7	15.7
Smoking (% of adults)	++	19.0	35	8.8
Behaviors Total*	++	-0.106	40	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.7	36	3.8
Children in Poverty (% of children)	+++	18.3	29	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.747	46	-1.107
Chlamydia (cases per 100,000 population)	+	768.3	50	233.3
Pertussis (cases per 100,000 population)	+	14.2	42	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	10.6	5	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.9	40	2.0
Violent Crime (offenses per 100,000 population)	+	80.4	50	12.4
Community & Environment Total*	+	-0.164	49	0.324

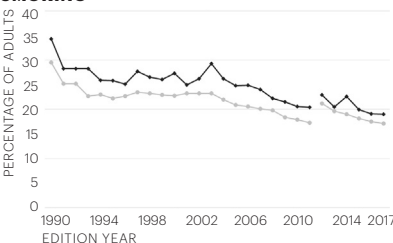
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.177	46	1.717
HPV Females (% of females aged 13 to 17 years)	+++	47.8	27	73.0
HPV Males (% of males aged 13 to 17 years)	+++	39.1	23	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	67.0	46	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	79.4	48	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.8	34	85.3
Public Health Funding (dollars per person)	+++++	\$285	2	\$296
Uninsured (% of population)	+	14.5	49	2.7
Policy Total*	+	-0.079	45	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++++	74.1	6	80.7
Low Birthweight (% of live births)	+++++	5.8	1	5.8
Mental Health Providers (number per 100,000 population)	+++++	364.2	8	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.0	7	23.3
Primary Care Physicians (number per 100,000 population)	+++	133.7	30	256.3
Clinical Care Total*	+++++	0.158	2	0.180
All Determinants*	++	-0.190	34	0.778

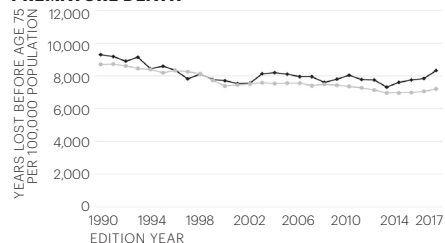
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	194.9	29	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	222.2	11	189.7
Diabetes (% of adults)	+++++	7.5	3	6.6
Disparity in Health Status (% difference by high school education)	+++++	8.1	1	8.1
Frequent Mental Distress (% of adults)	+++++	10.2	10	8.3
Frequent Physical Distress (% of adults)	+++++	11.2	18	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.7	36	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,342	37	5,555
All Outcomes*	++++	0.117	13	0.254
OVERALL*	+++	-0.073	29	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



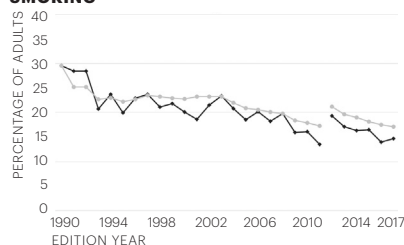
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Arizona

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.0	37	5.7
Excessive Drinking (% of adults)	++++	17.3	14	11.8
High School Graduation (% of students)	+	77.4	44	90.8
Obesity (% of adults)	+++	29.0	21	22.3
Physical Inactivity (% of adults)	+++	23.1	23	15.7
Smoking (% of adults)	++++	14.7	13	8.8
Behaviors Total*	+++	0.013	25	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.7	46	3.8
Children in Poverty (% of children)	+	23.1	45	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	0.103	30	-1.107
Chlamydia (cases per 100,000 population)	++	481.1	33	233.3
Pertussis (cases per 100,000 population)	++	8.5	36	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	17.0	29	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	++	470	39	124
Community & Environment Total*	+	-0.111	45	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.158	29	1.717
HPV Females (% of females aged 13 to 17 years)	++	46.6	31	73.0
HPV Males (% of males aged 13 to 17 years)	++++	41.7	18	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	85.2	21	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	84.3	40	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	69.9	31	85.3
Public Health Funding (dollars per person)	+	\$50	47	\$296
Uninsured (% of population)	++	10.4	38	2.7
Policy Total*	++	-0.047	40	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	53.9	27	80.7
Low Birthweight (% of live births)	++++	7.2	17	5.8
Mental Health Providers (number per 100,000 population)	+	121.9	47	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.1	8	23.3
Primary Care Physicians (number per 100,000 population)	++	126.0	37	256.3
Clinical Care Total*	+++	-0.011	28	0.180
All Determinants*	++	-0.157	33	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	169.6	6	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	214.4	5	189.7
Diabetes (% of adults)	+++	10.8	29	6.6
Disparity in Health Status (% difference by high school education)	++	28.5	32	8.1
Frequent Mental Distress (% of adults)	+++	11.7	25	8.3
Frequent Physical Distress (% of adults)	++	13.2	37	8.9
Infant Mortality (deaths per 1,000 live births)	+++	5.8	23	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,246	25	5,555
All Outcomes*	+++	0.047	25	0.254
OVERALL*	++	-0.110	31	0.916

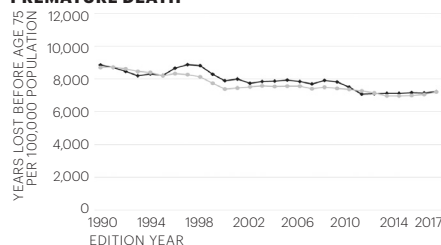
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



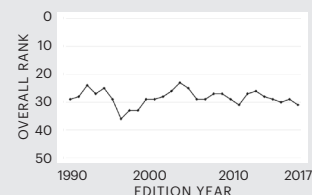
OVERALL RANK:
31



Change: ▼ 2

Determinants Rank: **33**

Outcomes Rank: **25**



Strengths:

- Low prevalence of smoking
- Low preventable hospitalization rate
- Low cardiovascular death rate

Challenges:

- High percentage of children in poverty
- High levels of air pollution
- Lower number of mental health providers

Highlights:

- In the past two years, children in poverty decreased 19% from 28.5% to 23.1% of children
- In the past five years, obesity increased 16% from 25.1% to 29.0% of adults
- In the past five years, smoking decreased 24% from 19.3% to 14.7% of adults
- In the past 10 years, drug deaths increased 40% from 13.6 to 19.0 deaths per 100,000 population
- In the past five years, preventable hospitalizations decreased 32% from 52.9 to 36.1 discharges per 1,000 Medicare enrollees

Ranking:

Arizona is 31st this year; it was 29th in 2016. The state ranks 23rd for senior health and 43rd for the health of women and children.

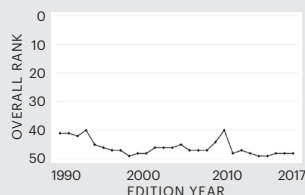
State Health Department Website:
www.azdhs.gov

Arkansas

**OVERALL
RANK:
48**



Change: **no change**
Determinants Rank: **48**
Outcomes Rank: **47**



Strengths:

- Small disparity in health status by educational attainment
- Low prevalence of excessive drinking
- Low incidence of pertussis

Challenges:

- High prevalence of smoking
- High prevalence of frequent mental distress
- Lower number of dentists

Highlights:

- In the past five years, obesity increased 16% from 30.9% to 35.7% of adults
- In the past 10 years, air pollution decreased 39% from 11.9 to 7.2 micrograms of fine particles per cubic meter
- In the past five years, diabetes increased 21% from 11.2% to 13.5% of adults
- In the past five years, the percentage of uninsured decreased 52% from 18.0% to 8.7% of the population
- In the past seven years, premature death increased 29% from 9,786 to 9,972 years lost before age 75 per 100,000 population

Ranking:

Arkansas is 48th this year; it was 48th in 2016. The state ranks 46th for senior health and 49th for the health of women and children.

State Health Department Website:

www.healthy.arkansas.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.3	14	5.7
Excessive Drinking (% of adults)	+++++	15.9	9	11.8
High School Graduation (% of students)	+++	84.9	25	90.8
Obesity (% of adults)	+	35.7	47	22.3
Physical Inactivity (% of adults)	+	32.5	50	15.7
Smoking (% of adults)	+	23.6	48	8.8
Behaviors Total*	+	-0.204	45	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.2	16	3.8
Children in Poverty (% of children)	++	21.4	39	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.413	41	-1.107
Chlamydia (cases per 100,000 population)	+	545.0	43	233.3
Pertussis (cases per 100,000 population)	+++++	2.0	4	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	26.0	44	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	7.5	44	2.0
Violent Crime (offenses per 100,000 population)	+	551	45	124
Community & Environment Total*	+	-0.103	42	0.324

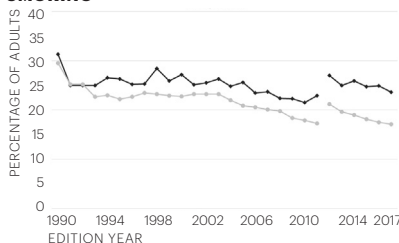
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.135	19	1.717
HPV Females (% of females aged 13 to 17 years)	+	35.5	47	73.0
HPV Males (% of males aged 13 to 17 years)	++	33.6	35	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	89.1	11	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	91.0	14	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	67.8	39	85.3
Public Health Funding (dollars per person)	++++	\$107	14	\$296
Uninsured (% of population)	+++	8.7	27	2.7
Policy Total*	+++	0.004	27	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	41.2	50	80.7
Low Birthweight (% of live births)	+	9.2	43	5.8
Mental Health Providers (number per 100,000 population)	+++	213.3	26	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	61.8	45	23.3
Primary Care Physicians (number per 100,000 population)	+	115.4	43	256.3
Clinical Care Total*	+	-0.146	47	0.180
All Determinants*	+	-0.449	48	0.778

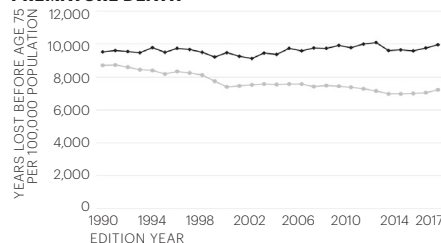
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	219.5	47	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	323.0	47	189.7
Diabetes (% of adults)	+	13.5	47	6.6
Disparity in Health Status (% difference by high school education)	+++++	18.5	2	8.1
Frequent Mental Distress (% of adults)	+	16.4	49	8.3
Frequent Physical Distress (% of adults)	+	17.7	49	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.5	44	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	9,972	45	5,555
All Outcomes*	+	-0.323	47	0.254
OVERALL*	+	-0.772	48	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



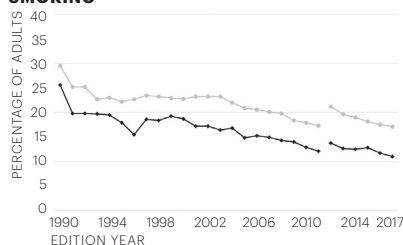
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

California

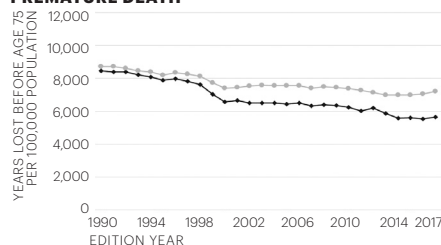
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.8	10	5.7
Excessive Drinking (% of adults)	+++	17.8	21	11.8
High School Graduation (% of students)	++	82.0	31	90.8
Obesity (% of adults)	+++++	25.0	4	22.3
Physical Inactivity (% of adults)	++++	20.5	15	15.7
Smoking (% of adults)	+++++	11.0	2	8.8
Behaviors Total*	+++++	0.234	2	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	11.7	50	3.8
Children in Poverty (% of children)	+++	18.6	30	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	0.023	28	-1.107
Chlamydia (cases per 100,000 population)	++	487.5	34	233.3
Pertussis (cases per 100,000 population)	++	9.2	37	0.4
<i>Salmonella</i> (cases per 100,000 population)	++++	14.3	20	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.0	5	2.0
Violent Crime (offenses per 100,000 population)	++	445	36	124
Community & Environment Total*	+	-0.107	43	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.325	35	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	58.3	9	73.0
HPV Males (% of males aged 13 to 17 years)	+++	40.3	22	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	79.7	27	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	82.1	46	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	65.3	46	85.3
Public Health Funding (dollars per person)	++++	\$103	18	\$296
Uninsured (% of population)	+++	8.0	23	2.7
Policy Total*	+++	-0.010	29	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++++	76.8	3	80.7
Low Birthweight (% of live births)	+++++	6.8	10	5.8
Mental Health Providers (number per 100,000 population)	+++++	315.5	10	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.2	9	23.3
Primary Care Physicians (number per 100,000 population)	+++	135.1	29	256.3
Clinical Care Total*	+++++	0.127	8	0.180
All Determinants*	++++	0.245	18	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	169.3	5	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	230.4	15	189.7
Diabetes (% of adults)	+++	10.2	22	6.6
Disparity in Health Status (% difference by high school education)	+	37.6	50	8.1
Frequent Mental Distress (% of adults)	++++	10.6	12	8.3
Frequent Physical Distress (% of adults)	++++	11.1	17	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.4	2	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,647	2	5,555
All Outcomes*	++++	0.109	15	0.254
OVERALL*	++++	0.354	17	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



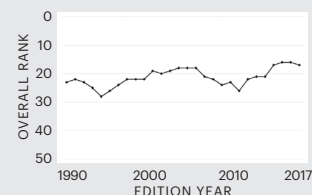
The 2012–2017 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK:
17

Change: ▼ 1

Determinants Rank: **18**

Outcomes Rank: **15**



Strengths:

- Low prevalence of smoking
- Higher number of dentists
- Low infant mortality rate

Challenges:

- High levels of air pollution
- Large disparity in health status by educational attainment
- Low immunization coverage among children

Highlights:

- In the past five years, air pollution decreased 24% from 15.3 to 11.7 micrograms of fine particles per cubic meter, however, in the past year it increased 3%
- In the past two years, immunizations among children decreased 16% from 77.9% to 65.3% of children aged 19 to 35 months
- In the past five years, the percentage uninsured decreased 59% from 19.6% to 8.0% of the population
- In the past five years, chlamydia increased 21% from 403.8 to 487.5 cases per 100,000 population
- In the past five years, premature death decreased 9% from 6,190 to 5,647 years lost before age 75 per 100,000 population

Ranking:

California is 17th this year; it was 16th in 2016. The state ranks 16th for senior health and 10th for the health of women and children.

State Health Department Website:

www.cdph.ca.gov

Colorado

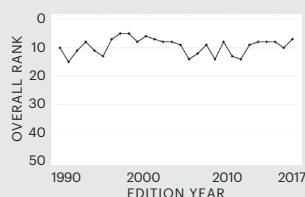
**OVERALL
RANK:**
7



Change: **▲ 3**

Determinants Rank: **9**

Outcomes Rank: **3**



Strengths:

- Low prevalence of obesity
- Low percentage of children in poverty
- Low prevalence of diabetes

Challenges:

- High prevalence of excessive drinking
- Large disparity in health status by educational attainment
- High incidence of pertussis

Highlights:

- In the past year, obesity increased 10% from 20.2% to 22.3% of adults
- In the past five years, the percentage uninsured decreased 45% from 14.3% to 7.8% of the population
- In the past three years, drug deaths increased 8% from 14.8 to 16.0 deaths per 100,000 population
- In the past five years, infant mortality decreased 23% from 6.1 to 4.7 deaths per 1,000 live births
- In the past two years, cardiovascular deaths increased 3% from 196.2 to 203.0 deaths per 100,000 population

Ranking:

Colorado is seventh this year; it was 10th in 2016. The state ranks fourth for senior health and 14th for the health of women and children.

State Health Department Website:

www.cdphe.state.co.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.0	28	5.7
Excessive Drinking (% of adults)	+	20.6	42	11.8
High School Graduation (% of students)	+	77.3	45	90.8
Obesity (% of adults)	+++++	22.3	1	22.3
Physical Inactivity (% of adults)	+++++	15.8	2	15.7
Smoking (% of adults)	++++	15.6	17	8.8
Behaviors Total*	+++++	0.109	9	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.6	12	3.8
Children in Poverty (% of children)	+++++	8.4	2	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.147	31	-1.107
Chlamydia (cases per 100,000 population)	+++	445.4	25	233.3
Pertussis (cases per 100,000 population)	+	16.8	46	0.4
Salmonella (cases per 100,000 population)	+++++	11.3	7	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	16	2.0
Violent Crime (offenses per 100,000 population)	+++	343	23	124
Community & Environment Total*	+++++	0.175	5	0.324

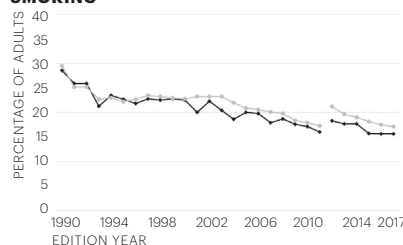
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.032	23	1.717
HPV Females (% of females aged 13 to 17 years)	++++	52.1	19	73.0
HPV Males (% of males aged 13 to 17 years)	++++	44.0	13	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	77.5	31	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	87.5	27	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	76.4	10	85.3
Public Health Funding (dollars per person)	++++	\$97	19	\$296
Uninsured (% of population)	+++	7.8	22	2.7
Policy Total*	++++	0.051	20	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++++	69.7	10	80.7
Low Birthweight (% of live births)	++	9.0	40	5.8
Mental Health Providers (number per 100,000 population)	++++	313.5	11	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	31.2	3	23.3
Primary Care Physicians (number per 100,000 population)	+++	139.9	26	256.3
Clinical Care Total*	++++	0.071	13	0.180
All Determinants*	+++++	0.406	9	0.778

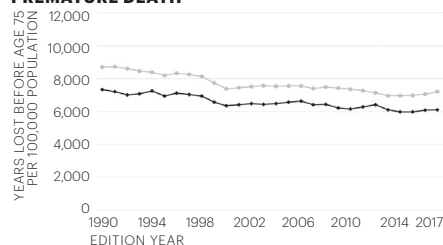
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	160.9	2	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	203.0	2	189.7
Diabetes (% of adults)	+++++	6.6	1	6.6
Disparity in Health Status (% difference by high school education)	+	33.8	48	8.1
Frequent Mental Distress (% of adults)	++++	10.6	12	8.3
Frequent Physical Distress (% of adults)	+++++	10.5	10	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.7	8	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,113	9	5,555
All Outcomes*	+++++	0.218	3	0.254
OVERALL*	+++++	0.624	7	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



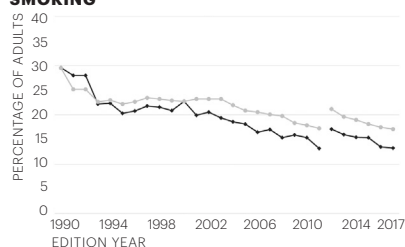
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Connecticut

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	18.4	36	5.7
Excessive Drinking (% of adults)	+++	18.4	23	11.8
High School Graduation (% of students)	++++	87.2	14	90.8
Obesity (% of adults)	+++++	26.0	9	22.3
Physical Inactivity (% of adults)	++++	21.3	18	15.7
Smoking (% of adults)	+++++	13.3	4	8.8
Behaviors Total*	+++++	0.182	4	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.6	35	3.8
Children in Poverty (% of children)	+++	16.3	21	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.853	3	-1.107
Chlamydia (cases per 100,000 population)	+++++	364.9	10	233.3
Pertussis (cases per 100,000 population)	+++++	2.1	6	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	12.1	10	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.5	8	2.0
Violent Crime (offenses per 100,000 population)	+++++	227	5	124
Community & Environment Total*	++++	0.128	15	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.055	3	1.717
HPV Females (% of females aged 13 to 17 years)	++++	56.9	11	73.0
HPV Males (% of males aged 13 to 17 years)	++++	41.5	19	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	93.9	3	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	93.9	4	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	75.7	12	85.3
Public Health Funding (dollars per person)	+++	\$82	27	\$296
Uninsured (% of population)	+++++	5.5	7	2.7
Policy Total*	+++++	0.106	6	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++++	76.1	5	80.7
Low Birthweight (% of live births)	+++	7.9	22	5.8
Mental Health Providers (number per 100,000 population)	+++++	354.8	9	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	46.2	19	23.3
Primary Care Physicians (number per 100,000 population)	+++++	209.4	4	256.3
Clinical Care Total*	+++++	0.147	4	0.180
All Determinants*	+++++	0.564	4	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	173.7	8	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	218.4	9	189.7
Diabetes (% of adults)	++++	9.8	19	6.6
Disparity in Health Status (% difference by high school education)	+	31.4	43	8.1
Frequent Mental Distress (% of adults)	++++	10.7	16	8.3
Frequent Physical Distress (% of adults)	++++	10.8	12	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.2	15	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,771	4	5,555
All Outcomes*	+++++	0.135	10	0.254
OVERALL*	+++++	0.699	5	0.916

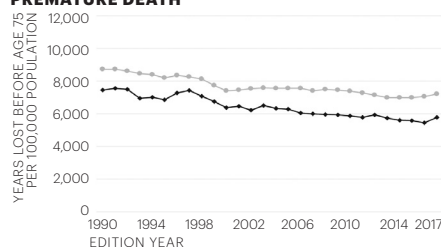
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



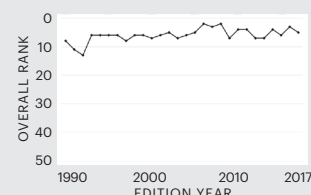
OVERALL RANK:
5



Change: ▼ 2

Determinants Rank: 4

Outcomes Rank: 10



Strengths:

- Low prevalence of smoking
- Low violent crime rate
- Low percentage of uninsured population

Challenges:

- Large disparity in health status by educational attainment
- High drug death rate
- High levels of air pollution

Highlights:

- In the past year, primary care physicians increased 6% from 197.8 to 209.4 per 100,000 population
- In the past two years, children in poverty increased 33% from 12.3% to 16.3% of children
- In the past five years, cancer deaths decreased 3% from 179.0 to 173.7 deaths per 100,000 population
- In the past three years, drug deaths increased 67% from 11.0 to 18.4 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 44% from 9.9% to 5.5% of the population

Ranking:

Connecticut is fifth this year; it was third in 2016. The state ranks seventh for senior health and fourth for the health of women and children.

State Health Department Website:

www.ct.gov/dph/site/default.asp

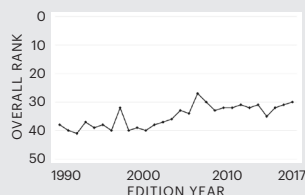
Delaware

**OVERALL
RANK:
30**

Change: ▲ 1

Determinants Rank: **28**

Outcomes Rank: **34**



Strengths:

- Low percentage of uninsured population
- Low prevalence of frequent physical distress
- High HPV immunization coverage among adolescent females

Challenges:

- High infant mortality rate
- Lower number of dentists
- Large disparity in health status by educational attainment

Highlights:

- In the past year, low birthweight increased 12% from 8.3% to 9.3% of live births
- In the past five years, the percentage uninsured decreased 46% from 10.7% to 5.8% of the population
- In the past 10 years, drug deaths increased 147% from 8.1 to 20.0 deaths per 100,000 population
- In the past five years, cancer deaths decreased 3% from 202.8 to 197.2 deaths per 100,000 population
- In the past two years, violent crime increased 4% from 491 to 509 offenses per 100,000 population

Ranking:

Delaware is 30th this year; it was 31st in 2016. The state ranks 17th for senior health and 22nd for the health of women and children.

State Health Department Website:

www.dhss.delaware.gov/dhss

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	20.0	40	5.7
Excessive Drinking (% of adults)	+++	18.4	23	11.8
High School Graduation (% of students)	+++	85.6	22	90.8
Obesity (% of adults)	+++	30.7	27	22.3
Physical Inactivity (% of adults)	++	26.6	37	15.7
Smoking (% of adults)	+++	17.7	27	8.8
Behaviors Total*	+++	-0.030	30	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.1	43	3.8
Children in Poverty (% of children)	+++	16.9	24	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.213	18	-1.107
Chlamydia (cases per 100,000 population)	++	492.2	36	233.3
Pertussis (cases per 100,000 population)	+++++	2.1	6	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	16.8	27	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.4	24	2.0
Violent Crime (offenses per 100,000 population)	+	509	42	124
Community & Environment Total*	++	-0.034	34	0.324

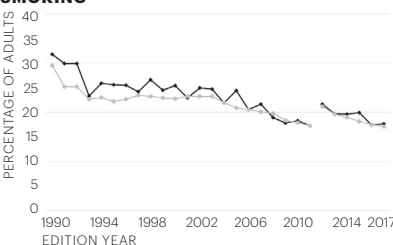
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.630	12	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	66.8	2	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	47.3	6	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	87.3	15	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	87.5	27	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	78.1	4	85.3
Public Health Funding (dollars per person)	++++	\$107	14	\$296
Uninsured (% of population)	++++	5.8	11	2.7
Policy Total*	+++++	0.114	5	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	44.3	47	80.7
Low Birthweight (% of live births)	+	9.3	44	5.8
Mental Health Providers (number per 100,000 population)	+++++	235.7	19	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	47.2	23	23.3
Primary Care Physicians (number per 100,000 population)	+++++	156.7	18	256.3
Clinical Care Total*	++	-0.059	36	0.180
All Determinants*	+++	-0.009	28	0.778

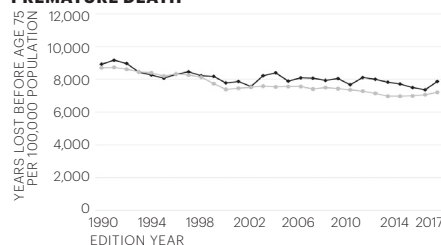
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	197.2	33	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	250.7	28	189.7
Diabetes (% of adults)	+++	10.6	27	6.6
Disparity in Health Status (% difference by high school education)	+	34.7	49	8.1
Frequent Mental Distress (% of adults)	+++++	11.1	20	8.3
Frequent Physical Distress (% of adults)	+++++	10.5	10	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.9	48	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	7,871	32	5,555
All Outcomes*	++	-0.087	34	0.254
OVERALL*	+++	-0.096	30	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



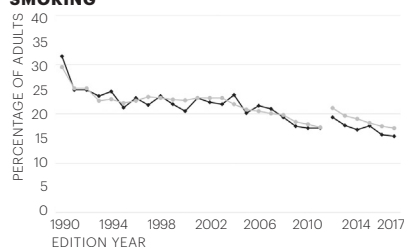
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Florida

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	14.1	20	5.7
Excessive Drinking (% of adults)	++++	17.5	19	11.8
High School Graduation (% of students)	+	77.9	42	90.8
Obesity (% of adults)	++++	27.4	14	22.3
Physical Inactivity (% of adults)	+	29.8	46	15.7
Smoking (% of adults)	++++	15.5	16	8.8
Behaviors Total*	+++	0.003	28	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.8	13	3.8
Children in Poverty (% of children)	++	18.7	32	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.277	36	-1.107
Chlamydia (cases per 100,000 population)	+++	454.8	26	233.3
Pertussis (cases per 100,000 population)	+++++	1.7	3	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	29.3	47	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.6	26	2.0
Violent Crime (offenses per 100,000 population)	++	430	33	124
Community & Environment Total*	+++	0.022	28	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.180	30	1.717
HPV Females (% of females aged 13 to 17 years)	++	46.4	33	73.0
HPV Males (% of males aged 13 to 17 years)	++	34.5	34	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	76.3	33	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	89.7	18	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	67.1	41	85.3
Public Health Funding (dollars per person)	++	\$63	40	\$296
Uninsured (% of population)	+	12.9	46	2.7
Policy Total*	+	-0.096	46	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	52.3	30	80.7
Low Birthweight (% of live births)	++	8.6	35	5.8
Mental Health Providers (number per 100,000 population)	+	144.8	41	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	53.6	35	23.3
Primary Care Physicians (number per 100,000 population)	++	131.6	32	256.3
Clinical Care Total*	++	-0.084	39	0.180
All Determinants*	++	-0.155	32	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	182.1	14	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	229.0	14	189.7
Diabetes (% of adults)	++	11.8	40	6.6
Disparity in Health Status (% difference by high school education)	+++	26.9	23	8.1
Frequent Mental Distress (% of adults)	+++	11.4	21	8.3
Frequent Physical Distress (% of adults)	++	12.9	34	8.9
Infant Mortality (deaths per 1,000 live births)	+++	6.2	29	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,412	27	5,555
All Outcomes*	+++	0.001	30	0.254
OVERALL*	++	-0.154	32	0.916

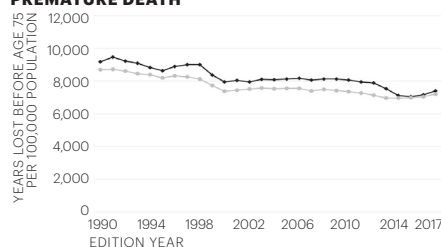
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH

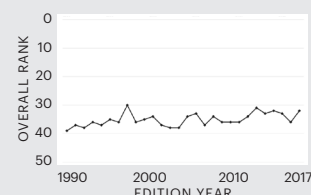


OVERALL RANK:
32

Change: ▲ 4

Determinants Rank: **32**

Outcomes Rank: **30**



Strengths:

- Low levels of air pollution
- Low prevalence of obesity
- Low cardiovascular death rate

Challenges:

- High percentage of uninsured population
- High prevalence of physical inactivity
- High incidence of *Salmonella*

Highlights:

- In the past year, drug deaths increased 7% from 13.2 to 14.1 deaths per 100,000 population after four years of continuous decline. The rate today is 15% below what it was in 2012.
- In the past year, children in poverty decreased 23% from 24.4% to 18.7% of children
- In the past three years, cardiovascular deaths increased 3% from 223.0 to 229.0 deaths per 100,000 population
- In the past five years, premature death decreased 6% from 7,893 to 7,412 years lost before age 75 per 100,000 population
- In the past eight years, chlamydia increased 44% from 315.5 to 454.8 cases per 100,000 population

Ranking:

Florida is 32nd this year; it was 36th in 2016. The state ranks 30th for senior health and 40th for the health of women and children.

