AMERICA'S
HEALTH RANKINGS®
UNITED HEALTH FOUNDATION

Health Disparities Report

2021

Data in the *Health Disparities Report* are based on the most recent publicly available data, which were collected prior to the pandemic.

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Executive Summary

Overview

The health and well-being of communities across America have improved significantly over the past century. Public health advancements, medical breakthroughs and increased access to health care have led to better health outcomes — and as a result, more Americans are living longer. However, health disparities continue to exist by gender, geography, socioeconomic status, race and ethnicity and other factors. In some instances, disparities have grown in recent years, shortening lives and profoundly impacting our collective health and well-being.

For over three decades, *America's Health Rankings®* has assessed the nation's health and provided data-driven insights to support better health outcomes and build healthier communities. The inaugural *America's Health Rankings Health Disparities Report*, produced by the United Health Foundation, documents the **breadth, depth and persistence of health disparities** across the nation to provide objective data to inform action for advancing health equity.

The COVID-19 pandemic exposed and exacerbated longstanding health disparities in the U.S. This report provides a first-of-its-kind national and state-by-state portrait of the disparities in health and well-being that existed across the U.S. prior to the COVID-19 pandemic. In doing so, it sheds important new light on the difficult and disparate realities facing many Americans in the years leading up to the pandemic.

The *America's Health Rankings Health Disparities Report* was developed with guidance from a National Advisory Committee — comprised of leading public health and health equity experts — who informed the selection of health measures and other methodological features of the report.

Building on 31 years of data and reporting from *America's Health Rankings*, this new report provides objective data documenting the constant and changing contours of disparities for the nation, all 50 states and the District of Columbia by gender, geography, educational attainment and race and ethnicity. The report's findings underscore the broad and deep nature of health disparities, while documenting their persistence over time, despite progress in some areas.

Model for Measuring America's Health

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

Over the past three decades, the model and measures used in *America's Health Rankings* have evolved as the understanding of health and the root causes of health outcomes have advanced.

This report analyzes 30 measures of health from four publicly available data sources: the American Community Survey (ACS), the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Current Population Survey's Food Security Supplement (CPS-FSS) and the National Vital Statistics System (NVSS). Depending on the source, three to five years of data were pooled across three time periods between 2003 and 2019 to produce reliable estimates. Time periods were selected based on data availability and, where possible, to have some consistency across measures. The measures included are indicators of social and economic factors, physical environment, clinical care, health behaviors and health outcomes.

While the country has made some notable health improvements in recent years, deep and widespread health disparities persist — and, in some instances, have grown.

Key Findings

Prior to the COVID-19 pandemic, the nation made progress in several key health measures. However, not all populations experienced these improvements equally.

Uninsured Rate

Over the last decade, and prior to the COVID-19 pandemic, the national rate of uninsured declined 37%, from 14.6% to 9.2%, with all subpopulation groups experiencing improvements. Despite this progress, gaps remained between different population groups. For example, in 2015-2019 the uninsured rate was 3.5 times higher for those with only a high school degree (13.6%) than for college graduates (3.9%) and 3 times higher among Hispanic (18.5%) and American Indian/Alaska Native populations (20.2%) than white populations (6.2%).

In 2015-2019, the racial gap in rates of uninsured was particularly wide across states. American Indian/Alaska Native populations in Wyoming (who had the highest rate of uninsured in the U.S. — 38.4%) had a rate 24 times higher than the uninsured rate of white populations in the District of Columbia (who had the lowest rate in the U.S. — 1.6%).

Prior to the COVID-19 pandemic, access to health care improved within and across states, though disparities continued.

Uninsured Rate

37% ▼

decline among all subpopulation groups from 2010-2014 to 2015-2019.

Source: U.S. Census Bureau, American Community Survey

24x

The rate of uninsured among the American Indian/Alaska Native populations in Wyoming was 24x higher than the rate of uninsured among the white populations in the District of Columbia in 2015-2019.

Source: U.S. Census Bureau, American Community Survey

Though **Black infant mortality rates declined in 22 states** between 2003-2006 to 2015-2018, Black infants continued to have the highest infant mortality rate in the nation — almost 2.8x higher than Asian/Pacific Islander infants.

Rate calculated per 1,000 births

11.0	**2.8x**
Black infants	higher infant mortality rate

4.0
Asian/Pacific Islander infants

Source: National Vital Statistics System

Infant Mortality

In recent years, the U.S. made notable progress in reducing the racial gap in infant mortality. The infant mortality rate among Black infants decreased 19% from 2003-2006 to 2015-2018. However, Black infants (11.0 per 1,000 births) had the highest infant mortality rate — which was 2.8 times higher than Asian/Pacific Islander infants (4.0 per 1,000 births) — in 2015-2018.

During this period, progress varied substantially among states. Black infant mortality rates declined across 22 states and the District of Columbia, ranging from a 12% decline in Ohio to a 46% decline in Colorado. White, Asian/Pacific Islander and Hispanic populations also experienced 11-16% declines in infant mortality rates during this time.

Severe Housing Problems

Before the COVID-19 pandemic, some progress was made in reducing the rate of severe housing problems, which includes: lack of kitchen or plumbing facilities, overcrowding or severely cost-burdened occupants. Between 2005-2009 and 2013-2017, households headed by Hispanic individuals experienced the greatest decline (11%) in severe housing problems, followed by households headed by Asian/Pacific Islander (8%) and Black individuals (5%).

Despite progress in reducing the percentage of households facing severe housing problems, households headed by Hispanic (29.9%), Black (25.3%) and American Indian/Alaska Native (24.2%) individuals had a rate of severe housing problems roughly 2 times higher than households headed by white (13.4%) individuals.

Wide disparities in mental health and chronic disease persist.

Mental Health

Over the years, deep and persistent disparities in mental and behavioral health have existed by gender, educational attainment and race and ethnicity — and have worsened for some subpopulation groups. Adults with less than a high school education (17.6%) had a rate of frequent mental distress that was 123% higher than college graduates (7.9%) and females (23.9%) had a 70% higher rate of depression compared to males (14.1%) in 2017-2019.

Mental health challenges were more prevalent among some racial and ethnic groups. For example, the rate of depression was 3 times higher for multiracial (27.1%) and American Indian/Alaska Native adults (24.6%) and 2.5 times higher for white adults (21.1%) than Asian/Pacific Islander adults (8.6%). Despite performing better than other groups, Asian/Pacific Islander adults experienced the highest increase (23%) in the rate of depression from 7.0% in 2011-2013 to 8.6% in 2017-2019.

Chronic Disease

Disparities in rates of chronic disease — asthma, cancer, cardiovascular disease and diabetes — have remained wide and persistent over the years, with rates of multiple chronic conditions rising for many subpopulation groups prior to the COVID-19 pandemic. Between 2011-2013 and 2017-2019, rates of multiple chronic conditions increased for many populations: 15% for adults with some college or a college degree, 14% for white adults, 10% for Black and female adults and 9% for American Indian/Alaska Native adults.
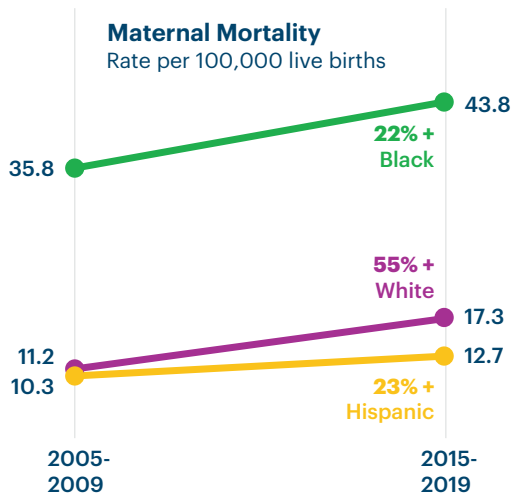
Notable disparities in the prevalence of chronic disease persisted by race and ethnicity. In 2017-2019, the percentage of adults with multiple chronic conditions was 6 times higher for American Indian/Alaska Native adults (18.4%), 4 times higher for multiracial adults (14.1%) and 3 times higher for Black adults (10.7%) than for Asian/Pacific Islander adults (3.2%).

70%
higher rate of depression for female adults

23.9%
Female

14.1%
Male
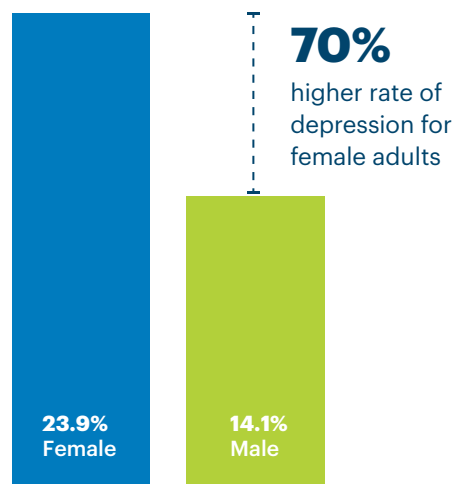
Females had a higher rate of depression than males in 2017-2019.

Source: CDC, Behavioral Risk Factor Surveillance System

Disparities in maternal mortality and food insecurity worsened in recent years.

Maternal Mortality
Rate per 100,000 live births

35.8

43.8

22% +
Black

55% +
White

11.2

17.3

10.3

12.7

23% +
Hispanic

2005-
2009

2015-
2019

Maternal mortality rates increased between 2005-2009 and 2015-2019.

Gaps between subpopulation groups persist. While Black mothers experienced the highest rate of maternal mortality, white mothers faced the largest rate of increase (55%).

Source: National Vital Statistics System

Maternal Mortality

The report demonstrated persistent and growing disparities in maternal mortality. In 2015-2019, Black mothers (43.8 deaths per 100,000 live births) had a maternal mortality rate that was 3.4 times higher than Hispanic mothers (12.7 deaths per 100,000 live births). Between 2005-2009 and 2015-2019, maternal mortality rates increased 22% among Black mothers, from 35.8 to 43.8 deaths per 100,000 live births. The maternal mortality rate also increased 55% for white mothers (from 11.2 to 17.3 deaths per 100,000 live births) and 23% for Hispanic mothers (from 10.3 to 12.7 deaths per 100,000 live births) during this time period.

Food Insecurity

Even prior to the COVID-19 pandemic, disparities in household food insecurity — percentage of households unable to provide adequate food for one or more household members due to lack of resources — were wide, with gaps further widening between 2003-2007 and 2015-2019 as some subpopulation groups experienced a significant increase in food insecurity rates. During this time period, food insecurity rates increased 39% for American Indian/Alaska Native households (from 19.2% to 26.7%) — a 5 times higher rate of food insecurity than Asian/Pacific Islander (5.6%) households.

Disparities in food insecurity were also significant by education. In 2015-2019, households headed by an adult without a high school education (24.8%) had nearly a 6 times higher rate of food insecurity than households headed by college graduates (4.4%). Since the 2003-2007 time period, food insecurity rates increased 15% in households headed by those with less than a high school education, and 19% in households headed by college graduates.

Educational attainment is an important determinant of food insecurity. In 2015-2019, households headed by those with less than a high school education had a 6 times higher rate of food insecurity than those headed by college graduates.

6x

24.8%
Less than high school education

4.4%
College graduates
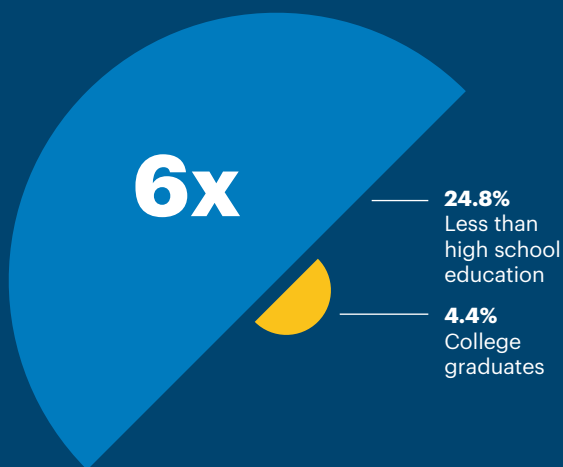
Source: Current Population Survey Food Security Supplement

Food insecurity increased 15% in households headed by those with less than a high school education, and **19%** in households headed by college graduates between 2003-2007 and 2015-2019.

Source: Current Population Survey Food Security Supplement

American Indian/Alaska Native households had the highest rate of food insecurity in 2015-2019 — a rate that increased 39% since 2003-2007.

39% ▲

increase in food insecurity among America Indian/ Alaska Native households.

Source: Current Population Survey Food Security Supplement
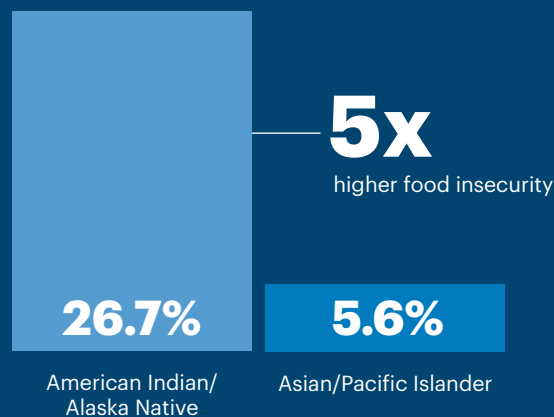
5x
higher food insecurity

26.7%
American Indian/ Alaska Native

5.6%
Asian/Pacific Islander

Broad Disparities Across Populations Highlight Connection Between Education and Health

The report documented a strong link between educational attainment and health, demonstrated across several measures where adults who have attained higher levels of education have better health. Notably, adults lacking a high school education face the greatest social, economic and health challenges across the nation. **For example, households headed by individuals with less than a high school education had a poverty rate of 30.7%, which was 6 times higher than households headed by college graduates (5.2%).** Further, even prior to the COVID-19 pandemic, more than 1 in 4 households headed by adults with less than a high school education faced food insecurity.

The report found those with less than a high school education face substantial barriers to health care access as well. Compared to college graduates, the uninsured rate for individuals with less than a high school education is nearly 3 times higher (10.9% vs. 3.9%). The rate of avoiding care due to cost was also 3 times higher for those with less than a high school education when compared with college graduates (22.1% vs. 7.9%).

Key health outcomes were also correlated with educational attainment; those with less than a high school education faced poorer health outcomes. Compared to college graduates, adults with less than a high school education faced a rate of multiple chronic conditions nearly 3 times higher (16.2% vs. 5.7%). Adults with less than a high school education (25.4%) had a rate of reporting high health status almost 3 times lower than college graduate adults (65.2%).

Addressing Health Disparities to Promote Health Equity in Our Communities.

Achieving the highest level of health for all people will require communities, states and the nation to understand and identify how disparities impact the health of everyone. Race and ethnicity, gender, geography, educational attainment and income level should not decide one's access to health care, or the determinants and outcomes that contribute to our holistic well-being.

The United Health Foundation invites national, state and community leaders, policymakers, advocates and others to use the data in the inaugural *America's Health Rankings Health Disparities Report* to identify and address the **breadth, depth and persistence** of disparities affecting the health and well-being of Americans in states and communities across the U.S. These new data provide critical direction for closing longstanding gaps and building a stronger, more equitable America where all individuals have the opportunity to thrive.

Health Disparities Report

Introduction

The inaugural *America's Health Rankings Health Disparities Report* provides a comprehensive portrait of the breadth, depth and persistence of disparities in health and well-being across the U.S. It captures key trends, successes and challenges to spark meaningful dialogue and action toward advancing health equity.

Over the past century, there has been significant progress toward improving health and well-being in communities across America. People are living longer; and eradication of polio, smallpox and other illnesses and breakthroughs in treatment have reduced morbidity and mortality.[1] Access to health insurance and quality health care have made the difference in millions of lives, improving health outcomes and reducing mortality.[2,3,4]

Achieving our Best Requires Lifting Us All

Judy Monroe, MD, President and CEO, CDC Foundation

"Addressing health disparities has been an important focus of my life and throughout my career. From my early family medicine practice in Appalachia, to working in inner-city hospitals, to my time in academia, at the Centers for Disease Control and Prevention and now at the CDC Foundation, focusing on and managing health disparities has been front and center to my work.

With the national attention the COVID-19 pandemic has brought to health disparities, we have an opportunity to bring new energy and resources to address this critical issue. Driving progress creatively and successfully starts with data. The *America's Health Rankings Health Disparities Report* provides a deep, data-driven analysis that is critical to making lasting progress in addressing health disparities. Through new analyses, the *Health Disparities Report* provides a fresh perspective that can help state and national leaders have an informed understanding of the continued health disparities throughout our country. It will help ensure they have an important tool needed to help inform effective strategies.

At the CDC Foundation, we're redoubling efforts to ensure health equity is embedded into our programs in an intentional and deliberate way so we can make meaningful change. Timely, comprehensive data is required for this effort. With hundreds of active public health protection programs, addressing the needs of different population groups, including Black, Latino, Asian/Pacific Islander, American Indian/Alaska Native and other communities, requires a deep understanding of population health that *America's Health Rankings* helps to advance.

By analyzing data, examining disparities and addressing the root causes of health outcomes, we can lift each other up. By advancing this work, we can make our neighborhoods, our country and our economy stronger and more resilient.

Achieving long-lasting progress in addressing health disparities is within our grasp, and it is more important than ever. If we're not addressing health disparities, as Americans, as health providers or as public health professionals, we're not operating at our best."

Health disparities persist by gender, geography, race and ethnicity and other factors, driven by systemic inequities in social, economic and environmental conditions people face.

While the country has made great strides in health and health care over the years, health disparities persist by gender, geography, race and ethnicity and other factors, driven by systemic inequities in social, economic and environmental conditions people face. This continues to shorten lives and heighten the prevalence of acute and chronic conditions, profoundly impacting health and well-being.

Measures of longevity reveal the consequences of health disparities. Between 1959 and 2016, U.S. life expectancy at birth increased from 69.9 years to 78.9 years.[5] However, in 2020, Black male life expectancy at 68.3 years was more reflective of the average American lifespan 60 years ago.[6]

In communities across the country, "deaths of despair" — or deaths involving suicide, drug overdose or alcohol-related illnesses — have halted progress in improving life expectancy.[5,7] Tied to a growing epidemic of mental health and substance use disorders, as of 2014, deaths among working-age Americans increased, particularly for residents in high-poverty areas of upper New England, the Ohio Valley and Appalachia.[5] Some of the largest increases in working-age mortality occurred among women and adults with less education.[5]

Deaths during the COVID-19 pandemic have also reduced average life expectancy by over a year, and further exposed and exacerbated longstanding health disparities.[8] While the impact of COVID-19 has been widespread, American Indian/Alaska Native, Black, Hispanic and Native Hawaiian/Pacific Islander populations have faced higher age-adjusted rates of infection, severe illness and death compared to white and Asian Americans.[9] And while many factors contribute to these differences, including their disproportionate representation as essential and frontline workers, recent reports have reinforced how underlying social and economic disadvantage in communities play an outsized role in COVID-19 disease and deaths.[10]

Defining Health Disparities

Over the last four decades, *Healthy People* — an initiative of the U.S. Department of Health and Human Services — has identified public health priorities to help individuals, organizations and communities across the U.S. improve health and well-being by eliminating health disparities and achieving health equity.

According to *Healthy People,* **health disparities** are "health differences that are closely linked with social, economic and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[11]

Health disparities largely stem from underlying inequalities in the conditions in which people are born, grow, live, work and age — referred to as the **social determinants of health**.[12] Shaped by historic and contemporary policies, disparities in health and the determinants of health are often avoidable.

Breadth, Depth and Persistence of Health Disparities Across the U.S.

The *America's Health Rankings Health Disparities Report* provides objective data that collectively demonstrate how deeply and widely entrenched health disparities are across the U.S. In doing so, the report identifies:

- The **breadth of health disparities**, that is the existence of disparities across 30 health-related measures of core social and economic factors, clinical care, physical environment, health behavior and health outcomes.

- The **depth of health disparities**, or the magnitude of disparities by educational attainment, gender, geography and race and ethnicity for the nation, all 50 states and the District of Columbia.

- The **persistence of health disparities**, referring to where health disparities have remained despite progress or lack thereof, and where they have grown over time.

Health equity is the attainment of the highest level of health for all people.

Advancing Health Equity

According to *Healthy People,* **health equity** is the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[13] Progress toward achieving health equity is measured by "reducing and ultimately eliminating disparities in health and its determinants."[14]

Why Health Equity Matters

Advancing health equity can help improve the well-being of people and communities across the nation, while saving lives and yielding economic benefits.[15] Preventable and avoidable gaps in health contribute to the poor ranking of the U.S. on life expectancy, infant mortality and other health measures compared to other high-income countries, despite spending among the most on health care globally.[16] The impact of these circumstances has both human and economic consequences. Inequities contribute to intergenerational transfers of disadvantage, limiting the economic mobility, opportunity and health of future generations.[11] At the same time, estimates show that health disparities cost the U.S. economy as much as $1.24 trillion in excess medical spending and lost work productivity — costs that have only further grown amid the COVID-19 pandemic.[17]

Report Objectives

The inaugural edition of ***America's Health Rankings Health Disparities Report*** documents the breadth, depth and persistence of disparities, providing a comprehensive national and state-by-state portrait of health and well-being across the U.S prior to the COVID-19 pandemic. Building on 31 years of data and reporting from *America's Health Rankings*, this new report uniquely highlights the constant and changing contours of disparities across gender, geography, race and ethnicity and educational attainment.

This report is intended for a broad range of national, state and local audiences such as policymakers, government officials, advocates and stakeholders across sectors including public health, health care, education, housing and others. The report's objectives are to:

- **Provide objective data on the magnitude of health disparities** for the nation, all 50 states and the District of Columbia across a breadth of indicators for health outcomes and the determinants of health by educational attainment, gender, geography and race and ethnicity.

- **Identify health disparity trends** across multiple factors and subpopulation groups, highlighting where progress has been made in reducing disparities, where disparities have persisted and where they have grown.

- **Stimulate dialogue and action to address health disparities and advance health equity** across multiple sectors and stakeholders.

As the nation emerges from the COVID-19 pandemic, the *America's Health Rankings Health Disparities Report* can serve as an important resource to help national, state and community leaders identify and build on promising progress, while working to end longstanding disparities in opportunity, health and well-being for all Americans.

Design

The *America's Health Rankings Health Disparities Report* was developed with guidance from a National Advisory Committee — comprised of leading public health and health equity experts — which informed the selection of health measures and other methodological features of the report. For more information on the Advisory Committee, see page 119.

Model for Measuring America's Health

America's Health Rankings is 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."

Measures

The *America's Health Rankings Health Disparities Report* is based on a set of 30 measures from the *America's Health Rankings* platform of nearly 300 health-related measures.

Measures were selected based on four criteria:

- Inclusion of a breadth of social and economic factors, physical environment, clinical care, health behavior and health outcome measures critical to addressing health disparities and advancing health equity.

- Availability of national and state data with sufficient sample sizes to produce reliable estimates for subpopulation groups.

- Availability of multiple years of data for trends analysis.

- Inclusion of actionable measures — or those amenable to change by policy or intervention to achieve measurable improvements in health and health equity.

Subpopulation Groups

This report highlights disparities by four key subpopulation groups. For more details on selected subpopulation groups and limitations, see methodology on page 117.

Race and Ethnicity

Data are provided for seven racial and ethnic groups. All groups other than Hispanic, are non-Hispanic:

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Multiracial
- Other
- White

Gender

This report includes data for females and males.

Educational Attainment

Data by educational attainment are categorized as:

- Less than a high school education
- High school graduate
- Some college
- College graduate

Geography

Where available, differences were assessed between metropolitan (largely urban and suburban areas) and non-metropolitan areas (rural areas).

Data Analysis

Depending on the data source, three to five years of data were pooled across three time periods between 2003-2019 to produce reliable estimates. For all indicators, state and nationally-representative population estimates were produced, along with their confidence intervals using methods appropriate for each data source. Estimates were created for the nation, 50 states and District of Columbia as a whole and for subpopulation groups. Subpopulation analyses were conducted by race and ethnicity, gender, education and if available by geography. For data sources and more detailed methodology, see page 116.

Interpreting Health Disparities Data

The *America's Health Rankings Health Disparities Report* includes a wealth of data highlighting the breadth, depth and persistence of health disparities across the U.S. These data are captured in multiple ways throughout the report. Following is an overview of key terms and concepts to help guide the use and understanding of these data.

Are Health Disparities High or Low?

- **High or wide disparities** indicate that health and well-being vary significantly by subpopulation groups. Some groups have better outcomes, whereas others have poorer outcomes resulting in wide gaps.

- **Low or narrow disparities** indicate one of two different scenarios. First, low disparities may indicate that all subpopulations are faring well, with good outcomes. Conversely, low disparities may indicate all subpopulations are faring poorly, with poor outcomes.

Are Health Disparities Growing, Narrowing or Persistent?

- **Growing or increasing disparities** indicate that the gap between subpopulation groups is widening. This can happen when the outcome of one group improves, while the same outcome of another group worsens over time.

- **Narrowing or decreasing disparities** indicate that the gap between subpopulation groups is becoming smaller. This can happen when groups historically faring poorly improve and begin to achieve similar outcomes as those with the best outcomes. This can also happen when the outcomes of subpopulation groups historically faring well begin to worsen, as other groups improve.

- **Persistent disparities** indicate that gaps between subpopulation groups remain unchanged, despite progress or lack thereof for some or all groups.

National Highlights

The *America's Health Rankings Health Disparities Report* documents the nation's progress toward closing gaps in health and well-being across subpopulation groups by educational attainment, gender, geography and race and ethnicity. In doing so, it identifies where there has been progress for subpopulation groups across a breadth of indicators, where disparities have persisted and where they have further deepened.

National Highlights

The following tables highlight some of the most notable national trends in subpopulation groups across a variety of measures, including social and economic, physical environment, clinical care, behaviors and health outcomes over more than the last decade. These trends are displayed side-by-side with the highest level of disparity faced by the subpopulation group during the most recent time period. Together, the highlights identify where promising progress has been made, where trends have worsened, and where more work is needed to close deep, persistent and in some cases growing gaps. The sections that follow provide a deeper dive into these measures and key trends, with all data available on the *America's Health Rankings* website at www.AmericasHealthRankings.org.

Social and Economic Factors

Measure	Key Trends		Disparities	
Less Than a High School Education*	**19%** ▼	Decrease in rate for **Hispanic adults** between 2005-2009 and 2015-2019 from 39.6% to 31.9%	**4.4x**	**Higher rate among Hispanic adults** (31.9%) than white adults (7.2%) in 2015-2019
Unemployment*	**26%** ▼	Decrease in rate for civilians with **less than a high school education** between 2005-2009 and 2015-2019 from 13.3% to 9.9%	**3.7x**	**Higher rate among civilians with less than a high school education** (9.9%) than college graduates (2.7%) in 2015-2019
Child Poverty	**5%** ▼	Decrease in rate for **Black children** between 2005-2009 and 2015-2019 from 34.9% to 33.2%	**2.9x**	**Higher rate among Black children** (33.2%) than white children (11.3%) in 2015-2019
Per Capita Income*	**31%** ▲	Increase in per capita income for **females** between 2005-2009 and 2015-2019 from $19,996 to $26,186	**0.6x**	**Females** ($26,186) had a lower per capita income than males ($42,013) in 2015-2019
Food Insecurity	**39%** ▲	Increase in rate for **American Indian/ Alaska Native households** between 2003-2007 and 2015-2019 from 19.2% to 26.7%	**4.8x**	Higher rate among **American Indian/ Alaska Native households** (26.7%) than Asian/Pacific Islander households (5.6%) in 2015-2019

*All subpopulation groups experienced improving rates.

Physical Environment

Measure	Key Trends		Disparities	
Severe Housing Problems*	**11%** ▼	Decrease in rate for **Hispanic-headed households** between 2005-2009 and 2013-2017 from 33.5% to 29.9%	**2.2x**	**Higher rate among Hispanic-headed households** (29.9%) than white-headed households (13.4%) in 2015-2019

Clinical Care

Measure	Key Trends		Disparities	
Uninsured*	**35%** ▼	Decrease in rate for **Hispanic populations** between 2010-2014 and 2015-2019 from 28.4% to 18.5%	**3.0x**	**Higher rate among Hispanic populations** (18.5%) than white populations (6.2%) in 2015-2019
	34% ▼	Decrease in rate for **populations with a high school education** between 2010-2014 and 2015-2019 from 20.7% to 13.6%	**3.5x**	**Higher rate among populations with a high school education** (13.6%) than college graduates (3.9%) in 2015-2019
Avoided Care Due to Cost*	**24%** ▼	Decrease in rate for **Hispanic adults** between 2011-2013 and 2017-2019 from 27.4% to 20.7%	**2.0x**	**Higher rate among Hispanic adults** (20.7%) than Asian/Pacific Islander adults (10.2%) in 2015-2019
Flu Vaccination	**9%** ▲	Increase in rate for **Hispanic adults** between 2011-2013 and 2017-2019 from 28.3% to 30.9%	**0.7x**	**Hispanic adults** (30.9%) had a lower rate than white adults (41.6%) in 2015-2019

Behaviors

Measure	Key Trends		Disparities	
Smoking	◄►	No significant change in rates for **American Indian/Alaska Native adults** between 2011-2013 and 2017-2019	**3.6x**	**Higher rate among American Indian/Alaska Native adults** (29.0%) than Asian/Pacific Islander adults (8.1%) in 2017-2019
	21% ▼	Decrease in rate for **multiracial adults** between 2011-2013 and 2017-2019 from 29.0% to 23.0%	**2.8x**	**Higher rate among multiracial adults** (23.0%) than Asian/Pacific Islander adults (8.1%) in 2017-2019
Physical Inactivity	**7%** ▲	Increase in rate for **adults with less than a high school education** between 2011-2013 and 2017-2019 from 39.8% to 42.7%	**3.0x**	**Higher rate among adults with less than a high school education** (42.7%) than college graduates (14.1%) in 2017-2019

*All subpopulation groups experienced improving rates.

Health Outcomes

Measure	Key Trends		Disparities	
Multiple Chronic Conditions	↔	No significant change in rates for **American Indian/Alaska Native adults** between 2011-2013 and 2017-2019	**5.8x**	**Higher rate among American Indian/Alaska Native adults** (18.4%) than Asian/Pacific Islander adults (3.2%) in 2017-2019
	7% ▲	Increase in rate for **adults with less than a high school education** between 2011-2013 and 2017-2019 from 15.1% to 16.2%	**2.8x**	**Higher rate among adults with less than a high school education** (16.2%) than college graduate adults (5.7%) in 2017-2019
	10% ▲	Increase in rate for **female adults** between 2011-2013 and 2017-2019 from 11.0% to 12.1%	**1.5x**	**Higher rate among female adults** (12.1%) than male adults (7.9%) in 2017-2019
Depression	**12%** ▲	Increase in rate for **female adults** between 2011-2013 and 2017-2019 from 21.3% to 23.9%	**1.7x**	**Higher rate among female adults** (23.9%) than male adults (14.1%) in 2017-2019
	15% ▲	Increase in rate for **white adults** between 2011-2013 and 2017-2019 from 18.4% to 21.1%	**2.5x**	**Higher rate among white adults** (21.1%) than Asian/Pacific Islander adults (8.6%) in 2017-2019
	↔	No significant change for **American Indian/Alaska Native adults** between 2011-2013 and 2017-2019	**2.9x**	**Higher rate among American Indian/Alaska Native adults** (24.6%) than Asian/Pacific Islander adults (8.6%) in 2017-2019
Infant Mortality	**19%** ▼	Decrease in rate for **Black infants** between 2003-2006 and 2015-2018 from 13.5 to 11.0 infant deaths per 1,000 live births	**2.8x**	**Higher rate among Black infants** (11.0) than Asian/Pacific Islander infants (4.0) in 2015-2018
	↔	No significant change in rates for **American Indian/Alaska Native infants** between 2003-2006 and 2015-2018	**2.2x**	**Higher rate among American Indian/Alaska Native infants** (8.6) than Asian/Pacific Islander infants (4.0) in 2015-2018

*All subpopulation groups experienced improving rates.

Health Outcomes

Measure	Key Trends		Disparities	
Maternal Mortality	**22%** ▲	Increase in rate for **Black mothers** between 2005-2009 and 2015-2019 from 35.8 to 43.8 deaths per 100,000 live births	**3.4x**	**Higher rate among Black mothers** (43.8) than Hispanic mothers (12.7) in 2015-2019
	↔	No significant change in rates for **American Indian/Alaska Native mothers** between 2005-2009 and 2015-2019	**2.7x**	**Higher rate among American Indian/ Alaska Native mothers** (33.9) than Hispanic mothers (12.7) in 2015-2019
	55% ▲	Increase in rate for **white mothers** between 2005-2009 and 2015-2019 from 11.2 to 17.3 deaths per 100,000 live births	**1.4x**	**Higher rate among white mothers** (17.3) than Hispanic mothers (12.7) in 2015-2019
Premature Death	**15%** ▲	Increase in rate for **American Indian/ Alaska Native population** between 2005-2009 and 2015-2019 from 9,917 to 11,383 years of potential life lost before age 75 per 100,000 population	**3.6x**	**Higher rate among American Indian/ Alaska Native population** (11,383) than Asian/Pacific Islander population (3,195) in 2015-2019
	5% ▲	Increase in rate for **white population** between 2005-2009 and 2015-2019 from 7,399 to 7,796 years of potential life lost before age 75 per 100,000 population	**2.4x**	**Higher rate among white population** (7,796) than Asian/Pacific Islander population (3,195) in 2015-2019
	6% ▼	Decrease in rate for **Black population** between 2005-2009 and 2015-2019 from 11,223 to 10,582 years of potential life lost before age 75 per 100,000 population	**3.3x**	**Higher rate among Black population** (10,582) than Asian/Pacific Islander population (3,195) in 2015-2019
	<1% ▲	Increase in rate for **males** between 2005-2009 and 2015-2019 from 9,161 to 9,190 years of potential life lost before age 75 per 100,000 population	**1.7x**	**Higher rate among males** (9,190) than females (5,530) in 2015-2019

*All subpopulation groups experienced improving rates.

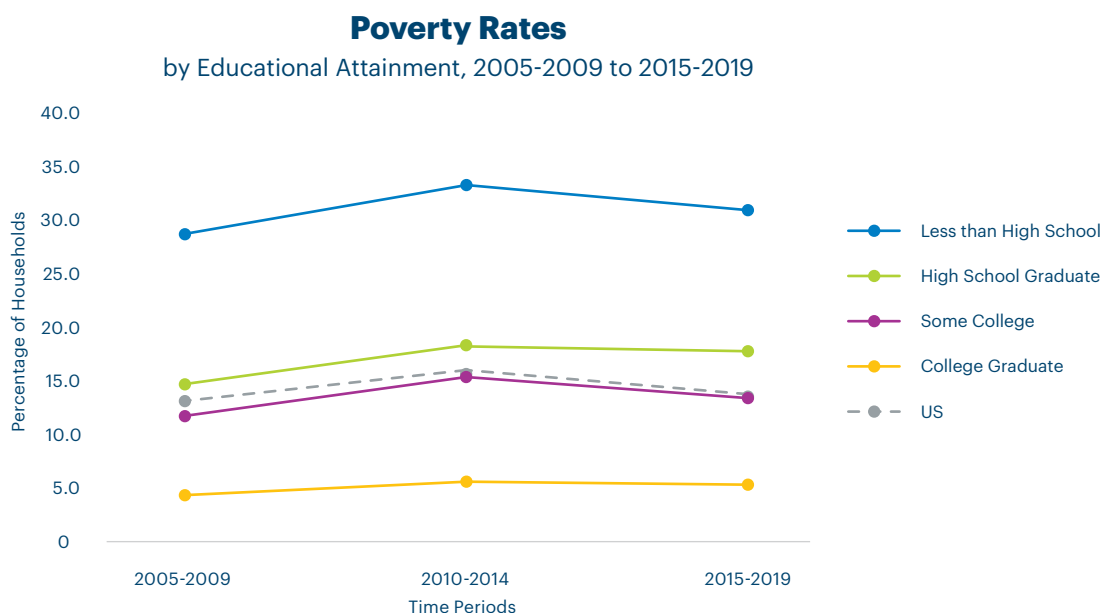# Key Findings

Social and Economic Factors

Prior to the COVID-19 pandemic, progress was made in reducing rates of unemployment and improving rates of high school graduation and per capita income. However, wide disparities persisted across these and other measures including rates of poverty and food insecurity.

Poverty

Poverty is strongly associated with poor health outcomes, such as chronic disease, mental health challenges, infant mortality and premature mortality.[18] Households with incomes below the federal poverty level often struggle to meet basic housing, food and health care needs — a challenge that significantly contributed to increased exposure and susceptibility to COVID-19.[19]

Prior to the COVID-19 pandemic, notable disparities persisted in poverty rates by educational attainment, gender, geography and race and ethnicity. In 2015-2019, households headed by those with less than a high school education (30.7%) had almost a six times higher rate of poverty than households headed by college graduates (5.2%). Households headed by American Indian/Alaska Native (25.0%), Black (22.8%) and Hispanic (19.5%) adults had more than a two times higher rate of poverty than white-headed households (9.8%). Female-headed households (16.4%) had a 1.7 times higher rate of poverty than households headed by males (9.7%).

Poverty rates were also higher in households in non-metropolitan areas (15.5%) than metropolitan areas (12.5%).

