

Health of Women and Children Report 2019



Executive Highlights

30 YEARS

Analysis and Insights to
Build Healthier Communities

**This year marks the 30th Anniversary
of *America's Health Rankings*.**

Throughout the year, the program will look back at key public health achievements and challenges over the past three decades. Special content will provide insights into how America's health has changed and the organizations working to improve the well-being of individuals across the country.

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America's Health Rankings® Health of Women and Children Report

Executive Highlights

Overview

The health of our infants and children is vital to America's future, in terms of health, well-being and economic strength. The care and development of infants and children have a lasting impact throughout their adolescence and adulthood.¹ Promoting the health of children starts with ensuring that women receive the care and support they need during their reproductive years. With women of reproductive age and children making up more than 40 percent of the U.S. population, focusing on opportunities to improve their health should be a top priority for policy-makers, public health officials and community leaders.

The United Health Foundation recognizes that the health of America's women, infants and children today will impact the future well-being of the United States for generations to come. The 2019 *America's Health Rankings Health of Women and Children Report* continues the tradition of providing actionable, data-driven insights regarding the strengths and challenges that the country faces across the health of women, infants and children. The report leverages 73 health indicators this year, including those that examine the community and environment, clinical care,

health behaviors, policies and health outcomes. More than a dozen data sources are used, including the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System and Pregnancy Risk Assessment Monitoring System, the U.S. Census Bureau's American Community Survey, and the Maternal and Child Health Bureau's National Survey of Children's Health.

As one of the most comprehensive public health reports focused in the maternal and child health space, the *Health of Women and Children Report* serves as a benchmark for states and communities to recognize their strengths and identify their challenges. Policy-makers, public health officials and community leaders are encouraged to use the insights from this report to take action and implement programs that strengthen identified solutions and tackle challenges.

¹ The Foundations of Lifelong Health Are Built in Early Childhood.
<https://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>

Troubling Mortality Rates Reported, Including Sharp Increases in Teen Suicide and Child Mortality Rates

Teen suicide and child mortality rates have increased sharply since 2016, according to this year's report. Additionally, drug deaths among women continue to increase and the country is also witnessing a very concerning high maternal mortality rate. Notably, the U.S. is experiencing the following challenges:

- The teen suicide rate has increased 25 percent since 2016.
- The child mortality rate has increased 6 percent since 2016 — especially concerning after declines in the child mortality rate since 1980.²
- The rate of drug deaths among females ages 15-44 has increased 36 percent since 2016.
- The U.S. has the highest maternal mortality rate among all the high-income countries.³ *America's Health Rankings* finds significant differences across states — with a 5.8 times higher rate of maternal deaths occurring in the bottom state of Louisiana, compared with the top state of Alaska.⁴

Teen Suicide



↑ 25%

From 8.4 to 10.5 deaths per 100,000 adolescents ages 15-19.

Child Mortality



↑ 6%

From 24.3 to 25.7 deaths per 100,000 children ages 1-19.

² Key facts about infant, child, and teen mortality. <https://www.childtrends.org/indicators/infant-child-and-teen-mortality>.

³ Nicholas J. Kassebaum *et al.* "Global, Regional, and National Levels of Maternal Mortality, 1990-2015: A Systematic Analysis for the Global Burden of Disease Study 2015." *The Lancet* 388, no. 10053: 1775-812.