State Health Department Website:

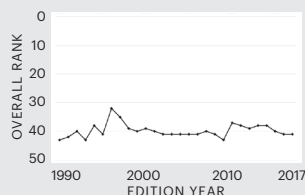
www.floridahealth.gov

Georgia

**OVERALL
RANK:
41**



Change: **no change**
Determinants Rank: **42**
Outcomes Rank: **37**



Strengths:

- Low prevalence of excessive drinking
- Low drug death rate
- High meningococcal immunization coverage among adolescents

Challenges:

- High percentage of uninsured population
- High percentage of children in poverty
- High infant mortality rate

Highlights:

- In the past year, premature death increased 3% from 7,980 to 8,185 years lost before age 75 per 100,000 population
- In the past five years, preventable hospitalizations decreased 27% from 68.4 to 50.2 discharges per 1,000 Medicare enrollees
- In the past 15 years, children in poverty increased 20% from 19.3% to 23.2% of children
- In the past two years, meningococcal immunization among adolescents increased 22% from 74.9% to 91.4% of adolescents aged 13 to 17
- In the past five years, obesity increased 12% from 28.0% to 31.4% of adults

Ranking:

Georgia is 41st this year; it was 41st in 2016. The state ranks 41st for senior health and 45th for the health of women and children.

State Health Department Website:

dph.georgia.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	11.9	12	5.7
Excessive Drinking (% of adults)	+++++	15.1	7	11.8
High School Graduation (% of students)	++	78.8	40	90.8
Obesity (% of adults)	+++	31.4	30	22.3
Physical Inactivity (% of adults)	+	29.4	44	15.7
Smoking (% of adults)	+++	17.9	28	8.8
Behaviors Total*	++	-0.062	35	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.0	41	3.8
Children in Poverty (% of children)	+	23.2	46	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.267	35	-1.107
Chlamydia (cases per 100,000 population)	+	570.8	45	233.3
Pertussis (cases per 100,000 population)	+++++	2.4	10	0.4
<i>Salmonella</i> (cases per 100,000 population)	++	21.1	39	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.8	29	2.0
Violent Crime (offenses per 100,000 population)	+++	398	30	124
Community & Environment Total*	++	-0.085	39	0.324

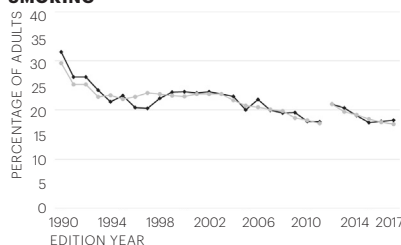
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.765	10	1.717
HPV Females (% of females aged 13 to 17 years)	++++	55.4	13	73.0
HPV Males (% of males aged 13 to 17 years)	+++	36.2	28	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	91.4	7	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	92.8	8	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	77.3	7	85.3
Public Health Funding (dollars per person)	++	\$72	35	\$296
Uninsured (% of population)	+	13.4	47	2.7
Policy Total*	++	-0.028	33	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	46.7	46	80.7
Low Birthweight (% of live births)	+	9.5	45	5.8
Mental Health Providers (number per 100,000 population)	+	122.5	46	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	50.2	30	23.3
Primary Care Physicians (number per 100,000 population)	+	119.9	41	256.3
Clinical Care Total*	+	-0.129	45	0.180
All Determinants*	+	-0.303	42	0.778

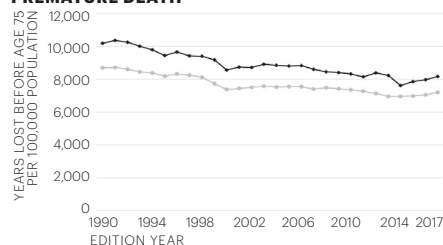
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	195.2	30	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	278.1	38	189.7
Diabetes (% of adults)	+	12.1	42	6.6
Disparity in Health Status (% difference by high school education)	+++	27.0	24	8.1
Frequent Mental Distress (% of adults)	++	12.6	31	8.3
Frequent Physical Distress (% of adults)	+++	12.0	27	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.6	45	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,185	35	5,555
All Outcomes*	++	-0.129	37	0.254
OVERALL*	+	-0.432	41	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



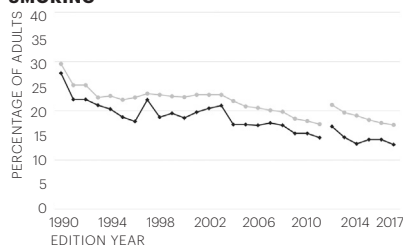
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Hawaii

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.5	8	5.7
Excessive Drinking (% of adults)	++	20.3	38	11.8
High School Graduation (% of students)	++	81.6	33	90.8
Obesity (% of adults)	+++++	23.8	3	22.3
Physical Inactivity (% of adults)	++++	20.8	17	15.7
Smoking (% of adults)	+++++	13.1	3	8.8
Behaviors Total*	+++++	0.180	5	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.9	6	3.8
Children in Poverty (% of children)	+++++	11.6	7	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	0.040	29	-1.107
Chlamydia (cases per 100,000 population)	++	498.3	37	233.3
Pertussis (cases per 100,000 population)	++++	3.3	14	0.4
<i>Salmonella</i> (cases per 100,000 population)	++	20.1	37	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	+++	309	21	124
Community & Environment Total*	+++++	0.183	4	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.272	32	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	61.5	5	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	46.9	7	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	75.8	35	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	82.2	45	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	75.1	15	85.3
Public Health Funding (dollars per person)	+++++	\$247	3	\$296
Uninsured (% of population)	+++++	3.8	2	2.7
Policy Total*	+++++	0.149	4	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++++	76.4	4	80.7
Low Birthweight (% of live births)	+++	8.3	29	5.8
Mental Health Providers (number per 100,000 population)	+++	229.5	22	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	23.3	1	23.3
Primary Care Physicians (number per 100,000 population)	+++++	179.9	9	256.3
Clinical Care Total*	+++++	0.128	7	0.180
All Determinants*	+++++	0.641	3	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	161.0	3	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	210.7	4	189.7
Diabetes (% of adults)	+++	10.5	25	6.6
Disparity in Health Status (% difference by high school education)	++	28.4	31	8.1
Frequent Mental Distress (% of adults)	+++++	9.2	3	8.3
Frequent Physical Distress (% of adults)	+++++	9.9	8	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.2	15	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,031	7	5,555
All Outcomes*	+++++	0.204	4	0.254
OVERALL*	+++++	0.845	2	0.916

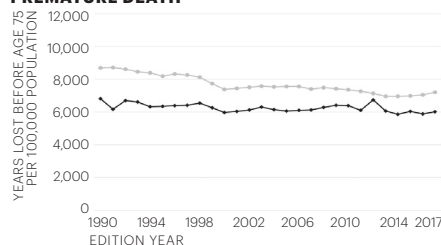
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012-2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



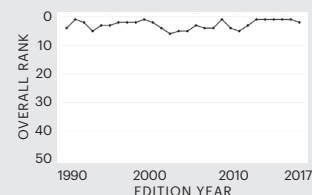
OVERALL RANK:

2

Change: ▼ 1

Determinants Rank: 3

Outcomes Rank: 4



Strengths:

- Low percentage of uninsured population
- Low prevalence of obesity
- Low preventable hospitalization rate

Challenges:

- High prevalence of excessive drinking
- High incidence of *Salmonella*
- Low Tdap immunization coverage among adolescents

Highlights:

- In the past seven years, premature death decreased 6% from 6,391 to 6,031 years lost before age 75 per 100,000 population
- In the past three years, cardiovascular deaths increased 6% from 199.1 to 210.7 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 51% from 7.8% to 3.8% of the population
- In the past three years, violent crime increased 29% from 239 to 309 offenses per 100,000 population
- In the past two years, children in poverty decreased 31% from 16.9% to 11.6% of children

Ranking:

Hawaii is second this year; it was first in 2016. The state ranks third for senior health and seventh for the health of women and children.

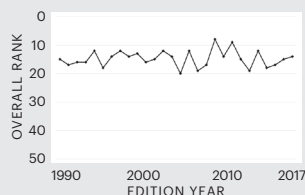
State Health Department Website:

health.hawaii.gov

Idaho

**OVERALL
RANK:
14**

Change: ▲ 1

Determinants Rank: **14**Outcomes Rank: **17****Strengths:**

- Low levels of air pollution
- Low violent crime rate
- Low preventable hospitalization rate

Challenges:

- Lower number of primary care physicians
- High incidence of *Salmonella*
- Large disparity in health status by educational attainment

Highlights:

- In the past two years, obesity decreased 5% from 28.9% to 27.4% of adults
- After decreasing between 2012-2015, diabetes increased 17% in the past two years, from 7.6% to 8.9% of adults
- In the past five years, smoking decreased 16% from 17.2% to 14.5% of adults
- In the past two years, frequent mental distress increased 15% from 9.3% to 10.7% of adults
- In the past five years, children in poverty decreased 39% from 22.3% to 13.5% of children

Ranking:

Idaho is 14th this year; it was 15th in 2016. The state ranks 22nd for senior health and 26th for the health of women and children.

State Health Department Website:
www.healthandwelfare.idaho.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	13.7	18	5.7
Excessive Drinking (% of adults)	++++	17.4	15	11.8
High School Graduation (% of students)	++	78.9	39	90.8
Obesity (% of adults)	++++	27.4	14	22.3
Physical Inactivity (% of adults)	++++	20.2	13	15.7
Smoking (% of adults)	++++	14.5	12	8.8
Behaviors Total*	++++	0.094	11	0.295

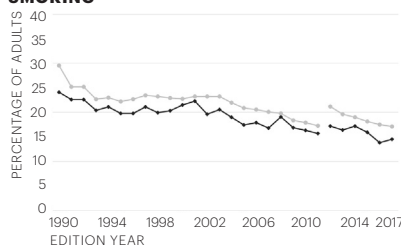
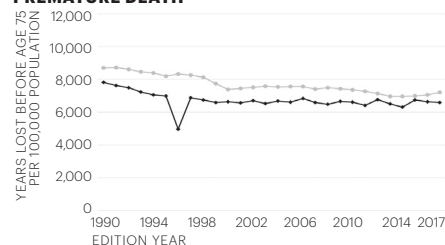
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.9	6	3.8
Children in Poverty (% of children)	++++	13.5	12	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.523	43	-1.107
Chlamydia (cases per 100,000 population)	+++++	344.5	6	233.3
Pertussis (cases per 100,000 population)	++	11.7	40	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	35.6	49	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.7	27	2.0
Violent Crime (offenses per 100,000 population)	+++++	230	6	124
Community & Environment Total*	++++	0.158	11	0.324

Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.137	27	1.717
HPV Females (% of females aged 13 to 17 years)	++	43.4	38	73.0
HPV Males (% of males aged 13 to 17 years)	++	30.0	40	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	86.5	16	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	87.5	27	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	73.9	18	85.3
Public Health Funding (dollars per person)	+++++	\$153	5	\$296
Uninsured (% of population)	++	10.6	40	2.7
Policy Total*	+++	0.017	25	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++	55.8	23	80.7
Low Birthweight (% of live births)	+++++	6.6	7	5.8
Mental Health Providers (number per 100,000 population)	+++	193.6	29	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	32.3	4	23.3
Primary Care Physicians (number per 100,000 population)	+	96.6	50	256.3
Clinical Care Total*	+++	0.014	23	0.180
All Determinants*	++++	0.284	14	0.778

Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	181.3	13	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	233.4	22	189.7
Diabetes (% of adults)	++++	8.9	11	6.6
Disparity in Health Status (% difference by high school education)	+	32.4	44	8.1
Frequent Mental Distress (% of adults)	++++	10.7	16	8.3
Frequent Physical Distress (% of adults)	++++	11.0	14	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.1	12	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,599	18	5,555
All Outcomes*	++++	0.100	17	0.254
OVERALL*	++++	0.384	14	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING**PREMATURE DEATH**

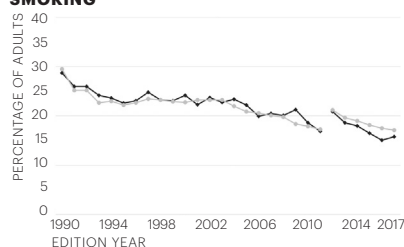
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Illinois

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	13.2	16	5.7
Excessive Drinking (% of adults)	+	21.1	45	11.8
High School Graduation (% of students)	+++	85.6	22	90.8
Obesity (% of adults)	++	31.6	33	22.3
Physical Inactivity (% of adults)	+++	23.9	29	15.7
Smoking (% of adults)	++++	15.8	18	8.8
Behaviors Total*	+++	0.021	23	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	10.2	49	3.8
Children in Poverty (% of children)	++	19.1	33	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	0.000	26	-1.107
Chlamydia (cases per 100,000 population)	++	540.4	40	233.3
Pertussis (cases per 100,000 population)	++	5.6	31	0.4
<i>Salmonella</i> (cases per 100,000 population)	++++	14.3	20	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	++	436	35	124
Community & Environment Total*	++	-0.071	38	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.445	16	1.717
HPV Females (% of females aged 13 to 17 years)	++++	52.6	17	73.0
HPV Males (% of males aged 13 to 17 years)	++++	43.2	16	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	83.9	24	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	91.0	14	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	71.5	25	85.3
Public Health Funding (dollars per person)	++	\$69	37	\$296
Uninsured (% of population)	++++	6.8	20	2.7
Policy Total*	+++	0.043	21	0.185
Clinical Care				
Dentists (number per 100,000 population)	++++	67.4	12	80.7
Low Birthweight (% of live births)	+++	8.3	29	5.8
Mental Health Providers (number per 100,000 population)	+++	193.8	28	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	54.8	38	23.3
Primary Care Physicians (number per 100,000 population)	+++++	175.3	10	256.3
Clinical Care Total*	+++	0.014	23	0.180
All Determinants*	+++	-0.007	27	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	199.8	36	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	257.8	33	189.7
Diabetes (% of adults)	+++	10.4	23	6.6
Disparity in Health Status (% difference by high school education)	+++	27.6	28	8.1
Frequent Mental Distress (% of adults)	+++++	10.0	7	8.3
Frequent Physical Distress (% of adults)	+++	11.4	22	8.9
Infant Mortality (deaths per 1,000 live births)	+++	6.3	30	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,825	20	5,555
All Outcomes*	+++	0.022	28	0.254
OVERALL*	+++	0.029	27	0.916

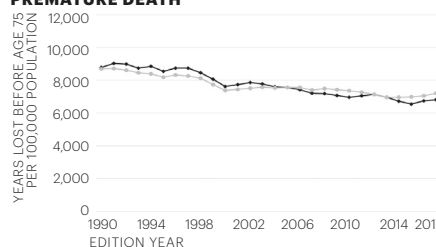
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH

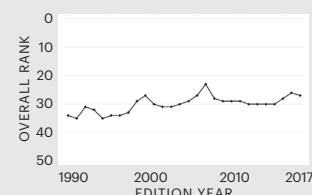


OVERALL RANK:
27

Change: ▼ 1

Determinants Rank: **27**

Outcomes Rank: **28**



Strengths:

- Low prevalence of frequent mental distress
- Higher number of primary care physicians
- Higher number of dentists

Challenges:

- High levels of air pollution
- High prevalence of excessive drinking
- High preventable hospitalization rate

Highlights:

- In the past five years, obesity increased 17% from 27.1% to 31.6% of adults
- In the past five years, excessive drinking decreased 12% from 24.1% to 21.1% of adults
- In the past two years, violent crime increased 15% from 380 to 436 offenses per 100,000 population
- In the past five years, smoking decreased 24% from 20.9% to 15.8% of adults
- In the past five years, the percentage uninsured decreased 54% from 14.8% to 6.8% of the population

Ranking:

Illinois is 27th this year; it was 26th in 2016. The state ranks 36th for senior health and 21st for the health of women and children.

State Health Department Website:
www.dph.illinois.gov

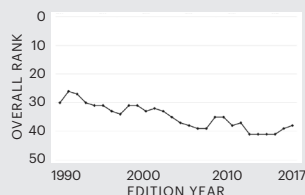
Indiana

**OVERALL
RANK:
38**

Change: ▲ 1

Determinants Rank: **37**

Outcomes Rank: **41**



Strengths:

- Low percentage of children in poverty
- Low incidence of *Salmonella*
- High meningococcal immunization among adolescents

Challenges:

- High prevalence of smoking
- Lower number of dentists
- High levels of air pollution

Highlights:

- In the past year, drug deaths increased 7% from 16.7 to 17.9 deaths per 100,000 population, a 108% increase since 2007
- In the past two years, children in poverty decreased 40% from 23.3% to 13.9% of children
- In the past two years, excessive drinking increased 18% from 15.8% to 18.6% of adults
- In the past eight years, air pollution decreased 27% from 13.2 to 9.7 micrograms of fine particles per cubic meter
- In the past year, premature death increased 3% from 8,208 to 8,471 years lost before age 75 per 100,000 population

Ranking:

Indiana is 38th this year; it was 39th in 2016. The state ranks 39th for senior health and 36th for the health of women and children.

State Health Department Website:

www.in.gov/isdh

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	17.9	34	5.7
Excessive Drinking (% of adults)	+++	18.6	28	11.8
High School Graduation (% of students)	++++	87.1	15	90.8
Obesity (% of adults)	++	32.5	40	22.3
Physical Inactivity (% of adults)	++	26.8	38	15.7
Smoking (% of adults)	+	21.1	41	8.8
Behaviors Total*	++	-0.106	40	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.7	46	3.8
Children in Poverty (% of children)	++++	13.9	13	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.653	6	-1.107
Chlamydia (cases per 100,000 population)	+++	437.9	24	233.3
Pertussis (cases per 100,000 population)	++++	3.4	16	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	10.1	4	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.1	33	2.0
Violent Crime (offenses per 100,000 population)	++	405	31	124
Community & Environment Total*	+++	0.025	27	0.324

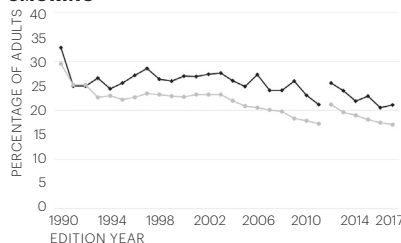
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.028	22	1.717
HPV Females (% of females aged 13 to 17 years)	++	43.5	37	73.0
HPV Males (% of males aged 13 to 17 years)	+	24.7	46	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	88.0	13	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.5	22	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.8	34	85.3
Public Health Funding (dollars per person)	+	\$49	49	\$296
Uninsured (% of population)	+++	8.9	28	2.7
Policy Total*	++	-0.026	32	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	46.8	45	80.7
Low Birthweight (% of live births)	+++	8.0	25	5.8
Mental Health Providers (number per 100,000 population)	+	144.2	42	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	56.8	41	23.3
Primary Care Physicians (number per 100,000 population)	++	123.4	39	256.3
Clinical Care Total*	+	-0.101	41	0.180
All Determinants*	++	-0.207	37	0.778

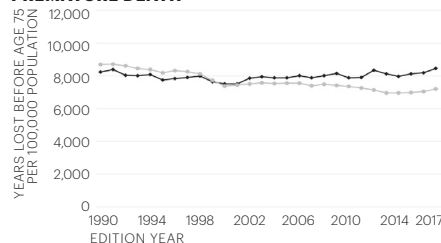
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	210.5	42	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	277.5	37	189.7
Diabetes (% of adults)	++	11.5	37	6.6
Disparity in Health Status (% difference by high school education)	++++	25.5	16	8.1
Frequent Mental Distress (% of adults)	++	13.2	38	8.3
Frequent Physical Distress (% of adults)	++	12.6	32	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.2	42	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,471	38	5,555
All Outcomes*	+	-0.150	41	0.254
OVERALL*	++	-0.357	38	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



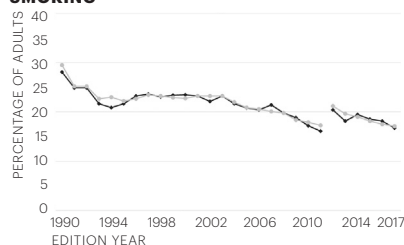
State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

Iowa

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	9.4	4	5.7
Excessive Drinking (% of adults)	+	22.1	47	11.8
High School Graduation (% of students)	+++++	90.8	1	90.8
Obesity (% of adults)	++	32.0	37	22.3
Physical Inactivity (% of adults)	+++	22.7	21	15.7
Smoking (% of adults)	+++	16.7	22	8.8
Behaviors Total*	++++	0.062	18	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	++++	14.0	15	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	-0.207	21	-1.107
Chlamydia (cases per 100,000 population)	++++	388.9	11	233.3
Pertussis (cases per 100,000 population)	+++	5.5	28	0.4
<i>Salmonella</i> (cases per 100,000 population)	++	19.8	36	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.5	35	2.0
Violent Crime (offenses per 100,000 population)	++++	291	16	124
Community & Environment Total*	++++	0.098	17	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.078	25	1.717
HPV Females (% of females aged 13 to 17 years)	+++	47.4	28	73.0
HPV Males (% of males aged 13 to 17 years)	++++	43.8	15	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	74.9	38	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.2	24	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	73.5	21	85.3
Public Health Funding (dollars per person)	++++	\$105	16	\$296
Uninsured (% of population)	+++++	4.7	5	2.7
Policy Total*	++++	0.090	11	0.185
Clinical Care				
Dentists (number per 100,000 population)	++	51.9	34	80.7
Low Birthweight (% of live births)	+++++	6.7	9	5.8
Mental Health Providers (number per 100,000 population)	+	134.7	44	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	48.9	25	23.3
Primary Care Physicians (number per 100,000 population)	+++	142.3	23	256.3
Clinical Care Total*	+++	-0.020	30	0.180
All Determinants*	++++	0.229	20	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	195.2	30	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	245.1	26	189.7
Diabetes (% of adults)	++++	9.3	14	6.6
Disparity in Health Status (% difference by high school education)	+++	27.3	26	8.1
Frequent Mental Distress (% of adults)	+++++	10.0	7	8.3
Frequent Physical Distress (% of adults)	+++++	9.6	5	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.5	4	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,333	11	5,555
All Outcomes*	+++++	0.147	7	0.254
OVERALL*	++++	0.376	15	0.916

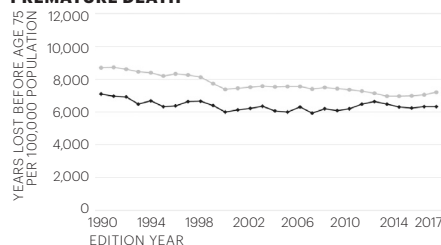
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



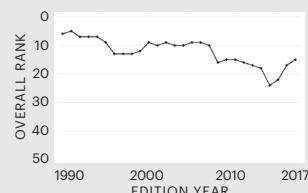
OVERALL
RANK:
15



Change: ▲ 2

Determinants Rank: **20**

Outcomes Rank: **7**



Strengths:

- Low drug death rate
- Low percentage of uninsured population
- Low infant mortality rate

Challenges:

- High prevalence of obesity
- High prevalence of excessive drinking
- Lower number of mental health providers

Highlights:

- In the past three years, smoking decreased 14% from 19.5% to 16.7% of adults
- In the past four years, chlamydia increased 56% from 249.1 to 388.9 cases per 100,000 population
- In the past five years, the percentage uninsured decreased 58% from 11.1% to 4.7% of the population
- In the past five years, obesity increased 10% from 29.0% to 32.0% of adults
- In the past 15 years, preventable hospitalizations decreased 31% from 70.8 to 48.9 discharges per 1,000 Medicare enrollees

Ranking:

Iowa is 15th this year; it was 17th in 2016. The state ranks 19th for senior health and eighth for the health of women and children.