Poverty Rates
by Educational Attainment, 2005-2009 to 2015-2019

Poverty Rates

by Subpopulation, 2015-2019

Subpopulation	Percentage
U.S.	13.0%
Non-Metropolitan	15.5%
Metropolitan	12.5%
Less than High School	30.7%
High School Graduate	16.9%
Some College	12.9%
College Graduate	5.2%
American Indian/Alaska Native	25.0%
Black	22.8%
Hispanic	19.5%
Multiracial	16.9%
Other	16.3%
Asian/Pacific Islander	12.2%
White	9.8%
Female	16.4%
Male	9.7%

Percentage of Households
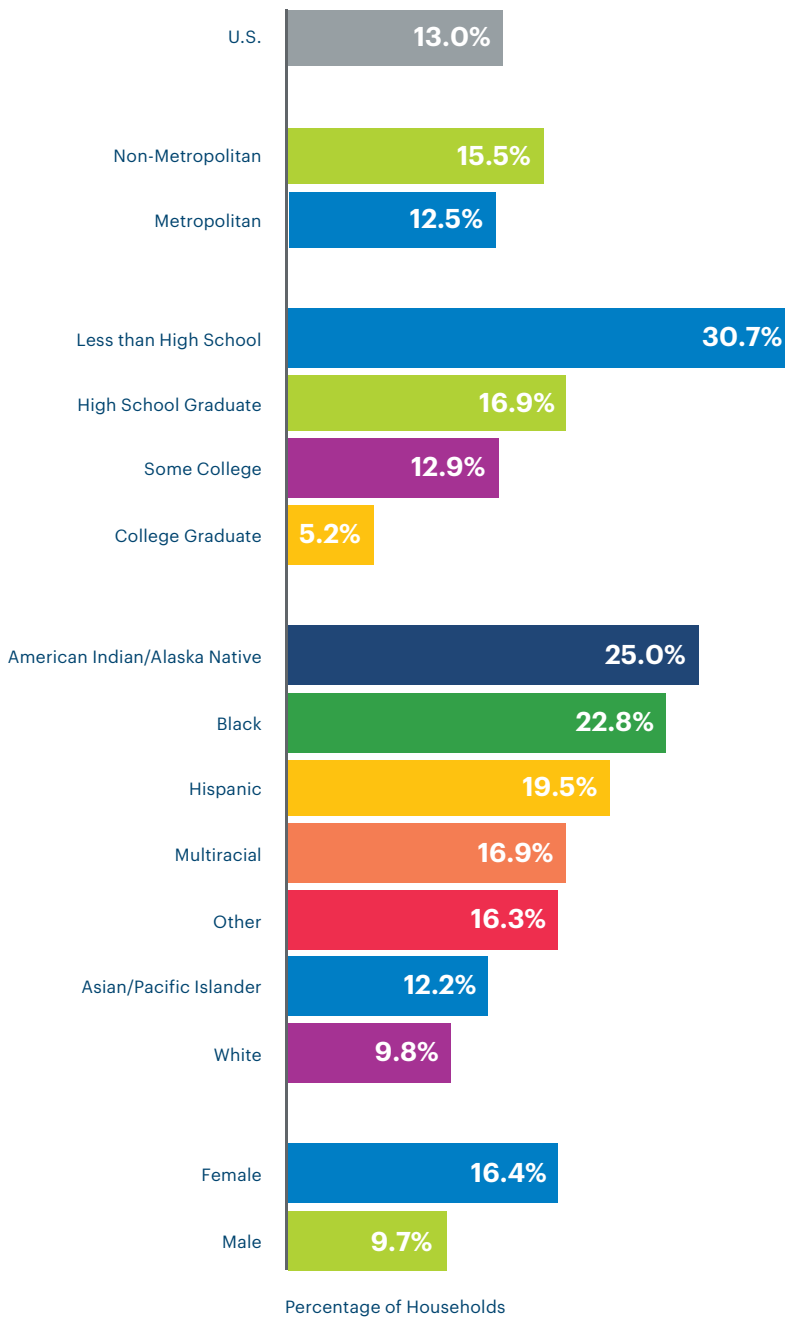
Nationally, 18.6% of children lived in households below the federal poverty level in 2015-2019.

CHILDHOOD POVERTY BY RACE AND ETHNICITY

How Wide is the Gap Across States?

In 2015-2019, the rate of child poverty was **10.5x higher** for American Indian/Alaska Native children in South Dakota (who had the highest rate in the U.S.) than white children in Connecticut (who had the lowest rate).

56.8%
American Indian/Alaska Native in South Dakota

10.5x
Higher

5.4% White in Connecticut
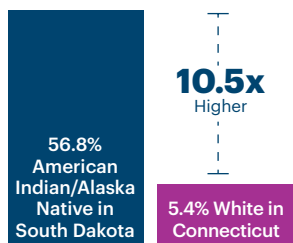
Child Poverty

Between 2005-2009 and 2015-2019, the percentage of Hispanic, Black and Asian/Pacific Islander children living in households below the federal poverty level declined, whereas the percentage of white children living in poverty slightly increased. Despite these changes, in 2015-2019, American Indian/Alaska Native (32.5%), Black (33.2%) and Hispanic (26.7%) children continued to face poverty rates that were more than two times higher than white (11.3%) and Asian/Pacific Islander (11.1%) children.

Deep racial and ethnic disparities in child poverty rates were also evident within and across states. For example, within South Dakota — the state with the highest disparities — American Indian/Alaska Native (56.8%) children had nearly an eight times higher rate of living in poverty than white (7.3%) children. In Hawaii — the state with the lowest disparities — Hispanic (17.3%) children had nearly a two times higher rate of living in poverty than white (9.3%) children.

Across states, child poverty rates varied more than tenfold by race and ethnicity. In 2015-2019, American Indian/Alaska Native children in South Dakota (56.8%) had the highest rate of child poverty nationally — a rate 10.5 times higher than white children in Connecticut who had the lowest rate (5.4%).

Top States with the Highest and Lowest Disparities in Child Poverty
by Race and Ethnicity, 2015-2019

U.S Rate: 18.6%

- ● American Indian/Alaska Native
- ● Asian/Pacific Islander
- ● Black
- ● Hispanic
- ● Multiracial
- ● Other
- ● White
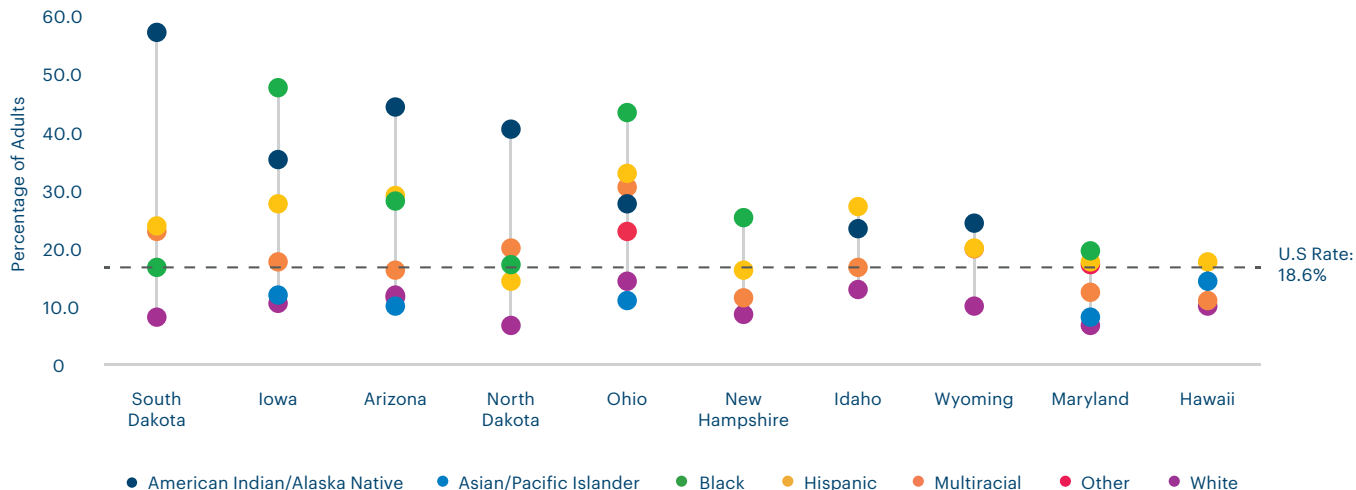
Child Poverty Rates
by Race and Ethnicity, 2005-2009 to 2015-2019

- ● American Indian/Alaska Native
- ● Asian/Pacific Islander
- ● Black
- ● Hispanic
- ● Multiracial
- ● Other
- ● White
- ● US
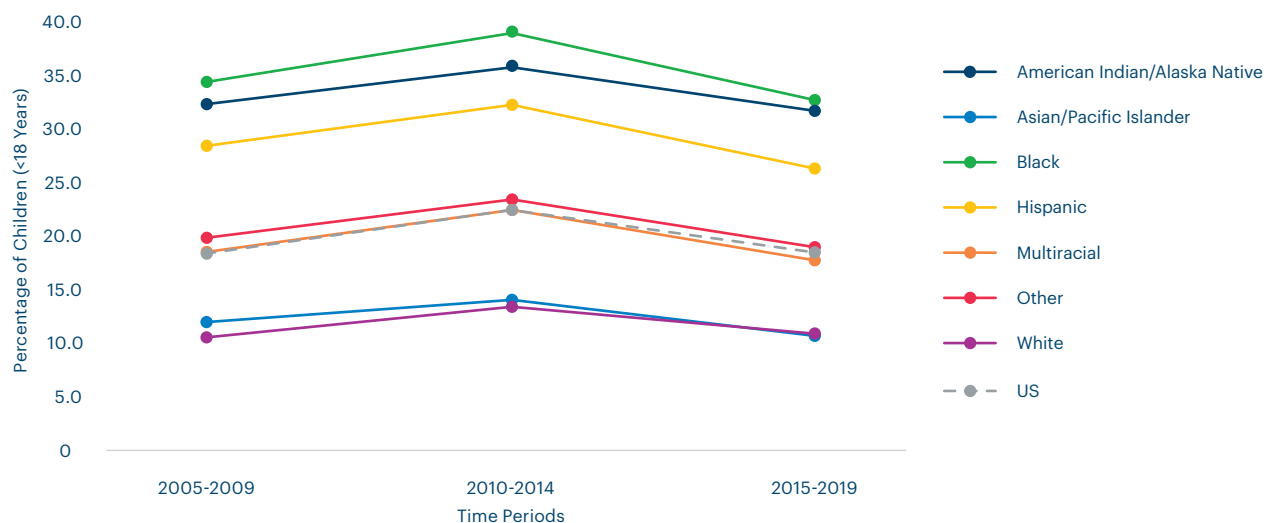
Less than a High School Education

Educational attainment is a strong predictor of health.[20] Americans with higher levels of education have better job opportunities, earnings and resources to live longer, healthier lives than those with less education.[21] Lower educational attainment is associated with greater prevalence of many chronic conditions, mental and behavioral health challenges, and premature death.

Between 2005-2009 and 2015-2019, significant progress was made in reducing the percentage of adults ages 25 and older with less than a high school education across all subpopulation groups. Of note, significant progress was achieved in reducing rates and disparities of less than a high school education between non-metropolitan and metropolitan areas.

While progress was also made to improve education rates by race and ethnicity, Hispanic adults continued to face the highest rates of having less than a high school education. In 2015-2019, Hispanic adults (31.9%) had a four times higher rate of having less than a high school education than white adults (7.2%), who had the lowest rate in the nation.

In fact, Hispanic adults across 43 states and the District of Columbia had the highest rates of less than a high school education compared to all other racial and ethnic groups. Arkansas had the highest rate, where 42.8% of Hispanic adults were without a high school education, compared to 8.6% of Hispanic adults in Maine, where the rate was lowest.

Percentage of Hispanic Adults with Less than a High School Education

2015-2019

% Hispanic

8.6%   42.8%
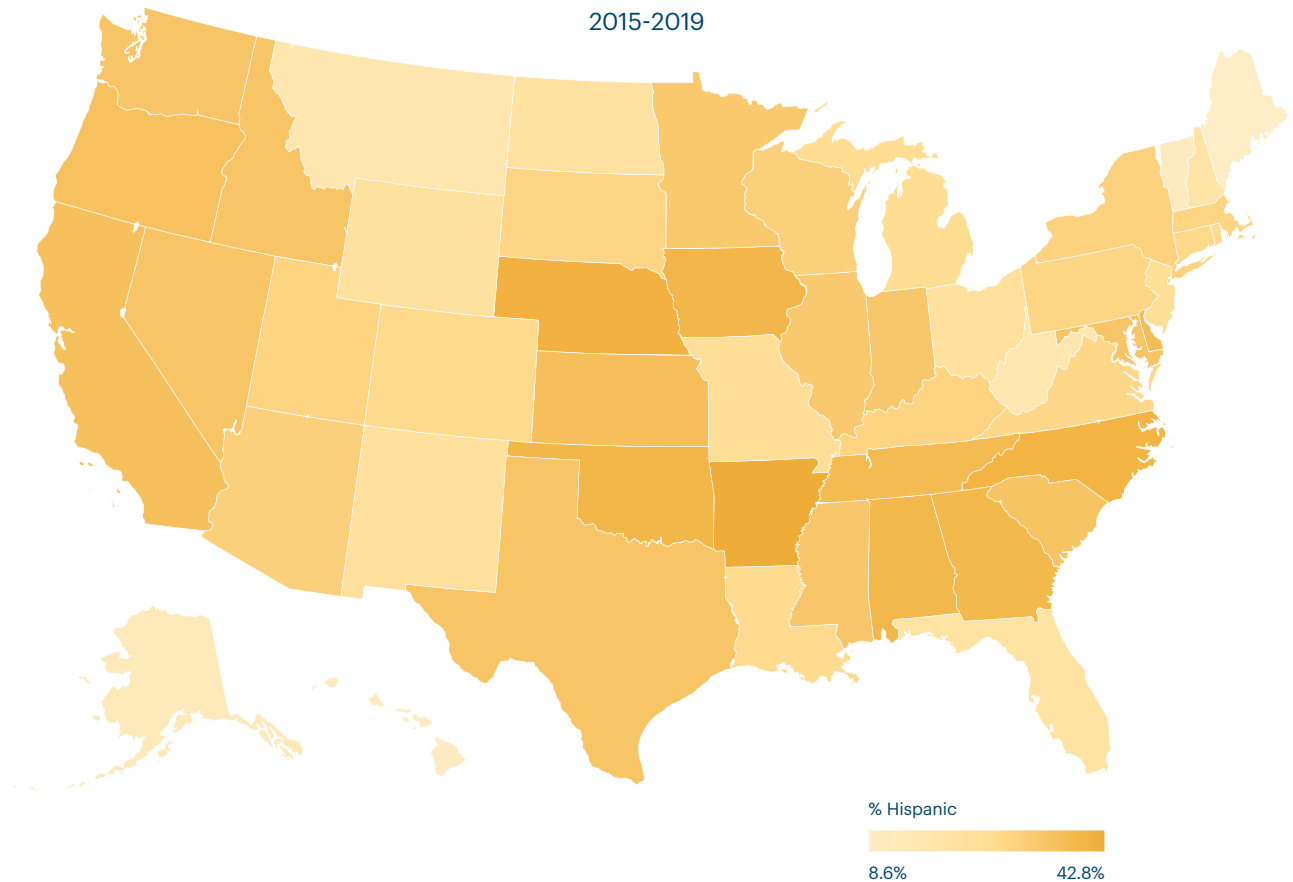
Less than a High School Education
by Geography, 2005-2009 to 2015-2019
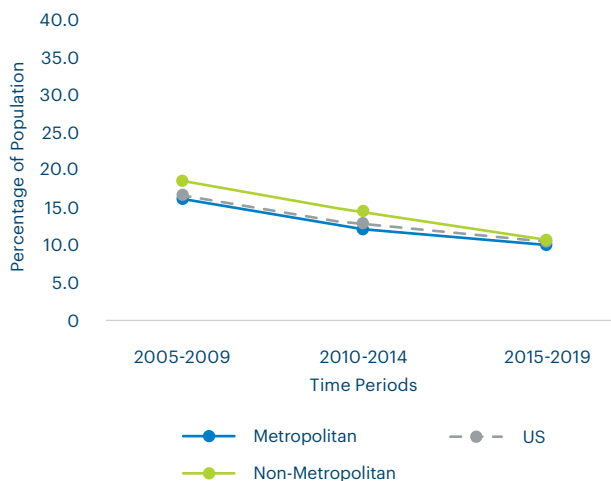
Less than a High School Education
by Race and Ethnicity, 2005-2009 to 2015-2019
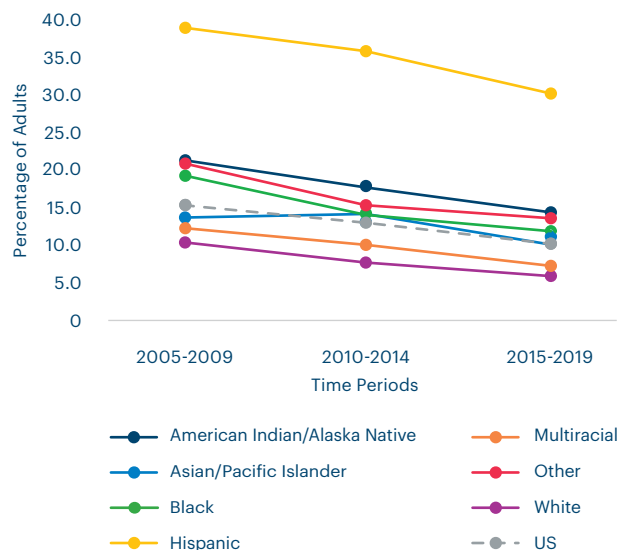
We Must Take a Broad View to Root out Health Disparities

Dr. Elena Rios, President, National Hispanic Medical Association

"Improving health disparities and implementing programs that address the root causes of health challenges starts with understanding where those disparities exist — and taking a holistic view of health.

In my role leading the National Hispanic Medical Association (NHMA), I have seen deep-seated health disparities impact the community I work closely with over the years. The COVID-19 pandemic highlighted longstanding health disparities as communities of color were disproportionately impacted. It also underscored the need to address the non-clinical factors that contribute to our health and well-being, such as education, housing and food insecurity.

The American health care system largely focuses on addressing clinical factors by treating medical conditions and illnesses. The *America's Health Rankings Health Disparities Report* recognizes that our health is comprised of far more than that, including the physical environment in which we live and the socioeconomic conditions that shape our daily lives.

For example, as the *Health Disparities Report* shows, lack of education is a major risk factor for a range of poor health outcomes. In the Hispanic community, nearly one-third of people lack a high school diploma. Families are often unfamiliar with the education system, and this pattern can repeat itself generation after generation. As a result, we end up with fewer Hispanic scientists, doctors and professionals — and too often, poorer health outcomes.

To address disparities in health outcomes and their determinants in our communities, including low high school graduation rates, we must rethink how we share information. One area where we've seen success is in developing culturally appropriate resources for patients that are available in their native language and at an accessible health literacy level. NHMA has developed toolkits related to vaccinations and prescription opioid abuse that empower patients to learn about steps they can take to improve their health and the resources that are available to them and their families. The data in the *Health Disparities Report* should serve as a catalyst for developing more educational materials that meet the needs of different populations.

Policymakers, community leaders and public health advocates will benefit from greater insight into health disparities. The data from the *America's Health Rankings Health Disparities Report* can inspire them to identify where the needs are greatest, and guide decisions on how to target resources and tailor programs. By understanding and raising awareness of these challenges, we can help reduce the burden that disparities place on the health care system and achieve greater health equity for all communities."

Even prior to the COVID-19 pandemic, notable disparities existed in food insecurity rates.

Food Insecurity

Food insecurity is measured as the percentage of households unable to provide adequate food for one or more household members due to lack of resources. It is associated with chronic diseases such as obesity, diabetes and hypertension as well as mental health conditions such as anxiety and depression, especially among low-income populations.[22,23,24]

Even prior to the COVID-19 pandemic, notable disparities existed in food insecurity rates, with gaps further widening between 2003-2007 and 2015-2019 as some subpopulation groups experienced significant increases in food insecurity rates. For example, during this time period, food insecurity rates increased 39% for American Indian/Alaska Native households from 19.7% to 26.7%. By 2015-2019, American Indian/Alaska Native (26.7%) households had a five times higher rate of food insecurity than Asian/Pacific Islander (5.6%) households.

Disparities in food insecurity were also significant by education. In 2015-2019, households headed by those with less than a high school education (24.8%) had nearly a six times higher rate of food insecurity than households headed by college graduates (4.4%). Since 2003-2007, food insecurity rates increased at every education level — including 15% in households headed by those with less than a high school education, and 19% in households headed by college graduates.

There were notable disparities in food insecurity rates within and across states too.

FOOD INSECURITY BY RACE AND ETHNICITY

How Wide is the Gap Across States?

In 2015-2019, food insecurity was nearly **20x higher** among Black households in North Dakota (who had the highest rate in the U.S.) than white households in the District of Columbia (who had the lowest rate).

39.1% Black in North Dakota

20x Higher

2.0% White in District of Columbia

Food Insecurity
by Educational Attainment, 2003-2007 to 2015-2019

Percentage of Households

Time Periods

- ● Less than High School
- ● High School Graduate
- ● Some College
- ● College Graduate
- --●-- US
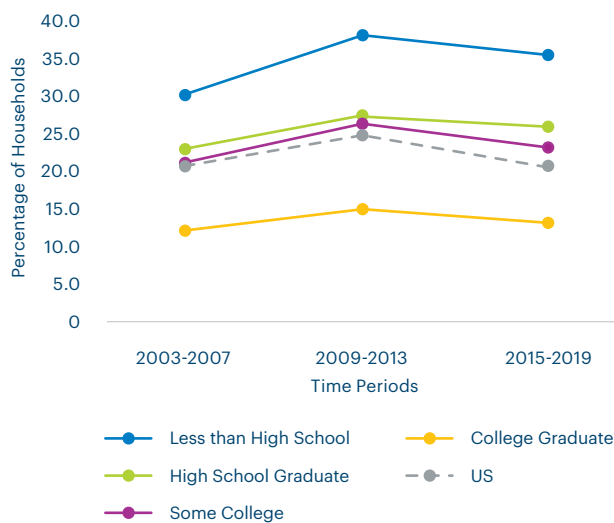
Food Insecurity
by Race and Ethnicity, 2003-2007 to 2015-2019

Percentage of Adults

Time Periods

- ● American Indian/Alaska Native
- ● Asian/Pacific Islander
- ● Black
- ● Hispanic
- ● Multiracial
- ● White
- --●-- US
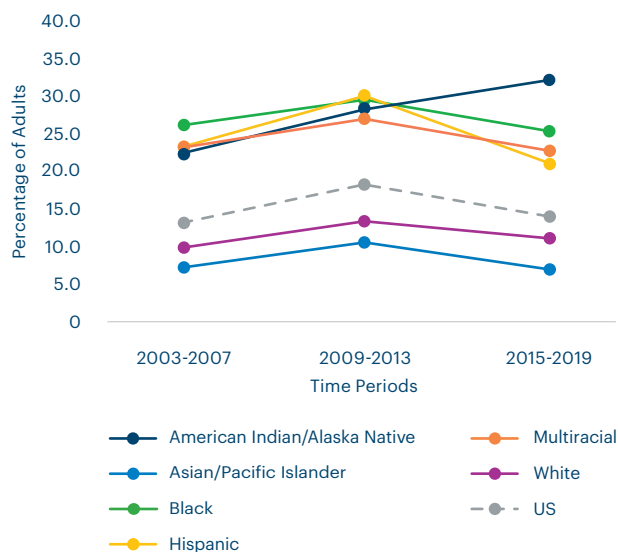
Addressing the Layers of Disparities in Tribal Communities

Dr. Cynthia Lindquist, President, Cankdeska Cikana Community College
Ta'Sunka Wicahpi Win…Star Horse Woman

"Tribal communities like mine, the Spirit Lake Dakota reservation in North Dakota, have always been communal in nature. Caring for the health of individuals and the community is ingrained, but historical traumas have led to a range of public health challenges to this day.

In my career serving American Indian peoples as a health leader and educator, I have seen firsthand the many obstacles facing my community, from endemic poverty and mistrust of educational institutions to widespread food insecurity and a sense of inevitability around adult-onset diabetes. The *America's Health Rankings Health Disparities Report* reaffirms what leaders in tribal and other marginalized communities already know: health challenges and wide disparities exist and have persisted over time.

Overcoming these persistent disparities is not easy and there are

no quick solutions. Experiencing food insecurity, for example, leaves a deep, long-lasting impression. Even in my own life, after years of higher education and professional experience, there is still a little girl in me that remembers being hungry. I see how scars like these profoundly shape the students and community I work with at Cankdeska Cikana Community College. They face recurrent and lasting structural challenges, like endemic poverty and lack of access to healthy foods, which shape their day-to-day lives and overall health. I feel a deep sense of urgency to help address these disparities and the underlying determinants of health.

Despite these persistent challenges, I am hopeful that we can make a difference. As the *America's Health Rankings* report shows, there is a strong connection between education and better health. If we can

help break the cycle of generational health challenges through the education we provide at Cankdeska Cikana Community College, then my work comes full circle.

I also believe that with clear, objective data, tribal leaders can help bridge knowledge gaps and improve understanding of health and wellness for the people in their community. Leaders can use this information to help them focus their efforts and catalyze meaningful change.

The challenges facing tribal communities are deep, complex and layered. But by articulating the impact of disparities in health outcomes and what contributes to them in an accessible and holistic manner, we can lean on our communal strengths to improve public health."

Per Capita Income
by Gender in the US, 2015-2019

$42,013
Male

$26,156
Female

Per Capita Income

Per capita income is the mean income calculated for every individual in a group (often a household). Income is a strong predictor of health, and lower levels of income are associated with poorer health outcomes across the life course.[25]

All subpopulation groups experienced an increase in per capita income between 2005-2009 and 2015-2019. Despite this progress, disparities persisted by education, gender, geography and race and ethnicity. Of note, in 2015-2019, females ($26,156) had a per capita income that was $15,857 lower than males ($42,013).

Gender-based disparities in per capita income were wide across states. Connecticut had the highest disparity, where per capita income varied in absolute terms by $22,162 between females ($33,505) and males ($55,667). Mississippi had the lowest disparity, where per capita income varied by $10,714 — however both males ($29,905) and females ($19,191) in Mississippi had far lower per capita incomes than their counterparts nationally.

Top States with the Highest and Lowest Disparities in Per Capita Income
by Gender, 2015-2019

US Average: $33,978

● Female   ● Male
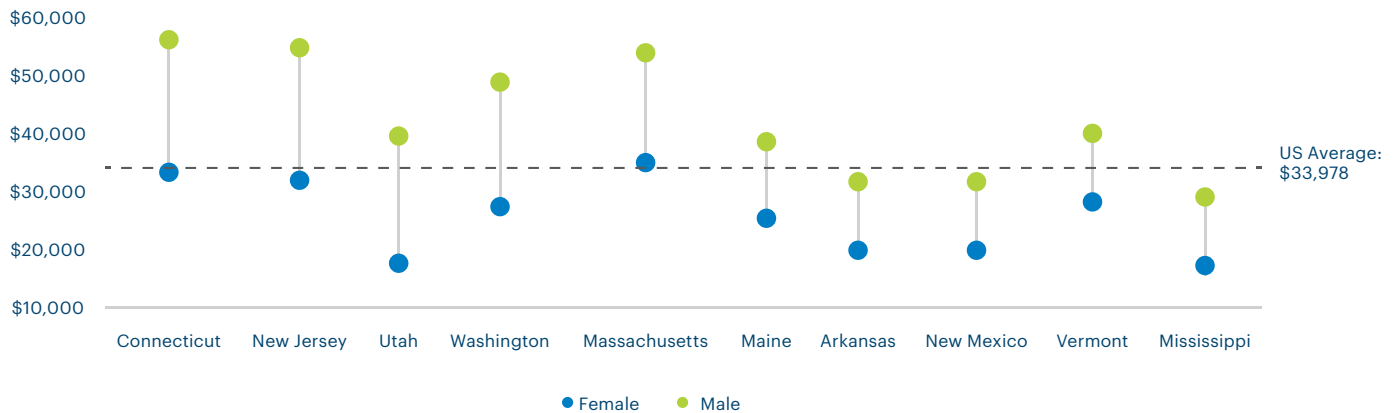
Income Inequality

Income inequality is measured as the ratio of median household income at the 80th percentile to household income at the 20th percentile. Higher ratios indicate greater income inequality. In 2019, income inequality varied considerably across states. District of Columbia (6.3) had the highest income inequality, whereas Utah had the lowest (3.7). Since 2011, income inequality declined across 18 states, whereas it increased across three states — Alaska, Wyoming and New York.

Income Inequality

2019

Income Inequality Ratio

3.7   6.3
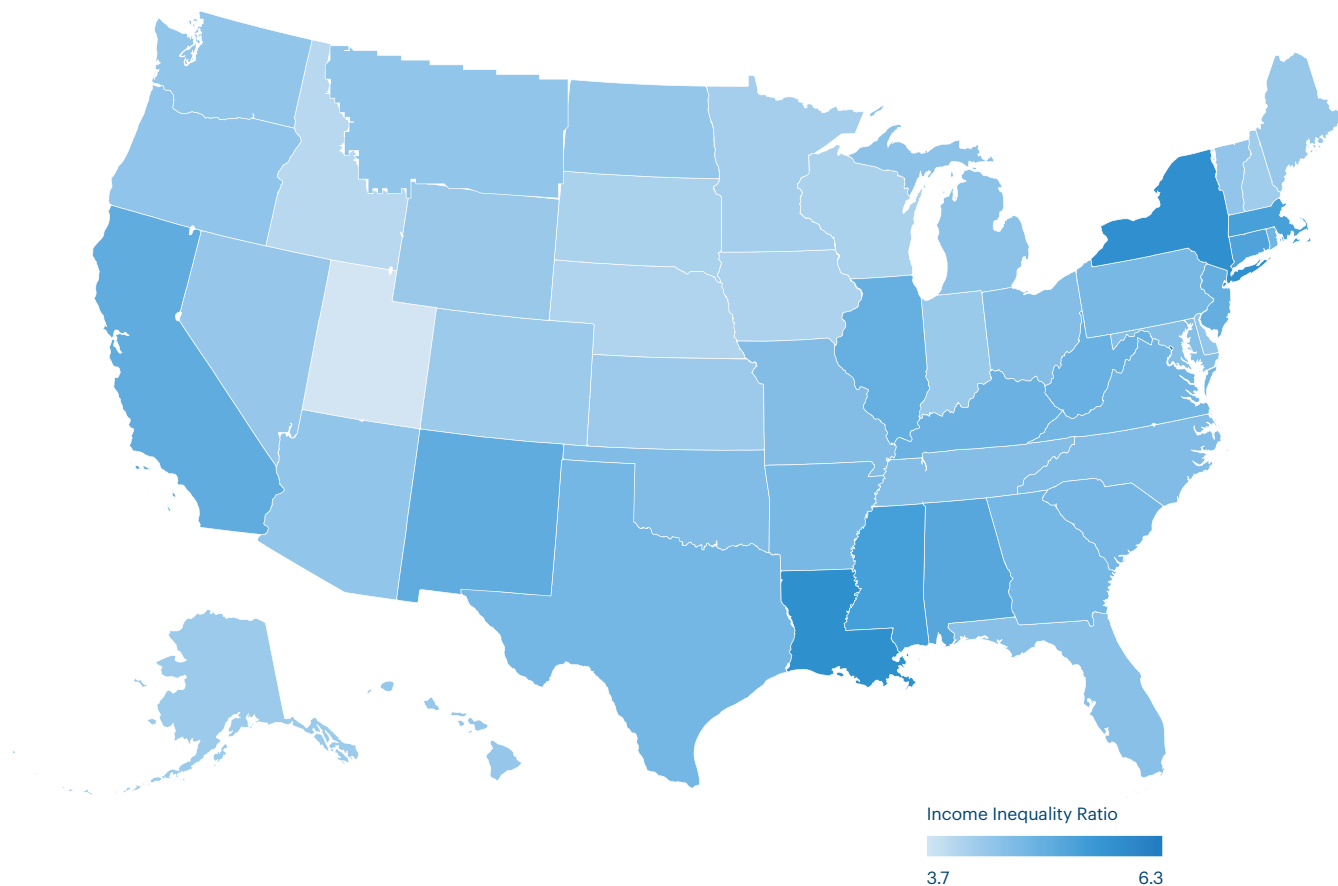
Physical Environment

Before the COVID-19 pandemic, notable progress was made in reducing the rate of severe housing problems. However, racial disparities persisted.

Severe Housing Problems

Severe housing problems is measured as the percentage of occupied housing units with at least one of the following problems: lack of complete kitchen facilities, lack of plumbing, overcrowding or severely cost-burdened. Housing has a strong influence on health, with poor-quality housing and overcrowding being associated with higher rates of chronic disease, mental health challenges and greater risk of exposure to infectious diseases — as demonstrated by the rapid spread of COVID-19 in certain communities.[26,27] In the U.S., disparities in housing conditions have been driven by historical and systemic policies, such as racial residential segregation, that have had a lasting impact on the health of communities of color.[28]

Between 2005-2009 and 2013-2017, the nation progressed in reducing the rate of severe housing problems and narrowing gaps. Hispanic-headed households experienced the greatest decline (11%) in severe housing problems, followed by Asian/Pacific Islander (8%) and Black-headed (5%) households.

Despite this positive progress, significant racial and ethnic disparities in severe housing problems persisted. In 2013-2017 — before the pandemic — households headed by Hispanic (29.9%), Black (25.3%) and American Indian/Alaska Native (24.2%) individuals had roughly a two times higher rate of severe housing problems than households headed by white (13.4%) individuals.

Amid the pandemic, studies documented that counties with a higher percentage of households living in poor housing conditions faced a higher rate of COVID-19 infection and associated mortality.[21] A large share of those disproportionately impacted were people of color.

Severe Housing Problems
by Race and Ethnicity, 2013-2017

29.9% Hispanic

25.3% Black

24.2% American Indian/Alaska Native

22.7% Asian/Pacific Islander

22.2% Other

13.4% White
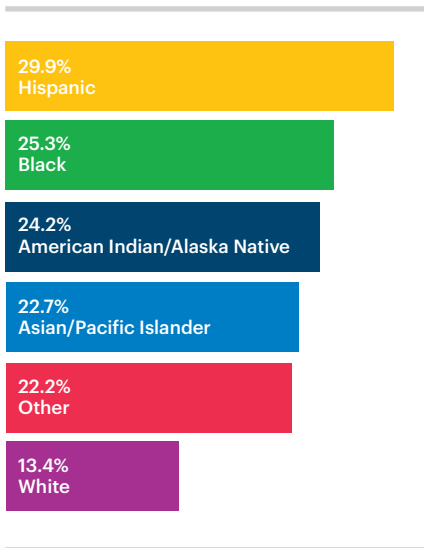
Percentage of Occupied Housing Units

Severe Housing Problems
by Race and Ethnicity, 2005-2009 to 2013-2017

Percentage of Occupied Housing Units — Time Periods (2005-2009, 2009-2013, 2013-2017)

Legend:
- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Other
- White
- US
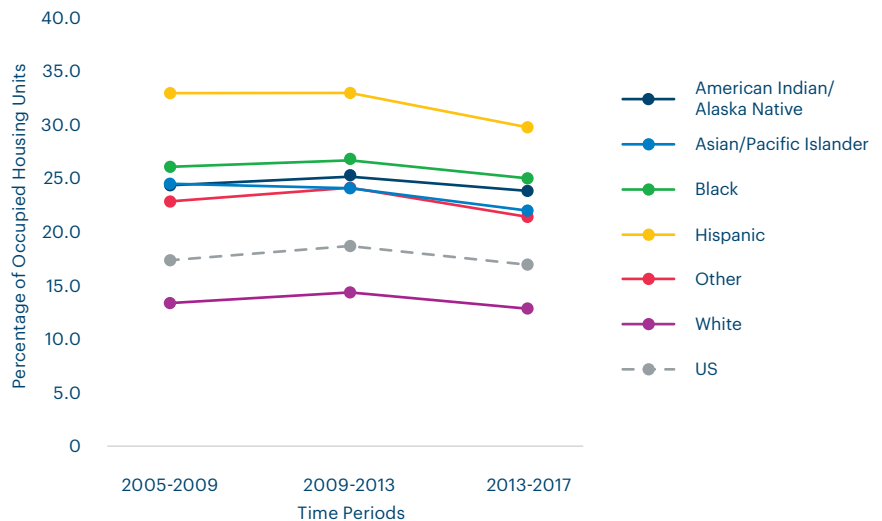
How Wide is the Gap Across States?

24x

The rate of uninsured was **24x higher** for American Indian/Alaska Native populations in Wyoming (**38.4%** — who had the highest rate in the U.S) than white populations in the District of Columbia (**1.6%** — who had the lowest rate) in 2015-2019.

Clinical Care

Over the last decade and prior to the COVID-19 pandemic, health care access improved across subpopulations, with declining disparities in rates of uninsured and avoiding care due to cost.
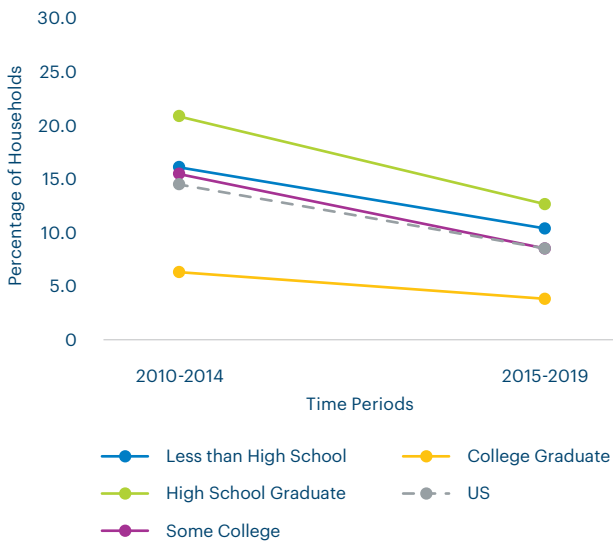
Uninsured

Health insurance is central to people's ability to access preventive and medical care to achieve and maintain good health. Between 2010-2014 and 2015-2019, the national rate of uninsured declined 37% from 14.6% to 9.2%. During this period, all subpopulation groups experienced improvements, with notable progress made in reducing disparities by education and race and ethnicity. These strides in health insurance coverage coincide with the implementation of the Affordable Care Act's range of health insurance expansion programs.[29,30]

Despite this progress, there remains considerable room for improvement to close gaps in coverage. In 2015-2019, the rate of uninsured was 3.5 times higher among high school graduates (13.6%) than college graduates (3.9%). During this same period, the rate of uninsured was nearly three times higher for American Indian/Alaska Native (20.2%) and Hispanic (18.5%) populations than white (6.2%) populations.