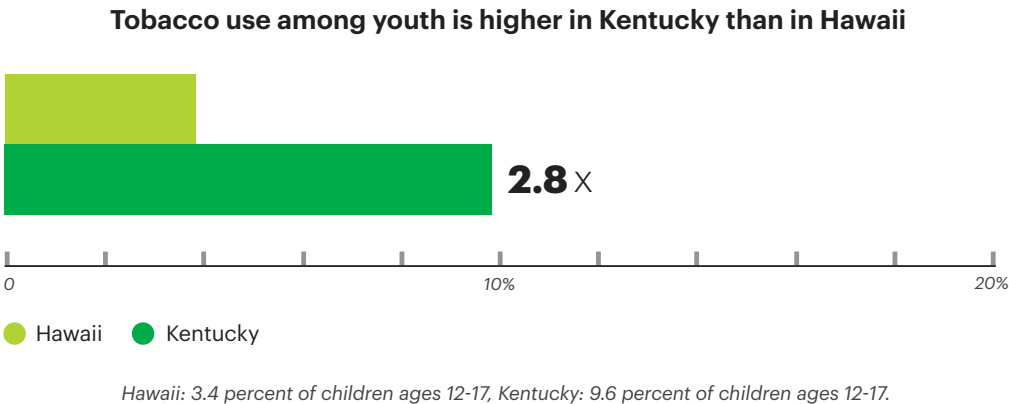
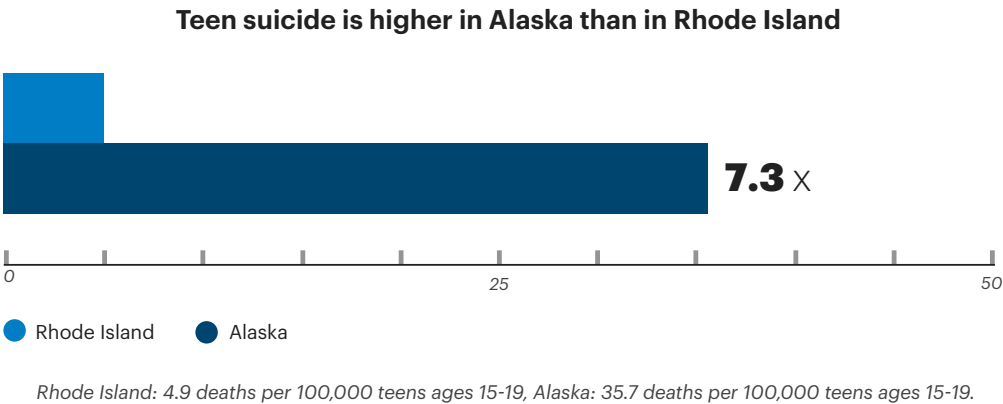
⁴ *America's Health Rankings* calculates maternal mortality using death certificate data from CDC WONDER (2013-2017); the data have not been subject to a mortality review board. Estimates may vary somewhat from state- and nationally-produced estimates due to this difference.

Stark Disparities Influence the Health and Well-Being of Women and Children

Groups of women, infants and children experience health in different ways, and striking disparities exist across race/ethnicity, age, income, geography, gender and education. Highlights from this year’s report include:

Male youth have notably higher rates of child mortality and teen suicide than female youth. Child mortality is 1.8 times higher among males than females. Child mortality is closely related to teen suicide, which is more than three times higher among males than females.

Key markers of youth health vary significantly by geography, especially with teen suicide and tobacco use. Teen suicide is 7.3 times higher in Alaska than in Rhode Island. Tobacco use among youth is 2.8 times higher in Kentucky than in Hawaii.



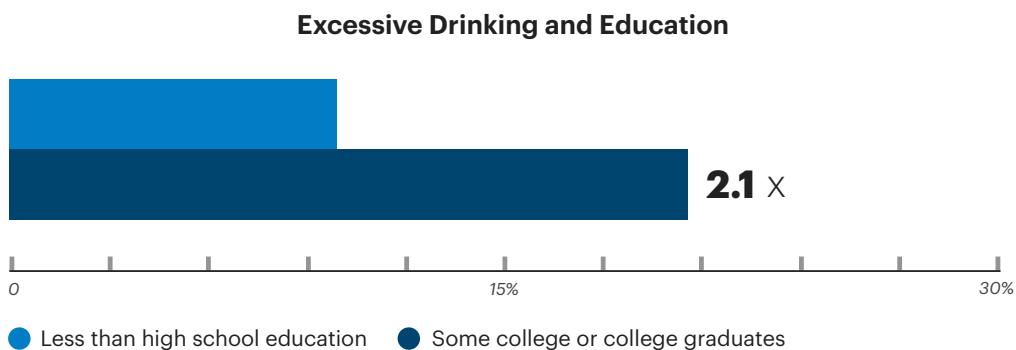
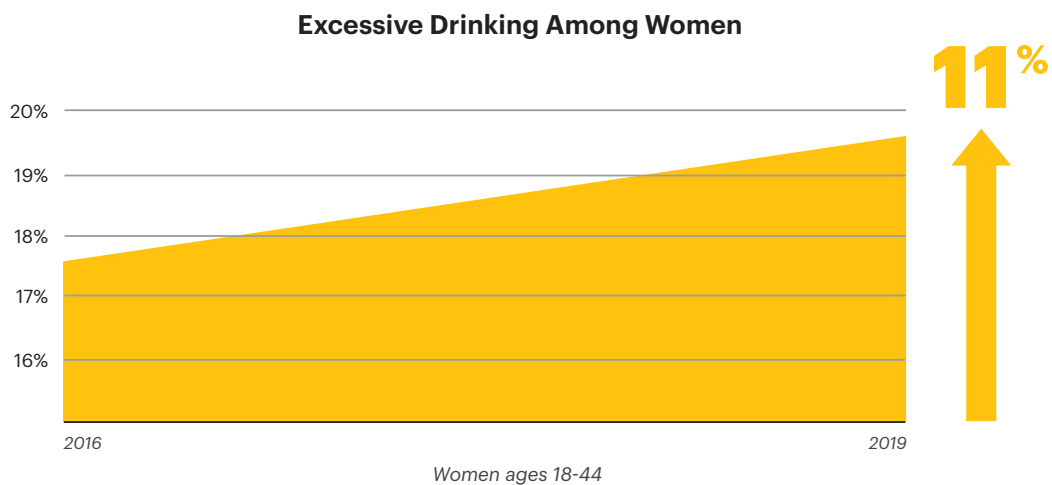
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Black and American Indian/Alaska Native women experience higher rates of maternal mortality than women of other races/ethnicities.