State Health Department Website:

idph.iowa.gov

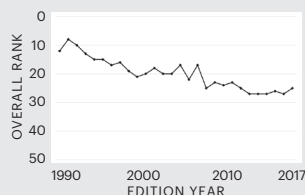
Kansas

**OVERALL
RANK:
25**

Change: ▲ 2

Determinants Rank: **25**

Outcomes Rank: **22**



Strengths:

- Low prevalence of frequent physical distress
- Low prevalence of low birthweight
- Low drug death rate

Challenges:

- Lower number of dentists
- High incidence of pertussis
- Low per capita public health funding

Highlights:

- In the past year, obesity decreased 9% from 34.2% to 31.2% of adults
- In the past five years, drug deaths increased 23% from 9.6 to 11.8 deaths per 100,000 population
- In the past year, infant mortality decreased 5% from 6.4 to 6.1 deaths per 1,000 live births
- In the past four years, cardiovascular deaths increased 5% from 242.4 to 253.5 deaths per 100,000 population
- In the past 10 years, air pollution decreased 29% from 10.3 to 7.3 micrograms of fine particles per cubic meter

Ranking:

Kansas is 25th this year; it was 27th in 2016. The state ranks 31st for senior health and 25th for the health of women and children.

State Health Department Website:

www.kdheks.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.8	10	5.7
Excessive Drinking (% of adults)	++++	17.4	15	11.8
High School Graduation (% of students)	++++	85.7	20	90.8
Obesity (% of adults)	+++	31.2	29	22.3
Physical Inactivity (% of adults)	+++	23.5	28	15.7
Smoking (% of adults)	+++	17.2	26	8.8
Behaviors Total*	+++	0.038	22	0.295

	Rating	2017 Value	2017 Rank	No. 1 State
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.3	18	3.8
Children in Poverty (% of children)	++++	15.9	20	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.177	34	-1.107
Chlamydia (cases per 100,000 population)	++++	394.8	13	233.3
Pertussis (cases per 100,000 population)	+	14.5	43	0.4
<i>Salmonella</i> (cases per 100,000 population)	++	17.5	32	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.0	31	2.0
Violent Crime (offenses per 100,000 population)	+++	380	29	124
Community & Environment Total*	+++	0.051	24	0.324

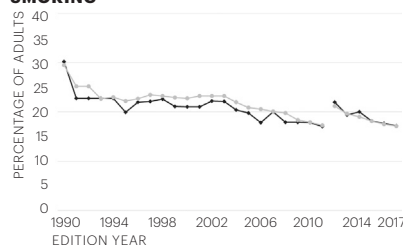
	Rating	2017 Value	2017 Rank	No. 1 State
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.757	42	1.717
HPV Females (% of females aged 13 to 17 years)	++	45.6	35	73.0
HPV Males (% of males aged 13 to 17 years)	+	26.0	45	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	69.7	43	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	87.3	31	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	76.4	10	85.3
Public Health Funding (dollars per person)	+	\$56	42	\$296
Uninsured (% of population)	+++	8.9	28	2.7
Policy Total*	+++	-0.004	28	0.185

	Rating	2017 Value	2017 Rank	No. 1 State
Clinical Care				
Dentists (number per 100,000 population)	++	50.5	37	80.7
Low Birthweight (% of live births)	+++++	6.8	10	5.8
Mental Health Providers (number per 100,000 population)	++	181.4	34	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	51.3	32	23.3
Primary Care Physicians (number per 100,000 population)	++	133.3	31	256.3
Clinical Care Total*	++	-0.028	32	0.180
All Determinants*	+++	0.057	25	0.778

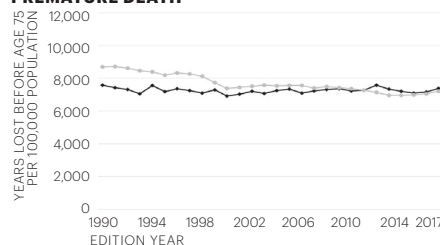
	Rating	2017 Value	2017 Rank	No. 1 State
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	194.3	28	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	253.5	29	189.7
Diabetes (% of adults)	++++	9.4	16	6.6
Disparity in Health Status (% difference by high school education)	++	28.7	34	8.1
Frequent Mental Distress (% of adults)	+++++	9.8	6	8.3
Frequent Physical Distress (% of adults)	+++++	9.8	6	8.9
Infant Mortality (deaths per 1,000 live births)	+++	6.1	27	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,380	26	5,555
All Outcomes*	+++	0.066	22	0.254
OVERALL*	+++	0.123	25	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



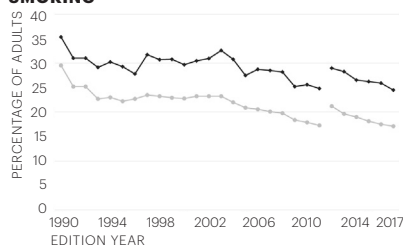
State — Nation — The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Kentucky

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	25.5	49	5.7
Excessive Drinking (% of adults)	+++++	15.8	8	11.8
High School Graduation (% of students)	+++++	88.0	8	90.8
Obesity (% of adults)	+	34.2	44	22.3
Physical Inactivity (% of adults)	+	29.8	46	15.7
Smoking (% of adults)	+	24.5	49	8.8
Behaviors Total*	+	-0.213	47	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.8	38	3.8
Children in Poverty (% of children)	++	20.7	38	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.643	7	-1.107
Chlamydia (cases per 100,000 population)	++++	395.2	14	233.3
Pertussis (cases per 100,000 population)	++++	4.2	20	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	12.1	10	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.5	35	2.0
Violent Crime (offenses per 100,000 population)	+++++	232	7	124
Community & Environment Total*	+++	0.040	26	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.138	28	1.717
HPV Females (% of females aged 13 to 17 years)	+	39.7	43	73.0
HPV Males (% of males aged 13 to 17 years)	+	28.5	41	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	85.9	18	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.0	26	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	74.5	16	85.3
Public Health Funding (dollars per person)	+++	\$79	29	\$296
Uninsured (% of population)	+++++	5.6	9	2.7
Policy Total*	++++	0.067	16	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	54.6	25	80.7
Low Birthweight (% of live births)	++	8.7	38	5.8
Mental Health Providers (number per 100,000 population)	+++	194.6	27	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	76.6	50	23.3
Primary Care Physicians (number per 100,000 population)	++	120.6	40	256.3
Clinical Care Total*	+	-0.124	44	0.180
All Determinants*	++	-0.229	39	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	233.6	50	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	296.4	44	189.7
Diabetes (% of adults)	+	13.1	46	6.6
Disparity in Health Status (% difference by high school education)	+++++	19.7	4	8.1
Frequent Mental Distress (% of adults)	+	14.7	48	8.3
Frequent Physical Distress (% of adults)	+	16.5	48	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.9	38	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	10,042	47	5,555
All Outcomes*	+	-0.282	46	0.254
OVERALL*	+	-0.512	42	0.916

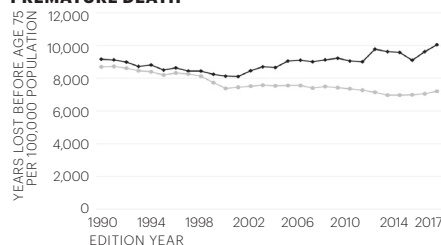
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



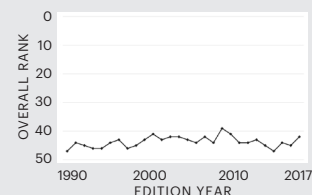
OVERALL RANK:

42

Change: ▲ 3

Determinants Rank: 39

Outcomes Rank: 46



Strengths:

- Small disparity in health status by educational attainment
- Low violent crime rate
- Low percentage of uninsured population

Challenges:

- High prevalence of smoking
- High cancer death rate
- High preventable hospitalization rate

Highlights:

- In the past three years, children in poverty decreased 35% from 31.8% to 20.7% of children
- In the past three years, diabetes increased 24% from 10.6% to 13.1% of adults
- In the past five years, the percentage uninsured decreased 62% from 14.6% to 5.6% of the population
- In the past 10 years, drug deaths increased 85% from 13.8 to 25.5 deaths per 100,000 population
- In the past five years, preventable hospitalizations decreased 25% from 102.8 to 76.6 discharges per 1,000 Medicare enrollees

Ranking:

Kentucky is 42nd this year; it was 45th in 2016. The state ranks 49th for senior health and 34th for the health of women and children.

State Health Department Website:

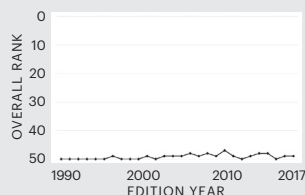
chfs.ky.gov/dph/

Louisiana

OVERALL
RANK:
49



Change: **no change**
Determinants Rank: **49**
Outcomes Rank: **43**



Strengths:

- Small disparity in health status by educational attainment
- Low incidence of pertussis
- High Tdap immunization coverage among adolescents

Challenges:

- High prevalence of smoking
- High percentage of children in poverty
- High prevalence of low birthweight

Highlights:

- In the past five years, the percentage uninsured decreased 45% from 20.3% to 11.1% of the population
- In the past three years, drug deaths increased 37% from 12.9 to 17.7 deaths per 100,000 population
- In the past five years, preventable hospitalizations decreased 29% from 92.1 to 65.8 discharges per 1,000 Medicare enrollees
- In the past four years, premature death increased 2% from 9,806 to 10,003 years lost before age 75 per 100,000 population
- In the past 10 years, air pollution decreased 36% from 12.2 to 7.8 micrograms of fine particles per cubic meter

Ranking:

Louisiana is 49th this year; it was 49th in 2016. The state ranks 47th for senior health and 48th for the health of women and children.

State Health Department Website:
dhh.louisiana.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	17.7	32	5.7
Excessive Drinking (% of adults)	+++	18.5	25	11.8
High School Graduation (% of students)	+	77.5	43	90.8
Obesity (% of adults)	+	35.5	46	22.3
Physical Inactivity (% of adults)	+	29.1	43	15.7
Smoking (% of adults)	+	22.8	47	8.8
Behaviors Total*	+	-0.288	50	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	+	28.3	49	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.947	50	-1.107
Chlamydia (cases per 100,000 population)	+	695.2	49	233.3
Pertussis (cases per 100,000 population)	+++++	1.2	2	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	28.4	46	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	7.5	44	2.0
Violent Crime (offenses per 100,000 population)	+	566	46	124
Community & Environment Total*	+	-0.220	50	0.324

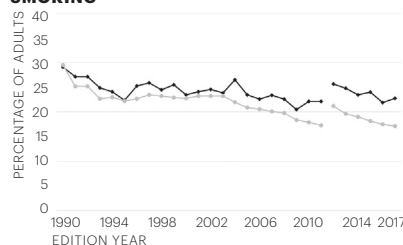
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.680	11	1.717
HPV Females (% of females aged 13 to 17 years)	++++	50.8	21	73.0
HPV Males (% of males aged 13 to 17 years)	++	33.2	37	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	90.9	8	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	93.7	6	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	66.8	44	85.3
Public Health Funding (dollars per person)	+++	\$86	26	\$296
Uninsured (% of population)	+	11.1	42	2.7
Policy Total*	++	-0.036	38	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	48.2	42	80.7
Low Birthweight (% of live births)	+	10.6	49	5.8
Mental Health Providers (number per 100,000 population)	++++	257.1	18	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	65.8	47	23.3
Primary Care Physicians (number per 100,000 population)	++	131.1	33	256.3
Clinical Care Total*	+	-0.143	46	0.180
All Determinants*	+	-0.687	49	0.778

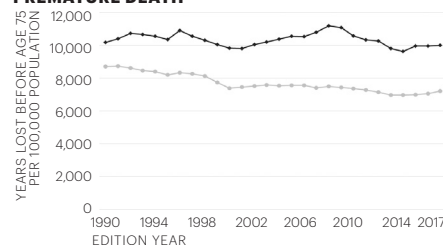
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	218.2	46	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	316.2	46	189.7
Diabetes (% of adults)	+	12.1	42	6.6
Disparity in Health Status (% difference by high school education)	+++++	20.2	6	8.1
Frequent Mental Distress (% of adults)	++	13.1	37	8.3
Frequent Physical Distress (% of adults)	++	13.0	36	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.6	45	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	10,003	46	5,555
All Outcomes*	+	-0.220	43	0.254
OVERALL*	+	-0.908	49	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



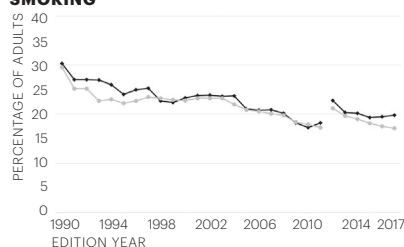
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Maine

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.7	29	5.7
Excessive Drinking (% of adults)	++	20.5	39	11.8
High School Graduation (% of students)	++++	87.5	12	90.8
Obesity (% of adults)	+++	29.9	24	22.3
Physical Inactivity (% of adults)	++++	20.6	16	15.7
Smoking (% of adults)	++	19.8	37	8.8
Behaviors Total*	+++	-0.014	29	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.4	11	3.8
Children in Poverty (% of children)	++	19.6	37	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.307	17	-1.107
Chlamydia (cases per 100,000 population)	+++++	298.1	4	233.3
Pertussis (cases per 100,000 population)	+	21.1	48	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	9.3	1	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.1	19	2.0
Violent Crime (offenses per 100,000 population)	+++++	124	1	124
Community & Environment Total*	+++++	0.167	8	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.470	14	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	64.3	3	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	48.2	5	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	83.5	25	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	87.5	27	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.6	26	85.3
Public Health Funding (dollars per person)	++++	\$95	20	\$296
Uninsured (% of population)	+++	8.2	24	2.7
Policy Total*	+++	0.029	22	0.185
Clinical Care				
Dentists (number per 100,000 population)	++	50.0	38	80.7
Low Birthweight (% of live births)	++++	6.9	12	5.8
Mental Health Providers (number per 100,000 population)	+++++	442.1	3	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.4	28	23.3
Primary Care Physicians (number per 100,000 population)	+++++	187.4	7	256.3
Clinical Care Total*	+++++	0.091	10	0.180
All Determinants*	++++	0.273	15	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	205.7	39	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	227.4	12	189.7
Diabetes (% of adults)	+++	10.6	27	6.6
Disparity in Health Status (% difference by high school education)	++	28.5	32	8.1
Frequent Mental Distress (% of adults)	++	12.7	33	8.3
Frequent Physical Distress (% of adults)	++	13.6	39	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.6	33	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,144	22	5,555
All Outcomes*	++	-0.066	33	0.254
OVERALL*	+++	0.207	23	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH

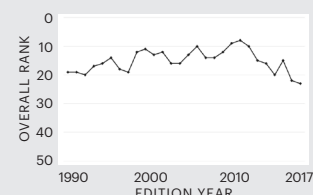


OVERALL RANK:
23

Change: ▼ 1

Determinants Rank: 15

Outcomes Rank: 33



Strengths:

- Low violent crime rate
- Higher number of mental health providers
- Low incidence of chlamydia

Challenges:

- High prevalence of smoking
- High incidence of pertussis
- Lower number of dentists

Highlights:

- In the past two years, diabetes increased 12% from 9.5% to 10.6% of adults
- In the past 10 years, air pollution decreased 35% from 9.9 to 6.4 micrograms of fine particles per cubic meter
- In the past three years, drug deaths increased 52% from 11.0 to 16.7 deaths per 100,000 population
- In the past year, infant mortality decreased 4% from 6.9 to 6.6 deaths per 1,000 live births, however, it increased by 20% in the past five years
- In the past two years, immunizations among children decreased 17% from 84.7% to 70.6% of children aged 19 to 35 months

Ranking:

Maine is 23rd this year; it was 22nd in 2016. The state ranks 11th for senior health and 11th for the health of women and children.

State Health Department Website:

www.maine.gov/dhhs

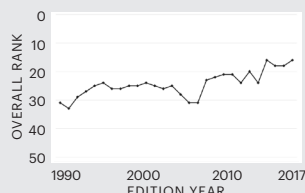
Maryland

**OVERALL
RANK:
16**

Change: ▲ 2

Determinants Rank: **13**

Outcomes Rank: **26**



Strengths:

- Low percentage of children in poverty
- Low prevalence of smoking
- Low prevalence of frequent physical distress

Challenges:

- High violent crime rate
- High levels of air pollution
- Low Tdap immunization coverage among adolescents

Highlights:

- In the past five years, smoking decreased 28% from 19.1% to 13.7% of adults
- In the past three years, drug deaths increased 45% from 12.2 to 17.7 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 52% from 13.3% to 6.4% of the population
- In the past year, premature death increased 4% from 6,836 to 7,113 years lost before age 75 per 100,000 population
- In the past year, frequent physical distress decreased 15% from 11.2% to 9.5% of adults

Ranking:

Maryland is 16th this year; it was 18th in 2016. The state ranks 14th for senior health and 23rd for the health of women and children.

State Health Department Website:

dhmh.maryland.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	17.7	32	5.7
Excessive Drinking (% of adults)	+++++	16.5	10	11.8
High School Graduation (% of students)	++++	87.0	16	90.8
Obesity (% of adults)	+++	29.9	24	22.3
Physical Inactivity (% of adults)	+++	23.1	23	15.7
Smoking (% of adults)	+++++	13.7	6	8.8
Behaviors Total*	+++++	0.127	7	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.0	41	3.8
Children in Poverty (% of children)	+++++	9.6	4	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.353	16	-1.107
Chlamydia (cases per 100,000 population)	+++	459.3	28	233.3
Pertussis (cases per 100,000 population)	+++++	2.2	8	0.4
Salmonella (cases per 100,000 population)	+++	16.0	24	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	++	472	40	124
Community & Environment Total*	+++	0.067	22	0.324

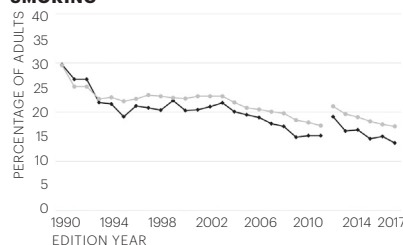
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.027	21	1.717
HPV Females (% of females aged 13 to 17 years)	++++	51.8	20	73.0
HPV Males (% of males aged 13 to 17 years)	++++	44.5	11	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	84.8	23	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	85.0	38	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	74.4	17	85.3
Public Health Funding (dollars per person)	++++	\$95	20	\$296
Uninsured (% of population)	++++	6.4	17	2.7
Policy Total*	++++	0.065	17	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++++	70.7	9	80.7
Low Birthweight (% of live births)	++	8.6	35	5.8
Mental Health Providers (number per 100,000 population)	+++	219.3	23	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	46.7	20	23.3
Primary Care Physicians (number per 100,000 population)	+++++	184.9	8	256.3
Clinical Care Total*	++++	0.054	17	0.180
All Determinants*	++++	0.313	13	0.778

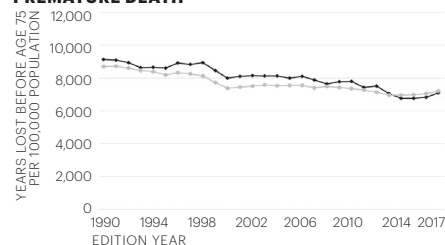
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	187.8	21	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	255.0	31	189.7
Diabetes (% of adults)	+++	10.8	29	6.6
Disparity in Health Status (% difference by high school education)	+++	28.3	30	8.1
Frequent Mental Distress (% of adults)	+++++	10.1	9	8.3
Frequent Physical Distress (% of adults)	+++++	9.5	3	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.6	33	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,113	21	5,555
All Outcomes*	+++	0.046	26	0.254
OVERALL*	++++	0.359	16	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



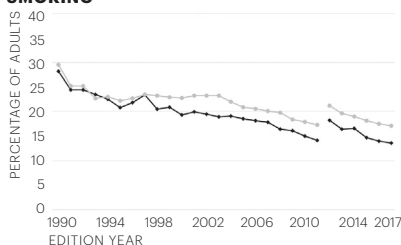
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Massachusetts

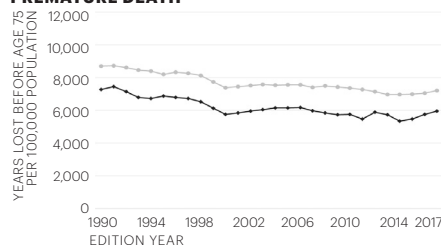
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.8	38	5.7
Excessive Drinking (% of adults)	++	20.1	35	11.8
High School Graduation (% of students)	++++	87.3	13	90.8
Obesity (% of adults)	+++++	23.6	2	22.3
Physical Inactivity (% of adults)	++++	20.0	11	15.7
Smoking (% of adults)	+++++	13.6	5	8.8
Behaviors Total*	+++++	0.197	3	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.2	10	3.8
Children in Poverty (% of children)	+++++	11.0	5	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.543	9	-1.107
Chlamydia (cases per 100,000 population)	+++++	357.3	9	233.3
Pertussis (cases per 100,000 population)	++++	3.7	18	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	17.0	29	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.4	2	2.0
Violent Crime (offenses per 100,000 population)	+++	377	28	124
Community & Environment Total*	+++++	0.205	3	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.425	2	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	62.0	4	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	51.4	3	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	90.4	9	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	96.7	1	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	85.3	1	85.3
Public Health Funding (dollars per person)	++++	\$108	13	\$296
Uninsured (% of population)	+++++	2.7	1	2.7
Policy Total*	+++++	0.196	1	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++++	80.7	1	80.7
Low Birthweight (% of live births)	++++	7.4	19	5.8
Mental Health Providers (number per 100,000 population)	+++++	547.3	1	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	54.3	37	23.3
Primary Care Physicians (number per 100,000 population)	+++++	237.1	2	256.3
Clinical Care Total*	+++++	0.180	1	0.180
All Determinants*	+++++	0.778	1	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	183.6	18	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	208.3	3	189.7
Diabetes (% of adults)	++++	9.3	14	6.6
Disparity in Health Status (% difference by high school education)	+	30.4	41	8.1
Frequent Mental Distress (% of adults)	+++	11.9	26	8.3
Frequent Physical Distress (% of adults)	++++	10.8	12	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.4	2	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,970	6	5,555
All Outcomes*	+++++	0.138	9	0.254
OVERALL*	+++++	0.916	1	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



State — Nation — The 2012-2017 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK:

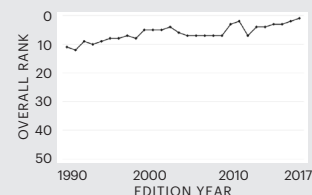
1



Change: ▲ 1

Determinants Rank: 1

Outcomes Rank: 9



Strengths:

- Low percentage of uninsured population
- Low prevalence of obesity
- Higher number of mental health providers

Challenges:

- High preventable hospitalization rate
- High drug death rate
- Large disparity in health status by educational attainment

Highlights:

- In the past five years, smoking decreased 25% from 18.2% to 13.6% of adults
- In the past five years, drug deaths increased 69% from 11.7 to 19.8 deaths per 100,000 population
- In the past five years, cancer deaths decreased 4% from 190.3 to 183.6 deaths per 100,000 population
- In the past two years, premature death increased 9% from 5,468 to 5,970 years lost before age 75 per 100,000 population
- In the past 10 years, air pollution decreased 41% from 10.5 to 6.2 micrograms of fine particles per cubic meter

Ranking:

Massachusetts is first this year; it was second in 2016. The state ranks sixth for senior health and first for the health of women and children.

State Health Department Website:

www.mass.gov/eohhs/gov/departments/dph/

Michigan

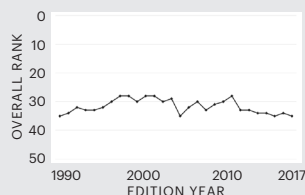
**OVERALL
RANK:
35**



Change: ▼ 1

Determinants Rank: **30**

Outcomes Rank: **38**



Strengths:

- Higher number of primary care physicians
- Low incidence of *Salmonella*
- High meningococcal immunization coverage among adolescents

Challenges:

- High prevalence of smoking
- High cardiovascular death rate
- High prevalence of frequent physical distress

Highlights:

- In the past three years, drug deaths increased 29% from 13.9 to 18.0 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 54% from 12.7% to 5.8% of the population
- In the past five years, diabetes increased 12% from 10.0% to 11.2% of adults
- In the past year, Tdap immunization among adolescents increased 26% from 74.0% to 93.6% of adolescents aged 13 to 17
- In the past four years, cardiovascular deaths increased 4% from 280.8 to 293.0 deaths per 100,000 population

Ranking:

Michigan is 35th this year; it was 34th in 2016. The state ranks 27th for senior health and 32nd for the health of women and children.