Uninsured

by Educational Attainment, 2010-2014 to 2015-2019

Uninsured

by Race and Ethnicity, 2010-2014 to 2015-2019
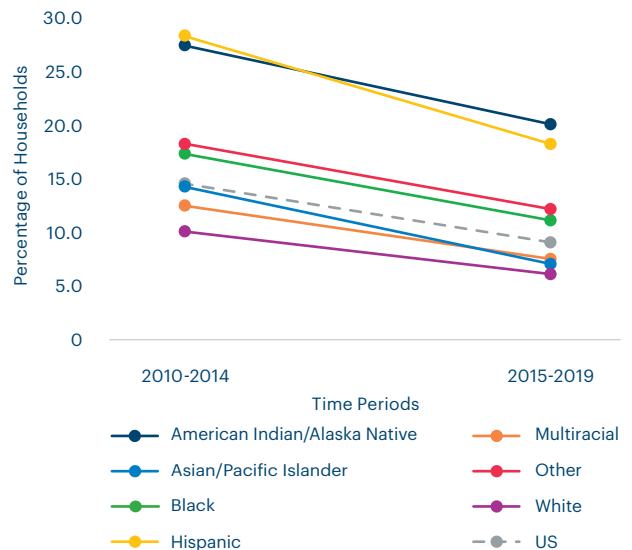
Rates of uninsured by race and ethnicity also varied substantially across and within states. Across states, there was a 24-fold difference in rates of uninsured by race and ethnicity.

In 2015-2019, Wyoming, South Dakota, Tennessee, Georgia and Utah (all five states without Medicaid expansion prior to 2020) had the highest racial and ethnic disparities in rates of uninsured within their states, whereas Hawaii, Vermont, Massachusetts, Michigan and New York (all five states that expanded Medicaid in 2014) had the lowest disparities.[31]

The Hispanic population in 28 states and the District of Columbia, and the American Indian/Alaska Native population in 17 states continued to face the highest rates of uninsured across the country in 2015-2019.

Top States with the Highest and Lowest Disparities in Rate of Uninsured
by Race and Ethnicity, 2015-2019
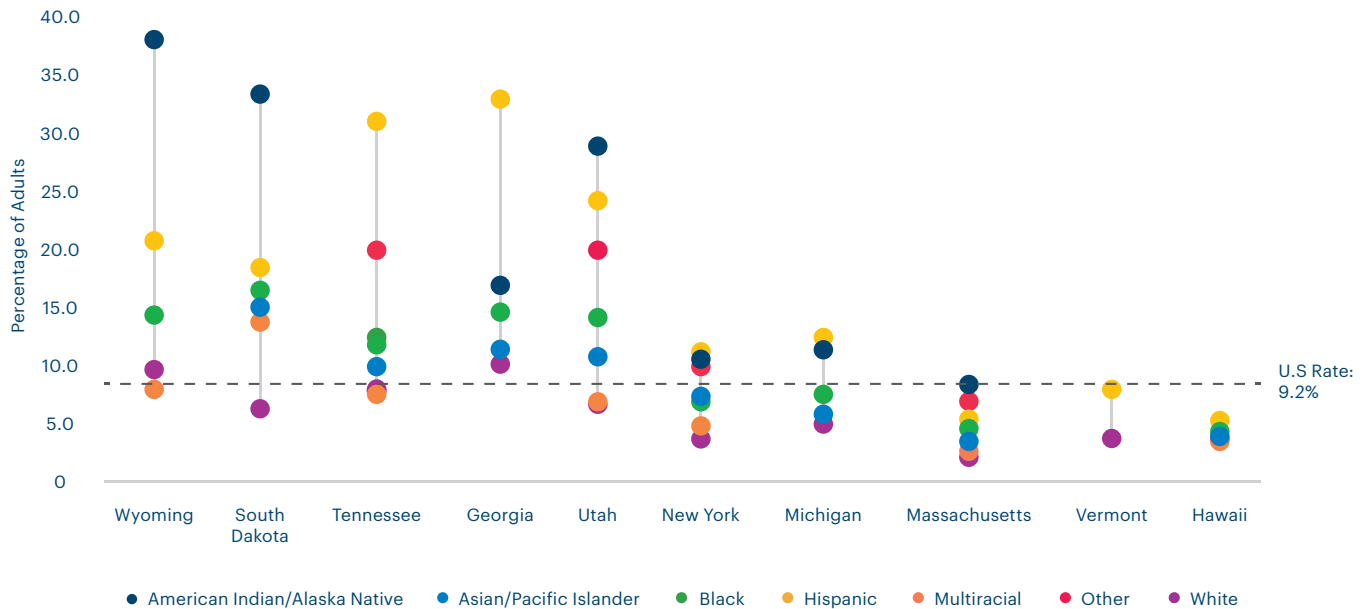
28 States and the District of Columbia where the Hispanic Population Had the Highest Rate of Uninsured
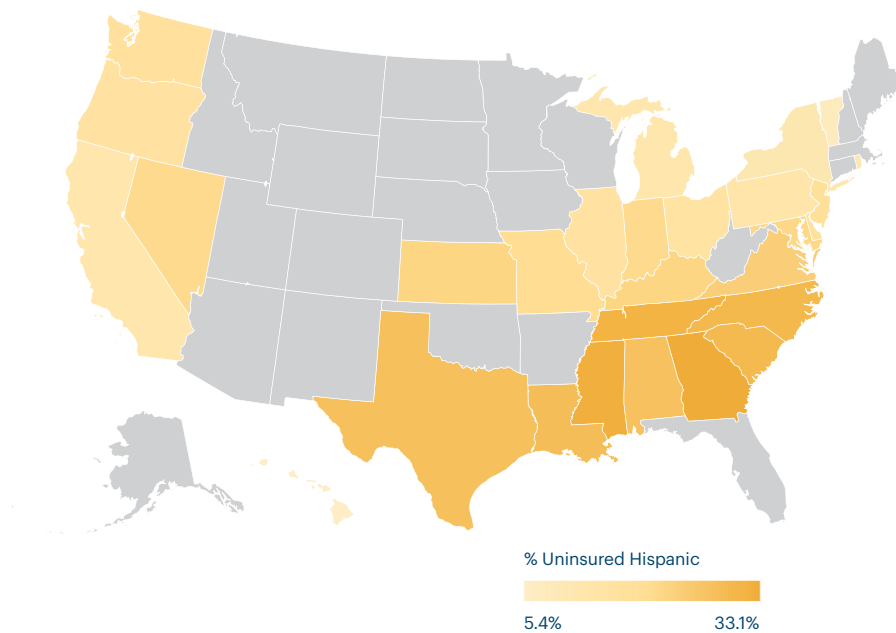
2015-2019

% Uninsured Hispanic

5.4%   33.1%

17 States Where the American Indian/Alaska Native Population Had the Highest Rate of Uninsured

2015-2019

% Uninsured American Indian/Alaska Native

8.4%   38.4%
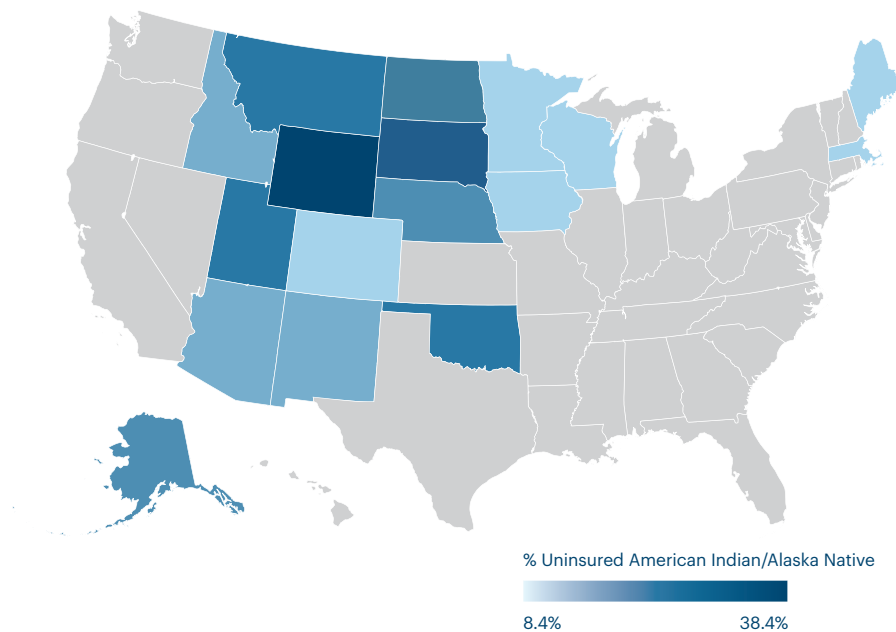
Avoided Care Due to Cost

Avoided care due to cost refers to the percentage of adults who reported a time in the past 12 months when they needed to see a doctor but could not because of cost. Avoided care is driven in large part by a lack of health insurance coverage and other access barriers. However, when people can afford and access care, they are more likely to utilize preventive services and less likely to delay necessary treatment, leading to better health outcomes.

Avoided Care Due to Cost
by Educational Attainment, 2011-2013 to 2017-2019

Avoided Care Due to Cost
by Race and Ethnicity, 2011-2013 to 2017-2019
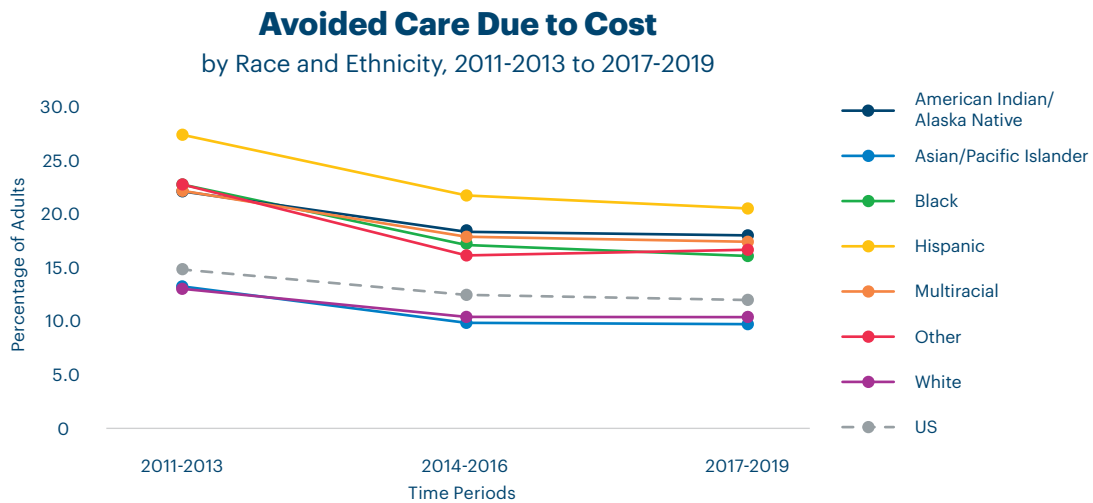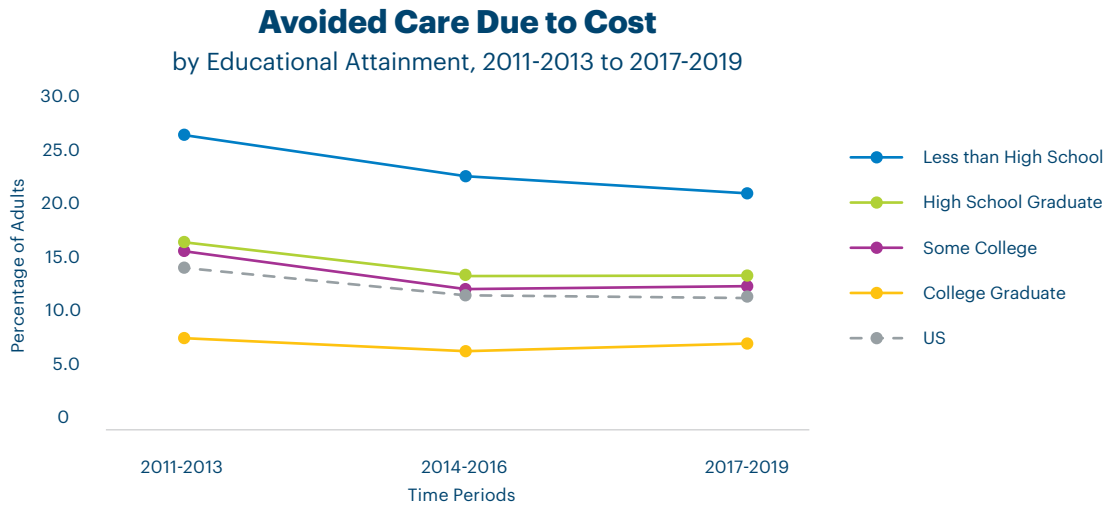
Coinciding with the significant decrease in uninsured rates, there was notable progress in reducing disparities in avoided care due to cost. Across all subpopulation groups, there was an 18.4% decline in the percentage of adults who avoided care due to cost between 2011-2013 and 2017-2019. However, Hispanic and American Indian/Alaska Native adults and adults with less than a high school education continued to face the greatest challenges.

In 2017-2019, adults with less than a high school education (22.1%) had a three times higher rate of avoided care due to cost than college graduate adults (7.9%). During this same period, Hispanic (20.7%) and American Indian/Alaska Native adults (18.2%) had a nearly two times higher rate of avoided care due to cost than Asian/Pacific Islander adults (10.2%).

Avoided Care Due to Cost
by Subpopulation, 2017-2019

Subpopulation	Percentage of Adults
U.S.	12.4%
Less than High School	22.1%
High School Graduate	14.2%
Some College	13.5%
College Graduate	7.9%
Hispanic	20.7%
American Indian/Alaska Native	18.2%
Multiracial	17.6%
Other	16.9%
Black	16.3%
White	10.8%
Asian/Pacific Islander	10.2%

Percentage of Adults
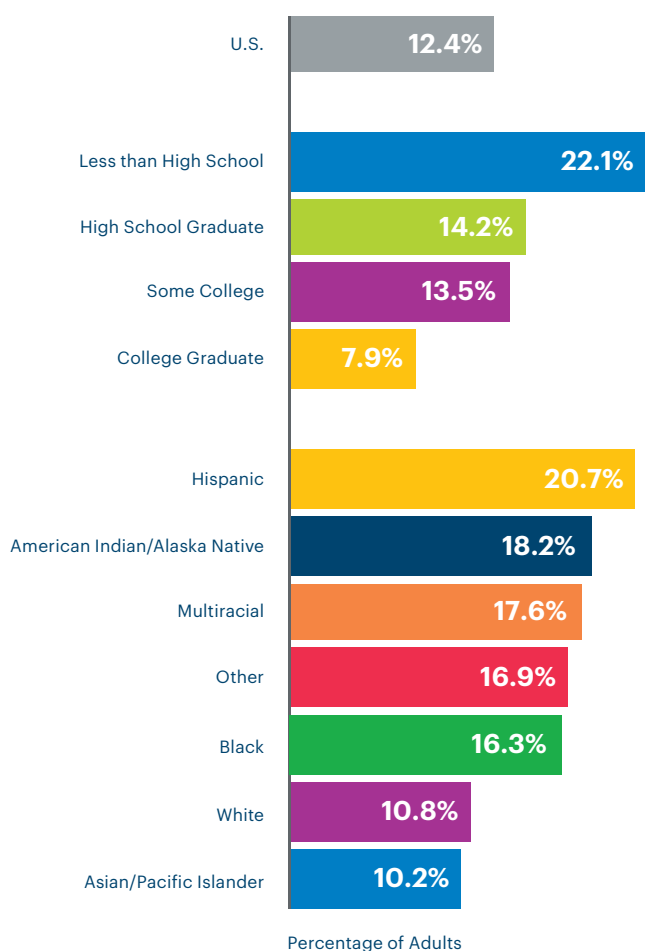
Flu Vaccination

The annual flu vaccine provides protection against seasonal influenza (or flu) viruses that lead to contagious respiratory illness. Prior to the COVID-19 pandemic, the rate of seasonal flu vaccination increased for many subpopulation groups, including: male and female adults; Hispanic, Black, Asian and Pacific Islander and white adults; and adults with some college or college graduates. At the same time, high school graduate adults experienced a 2% decline in flu vaccination.

In 2017-2019, college graduate (47.3%) adults had a 43% higher rate of flu vaccination than adults with less than a high school education (33.0%). Among racial and ethnic groups, white (41.6%) adults had the highest rate of flu vaccination — a rate 35% and 27% higher, respectively, than Hispanic (30.9%) and Black (32.7%) adults who had the lowest rates. Females (43.6%) had a 19% higher rate of flu vaccination than males (36.7%).

Racial Gap in Flu Vaccination Rate
by State, 2017-2019
Difference in Rate Between the Racial/Ethnic Group
with the Highest and Lowest Rate (varies by state)

Racial Gap

6.1   28.0
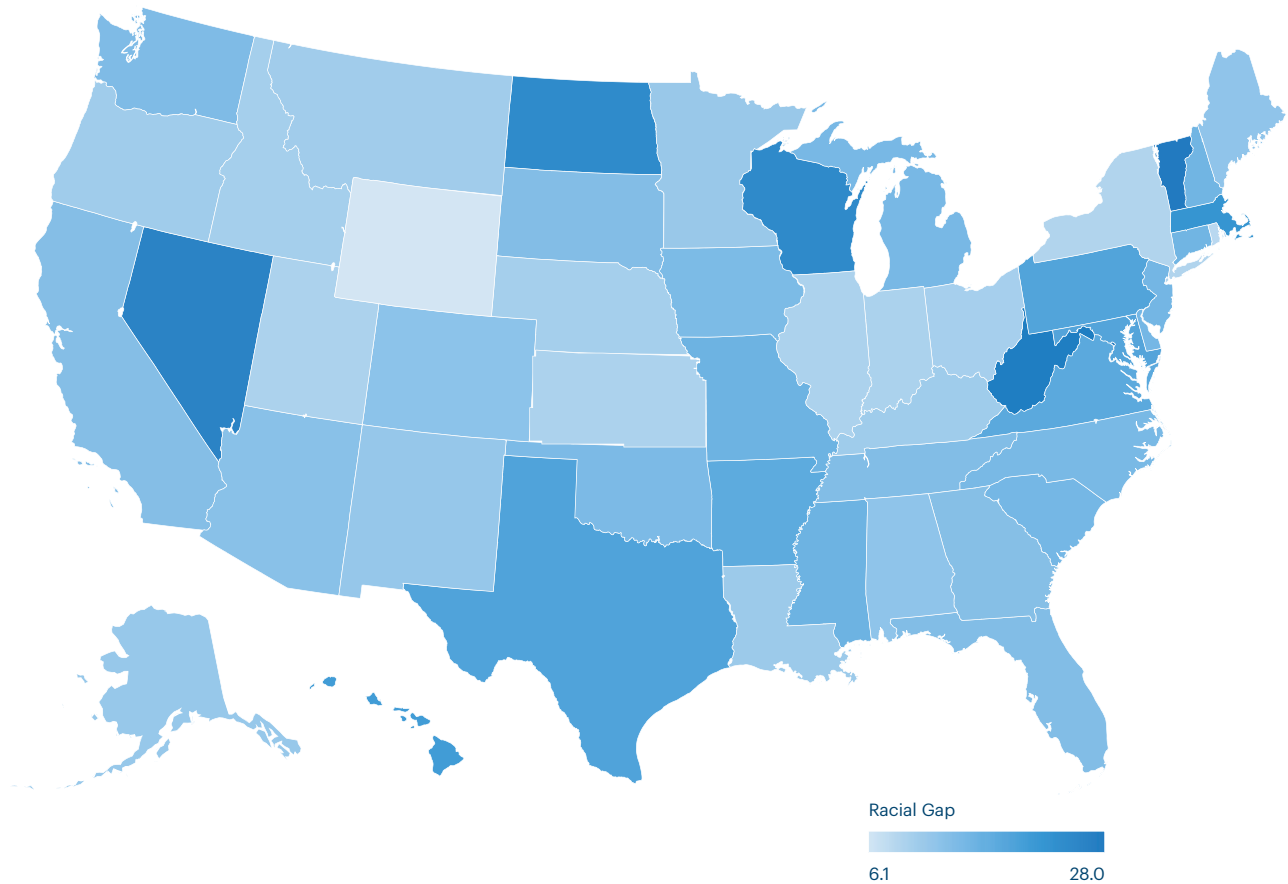
Flu Vaccination

by Educational Attainment, 2011-2013 to 2017-2019

Legend:
- Less than High School
- High School Graduate
- Some College
- College Graduate
- US
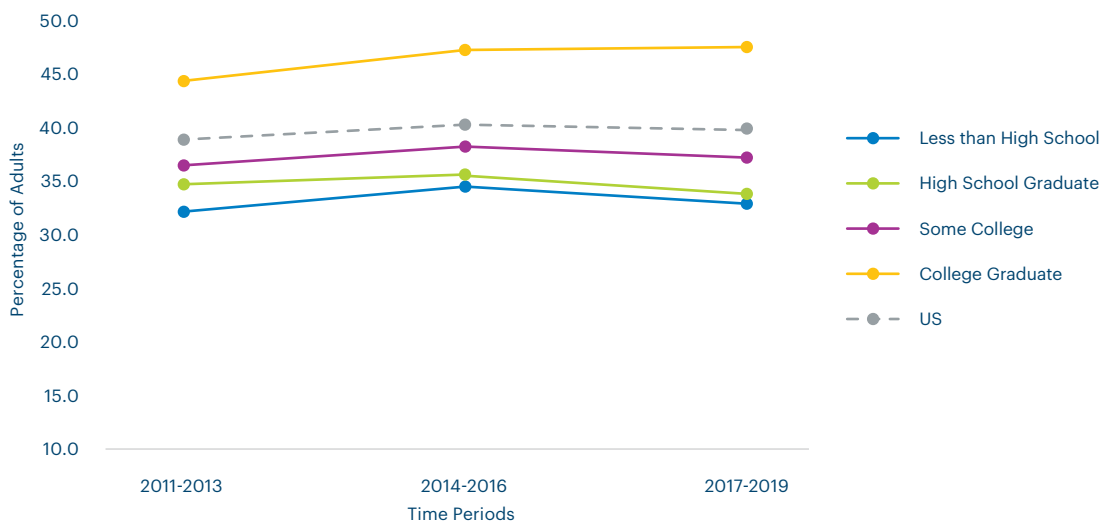
Flu Vaccination

by Race and Ethnicity, 2011-2013 to 2017-2019

Legend:
- American Indian/ Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Multiracial
- Other
- White
- US
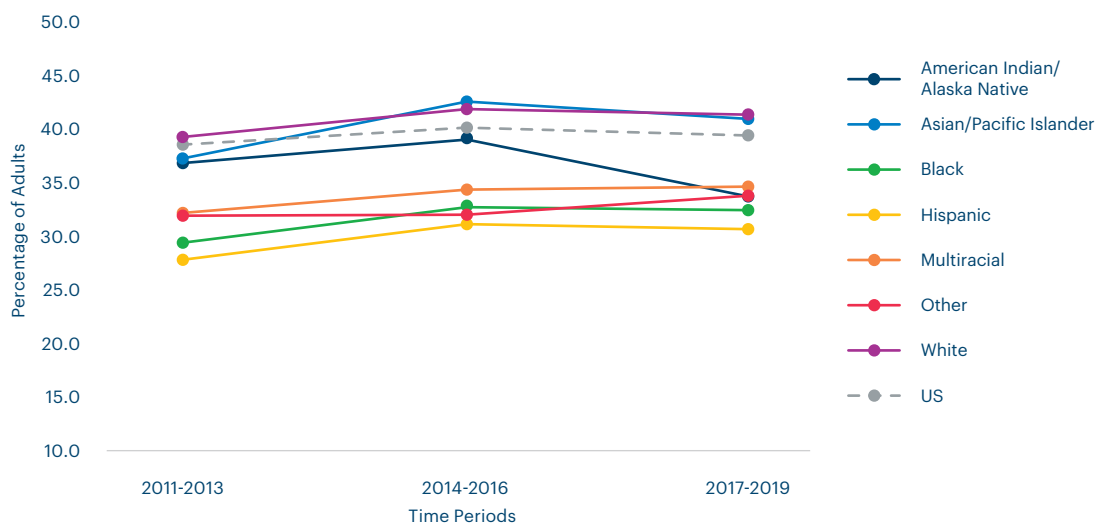
Behaviors

While some progress was made in reducing the rate of smoking, disparities continued to persist. Rates of physical inactivity also worsened for many Americans.

Smoking

Smoking is measured as the percentage of adults who reported smoking at least 100 cigarettes in their lifetime and currently smoke daily or some days. Smoking is a leading cause of preventable death and disease in the U.S., and a risk factor for severe illness from COVID-19.[32,33]

Between 2011-2013 and 2017-2019, most subpopulation groups experienced a decline in rates of smoking. Rates of smoking declined 21% for college graduate and multiracial adults, 20% for Black adults and 19% for white adults. Despite this progress, wide disparities persisted. In 2017-2019, rates of smoking were nearly four times higher for American Indian/Alaska Native adults (29.0%), three times higher for multiracial adults (23.0%) and two times higher for Black adults (17.8%) compared to Asian/Pacific Islander adults (8.1%). Those with less than a high school education (25.9%) had a four times higher rate of smoking than college graduate adults (6.3%).

Smoking

by Educational Attainment, 2011-2013 to 2017-2019

Smoking
by Race and Ethnicity, 2011-2013 to 2017-2019

Legend:
- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Multiracial
- Other
- White
- US

X-axis: 2011-2013, 2014-2016, 2017-2019 (Time Periods)
Y-axis: Percentage of Adults
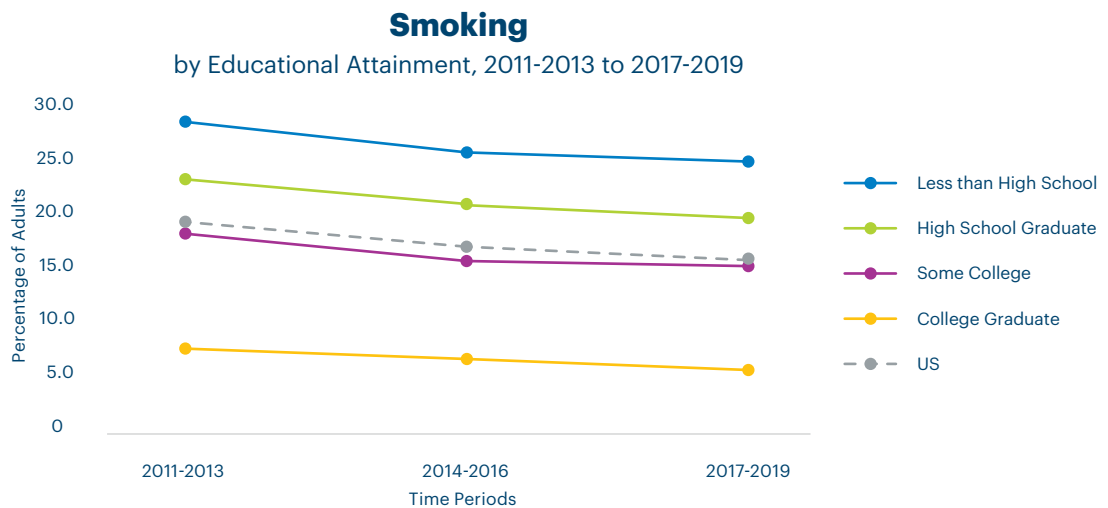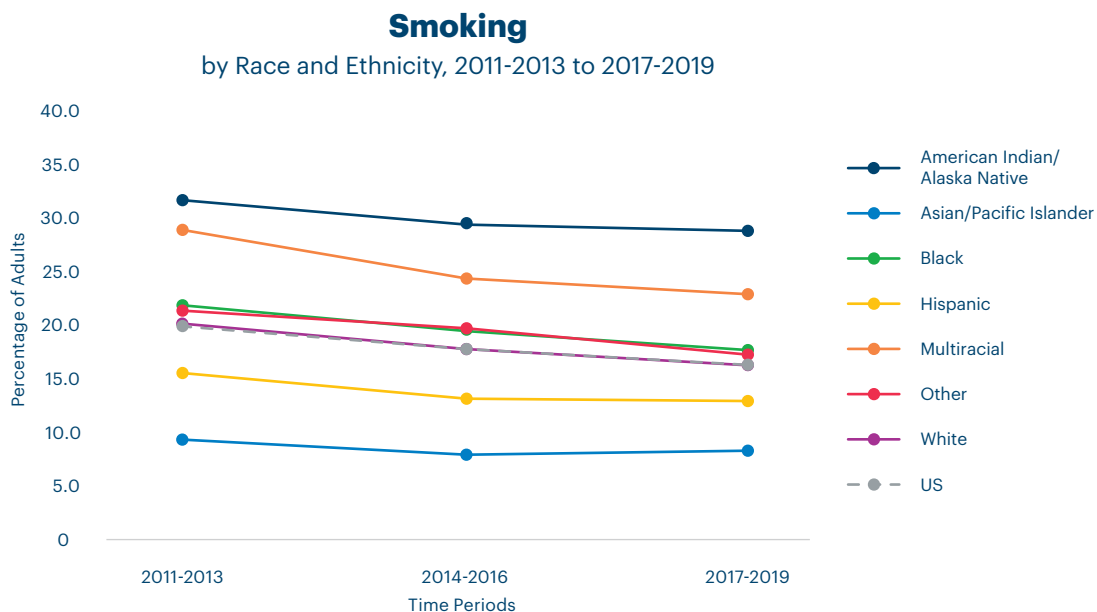
Physical Inactivity

Between 2011-2013 and 2017-2019, most subpopulation groups experienced an increase in rates of physical inactivity, with increases highest for males, adults with less than a high school education and Black adults. Disparities in physical inactivity were particularly notable by education. In 2017-2019, rates of physical inactivity were three times higher for adults with less than a high school education (42.7%) than college graduate adults (14.1%).

Physical Inactivity
by Educational Attainment, 2017-2019

- **42.7%** Less than High School
- **31.6%** High School Graduate
- **23.4%** Some College
- **14.1%** College Graduate
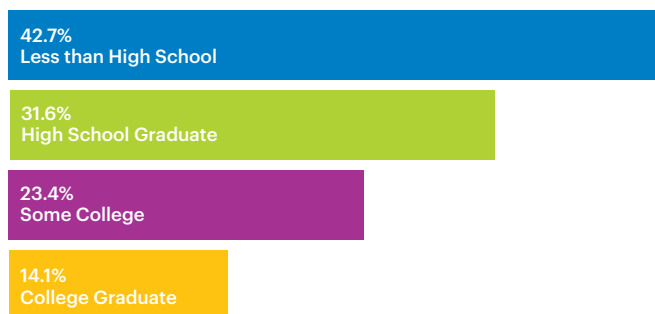
Percentage of Adults

Broad disparities across populations highlight connection between education and health.

How Wide is the Gap Across States?

In 2015-2019, the rate of high health status was **3.5x higher** among college graduate adults in the District of Columbia (who had the highest rate in the U.S.) than adults with less than a high school education in Alabama (who had the lowest rate).

76.4%
College Graduate
in District of Columbia

21.7%
Less than
High School
in Alabama

3.5x
Higher
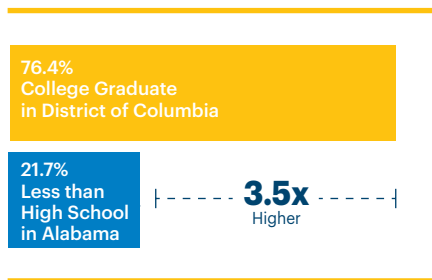
Health Outcomes

Before the COVID-19 pandemic, wide and persistent disparities existed across measures of overall health, chronic disease, mental and behavioral health, and mortality. At the same time, promising progress was made across the nation in reducing disparities in infant mortality rates.

High Health Status

High health status is defined as the percentage of adults who self-report their health as very good or excellent. High health status is a strong predictor of overall health, well-being and mortality.[34]

Disparities persisted in high health status, particularly by educational attainment. In 2017-2019, adults with less than a high school education (25.4%) had an almost three times lower rate of reporting high health status than college graduate adults (65.2%). In addition, between 2011-2013 and 2017-2019, rates of high health status declined 4% among high school graduates, 7% among those with some college and 4% among college graduates.

In 2017-2019, Asian/Pacific Islander (54.3%) and white (53.4%) adults had 43% and 41% higher rates, respectively, of self-reporting high health status than Hispanic (37.9%) adults. Between 2011-2013 and 2017-2019, white adults were the only racial and ethnic group to experience a decline in high health status: 3% from 55.3% to 53.4%.

High Health Status
by Educational Attainment, 2017-2019

65.2%
College Graduate

50.7%
Some College

43.1%
High School Graduate

25.4%
Less than High School

Percentage of Adults

High Health Status
by Educational Attainment, 2011-2013 to 2017-2019

Percentage of of Adults

Time Periods

Less than High School
High School Graduate
Some College
College Graduate
US
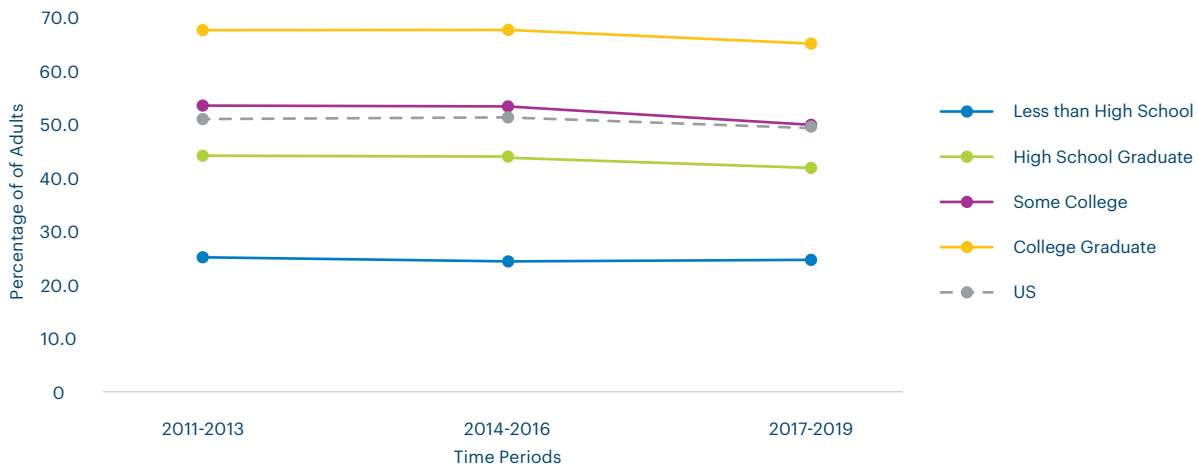
MULTIPLE CHRONIC CONDITIONS
BY EDUCATION

How Wide is the Gap Across States?

12x

The rate of multiple chronic conditions was **12x higher** for adults with less than a high school education in West Virginia (**36.9%** — who had the highest rate in the U.S.) than college graduate adults in the District of Columbia (**3.1%** — who had the lowest rate) in 2017-2019.

MULTIPLE CHRONIC CONDITIONS
BY GENDER

How Wide is the Gap Across States?

5x

The rate of multiple chronic conditions was **5x higher** for female adults in West Virginia (**21.8** — who had the highest rate in the U.S.) than male adults in the District of Columbia (**4.4%** — who had the lowest rate) in 2017-2019.

Chronic Disease

The inaugural *America's Health Rankings Health Disparities Report* includes four individual measures of chronic disease — asthma, cancer, cardiovascular disease and diabetes — along with a combined measure referred to as multiple chronic conditions. Multiple chronic conditions measure the percentage of adults who report being told by a health care provider that they have three or more of the following chronic health conditions: arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease, cancer, depression and diabetes.

Multiple chronic conditions, cardiovascular disease and other conditions have been identified by the Centers for Disease Control and Prevention (CDC) as risk factors for severe COVID-19 illness and hospitalization. Emerging studies show that nearly two-thirds of COVID-19 related hospitalizations among U.S. adults were attributable to preexisting cardiometabolic conditions such as obesity, diabetes and cardiovascular disease.[35]

Disparities in rates of chronic disease have remained wide and persistent over the years, with rates of multiple chronic conditions rising for many subpopulation groups prior to the COVID-19 pandemic. Between 2011-2013 and 2017-2019, rates of multiple chronic conditions increased 15% for adults with some college or a college degree, 14% for white adults, 10% for Black and female adults and 9% for American Indian/Alaska Native adults — all of whom experienced the greatest increases.

By 2017-2019, adults with less than a high school education had a three times higher rate of multiple chronic conditions (16.2% vs. 5.7%) and a two times higher rate of cardiovascular disease (13.6% vs. 5.6%) and diabetes (17.7% vs. 7.3%) than college graduate adults. Females had higher rates of asthma (11.5% vs. 6.4%), cancer (8.1% vs. 5.5%) and multiple chronic conditions (12.1% vs. 7.9%) than males.