For example, the maternal mortality rate among black women is 3.8 times higher than the lowest rate among Asian/Pacific Islander women. American Indian/Alaska Native women have the second highest rate, which is 2.6 times higher than the lowest rate among Asian/Pacific Islander women. Further, black mothers experience a disproportionately higher percentage of low birthweight infants — twice the rate of white mothers, who experience the lowest percentage of low birthweight infants.

Excessive drinking⁵ among women ages 18-44 has increased, and those with more education report higher prevalence.

Since 2016, excessive drinking has increased 11 percent nationally among women in this age group. The percentage of 18-44-year-old women who report excessive drinking is 2.1 times higher among college graduates than those with less than a high school education.



Women with less than high school; 9.9 percent, with some college; 20.3 percent, or college graduates; 21.2 percent.

⁵ Excessive drinking is defined as the percentage of women ages 18-44 who reported either binge drinking (having four or more drinks on one occasion in the past 30 days) or chronic drinking (having eight or more drinks per week).

Encouraging Progress Across Key Markers of Health

Since the inaugural 2016 *Health of Women and Children Report*, the nation has made encouraging improvements to decrease the rate of teen births and smoking, and to increase flu vaccination among women.

Teen births have decreased 22 percent since 2016, with all states seeing improvements. Nationally, the rate of teen births dropped from 24.2 to 18.8 births per 1,000 females ages 15-19. This is a positive development, as teen mothers are more likely to experience maternal illness and birth complications⁶, while children born to teen mothers are more likely to have worse educational, behavioral and health outcomes than children born to older parents.⁷

Smoking and tobacco use have also decreased since 2016, following the national trend of fewer Americans smoking cigarettes and other tobacco products. Smoking among women ages 18-44 decreased 12 percent since 2016, with significant decreases in nine states. Tobacco use during pregnancy and among youth also improved — decreasing 12 percent in the past year and 31 percent since 2016, respectively.

Flu vaccinations, which are associated with reduced flu-related hospitalizations⁸, have increased among women ages 18-44. Nearly 1.3 million more women in this age group received the flu vaccine this year than in 2016, an increase of 5 percent (from 32.8 percent to 34.4 percent).

Teen Births



↓ 22%

*From 24.2 to 18.8 births per
1,000 females ages 15-19.*

Smoking Among Women



↓ 12%

*From 17.4 to 15.3 percent of
women ages 18-44.*

Flu Vaccinations Among Women



↑ 1.3 million

*From 32.8 to 34.4 percent of
women ages 18-44.*

6 Reducing teenage pregnancy. www.plannedparenthood.org/uploads/filer_public/94/d7/94d748c6-5be0-4765-9d38-b1b90d16a254/reducing_teen_pregnancy.pdf

7 About teen pregnancy. <https://www.cdc.gov/teenpregnancy/about/index.htm>

8 Key facts about seasonal flu vaccine. <https://www.cdc.gov/flu/prevent/keyfacts.htm>

Community Factors Connected to Long-Term Health and Outcomes

One's community and environment play a significant role in the health of women, infants and children across the country — both in the short- and long-term. *The Health of Women and Children Report* highlights how social and economic factors impact families, and provides insights into understanding disparities in American homes and neighborhoods.