State Health Department Website:

www.michigan.gov/mdhhs

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	18.0	35	5.7
Excessive Drinking (% of adults)	++	20.5	39	11.8
High School Graduation (% of students)	++	79.8	36	90.8
Obesity (% of adults)	++	32.5	40	22.3
Physical Inactivity (% of adults)	+++	23.9	29	15.7
Smoking (% of adults)	++	20.4	40	8.8
Behaviors Total*	+	-0.162	44	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.7	36	3.8
Children in Poverty (% of children)	+++	17.3	25	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.497	12	-1.107
Chlamydia (cases per 100,000 population)	+++	469.1	30	233.3
Pertussis (cases per 100,000 population)	+++	4.8	25	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	9.7	3	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	4.0	16	2.0
Violent Crime (offenses per 100,000 population)	++	459	38	124
Community & Environment Total*	+++	0.011	29	0.324

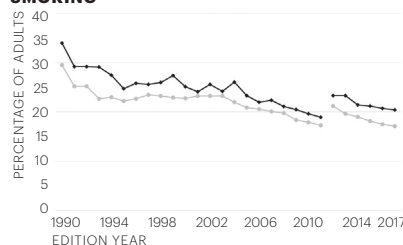
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.920	8	1.717
HPV Females (% of females aged 13 to 17 years)	++++	55.4	13	73.0
HPV Males (% of males aged 13 to 17 years)	++	34.6	33	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	95.0	2	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	93.6	7	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.2	29	85.3
Public Health Funding (dollars per person)	+	\$62	41	\$296
Uninsured (% of population)	++++	5.8	11	2.7
Policy Total*	++++	0.062	18	0.185

Clinical Care				
Dentists (number per 100,000 population)	++++	61.5	17	80.7
Low Birthweight (% of live births)	++	8.5	32	5.8
Mental Health Providers (number per 100,000 population)	++++	234.8	20	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	55.4	39	23.3
Primary Care Physicians (number per 100,000 population)	+++++	193.0	6	256.3
Clinical Care Total*	+++	0.019	21	0.180
All Determinants*	+++	-0.071	30	0.778

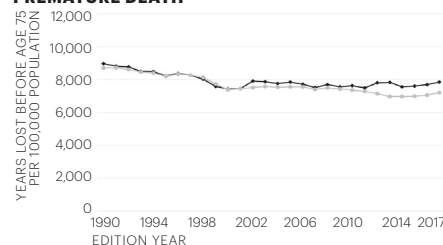
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	201.5	38	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	293.0	42	189.7
Diabetes (% of adults)	++	11.2	33	6.6
Disparity in Health Status (% difference by high school education)	++++	25.6	18	8.1
Frequent Mental Distress (% of adults)	++	13.4	40	8.3
Frequent Physical Distress (% of adults)	+	14.1	41	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.5	32	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	7,853	31	5,555
All Outcomes*	++	-0.136	38	0.254
OVERALL*	++	-0.206	35	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



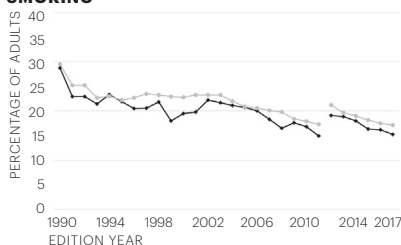
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Minnesota

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	9.9	6	5.7
Excessive Drinking (% of adults)	+	22.9	48	11.8
High School Graduation (% of students)	++	81.9	32	90.8
Obesity (% of adults)	++++	27.8	17	22.3
Physical Inactivity (% of adults)	+++++	18.0	5	15.7
Smoking (% of adults)	++++	15.2	14	8.8
Behaviors Total*	+++++	0.085	14	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.5	20	3.8
Children in Poverty (% of children)	+++++	12.5	9	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	-0.020	25	-1.107
Chlamydia (cases per 100,000 population)	++++	389.3	12	233.3
Pertussis (cases per 100,000 population)	++	10.9	38	0.4
<i>Salmonella</i> (cases per 100,000 population)	++	17.7	33	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.8	4	2.0
Violent Crime (offenses per 100,000 population)	+++++	243	9	124
Community & Environment Total*	+++++	0.163	10	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.257	18	1.717
HPV Females (% of females aged 13 to 17 years)	++	46.4	33	73.0
HPV Males (% of males aged 13 to 17 years)	++++	42.0	17	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	85.2	21	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	89.7	18	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	73.8	19	85.3
Public Health Funding (dollars per person)	++	\$73	33	\$296
Uninsured (% of population)	+++++	4.3	4	2.7
Policy Total*	+++++	0.092	10	0.185
Clinical Care				
Dentists (number per 100,000 population)	++++	59.5	20	80.7
Low Birthweight (% of live births)	+++++	6.4	4	5.8
Mental Health Providers (number per 100,000 population)	+++	216.8	25	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.6	10	23.3
Primary Care Physicians (number per 100,000 population)	++++	162.3	14	256.3
Clinical Care Total*	++++	0.082	12	0.180
All Determinants*	+++++	0.422	8	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	180.9	11	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	189.7	1	189.7
Diabetes (% of adults)	+++++	8.4	7	6.6
Disparity in Health Status (% difference by high school education)	++++	26.3	20	8.1
Frequent Mental Distress (% of adults)	+++++	9.3	4	8.3
Frequent Physical Distress (% of adults)	+++++	9.3	2	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.1	12	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,555	1	5,555
All Outcomes*	+++++	0.254	1	0.254
OVERALL*	+++++	0.676	6	0.916

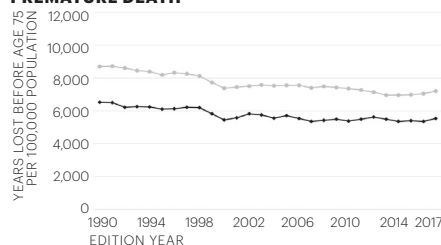
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012-2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



OVERALL RANK:

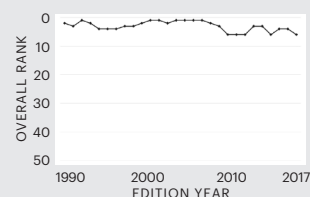
6



Change: ▼ 2

Determinants Rank: 8

Outcomes Rank: 1



Strengths:

- Low percentage of uninsured population
- Low cardiovascular death rate
- Low percentage of children in poverty

Challenges:

- High prevalence of excessive drinking
- High incidence of pertussis
- Low per capita public health funding

Highlights:

- In the past year, diabetes increased 11% from 7.6% to 8.4% of adults
- In the past five years, the percentage uninsured decreased 55% from 9.5% to 4.3% of the population
- In the past three years, chlamydia increased 15% from 337.8 to 389.3 cases per 100,000 population
- In the past five years, smoking decreased 20% from 19.1% to 15.2% of adults
- In the past 10 years, drug deaths increased 98% from 5.0 to 9.9 deaths per 100,000 population

Ranking:

Minnesota is sixth this year; it was fourth in 2016. The state ranks first for senior health and fifth for the health of women and children.

State Health Department Website:

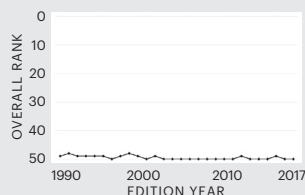
www.health.state.mn.us

Mississippi

**OVERALL
RANK:
50**



Change: **no change**
Determinants Rank: **50**
Outcomes Rank: **48**



Strengths:

- Small disparity in health status by educational attainment
- Low prevalence of excessive drinking
- Low drug death rate

Challenges:

- High prevalence of obesity
- High percentage of children in poverty
- High cardiovascular death rate

Highlights:

- In the past five years, low birthweight decreased 6% from 12.1% to 11.4% of live births
- In the past five years, children in poverty increased 23% from 24.4% to 29.9% of children
- In the past five years, infant mortality decreased 11% from 9.9 to 8.8 deaths per 1,000 live births
- In the past year, drug deaths increased 5% from 11.0 to 11.5 deaths per 100,000 population
- In the past five years, chlamydia decreased 20% from 721.8 to 580.2 cases per 100,000 population

Ranking:

Mississippi is 50th this year; it was 50th in 2016. The state ranks 50th for senior health and 50th for the health of women and children.

State Health Department Website:

www.msdc.state.ms.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.5	8	5.7
Excessive Drinking (% of adults)	+++++	13.7	4	11.8
High School Graduation (% of students)	+	75.4	47	90.8
Obesity (% of adults)	+	37.3	49	22.3
Physical Inactivity (% of adults)	+	30.3	49	15.7
Smoking (% of adults)	+	22.7	46	8.8
Behaviors Total*	+	-0.268	49	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.5	20	3.8
Children in Poverty (% of children)	+	29.9	50	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.660	45	-1.107
Chlamydia (cases per 100,000 population)	+	580.2	46	233.3
Pertussis (cases per 100,000 population)	+++++	0.4	1	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	35.7	50	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	9.3	48	2.0
Violent Crime (offenses per 100,000 population)	++++	281	15	124
Community & Environment Total*	+	-0.108	44	0.324

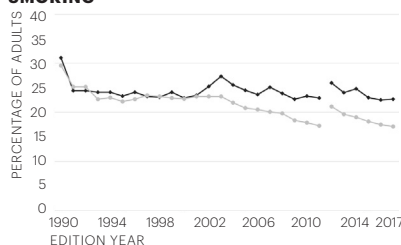
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.647	50	1.717
HPV Females (% of females aged 13 to 17 years)	+	33.9	48	73.0
HPV Males (% of males aged 13 to 17 years)	+	24.5	48	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	57.4	49	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	82.0	47	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.4	27	85.3
Public Health Funding (dollars per person)	+++	\$77	30	\$296
Uninsured (% of population)	+	12.3	45	2.7
Policy Total*	+	-0.101	47	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	42.2	49	80.7
Low Birthweight (% of live births)	+	11.4	50	5.8
Mental Health Providers (number per 100,000 population)	+	132.6	45	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	70.2	48	23.3
Primary Care Physicians (number per 100,000 population)	+	105.9	47	256.3
Clinical Care Total*	+	-0.230	50	0.180
All Determinants*	+	-0.705	50	0.778

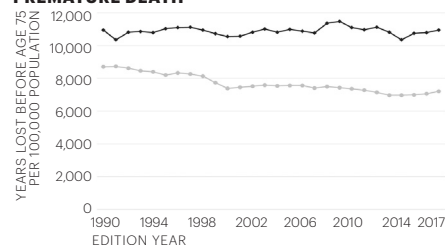
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	226.7	48	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	352.5	50	189.7
Diabetes (% of adults)	+	13.6	48	6.6
Disparity in Health Status (% difference by high school education)	+++++	19.9	5	8.1
Frequent Mental Distress (% of adults)	+	14.1	44	8.3
Frequent Physical Distress (% of adults)	+	14.8	45	8.9
Infant Mortality (deaths per 1,000 live births)	+	8.8	50	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	10,950	50	5,555
All Outcomes*	+	-0.331	48	0.254
OVERALL*	+	-1.036	50	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



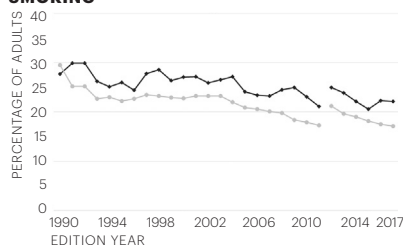
State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

Missouri

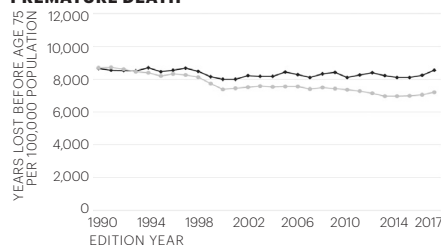
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	17.6	30	5.7
Excessive Drinking (% of adults)	++	19.5	33	11.8
High School Graduation (% of students)	+++++	87.8	10	90.8
Obesity (% of adults)	++	31.7	34	22.3
Physical Inactivity (% of adults)	++	24.9	33	15.7
Smoking (% of adults)	+	22.1	43	8.8
Behaviors Total*	++	-0.105	39	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.3	33	3.8
Children in Poverty (% of children)	+++	18.6	30	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	-0.167	22	-1.107
Chlamydia (cases per 100,000 population)	++	477.4	31	233.3
Pertussis (cases per 100,000 population)	+++	4.4	22	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	16.2	25	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.8	29	2.0
Violent Crime (offenses per 100,000 population)	+	519	43	124
Community & Environment Total*	++	-0.036	35	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.133	45	1.717
HPV Females (% of females aged 13 to 17 years)	+	38.5	45	73.0
HPV Males (% of males aged 13 to 17 years)	++	33.3	36	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	66.2	47	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	83.9	42	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	66.9	43	85.3
Public Health Funding (dollars per person)	+	\$53	45	\$296
Uninsured (% of population)	++	9.4	31	2.7
Policy Total*	+	-0.069	42	0.185
Clinical Care				
Dentists (number per 100,000 population)	+	48.5	41	80.7
Low Birthweight (% of live births)	+++	8.3	29	5.8
Mental Health Providers (number per 100,000 population)	++	171.5	36	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	56.6	40	23.3
Primary Care Physicians (number per 100,000 population)	+++++	160.4	16	256.3
Clinical Care Total*	++	-0.062	37	0.180
All Determinants*	+	-0.273	41	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	209.0	41	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	288.6	41	189.7
Diabetes (% of adults)	++	11.5	37	6.6
Disparity in Health Status (% difference by high school education)	+++++	25.5	16	8.1
Frequent Mental Distress (% of adults)	++	13.2	38	8.3
Frequent Physical Distress (% of adults)	++	13.5	38	8.9
Infant Mortality (deaths per 1,000 live births)	+++	6.3	30	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,558	40	5,555
All Outcomes*	++	-0.148	40	0.254
OVERALL*	++	-0.420	40	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



The 2012–2017 data in the smoking graph is not directly comparable with prior years.

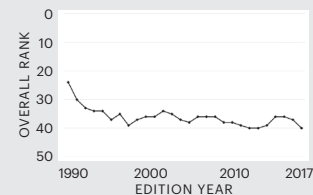
OVERALL
RANK:

40

Change: ▼ 3

Determinants Rank: 41

Outcomes Rank: 40



Strengths:

- High percentage of high school graduation
- Small disparity in health status by educational attainment
- Higher number of primary care physicians

Challenges:

- High prevalence of smoking
- High violent crime rate
- Lower number of dentists

Highlights:

- In the past five years, drug deaths increased 18% from 14.9 to 17.6 deaths per 100,000 population
- In the past five years, air pollution decreased 19% from 10.3 to 8.3 micrograms of fine particles per cubic meter
- In the past three years, low birthweight increased 8% from 7.7% to 8.3% of live births
- In the past 10 years, air pollution decreased 32% from 12.2 to 8.3 micrograms of fine particles per cubic meter
- In the past two years, excessive drinking increased 21% from 16.1% to 19.5% of adults

Ranking:

Missouri is 40th this year; it was 37th in 2016. The state ranks 42nd for senior health and 35th for the health of women and children.

State Health Department Website:

www.dhss.mo.gov

Montana

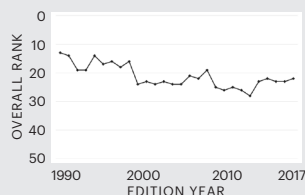
**OVERALL
RANK:
22**



Change: ▲ 1

Determinants Rank: **23**

Outcomes Rank: **12**



Strengths:

- Low levels of air pollution
- Low prevalence of obesity
- Low prevalence of diabetes

Challenges:

- Low immunization coverage among children
- Lower number of primary care physicians
- High prevalence of excessive drinking

Highlights:

- In the past two years, violent crime increased 46% from 253 to 368 offenses per 100,000 population
- In the past five years, smoking decreased 16% from 22.1% to 18.5% of adults
- In the past three years, chlamydia increased 7% from 383.4 to 408.8 cases per 100,000 population
- In the past five years, children in poverty decreased 33% from 25.1% to 16.7% of children
- In the past year, obesity increased 8% from 23.6% to 25.5% of adults

Ranking:

Montana is 22nd this year; it was 23rd in 2016. The state ranks 27th for senior health and 31st for the health of women and children.

State Health Department Website:

www.dphhs.mt.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	13.4	17	5.7
Excessive Drinking (% of adults)	+	20.7	44	11.8
High School Graduation (% of students)	++++	86.0	19	90.8
Obesity (% of adults)	+++++	25.5	6	22.3
Physical Inactivity (% of adults)	+++++	19.9	10	15.7
Smoking (% of adults)	++	18.5	33	8.8
Behaviors Total*	++++	0.078	16	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.0	9	3.8
Children in Poverty (% of children)	+++	16.7	23	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.533	44	-1.107
Chlamydia (cases per 100,000 population)	++++	408.8	16	233.3
Pertussis (cases per 100,000 population)	+	22.3	49	0.4
Salmonella (cases per 100,000 population)	++	18.9	34	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.6	38	2.0
Violent Crime (offenses per 100,000 population)	+++	368	25	124
Community & Environment Total*	+++	0.064	23	0.324

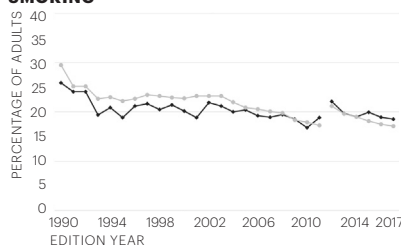
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.790	43	1.717
HPV Females (% of females aged 13 to 17 years)	++++	52.5	18	73.0
HPV Males (% of males aged 13 to 17 years)	+	27.9	42	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	67.6	45	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	85.7	37	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	63.6	48	85.3
Public Health Funding (dollars per person)	++++	\$111	11	\$296
Uninsured (% of population)	++	9.9	36	2.7
Policy Total*	+	-0.057	41	0.185

Clinical Care				
Dentists (number per 100,000 population)	++++	60.5	19	80.7
Low Birthweight (% of live births)	++++	7.0	14	5.8
Mental Health Providers (number per 100,000 population)	++++	265.2	16	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	41.1	13	23.3
Primary Care Physicians (number per 100,000 population)	+	113.6	44	256.3
Clinical Care Total*	++++	0.031	19	0.180
All Determinants*	+++	0.115	23	0.778

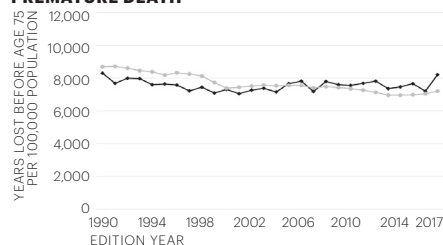
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	183.5	17	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.8	17	189.7
Diabetes (% of adults)	+++++	8.1	5	6.6
Disparity in Health Status (% difference by high school education)	+++++	21.3	7	8.1
Frequent Mental Distress (% of adults)	++++	10.4	11	8.3
Frequent Physical Distress (% of adults)	+++	12.1	30	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.7	20	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,229	36	5,555
All Outcomes*	++++	0.118	12	0.254
OVERALL*	+++	0.233	22	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



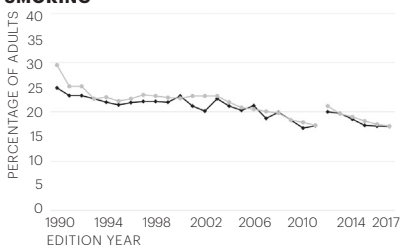
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Nebraska

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	6.7	2	5.7
Excessive Drinking (% of adults)	+	21.1	45	11.8
High School Graduation (% of students)	+++++	88.9	5	90.8
Obesity (% of adults)	++	32.0	37	22.3
Physical Inactivity (% of adults)	++++	22.4	20	15.7
Smoking (% of adults)	+++	17.0	23	8.8
Behaviors Total*	++++	0.060	19	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.0	15	3.8
Children in Poverty (% of children)	++++	14.1	16	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.443	42	-1.107
Chlamydia (cases per 100,000 population)	++++	422.9	19	233.3
Pertussis (cases per 100,000 population)	+	27.2	50	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	16.3	26	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.0	31	2.0
Violent Crime (offenses per 100,000 population)	++++	291	16	124
Community & Environment Total*	++++	0.096	18	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.072	24	1.717
HPV Females (% of females aged 13 to 17 years)	+++	50.6	22	73.0
HPV Males (% of males aged 13 to 17 years)	++++	41.3	20	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	80.2	26	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	86.8	34	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	80.6	2	85.3
Public Health Funding (dollars per person)	++++	\$95	20	\$296
Uninsured (% of population)	+++	8.4	25	2.7
Policy Total*	++++	0.060	19	0.185
Clinical Care				
Dentists (number per 100,000 population)	++++	65.1	13	80.7
Low Birthweight (% of live births)	++++	7.1	16	5.8
Mental Health Providers (number per 100,000 population)	+++	233.0	21	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	48.3	24	23.3
Primary Care Physicians (number per 100,000 population)	++++	150.7	19	256.3
Clinical Care Total*	++++	0.045	18	0.180
All Determinants*	++++	0.260	16	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	187.3	20	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	232.2	20	189.7
Diabetes (% of adults)	+++++	8.8	10	6.6
Disparity in Health Status (% difference by high school education)	++	29.3	36	8.1
Frequent Mental Distress (% of adults)	+++++	9.5	5	8.3
Frequent Physical Distress (% of adults)	+++++	9.8	6	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.4	19	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,592	17	5,555
All Outcomes*	+++++	0.142	8	0.254
OVERALL*	++++	0.403	13	0.916

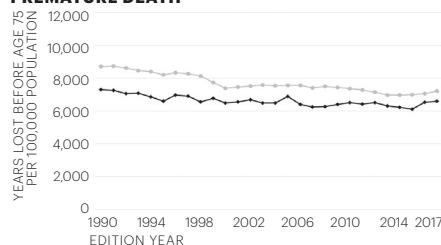
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH

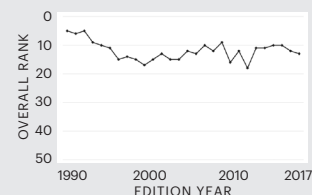


OVERALL RANK:
13

Change: ▼ 1

Determinants Rank: **16**

Outcomes Rank: **8**



Strengths:

- High immunization coverage among children
- Low drug death rate
- Low prevalence of frequent mental distress

Challenges:

- High incidence of pertussis
- High prevalence of excessive drinking
- Large disparity in health status by educational attainment

Highlights:

- In the past three years, drug deaths decreased 8% from 7.3 to 6.7 deaths per 100,000 population
- In the past two years, low birthweight increased 11% from 6.4% to 7.1% of live births
- In the past five years, smoking decreased 15% from 20.0% to 17.0% of adults
- In the past five years, obesity increased 13% from 28.4% to 32.0% of adults
- In the past five years, air pollution decreased 15% from 8.2 to 7.0 micrograms of fine particles per cubic meter

Ranking:

Nebraska is 13th this year; it was 12th in 2016. The state ranks 24th for senior health and 17th for the health of women and children.

State Health Department Website:

www.dhhs.ne.gov/

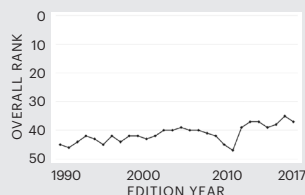
Nevada

**OVERALL
RANK:
37**

Change: ▼ 2

Determinants Rank: **35**

Outcomes Rank: **35**



Strengths:

- Low percentage of children in poverty
- Low prevalence of obesity
- Low incidence of *Salmonella*

Challenges:

- High violent crime rate
- High percentage of uninsured population
- Lower number of primary care physicians

Highlights:

- In the past five years, children in poverty decreased 45% from 20.6% to 11.4% of children
- In the past four years, cardiovascular deaths increased 6% from 268.8 to 285.0 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 46% from 22.0% to 11.9% of the population
- In the past two years, low birthweight increased 6% from 8.0% to 8.5% of live births
- In the past five years, smoking decreased 28% from 22.9% to 16.5% of adults

Ranking:

Nevada is 37th this year; it was 35th in 2016. The state ranks 40th for senior health and 47th for the health of women and children.

State Health Department Website:

dhhs.nv.gov/

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	20.8	42	5.7
Excessive Drinking (% of adults)	++++	17.6	20	11.8
High School Graduation (% of students)	+	71.3	49	90.8
Obesity (% of adults)	+++++	25.8	8	22.3
Physical Inactivity (% of adults)	++	24.7	32	15.7
Smoking (% of adults)	++++	16.5	20	8.8
Behaviors Total*	++	-0.046	32	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.1	43	3.8
Children in Poverty (% of children)	+++++	11.4	6	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.597	8	-1.107
Chlamydia (cases per 100,000 population)	+++	455.3	27	233.3
Pertussis (cases per 100,000 population)	++++	3.9	19	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	9.6	2	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.7	27	2.0
Violent Crime (offenses per 100,000 population)	+	678	48	124
Community & Environment Total*	++	-0.022	32	0.324

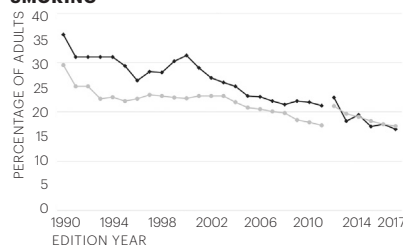
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.318	33	1.717
HPV Females (% of females aged 13 to 17 years)	++	43.0	39	73.0
HPV Males (% of males aged 13 to 17 years)	+++	37.0	26	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	78.7	29	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	87.1	32	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	71.9	24	85.3
Public Health Funding (dollars per person)	+	\$41	50	\$296
Uninsured (% of population)	+	11.9	44	2.7
Policy Total*	+	-0.071	43	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++	52.9	29	80.7
Low Birthweight (% of live births)	++	8.5	32	5.8
Mental Health Providers (number per 100,000 population)	+++	190.7	30	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	42.2	14	23.3
Primary Care Physicians (number per 100,000 population)	+	107.9	46	256.3
Clinical Care Total*	++	-0.057	35	0.180
All Determinants*	++	-0.195	35	0.778

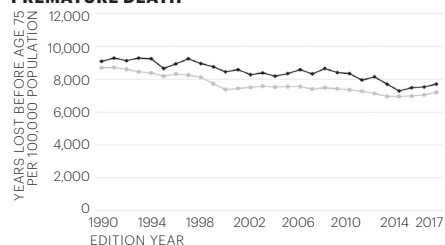
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	189.7	23	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	285.0	40	189.7
Diabetes (% of adults)	++	11.1	31	6.6
Disparity in Health Status (% difference by high school education)	+++	26.6	22	8.1
Frequent Mental Distress (% of adults)	+	14.2	45	8.3
Frequent Physical Distress (% of adults)	++	14.0	40	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.3	18	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,729	30	5,555
All Outcomes*	++	-0.090	35	0.254
OVERALL*	++	-0.285	37	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



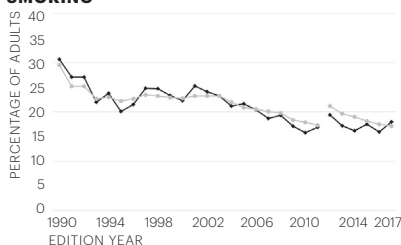
The 2012–2017 data in the smoking graph is not directly comparable with prior years.

New Hampshire

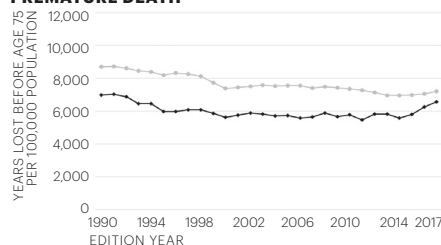
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.4	45	5.7
Excessive Drinking (% of adults)	++	20.1	35	11.8
High School Graduation (% of students)	+++++	88.1	7	90.8
Obesity (% of adults)	+++++	26.6	10	22.3
Physical Inactivity (% of adults)	+++++	19.3	8	15.7
Smoking (% of adults)	+++	18.0	30	8.8
Behaviors Total*	++++	0.053	20	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.9	6	3.8
Children in Poverty (% of children)	+++++	7.6	1	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-1.063	2	-1.107
Chlamydia (cases per 100,000 population)	+++++	233.3	1	233.3
Pertussis (cases per 100,000 population)	++++	3.1	13	0.4
<i>Salmonella</i> (cases per 100,000 population)	++++	13.0	15	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.1	6	2.0
Violent Crime (offenses per 100,000 population)	+++++	198	3	124
Community & Environment Total*	+++++	0.324	1	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.040	4	1.717
HPV Females (% of females aged 13 to 17 years)	++++	56.5	12	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	46.3	8	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	88.0	13	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	95.3	3	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	78.0	5	85.3
Public Health Funding (dollars per person)	++	\$71	36	\$296
Uninsured (% of population)	++++	6.1	14	2.7
Policy Total*	+++++	0.102	7	0.185
Clinical Care				
Dentists (number per 100,000 population)	++++	63.4	15	80.7
Low Birthweight (% of live births)	++++	6.9	12	5.8
Mental Health Providers (number per 100,000 population)	++++	273.8	15	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	47.1	22	23.3
Primary Care Physicians (number per 100,000 population)	++++	160.6	15	256.3
Clinical Care Total*	++++	0.068	14	0.180
All Determinants*	+++++	0.547	5	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	188.1	22	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	217.0	7	189.7
Diabetes (% of adults)	++++	9.0	12	6.6
Disparity in Health Status (% difference by high school education)	+	32.9	45	8.1
Frequent Mental Distress (% of adults)	++	12.7	33	8.3
Frequent Physical Distress (% of adults)	+++	11.9	26	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.2	1	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,572	16	5,555
All Outcomes*	++++	0.075	20	0.254
OVERALL*	+++++	0.622	8	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



The 2012–2017 data in the smoking graph is not directly comparable with prior years.