Notable disparities in chronic disease prevalence persisted by race and ethnicity. In 2017-2019, American Indian/Alaska Native, multiracial and Black adults had significantly higher rates of multiple chronic conditions, asthma, cardiovascular disease and cancer than Asian/Pacific Islander populations.

In 2017-2019, wide disparities persisted in multiple chronic conditions by race and ethnicity.
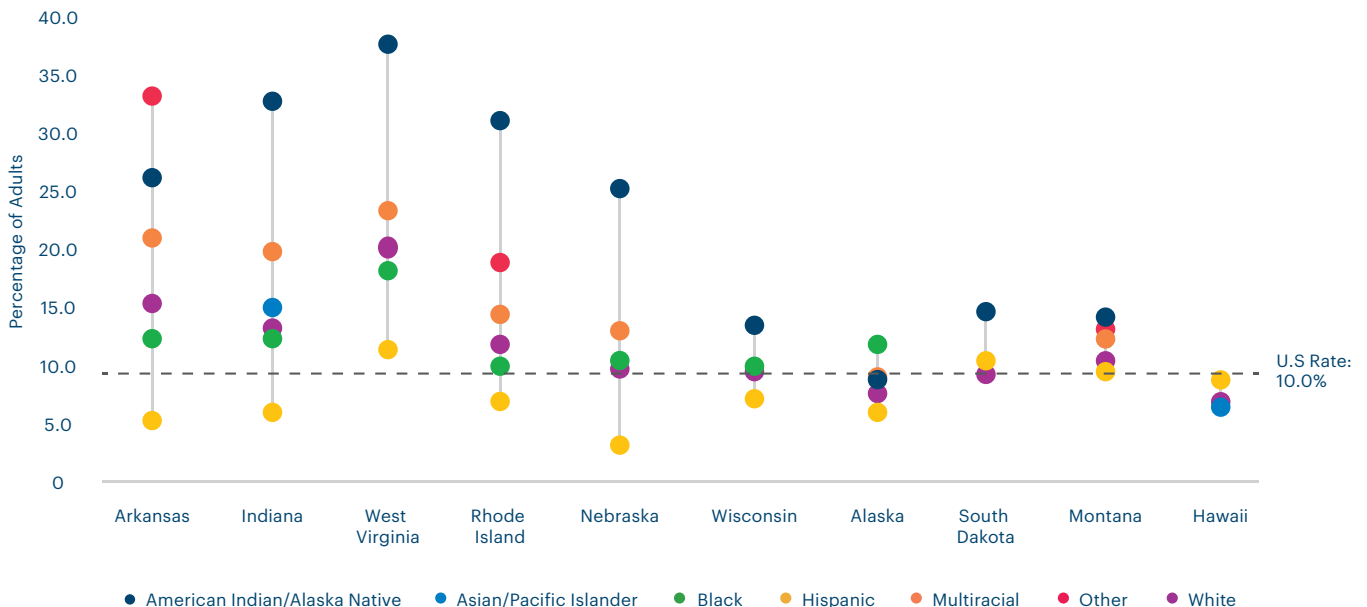
Compared to Asian/Pacific Islander adults (3.2%), the percentage of adults with multiple chronic conditions was 6x higher for American Indian/Alaska Native adults (18.4%), 4x higher for Multiracial adults (14.1%) and 3x higher for Black adults (10.7%).

3.2%
Asian/
Pacific Islander

3x **10.7%**
Black

4x **14.1%**
Multiracial

6x **18.4%**
American Indian/
Alaska Native
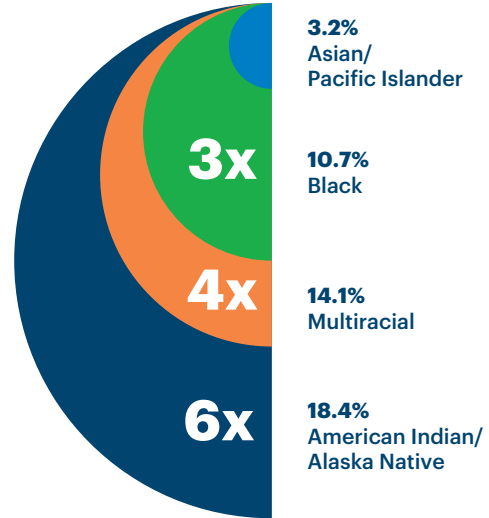
There was also considerable variation in rates of multiple chronic conditions by subpopulation groups across states. Arkansas, Indiana, West Virginia, Rhode Island and Nebraska had the highest racial and ethnic disparities in rates of multiple chronic conditions in 2017-2019, whereas Hawaii, Montana, South Dakota, Alaska and Wisconsin had the lowest disparities. Across 38 states, American Indian/Alaska Native adults had the highest rates of multiple chronic conditions, ranging from a high of 37.6% in West Virginia and a low of 11.2% in Utah.

Top States with the Highest and Lowest Disparities in Rate of Multiple Chronic Conditions
by Race and Ethnicity, 2017-2019

U.S Rate: 10.0%

Legend: ● American Indian/Alaska Native ● Asian/Pacific Islander ● Black ● Hispanic ● Multiracial ● Other ● White

States (x-axis): Arkansas, Indiana, West Virginia, Rhode Island, Nebraska, Wisconsin, Alaska, South Dakota, Montana, Hawaii

DEPRESSION BY EDUCATION

How Wide is the Gap Across States?

3.4x

The rate of depression was **3.4x higher** among adults with less than a high school education in West Virginia (**35.7%** — who had the highest rate in the U.S.) than college graduate adults in Hawaii (**10.4%** — who had the lowest rate) in 2017-2019.

Behavioral and Mental Health

This report includes three measures of behavioral and mental health — depression, frequent mental distress and excessive drinking. Mental health conditions, such as depression and anxiety, affect a person's thoughts, feelings, moods and behaviors, and often co-occur with substance use disorders. Wide disparities exist in behavioral and mental health by education, gender and race and ethnicity, with worsening rates for many subpopulation groups.

In 2017-2019, adults with less than a high school education had a 123% higher rate of frequent mental distress (17.6% vs. 7.9%) and 46% higher rate of depression (22.0% vs. 15.1%) than college graduate adults. On the other hand, excessive drinking was highest among those with some college (19.5%) or a college degree (19.2%).

Females had a 70% higher rate of depression (23.9% vs. 14.1%) and 38% higher rate of frequent mental distress (14.3% vs. 10.4%) than males. However, males (23.3%) had a 66% higher rate of excessive drinking than females (14.0%).

Depression, Frequent Mental Distress and Excessive Drinking
by Educational Attainment, 2017-2019
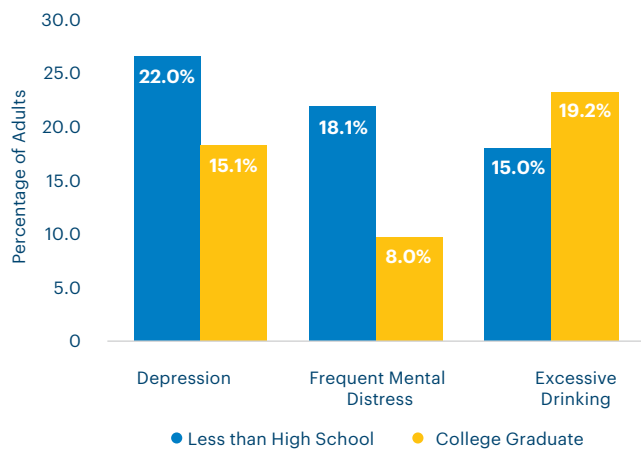
Depression, Frequent Mental Distress and Excessive Drinking
by Gender, 2017-2019
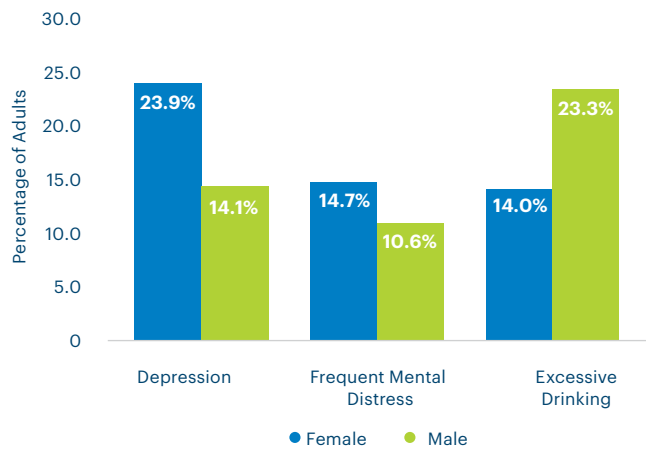
Racial gaps were also wide in behavioral and mental health. Multiracial, American Indian/Alaska Native and white adults had significantly higher rates of depression, frequent mental distress and excessive drinking than Asian/Pacific Islander adults.

Between 2011-2013 and 2017-2019, rates of depression and frequent mental distress increased significantly for female and white adults, as well as for adults with a high school education, some college and college graduates. During this period, despite performing better than other groups, Asian/Pacific Islander adults experienced the highest increase (23%) in the rate of depression from 7.0% in 2011-2013 to 8.6% in 2017-2019.

Depression, Frequent Mental Distress and Excessive Drinking

by Race and Ethnicity, 2017-2019
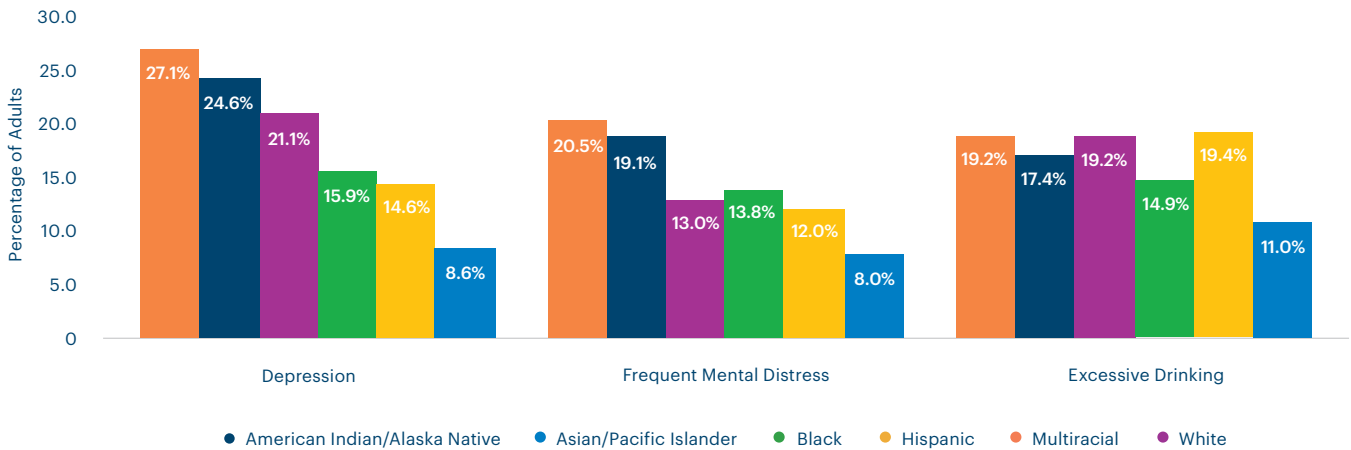
In 2017-2019, the racial gap in depression varied widely across states, with New Hampshire, Massachusetts, North Dakota, Missouri and Michigan having the highest disparities, and Wisconsin, South Dakota, Wyoming, Kentucky and Montana having the lowest disparities.

Top States with the Highest and Lowest Disparities in Rate of Depression
by Race and Ethnicity, 2017-2019

U.S Rate: 19.6%

Legend: American Indian/Alaska Native · Asian/Pacific Islander · Black · Hispanic · Multiracial · Other · White

Maternal and Infant Health

Three measures of maternal and infant health are included in this report: low birthweight, infant mortality and maternal mortality. The well-being of infants and mothers is central to shaping the health of future generations.[36] Yet, the U.S. ranks toward the bottom internationally among high income countries on rates of infant and maternal health and mortality.[37,38] Factors driving these poor outcomes and disparities are complex and multifactorial, including health insurance coverage, access to care and broader social, economic and structural inequities.[39,40]

Maternal Mortality

Maternal mortality is measured as the number of maternal deaths per 100,000 live births. In 2015-2019, the national maternal mortality rate was 19.9 per 100,000 live births. Since 2005-2009, the racial gap in maternal mortality rates has widened, with Black mothers facing both a disproportionately higher rate of mortality and increasing rates over time.

In 2015-2019, Black mothers (43.8) had a maternal mortality rate that was 3.4 times higher than Hispanic mothers (12.7), who had the lowest rate in the nation. Between 2005-2009 and 2015-2019, maternal mortality rates increased 22% for Black mothers from 35.8 to 43.8 deaths per 100,000 live births. During this period, white mothers had a 55% increase from 11.2 to 17.3 deaths per 100,000 live births, and Hispanic mothers had a 23% increase from 10.3 to 12.7 deaths per 100,000 live births.

In 2015-2019, American Indian/Alaska Native (33.9) mothers also had a high rate of maternal mortality — 2.7 times higher than Hispanic mothers (12.7) — with rates staying persistently high over time. Furthermore, mothers in non-metropolitan areas (27.6%) had a 1.5 times higher rate of maternal mortality than mothers in metropolitan areas (18.8%), with no improvements since at least 2010-2014.

Between 2005-2009 and 2015-2019, the maternal mortality rate increased.

55% ▲   White Women

23% ▲   Hispanic Women

22% ▲   Black Women

Maternal Mortality
by Geography, 2015-2019

27.6 Non-Metropolitan   18.8 Metropolitan
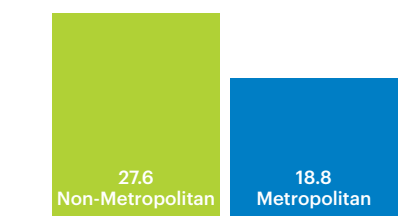
Number of Deaths Per 100,000 Live Births

Maternal Mortality
by Race and Ethnicity, 2015-2019

| 43.8 Black | 33.9 American Indian/ Alaska Native | 17.3 White | 13.1 Asian/ Pacific Islander | 12.7 Hispanic |
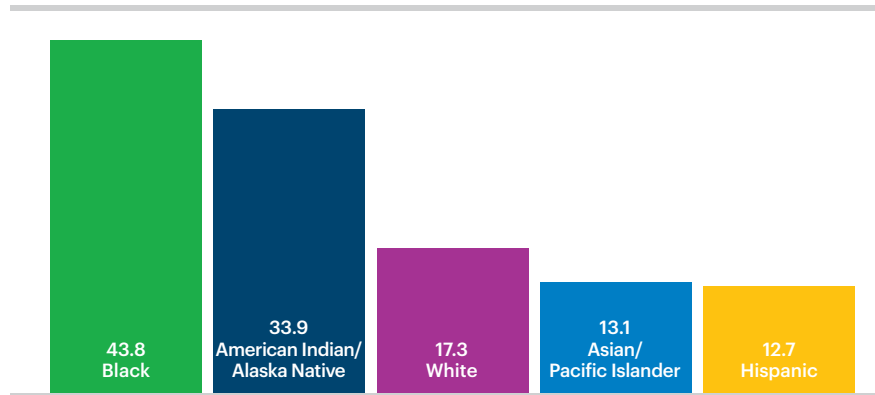
Number of Deaths per 100,000 Live Births

To Achieve "Birth Equity" We Need a Cross-Cutting Approach

Dr. Rahul Gupta, March of Dimes, Chief Medical & Health Officer

"Our nation is in a period of reckoning. Now, more than ever before, people across the country recognize that health disparities are harming many communities and holding our nation back from achieving optimal health. At March of Dimes, we seek to achieve birth equity by helping all moms and babies have the opportunity to attain good health and a safe birth. To do that, we must address the wide disparities we see.

As the *America's Health Rankings Health Disparities Report* highlights, there are large, persistent disparities in maternal mortality and infant mortality across racial groups. For example, infant mortality is nearly 3 times higher among Black babies than among Asian/Pacific Islander babies. But we also see additional disparities layered on top of those, based on geography, education, income and other factors. The root causes of poor outcomes for these groups range from food insecurity to housing, transportation, access to health care and clean air and water. Further, historic and contemporary racial and gender discrimination can have dire health consequences for mothers and babies. It is a complex and daunting challenge.

To make a difference, we need evidence-based solutions. That is why the *America's Health Rankings Health Disparities Report* is so important. By collecting and analyzing a broad set of data, this report creates a meaningful picture for policymakers and public health leaders to draw from.

Leaning on this data, a cross-cutting societal response is needed to effectively address the layered causes of health disparities. This includes advancing programs and policies that reach and support certain populations including paid family leave, quality prenatal care and access to housing and transportation. We also must address implicit bias in the health care system and ensure we have a culturally competent health care work force.

The health care community can't undertake this effort alone — we need experts in housing, education, nutrition and many other fields to be involved. And we must engage diverse communities by drawing on the expertise and experiences of leaders from historically underrepresented communities. As a physician, I recognize that these efforts cannot be contained within the four walls of my office, and I challenge myself to think beyond my medical training to better understand the communities in need and to allow the data to guide my work.

Every baby deserves the same chance to have a strong start in life. I am very optimistic that with a data-driven, inter-disciplinary approach, we can give every mom and baby the chance to survive and thrive."

Infant Mortality

The infant mortality rate is defined as the number of deaths (before age 1) per 1,000 live births. In 2015-2018, the national infant mortality rate was 5.8 per 1,000 live births — a rate that was 5th highest globally among other high-income countries.[41]

Over the last 16 years, the nation has made progress in reducing the racial gap in infant mortality. The infant mortality rate declined by 19% for Black, 16% for white, 13% for Asian/Pacific Islander and 11% for Hispanic infants between 2003-2006 and 2015-2018. However, no progress was made in reducing the high infant mortality rate among American Indian/Alaska Native infants (8.6) — who continued to have a rate that was two times higher than Asian/Pacific Islander infants (4.0) with the lowest rate.

Similar to outcomes on maternal health, Black infants (11.0) had the highest infant mortality rate — which was 2.8 times higher than Asian/Pacific Islander infants (4.0) — in 2015-2018. However, promising progress was made between 2003-2006 and 2015-2018 as Black infant mortality rates declined across 22 states and the District of Columbia, ranging from a 12% decline in Ohio to a 46% decline in Colorado. While these states have made great strides, continued progress is needed to close wide gaps in infant mortality rates.

INFANT MORTALITY BY RACE AND ETHNICITY

How Wide is the Gap Across States?

6.3x

The rate of infant mortality was **6.3x higher** among Black infants in Wisconsin (**14.4** — who had the highest rate in the U.S.) than Asian/Pacific Islander infants in Massachusetts (**2.3** — who had the lowest rate) in 2015-2018.

Infant Mortality
by Race and Ethnicity, 2015-2018

11.0 Black
8.6 American Indian/Alaska Native
5.0 Hispanic
4.8 White
4.0 Asian/Pacific Islander
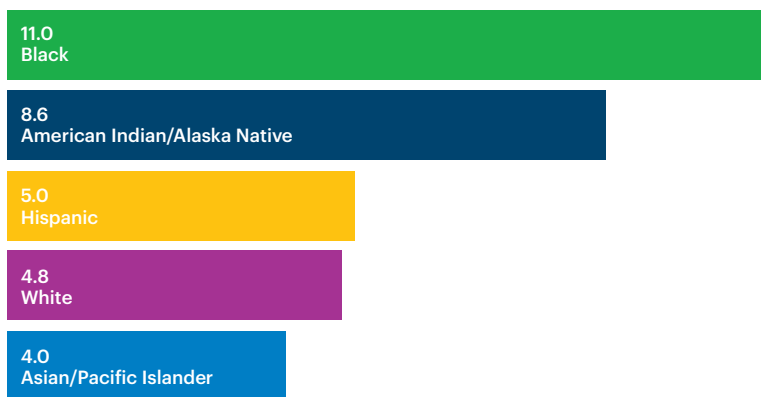
Number of Infant Deaths per 1,000 Live Births

22 States and the District of Columbia with Declines in Black Infant Mortality Rate

2003-2006 to 2015-2018

Percentage Decline

-11.5%   -46.3%
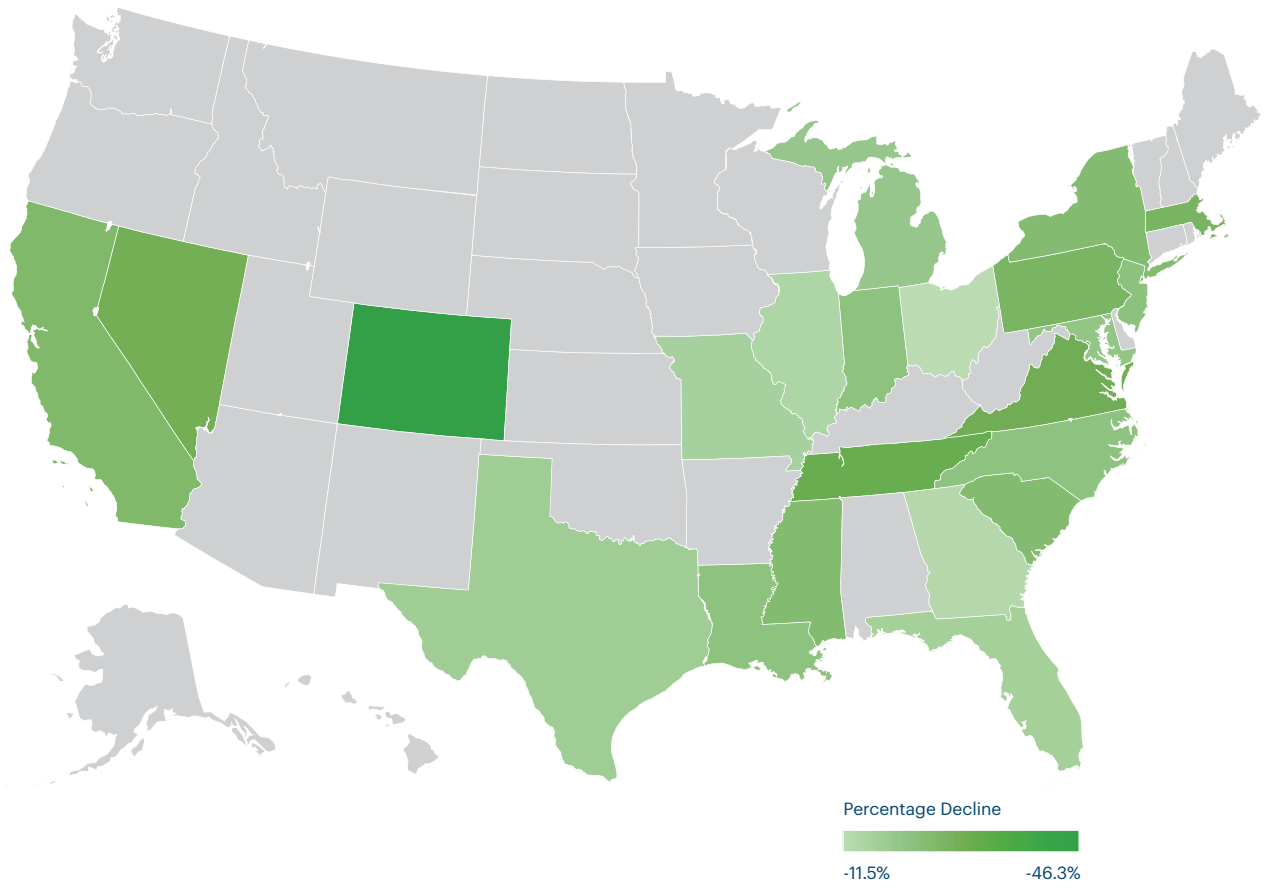
Racial disparities in premature death are striking with some progress being made among the Black and Hispanic populations.

Premature Death

Premature death is defined as the number of years of potential life lost before age 75 per 100,000 population. A combination of conditions such as cancer, unintentional injury, heart disease, suicide, perinatal deaths and homicide contribute to years of potential life lost before age 75. The Centers for Disease Control and Prevention (CDC) estimate that 20-40% of premature deaths are preventable.[42]

Racial disparities in premature death are striking. In 2015-2019, American Indian/Alaska Native (11,383) and Black (10,582) populations had the highest number of years of lost life per 100,000 — a rate three times higher than the Asian/Pacific Islander (3,195) population, who had the lowest rate. The white (7,796) population also had a two times higher rate of premature death than the Asian/Pacific Islander population.

Between 2005-2009 and 2015-2019, the rate of premature death increased for the American Indian/Alaska Native population by 15% and for the white population by 5%. At the same time, some progress was made to reduce premature death among the Black and Hispanic populations who each experienced a 6% decline.

The American Indian/Alaska Native population faced the highest rates of premature death in the top 10 states with the highest racial disparities in 2015-2019. In South Dakota — the state with the highest racial disparities — the American Indian/Alaska Native population who had the highest rate had a 3.5 times higher rate of years of potential life lost than the Hispanic population who had the lowest rate (22,598 vs. 4,291 years of life lost before age 75 per 100,000). The racial gap was even wider when comparing premature death across states.

PREMATURE DEATH BY RACE AND ETHNICITY

How Wide is the Gap Across States?

In 2015-2019, the rate of premature death was **10.6x higher** among the American Indian/Alaska Native population in South Dakota (who had the highest rate in the U.S.) than the Asian/Pacific Islander population in Connecticut (who had the lowest rate).

10.6x
Higher

22,598 American Indian/Alaska Native in South Dakota

2,139 Asian/Pacific Islander in Connecticut
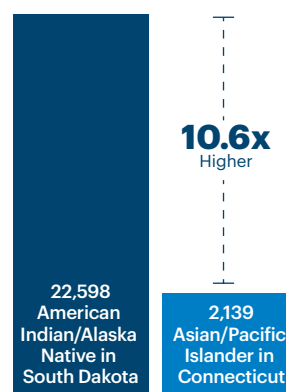
Number of years of potential life lost before age 75 per 100,000

Premature Death
by Subpopulation, 2015-2019

Subpopulation	Years of Potential Life Lost
U.S.	7,353
Non-Metropolitan	9,437
Metropolitan	7,015
American Indian/Alaska Native	11,383
Black	10,582
White	7,796
Hispanic	4,648
Asian/Pacific Islander	3,195
Male	9,190
Female	5,530
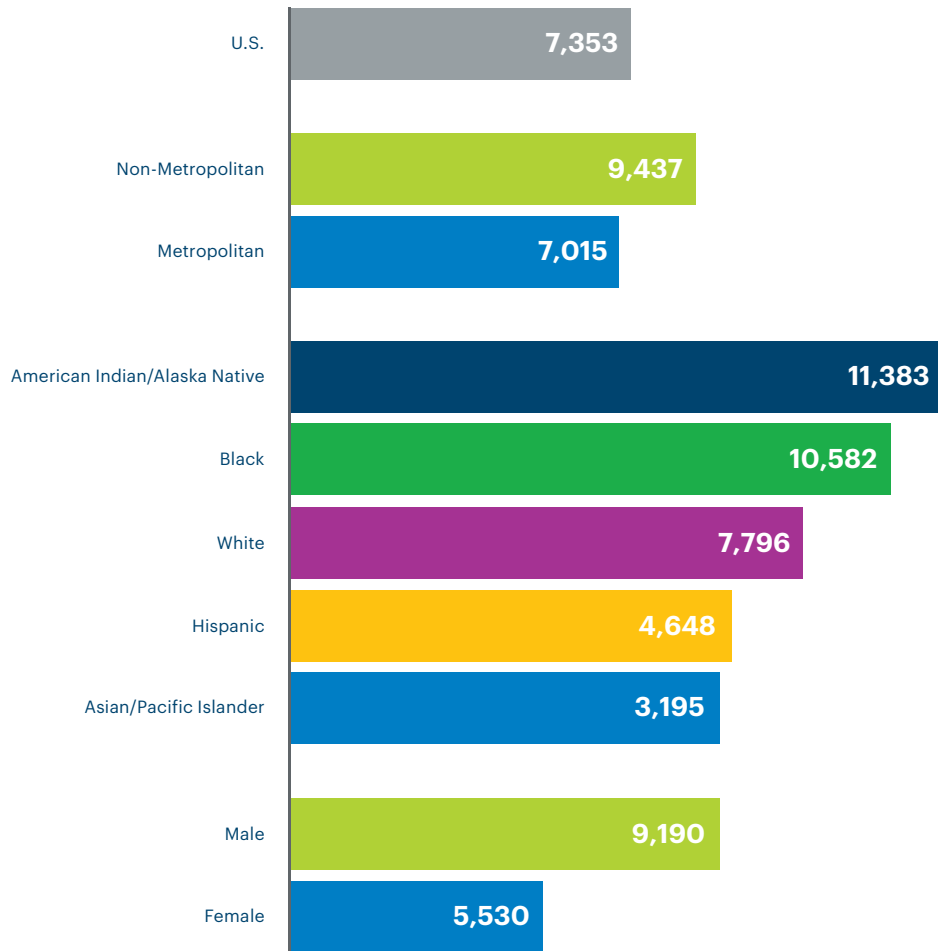
Number of Years of Potential Life Lost
Before Age 75 per 100,000 Population

States Where the American Indian/Alaska Native Population Had the Highest Rate of Premature Death

2015-2019

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

9,038   22,598
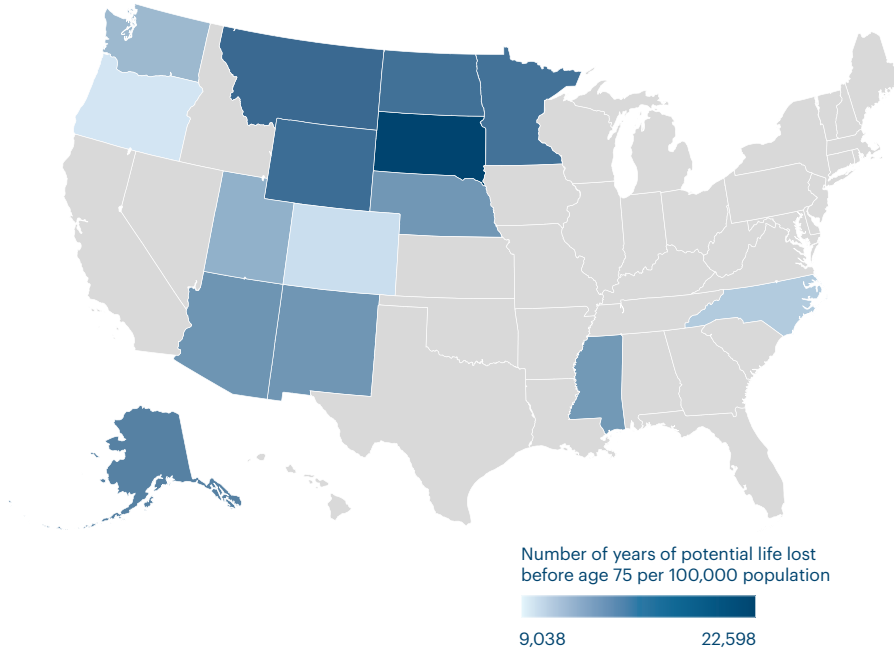
States Where the Black Population Had the Highest Rate of Premature Death

2015-2019

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

6,944   14,268

Premature Death
by Race and Ethnicity, 2015-2019

South Dakota
Minnesota
Montana
Wyoming
Alaska
North Dakota
New Mexico
Arizona
Mississippi
Nebraska
Missouri
District of Columbia
Michigan
Illinois
Ohio
Indiana
Wisconsin
Alabama
Arkansas
Louisiana
Pennsylvania
Washington
Tennessee
Utah
Kentucky
Kansas
Oklahoma
North Carolina
New Jersey
South Carolina
Iowa
Nevada
Texas
Maryland
Georgia
California
Virginia
Florida
Colorado
Delaware
Connecticut
Oregon
New York
Massachusetts
Rhode Island
Idaho
West Virginia
Hawaii
Maine
New Hampshire

U.S Rate: 7,353

American Indian/Alaska Native
Asian/Pacific Islander
Black
Hispanic
White

Number of Years of Potential Life Lost Before Age 75 per 100,000 Population

State Summaries

Alabama

Summary

Low Disparities[1]
- Between females[2] and males[2] for diabetes
- Between those with less than a high school education[2] and college graduates[2] for cancer
- Between metropolitan[2] and non-metropolitan[2] areas for low birthweight

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and Asian/Pacific Islander[3] for child poverty
- Between those with less than a high school education[2] and college graduates[3] for poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

23% ▼ **Premature Death** in the Hispanic population between 2005-2009 and 2015-2019 from 5,571 to 4,313 years of potential life lost before age 75 per 100,000

40% ▼ **Less Than a High School Education** in the multiracial population between 2005-2009 and 2015-2019 from 21.6% to 13.0%

15% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 23.2% to 19.7%

67% ▲ **Food Insecurity** in households headed by an adult with less than a high school education between 2003-2007 and 2015-2019 from 19.1% to 31.9%

47% ▲ **Asthma** in male adults between 2011-2013 and 2017-2019 from 6.2% to 9.1%

11% ▲ **Physical Inactivity** in adults with a high school education between 2011-2013 and 2017-2019 from 33.5% to 37.1%

Trends

High Health Status by Race & Ethnicity
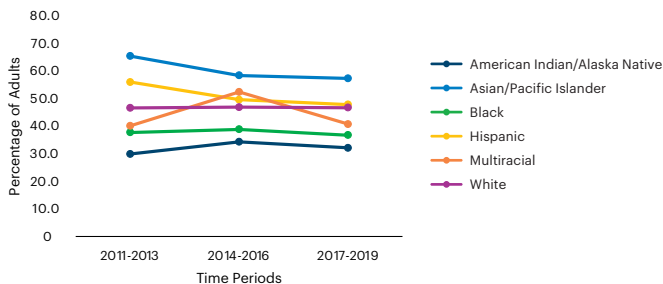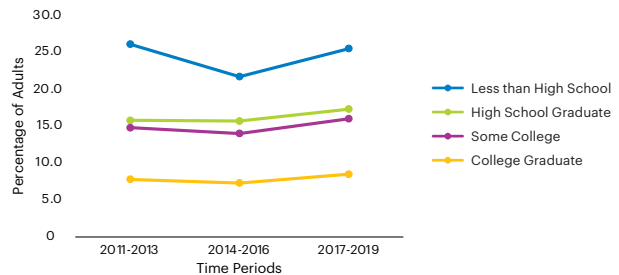
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Alabama, income inequality has decreased since 2011. Alabama's ratio is currently higher than the national ratio.
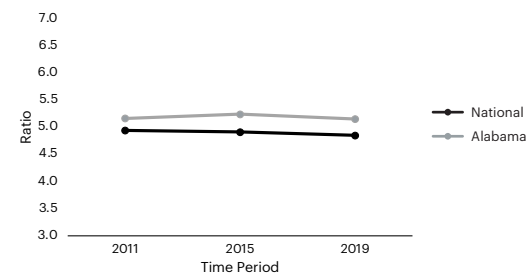
For source details and methodology visit www.AmericasHealthRankings.org.

Alaska

Summary

Low Disparities[1]
- Between females[3] and males[3] for child poverty
- Between American Indian/Alaska Native[3] and white[3] for cancer
- Between those with less than a high school education[3] and some college education[3] for diabetes

High Disparities
- Between Black[3] and Hispanic[3] for premature death
- Between those with a high school education[2] and college graduates[3] for smoking
- Between American Indian/Alaska Native[2] and white[3] for severe housing problems

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

18% ▲ **Dedicated Health Care Provider** in American Indian/Alaska Native adults between 2011-2013 and 2017-2019 from 58.6% to 69.1%

24% ▼ **Less Than a High School Education** in non-metropolitan areas between 2005-2009 and 2015-2019 from 17.6% to 13.3%

21% ▲ **Flu Vaccination** in college graduates between 2011-2013 and 2017-2019 from 39.6% to 48.0%

10% ▲ **Premature Death** in females between 2005-2009 and 2015-2019 from 5,964 to 6,628 years of potential life lost before age 75 per 100,000 population

39% ▲ **Frequent Mental Distress** in male adults between 2011-2013 and 2017-2019 from 7.1% to 9.9%

46% ▲ **Poverty** in households headed by an adult with some college education between 2005-2009 and 2015-2019 from 5.9% to 8.6%

Trends

**High Health Status by Race & Ethnicity**
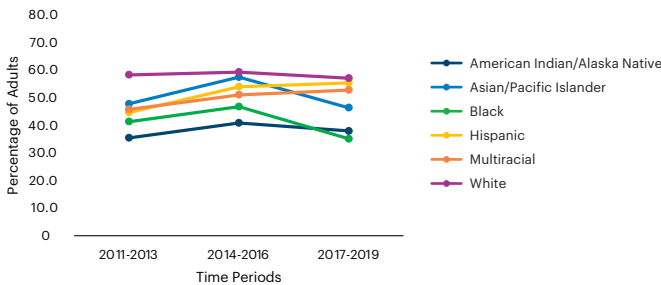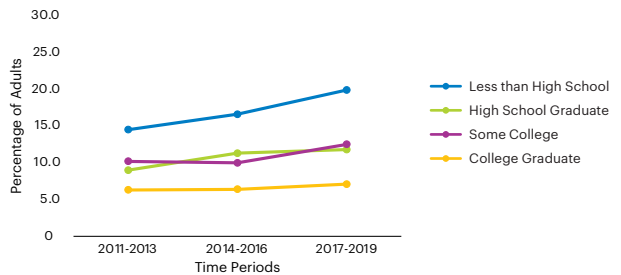
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Alaska, income inequality has increased since 2011. Alaska's ratio is currently lower than the national ratio.
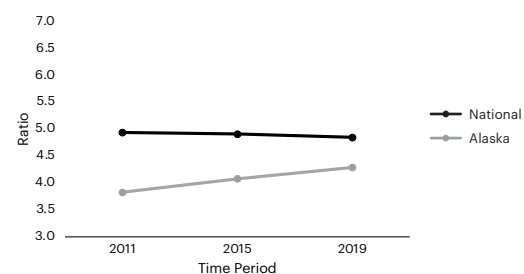
For source details and methodology visit www.AmericasHealthRankings.org.