- Nearly one-quarter of American households live in areas with a high level of concentrated disadvantage, meaning there are a higher percentage of households headed by females (who are more likely to face wage discrimination than males), higher percentage of children, and a higher percentage of people unemployed, living in poverty and receiving public assistance. The percentage of households in areas of concentrated disadvantage varies greatly by state. For example, the percentage is more than 17 times higher in Mississippi than it is in Vermont.
- More than 20 percent of children ages 0-17 report experiencing two or more adverse childhood experiences (ACEs). The percentage is nearly twice as high in the bottom state (Oklahoma) compared with the top state (California). ACEs are stressful or traumatic events that affect children and have a lasting impact on health and well-being. Examples of ACEs include socioeconomic hardship, living with someone who had an alcohol or drug problem, or death of a parent.

Food insecurity, which is associated with health complications for women and children, has decreased since 2016. However, one in eight households still experience food insecurity. Food insecurity among women is associated with higher rates of obesity, anxiety/depression and pregnancy complications⁹, while food-insecure children may experience behavioral problems, higher risks of hospitalization and anxiety/depression.¹⁰



Additional details on concentrated disadvantage and adverse childhood experiences (ACEs), along with the components of each measure at the state level, are available at www.AmericasHealthRankings.org

⁹ Food insecurity and health outcomes. <https://academic.oup.com/ajcn/article/94/6/1740S/4598224>

¹⁰ Food insecurity: special considerations for women. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>

Healthiest States for Women, Infants and Children

This year's report ranked each state across 55 measures to compare how states are performing across the health of women, infants and children. The states with the top overall rankings are concentrated in the northeast United States. Rhode Island (No. 1) improves to take the top position, while Massachusetts (No. 2) and New Hampshire (No. 3) both fall one place from the 2018 rankings. Vermont remains in the next place (No. 4) and Connecticut jumps one place (No. 5) to round out the top five.

Mississippi (No. 50) and Arkansas (No. 49) again rank as the states with the most challenges for women, infants and children. The states are followed by Oklahoma (No. 48), Louisiana (No. 47) and Nevada (No. 46) as states with the greatest opportunities for improvement.

New York has made the most progress since the *Health of Women and Children Report* was last updated in 2018, improving six ranks from No. 19 to No. 13. The state is followed by Maine, which improved five ranks, and Maryland, Missouri and New Jersey, which each improved four ranks. Nebraska and Washington have experienced the greatest declines since 2018, falling six ranks from No. 22 to No. 28 and No. 11 to No. 17, respectively. Florida and Wisconsin have also had large ranking changes, each declining five ranks.

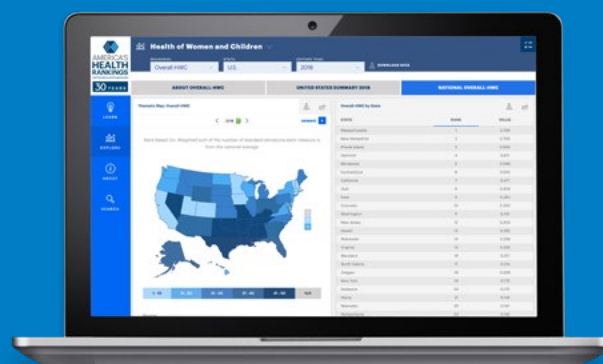
In addition to providing overall state rankings, *America's Health Rankings* provides insights into each population through individual rankings.

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

Sparking Action to Advance the Health of Women and Children

The country has experienced encouraging successes when it comes to the health of women, infants and children. Strong commitments by our nation to reduce teen births and smoking, and promote the value of immunizations are having demonstrable impacts on the nation's health. However, the report also paints a picture of the real challenges facing the country — troubling mortality rates among women and children, and stark disparities that prevent all Americans from equitable improvements in health. Community leaders, public health officials and policy-makers are encouraged to use the findings from the 2019 *Health of Women and Children Report* to seize opportunities to make communities healthier. The United Health Foundation is pleased to provide actionable insights in this report, along with the full suite of *America's Health Rankings* data.

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The *America's Health Rankings* website allows users to view subpopulation data for several measures and also view data over time where available.

www.AmericasHealthRankings.org



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