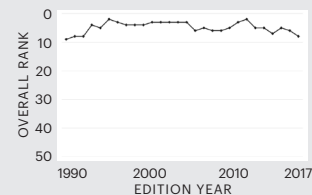
OVERALL RANK:

8

Change: ▼ 2

Determinants Rank: 5

Outcomes Rank: 20



Strengths:

- Low percentage of children in poverty
- Low violent crime rate
- Low infant mortality rate

Challenges:

- High drug death rate
- Large disparity in health status by educational attainment
- High prevalence of excessive drinking

Highlights:

- In the past year, excessive drinking increased 9% from 18.4% to 20.1% of adults
- In the past three years, children in poverty decreased 44% from 13.5% to 7.6% of children
- In the past five years, drug deaths increased 118% from 11.2 to 24.4 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 46% from 11.3% to 6.1% of the population
- In the past five years, premature death increased 13% from 5,840 to 6,572 years lost before age 75 per 100,000 population

Ranking:

New Hampshire is eighth this year; it was sixth in 2016. The state ranks fifth for senior health and third for the health of women and children.

State Health Department Website:

www.dhhs.state.nh.us

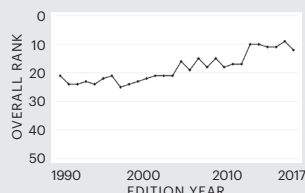
New Jersey

**OVERALL
RANK:
12**

Change: ▼ 3

Determinants Rank: **12**

Outcomes Rank: **18**



Strengths:

- Low infant mortality rate
- Higher number of dentists
- Low prevalence of smoking

Challenges:

- High prevalence of physical inactivity
- Large disparity in health status by educational attainment
- Low per capita public health funding

Highlights:

- In the past two years, chlamydia increased 10% from 319.6 to 350.6 cases per 100,000 population
- In the past 15 years, violent crime decreased 36% from 384 to 245 offenses per 100,000 population
- In the past five years, physical inactivity increased 13% from 26.4% to 29.8% of adults
- In the past seven years, premature death decreased 5% from 6,152 to 5,875 years lost before age 75 per 100,000 population
- In the past 10 years, drug deaths increased 83% from 8.1 to 14.8 deaths per 100,000 population

Ranking:

New Jersey is 12th this year; it was ninth in 2016. The state ranks 20th for senior health and 19th for the health of women and children.

State Health Department Website:

www.state.nj.us/health

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.8	24	5.7
Excessive Drinking (% of adults)	++++	171	13	11.8
High School Graduation (% of students)	+++++	89.7	2	90.8
Obesity (% of adults)	++++	27.3	13	22.3
Physical Inactivity (% of adults)	+	29.8	46	15.7
Smoking (% of adults)	+++++	14.0	8	8.8
Behaviors Total*	+++++	0.151	6	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.5	34	3.8
Children in Poverty (% of children)	+++++	12.7	10	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.683	5	-1.107
Chlamydia (cases per 100,000 population)	+++++	350.6	8	233.3
Pertussis (cases per 100,000 population)	+++	5.5	28	0.4
Salmonella (cases per 100,000 population)	++++	12.8	14	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.7	9	2.0
Violent Crime (offenses per 100,000 population)	++++	245	12	124
Community & Environment Total*	++++	0.149	12	0.324

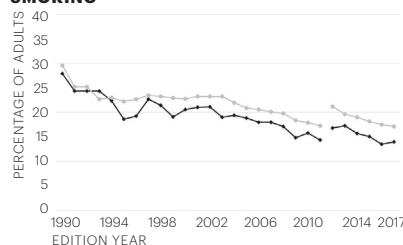
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.452	15	1.717
HPV Females (% of females aged 13 to 17 years)	+++	50.1	24	73.0
HPV Males (% of males aged 13 to 17 years)	+++	35.8	29	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	91.7	6	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	89.9	17	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.2	29	85.3
Public Health Funding (dollars per person)	++	\$65	39	\$296
Uninsured (% of population)	+++	8.4	25	2.7
Policy Total*	+++	0.009	26	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++++	80.7	1	80.7
Low Birthweight (% of live births)	+++	8.1	26	5.8
Mental Health Providers (number per 100,000 population)	++	188.9	31	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.6	29	23.3
Primary Care Physicians (number per 100,000 population)	++++	171.1	12	256.3
Clinical Care Total*	++++	0.065	15	0.180
All Determinants*	++++	0.375	12	0.778

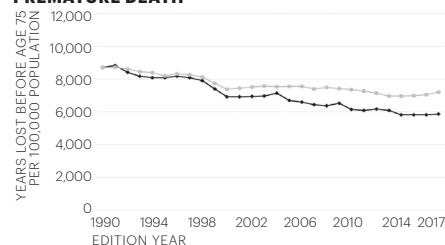
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	182.2	15	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	245.4	27	189.7
Diabetes (% of adults)	++++	9.2	13	6.6
Disparity in Health Status (% difference by high school education)	+	33.0	46	8.1
Frequent Mental Distress (% of adults)	++++	10.7	16	8.3
Frequent Physical Distress (% of adults)	+++	12.0	27	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.6	5	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,875	5	5,555
All Outcomes*	++++	0.095	18	0.254
OVERALL*	++++	0.469	12	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



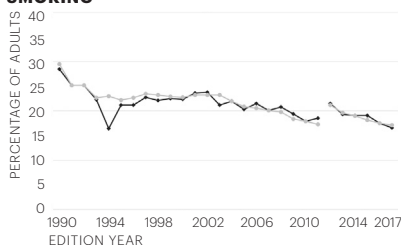
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

New Mexico

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.9	47	5.7
Excessive Drinking (% of adults)	++++	16.6	11	11.8
High School Graduation (% of students)	+	68.6	50	90.8
Obesity (% of adults)	++++	28.3	18	22.3
Physical Inactivity (% of adults)	++++	20.3	14	15.7
Smoking (% of adults)	+++	16.6	21	8.8
Behaviors Total*	++	-0.065	36	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.7	5	3.8
Children in Poverty (% of children)	+	22.4	43	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.890	49	-1.107
Chlamydia (cases per 100,000 population)	+	605.7	47	233.3
Pertussis (cases per 100,000 population)	++	11.6	39	0.4
<i>Salmonella</i> (cases per 100,000 population)	++	21.5	40	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	6.9	43	2.0
Violent Crime (offenses per 100,000 population)	+	703	49	124
Community & Environment Total*	+	-0.128	47	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.452	38	1.717
HPV Females (% of females aged 13 to 17 years)	+++	49.0	26	73.0
HPV Males (% of males aged 13 to 17 years)	+++	37.0	26	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	77.8	30	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	84.3	40	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.5	36	85.3
Public Health Funding (dollars per person)	+++++	\$126	9	\$296
Uninsured (% of population)	++	10.1	37	2.7
Policy Total*	++	-0.021	31	0.185
Clinical Care				
Dentists (number per 100,000 population)	++	51.4	35	80.7
Low Birthweight (% of live births)	++	8.7	38	5.8
Mental Health Providers (number per 100,000 population)	+++++	369.4	7	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	39.5	12	23.3
Primary Care Physicians (number per 100,000 population)	+++	136.6	28	256.3
Clinical Care Total*	+++	0.018	22	0.180
All Determinants*	++	-0.196	36	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	169.0	4	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	219.2	10	189.7
Diabetes (% of adults)	++	11.6	39	6.6
Disparity in Health Status (% difference by high school education)	+	33.0	46	8.1
Frequent Mental Distress (% of adults)	+++	12.5	30	8.3
Frequent Physical Distress (% of adults)	+	14.4	43	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.2	15	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	8,913	41	5,555
All Outcomes*	++	-0.049	32	0.254
OVERALL*	++	-0.245	36	0.916

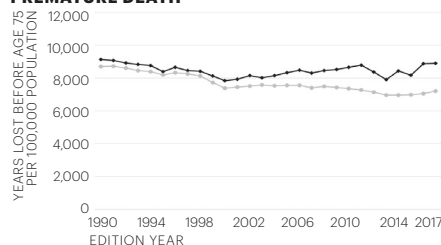
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH

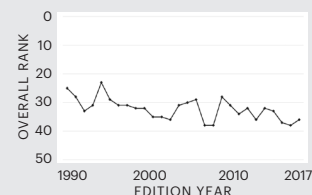


OVERALL RANK:
36

Change: ▲ 2

Determinants Rank: **36**

Outcomes Rank: **32**



Strengths:

- Low levels of air pollution
- Higher number of mental health providers
- Low cancer death rate

Challenges:

- High violent crime rate
- High percentage of children in poverty
- High drug death rate

Highlights:

- In the past two years, excessive drinking increased 10% from 15.1% to 16.6% of adults
- In the past five years, the percentage uninsured decreased 51% from 20.5% to 10.1% of the population
- In the past three years, violent crime increased 26% from 559 to 703 offenses per 100,000 population
- In the past five years, children in poverty decreased 29% from 31.7% to 22.4% of children
- In the past 10 years, drug deaths increased 32% from 18.8 to 24.9 deaths per 100,000 population

Ranking:

New Mexico is 36th this year; it was 38th in 2016. The state ranks 34th for senior health and 37th for the health of women and children.

State Health Department Website:

nmhealth.org/

New York

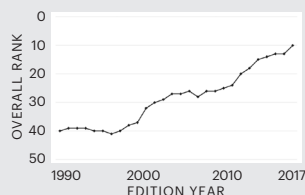
**OVERALL
RANK:
10**



Change: ▲ 3

Determinants Rank: **10**

Outcomes Rank: **16**



Strengths:

- Low prevalence of obesity
- Higher number of primary care physicians
- Low premature death rate

Challenges:

- High prevalence of physical inactivity
- High incidence of chlamydia
- Large disparity in health status by educational attainment

Highlights:

- In the past five years, low birthweight decreased 5% from 8.2% to 7.8% of live births
- In the past five years, drug deaths increased 49% from 8.2 to 12.2 deaths per 100,000 population
- In the past five years, cardiovascular deaths decreased 6% from 274.9 to 257.6 deaths per 100,000 population
- In the past year, diabetes increased 7% from 9.8% to 10.5% of adults
- In the past 10 years, premature death decreased 10% from 6,350 to 5,701 years lost before age 75 per 100,000 population

Ranking:

New York is 10th this year; it was 13th in 2016. The state ranks 21st for senior health and 20th for the health of women and children.

State Health Department Website:

www.health.state.ny.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.2	13	5.7
Excessive Drinking (% of adults)	+++	18.8	29	11.8
High School Graduation (% of students)	++	79.2	38	90.8
Obesity (% of adults)	+++++	25.5	6	22.3
Physical Inactivity (% of adults)	++	26.3	36	15.7
Smoking (% of adults)	+++++	14.2	9	8.8
Behaviors Total*	++++	0.087	13	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.2	16	3.8
Children in Poverty (% of children)	+++	17.6	26	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.213	18	-1.107
Chlamydia (cases per 100,000 population)	++	524.7	39	233.3
Pertussis (cases per 100,000 population)	+++	5.3	27	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	11.3	7	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.0	1	2.0
Violent Crime (offenses per 100,000 population)	+++	376	27	124
Community & Environment Total*	++++	0.096	18	0.324

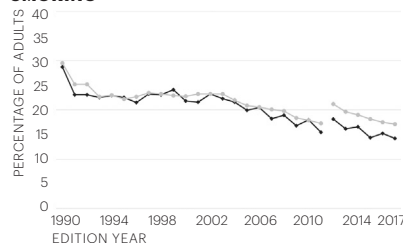
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.918	9	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	61.3	6	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	50.3	4	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	89.2	10	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	91.1	13	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	72.3	22	85.3
Public Health Funding (dollars per person)	+++++	\$153	5	\$296
Uninsured (% of population)	++++	6.6	18	2.7
Policy Total*	+++++	0.101	8	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++++	73.5	7	80.7
Low Birthweight (% of live births)	+++	7.8	21	5.8
Mental Health Providers (number per 100,000 population)	++++	259.2	17	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	46.8	21	23.3
Primary Care Physicians (number per 100,000 population)	+++++	215.5	3	256.3
Clinical Care Total*	+++++	0.118	9	0.180
All Determinants*	+++++	0.402	10	0.778

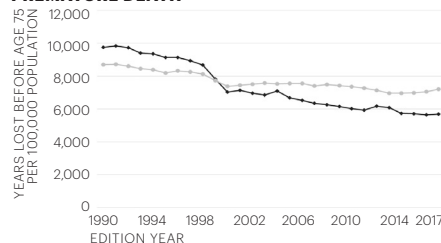
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	178.2	9	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	257.6	32	189.7
Diabetes (% of adults)	+++	10.5	25	6.6
Disparity in Health Status (% difference by high school education)	++	30.0	39	8.1
Frequent Mental Distress (% of adults)	++++	10.6	12	8.3
Frequent Physical Distress (% of adults)	++++	11.3	19	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.6	5	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,701	3	5,555
All Outcomes*	++++	0.104	16	0.254
OVERALL*	+++++	0.507	10	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



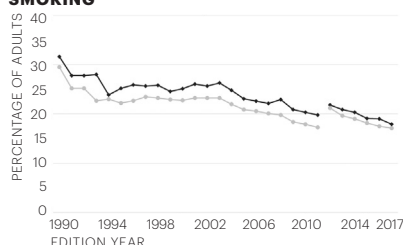
The 2012–2017 data in the smoking graph is not directly comparable with prior years.

North Carolina

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	14.0	19	5.7
Excessive Drinking (% of adults)	++++	16.7	12	11.8
High School Graduation (% of students)	+++	85.6	22	90.8
Obesity (% of adults)	++	31.8	35	22.3
Physical Inactivity (% of adults)	+++	23.3	26	15.7
Smoking (% of adults)	+++	17.9	28	8.8
Behaviors Total*	+++	0.011	26	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	++	19.3	35	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.830	48	-1.107
Chlamydia (cases per 100,000 population)	+	647.4	48	233.3
Pertussis (cases per 100,000 population)	+++	4.4	22	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	25.3	43	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	+++	372	26	124
Community & Environment Total*	++	-0.015	31	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.217	31	1.717
HPV Females (% of females aged 13 to 17 years)	+++	46.9	30	73.0
HPV Males (% of males aged 13 to 17 years)	+++	35.7	30	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	75.7	36	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.1	25	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	77.8	6	85.3
Public Health Funding (dollars per person)	+	\$56	42	\$296
Uninsured (% of population)	+	10.8	41	2.7
Policy Total*	+++	-0.015	30	0.185
Clinical Care				
Dentists (number per 100,000 population)	++	51.2	36	80.7
Low Birthweight (% of live births)	+	9.1	41	5.8
Mental Health Providers (number per 100,000 population)	+++	219.1	24	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.0	26	23.3
Primary Care Physicians (number per 100,000 population)	++	130.9	34	256.3
Clinical Care Total*	++	-0.066	38	0.180
All Determinants*	++	-0.084	31	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	196.9	32	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	254.3	30	189.7
Diabetes (% of adults)	++	11.3	35	6.6
Disparity in Health Status (% difference by high school education)	++	30.3	40	8.1
Frequent Mental Distress (% of adults)	+++	12.1	28	8.3
Frequent Physical Distress (% of adults)	+++	12.0	27	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.2	42	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	7,889	33	5,555
All Outcomes*	++	-0.094	36	0.254
OVERALL*	++	-0.178	33	0.916

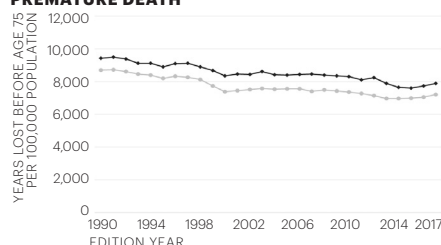
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH

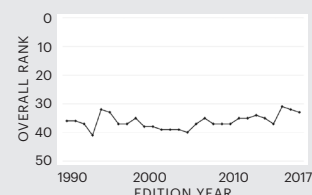


OVERALL RANK:
33

Change: ▼ 1

Determinants Rank: **31**

Outcomes Rank: **36**



Strengths:

- High immunization coverage among children
- Low occupational fatality rate
- Low prevalence of excessive drinking

Challenges:

- High infant mortality rate
- High percentage of uninsured population
- High incidence of chlamydia

Highlights:

- In the past year, chlamydia increased 35% from 478.7 to 647.4 cases per 100,000 population
- In the past three years, children in poverty decreased 28% from 26.8% to 19.3% of children
- In the past five years, drug deaths increased 14% from 12.3 to 14.0 deaths per 100,000 population
- In the past 10 years, air pollution decreased 40% from 13.0 to 7.8 micrograms of fine particles per cubic meter
- In the past three years, excessive drinking increased 18% from 14.1% to 16.7% of adults

Ranking:

North Carolina is 33rd this year; it was 32nd in 2016. The state ranks 32nd for senior health and 30th for the health of women and children.

State Health Department Website:

<https://www.ncdhhs.gov/>

North Dakota

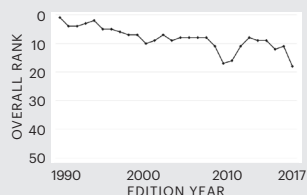
**OVERALL
RANK:
18**



Change: ▼ 7

Determinants Rank: **22**

Outcomes Rank: **5**



Strengths:

- Low levels of air pollution
- Low drug death rate
- Low prevalence of frequent physical distress

Challenges:

- High prevalence of excessive drinking
- High occupational fatality rate
- Low immunization coverage among children

Highlights:

- In the past year, smoking increased 6% from 18.7% to 19.8% of adults
- In the past year, chlamydia decreased 10% from 477.1 to 427.2 cases per 100,000 population
- In the past three years, drug deaths increased 90% from 3.0 to 5.7 deaths per 100,000 population
- In the past five years, air pollution decreased 25% from 5.6 to 4.2 micrograms of fine particles per cubic meter
- In the past five years, obesity increased 15% from 27.8% to 31.9% of adults

Ranking:

North Dakota is 18th this year; it was 11th in 2016. The state ranks 18th for senior health and 13th for the health of women and children.

State Health Department Website:

www.ndhealth.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	5.7	1	5.7
Excessive Drinking (% of adults)	+	25.9	49	11.8
High School Graduation (% of students)	++++	86.6	17	90.8
Obesity (% of adults)	++	31.9	36	22.3
Physical Inactivity (% of adults)	+++++	22.2	19	15.7
Smoking (% of adults)	++	19.8	37	8.8
Behaviors Total*	++	-0.047	33	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	4.2	2	3.8
Children in Poverty (% of children)	++++	15.1	17	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	-0.107	24	-1.107
Chlamydia (cases per 100,000 population)	+++	427.2	22	233.3
Pertussis (cases per 100,000 population)	++	5.7	32	0.4
Salmonella (cases per 100,000 population)	++	19.2	35	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	9.5	49	2.0
Violent Crime (offenses per 100,000 population)	+++++	251	13	124
Community & Environment Total*	++++	0.134	14	0.324

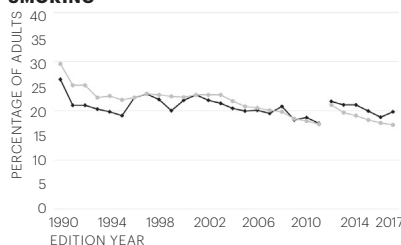
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.980	6	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	60.2	7	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	45.5	9	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	92.0	5	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	92.0	9	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.2	37	85.3
Public Health Funding (dollars per person)	+++++	\$154	4	\$296
Uninsured (% of population)	+++	7.4	21	2.7
Policy Total*	++++	0.070	14	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++	55.4	24	80.7
Low Birthweight (% of live births)	+++++	6.2	3	5.8
Mental Health Providers (number per 100,000 population)	++	165.4	37	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.1	27	23.3
Primary Care Physicians (number per 100,000 population)	+++	140.5	25	256.3
Clinical Care Total*	+++	0.008	25	0.180
All Determinants*	+++	0.166	22	0.778

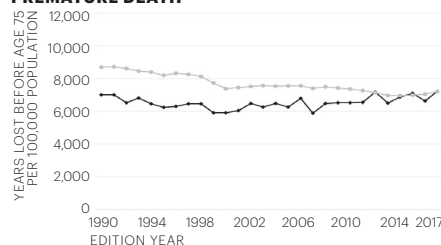
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	179.6	10	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	228.7	13	189.7
Diabetes (% of adults)	+++++	8.6	9	6.6
Disparity in Health Status (% difference by high school education)	+++	27.0	24	8.1
Frequent Mental Distress (% of adults)	+++++	9.0	2	8.3
Frequent Physical Distress (% of adults)	+++++	8.9	1	8.9
Infant Mortality (deaths per 1,000 live births)	+++	6.1	27	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,225	24	5,555
All Outcomes*	+++++	0.166	5	0.254
OVERALL*	++++	0.332	18	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



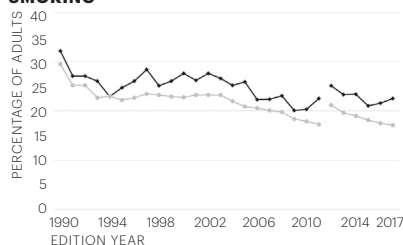
The 2012–2017 data in the smoking graph is not directly comparable with prior years.

Ohio

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.5	46	5.7
Excessive Drinking (% of adults)	+++	19.1	30	11.8
High School Graduation (% of students)	++	80.7	34	90.8
Obesity (% of adults)	++	31.5	32	22.3
Physical Inactivity (% of adults)	++	25.9	35	15.7
Smoking (% of adults)	+	22.5	45	8.8
Behaviors Total*	+	-0.212	46	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.6	45	3.8
Children in Poverty (% of children)	++	21.6	40	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.210	20	-1.107
Chlamydia (cases per 100,000 population)	++	489.3	35	233.3
Pertussis (cases per 100,000 population)	++	7.1	34	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	11.7	9	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.3	22	2.0
Violent Crime (offenses per 100,000 population)	++++	300	18	124
Community & Environment Total*	++	-0.024	33	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.060	20	1.717
HPV Females (% of females aged 13 to 17 years)	++	42.5	40	73.0
HPV Males (% of males aged 13 to 17 years)	+++	41.1	21	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++	79.6	28	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	90.8	16	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	68.0	38	85.3
Public Health Funding (dollars per person)	+	\$53	45	\$296
Uninsured (% of population)	++++	6.1	14	2.7
Policy Total*	+++	0.020	24	0.185
Clinical Care				
Dentists (number per 100,000 population)	++	52.0	33	80.7
Low Birthweight (% of live births)	++	8.5	32	5.8
Mental Health Providers (number per 100,000 population)	++	182.5	32	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	57.0	42	23.3
Primary Care Physicians (number per 100,000 population)	++++	167.3	13	256.3
Clinical Care Total*	++	-0.050	34	0.180
All Determinants*	++	-0.266	40	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	208.7	40	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	283.6	39	189.7
Diabetes (% of adults)	++	11.1	31	6.6
Disparity in Health Status (% difference by high school education)	++++	26.2	19	8.1
Frequent Mental Distress (% of adults)	++	12.9	35	8.3
Frequent Physical Distress (% of adults)	++	12.9	34	8.9
Infant Mortality (deaths per 1,000 live births)	++	7.0	40	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,492	39	5,555
All Outcomes*	++	-0.144	39	0.254
OVERALL*	++	-0.410	39	0.916

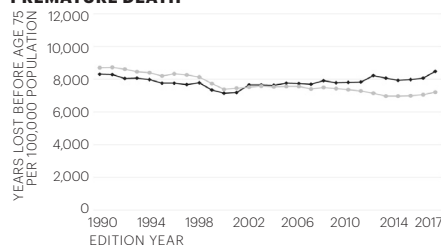
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH

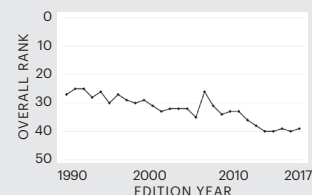


OVERALL RANK:
39

Change: ▲ 1

Determinants Rank: 40

Outcomes Rank: 39



Strengths:

- Low percentage of uninsured population
- Higher number of primary care physicians
- Low incidence of *Salmonella*

Challenges:

- High prevalence of smoking
- High levels of air pollution
- High drug death rate

Highlights:

- In the past five years, drug deaths increased 75% from 14.0 to 24.5 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 55% from 13.7% to 6.1% of the population
- In the past four years, cardiovascular deaths increased 5% from 270.7 to 283.6 deaths per 100,000 population
- In the past two years, Tdap immunization among adolescents increased 9% from 83.0% to 90.8% of adolescents aged 13 to 17
- In the past two years, smoking increased 7% from 21.0% to 22.5% of adults

Ranking:

Ohio is 39th this year; it was 40th in 2016. The state ranks 35th for senior health and 33rd for the health of women and children.

State Health Department Website:

www.odh.ohio.gov

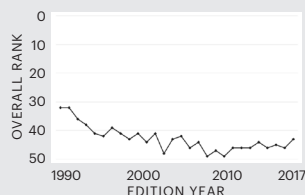
Oklahoma

**OVERALL
RANK:
43**

Change: ▲ 3

Determinants Rank: **43**

Outcomes Rank: **45**



Strengths:

- Small disparity in health status by educational attainment
- Low prevalence of excessive drinking
- Higher number of mental health providers

Challenges:

- High percentage of uninsured population
- High cardiovascular death rate
- High infant mortality rate

Highlights:

- In the past four years, low birthweight decreased 7% from 8.5% to 7.9% of live births
- In the past year, immunizations among children decreased 11% from 75.4% to 67.0% of children aged 19 to 35 months
- In the past five years, smoking decreased 25% from 26.1% to 19.6% of adults
- In the past two years, cardiovascular deaths increased 4% from 322.5 to 335.2 deaths per 100,000 population
- In the past five years, excessive drinking decreased 26% from 17.3% to 12.8% of adults

Ranking:

Oklahoma is 43rd this year; it was 46th in 2016. The state ranks 48th for senior health and 46th for the health of women and children.