Arizona

Summary

Low Disparities[1]

- Between metropolitan[2] and non-metropolitan[2] areas for uninsured
- Between Hispanic[3] and Asian/Pacific Islander[3] for low birthweight
- Between females[2] and males[2] for less than a high school education

High Disparities

- Between American Indian/Alaska Native[2] and Asian/Pacific Islander[3] for premature death
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for child poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

19% ▼ **Infant Mortality** in Hispanic infants between 2003-2006 and 2015-2018 from 6.7 to 5.4 infant deaths (before age 1) per 1,000 live births

36% ▼ **Less Than a High School Education** in the multiracial population between 2005-2009 and 2015-2019 from 10.4% to 6.7%

28% ▼ **Avoided Care Due to Cost** in Hispanic adults between 2011-2013 and 2017-2019 from 28.1% to 20.2%

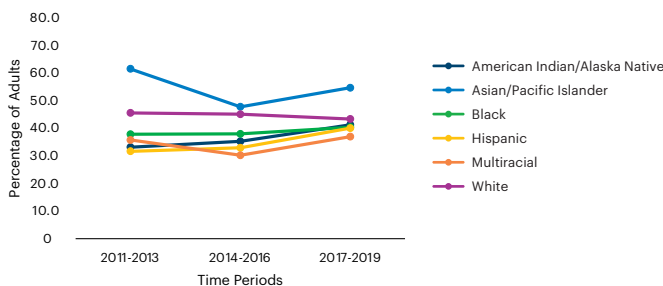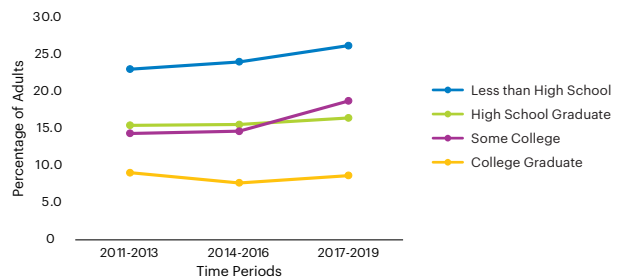**35%** ▲ **Frequent Mental Distress** in college graduate adults between 2011-2013 and 2017-2019 from 5.8% to 7.8%

82% ▲ **Food Insecurity** in households headed by a college graduate between 2003-2007 and 2015-2019 from 3.4% to 6.2%

23% ▲ **Child Poverty** in white children between 2005-2009 and 2015-2019 from 9.2% to 11.3%

Trends

High Health Status by Race & Ethnicity
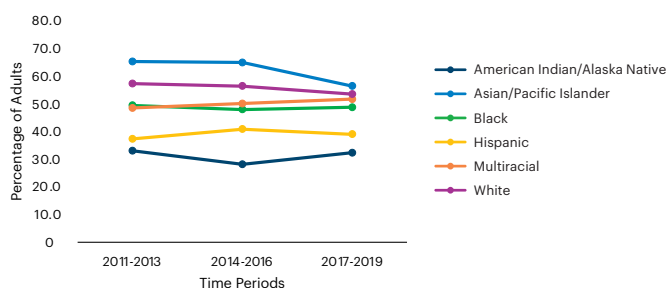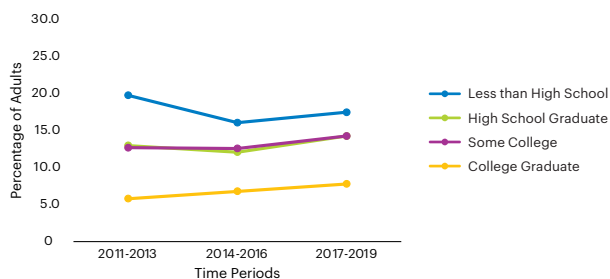
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Arizona, income inequality has decreased since 2011. Arizona's ratio is currently lower than the national ratio.
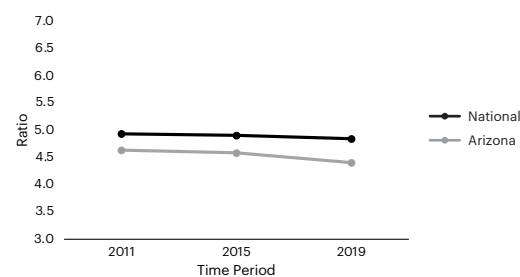
For source details and methodology visit www.AmericasHealthRankings.org.

Arkansas

Summary

Low Disparities[1]
- Between females[3] and males[3] for unemployment
- Between Hispanic[2] and multiracial[3] for excessive drinking
- Between those with a high school education[2] and college graduates[3] for cancer

High Disparities
- Between Black[2] and Hispanic[3] for premature death
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[2] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

16% ▼ **Premature Death** in the Hispanic population between 2005-2009 and 2015-2019 from 4,279 to 3,590 years of potential life lost before age 75 per 100,000 population (age-adjusted)

47% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 7.1% to 3.8%

45% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 30.1% to 16.7%

33% ▲ **Diabetes** in those with less than a high school education between 2011-2013 and 2017-2019 from 14.7% to 19.6%

122% ▲ **Food Insecurity** in households headed by a college graduate between 2003-2007 and 2015-2019 from 2.7% to 6.0%

19% ▲ **Diabetes** in the white population between 2011-2013 and 2017-2019 from 11.1% to 13.2%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Arkansas, income inequality has decreased since 2011. Arkansas' ratio is currently lower than the national ratio.

Legend: National, Arkansas
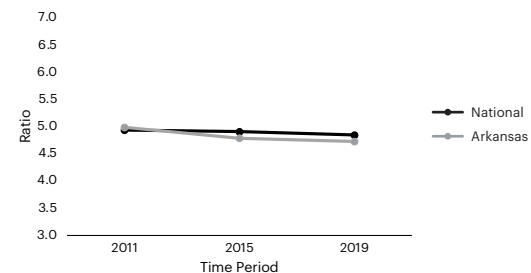
For source details and methodology visit www.AmericasHealthRankings.org.

California

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for low birthweight
- Between Hispanic[3] and white[3] for infant mortality
- Between females[2] and males[2] for unemployment

High Disparities

- Between Hispanic[2] and white[3] for high health status
- Between Black[2] and Asian/Pacific Islander[3] for food insecurity
- Between less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
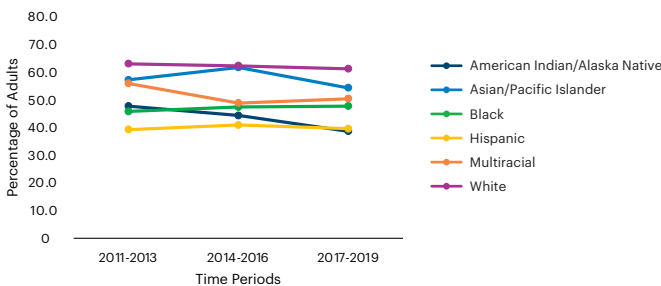[2] Rates worse than national average. [3] Rates same or better than national average.
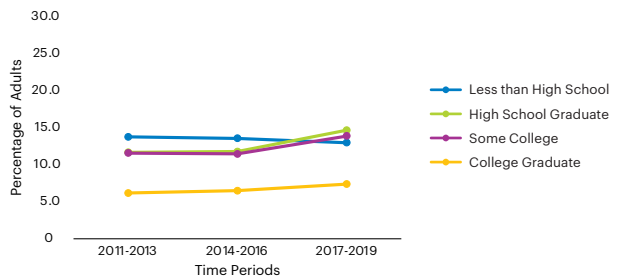
Highlights

37% ▼ **Frequent Mental Distress** in adults with less than a high school education between 2011-2013 and 2017-2019 from 16.7% to 10.6%

34% ▼ **Less Than a High School Education** in the multiracial population between 2005-2009 and 2015-2019 from 10.2% to 6.7%

55% ▼ **Avoided Care Due to Cost** in the American Indian/Alaska Native population between 2011-2013 and 2017-2019 from 27.1% to 12.2%

36% ▲ **Depression** in Hispanic adults between 2011-2013 and 2017-2019 from 10.4% to 14.1%

21% ▲ **Poverty** in households headed by an adult with some college education between 2005-2009 and 2015-2019 from 10.2% to 12.3%

15% ▲ **Physical Inactivity** in adults with less than a high school education between 2011-2013 and 2017-2019 from 32.3% to 37.0%

Trends

**High Health Status by Race & Ethnicity**
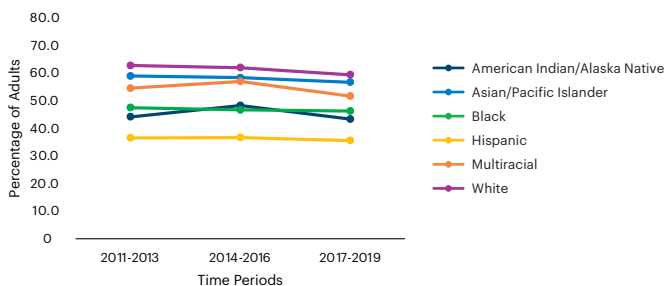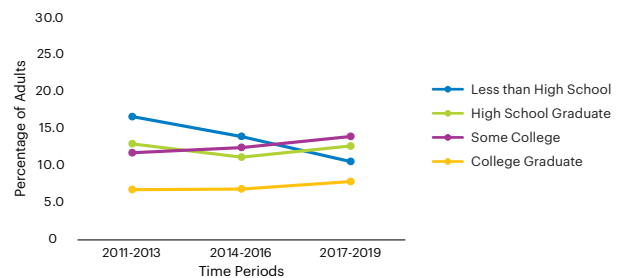
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In California, income inequality has decreased since 2011. California's ratio is currently higher than the national ratio.
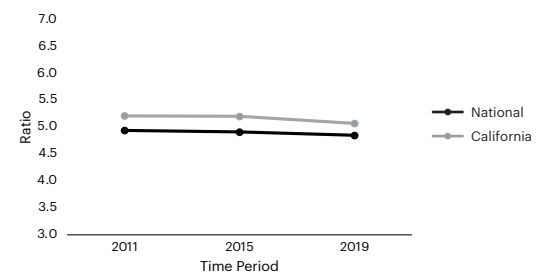
For source details and methodology visit www.AmericasHealthRankings.org.

Colorado

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Summary

Low Disparities[1]
- Between females[2] and males[2] for able-bodied
- Between females[3] and males[3] for diabetes
- Between metropolitan[3] and non-metropolitan[3] areas for unemployment

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for dedicated health care provider
- Between American Indian/Alaska Native[2] and white[3] for high health status
- Between Hispanic[2] and white[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

46% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 14.9 to 8.0 deaths (before age 1) per 1,000 live births

41% ▼ **Unemployment** in multiracial civilians between 2005-2009 and 2015-2019 from 10.3% to 6.1%

34% ▼ **Avoided Care Due to Cost** in adults with less than a high school education between 2011-2013 and 2017-2019 from 28.8% to 18.9%

26% ▲ **Frequent Mental Distress** in adults with a high school education between 2011-2013 and 2017-2019 from 11.7% to 14.7%

9% ▲ **Low Birthweight** in Hispanic infants between 2003-2006 and 2016-2019 from 8.5% to 9.3%

14% ▲ **Physical Inactivity** in adults with some college education between 2011-2013 and 2017-2019 from 15.9% to 18.1%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Colorado, income inequality has decreased since 2011. Colorado's ratio is currently lower than the national ratio.

Legend: National, Colorado
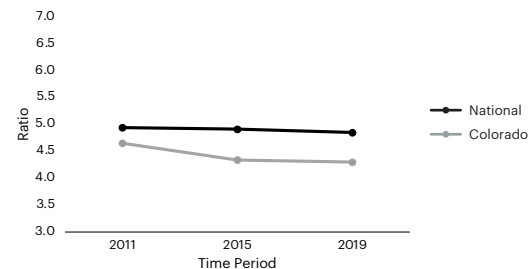
For source details and methodology visit www.AmericasHealthRankings.org.

Connecticut

Summary

Low Disparities[1]

- Between females[3] and males[3] for child poverty
- Between those with less than a high school education[3] and some college education[2] for cancer
- Between females[2] and males[2] for unemployment

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for child poverty
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

27% ▼ **Infant Mortality** in white infants between 2003-2006 and 2015-2018 from 4.1 to 3.0 infant deaths (before age 1) per 1,000 live births

31% ▼ **Less Than a High School Education** in the Black population between 2005-2009 and 2015-2019 from 18.7% to 13.0%

24% ▼ **Smoking** in female adults between 2011-2013 and 2017-2019 from 14.5% to 11.0%

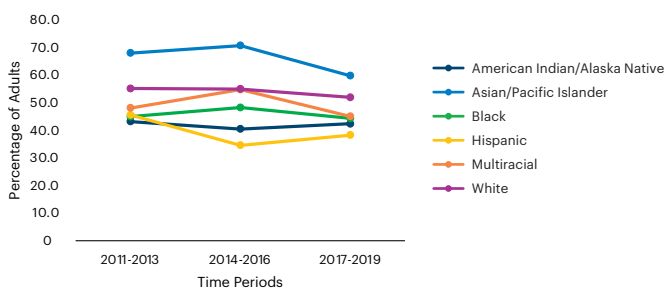**19%** ▲ **Multiple Chronic Conditions** in female adults between 2011-2013 and 2017-2019 from 9.0% to 10.7%

89% ▲ **Food Insecurity** in households headed by an adult with some college education between 2003-2007 and 2015-2019 from 9.8% to 18.5%
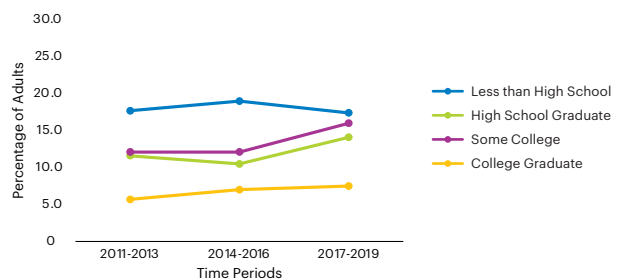
11% ▲ **Cancer** in white adults between 2011-2013 and 2017-2019 from 7.9% to 8.8%

Trends

High Health Status by Race & Ethnicity
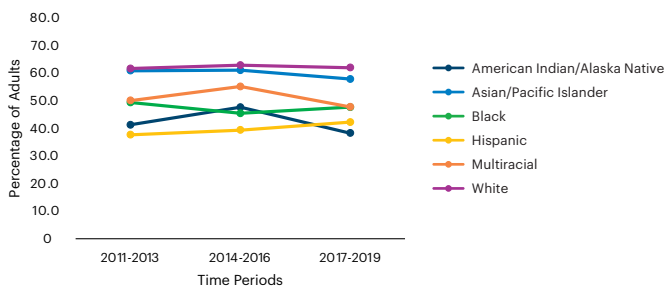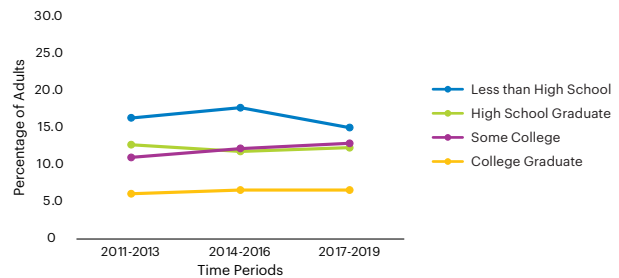
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Connecticut, income inequality has increased since 2011. Connecticut's ratio is currently higher than the national ratio.
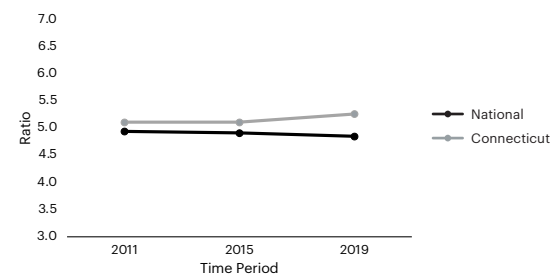
For source details and methodology visit www.AmericasHealthRankings.org.

Delaware

Summary

Low Disparities[1]
- Between females[3] and males[3] for child poverty
- Between those with less than a high school education[3] and some college education[2] for cancer
- Between females[2] and males[2] for unemployment

High Disparities
- Between females[2] and males[3] for premature death
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and multiracial[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

32% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 12.8% to 8.7%

47% ▼ **Smoking** in Hispanic adults between 2011-2013 and 2017-2019 from 21.1% to 11.2%

22% ▼ **Severe Housing Problems** in Hispanic-headed households between 2005-2009 and 2013-2017 from 32.1% to 24.9%

86% ▲ **Diabetes** in the Hispanic population between 2011-2013 and 2017-2019 from 4.9% to 9.1%

75% ▲ **Food Insecurity** in households headed by an adult with a high school education between 2003-2007 and 2015-2019 from 8.0% to 14.0%

10% ▲ **Physical Inactivity** in female adults between 2011-2013 and 2017-2019 from 27.9% to 30.8%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Delaware, income inequality has increased since 2011. Delaware's ratio is currently lower than the national ratio.

Legend: National, Delaware
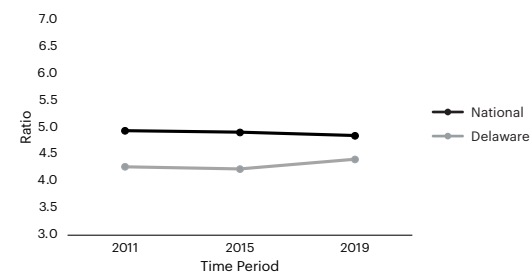
For source details and methodology visit www.AmericasHealthRankings.org.

Florida

Summary

Low Disparities[1]

- Between females[2] and males[2] for unemployment
- Between females[2] and males[2] for child poverty
- Between metropolitan[2] and non-metropolitan[2] areas for low birthweight

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Black[2] and Asian/Pacific Islander[3] for premature death
- Between those with less than a high school education[2] and college graduates[3] for high health status

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

20% ▼ **Infant Mortality** in white infants between 2003-2006 and 2015-2018 from 6.0 to 4.8 infant deaths (before age 1) per 1,000 live births

33% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 7.3% to 4.9%

28% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 26.1% to 18.7%

15% ▲ **Premature Death** in American Indian/Alaska Native population between 2005-2009 and 2015-2019 from 4,988 to 5,757 years of potential life lost before age 75 per 100,000

75% ▲ **Food Insecurity** in households headed by a college graduate between 2003-2007 and 2015-2019 from 2.8% to 4.9%

13% ▲ **Physical Inactivity** in adults with some college education between 2011-2013 and 2017-2019 from 23.0% to 25.9%
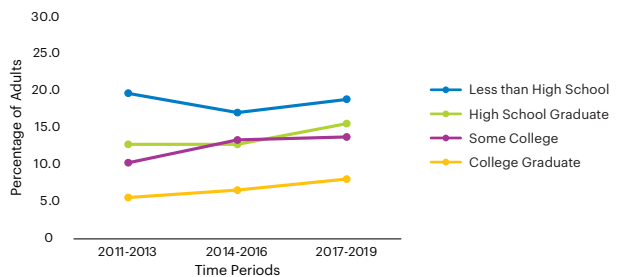
Trends

High Health Status by Race & Ethnicity
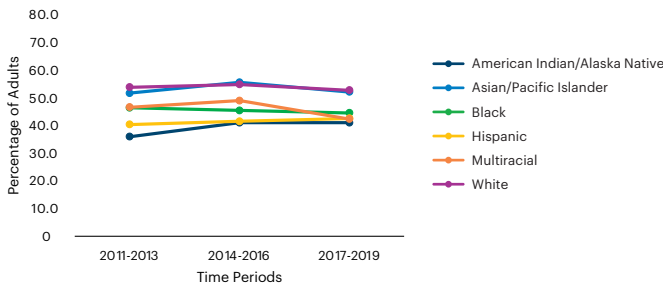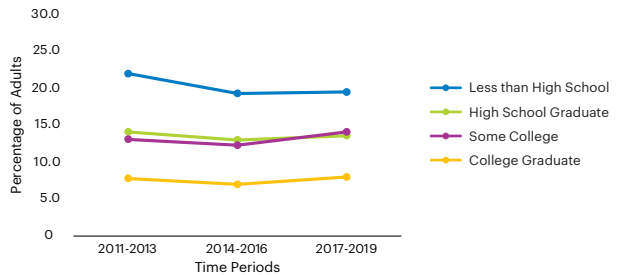
Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White. Y-axis: Percentage of Adults. X-axis: Time Periods (2011-2013, 2014-2016, 2017-2019).

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate. Y-axis: Percentage of Adults. X-axis: Time Periods (2011-2013, 2014-2016, 2017-2019).

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Florida, income inequality has decreased since 2011. Florida's ratio is currently lower than the national ratio.

Legend: National, Florida. Y-axis: Ratio. X-axis: Time Period (2011, 2015, 2019).
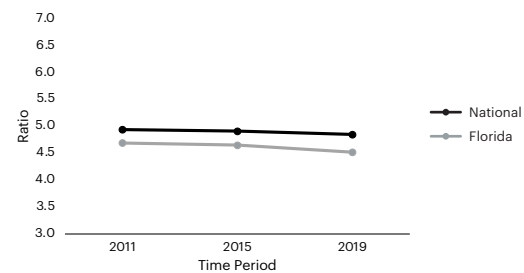
For source details and methodology visit www.AmericasHealthRankings.org.

Georgia

Summary

Low Disparities[1]
- Between females[2] and males[2] for child poverty
- Between females[2] and males[3] for unemployment
- Between metropolitan[2] and non-metropolitan[2] areas for low birthweight

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] adults for dedicated health care provider
- Between Hispanic[2] and Asian/Pacific Islander[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

13% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 13.2 to 11.5 deaths (before age 1) per 1,000 live births

39% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 5.7% to 4.1%

15% ▼ **Avoided Care Due to Cost** in female adults between 2011-2013 and 2017-2019 from 23.4% to 19.8%

32% ▲ **Multiple Chronic Conditions** in adults with some college education between 2011-2013 and 2017-2019 from 7.9% to 10.4%

19% ▲ **Poverty** in households headed by a college graduate between 2005-2009 and 2015-2019 from 4.3% to 5.1%

17% ▲ **Physical Inactivity** in college graduates between 2011-2013 and 2017-2019 from 13.8% to 16.1%

Trends

**High Health Status by Race & Ethnicity**
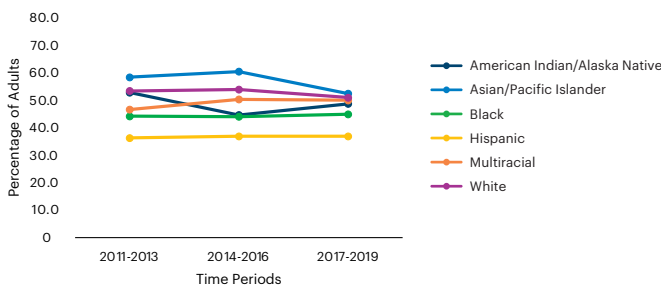
Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Georgia, income inequality has decreased since 2011. Georgia's ratio is currently lower than the national ratio.

Legend: National, Georgia
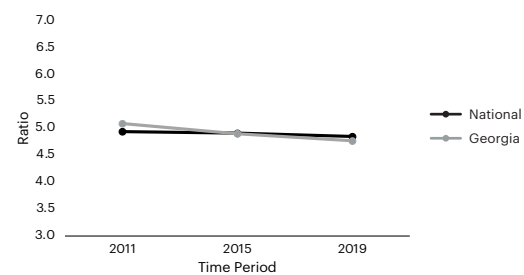
For source details and methodology visit www.AmericasHealthRankings.org.

Hawaii

America's **HEALTH RANKINGS®**
UNITED HEALTH FOUNDATION
www.AmericasHealthRankings.org

Summary

Low Disparities[1]
- Between females[2] and males[2] for avoided care due to cost
- Between metropolitan[3] and non-metropolitan[3] areas for less than a high school education
- Between metropolitan[3] and non-metropolitan[3] areas for low birthweight

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and Black[3] for flu vaccination
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

21% ▼ **Less Than a High School Education** in the Asian/Pacific Islander population between 2005-2009 and 2015-2019 from 14.4% to 11.4%

19% ▼ **Smoking** in multiracial adults between 2011-2013 to 2017-2019 from 21.6% to 17.4%

36% ▼ **Avoided Care Due to Cost** in Hispanic adults between 2011-2013 and 2017-2019 from 16.3% to 10.5%

40% ▲ **Diabetes** in male adults between 2011-2013 and 2017-2019 from 8.1% to 11.3%

8% ▼ **Flu Vaccination** in female adults between 2011-2013 and 2017-2019 from 47.0% to 43.4%

16% ▲ **Physical Inactivity** in adults with some college education between 2011-2013 and 2017-2019 from 19.3% to 22.4%

Trends

High Health Status by Race & Ethnicity
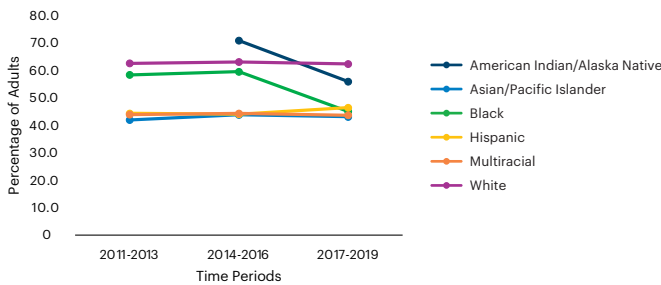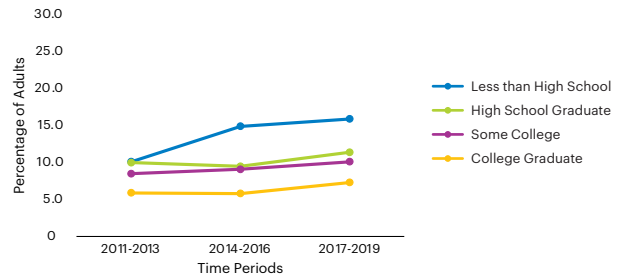
Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Hawaii, income inequality has increased since 2011. Hawaii's ratio is currently lower than the national ratio.

Legend: National, Hawaii
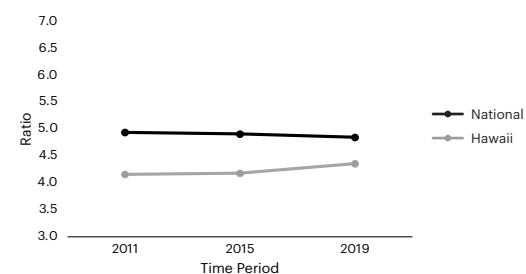
For source details and methodology visit www.AmericasHealthRankings.org.

Idaho

Summary

Low Disparities[1]

- Between females[3] and males[3] for diabetes
- Between females[3] and males[3] for physical inactivity
- Between metropolitan[3] and non-metropolitan[3] areas for unemployment

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for less than high school graduation
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

13% ▼ **Premature Death** in the Hispanic population between 2005-2009 and 2015-2019 from 5,167 to 4,488 years of potential life lost before age 75 per 100,000

34% ▼ **Unemployment** in civilians with some college education between 2005-2009 and 2015-2019 from 5.6% to 3.7%

36% ▼ **Avoided Care Due to Cost** in Hispanic adults between 2011-2013 and 2017-2019 from 30.7% to 19.7%

81% ▲ **Cancer** in adults with less than a high school education between 2011-2013 and 2017-2019 from 4.7% to 8.5%

22% ▲ **Low Birthweight** in Hispanic infants between 2003-2006 and 2016-2019 from 6.5% to 7.9%

24% ▲ **Diabetes** in female adults between 2011-2013 and 2017-2019 from 7.8% to 9.7%

Trends

High Health Status by Race & Ethnicity
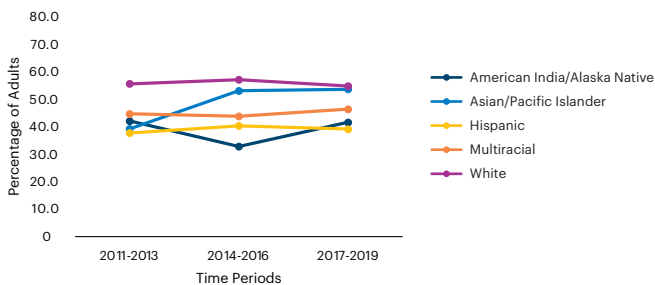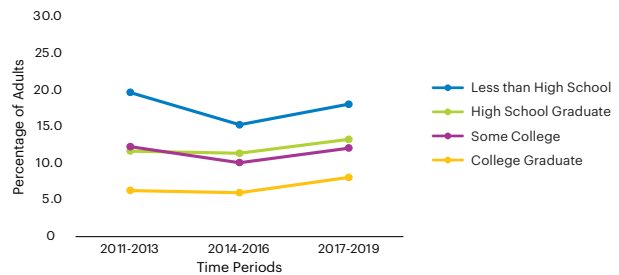
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Idaho, income inequality has decreased since 2011. Idaho's ratio is currently lower than the national ratio.
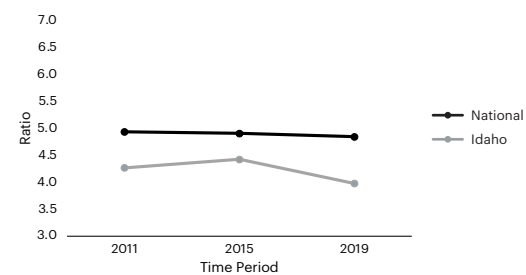
For source details and methodology visit www.AmericasHealthRankings.org.

Illinois

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Summary

Low Disparities[1]
- Between females[3] and males[3] for child poverty
- Between metropolitan[2] and non-metropolitan[2] areas for unemployment
- Between those with a high school education[3] and college graduates[3] for asthma

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Hispanic[2] and white[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

33% ▼ **Excessive Drinking** in adults with less than a high school education between 2011-2013 and 2017-2019 from 23.2% to 15.5%

35% ▼ **Less Than a High School Education** in the white population between 2005-2009 and 2015-2019 from 9.1% to 5.9%

10% ▲ **Dedicated Health Care Provider** in Black adults between 2011-2013 and 2017-2019 from 74.6% to 83.3%

28% ▲ **Depression** in adults with some college education between 2011-2013 and 2017-2019 from 15.9% to 20.3%

18% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 7.7% to 9.1%
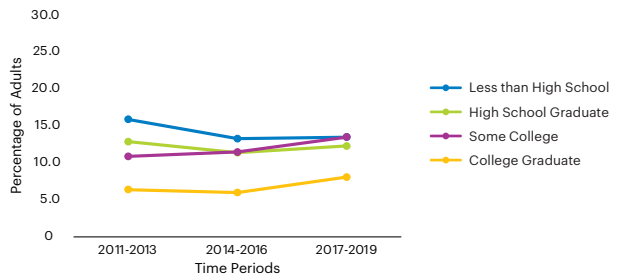
24% ▲ **Physical Inactivity** in Hispanic adults between 2011-2013 and 2017-2019 from 26.3% to 32.7%

Trends

### High Health Status by Race & Ethnicity
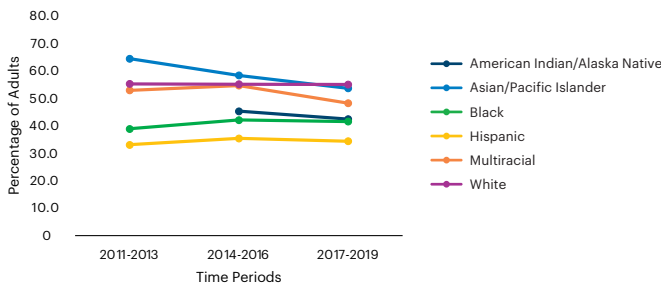
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Illinois, income inequality has increased since 2011. Illinois' ratio is currently higher than the national ratio.
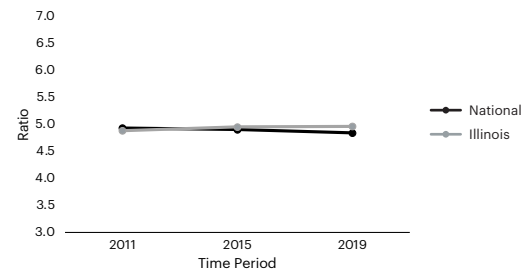
For source details and methodology visit www.AmericasHealthRankings.org.

Indiana

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Summary

Low Disparities[1]

- Between females[3] and males[3] for unemployment
- Between those with less than a high school education[3] and high school graduates[3] for excessive drinking
- Between metropolitan[2] and non-metropolitan[3] areas for low birthweight

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between American Indian/Alaska Native[2] and Asian/Pacific Islander[3] for smoking
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

22% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 15.8 to 12.4 infant deaths (before age 1) per 1,000 live births

44% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 9.4% to 5.3%

28% ▼ **Smoking** in Black adults between 2011-2013 and 2017-2019 from 28.5% to 20.5%

28% ▲ **Premature Death** in the Asian/Pacific Islander population between 2005-2009 and 2015-2019 from 2,156 to 3,032 years of potential life lost before age 75 per 100,000
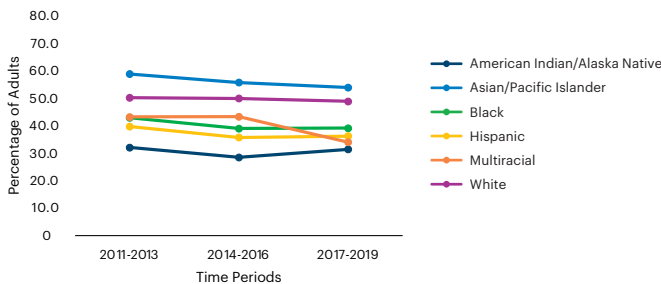
68% ▲ **Food Insecurity** in households headed by an adult with some college education between 2003-2007 and 2015-2019 from 9.1% to 15.3%
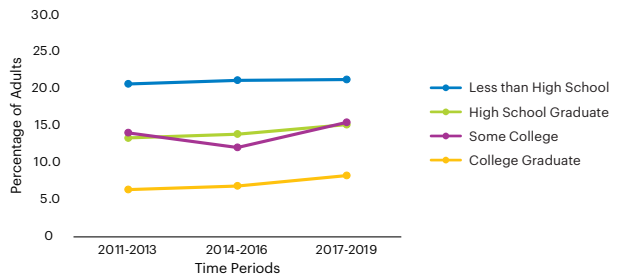
20% ▲ **Multiple Chronic Conditions** in adults with a college degree between 2011-2013 and 2017-2019 from 5.4% to 6.5%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

X-axis: Time Periods (2011-2013, 2014-2016, 2017-2019)
Y-axis: Percentage of Adults

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

X-axis: Time Periods (2011-2013, 2014-2016, 2017-2019)
Y-axis: Percentage of Adults

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Indiana, income inequality has decreased since 2011. Indiana's ratio is currently lower than the national ratio.

Legend: National, Indiana

X-axis: Time Period (2011, 2015, 2019)
Y-axis: Ratio
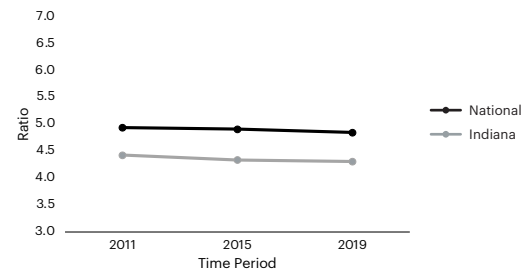
For source details and methodology visit www.AmericasHealthRankings.org.

Iowa

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for unemployment
- Between females[3] and males[3] for physical inactivity
- Between those with a less than a high school education[2] and college graduates[3] for cancer

High Disparities

- Between Black[2] and Asian American/Pacific Islander[3] for premature death
- Between Hispanic[2] and white[3] for dedicated health care provider
- Between those with less than a high school education[2] and college graduates[3] for food insecurity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

8% ▼ **Low Birthweight** in white infants between 2003-2006 and 2016-2019 from 6.7% to 6.2%

45% ▼ **Child Poverty** in multiracial children between 2005-2009 and 2015-2019 from 31.3% to 17.3%

16% ▼ **Smoking** in male adults between 2011-2013 and 2017-2019 from 21.5% to 18.1%

24% ▲ **Frequent Mental Distress** in female adults between 2011-2013 and 2017-2019 from 10.7% to 13.3%

19% ▲ **Poverty** in households headed by an adult with a high school education between 2005-2009 and 2015-2019 from 11.7% to 13.9%

8% ▼ **Flu Vaccination** in adults with a high school education between 2011-2013 and 2017-2019 from 44.4% to 40.7%

Trends

**High Health Status by Race & Ethnicity**
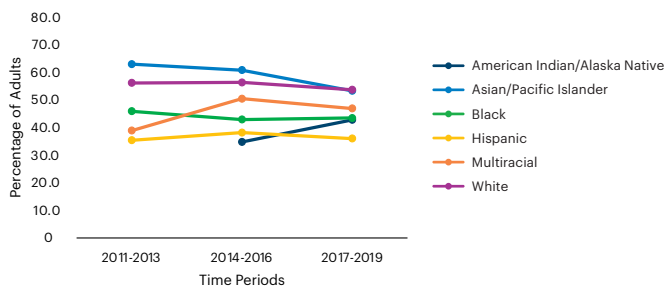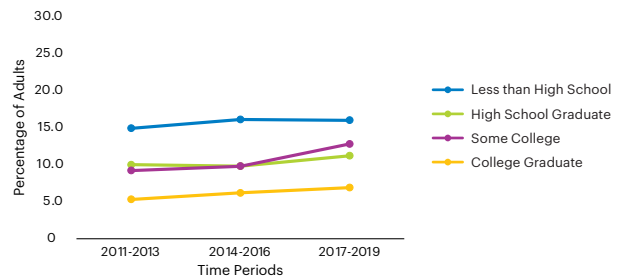
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Iowa, income inequality has decreased since 2011. Iowa's ratio is currently lower than the national ratio.
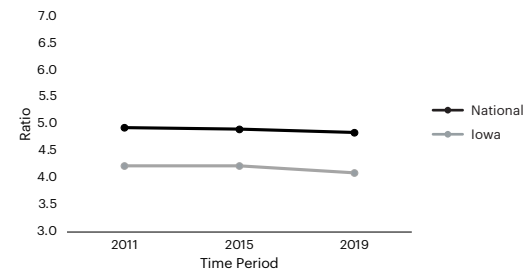
For source details and methodology visit www.AmericasHealthRankings.org.

Kansas

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for unemployment
- Between females[2] and males[3] for high health status
- Between those with a high school education[3] and college graduates[3] for cancer

High Disparities

- Between Black[2] and white[3] for child poverty
- Between those with less than a high school education[2] and college graduates[3] for smoking
- Between Hispanic[2] and white[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

17% ▼ **Infant Mortality** in white infants between 2003-2006 and 2015-2018 from 6.6 to 5.5 deaths (before age 1) per 1,000 live births

27% ▼ **Unemployment** in civilians with less than a high school education between 2005-2009 and 2015-2019 from 12.3% to 9.0%

22% ▼ **Avoided Care Due to Cost** in Hispanic adults between 2011-2013 and 2017-2019 from 24.6% to 19.3%

51% ▲ **Multiple Chronic Conditions** in Hispanic adults between 2011-2013 and 2017-2019 from 4.5% to 6.8%

24% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 7.5% to 9.3%
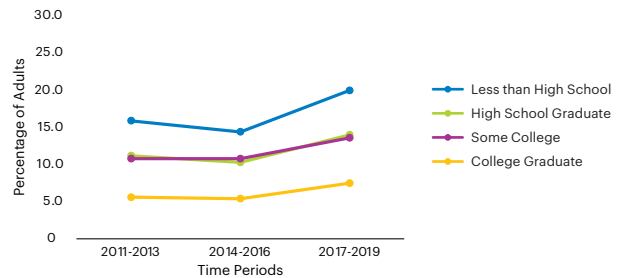
9% ▲ **Physical Inactivity** in adults with some college education between 2011-2013 and 2017-2019 from 22.7% to 24.8%

Trends

High Health Status by Race & Ethnicity
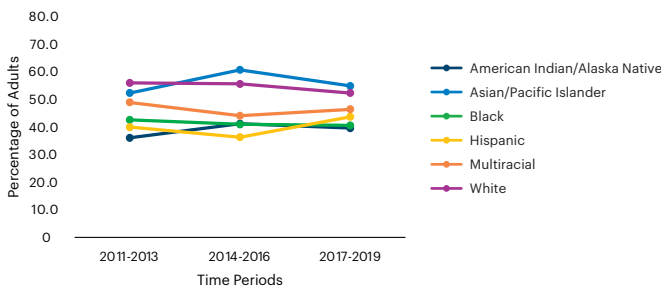
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Kansas, income inequality has decreased since 2011. Kansas' ratio is currently lower than the national ratio.

For source details and methodology visit www.AmericasHealthRankings.org.
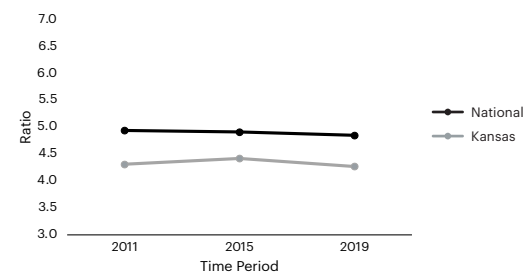
![America's Health Rankings — United Health Foundation logo]
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www.AmericasHealthRankings.org

Kentucky

Summary

Low Disparities[1]

- Between females[2] and males[2] for diabetes
- Between metropolitan[3] and non-metropolitan[3] areas for uninsured
- Between those with less than a high school education[3] and some college education[3] for dedicated health care provider

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Hispanic[2] and white[3] for dedicated health care provider
- Between females[2] and males[3] for depression

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

47% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 22.8% to 12.2%

35% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 6.8% to 4.4%
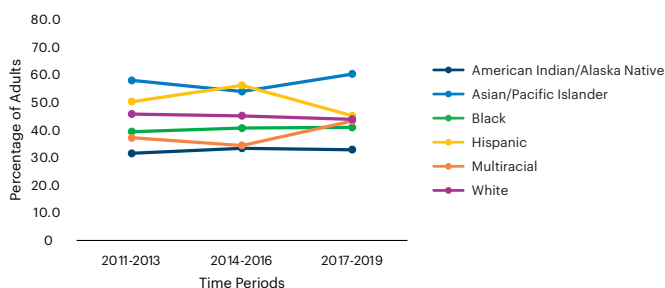
15% ▼ **Smoking** in white adults between 2011-2013 and 2017-2019 from 27.8% to 23.7%

41% ▲ **Food Insecurity** in households headed by an adult with less than a high school education between 2003-2007 and 2015-2019 from 22.8% to 32.2%

13% ▲ **Physical Inactivity** in female adults between 2011-2013 and 2017-2019 from 31.3% to 35.5%
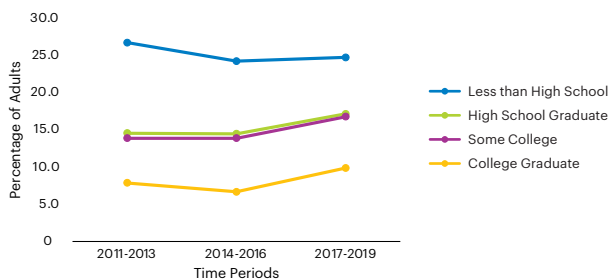
45% ▲ **Diabetes** in adults with less than a high school education between 2011-2013 and 2017-2019 from 15.0% to 21.8%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Kentucky, income inequality has decreased since 2011. Kentucky's ratio is currently higher than the national ratio.

Legend: National, Kentucky
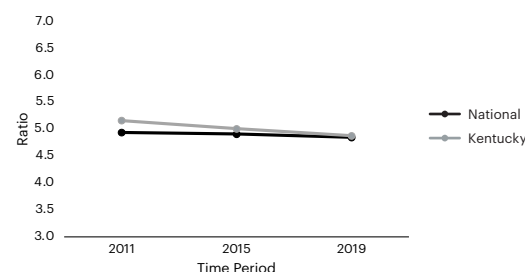
For source details and methodology visit www.AmericasHealthRankings.org.

Louisiana

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Summary

Low Disparities[1]
- Between females[2] and males[2] for diabetes
- Between Hispanic[3] and Black[3] for cancer
- Between metropolitan[2] and non-metropolitan[2] areas for unemployment

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Black[2] and Asian/Pacific Islander[3] adults for child poverty
- Between females[3] and males[2] for multiple chronic conditions

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

22% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 14.4 to 11.3 deaths (before age 1) per 1,000 live births

28% ▼ **Less Than a High School Education** in the white population between 2005-2009 and 2015-2019 from 15.6% to 11.3%

**30%** ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 25.9% to 18.2%

74% ▲ **Food Insecurity** in households headed by an adult with less than a high school education between 2003-2007 and 2015-2019 from 19.1% to 33.3%

40% ▲ **Multiple Chronic Conditions** in female adults between 2011-2013 and 2017-2019 from 11.9% to 16.6%
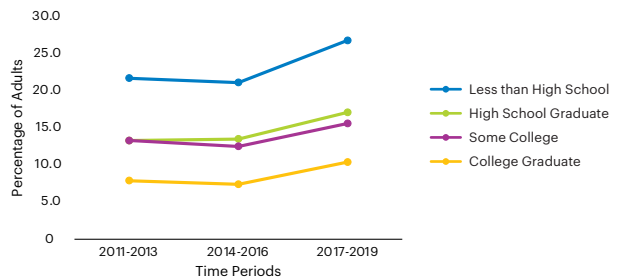
33% ▲ **Depression** in adults with a high school education between 2011-2013 and 2017-2019 from 16.5% to 21.9%

Trends

High Health Status by Race & Ethnicity
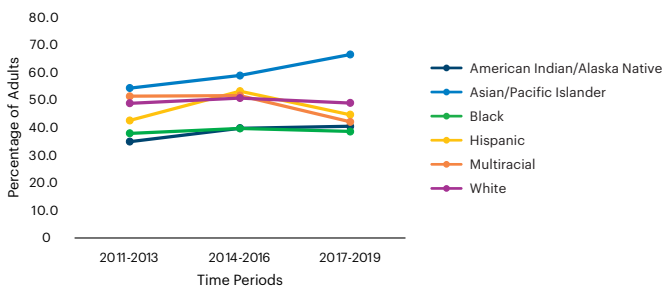
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Louisiana, income inequality has increased since 2011. Louisiana's ratio is currently higher than the national ratio.
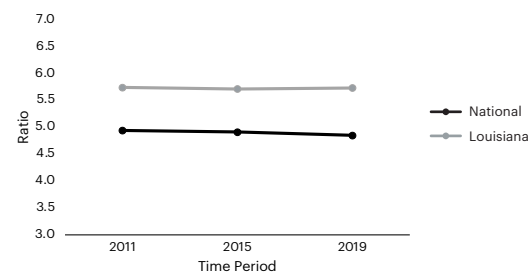
For source details and methodology visit www.AmericasHealthRankings.org.

Maine

Summary

Low Disparities[1]

- Between females[3] and males[3] for child poverty
- Between Asian/Pacific Islander[3] and Hispanic[3] for low birthweight
- Between metropolitan[3] and non-metropolitan[3] areas for unemployment

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for smoking
- Between Black[2] and white[3] for child poverty
- Between white[2] and American Indian/Alaska Native[2] for frequent mental distress

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

20% ▼ **Smoking** in female adults between 2011-2013 and 2017-2019 from 18.9% to 15.1%

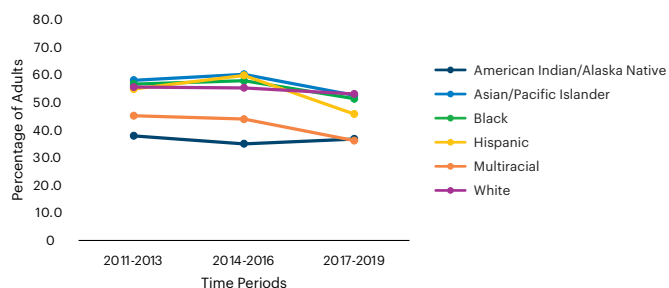**31%** ▼ **Less Than a High School Education** in non-metropolitan areas between 2005-2009 and 2015-2019 from 12.0% to 8.3%

23% ▼ **Child Poverty** in children in metropolitan areas between 2005-2009 and 2015-2019 from 15.4% to 11.8%

33% ▲ **Multiple Chronic Conditions** in male adults between 2011-2013 and 2017-2019 from 9.7% to 12.9%

26% ▲ **Physical Inactivity** in college graduates between 2011-2013 and 2017-2019 from 11.3% to 14.2%
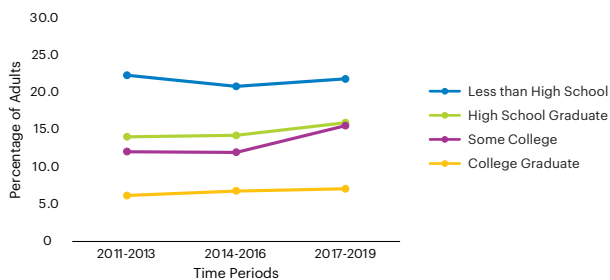
9% ▼ **High Health Status** in adults with a high school education between 2011-2013 and 2017-2019 from 48.1% to 43.6%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Maine, income inequality has decreased since 2011. Maine's ratio is currently lower than the national ratio.

Legend: National, Maine
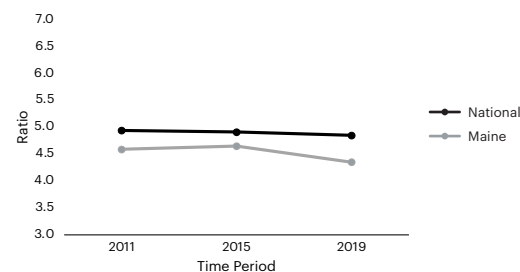
For source details and methodology visit www.AmericasHealthRankings.org.

Maryland

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Summary

Low Disparities[1]
- Between females[2] and males[2] for diabetes
- Between those with a high school education[3] and some college education[3] for cancer
- Between metropolitan[3] and non-metropolitan[3] areas for child poverty

High Disparities
- Between Hispanic[2] and white[3] for less than a high school education
- Between American Indian/Alaska Native[2] and Asian/Pacific Islander[3] for smoking
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

18% ▼ **Excessive Drinking** in male adults between 2011-2013 and 2017-2019 from 22.2% to 18.3%

33% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 6.9% to 4.6%

23% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 15.4% to 11.8%

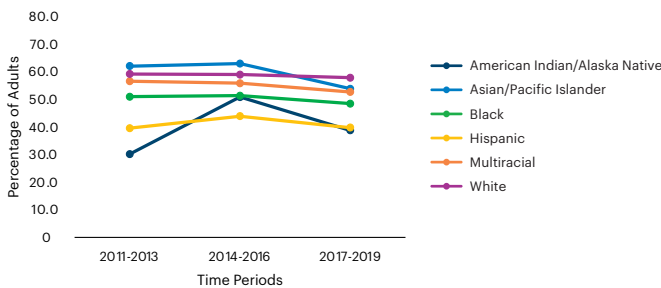**81%** ▲ **Diabetes** in Asian/Pacific Islander adults between 2011-2013 and 2017-2019 from 6.8% to 12.3%

55% ▲ **Food Insecurity** in households headed by an adult with some college education between 2003-2007 and 2015-2019 from 9.4% to 14.6%
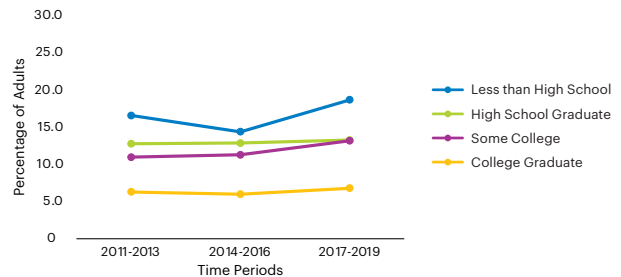
30% ▲ **Child Poverty** in Hispanic children between 2005-2009 and 2015-2019 from 13.3% to 17.3%

Trends

High Health Status by Race & Ethnicity

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Multiracial
- White

Frequent Mental Distress by Education

- Less than High School
- High School Graduate
- Some College
- College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Maryland, income inequality has increased since 2011. Maryland's ratio is currently lower than the national ratio.

- National
- Maryland
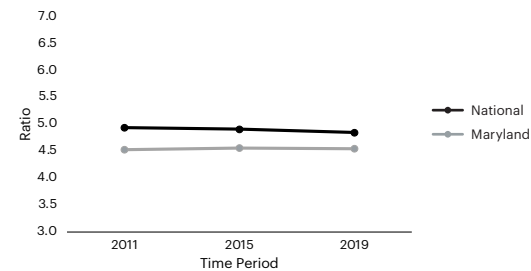
For source details and methodology visit www.AmericasHealthRankings.org.

Massachusetts

Summary

Low Disparities[1]

- Between females[3] and males[3] for child poverty
- Between those with less than a high school education[3] and some college education[3] for uninsured
- Between those with some college education[3] and college graduates[3] for cancer

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Hispanic[2] and white[3] for severe housing problems
- Between American Indian/Alaska Native[2] and Asian/Pacific Islander[3] for smoking

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

16% ▼ **Premature Death** in the Black population between 2005-2009 and 2015-2019 from 8,235 to 6,955 years of potential life lost before age 75 per 100,000

45% ▼ **Less Than a High School Education** in the multiracial population between 2005-2009 and 2015-2019 from 13.6% to 7.5%

27% ▼ **Smoking** in female adults between 2011-2013 and 2017-2019 from 15.5% to 11.4%

13% ▲ **Frequent Mental Distress** in white adults between 2011-2013 and 2017-2019 from 11.1% to 12.5%

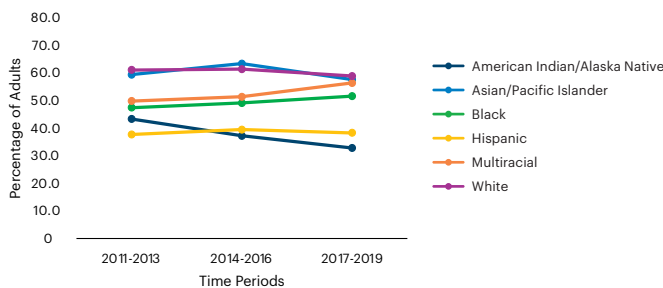**15%** ▲ **Poverty** in households headed by an adult with a high school education between 2005-2009 and 2015-2019 from 13.4% to 15.4%
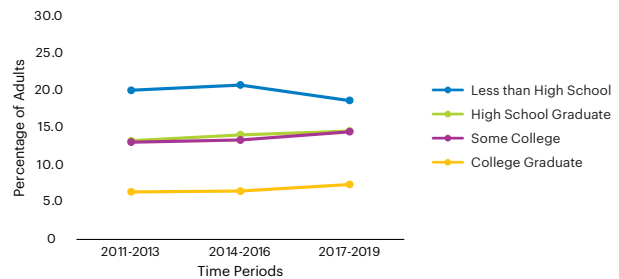
18% ▲ **Physical Inactivity** in adults with some college education between 2011-2013 and 2017-2019 from 20.6% to 24.3%

Trends

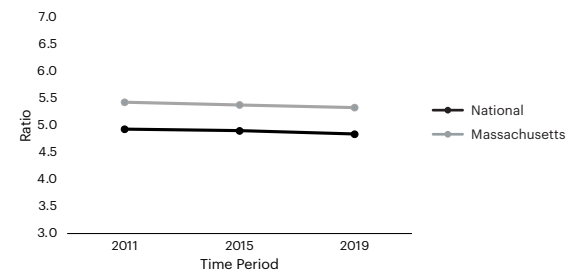**High Health Status by Race & Ethnicity**

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Massachusetts, income inequality has decreased since 2011. Massachusetts' ratio is currently higher than the national ratio.

Legend: National, Massachusetts

For source details and methodology visit www.AmericasHealthRankings.org.

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Michigan

Summary

Low Disparities[1]

- Between those with less than a high school education[3] and some college[3] for uninsured
- Between females[2] and males[2] for child poverty
- Between metropolitan[2] and non-metropolitan[2] areas for poverty

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Black[2] and Asian/Pacific Islander[3] for child poverty
- Between multiracial[2] and Asian/Pacific Islander[3] for smoking

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

19% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 15.9 to 12.9 deaths (before age 1) per 1,000 live births

50% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 12.4% to 6.2%

29% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 21.7% to 15.4%

21% ▲ **Cancer** in college graduates between 2011-2013 and 2017-2019 from 6.1% to 7.4%

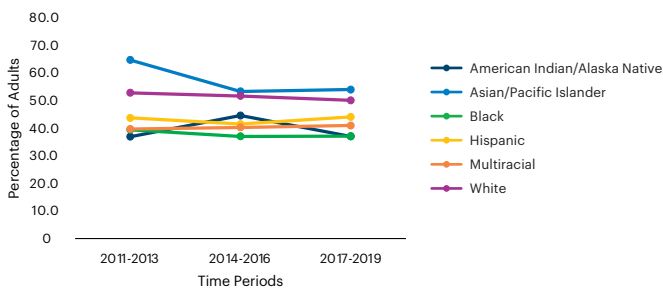**30%** ▲ **Food Insecurity** in households headed by an adult with some college education between 2003-2007 and 2015-2019 from 12.6% to 16.4%
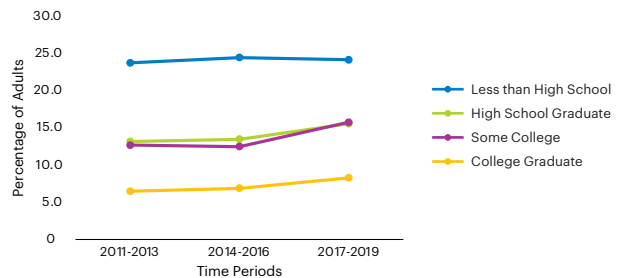
15% ▲ **Physical Inactivity** in adults with some college education between 2011-2013 and 2017-2019 from 21.0% to 24.1%

Trends

### High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Michigan, income inequality has decreased since 2011. Michigan's ratio is currently lower than the national ratio.

Legend: National, Michigan
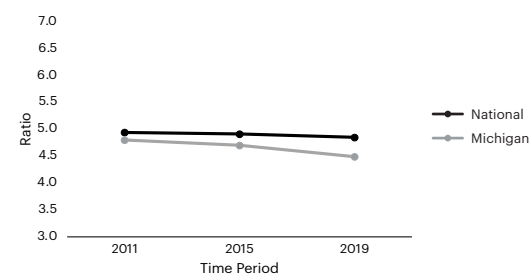
For source details and methodology visit www.AmericasHealthRankings.org.

Minnesota

Summary

Low Disparities[1]

- Between females[3] and males[3] for less than a high school education
- Between white[3] and Hispanic[3] for low birthweight
- Between metropolitan[3] and non-metropolitan[3] areas for uninsured

High Disparities

- Between Hispanic[2] and white[3] for less than a high school education
- Between American Indian/Alaska Native[2] and Asian/Pacific Islander[3] for smoking
- Between Black[2] and white[3] for child poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

10% ▼ **Excessive Drinking** in adults with some college education between 2011-2013 and 2017-2019 from 25.8% to 23.2%

45% ▼ **Unemployment** in Black civilians between 2005-2009 and 2015-2019 from 14.6% to 8.1%

29% ▼ **Smoking** in college graduates between 2011-2013 and 2017-2019 from 8.0% to 5.7%

33% ▲ **Diabetes** in adults with some college education between 2011-2013 and 2017-2019 from 6.9% to 9.2%
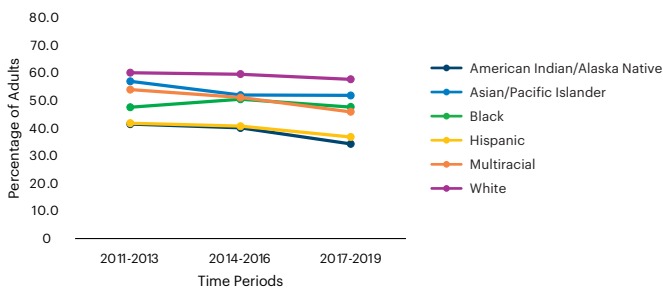
54% ▲ **Infant Mortality** in Asian/Pacific Islander infants between 2003-2006 and 2015-2018 from 4.3 to 6.6 deaths (before age 1) per 1,000 live births.
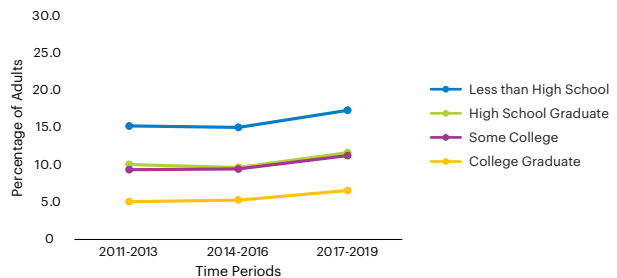
9% ▲ **Physical Inactivity** in adults with a high school education between 2011-2013 and 2017-2019 from 26.9% to 29.4%

Trends

### High Health Status by Race & Ethnicity

Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Minnesota, income inequality has decreased since 2011. Minnesota's ratio is currently lower than the national ratio.
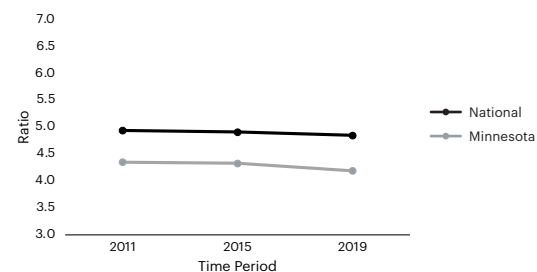
For source details and methodology visit www.AmericasHealthRankings.org.

Mississippi

Summary

Low Disparities[1]

- Between metropolitan[2] and non-metropolitan[2] areas for low birthweight
- Between those with less than a high school education[3] and some college education[3] for excessive drinking
- Between metropolitan[2] and non-metropolitan[2] areas for uninsured

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Asian/Pacific Islander[2] and white[3] adults for dedicated health care provider
- Between those with less than a high school education[2] and college graduates[3] for poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

24% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 15.3 to 11.6 deaths (before age 1) per 1,000 live births

31% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 19.8% to 13.7%

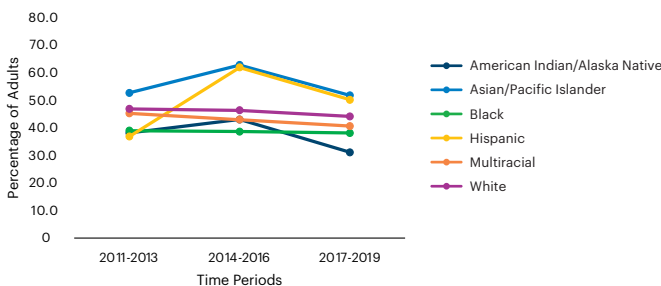**29%** ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 29.0% to 20.5%

36% ▲ **Asthma** in adults with some college education between 2011-2013 and 2017-2019 from 6.7% to 9.1%

39% ▲ **Food Insecurity** in white households between 2003-2007 and 2015-2019 from 9.1% to 12.6%
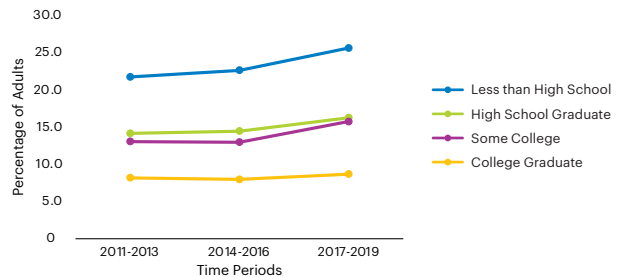
30% ▲ **Diabetes** in adults with less than a high school education between 2011-2013 and 2017-2019 from 18.3% to 23.7%

Trends

High Health Status by Race & Ethnicity

Percentage of Adults — Time Periods: 2011-2013, 2014-2016, 2017-2019

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Multiracial
- White

Frequent Mental Distress by Education

Percentage of Adults — Time Periods: 2011-2013, 2014-2016, 2017-2019

- Less than High School
- High School Graduate
- Some College
- College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Mississippi, income inequality has increased since 2011. Mississippi's ratio is currently higher than the national ratio.
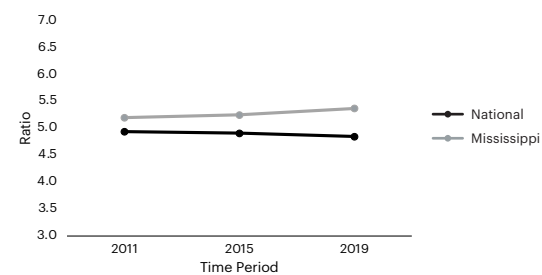
Ratio — Time Period: 2011, 2015, 2019

- National
- Mississippi

For source details and methodology visit www.AmericasHealthRankings.org.

Missouri

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Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for unemployed
- Between females[3] and males[3] for those with less than a high school education
- Between females[3] and males[2] for uninsured

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for smoking
- Between Black[2] and white[3] for child poverty
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

17% ▼ **Smoking** in adults with some college education between 2011-2013 and 2017-2019 from 22.8% to 19.0%

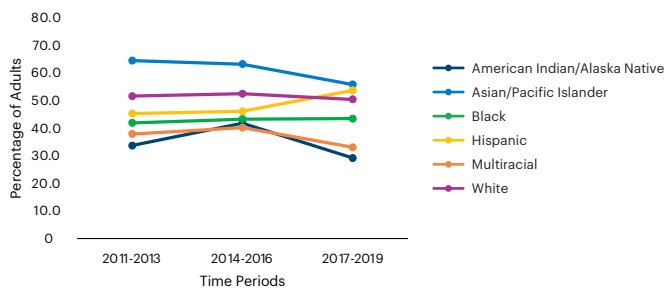**40%** ▼ **Unemployment** in Black civilians between 2005-2009 and 2015-2019 from 13.9% to 8.3%

17% ▼ **Avoided Care Due to Cost** in males between 2011-2013 and 2017-2019 from 14.4% to 12.0%
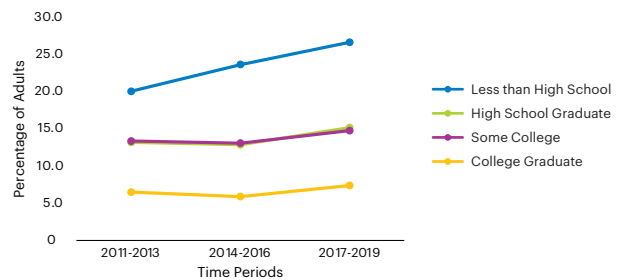
21% ▲ **Multiple Chronic Conditions** in adults with some college education between 2011-2013 and 2017-2019 from 10.2% to 12.3%

14% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 8.7% to 9.9%

18% ▲ **Depression** in female adults between 2011-2013 and 2017-2019 from 24.8% to 29.2%

Trends

High Health Status by Race & Ethnicity

Percentage of Adults / Time Periods

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Percentage of Adults / Time Periods

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Missouri, income inequality has decreased since 2011. Missouri's ratio is currently lower than the national ratio.

Ratio / Time Period

Legend: National, Missouri
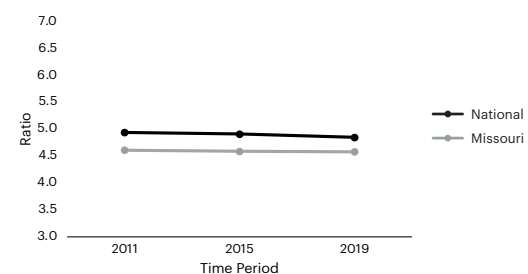
For source details and methodology visit www.AmericasHealthRankings.org.

Montana

Summary

Low Disparities[1]

- Between females[3] and males[3] for child poverty
- Between metropolitan[3] and non-metropolitan[2] areas for uninsured
- Between metropolitan[3] and non-metropolitan[3] areas for less than a high school education

High Disparities

- Between American Indian/Alaska Native[2] and white[3] for smoking
- Between less than a high school education[2] and college graduates[3] for physical inactivity
- Between American Indian/Alaska Native[2] and white[3] for child poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

10% ▲ **Flu Vaccination** in white adults between 2011-2013 and 2017-2019 from 36.2% to 39.9%

39% ▼ **Less Than a High School Education** in the American Indian/Alaska Native population between 2005-2009 and 2015-2019 from 22.8% to 13.9%
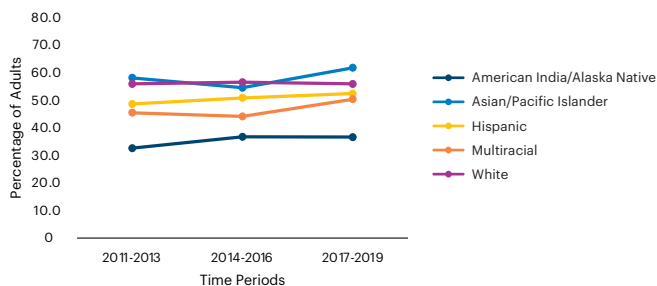
30% ▼ **Avoided Care Due to Cost** in female adults between 2011-2013 and 2017-2019 from 16.5% to 11.5%

22% ▲ **Low Birthweight** in American Indian/Alaska Native infants between 2003-2006 and 2016-2019 from 7.4% to 9.0%

27% ▲ **Frequent Mental Distress** in adults with some college education between 2011-2013 and 2017-2019 from 10.3% to 13.1%
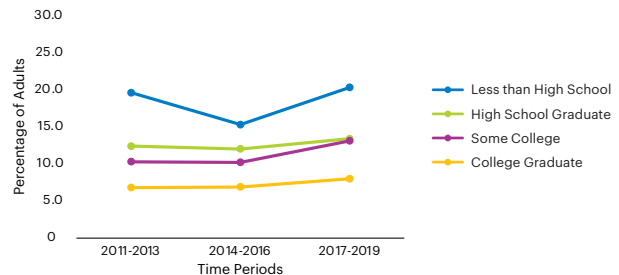
14% ▲ **Depression** in female adults between 2011-2013 and 2017-2019 from 25.4% to 28.9%

Trends

### High Health Status by Race & Ethnicity

- American India/Alaska Native
- Asian/Pacific Islander
- Hispanic
- Multiracial
- White

Frequent Mental Distress by Education

- Less than High School
- High School Graduate
- Some College
- College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Montana, income inequality has increased since 2011. Montana's ratio is currently lower than the national ratio.

- National
- Montana
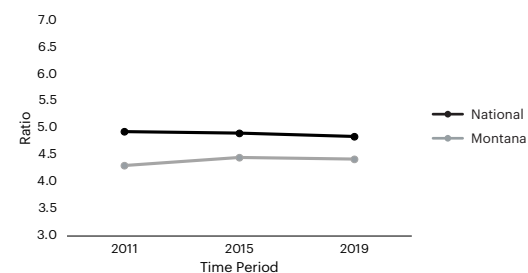
For source details and methodology visit www.AmericasHealthRankings.org.

Nebraska

Summary

Low Disparities[1]
- Between females[3] and males[3] for less than a high school education
- Between metropolitan[3] and non-metropolitan[3] areas for low birthweight
- Between those with a high school education[2] and college graduates[3] for cancer

High Disparities
- Between Hispanic[2] and white[3] for dedicated health care provider
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

21% ▼ **Depression** in adults with less than a high school education between 2011-2013 and 2017-2019 from 20.3% to 16.0%

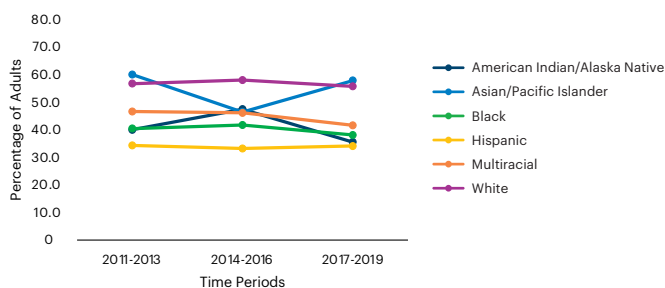**44%** ▼ **Unemployment** in Black civilians between 2005-2009 and 2015-2019 from 13.5% to 7.6%

22% ▼ **Smoking** in white adults between 2011-2013 and 2017-2019 from 19.1% to 15.0%

87% ▲ **Multiple Chronic Conditions** in American Indian/Alaska Native adults between 2011-2013 and 2017-2019 from 13.3% to 24.9%

22% ▲ **Diabetes** in college graduates between 2011-2013 and 2017-2019 from 5.8% to 7.1%
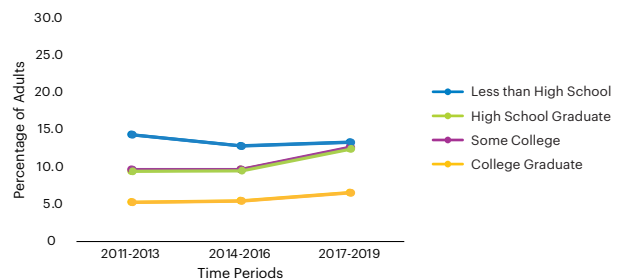
23% ▲ **Physical Inactivity** in Hispanic adults between 2011-2013 and 2017-2019 from 32.8% to 40.4%

Trends

### High Health Status by Race & Ethnicity

Percentage of Adults — Time Periods (2011-2013, 2014-2016, 2017-2019)

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Percentage of Adults — Time Periods (2011-2013, 2014-2016, 2017-2019)

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Nebraska, income inequality has decreased since 2011. Nebraska's ratio is currently lower than the national ratio.
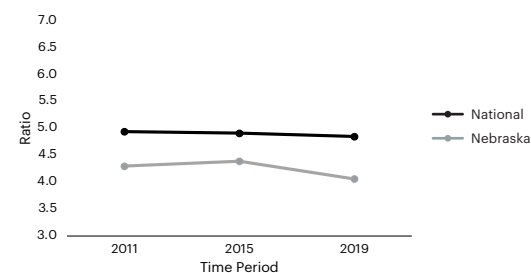
Ratio — Time Period (2011, 2015, 2019)

Legend: National, Nebraska

For source details and methodology visit www.AmericasHealthRankings.org.