State Health Department Website:

www.ok.gov/health

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	20.3	41	5.7
Excessive Drinking (% of adults)	+++++	12.8	2	11.8
High School Graduation (% of students)	+++	82.5	30	90.8
Obesity (% of adults)	+	32.8	42	22.3
Physical Inactivity (% of adults)	+	28.5	41	15.7
Smoking (% of adults)	++	19.6	36	8.8
Behaviors Total*	++	-0.094	37	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	8.1	30	3.8
Children in Poverty (% of children)	+	21.7	41	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.280	38	-1.107
Chlamydia (cases per 100,000 population)	+	542.2	41	233.3
Pertussis (cases per 100,000 population)	+++++	2.3	9	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	23.2	41	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	8.1	47	2.0
Violent Crime (offenses per 100,000 population)	++	450	37	124
Community & Environment Total*	+	-0.101	41	0.324

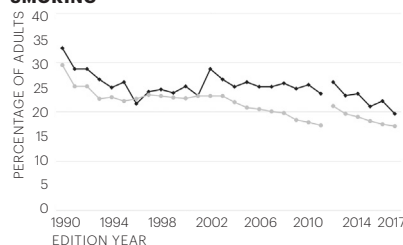
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.323	34	1.717
HPV Females (% of females aged 13 to 17 years)	++	43.6	36	73.0
HPV Males (% of males aged 13 to 17 years)	++	35.0	32	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	73.6	39	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.6	21	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	67.0	42	85.3
Public Health Funding (dollars per person)	+++	\$87	25	\$296
Uninsured (% of population)	+	13.9	48	2.7
Policy Total*	+	-0.105	49	0.185

Clinical Care				
Dentists (number per 100,000 population)	++	49.6	39	80.7
Low Birthweight (% of live births)	+++	7.9	22	5.8
Mental Health Providers (number per 100,000 population)	+++++	382.7	5	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	59.9	44	23.3
Primary Care Physicians (number per 100,000 population)	++	127.5	35	256.3
Clinical Care Total*	++	-0.025	31	0.180
All Determinants*	+	-0.326	43	0.778

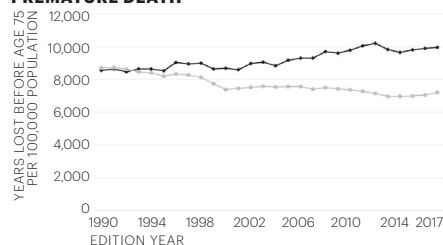
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	216.9	45	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	335.2	48	189.7
Diabetes (% of adults)	+	12.0	41	6.6
Disparity in Health Status (% difference by high school education)	+++++	18.9	3	8.1
Frequent Mental Distress (% of adults)	+	14.3	46	8.3
Frequent Physical Distress (% of adults)	+	14.7	44	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.7	47	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	9,951	44	5,555
All Outcomes*	+	-0.268	45	0.254
OVERALL*	+	-0.594	43	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



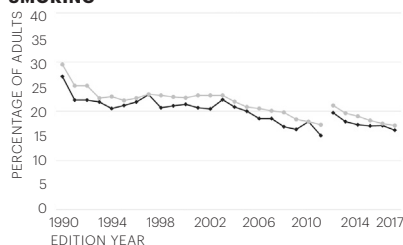
State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

Oregon

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.3	14	5.7
Excessive Drinking (% of adults)	+++	18.5	25	11.8
High School Graduation (% of students)	+	73.8	48	90.8
Obesity (% of adults)	++++	28.7	20	22.3
Physical Inactivity (% of adults)	+++++	17.2	3	15.7
Smoking (% of adults)	++++	16.2	19	8.8
Behaviors Total*	+++	0.005	27	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.8	13	3.8
Children in Poverty (% of children)	+++	18.2	28	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	0.010	27	-1.107
Chlamydia (cases per 100,000 population)	++++	410.7	17	233.3
Pertussis (cases per 100,000 population)	+	14.6	44	0.4
<i>Salmonella</i> (cases per 100,000 population)	++++	13.1	16	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.4	7	2.0
Violent Crime (offenses per 100,000 population)	++++	265	14	124
Community & Environment Total*	++++	0.112	16	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.620	41	1.717
HPV Females (% of females aged 13 to 17 years)	+++	50.3	23	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	44.7	10	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	70.5	42	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	83.2	44	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	58.1	50	85.3
Public Health Funding (dollars per person)	+++	\$81	28	\$296
Uninsured (% of population)	++++	6.6	18	2.7
Policy Total*	++	-0.029	34	0.185
Clinical Care				
Dentists (number per 100,000 population)	++++	67.9	11	80.7
Low Birthweight (% of live births)	+++++	6.4	4	5.8
Mental Health Providers (number per 100,000 population)	+++++	453.7	2	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	33.9	6	23.3
Primary Care Physicians (number per 100,000 population)	+++	143.8	22	256.3
Clinical Care Total*	+++++	0.157	3	0.180
All Determinants*	++++	0.246	17	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	190.6	25	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	217.6	8	189.7
Diabetes (% of adults)	++++	9.5	18	6.6
Disparity in Health Status (% difference by high school education)	+	30.7	42	8.1
Frequent Mental Distress (% of adults)	++	13.0	36	8.3
Frequent Physical Distress (% of adults)	+++	11.7	24	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.1	12	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,507	14	5,555
All Outcomes*	+++	0.051	24	0.254
OVERALL*	++++	0.297	20	0.916

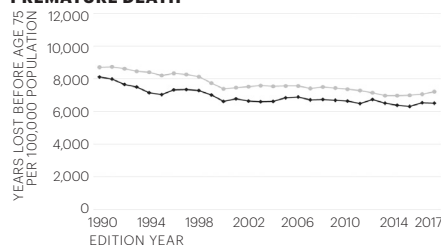
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

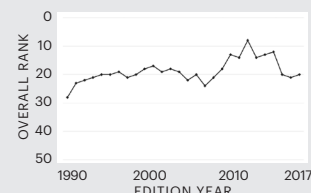
PREMATURE DEATH



OVERALL RANK:
20



Change: ▲ 1
Determinants Rank: **17**
Outcomes Rank: **24**



Strengths:

- Higher number of mental health providers
- Low prevalence of physical inactivity
- Low prevalence of low birthweight

Challenges:

- Low immunization coverage among children
- High incidence of pertussis
- Large disparity in health status by educational attainment

Highlights:

- In the past four years, drug deaths decreased 8% from 13.3 to 12.3 deaths per 100,000 population
- In the past year, immunizations among children decreased 14% from 67.4% to 58.1% of children aged 19 to 35 months
- In the past five years, smoking decreased 18% from 19.7% to 16.2% of adults
- In the past two years, cardiovascular deaths increased 3% from 212.0 to 217.6 deaths per 100,000 population
- In the past five years, frequent physical distress decreased 18% from 14.2% to 11.7% of adults

Ranking:

Oregon is 20th this year; it was 21st in 2016. The state ranks 12th for senior health and 27th for the health of women and children.

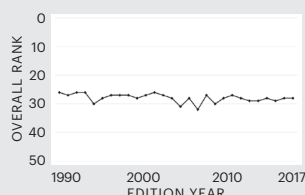
State Health Department Website:
public.health.oregon.gov/

Pennsylvania

**OVERALL
RANK:**
28



Change: **no change**
Determinants Rank: **24**
Outcomes Rank: **31**



Strengths:

- Higher number of primary care physicians
- Small disparity in health status by educational attainment
- High meningococcal immunization among adolescents

Challenges:

- High levels of air pollution
- High drug death rate
- Low per capita public health funding

Highlights:

- In the past two years, excessive drinking increased 16% from 17.7% to 20.5% of adults
- In the past year, air pollution decreased 8% from 11.0 to 10.1 micrograms of fine particles per cubic meter
- In the past five years, diabetes increased 19% from 9.5% to 11.3% of adults
- In the past seven years, infant mortality decreased 20% from 7.5 to 6.0 deaths per 1,000 live births
- In the past 10 years, drug deaths increased 80% from 12.3 to 22.2 deaths per 100,000 population

Ranking:

Pennsylvania is 28th this year; it was 28th in 2016. The state ranks 26th for senior health and 24th for the health of women and children.

State Health Department Website:
www.health.state.pa.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	22.2	43	5.7
Excessive Drinking (% of adults)	++	20.5	39	11.8
High School Graduation (% of students)	+++	84.8	26	90.8
Obesity (% of adults)	+++	30.3	26	22.3
Physical Inactivity (% of adults)	+++	22.9	22	15.7
Smoking (% of adults)	+++	18.0	30	8.8
Behaviors Total*	++	-0.045	31	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	10.1	48	3.8
Children in Poverty (% of children)	+++	17.6	26	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.417	14	-1.107
Chlamydia (cases per 100,000 population)	++++	418.1	18	233.3
Pertussis (cases per 100,000 population)	++	6.9	33	0.4
<i>Salmonella</i> (cases per 100,000 population)	++++	12.4	13	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.2	20	2.0
Violent Crime (offenses per 100,000 population)	+++	316	22	124
Community & Environment Total*	+++	0.006	30	0.324

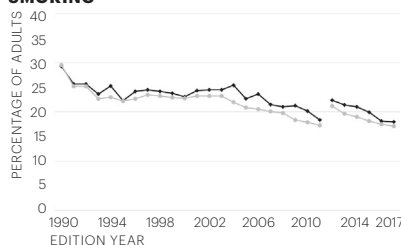
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.943	7	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	58.0	10	73.0
HPV Males (% of males aged 13 to 17 years)	++++	44.4	12	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	92.7	4	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	92.0	9	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	73.7	20	85.3
Public Health Funding (dollars per person)	+	\$56	42	\$296
Uninsured (% of population)	++++	6.0	13	2.7
Policy Total*	++++	0.073	13	0.185

Clinical Care				
Dentists (number per 100,000 population)	++++	60.7	18	80.7
Low Birthweight (% of live births)	+++	8.1	26	5.8
Mental Health Providers (number per 100,000 population)	++	182.0	33	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	51.7	33	23.3
Primary Care Physicians (number per 100,000 population)	+++++	199.8	5	256.3
Clinical Care Total*	++++	0.026	20	0.180
All Determinants*	+++	0.060	24	0.778

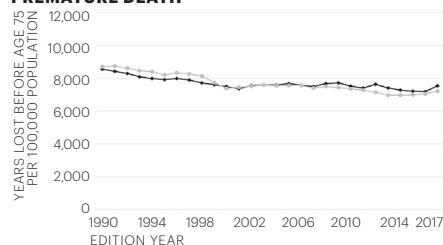
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	199.6	35	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	263.3	35	189.7
Diabetes (% of adults)	++	11.3	35	6.6
Disparity in Health Status (% difference by high school education)	++++	24.3	11	8.1
Frequent Mental Distress (% of adults)	++	12.6	31	8.3
Frequent Physical Distress (% of adults)	++	12.6	32	8.9
Infant Mortality (deaths per 1,000 live births)	+++	6.0	26	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,541	28	5,555
All Outcomes*	++	-0.046	31	0.254
OVERALL*	+++	0.014	28	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



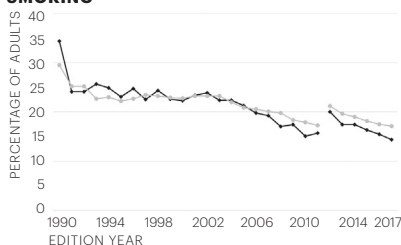
The 2012–2017 data in the smoking graph is not directly comparable with prior years.

Rhode Island

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.9	47	5.7
Excessive Drinking (% of adults)	++++	17.4	15	11.8
High School Graduation (% of students)	+++	83.2	29	90.8
Obesity (% of adults)	+++++	26.6	10	22.3
Physical Inactivity (% of adults)	++	24.4	31	15.7
Smoking (% of adults)	++++	14.4	11	8.8
Behaviors Total*	++++	0.074	17	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.5	20	3.8
Children in Poverty (% of children)	++++	15.6	19	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.533	10	-1.107
Chlamydia (cases per 100,000 population)	+++	433.6	23	233.3
Pertussis (cases per 100,000 population)	++++	2.6	11	0.4
<i>Salmonella</i> (cases per 100,000 population)	++++	13.6	17	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.3	22	2.0
Violent Crime (offenses per 100,000 population)	+++++	239	8	124
Community & Environment Total*	++++	0.141	13	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.717	1	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	73.0	1	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	68.7	1	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+++++	96.4	1	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	95.4	2	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	75.5	14	85.3
Public Health Funding (dollars per person)	+++++	\$140	7	\$296
Uninsured (% of population)	+++++	5.0	6	2.7
Policy Total*	+++++	0.157	3	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	54.2	26	80.7
Low Birthweight (% of live births)	++++	7.6	20	5.8
Mental Health Providers (number per 100,000 population)	+++++	375.0	6	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	54.0	36	23.3
Primary Care Physicians (number per 100,000 population)	+++++	256.3	1	256.3
Clinical Care Total*	++++	0.087	11	0.180
All Determinants*	+++++	0.459	7	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	197.5	34	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	232.0	19	189.7
Diabetes (% of adults)	++++	9.8	19	6.6
Disparity in Health Status (% difference by high school education)	++	29.4	37	8.1
Frequent Mental Distress (% of adults)	+	13.5	41	8.3
Frequent Physical Distress (% of adults)	++	12.4	31	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	5.0	10	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,516	15	5,555
All Outcomes*	+++	0.013	29	0.254
OVERALL*	++++	0.472	11	0.916

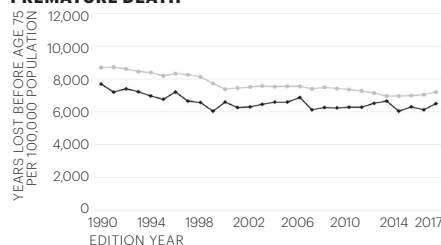
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation The 2012-2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



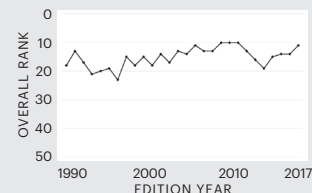
OVERALL RANK:
11



Change: ▲ 3

Determinants Rank: 7

Outcomes Rank: 29



Strengths:

- Low percentage of uninsured population
- Higher number of primary care physicians
- Low violent crime rate

Challenges:

- High drug death rate
- High prevalence of frequent mental distress
- High preventable hospitalization rate

Highlights:

- In the past five years, infant mortality decreased 24% from 6.6 to 5.0 deaths per 1,000 live births
- In the past five years, drug deaths increased 56% from 16.0 to 24.9 deaths per 100,000 population
- In the past five years, smoking decreased 28% from 20.0% to 14.4% of adults
- In the past two years, frequent mental distress increased 24% from 10.9% to 13.5% of adults
- In the past five years, the percentage of uninsured decreased 58% from 11.8% to 5.0% of the population

Ranking:

Rhode Island is 11th this year; it was 14th in 2016. The state ranks 13th for senior health and ninth for the health of women and children.

State Health Department Website:

www.health.state.ri.us

South Carolina

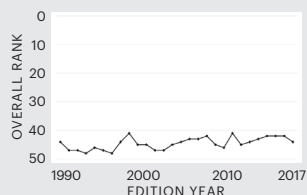
**OVERALL
RANK:**
44



Change: ▼ 2

Determinants Rank: **46**

Outcomes Rank: **42**



Strengths:

- Small disparity in health status by educational attainment
- Low preventable hospitalization rate
- Low incidence of pertussis

Challenges:

- High percentage of children in poverty
- High premature death rate
- High prevalence of diabetes

Highlights:

- In the past two years, excessive drinking increased 19% from 15.5% to 18.5% of adults
- In the past 10 years, air pollution decreased 40% from 13.1 to 7.8 micrograms of fine particles per cubic meter
- In the past three years, premature death increased 6% from 8,645 to 9,131 years lost before age 75 per 100,000 population
- In the past 10 years, violent crime decreased 34% from 766 to 502 offenses per 100,000 population
- In the past year, children in poverty increased 20% from 18.8% to 22.6% of children

Ranking:

South Carolina is 44th this year; it was 42nd in 2016. The state ranks 33rd for senior health and 39th for the health of women and children.

State Health Department Website:
www.scdhec.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.5	23	5.7
Excessive Drinking (% of adults)	+++	18.5	25	11.8
High School Graduation (% of students)	++	80.3	35	90.8
Obesity (% of adults)	++	32.3	39	22.3
Physical Inactivity (% of adults)	++	26.9	39	15.7
Smoking (% of adults)	++	20.0	39	8.8
Behaviors Total*	+	-0.130	42	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	+	22.6	44	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+	0.793	47	-1.107
Chlamydia (cases per 100,000 population)	+	569.9	44	233.3
Pertussis (cases per 100,000 population)	++++	3.5	17	0.4
Salmonella (cases per 100,000 population)	+	30.9	48	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	6.4	42	2.0
Violent Crime (offenses per 100,000 population)	+	502	41	124
Community & Environment Total*	+	-0.122	46	0.324

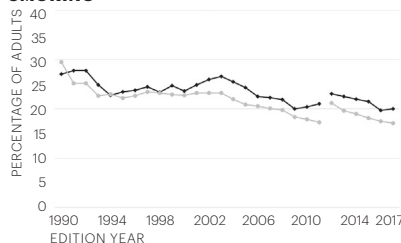
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.633	49	1.717
HPV Females (% of females aged 13 to 17 years)	+	30.8	50	73.0
HPV Males (% of males aged 13 to 17 years)	+	27.4	43	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	68.9	44	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	77.5	50	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	69.7	32	85.3
Public Health Funding (dollars per person)	++	\$74	32	\$296
Uninsured (% of population)	++	10.5	39	2.7
Policy Total*	+	-0.076	44	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	48.2	42	80.7
Low Birthweight (% of live births)	+	9.5	45	5.8
Mental Health Providers (number per 100,000 population)	++	157.7	39	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	45.6	18	23.3
Primary Care Physicians (number per 100,000 population)	++	127.0	36	256.3
Clinical Care Total*	++	-0.097	40	0.180
All Determinants*	+	-0.424	46	0.778

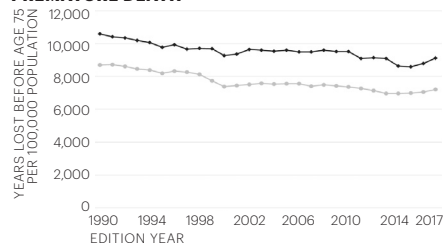
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	201.3	37	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	277.0	36	189.7
Diabetes (% of adults)	+	13.0	45	6.6
Disparity in Health Status (% difference by high school education)	++++	24.8	14	8.1
Frequent Mental Distress (% of adults)	+	13.7	42	8.3
Frequent Physical Distress (% of adults)	+	14.2	42	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.7	36	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	9,131	42	5,555
All Outcomes*	+	-0.187	42	0.254
OVERALL*	+	-0.611	44	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



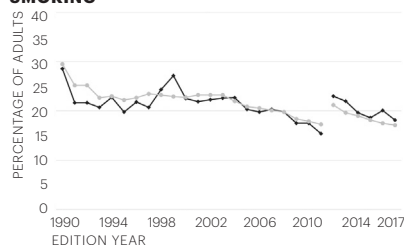
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

South Dakota

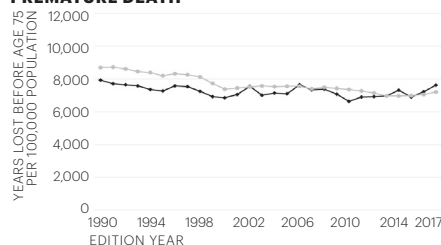
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	7.5	3	5.7
Excessive Drinking (% of adults)	++	20.2	37	11.8
High School Graduation (% of students)	+++	83.9	28	90.8
Obesity (% of adults)	+++	29.6	23	22.3
Physical Inactivity (% of adults)	+++++	18.9	6	15.7
Smoking (% of adults)	++	18.1	32	8.8
Behaviors Total*	+++	0.047	21	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.5	3	3.8
Children in Poverty (% of children)	++	19.4	36	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.163	32	-1.107
Chlamydia (cases per 100,000 population)	+++	462.9	29	233.3
Pertussis (cases per 100,000 population)	+++++	2.0	4	0.4
<i>Salmonella</i> (cases per 100,000 population)	+	26.2	45	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	6.2	41	2.0
Violent Crime (offenses per 100,000 population)	++	418	32	124
Community & Environment Total*	+++	0.047	25	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.382	48	1.717
HPV Females (% of females aged 13 to 17 years)	+++	47.3	29	73.0
HPV Males (% of males aged 13 to 17 years)	++	30.5	39	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	65.7	48	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	79.4	48	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.4	27	85.3
Public Health Funding (dollars per person)	++++	\$105	16	\$296
Uninsured (% of population)	++	9.5	32	2.7
Policy Total*	++	-0.035	37	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	52.3	30	80.7
Low Birthweight (% of live births)	+++++	6.1	2	5.8
Mental Health Providers (number per 100,000 population)	++	162.2	38	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	50.5	31	23.3
Primary Care Physicians (number per 100,000 population)	++	125.8	38	256.3
Clinical Care Total*	+++	-0.015	29	0.180
All Determinants*	+++	0.043	26	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	184.7	19	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	233.9	23	189.7
Diabetes (% of adults)	+++++	7.9	4	6.6
Disparity in Health Status (% difference by high school education)	+++++	23.8	10	8.1
Frequent Mental Distress (% of adults)	+++++	8.3	1	8.3
Frequent Physical Distress (% of adults)	+++++	10.0	9	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.6	33	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,627	29	5,555
All Outcomes*	+++++	0.157	6	0.254
OVERALL*	+++	0.200	24	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



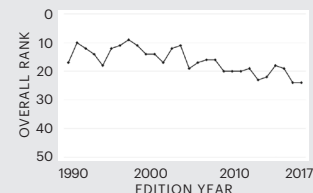
PREMATURE DEATH



The 2012–2017 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK:
24

Change: **no change**
Determinants Rank: **26**
Outcomes Rank: **6**



Strengths:

- Low levels of air pollution
- Low prevalence of frequent mental distress
- Low prevalence of diabetes

Challenges:

- High incidence of *Salmonella*
- High occupational fatality rate
- Low Tdap immunization coverage among adolescents

Highlights:

- In the past year, immunizations among children decreased 7% from 75.6% to 70.4% of children aged 19 to 35 months
- In the past five years, smoking decreased 21% from 23.0% to 18.1% of adults
- In the past three years, violent crime increased 30% from 322 to 418 offenses per 100,000 population
- In the past year, diabetes decreased 15% from 9.3% to 7.9% of adults
- In the past seven years, premature death increased 15% from 6,641 to 7,627 years lost before age 75 per 100,000 population

Ranking:

South Dakota is 24th this year; it was 24th in 2016. The state ranks 15th for senior health and 18th for the health of women and children.

State Health Department Website:
doh.sd.gov

Tennessee

OVERALL
RANK:
45



Change: ▼ 1

Determinants Rank: **45**

Outcomes Rank: **44**



Strengths:

- Low prevalence of excessive drinking
- Small disparity in health status by educational attainment
- Low incidence of pertussis

Challenges:

- High prevalence of smoking
- High violent crime rate
- High premature death rate

Highlights:

- In the past year, excessive drinking increased 29% from 11.2% to 14.4% of adults
- In the past seven years, infant mortality decreased 16% from 8.2 to 6.9 deaths per 1,000 live births
- In the past five years, obesity increased 19% from 29.2% to 34.8% of adults
- In the past five years, preventable hospitalizations decreased 29% from 83.4 to 59.3 discharges per 1,000 Medicare enrollees
- In the past five years, drug deaths increased 27% from 15.7 to 19.9 deaths per 100,000 population

Ranking:

Tennessee is 45th this year; it was 44th in 2016. The state ranks 44th for senior health and 42nd for the health of women and children.

State Health Department Website:

health.state.tn.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.9	39	5.7
Excessive Drinking (% of adults)	+++++	14.4	6	11.8
High School Graduation (% of students)	+++++	87.9	9	90.8
Obesity (% of adults)	+	34.8	45	22.3
Physical Inactivity (% of adults)	++	28.4	40	15.7
Smoking (% of adults)	+	22.1	43	8.8
Behaviors Total*	+	-0.134	43	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.2	32	3.8
Children in Poverty (% of children)	+	21.9	42	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.380	15	-1.107
Chlamydia (cases per 100,000 population)	++	477.5	32	233.3
Pertussis (cases per 100,000 population)	++++	2.8	12	0.4
Salmonella (cases per 100,000 population)	++++	13.6	17	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.1	33	2.0
Violent Crime (offenses per 100,000 population)	+	633	47	124
Community & Environment Total*	++	-0.098	40	0.324

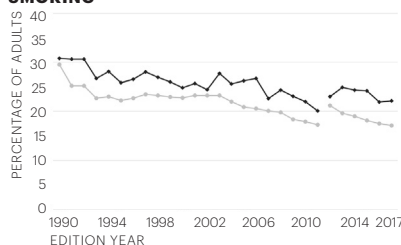
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.373	37	1.717
HPV Females (% of females aged 13 to 17 years)	+	36.9	46	73.0
HPV Males (% of males aged 13 to 17 years)	++	35.2	31	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	76.3	33	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++	89.3	23	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	67.4	40	85.3
Public Health Funding (dollars per person)	+++	\$94	23	\$296
Uninsured (% of population)	++	9.7	34	2.7
Policy Total*	++	-0.033	35	0.185

Clinical Care				
Dentists (number per 100,000 population)	++	49.2	40	80.7
Low Birthweight (% of live births)	+	9.1	41	5.8
Mental Health Providers (number per 100,000 population)	+	138.2	43	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	59.3	43	23.3
Primary Care Physicians (number per 100,000 population)	+++	138.5	27	256.3
Clinical Care Total*	+	-0.116	43	0.180
All Determinants*	+	-0.381	45	0.778

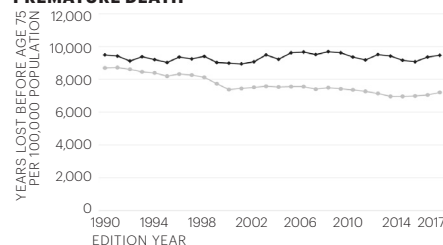
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	216.5	44	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	308.0	45	189.7
Diabetes (% of adults)	+	12.7	44	6.6
Disparity in Health Status (% difference by high school education)	++++	24.6	13	8.1
Frequent Mental Distress (% of adults)	+	13.7	42	8.3
Frequent Physical Distress (% of adults)	+	15.0	47	8.9
Infant Mortality (deaths per 1,000 live births)	++	6.9	38	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	9,467	43	5,555
All Outcomes*	+	-0.257	44	0.254
OVERALL*	+	-0.637	45	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



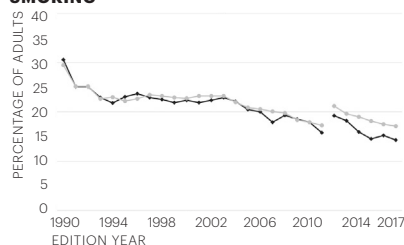
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Texas

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	9.7	5	5.7
Excessive Drinking (% of adults)	++	19.4	32	11.8
High School Graduation (% of students)	+++++	89.0	4	90.8
Obesity (% of adults)	+	33.6	43	22.3
Physical Inactivity (% of adults)	++	25.2	34	15.7
Smoking (% of adults)	+++++	14.3	10	8.8
Behaviors Total*	++++	0.081	15	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.9	39	3.8
Children in Poverty (% of children)	++	19.2	34	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.277	36	-1.107
Chlamydia (cases per 100,000 population)	++	523.6	38	233.3
Pertussis (cases per 100,000 population)	+++	5.5	28	0.4
<i>Salmonella</i> (cases per 100,000 population)	++	20.9	38	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.6	38	2.0
Violent Crime (offenses per 100,000 population)	++	434	34	124
Community & Environment Total*	++	-0.064	37	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.493	39	1.717
HPV Females (% of females aged 13 to 17 years)	+	39.7	43	73.0
HPV Males (% of males aged 13 to 17 years)	+	26.5	44	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	85.5	20	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	85.0	38	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++	69.5	33	85.3
Public Health Funding (dollars per person)	++	\$67	38	\$296
Uninsured (% of population)	+	16.9	50	2.7
Policy Total*	+	-0.127	50	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	52.3	30	80.7
Low Birthweight (% of live births)	+++	8.2	28	5.8
Mental Health Providers (number per 100,000 population)	+	98.3	49	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	53.2	34	23.3
Primary Care Physicians (number per 100,000 population)	+	112.9	45	256.3
Clinical Care Total*	+	-0.103	42	0.180
All Determinants*	++	-0.214	38	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	180.9	11	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++	261.1	34	189.7
Diabetes (% of adults)	++	11.2	33	6.6
Disparity in Health Status (% difference by high school education)	++	29.8	38	8.1
Frequent Mental Distress (% of adults)	++++	10.6	12	8.3
Frequent Physical Distress (% of adults)	++++	11.0	14	8.9
Infant Mortality (deaths per 1,000 live births)	+++	5.8	23	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++	7,175	23	5,555
All Outcomes*	+++	0.027	27	0.254
OVERALL*	++	-0.187	34	0.916

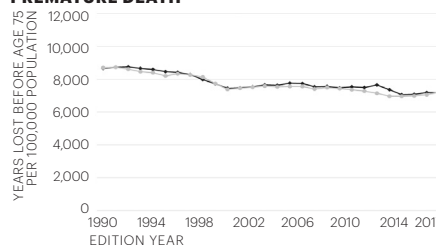
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



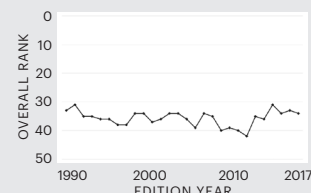
OVERALL RANK:
34



Change: ▼ 1

Determinants Rank: **38**

Outcomes Rank: **27**



Strengths:

- Low prevalence of smoking
- Low drug death rate
- Low cancer death rate

Challenges:

- High percentage of uninsured population
- High prevalence of obesity
- Lower number of mental health providers

Highlights:

- In the past six years, children in poverty decreased 28% from 26.5% to 19.2% of children
- In the past year, excessive drinking increased 12% from 17.3% to 19.4% of adults
- In the past four years, drug deaths decreased 3% from 10.0 to 9.7 deaths per 100,000 population
- In the past five years, obesity increased 11% from 30.4% to 33.6% of adults
- In the past five years, smoking decreased 26% from 19.2% to 14.3% of adults

Ranking:

Texas is 34th this year; it was 33rd in 2016. The state ranks 38th for senior health and 41st for the health of women and children.