Nevada

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Summary

Low Disparities[1]

- Between metropolitan[2] and non-metropolitan[2] areas for uninsured
- Between females[3] and males[2] for cardiovascular disease
- Between metropolitan[2] and non-metropolitan[3] areas for less than a high school education

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for less than a high school education
- Between those with less than a high school education[2] and college graduates[2] for dedicated health care provider

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

28% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 13.4 to 9.6 deaths (before age 1) per 1,000 live births

28% ▼ **Unemployment** in civilians living in non-metropolitan areas between 2005-2009 and 2015-2019 from 8.0% to 5.8%

42% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 23.0% to 13.4%

13% ▲ **Low Birthweight** in Hispanic infants between 2003-2006 and 2016-2019 from 6.7% to 7.6%

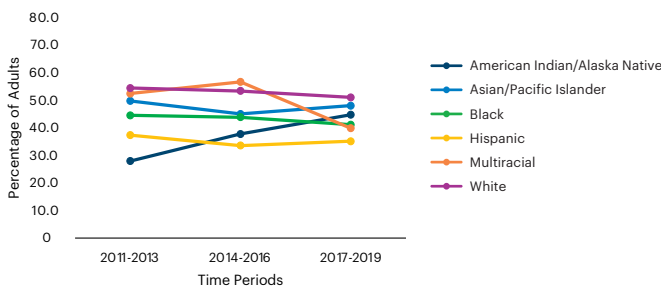**64%** ▲ **Food Insecurity** in households headed by an adult with a high school education between 2003-2007 and 2015-2019 from 9.8% to 16.1%
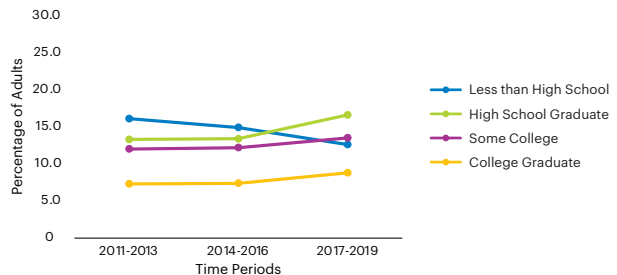
31% ▲ **Physical Inactivity** in Hispanic adults between 2011-2013 and 2017-2019 from 25.3% to 33.1%

Trends

**High Health Status by Race & Ethnicity**

Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Nevada, income inequality has increased since 2011. Nevada's ratio is currently lower than the national ratio.
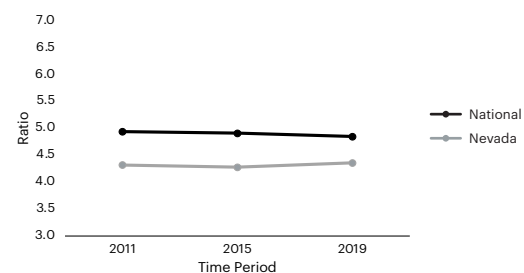
For source details and methodology visit www.AmericasHealthRankings.org.

![America's Health Rankings - United Health Foundation]

New Hampshire

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for poverty
- Between females[3] and males[3] for avoided care due to cost
- Between metropolitan[3] and non-metropolitan[3] areas for uninsured

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between those with less than a high school education[2] and college graduates[3] for smoking
- Between females[3] and males[2] for premature death

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

31% ▼ **Infant Mortality** in white infants between 2003-2006 and 2015-2018 from 5.1 to 3.5 deaths (before age 1) per 1,000 live births

34% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 8.8% to 5.8%

23% ▼ **Avoided Care Due to Cost** in female adults between 2011-2013 and 2017-2019 from 15.0% to 11.6%

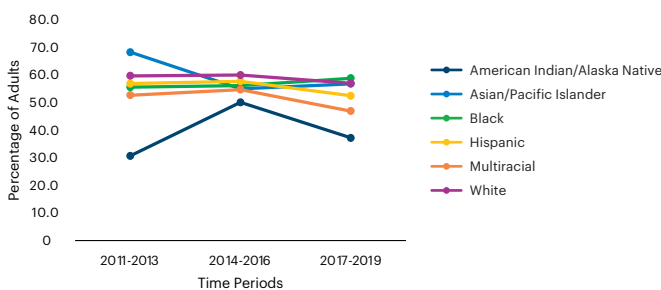**36%** ▲ **Cancer** in male adults between 2011-2013 and 2017-2019 from 5.9% to 8.0%

20% ▲ **Premature Death** in the white population between 2005-2009 and 2015-2019 from 6,118 to 7,336 years of potential life lost before age 75 per 100,000
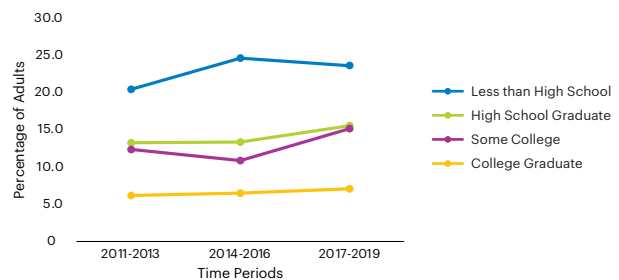
25% ▲ **Frequent Mental Distress** in female adults between 2011-2013 and 2017-2019 from 12.7% to 15.9%

Trends

**High Health Status by Race & Ethnicity**

Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In New Hampshire, income inequality has decreased since 2011. New Hampshire's ratio is currently lower than the national ratio.

For source details and methodology visit www.AmericasHealthRankings.org.
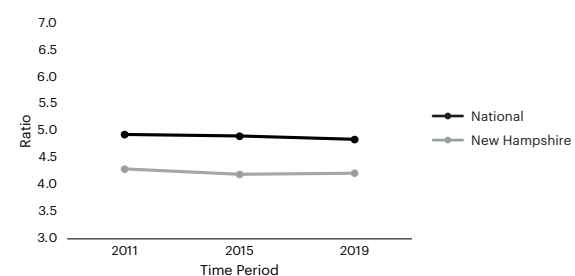
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New Jersey

Summary

Low Disparities[1]

- Between females[3] and males[2] for unemployment
- Between those with a high school education[2] and college graduates[3] for cancer
- Between Black[2] and white[3] for diabetes

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Hispanic[2] and multiracial[3] for dedicated health care provider
- Between Black[2] and Asian/Pacific Islander[3] for child poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

20%▼ **Excessive Drinking** in adults with a high school education between 2011-2013 and 2017-2019 from 18.6% to 14.8%

38%▼ **Less Than a High School Education** in the white population between 2005-2009 and 2015-2019 from 9.2% to 5.7%
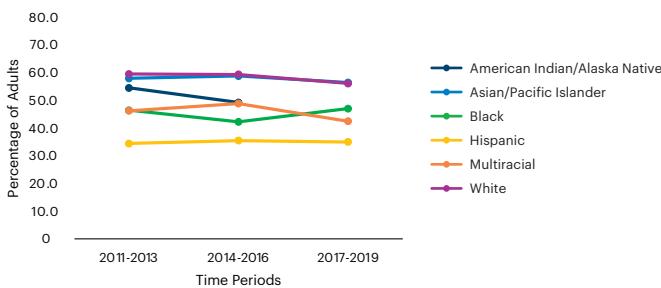
26%▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 19.3% to 14.2%

35%▲ **Diabetes** in adults with some college education between 2011-2013 and 2017-2019 from 8.6% to 11.6%

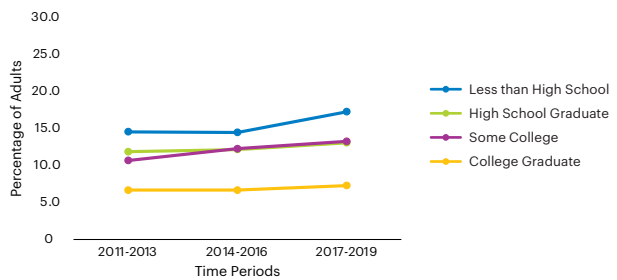**25%▲** **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 5.6% to 7.0%

21%▲ **Physical Inactivity** in white adults between 2011-2013 and 2017-2019 from 22.9% to 27.6%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In New Jersey, income inequality has decreased since 2011. New Jersey's ratio is currently higher than the national ratio.

Legend: National, New Jersey
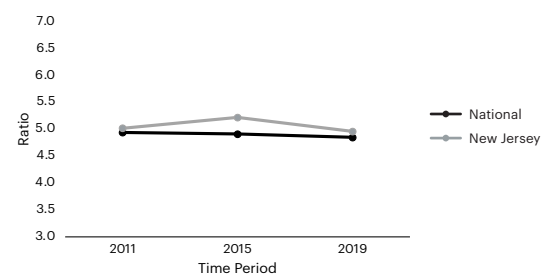
For source details and methodology visit www.AmericasHealthRankings.org.

New Mexico

Summary

Low Disparities[1]

- Between females[2] and males[2] for less than a high school education
- Between metropolitan[2] and non-metropolitan[2] areas for unemployment
- Between those with less than a high school education[2] and college graduates[3] for cardiovascular disease

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between American Indian/Alaska Native[2] and white[3] for uninsured
- Between females[2] and males[2] for dedicated health care provider

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

24% ▼ **Less Than a High School Education** in the American Indian/Alaska Native population between 2005-2009 and 2015-2019 from 26.7% to 20.2%

**30%** ▼ **Smoking** in college graduates between 2011-2013 and 2017-2019 from 9.7% to 6.8%

32% ▼ **Avoided Care Due to Cost** in Hispanic adults between 2011-2013 and 2017-2019 from 24.3% to 16.5%

20% ▲ **Diabetes** in adults with a high school education between 2011-2013 and 2017-2019 from 10.7% to 12.8%

29% ▲ **Child Poverty** in white children between 2005-2009 and 2015-2019 from 11.8% to 15.2%
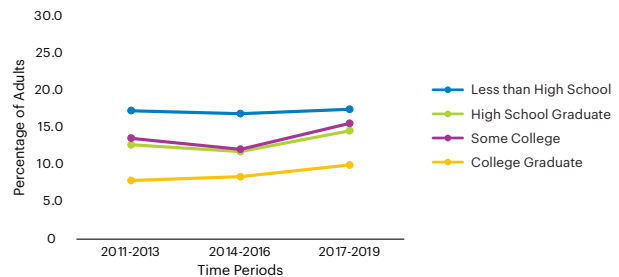
11% ▲ **Low Birthweight** in Hispanic infants between 2003-2006 and 2016-2019 from 8.6% to 9.5%

Trends

High Health Status by Race & Ethnicity
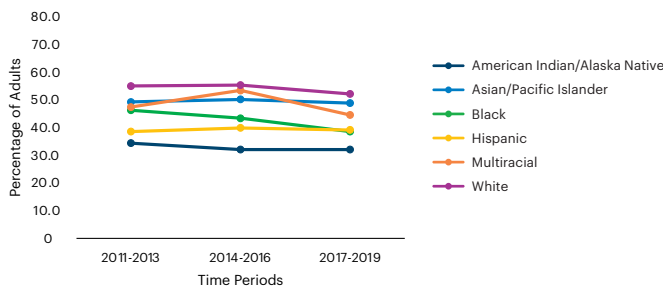

Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In New Mexico, income inequality has decreased since 2011. New Mexico's ratio is currently higher than the national ratio.
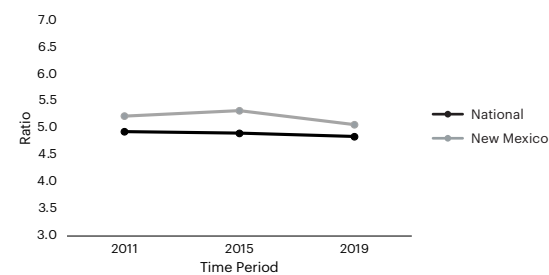
For source details and methodology visit www.AmericasHealthRankings.org.

New York

Summary

Low Disparities[1]

- Between females[2] and males[2] for less than a high school education
- Between metropolitan[3] and non-metropolitan[3] areas for low birthweight
- Between those with less than a high school education[2] and college graduates[3] for asthma

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between females[3] and males[2] for excessive drinking
- Between Hispanic[2] and white[3] for severe housing problems

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

24% ▼ **Depression** in adults with less than a high school education between 2011-2013 and 2017-2019 from 23.0% to 17.6%

34% ▼ **Unemployment** in multiracial civilians between 2005-2009 and 2015-2019 from 10.7% to 7.1%

28% ▼ **Smoking** in Black adults between 2011-2013 and 2017-2019 from 18.7% to 13.5%

27% ▲ **Food Insecurity** in households headed by an adult with less than a high school education between 2003-2007 and 2015-2019 from 19.5% to 24.8%
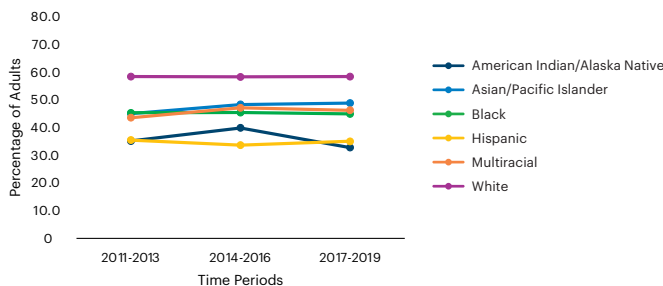
18% ▲ **Poverty** in households headed by an adult with a high school education between 2005-2009 and 2015-2019 from 15.3% to 18.1%
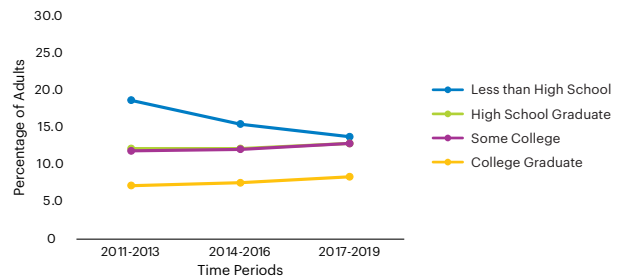
9% ▲ **Low Birthweight** in Asian/Pacific Islander infants between 2003-2006 and 2016-2019 from 7.9% to 8.6%

Trends
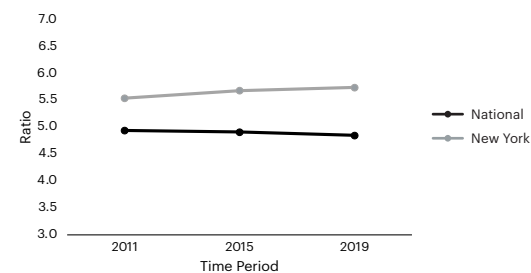
High Health Status by Race & Ethnicity

Legend:
- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Multiracial
- White

X-axis: Time Periods (2011-2013, 2014-2016, 2017-2019)
Y-axis: Percentage of Adults

Frequent Mental Distress by Education

Legend:
- Less than High School
- High School Graduate
- Some College
- College Graduate

X-axis: Time Periods (2011-2013, 2014-2016, 2017-2019)
Y-axis: Percentage of Adults

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In New York, income inequality has increased since 2011. New York's ratio is currently higher than the national ratio.

Legend:
- National
- New York

X-axis: Time Period (2011, 2015, 2019)
Y-axis: Ratio

For source details and methodology visit www.AmericasHealthRankings.org.

![America's Health Rankings - United Health Foundation logo]
www.AmericasHealthRankings.org

North Carolina

Summary

Low Disparities[1]

- Between females[2] and males[3] for unemployment
- Between those with less than a high school education[2] and college graduates[3] for asthma
- Between non-metropolitan[2] and metropolitan[2] areas for uninsured

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Hispanic[2] and white[3] for child poverty
- Between females[3] and males[2] for dedicated health care provider

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

21% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 15.5 to 12.2 deaths (before age 1) per 1,000 live births

28% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 7.5% to 5.4%

16% ▼ **Smoking** in female adults between 2011-2013 and 2017-2019 from 18.6% to 15.6%

18% ▲ **Low Birthweight** in Hispanic infants between 2003-2006 and 2016-2019 from 6.3% to 7.4%
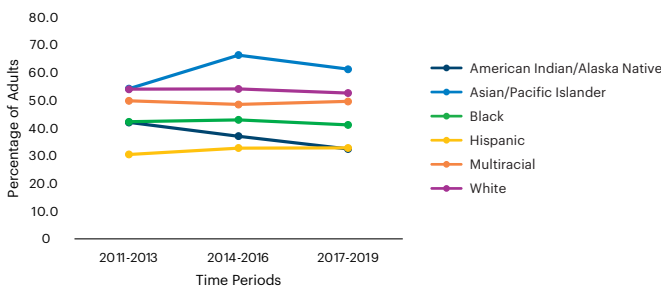
16% ▲ **Poverty** in households headed by a college graduate between 2005-2009 and 2015-2019 from 4.4% to 5.1%
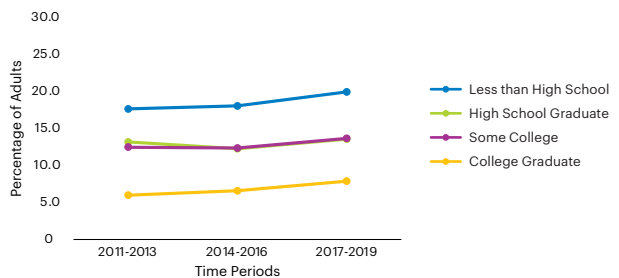
16% ▲ **Depression** in female adults between 2011-2013 and 2017-2019 from 22.4% to 25.9%

Trends

### High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In North Carolina, income inequality has decreased since 2011. North Carolina's ratio is currently lower than the national ratio.

Legend: National, North Carolina
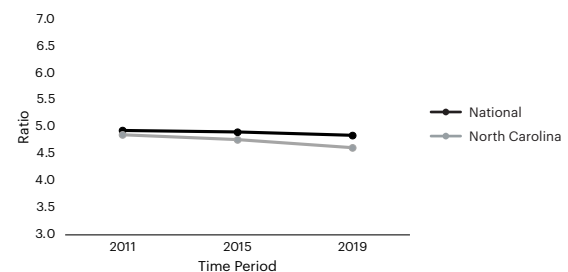
For source details and methodology visit www.AmericasHealthRankings.org.

North Dakota

Summary

Low Disparities[1]

- Between those with less than a high school education[2] and college graduates[3] for cancer
- Between metropolitan[3] and non-metropolitan[3] areas for uninsured
- Between females[3] and males[3] for less than a high school education

High Disparities

- Between American Indian/Alaska Native[2] and white[3] for child poverty
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between females[3] and males[2] for those with a dedicated health care provider

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

45% ▼ **Less Than a High School Education** in the white population between 2005-2009 and 2015-2019 from 11.1% to 6.1%

33% ▼ **Child Poverty** in female children between 2005-2009 and 2015-2019 from 14.3% to 9.6%

17% ▼ **Smoking** in male adults between 2011-2013 and 2017-2019 from 23.6% to 19.5%

12% ▲ **Premature Death** in metropolitan areas between 2005-2009 and 2015-2019 from 5,699 to 6,378 years of potential life lost before age 75 per 100,000

46% ▲ **Depression** in adults with less than a high school education between 2011-2013 and 2017-2019 from 16.0% to 23.4%

7% ▼ **Dedicated Health Care Provider** in adults with a high school education between 2011-2013 and 2017-2019 from 71.4% to 66.1%

Trends

### High Health Status by Race & Ethnicity
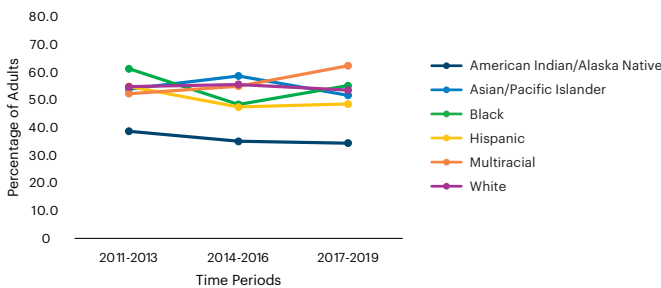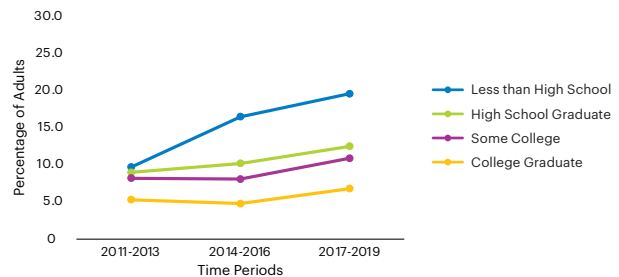
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In North Dakota, income inequality has decreased since 2011. North Dakota's ratio is currently lower than the national ratio.
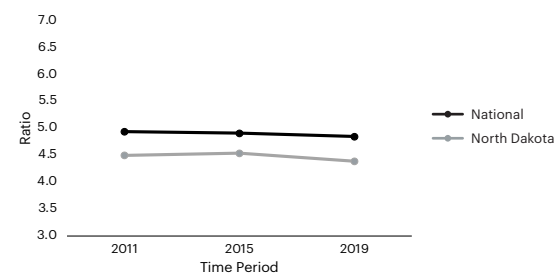
For source details and methodology visit www.AmericasHealthRankings.org.

Ohio

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Summary

Low Disparities[1]

- Between females[3] and males[2] for unemployed
- Between those with less than a high school education[2] and college graduates[3] for cancer
- Between metropolitan[2] and non-metropolitan[2] areas for uninsured

High Disparities

- Between Black[2] and Asian/Pacific Islander[3] for child poverty
- Between females[3] and males[2] for dedicated health care provider
- Between those with less than a high school education[2] and college graduates[3] for physical inactivity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

16% ▼ **Smoking** in adults with some college education between 2011-2013 and 2017-2019 from 23.2% to 19.5%

39% ▼ **Unemployment** in civilians in non-metropolitan areas between 2005-2009 and 2015-2019 from 7.8% to 4.8%

29% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 20.0% to 14.2%

27% ▲ **Multiple Chronic Conditions** in college graduates between 2011-2013 and 2017-2019 from 4.8% to 6.1%

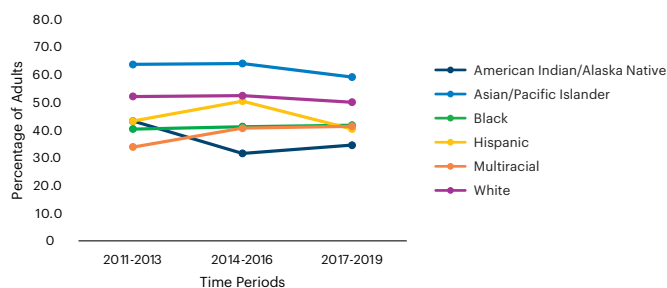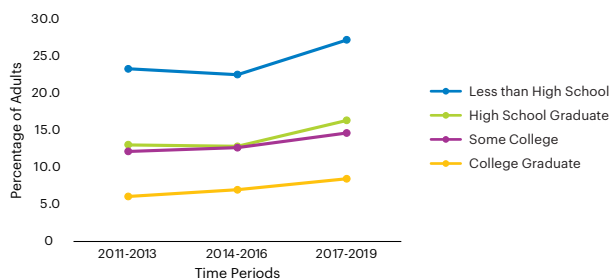**13%** ▲ **Poverty** in households headed by an adult with less than a high school education between 2005-2009 and 2015-2019 from 29.4% to 33.3%

16% ▲ **Cancer** in white adults between 2011-2013 and 2017-2019 from 6.8% to 7.9%

Trends

High Health Status by Race & Ethnicity

Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Ohio, income inequality has decreased since 2011. Ohio's ratio is currently lower than the national ratio.
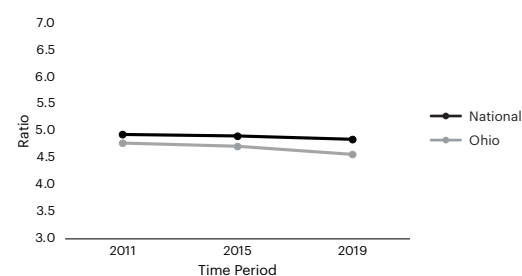
For source details and methodology visit www.AmericasHealthRankings.org.

Oklahoma

Summary

Low Disparities[1]

- Between females[3] and males[2] for less than a high school education
- Between metropolitan[3] and non-metropolitan[2] areas for unemployment
- Between those with some college education[2] and college graduates[3] for asthma

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for smoking
- Between females[2] and males[3] for depression
- Between Hispanic[2] and white[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.

[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

22% ▼ **Unemployment** in civilians with less than a high school education between 2005-2009 and 2015-2019 from 11.8% to 9.2%

12% ▼ **Excessive Drinking** in male adults between 2011-2013 and 2017-2019 from 21.1% to 18.5%

26% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 25.9% to 19.2%

18% ▲ **Diabetes** in female adults between 2011-2013 and 2017-2019 from 10.3% to 12.2%

13% ▲ **Depression** in adults with some college education between 2011-2013 and 2017-2019 from 22.8% to 25.7%
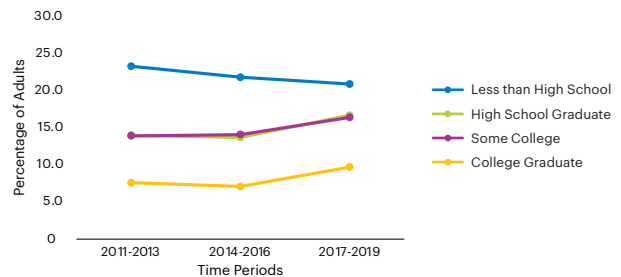
15% ▲ **Cardiovascular Disease** in white adults between 2011-2013 and 2017-2019 from 10.5% to 12.1%

Trends

High Health Status by Race & Ethnicity
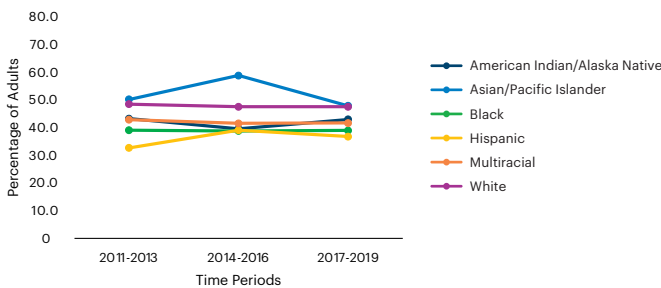
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Oklahoma, income inequality decreased since 2011. Oklahoma's ratio is currently lower than the national ratio.
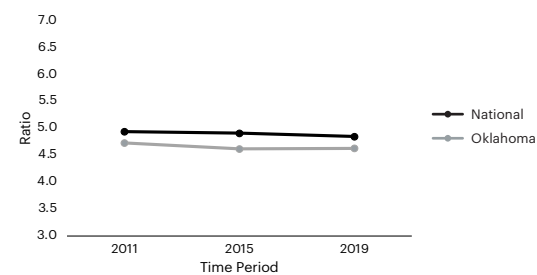
For source details and methodology visit www.AmericasHealthRankings.org.

Oregon

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for uninsured
- Between females[3] and males[3] for less than a high school education
- Between Black[2] and white[3] for low birthweight

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Black[2] and white[3] for severe housing problems
- Between females[2] and males[3] for depression

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

35% ▼ **Excessive Drinking** in adults with less than a high school education between 2011-2013 and 2017-2019 from 19.9% to 12.9%

33% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 8.6% to 5.8%

31% ▼ **Avoided Care Due to Cost** in white adults between 2011-2013 and 2017-2019 from 16.3% to 11.3%

27% ▲ **Low Birthweight** in Hispanic infants between 2003-2006 and 2016-2019 from 5.5% to 7.0%

13% ▲ **Poverty** in households headed by an adult with a high school education between 2005-2009 and 2015-2019 from 15.5% to 17.5%

27% ▲ **Physical Inactivity** in female adults between 2011-2013 and 2017-2019 from 17.7% to 22.4%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate
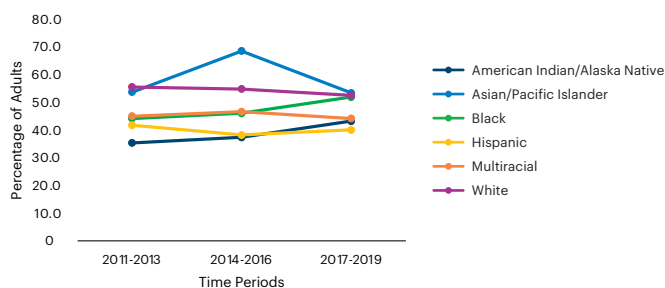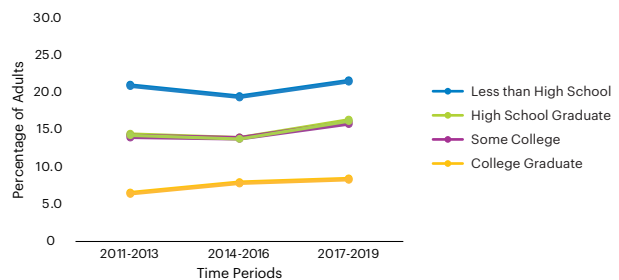
Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Oregon, income inequality has decreased since 2011. Oregon's ratio is currently lower than the national ratio.

Legend: National, Oregon
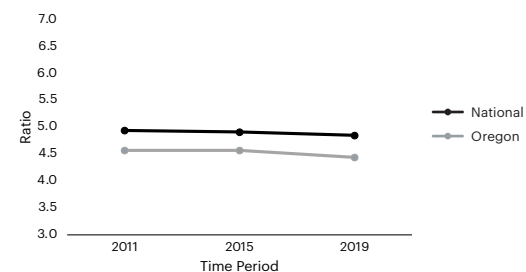
For source details and methodology visit www.AmericasHealthRankings.org.

Pennsylvania

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Summary

Low Disparities[1]

- Between females[3] and males[2] for unemployment
- Between white[2] and Hispanic[3] for cancer
- Between metropolitan[2] and non-metropolitan[3] areas for low birthweight

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Black[2] and white[3] for food insecurity
- Between American Indian/Alaska Native[2] and white[3] for child poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

26% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 14.8 to 10.9 deaths (before age 1) per 1,000 live births

30% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 13.1% to 9.2%

33% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 19.7% to 13.2%

31% ▲ **Multiple Chronic Conditions** in college graduates between 2011-2013 and 2017-2019 from 4.9% to 6.4%

19% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 7.5% to 8.9%

24% ▲ **Diabetes** in adults with some college education between 2011-2013 and 2017-2019 from 8.7% to 10.8%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate
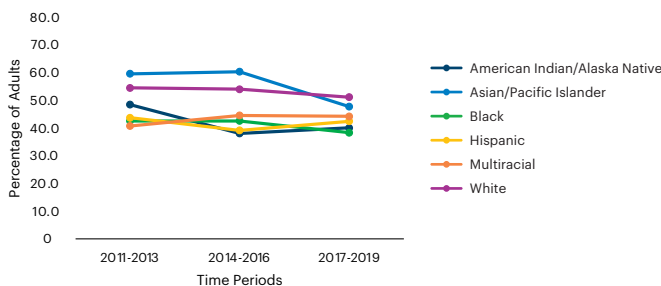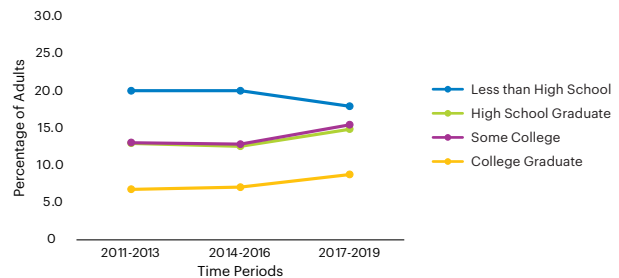
Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Pennsylvania, income inequality has decreased since 2011. Pennsylvania's ratio is currently lower than the national ratio.

Legend: National, Pennsylvania
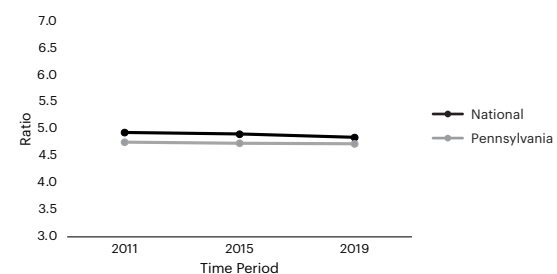
For source details and methodology visit www.AmericasHealthRankings.org.

Rhode Island

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www.AmericasHealthRankings.org

Summary

Low Disparities[1]

- Between females[3] and males[2] for unemployment
- Between those with a high school education[3] and college graduates[3] for uninsured
- Between Black[2] and white[3] for low birthweight

High Disparities

- Between those with a high school education[3] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for less than a high school education
- Between American Indian/Alaska Native[2] and Hispanic[3] for multiple chronic conditions

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

14% ▼ **Premature Death** in the Hispanic population between 2005-2009 and 2015-2019 from 4,484 to 3,863 years of potential life lost before age 75 per 100,000

25% ▼ **Unemployment** in civilians with less than a high school education between 2005-2009 and 2015-2019 from 14.2% to 10.7%

29% ▼ **Avoided Care Due to Cost** in white adults between 2011-2013 and 2017-2019 from 11.5% to 8.2%

35% ▲ **Diabetes** in adults with less than a high school education between 2011-2013 and 2017-2019 from 13.4% to 18.1%

29% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 7.9% to 10.2%

28% ▲ **Cancer** in college graduates between 2011-2013 and 2017-2019 from 6.4% to 8.2%

Trends

High Health Status by Race & Ethnicity

Legend: American India/Alaska Native, Asian/Pacific Islander, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate
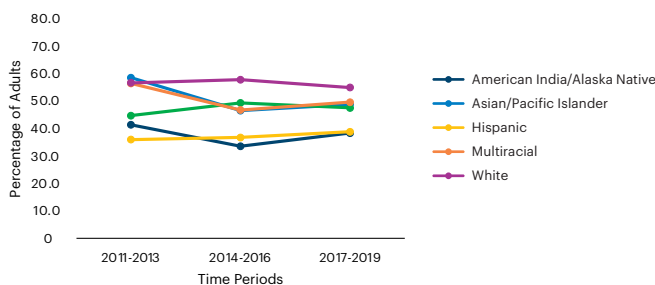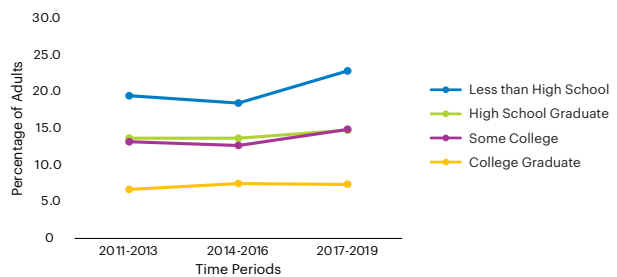
Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Rhode Island, income inequality has decreased since 2011. Rhode Island's ratio is currently lower than the national ratio.

Legend: National, Rhode Island
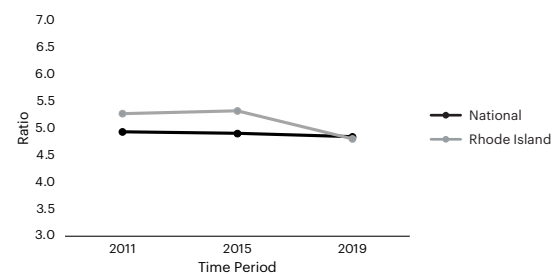
For source details and methodology visit www.AmericasHealthRankings.org.

South Carolina

Summary

Low Disparities[1]

- Between females[2] and males[2] for diabetes
- Between metropolitan[2] and non-metropolitan[2] areas for uninsured
- Between females[3] and males[2] for less than a high school education

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for dedicated health care provider
- Between those with less than a high school education[2] and college graduates[3] for food insecurity

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

29% ▼ **Premature Death** in the Hispanic population between 2005-2009 and 2015-2019 from 5,552 to 3,927 years of potential life lost before age 75 per 100,000

29% ▼ **Unemployment** in female civilians between 2005-2009 and 2015-2019 from 7.9% to 5.6%

20% ▼ **Smoking** in Black adults between 2011-2013 and 2017-2019 from 22.0% to 17.7%

25% ▲ **Cancer** in college graduates between 2011-2013 and 2017-2019 from 6.4% to 8.0%

15% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 9.1% to 10.5%

9% ▲ **Physical Inactivity** in adults with a high school education between 2011-2013 and 2017-2019 from 31.1% to 33.8%

Trends

High Health Status by Race & Ethnicity
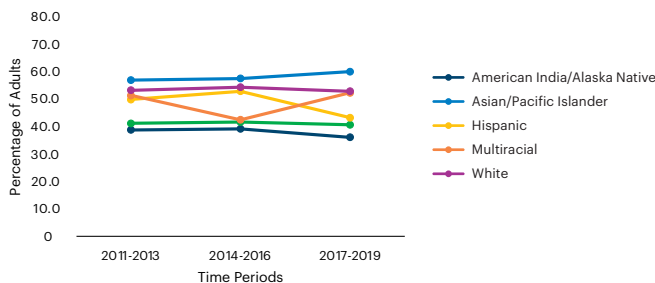
Percentage of Adults — Time Periods: 2011-2013, 2014-2016, 2017-2019

- American India/Alaska Native
- Asian/Pacific Islander
- Hispanic
- Multiracial
- White

Frequent Mental Distress by Education

Percentage of Adults — Time Periods: 2011-2013, 2014-2016, 2017-2019

- Less than High School
- High School Graduate
- Some College
- College Graduate
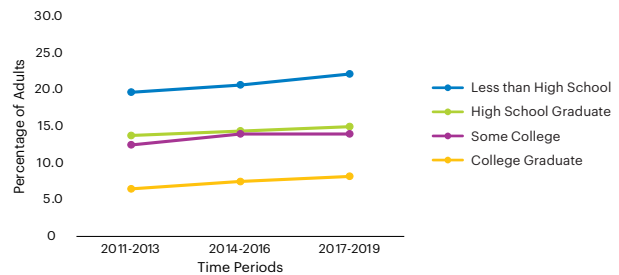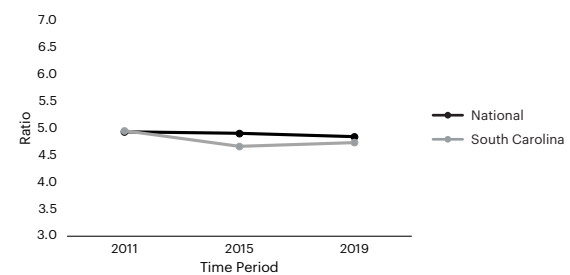
Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In South Carolina, income inequality has decreased since 2011. South Carolina's ratio is currently lower than the national ratio.