State Health Department Website:

www.dshs.state.tx.us

Utah

UTAH

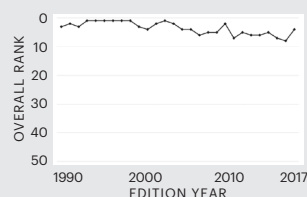
OVERALL
RANK:

4

Change: ▲ 4

Determinants Rank: 6

Outcomes Rank: 2



Strengths:

- Low prevalence of smoking
- Low percentage of children in poverty
- Low cancer death rate

Challenges:

- Lower number of primary care physicians
- High incidence of pertussis
- High drug death rate

Highlights:

- In the past five years, drug deaths increased 24% from 18.4 to 22.9 deaths per 100,000 population
- In the past five years, smoking decreased 25% from 11.8% to 8.8% of adults
- In the past seven years, cancer deaths increased 10% from 137.4 to 150.5 deaths per 100,000 population
- In the past four years, preventable hospitalizations decreased 25% from 37.2 to 27.9 discharges per 1,000 Medicare enrollees
- In the past four years, cardiovascular deaths increased 11% from 208.0 to 231.8 deaths per 100,000 population

Ranking:

Utah is fourth this year; it was eighth in 2016. The state ranks second for senior health and sixth for the health of women and children.

State Health Department Website:

www.health.utah.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	22.9	44	5.7
Excessive Drinking (% of adults)	+++++	13.4	3	11.8
High School Graduation (% of students)	+++	84.8	26	90.8
Obesity (% of adults)	+++++	25.3	5	22.3
Physical Inactivity (% of adults)	+++++	15.7	1	15.7
Smoking (% of adults)	+++++	8.8	1	8.8
Behaviors Total*	+++++	0.295	1	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	8.1	30	3.8
Children in Poverty (% of children)	+++++	9.0	3	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++	-0.130	23	-1.107
Chlamydia (cases per 100,000 population)	+++++	293.3	3	233.3
Pertussis (cases per 100,000 population)	+	16.7	45	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	15.4	23	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++	4.4	24	2.0
Violent Crime (offenses per 100,000 population)	+++++	243	9	124
Community & Environment Total*	+++++	0.164	9	0.324

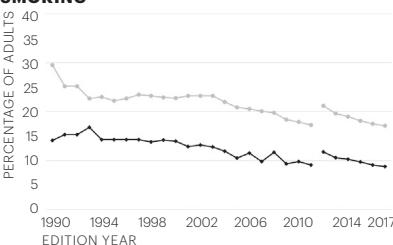
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.962	44	1.717
HPV Females (% of females aged 13 to 17 years)	+	41.3	41	73.0
HPV Males (% of males aged 13 to 17 years)	+	20.3	49	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	76.6	32	96.4
Tdap (% of adolescents aged 13 to 17 years)	+	83.9	42	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++	72.2	23	85.3
Public Health Funding (dollars per person)	+++	\$77	30	\$296
Uninsured (% of population)	++	9.7	34	2.7
Policy Total*	++	-0.033	35	0.185

Clinical Care				
Dentists (number per 100,000 population)	++++	61.7	16	80.7
Low Birthweight (% of live births)	++++	7.0	14	5.8
Mental Health Providers (number per 100,000 population)	++++	293.4	14	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	27.9	2	23.3
Primary Care Physicians (number per 100,000 population)	+	99.8	49	256.3
Clinical Care Total*	++++	0.065	15	0.180
All Determinants*	+++++	0.491	6	0.778

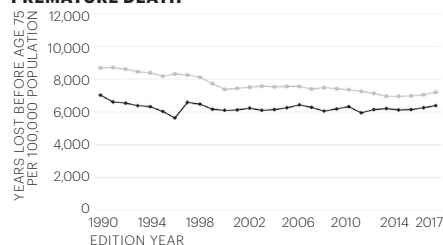
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	150.5	1	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.8	17	189.7
Diabetes (% of adults)	+++++	7.2	2	6.6
Disparity in Health Status (% difference by high school education)	++++	24.5	12	8.1
Frequent Mental Distress (% of adults)	+++	11.5	23	8.3
Frequent Physical Distress (% of adults)	+++++	9.5	3	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	5.0	10	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,399	12	5,555
All Outcomes*	+++++	0.243	2	0.254
OVERALL*	+++++	0.734	4	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



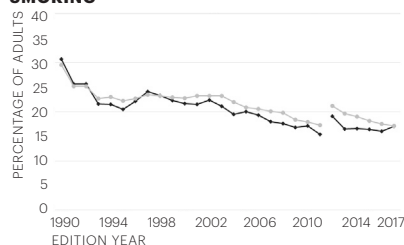
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Vermont

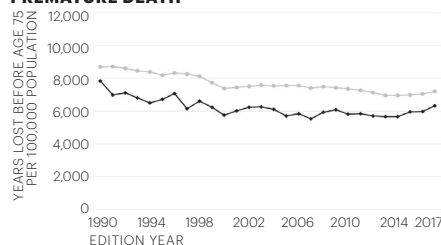
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.9	25	5.7
Excessive Drinking (% of adults)	+	20.6	42	11.8
High School Graduation (% of students)	++++	87.7	11	90.8
Obesity (% of adults)	++++	27.1	12	22.3
Physical Inactivity (% of adults)	+++++	19.5	9	15.7
Smoking (% of adults)	+++	17.0	23	8.8
Behaviors Total*	+++++	0.101	10	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.5	3	3.8
Children in Poverty (% of children)	+++++	12.3	8	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-0.740	4	-1.107
Chlamydia (cases per 100,000 population)	+++++	303.4	5	233.3
Pertussis (cases per 100,000 population)	++	7.8	35	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++++	12.1	10	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	16	2.0
Violent Crime (offenses per 100,000 population)	+++++	158	2	124
Community & Environment Total*	+++++	0.279	2	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.030	5	1.717
HPV Females (% of females aged 13 to 17 years)	+++++	58.4	8	73.0
HPV Males (% of males aged 13 to 17 years)	+++++	53.1	2	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	86.4	17	96.4
Tdap (% of adolescents aged 13 to 17 years)	+++++	93.8	5	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	76.8	9	85.3
Public Health Funding (dollars per person)	+++++	\$138	8	\$296
Uninsured (% of population)	+++++	3.8	2	2.7
Policy Total*	+++++	0.165	2	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	57.0	21	80.7
Low Birthweight (% of live births)	+++++	6.6	7	5.8
Mental Health Providers (number per 100,000 population)	+++++	407.3	4	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	39.4	11	23.3
Primary Care Physicians (number per 100,000 population)	++++	175.1	11	256.3
Clinical Care Total*	+++++	0.129	6	0.180
All Determinants*	+++++	0.674	2	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	192.5	27	150.5
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.6	16	189.7
Diabetes (% of adults)	+++++	8.4	7	6.6
Disparity in Health Status (% difference by high school education)	+++	27.6	28	8.1
Frequent Mental Distress (% of adults)	+++	11.9	26	8.3
Frequent Physical Distress (% of adults)	++++	11.3	19	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.6	5	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,326	10	5,555
All Outcomes*	++++	0.115	14	0.254
OVERALL*	+++++	0.789	3	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



The 2012–2017 data in the smoking graph is not directly comparable with prior years.

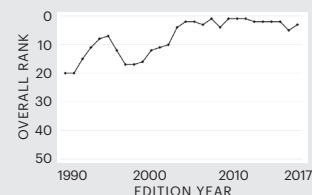
OVERALL RANK:

3

Change: ▼ 2

Determinants Rank: 2

Outcomes Rank: 14



Strengths:

- Low levels of air pollution
- Low percentage of uninsured population
- Low violent crime rate

Challenges:

- High prevalence of excessive drinking
- High cancer death rate
- High incidence of pertussis

Highlights:

- In the past four years, immunizations among children increased 22% from 63.2% to 76.8% of children aged 19 to 35 months
- In the past five years, drug deaths increased 51% from 9.9 to 14.9 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 58% from 9.0% to 3.8% of the population
- In the past seven years, premature death increased 8% from 6,836 to 6,326 years lost before age 75 per 100,000 population
- In the past year, *Salmonella* decreased 18% from 14.8 to 12.1 cases per 100,000 population

Ranking:

Vermont is third this year; it was fifth in 2016. The state ranks eighth for senior health and second for the health of women and children.

State Health Department Website:

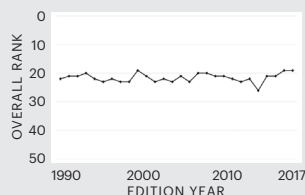
www.healthvermont.gov

Virginia

OVERALL
RANK:
19



Change: **no change**
Determinants Rank: **19**
Outcomes Rank: **23**



Strengths:

- Low violent crime rate
- Low percentage of children in poverty
- Low drug death rate

Challenges:

- Low immunization coverage among children
- Lower number of mental health providers
- Low HPV immunization coverage among adolescent females

Highlights:

- In the past five years, smoking decreased 27% from 20.9% to 15.3% of adults
- In the past five years, drug deaths increased 41% from 8.0 to 11.3 deaths per 100,000 population
- In the past six years, low birthweight decreased 6% from 8.4% to 7.9% of live births
- In the past three years, premature death increased 3% from 6,502 to 6,696 years lost before age 75 per 100,000 population
- In the past seven years, infant mortality decreased 21% from 7.3 to 5.8 deaths per 1,000 live births

Ranking:

Virginia is 19th this year; it was 19th in 2016. The state ranks 25th for senior health and 12th for the health of women and children.

State Health Department Website:

www.vdh.state.va.us

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.3	7	5.7
Excessive Drinking (% of adults)	++++	17.4	15	11.8
High School Graduation (% of students)	++++	85.7	20	90.8
Obesity (% of adults)	+++	29.0	21	22.3
Physical Inactivity (% of adults)	+++	23.3	26	15.7
Smoking (% of adults)	++++	15.3	15	8.8
Behaviors Total*	+++++	0.112	8	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.5	20	3.8
Children in Poverty (% of children)	++++	13.0	11	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.443	13	-1.107
Chlamydia (cases per 100,000 population)	+++	424.5	21	233.3
Pertussis (cases per 100,000 population)	+++	4.4	22	0.4
<i>Salmonella</i> (cases per 100,000 population)	++++	14.1	19	9.3
Occupational Fatalities (deaths per 100,000 workers)	++++	4.2	20	2.0
Violent Crime (offenses per 100,000 population)	+++++	218	4	124
Community & Environment Total*	+++++	0.170	6	0.324

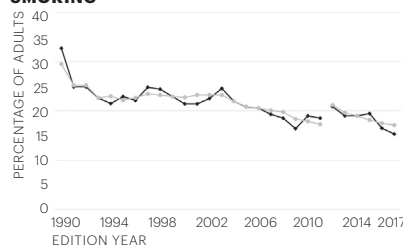
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.590	40	1.717
HPV Females (% of females aged 13 to 17 years)	+	41.1	42	73.0
HPV Males (% of males aged 13 to 17 years)	+++	37.4	25	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	71.5	41	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	87.1	32	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	65.9	45	85.3
Public Health Funding (dollars per person)	++	\$73	33	\$296
Uninsured (% of population)	+++	8.9	28	2.7
Policy Total*	++	-0.042	39	0.185

Clinical Care				
Dentists (number per 100,000 population)	++++	63.6	14	80.7
Low Birthweight (% of live births)	+++	7.9	22	5.8
Mental Health Providers (number per 100,000 population)	++	145.2	40	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	42.8	15	23.3
Primary Care Physicians (number per 100,000 population)	+++	141.8	24	256.3
Clinical Care Total*	+++	0.002	26	0.180
All Determinants*	++++	0.241	19	0.778

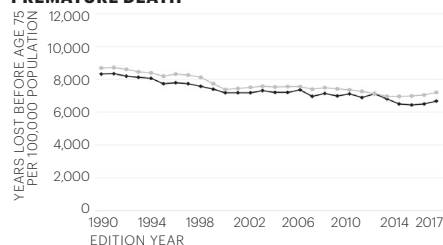
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	190.1	24	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	239.1	25	189.7
Diabetes (% of adults)	+++	10.4	23	6.6
Disparity in Health Status (% difference by high school education)	+++	27.4	27	8.1
Frequent Mental Distress (% of adults)	++++	10.9	19	8.3
Frequent Physical Distress (% of adults)	++++	11.0	14	8.9
Infant Mortality (deaths per 1,000 live births)	+++	5.8	23	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,696	19	5,555
All Outcomes*	+++	0.062	23	0.254
OVERALL*	++++	0.303	19	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



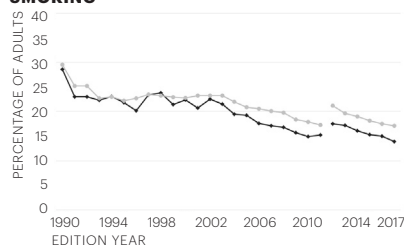
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Washington

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	14.2	21	5.7
Excessive Drinking (% of adults)	+++	18.2	22	11.8
High School Graduation (% of students)	+	78.2	41	90.8
Obesity (% of adults)	++++	28.6	19	22.3
Physical Inactivity (% of adults)	+++++	17.6	4	15.7
Smoking (% of adults)	+++++	13.9	7	8.8
Behaviors Total*	++++	0.090	12	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	25	3.8
Children in Poverty (% of children)	++++	15.1	17	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.300	39	-1.107
Chlamydia (cases per 100,000 population)	++++	406.4	15	233.3
Pertussis (cases per 100,000 population)	+	19.3	47	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	14.5	22	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.5	3	2.0
Violent Crime (offenses per 100,000 population)	++++	302	19	124
Community & Environment Total*	++++	0.095	20	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.112	26	1.717
HPV Females (% of females aged 13 to 17 years)	++++	55.2	15	73.0
HPV Males (% of males aged 13 to 17 years)	++++	44.0	13	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++	75.1	37	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	86.8	34	96.7
Immunizations—Children (% of children aged 19 to 35 months)	++++	75.7	12	85.3
Public Health Funding (dollars per person)	+++	\$93	24	\$296
Uninsured (% of population)	++++	6.3	16	2.7
Policy Total*	++++	0.068	15	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++++	71.6	8	80.7
Low Birthweight (% of live births)	+++++	6.4	4	5.8
Mental Health Providers (number per 100,000 population)	++++	308.5	13	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	32.7	5	23.3
Primary Care Physicians (number per 100,000 population)	+++	144.0	21	256.3
Clinical Care Total*	+++++	0.137	5	0.180
All Determinants*	++++	0.390	11	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	183.3	16	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++++	215.7	6	189.7
Diabetes (% of adults)	++++	9.4	16	6.6
Disparity in Health Status (% difference by high school education)	++	29.0	35	8.1
Frequent Mental Distress (% of adults)	+++	11.4	21	8.3
Frequent Physical Distress (% of adults)	++++	11.3	19	8.9
Infant Mortality (deaths per 1,000 live births)	+++++	4.7	8	4.2
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,096	8	5,555
All Outcomes*	++++	0.130	11	0.254
OVERALL*	+++++	0.520	9	0.916

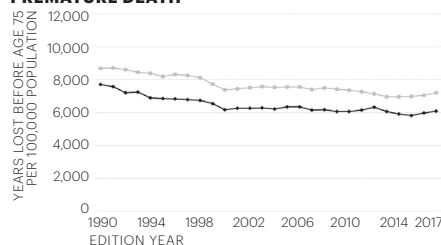
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012-2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



OVERALL RANK:

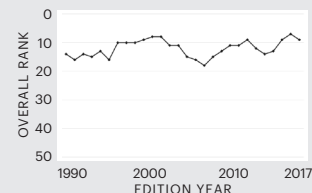
9



Change: ▼ 2

Determinants Rank: **11**

Outcomes Rank: **11**



Strengths:

- Low prevalence of smoking
- Low preventable hospitalization rate
- Low prevalence of low birthweight

Challenges:

- High incidence of pertussis
- Low meningococcal immunization coverage among adolescents
- Large disparity in health status by educational attainment

Highlights:

- In the past five years, smoking decreased 21% from 17.5% to 13.9% of adults
- In the past year, diabetes increased 12% from 8.4% to 9.4% of adults
- In the past five years, the percentage uninsured decreased 56% from 14.2% to 6.3% of the population
- In the past five years, chlamydia increased 28% from 317.5 to 406.4 cases per 100,000 population
- In the past 10 years, air pollution decreased 19% from 9.6 to 7.8 micrograms of fine particles per cubic meter

Ranking:

Washington is ninth this year; it was seventh in 2016. The state ranks ninth for senior health and 16th for the health of women and children.

State Health Department Website:

www.doh.wa.gov

West Virginia

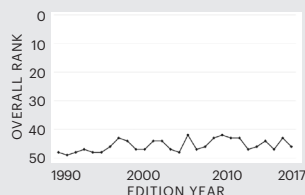
**OVERALL
RANK:**
46



Change: ▼ 3

Determinants Rank: **44**

Outcomes Rank: **50**



Strengths:

- High per capita public health funding
- Low prevalence of excessive drinking
- Low incidence of chlamydia

Challenges:

- High prevalence of smoking
- High percentage of children in poverty
- High drug death rate

Highlights:

- In the past year, drug deaths increased 10% from 32.2 to 35.3 deaths per 100,000 population
- In the past three years, cardiovascular deaths decreased 3% from 303.7 to 295.5 deaths per 100,000 population
- In the past five years, diabetes increased 25% from 12.0% to 15.0% of adults
- In the past 10 years, air pollution decreased 44% from 13.8 to 7.7 micrograms of fine particles per cubic meter
- In the past five years, obesity increased 16% from 32.4% to 37.7% of adults

Ranking:

West Virginia is 46th this year; it was 43rd in 2016. The state ranks 45th for senior health and 38th for the health of women and children.

State Health Department Website:

www.dhhr.wv.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	35.3	50	5.7
Excessive Drinking (% of adults)	+++++	11.8	1	11.8
High School Graduation (% of students)	++++	86.5	18	90.8
Obesity (% of adults)	+	37.7	50	22.3
Physical Inactivity (% of adults)	+	28.5	41	15.7
Smoking (% of adults)	+	24.8	50	8.8
Behaviors Total*	+	-0.250	48	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.7	24	3.8
Children in Poverty (% of children)	+	27.3	48	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	+++++	-1.107	1	-1.107
Chlamydia (cases per 100,000 population)	+++++	268.0	2	233.3
Pertussis (cases per 100,000 population)	+++	4.3	21	0.4
Salmonella (cases per 100,000 population)	+++++	10.8	6	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	7.7	46	2.0
Violent Crime (offenses per 100,000 population)	+++	358	24	124
Community & Environment Total*	++	-0.038	36	0.324

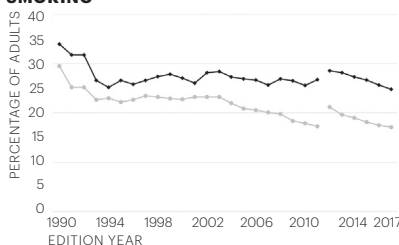
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.283	17	1.717
HPV Females (% of females aged 13 to 17 years)	+++	49.7	25	73.0
HPV Males (% of males aged 13 to 17 years)	++	33.0	38	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	89.0	12	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	89.7	18	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	64.7	47	85.3
Public Health Funding (dollars per person)	+++++	\$296	1	\$296
Uninsured (% of population)	+++++	5.7	10	2.7
Policy Total*	++++	0.082	12	0.185

Clinical Care				
Dentists (number per 100,000 population)	+	47.9	44	80.7
Low Birthweight (% of live births)	+	9.5	45	5.8
Mental Health Providers (number per 100,000 population)	+	112.7	48	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	75.0	49	23.3
Primary Care Physicians (number per 100,000 population)	++++	159.6	17	256.3
Clinical Care Total*	+	-0.152	48	0.180
All Determinants*	+	-0.358	44	0.778

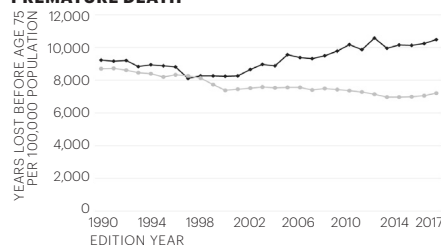
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	226.9	49	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+	295.5	43	189.7
Diabetes (% of adults)	+	15.0	50	6.6
Disparity in Health Status (% difference by high school education)	+++++	22.7	9	8.1
Frequent Mental Distress (% of adults)	+	16.5	50	8.3
Frequent Physical Distress (% of adults)	+	18.2	50	8.9
Infant Mortality (deaths per 1,000 live births)	+	7.1	41	4.2
Premature Death (years lost before age 75 per 100,000 population)	+	10,478	49	5,555
All Outcomes*	+	-0.338	50	0.254
OVERALL*	+	-0.696	46	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



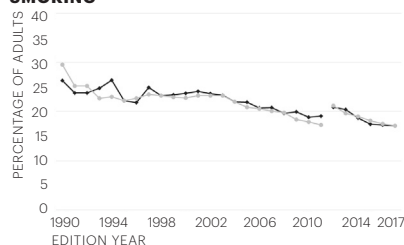
The 2012-2017 data in the smoking graph is not directly comparable with prior years.

Wisconsin

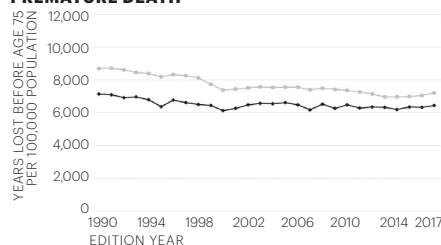
	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	15.1	26	5.7
Excessive Drinking (% of adults)	+	26.2	50	11.8
High School Graduation (% of students)	+++++	88.4	6	90.8
Obesity (% of adults)	+++	30.7	27	22.3
Physical Inactivity (% of adults)	++++	20.0	11	15.7
Smoking (% of adults)	+++	17.1	25	8.8
Behaviors Total*	+++	0.021	23	0.295
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.4	19	3.8
Children in Poverty (% of children)	+++	16.3	21	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++	0.170	33	-1.107
Chlamydia (cases per 100,000 population)	++++	423.5	20	233.3
Pertussis (cases per 100,000 population)	+	13.1	41	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	17.0	29	9.3
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.0
Violent Crime (offenses per 100,000 population)	++++	306	20	124
Community & Environment Total*	+++	0.084	21	0.324
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.473	13	1.717
HPV Females (% of females aged 13 to 17 years)	++++	53.6	16	73.0
HPV Males (% of males aged 13 to 17 years)	+++	37.8	24	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	++++	85.6	19	96.4
Tdap (% of adolescents aged 13 to 17 years)	++++	91.6	12	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	79.4	3	85.3
Public Health Funding (dollars per person)	+	\$50	47	\$296
Uninsured (% of population)	+++++	5.5	7	2.7
Policy Total*	+++++	0.094	9	0.185
Clinical Care				
Dentists (number per 100,000 population)	+++	55.9	22	80.7
Low Birthweight (% of live births)	++++	7.3	18	5.8
Mental Health Providers (number per 100,000 population)	++	178.5	35	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	45.0	17	23.3
Primary Care Physicians (number per 100,000 population)	++++	145.2	20	256.3
Clinical Care Total*	+++	0.002	26	0.180
All Determinants*	+++	0.201	21	0.778
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	191.7	26	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	238.1	24	189.7
Diabetes (% of adults)	++++	9.8	19	6.6
Disparity in Health Status (% difference by high school education)	++++	25.3	15	8.1
Frequent Mental Distress (% of adults)	+++	11.6	24	8.3
Frequent Physical Distress (% of adults)	+++	11.5	23	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.7	20	4.2
Premature Death (years lost before age 75 per 100,000 population)	++++	6,437	13	5,555
All Outcomes*	+++	0.072	21	0.254
OVERALL*	+++	0.273	21	0.916

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



PREMATURE DEATH



The 2012–2017 data in the smoking graph is not directly comparable with prior years.

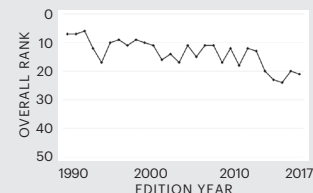
OVERALL RANK:
21



Change: ▼ 1

Determinants Rank: **21**

Outcomes Rank: **21**



Strengths:

- Low percentage of uninsured population
- High percentage of high school graduation
- Low prevalence of physical inactivity

Challenges:

- High prevalence of excessive drinking
- High incidence of pertussis
- Low per capita public health funding

Highlights:

- In the past year, diabetes increased 17% from 8.4% to 9.8% of adults
- In the past five years, the percentage uninsured decreased 44% from 9.9% to 5.5% of the population
- In the past two years, excessive drinking increased 12% from 23.3% to 26.2% of adults
- In the past eight years, air pollution decreased 35% from 11.3 to 7.4 micrograms of fine particles per cubic meter
- In the past 10 years, drug deaths increased 89% from 8.0 to 15.1 deaths per 100,000 population

Ranking:

Wisconsin is 21st this year; it was 20th in 2016. The state ranks 10th for senior health and 15th for the health of women and children.

State Health Department Website:

www.dhs.wisconsin.gov

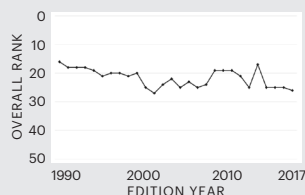
Wyoming

**OVERALL
RANK:**
26

Change: ▼ 1

Determinants Rank: **29**

Outcomes Rank: **19**



Strengths:

- Low levels of air pollution
- Low prevalence of diabetes
- Low cancer death rate

Challenges:

- Lower number of primary care physicians
- Low immunization coverage among children
- High occupational fatality rate

Highlights:

- In the past two years, obesity decreased 6% from 29.5% to 27.7% of adults
- In the past year, excessive drinking increased 14% from 17.5% to 19.9% of adults
- In the past two years, air pollution decreased 24% from 5.0 to 3.8 micrograms of fine particles per cubic meter
- In the past 10 years, drug deaths increased 167% from 6.6 to 17.6 deaths per 100,000 population
- In the past five years, cancer deaths decreased 5% from 180.1 to 170.3 deaths per 100,000 population

Ranking:

Wyoming is 26th this year; it was 25th in 2016. The state ranks 37th for senior health and 29th for the health of women and children.

State Health Department Website:

www.health.wyo.gov

	Rating	2017 Value	2017 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	17.6	30	5.7
Excessive Drinking (% of adults)	++	19.9	34	11.8
High School Graduation (% of students)	++	79.3	37	90.8
Obesity (% of adults)	++++	27.7	16	22.3
Physical Inactivity (% of adults)	+++	23.1	23	15.7
Smoking (% of adults)	++	18.9	34	8.8
Behaviors Total*	++	-0.056	34	0.295

Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	3.8	1	3.8
Children in Poverty (% of children)	++++	13.9	13	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	++++	-0.513	11	-1.107
Chlamydia (cases per 100,000 population)	+++++	348.7	7	233.3
Pertussis (cases per 100,000 population)	+++	4.9	26	0.4
<i>Salmonella</i> (cases per 100,000 population)	+++	16.9	28	9.3
Occupational Fatalities (deaths per 100,000 workers)	+	12.6	50	2.0
Violent Crime (offenses per 100,000 population)	++++	244	11	124
Community & Environment Total*	+++++	0.169	7	0.324

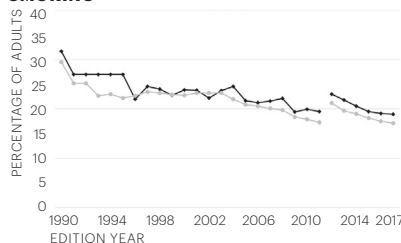
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.368	47	1.717
HPV Females (% of females aged 13 to 17 years)	+	33.9	48	73.0
HPV Males (% of males aged 13 to 17 years)	+	19.9	50	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	+	54.2	50	96.4
Tdap (% of adolescents aged 13 to 17 years)	++	86.7	36	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+	62.8	49	85.3
Public Health Funding (dollars per person)	++++	\$110	12	\$296
Uninsured (% of population)	+	11.5	43	2.7
Policy Total*	+	-0.102	48	0.185

Clinical Care				
Dentists (number per 100,000 population)	+++	53.1	28	80.7
Low Birthweight (% of live births)	++	8.6	35	5.8
Mental Health Providers (number per 100,000 population)	++++	310.2	12	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	43.1	16	23.3
Primary Care Physicians (number per 100,000 population)	+	105.7	48	256.3
Clinical Care Total*	++	-0.028	32	0.180
All Determinants*	+++	-0.017	29	0.778

Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	170.3	7	150.5
Cardiovascular Deaths (deaths per 100,000 population)	+++	233.1	21	189.7
Diabetes (% of adults)	+++++	8.3	6	6.6
Disparity in Health Status (% difference by high school education)	+++	26.4	21	8.1
Frequent Mental Distress (% of adults)	+++	12.1	28	8.3
Frequent Physical Distress (% of adults)	+++	11.7	24	8.9
Infant Mortality (deaths per 1,000 live births)	++++	5.7	20	4.2
Premature Death (years lost before age 75 per 100,000 population)	++	8,130	34	5,555
All Outcomes*	++++	0.084	19	0.254
OVERALL*	+++	0.067	26	0.916

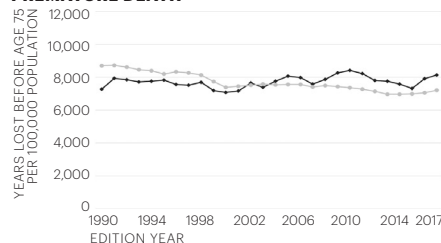
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation —

PREMATURE DEATH



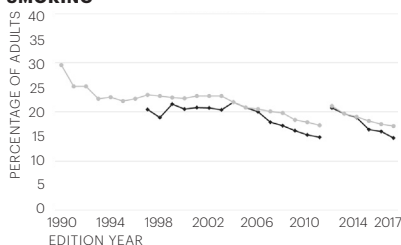
The 2012–2017 data in the smoking graph is not directly comparable with prior years.

District of Columbia

	2017 Value	No. 1 State
Behaviors		
Drug Deaths (deaths per 100,000 population)	17.9	5.7
Excessive Drinking (% of adults)	29.0	11.8
High School Graduation (% of students)	68.5	90.8
Obesity (% of adults)	22.6	22.3
Physical Inactivity (% of adults)	16.2	15.7
Smoking (% of adults)	14.7	8.8
Behaviors Total*	—	0.295
Community & Environment		
Air Pollution (micrograms of fine particles per cubic meter)	10.4	3.8
Children in Poverty (% of children)	22.6	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	N/A	-1.107
Chlamydia (cases per 100,000 population)	1,198.1	233.3
Pertussis (cases per 100,000 population)	1.6	0.4
<i>Salmonella</i> (cases per 100,000 population)	18.2	9.3
Occupational Fatalities (deaths per 100,000 workers)	6.1	2.0
Violent Crime (offenses per 100,000 population)	1,206	124
Community & Environment Total*	—	0.324
Policy		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	N/A	1.717
HPV Females (% of females aged 13 to 17 years)	65.1	73.0
HPV Males (% of males aged 13 to 17 years)	58.8	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	86.9	96.4
Tdap (% of adolescents aged 13 to 17 years)	86.5	96.7
Immunizations—Children (% of children aged 19 to 35 months)	68.2	85.3
Public Health Funding (dollars per person)	\$506	\$296
Uninsured (% of population)	3.9	2.7
Policy Total*	—	0.185
Clinical Care		
Dentists (number per 100,000 population)	88.5	80.7
Low Birthweight (% of live births)	10.0	5.8
Mental Health Providers (number per 100,000 population)	470.5	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	38.3	23.3
Primary Care Physicians (number per 100,000 population)	451.1	256.3
Clinical Care Total*	—	0.180
All Determinants*	—	0.778
Outcomes		
Cancer Deaths (deaths per 100,000 population)	207.4	150.5
Cardiovascular Deaths (deaths per 100,000 population)	296.9	189.7
Diabetes (% of adults)	7.7	6.6
Disparity in Health Status (% difference by high school education)	24.8	8.1
Frequent Mental Distress (% of adults)	9.1	8.3
Frequent Physical Distress (% of adults)	8.2	8.9
Infant Mortality (deaths per 1,000 live births)	7.9	4.2
Premature Death (years lost before age 75 per 100,000 population)	8,739	5,555
All Outcomes*	—	0.254
OVERALL*	—	0.916

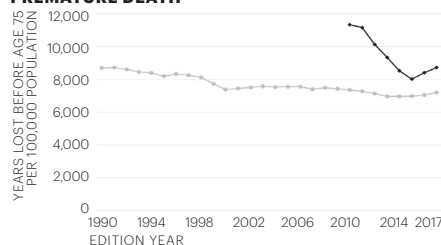
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

PREMATURE DEATH



NOT RANKED

Strengths:

- Low prevalence of physical inactivity
- Low percentage of uninsured population
- Low prevalence of diabetes

Challenges:

- High prevalence of excessive drinking
- High percentage of children in poverty
- High infant mortality rate

Highlights:

- In the past five years, smoking decreased 29% from 20.8% to 14.7% of adults
- In the past three years, drug deaths increased 29% from 13.9 to 17.9 deaths per 100,000 population
- In the past five years, the percentage uninsured decreased 63% from 10.6% to 3.9% of the population
- In the past five years, chlamydia increased 29% from 928.8 to 1198.1 cases per 100,000 population
- In the past five years, diabetes decreased 15% from 9.1% to 7.7% of adults

State Health Department Website:
doh.dc.gov

United States

Highlights:

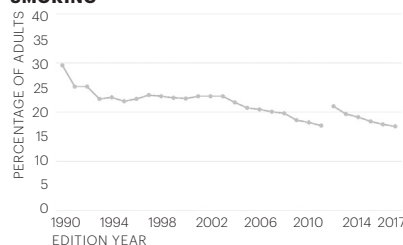
- In the past year, the infant mortality rate did not change. In the past 10 years, the infant mortality rate decreased 13 percent from 6.8 to 5.9 deaths per 1,000 live births
- In the past two years, cardiovascular deaths increased 2% from 250.8 to 254.6 deaths per 100,000 population
- In the past three years, premature death increased 3% from 6,976 to 7,214 years lost before age 75 per 100,000 population
- In the past five years, smoking decreased 19% from 21.2% to 17.1% of adults
- In the past five years, diabetes increased 11% from 9.5% to 10.5% of adults
- In the past five years, the percentage uninsured decreased 44% from 16.0% to 9.0% of the population
- In the past 10 years, drug deaths increased 60% from 9.4 to 15.0 deaths per 100,000 population
- In the past 15 years, preventable hospitalizations decreased 39% from 80.7 to 49.4 discharges per 1,000 Medicare enrollees
- In the past 10 years, air pollution decreased 30% from 12.2 to 8.6 micrograms of fine particles per cubic meter
- Since 1990, children in poverty decreased 13% from 20.6% to 18.0% of children

State Health Department Website:
www.hhs.gov

	2017 Value	No. 1 State
Behaviors		
Drug Deaths (deaths per 100,000 population)	15.0	5.7
Excessive Drinking (% of adults)	18.5	11.8
High School Graduation (% of students)	83.2	90.8
Obesity (% of adults)	29.9	22.3
Physical Inactivity (% of adults)	23.1	15.7
Smoking (% of adults)	17.1	8.8
Behaviors Total*	—	0.295
Community & Environment		
Air Pollution (micrograms of fine particles per cubic meter)	8.6	3.8
Children in Poverty (% of children)	18.0	7.6
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i>)*	0.000	-1.107
Chlamydia (cases per 100,000 population)	478.8	233.3
Pertussis (cases per 100,000 population)	6.5	0.4
<i>Salmonella</i> (cases per 100,000 population)	17.2	9.3
Occupational Fatalities (deaths per 100,000 workers)	4.3	2.0
Violent Crime (offenses per 100,000 population)	397	124
Community & Environment Total*	—	0.324
Policy		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	0.000	1.717
HPV Females (% of females aged 13 to 17 years)	49.5	73.0
HPV Males (% of males aged 13 to 17 years)	37.5	68.7
Meningococcal (% of adolescents aged 13 to 17 years)	82.2	96.4
Tdap (% of adolescents aged 13 to 17 years)	88.0	96.7
Immunizations—Children (% of children aged 19 to 35 months)	70.7	85.3
Public Health Funding (dollars per person)	\$86	\$296
Uninsured (% of population)	9.0	2.7
Policy Total*	—	0.185
Clinical Care		
Dentists (number per 100,000 population)	60.8	80.7
Low Birthweight (% of live births)	8.1	5.8
Mental Health Providers (number per 100,000 population)	218.0	547.3
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	49.4	23.3
Primary Care Physicians (number per 100,000 population)	149.7	256.3
Clinical Care Total*	—	0.180
All Determinants*	—	0.778
Outcomes		
Cancer Deaths (deaths per 100,000 population)	189.8	150.5
Cardiovascular Deaths (deaths per 100,000 population)	254.6	189.7
Diabetes (% of adults)	10.5	6.6
Disparity in Health Status (% difference by high school education)	29.1	8.1
Frequent Mental Distress (% of adults)	11.7	8.3
Frequent Physical Distress (% of adults)	11.7	8.9
Infant Mortality (deaths per 1,000 live births)	5.9	4.2
Premature Death (years lost before age 75 per 100,000 population)	7,214	5,555
All Outcomes*	—	0.254
OVERALL*	—	0.916

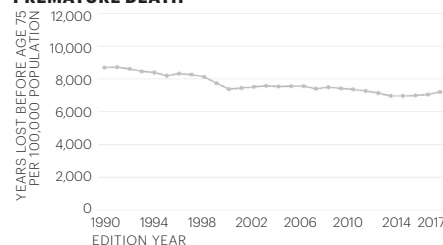
* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

SMOKING



State — Nation —

PREMATURE DEATH



The 2012–2017 data in the smoking graph is not directly comparable with prior years.

Appendix

Appendix

Table 5
Core Measures

Behaviors	Measure	Description	Source, Data Year(s)
	Drug Deaths	Age-adjusted number of deaths due to drug injury of any intent (unintentional, suicide, homicide or undetermined) per 100,000 population	Centers for Disease Control and Prevention (CDC), <i>National Vital Statistics System</i> , 2013-2015
	Excessive Drinking	Percentage of adults who reported either binge drinking (having four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	High School Graduation*	Percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade (ACGR)	U.S. Department of Education, National Center for Education Statistics, 2014-2015
	Obesity	Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Physical Inactivity	Percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
Community & Environment	Smoking	Percentage of adults who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Air Pollution	Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5)	U.S. Environmental Protection Agency, 2014-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2014-2016
	Children in Poverty	Percentage of children younger than 18 who live in households at or below the poverty threshold	U.S. Census Bureau, <i>Current Population Survey, Annual Social and Economic Supplement</i> , 2016
	Infectious Disease	Mean z score of the incidence of chlamydia, pertussis and <i>Salmonella</i> per 100,000 population	<i>America's Health Rankings</i> composite measure, 2017
	— Chlamydia	Number of new cases of chlamydia per 100,000 population	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, 2015
	— Pertussis	Number of new cases of pertussis per 100,000 population	CDC, <i>Morbidity and Mortality Weekly Report (MMWR)</i> , <i>Summary of Notifiable Infectious Diseases and Conditions</i> , 2015
	— <i>Salmonella</i>	Number of new cases of <i>Salmonella</i> per 100,000 population	CDC, <i>MMWR</i> , <i>Summary of Notifiable Infectious Diseases and Conditions</i> , 2015
	Occupational Fatalities	Number of fatal occupational injuries in construction, manufacturing, trade, transportation, utilities and professional and business services per 100,000 workers	U.S. Bureau of Labor Statistics, <i>Census of Fatal Occupational Injuries</i> , 2013-2015; U.S. Bureau of Economic Analysis, 2013-2015
	Violent Crime	Number of murders, rapes, robberies and aggravated assaults per 100,000 population	Federal Bureau of Investigation, 2016

* Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

Policy

Measure	Description	Source, Data Year(s)
Immunizations — Adolescents	Mean z score of the percentage of adolescents aged 13 to 17 who received ≥1 dose of Tdap vaccine since age 10, ≥1 dose of meningococcal vaccine and all recommended doses of human papillomavirus vaccine	<i>America's Health Rankings</i> composite measure, 2017
— HPV Females	Percentage of females aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine	CDC, <i>National Immunization Survey</i> , 2016
— HPV Males	Percentage of males aged 13 to 17 who are up to date on all recommended doses of human papillomavirus (HPV) vaccine	CDC, <i>National Immunization Survey</i> , 2016
— Meningococcal	Percentage of adolescents aged 13 to 17 who received ≥1 dose of meningococcal conjugate vaccine (MenACWY)	CDC, <i>National Immunization Survey</i> , 2016
— Tdap	Percentage of adolescents aged 13 to 17 who received ≥1 dose of tetanus, diphtheria and acellular pertussis (Tdap) vaccine since age 10	CDC, <i>National Immunization Survey</i> , 2016
Immunizations — Children	Percentage of children aged 19 to 35 months who received recommended doses of diphtheria, tetanus and acellular pertussis (DTaP), measles, mumps and rubella (MMR), polio, <i>Haemophilus influenzae</i> type b (Hib), hepatitis B, varicella and pneumococcal conjugate vaccines	CDC, <i>National Immunization Survey</i> , 2016
Public Health Funding	State dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention and the Health Resources Services Administration per person	Trust For America's Health, 2015-2016; U.S. Department of Health and Human Services (HHS), 2015-2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2015-2016
Uninsured	Percentage of the population that does not have health insurance privately, through their employer or through the government	U.S. Census Bureau, <i>American Community Survey</i> , 2015-2016

Clinical Care

Dentists	Number of practicing dentists per 100,000 population	American Dental Association, 2016
Low Birthweight	Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth	CDC, <i>National Vital Statistics System</i> , 2015
Mental Health Providers	Number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population	U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, 2016; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016
Preventable Hospitalizations	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 and older	The Dartmouth Atlas of Health Care, 2015
Primary Care Physicians	Number of active primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine) per 100,000 population	American Medical Association, Special data request for active state licensed physicians provided by Redi-Data, Inc., Sept 18, 2017; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016, 2016

Appendix

Table 5
Core Measures, continued

Outcomes	Measure	Description	Source, Data Year(s)
	Cancer Deaths	Age-adjusted number of deaths due to all causes of cancer per 100,000 population	CDC, <i>National Vital Statistics System</i> , 2013-2015
	Cardiovascular Deaths	Age-adjusted number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population	CDC, <i>National Vital Statistics System</i> , 2013-2015
	Diabetes	Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Disparity in Health Status	Difference between the percentage of adults with at least a high school education compared with those without who reported their health is very good or excellent (adults <25 years excluded)	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Frequent Mental Distress	Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Frequent Physical Distress	Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Infant Mortality	Number of infant deaths (before age 1 year) per 1,000 live births	CDC, <i>National Vital Statistics System</i> , 2014-2015
	Premature Death	Number of years of potential life lost before age 75 per 100,000 population	CDC, <i>National Vital Statistics System</i> , 2015

Table 6
Supplemental Measures

Behaviors	Measure	Description	Source, Data Year(s)
	Binge Drinking	Percentage of adults who reported having four or more (women) or five or more (men) drinks on one occasion in the past 30 days	Centers for Disease Control and Prevention (CDC), <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Chronic Drinking	Percentage of adults who reported having eight or more (women) or 15 or more (men) drinks per week	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Fruits*	Mean number of fruits consumed per day by adults	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2015
	Insufficient Sleep	Percentage of adults who reported sleeping less than seven hours in a 24-hour period on average	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Seat Belt Use	Percentage of adults who reported always using a seat belt when driving or riding in a car	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Vegetables*	Mean number of vegetables consumed per day by adults	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2015
Community & Environment	Disconnected Youth	Percentage of teens and young adults aged 16 to 24 who are neither working nor in school	Measure of America of the Social Science Research Council, <i>Promising Gains, Persistent Gaps Youth Disconnection in America 2017 Report</i> , 2015
	Income Inequity	Inequality on the Gini scale is measured between zero, where everyone earns the same income, and one, where all the country's income is earned by a single person	U.S. Census Bureau, <i>American Community Survey</i> , 2016
	Median Household Income	Dollar amount that divides the household income distribution into two equal groups	U.S. Census Bureau, <i>Current Population Survey, Annual Social and Economic Supplement</i> , 2016
	Neighborhood Amenities	Percentage of children aged 0 to 17 with access to parks or playgrounds, recreation or community centers, libraries or book mobiles, and sidewalks or walking paths	Data Resource Center for Child and Adolescent Health, <i>National Survey of Children's Health</i> , 2016
	Underemployment Rate	Percentage of the civilian labor force that is unemployed, plus all marginally attached workers, plus the total employed part-time for economic reasons (U-6 definition)	U.S. Bureau of Labor Statistics, 2016
	Unemployment Rate	Percentage of the civilian labor force that is unemployed (U-3 definition)	U.S. Bureau of Labor Statistics, 2016

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** Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

Table 6
Supplemental Measures, continued

	Measure	Description	Source, Data Year(s)
	Water Fluoridation**	Percentage of population served by community water systems who receive fluoridated water	CDC, <i>Water Fluoridation Reporting System</i> , 2014
Clinical Care	Cholesterol Check*	Percentage of adults who reported having their blood cholesterol checked within the past five years	(CDC), <i>Behavioral Risk Factor Surveillance System</i> , 2015
	Colorectal Cancer Screening	Percentage of adults aged 50 to 75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (fecal occult blood test (FOBT) within the past year, colonoscopy within the past 10 years, or a sigmoidoscopy within five years and a home FOBT within the past three years)	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Dedicated Health Care Provider	Percentage of adults who reported having one or more people they think of as their personal doctor or health care provider	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Dental Visit, Annual	Percentage of adults who reported visiting the dentist or dental clinic within the past year for any reason	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
Outcomes	Heart Attack	Percentage of adults who reported being told by a health professional that they had a heart attack (myocardial infarction)	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Heart Disease	Percentage of adults who reported being told by a health professional that they have angina or coronary heart disease	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	High Blood Pressure*	Percentage of adults who reported being told by a health professional that they have high blood pressure	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2015
	High Cholesterol*	Percentage of adults who reported having their cholesterol checked and were told by a health professional that it was high	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2015
	High Health Status	Percentage of adults who reported that their health is very good or excellent	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Injury Deaths	Age-adjusted number of deaths due to injury per 100,000 population	CDC, <i>National Vital Statistics System</i> , 2013-2015
	Poor Mental Health Days	Mean number of days in the past 30 days adults reported their mental health was not good	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Poor Physical Health Days	Mean number of days in the past 30 days adults reported their physical health was not good	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Stroke	Percentage of adults who reported being told by a health professional that they had a stroke	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016
	Suicide	Age-adjusted number of deaths due to intentional self-harm per 100,000 population	CDC, <i>National Vital Statistics System</i> , 2015
	Six+ Teeth Extractions	Percentage of adults aged 45 to 64 who reported having six or more permanent teeth removed because of tooth decay or gum disease	CDC, <i>Behavioral Risk Factor Surveillance System</i> , 2016

* Data are collected on an every-other-year basis; the data appearing in this edition are the same that appeared in the 2016 edition.

** Data appearing in this edition are the same that appeared in the 2016 edition; an update was not available at the time of this publication.

Methodology

Rankings Calculation

For each measure, the most recent state-level data as of November 2, 2017 is presented as the value. The z score for each measure is based on the following formula:

$$\text{z score} = \frac{\text{State value} - \text{U.S. value}}{\text{Standard deviation of all state values}}$$

The z score indicates the number of standard deviations a state value is above or below the U.S. value. A 0.00 indicates a state has the same value as the U.S. States with higher values than the U.S. value have a positive score, while states that perform below the U.S. value have a negative score. To prevent an extreme score from exerting excessive influence, the maximum score for a measure is capped at +/- 2.00. If a U.S. value is not available from the original data source for a measure, the mean of all state values is used. For measures from the Behavioral Risk Factor Surveillance System (BRFSS), the median of the state values is used for the U.S. value to conform to the Centers for Disease Control and Prevention methodology.

The ranking of each measure is the ordering of states according to value, with the exception of Immunizations — Adolescents and Infectious

Disease, which are ranked according to score. Ties in values are assigned equal ranks.

The state rankings is the ordering of each state according to its overall score. A state's overall score is calculated by adding the products of the z score for each core measure multiplied by its assigned weight (the percentage of the total overall ranking). If a value is not available for a state, the state's score is set to zero for that measure. Measure weights can be found at www.AmericasHealthRankings.org/about.

For a more detailed methodology, please see www.AmericasHealthRankings.org/about/methodology.

Data Considerations

Data presented in this report are aggregated at the state level and cannot be used to make inferences at the individual level. Values and rankings from prior years are updated on our website to reflect known errors or updates from the reporting source.

The error bars on subpopulation graphs represent the 95 percent confidence interval.

Model Development

The measures and model for *America's Health Rankings Annual Report* were developed by an advisory committee (page 170), led by Anna Schenck, Ph.D., M.S.P.H. from the University of North Carolina Gillings School of Global Public Health. The advisory committee represents a variety of stakeholders including representatives from state health departments, members of the Association of State and Territorial Health Officials and the American Public Health Association, as well as experts from academic disciplines such as epidemiology and health economics.

Each year, the advisory committee reviews the model and measures to improve existing measures, integrate new data sources and make adjustments for changing availability of information. In addition to the changes implemented in 2017, the committee continues to explore new data sources that could enhance our model of population health. In particular, we are interested in state-level data for topics such as distracted driving, physical activity, nutrition and built environment.

2017 Edition Model and Measure Revisions

The following changes were made at the recommendation of the advisory committee. For data source details see Tables 5 and 6.

New Core Measure

Mental Health Providers was added to the clinical care category of the model to broaden the definition of clinical care to include mental health care in addition to primary care and dental care. Mental Health Providers is defined as the number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care per 100,000 population. With the addition of this measure to the model, the clinical care category weight was redistributed equally between the five clinical care measures.

New Supplemental Measures

Disconnected Youth was added as a supplemental community & environment measure. It is defined as the percentage of teens and young adults aged 16 to 24 who are neither working nor in school.

Neighborhood Amenities was added as a supplemental community & environment measure to represent the built environment. It is defined as the percentage of children aged 0 to 17 with access to parks or playgrounds, recreation or community centers, libraries or book mobiles, and sidewalks or walking paths.

Dedicated Health Care Provider was added as a supplemental clinical care measure. It is defined as the percentage of adults who reported having one or more people they think of as their personal doctor or health care provider.

Six+ Teeth Extractions was added as a supplemental measure to capture oral health outcomes. It is defined as the percentage of adults aged 45 to 64 who reported having six or more teeth extracted.

Measure Name Change

Lack of insurance was renamed **Uninsured**. The definition and data source remain the same.

Measure Methodology Change

Public Health Funding

This year, rather than an average of the 50 states and the District of Columbia as was presented in previous editions, the U.S. average was calculated using the U.S. total for each of the three funding categories included in the numerator.

Immunizations-Adolescents, HPV Females & Males

The Advisory Committee on Immunization Practices released updated human papillomavirus (HPV) vaccination recommendations in December 2016. A

new two-dose schedule is recommended for females and males who initiate the vaccination series between ages 9 and 14. Three doses are still recommended for those who initiate the vaccination series at ages 15 through 26 and for immunocompromised persons. Based on the new recommendations, the HPV immunization measures are now defined as the percentage of adolescents aged 13 to 17 who are up to date on all recommended doses of HPV vaccine. The previous definition was based on the initial three-dose series recommendation.

Annual Report Advisory Committee

The Annual Report Advisory Committee provided guidance in the selection of measures and the design of the 2017 *America's Health Rankings Annual Report*.

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Appendix

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American Dental Association

American Medical Association, special data request for information on active state
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The Dartmouth Atlas of Health Care

Measure of America, a project of the Social Science Research Council

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Guided by a passion to help people live healthier lives, United Health Foundation provides helpful information to support decisions that lead to better health outcomes and healthier communities. The Foundation also supports activities that expand access to quality health care services for those in challenging circumstances and partners with others to improve the well-being of communities.

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