Ratio — Time Period: 2011, 2015, 2019

- National
- South Carolina

For source details and methodology visit www.AmericasHealthRankings.org.

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South Dakota

South Dakota

Summary

Low Disparities[1]

- Between females[3] and males[3] for unemployment
- Between non-metropolitan[2] and metropolitan[3] areas for uninsured
- Between those with a high school education[2] and some college education[3] for cancer

High Disparities

- Between American Indian/Alaska Native[2] and white[3] for child poverty
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Black[2] and white[3] for dedicated health care provider

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

31% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 10.5% to 7.3%

17% ▼ **Poverty** in non-metropolitan areas between 2005-2009 and 2015-2019 from 15.6% to 13.0%

28% ▼ **Smoking** in college graduates between 2011-2013 and 2017-2019 from 9.8% to 7.1%

25% ▲ **Premature Death** in the American Indian/Alaska Native population between 2005-2009 and 2015-2019 from 18,149 to 22,598 years of potential life lost before age 75 per 100,000

46% ▲ **Cancer** in college graduates between 2011-2013 and 2017-2019 from 5.4% to 7.9%
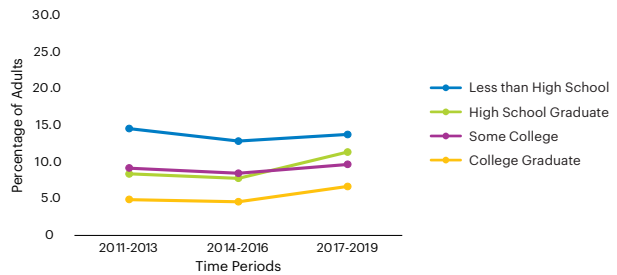
16% ▼ **Flu Vaccination** in adults with a high school education between 2011-2013 to 2017-2019 from 45.5% to 38.4%

Trends

High Health Status by Race & Ethnicity
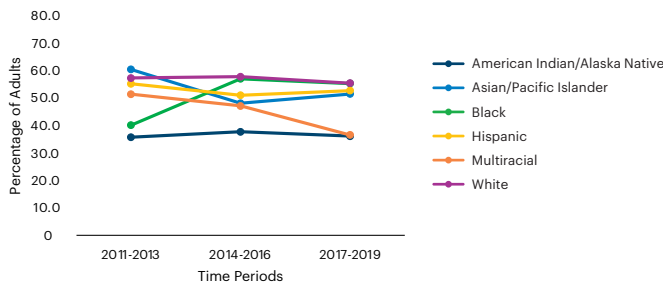
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In South Dakota, income inequality has decreased since 2011. South Dakota's ratio is currently lower than the national ratio.
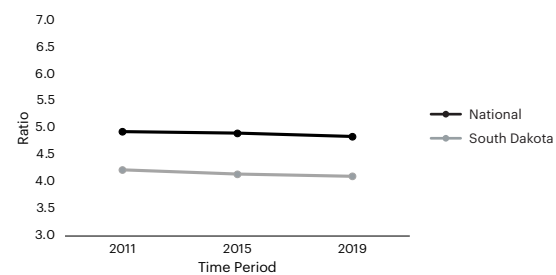
For source details and methodology visit www.AmericasHealthRankings.org.

Tennessee

www.AmericasHealthRankings.org

Summary

Low Disparities[1]

- Between metropolitan[2] and non-metropolitan[2] areas for low birthweight
- Between females[3] and males[2] for less than a high school education
- Between those with less than a high school education[2] and college graduates[3] for cancer

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between American Indian/Alaska Native[2] and Asian/Pacific Islander[3] for high health status
- Between Hispanic[2] and white[3] for dedicated health care provider

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

31% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 16.3 to 11.3 deaths (before age 1) per 1,000 live births

44% ▼ **Unemployment** in Hispanic civilians between 2005-2009 and 2015-2019 from 8.1% to 4.5%

36% ▼ **Smoking** in college graduates between 2011-2013 and 2017-2019 from 10.9% to 7.0%

43% ▲ **Food Insecurity** in households headed by an adult with less than a high school education between 2003-2007 and 2015-2019 from 18.8% to 26.9%

58% ▲ **Asthma** in male adults between 2011-2013 and 2017-2019 from 5.0% to 7.9%

55% ▲ **Excessive Drinking** in female adults between 2011-2013 and 2017-2019 from 7.3% to 11.3%

Trends

High Health Status by Race & Ethnicity
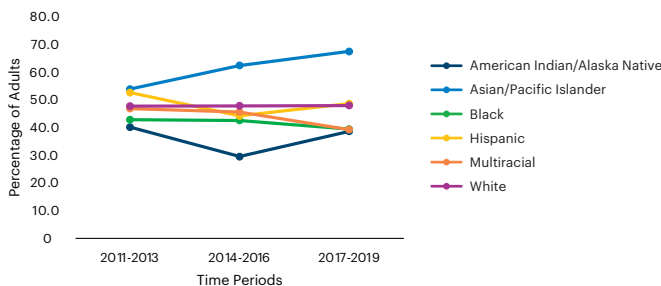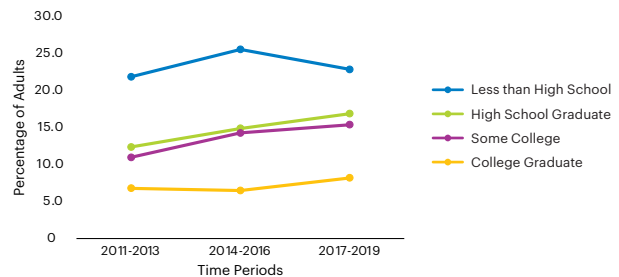

Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Tennessee, income inequality has decreased since 2011. Tennessee's ratio is currently lower than the national ratio.
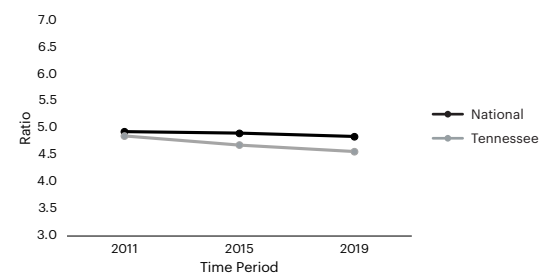
For source details and methodology visit www.AmericasHealthRankings.org.

Texas

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Summary

Low Disparities[1]
- Between females[2] and males[2] for less than a high school education
- Between Black[2] and Asian/Pacific Islander[3] for unemployment
- Between metropolitan[2] and non-metropolitan[3] areas for low birthweight

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between American Indian/Alaska Native[2] and Asian/Pacific Islander[3] for able-bodied
- Between Hispanic[2] and white[3] for dedicated health care provider

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

17% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 12.2 to 10.1 deaths (before age 1) per 1,000 live births

40% ▼ **Unemployment** in American Indian/Alaska Native civilians between 2005-2009 and 2015-2019 from 8.6% to 5.2%

19% ▼ **Smoking** in male adults between 2011-2013 and 2017-2019 from 21.9% to 17.8%

57% ▲ **Multiple Chronic Conditions** in adults with less than a high school education between 2011-2013 and 2017-2019 from 8.9% to 14.0%

27% ▲ **Cardiovascular Disease** in female adults between 2011-2013 and 2017-2019 from 6.3% to 8.0%

21% ▲ **Diabetes** in white adults between 2011-2013 and 2017-2019 from 9.5% to 11.5%

Trends

High Health Status by Race & Ethnicity
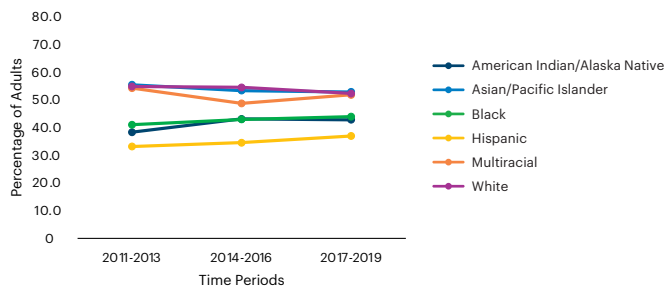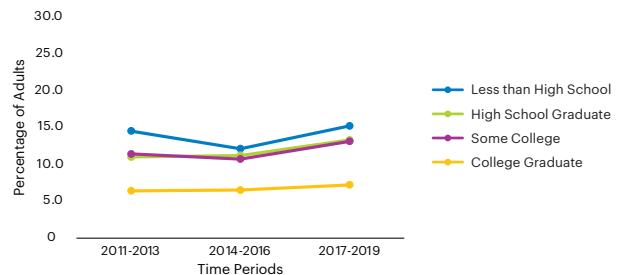
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Texas, income inequality has decreased since 2011. Texas' ratio is currently lower than the national ratio.
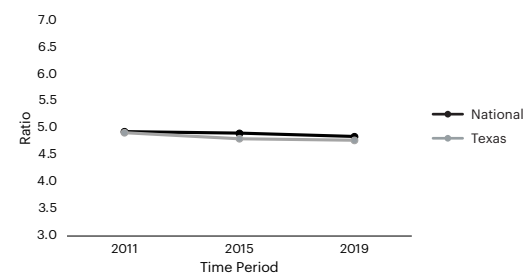
For source details and methodology visit www.AmericasHealthRankings.org.

Utah

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for low birthweight
- Between females[3] and males[3] for less than a high school education
- Between college graduates[3] and those with less than a high school education[3] for cancer

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for less than a high school education
- Between American Indian/Alaska Native[2] and white[3] for uninsured

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

11% ▼ **Excessive Drinking** in male adults between 2011-2013 and 2017-2019 from 16.7% to 14.8%

24% ▲ **Multiple Chronic Conditions** in college graduates between 2011-2013 and 2017-2019 from 4.6% to 5.7%

48% ▼ **Unemployment** in Asian/Pacific Islander civilians between 2005-2009 and 2015-2019 from 6.4% to 3.3%

108% ▲ **Child Poverty** in Black children between 2005-2009 and 2015-2019 from 18.4% to 38.2%

21% ▼ **Avoided Care Due to Cost** in adults with less than a high school education between 2011-2013 and 2017-2019 from 29.5% to 23.3%

16% ▲ **Cancer** in white adults between 2011-2013 and 2017-2019 from 5.6% to 6.5%

Trends

### High Health Status by Race & Ethnicity
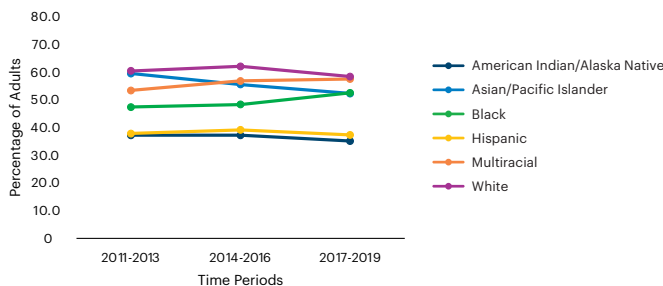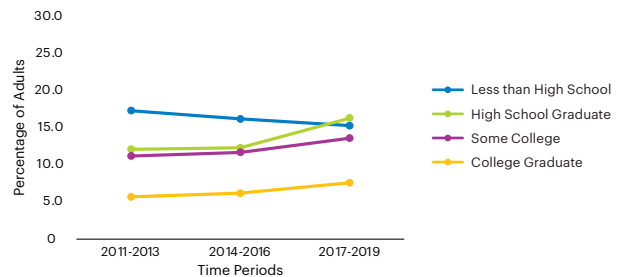
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Utah, income inequality has decreased since 2011. Utah's ratio is currently lower than the national ratio.

For source details and methodology visit www.AmericasHealthRankings.org.
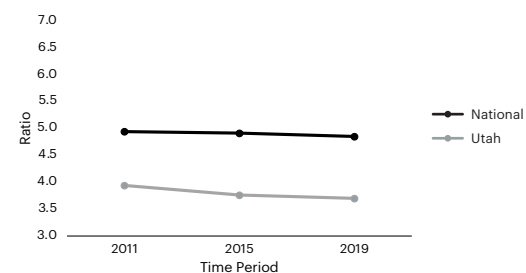
![America's Health Rankings — United Health Foundation logo]
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Vermont

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for poverty
- Between females[3] and males[3] for physical inactivity
- Between those with a high school education[3] and college graduates[2] for cancer

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for unemployment
- Between American Indian/Alaska Native[2] and Hispanic[3] for smoking
- Between those with less than a high school education[2] and college graduates[3] for multiple chronic conditions

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

23% ▼ **Smoking** in adults with less than a high school education between 2011-2013 and 2017-2019 from 39.4% to 30.2%

39% ▼ **Unemployment** in civilians in non-metropolitan areas between 2005-2009 and 2015-2019 from 5.7% to 3.5%

24% ▼ **Avoided Care Due to Cost** in adults with a high school education between 2011-2013 and 2017-2019 from 11.8% to 9.0%

**11%** ▲ **Premature Death** in the white population between 2005-2009 and 2015-2019 from 6,212 to 6,920 years of potential life lost before age 75 per 100,000

26% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 7.6% to 9.6%

21% ▲ **Diabetes** in male adults between 2011-2013 and 2017-2019 from 8.1% to 9.8%

Trends

High Health Status by Race & Ethnicity
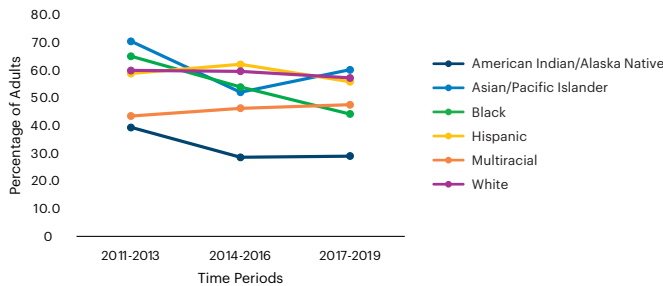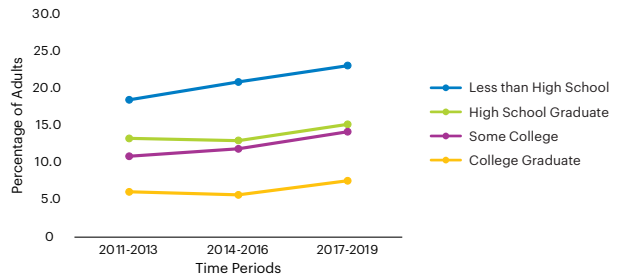
Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Vermont, income inequality has increased since 2011. Vermont's ratio is currently lower than the national ratio.

Legend: National, Vermont
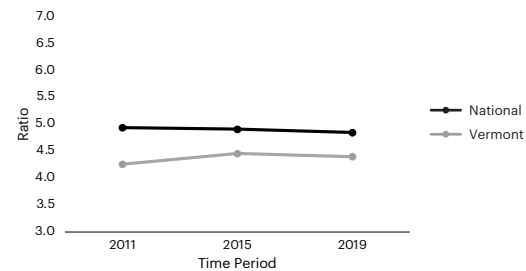
For source details and methodology visit www.AmericasHealthRankings.org.

Virginia

Summary

Low Disparities[1]

- Between females[3] and males[3] for unemployment
- Between those with a high school education[3] and college graduates[3] for cancer
- Between non-metropolitan[2] and metropolitan[3] areas for low birthweight

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Hispanic[2] and white[3] for dedicated health care provider
- Between non-metropolitan[2] and metropolitan[3] areas for premature death

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

26% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 20.0% to 14.8%

37% ▼ **Less Than a High School Education** in non-metropolitan areas between 2005-2009 and 2015-2019 from 25.2% to 15.9%

26% ▼ **Smoking** in female adults between 2011-2013 and 2017-2019 from 18.0% to 13.3%

19% ▲ **Depression** in white adults between 2011-2013 and 2017-2019 from 17.3% to 20.5%

22% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 6.0% to 7.3%

26% ▲ **Multiple Chronic Conditions** in adults with some college education between 2011-2013 and 2017-2019 from 8.0% to 10.1%

Trends

High Health Status by Race & Ethnicity
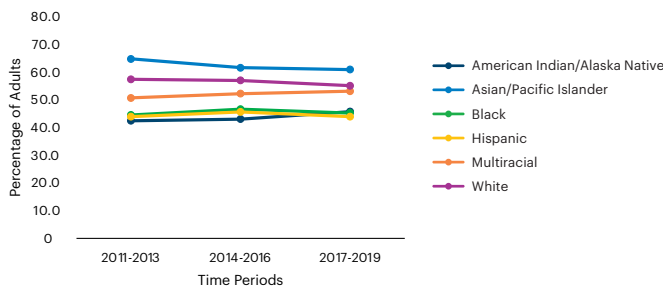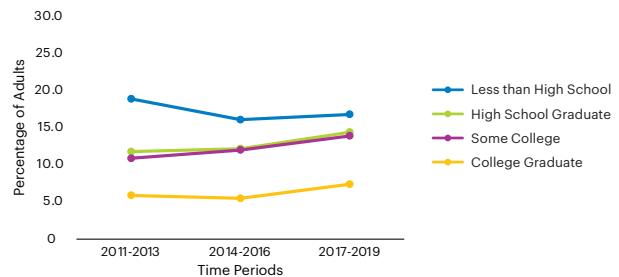
Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Virginia, income inequality has increased since 2011. Virginia's ratio is currently lower than the national ratio.

Legend: National, Virginia
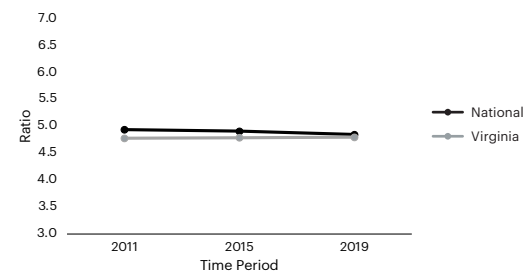
For source details and methodology visit www.AmericasHealthRankings.org.

Washington

Summary

Low Disparities[1]
- Between females[3] and males[3] for child poverty
- Between non-metropolitan[3] and metropolitan[3] areas for low birthweight
- Between those with less than a high school education[3] and college graduates[3] for excessive drinking

High Disparities
- Between females[2] and males[3] for depression
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

18% ▼ **Infant Mortality** in white infants between 2003-2006 and 2015-2018 from 5.0 to 4.1 deaths (before age 1) per 1,000 live births

27% ▼ **Unemployment** in civilians in metropolitan areas between 2005-2009 and 2015-2019 from 6.4% to 4.7%

25% ▼ **Smoking** in adults with a high school education between 2011-2013 and 2017-2019 from 22.8% to 17.2%

40% ▲ **Diabetes** in Hispanic adults between 2011-2013 and 2017-2019 from 7.7% to 10.8%

15% ▲ **Depression** in adults with a high school education between 2011-2013 and 2017-2019 from 20.8% to 23.9%

11% ▲ **Low Birthweight** in Asian/Pacific Islander infants between 2003-2006 and 2016-2019 from 7.2% to 8.0%

Trends

**High Health Status by Race & Ethnicity**
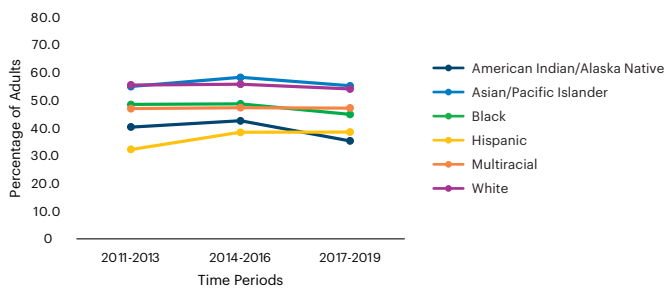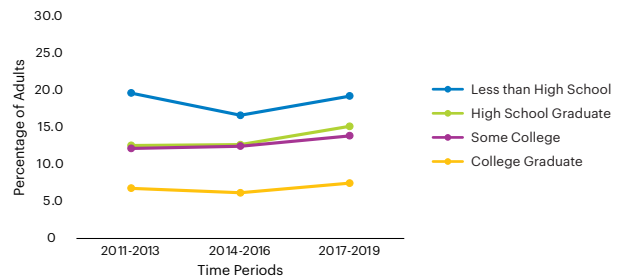
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Washington, income inequality has decreased since 2011. Washington's ratio is currently lower than the national ratio.
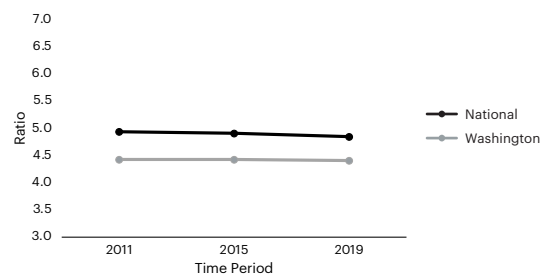
For source details and methodology visit www.AmericasHealthRankings.org.

West Virginia

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Summary

Low Disparities[1]

- Between females[2] and males[2] for smoking
- Between non-metropolitan[3] and metropolitan[3] areas for uninsured
- Between those with less than a high school education[3] and some college education[3] for dedicated health care provider

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for poverty
- Between Black[2] and white[3] for severe housing problems
- Between females[2] and males[2] for premature death

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

27% ▼ **Avoided Care Due to Cost** in adults with less than a high school education between 2011-2013 and 2017-2019 from 26.2% to 19.1%

35% ▼ **Less Than a High School Education** in the Black population between 2005-2009 and 2015-2019 from 15.0% to 9.8%

15% ▼ **Smoking** in male adults between 2011-2013 and 2017-2019 from 29.6% to 25.1%

45% ▲ **Multiple Chronic Conditions** in adults with a high school education between 2011-2013 and 2017-2019 from 14.0% to 20.3%

58% ▲ **Food Insecurity** in white households between 2003-2007 and 2015-2019 from 9.1% to 14.4%

19% ▲ **Unemployment** in civilians in non-metropolitan areas between 2005-2009 and 2015-2019 from 6.2% to 7.4%

Trends

High Health Status by Race & Ethnicity
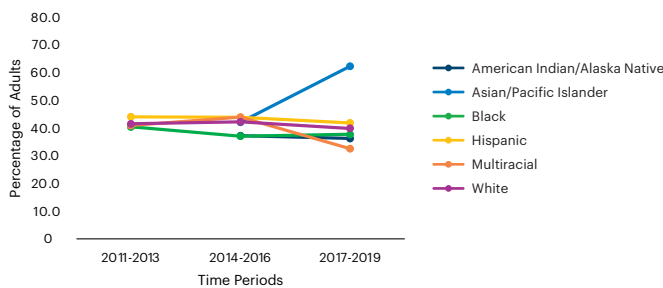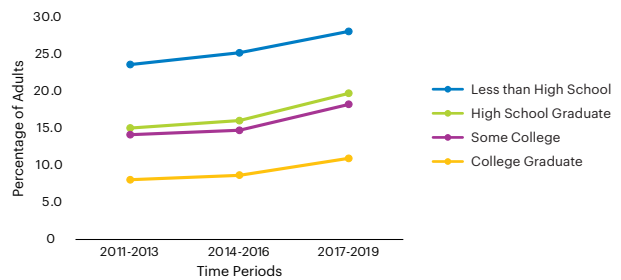
Legend:
- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Multiracial
- White

Frequent Mental Distress by Education

Legend:
- Less than High School
- High School Graduate
- Some College
- College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In West Virginia, income inequality has decreased since 2011. West Virginia's ratio is currently higher than the national ratio.

Legend:
- National
- West Virginia
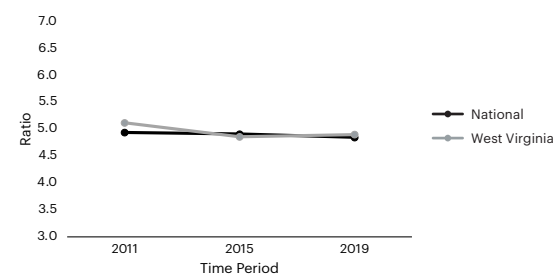
For source details and methodology visit www.AmericasHealthRankings.org.

Wisconsin

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Summary

Low Disparities[1]

- Between non-metropolitan[3] and metropolitan[3] areas for child poverty
- Between females[3] and males[3] for able-bodied adults
- Between white[3] and Hispanic[3] for asthma

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Black[2] white[3] for severe housing problems
- Between females[3] and males[2] for premature death

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

31% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 10.2% to 7.0%

26% ▲ **Depression** in adults with a high school education between 2011-2013 and 2017-2019 from 16.0% to 20.2%

43% ▼ **Unemployment** in Black civilians between 2005-2009 and 2015-2019 from 15.7% to 9.0%

16% ▲ **Poverty** in male-headed households between 2005-2009 and 2015-2019 from 7.0% to 8.1%

17% ▼ **Smoking** in adults with some college education between 2011-2013 and 2017-2019 from 19.1% to 15.8%

30% ▲ **Low Birthweight** in American Indian/Alaska Native infants between 2003-2006 and 2016-2019 from 6.0% to 7.8%

Trends

**High Health Status by Race & Ethnicity**
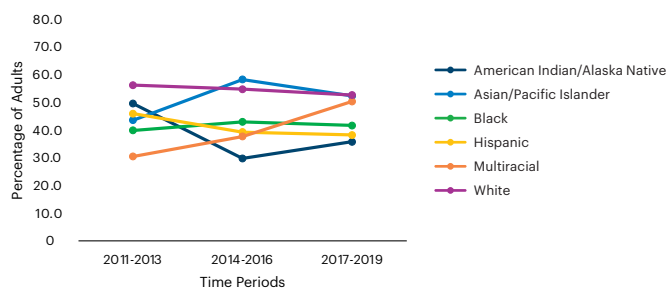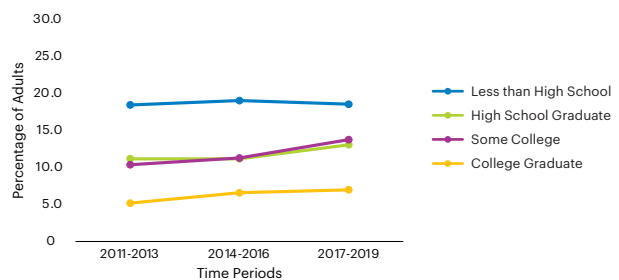
Frequent Mental Distress by Education

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Wisconsin, income inequality has decreased since 2011. Wisconsin's ratio is currently lower than the national ratio.
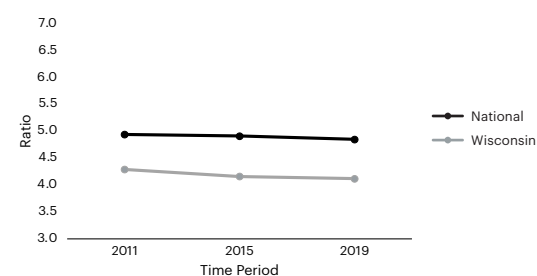
For source details and methodology visit www.AmericasHealthRankings.org.

Wyoming

Summary

Low Disparities[1]

- Between metropolitan[3] and non-metropolitan[3] areas for unemployed
- Between females[3] and males[3] for diabetes
- Between white[3] and Hispanic[3] for infant mortality

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for smoking
- Between Hispanic[2] and white[2] for uninsured
- Between females[3] and males[2] for premature death

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

18% ▼ **Premature Death** in Hispanic population between 2005-2009 and 2015-2019 from 6,928 to 5,684 years of potential life lost before age 75 per 100,000

25% ▼ **Less Than a High School Education** in non-metropolitan areas between 2005-2009 and 2015-2019 from 8.8% to 6.6%

18% ▼ **Smoking** in male adults between 2011-2013 and 2017-2019 from 23.6% to 19.3%

24% ▲ **Cardiovascular Disease** in adults with some college education between 2011-2013 and 2017-2019 from 6.7% to 8.3%

63% ▲ **Severe Housing Problems** in American Indian/Alaska Native households between 2005-2009 and 2013-2017 from 18.7% to 30.4%

7% ▼ **Dedicated Health Care Provider** in adults with a high school education between 2011-2013 and 2017-2019 from 66.9% to 62.4%

Trends

High Health Status by Race & Ethnicity
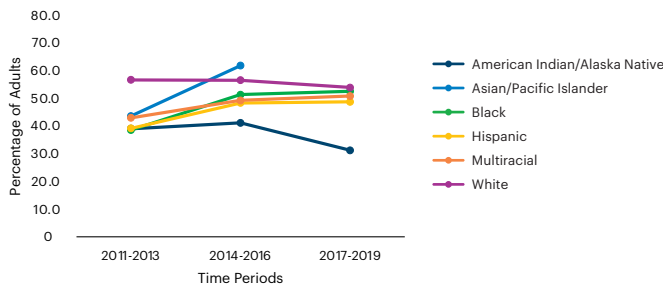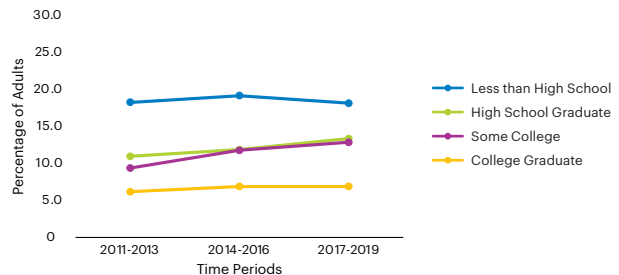
Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Wyoming, income inequality has increased since 2011. Wyoming's ratio is currently lower than the national ratio.

Legend: National, Wyoming

For source details and methodology visit www.AmericasHealthRankings.org.

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District of Columbia

Summary

Low Disparities[1]
- Between females[2] and males[2] for unemployment
- Between Black[3] and white[3] for cancer
- Between females[3] and males[3] for high health status

High Disparities
- Between those with less than a high school education[2] and college graduates[3] for poverty
- Between Black[2] and Hispanic[3] for premature death
- Between those with less than a high school education[2] and college graduates[3] for high health status

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

28% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 17.7 to 12.8 infant deaths (before age 1) per 1,000 live births

38% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 14.6% to 9.1%

30% ▼ **Smoking** in college graduates between 2011-2013 and 2017-2019 from 8.8% to 6.2%

19% ▲ **Excessive Drinking** in female adults between 2011-2013 and 2017-2019 from 21.1% to 25.1%

52% ▲ **Frequent Mental Distress** in white adults between 2011-2013 and 2017-2019 from 5.2% to 7.9%

32% ▲ **Physical Inactivity** in adults with some college education between 2011-2013 and 2017-2019 from 20.7% to 27.3%

Trends

High Health Status by Race & Ethnicity
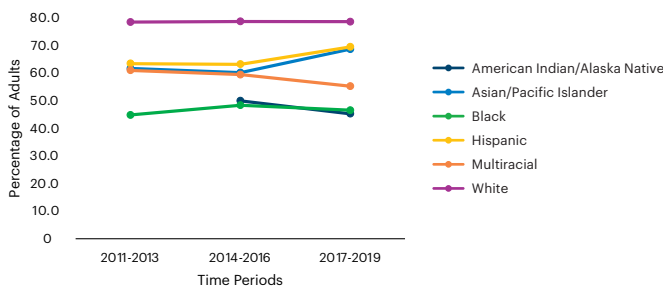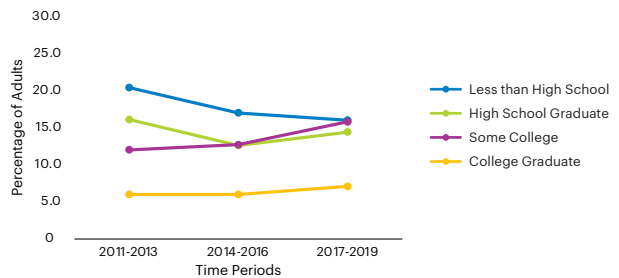
Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White

Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate
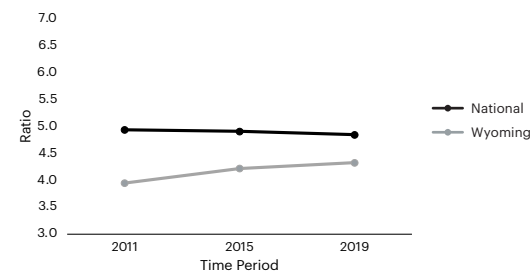
Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In the District of Columbia (DC), income inequality has decreased since 2011. DC's ratio is currently higher than the national ratio.

Legend: National, District of Columbia
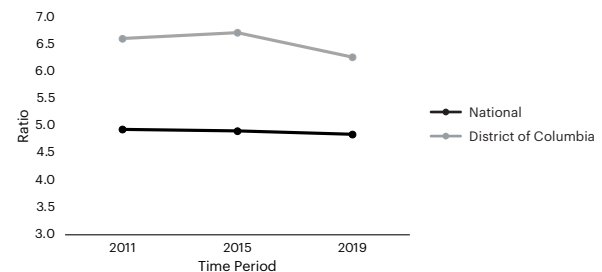
For source details and methodology visit www.AmericasHealthRankings.org.

United States

Summary

Low Disparities[1]

- Between females[2] and males[3] for child poverty
- Between those with less than a high school education[3] and college graduates[3] for cancer
- Between metropolitan[3] and non-metropolitan[3] for low birthweight

High Disparities

- Between Black[2] and Hispanic[3] for maternal mortality
- Between those with less than a high school education[2] and college graduates[3] for high health status
- Between Hispanic[2] and white[3] for less than a high school education

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

19% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 13.5 to 11.0 deaths (before age 1) per 1,000 live births

22% ▲ **Maternal Mortality** in Black mothers between 2005-2009 and 2015-2019 from 35.8 to 43.8 deaths per 100,000 live births

26% ▼ **Unemployment** in civilians with less than a high school education between 2005-2009 and 2015-2019 from 13.3% to 9.9%

39% ▲ **Food Insecurity** in American Indian/Alaska Native households between 2003-2007 and 2015-2019 from 19.2% to 26.7%

25% ▼ **Avoided Care Due to Cost** in Hispanic adults between 2011-2013 and 2017-2019 from 27.4% to 20.7%

10% ▲ **Multiple Chronic Conditions** in female adults between 2011-2013 and 2017-2019 from 11.0% to 12.1%

Trends

High Health Status by Race & Ethnicity
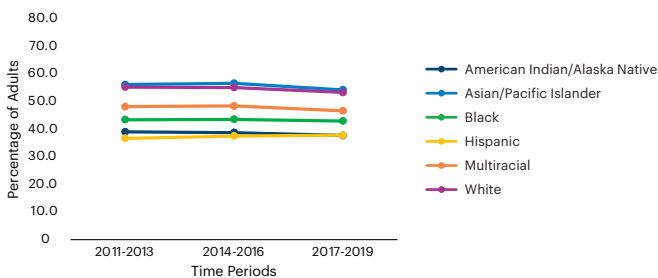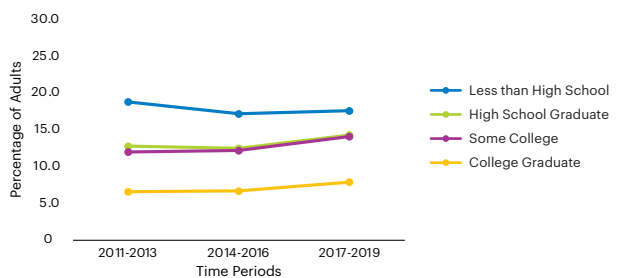
Legend:
- American Indian/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- Multiracial
- White

Frequent Mental Distress by Education

Legend:
- Less than High School
- High School Graduate
- Some College
- College Graduate

Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

Nationally, income inequality has decreased since 2011. In 2019, income inequality varied considerably across states. District of Columbia had the highest income inequality (6.3), whereas Utah had the lowest (3.7).

Legend:
- National
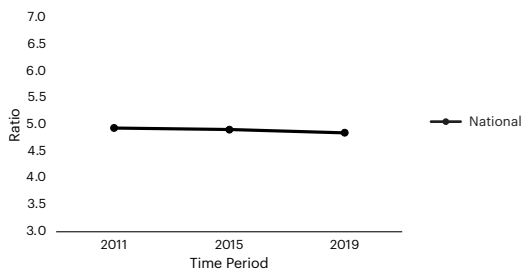
For source details and methodology visit www.AmericasHealthRankings.org.

Appendix

Measures

Social and Economic Factors				
Measure	**Description**	**Source**	**Data Years**	**Subpopulations**
Child Poverty	Percentage of children younger than 18 years who live in households below the poverty threshold	U.S. Census Bureau, American Community Survey PUMS	2005-2009 2010-2014 2015-2019	Gender Race Geography Education
Food Insecurity	Percentage of households unable to provide adequate food for one or more household members due to lack of resources	Current Population Survey Food Security Supplement	2003-2007 2009-2013 2015-2019	Gender Race Geography Education
Gender Pay Gap	Women's median annual earnings as a percentage of men's median annual earnings for full-time, year-round civilian workers ages 16 and older	U.S. Census Bureau, American Community Survey 1-Year Summary File	2011 2015 2019	N/A
Income Inequality	Ratio of median household income at the 80th percentile to household income at the 20th percentile	U.S. Census Bureau, American Community Survey 1-Year Summary File	2011 2015 2019	N/A
Less Than a High School Education	Percentage of population ages 25 and older without a high school diploma	U.S. Census Bureau, American Community Survey PUMS	2005-2009 2010-2014 2015-2019	Gender Race Geography Income
Per Capita Income	Per capita income in the past 12 months (in inflation-adjusted dollars to latest data year in period)	U.S. Census Bureau, American Community Survey PUMS	2005-2009 2010-2014 2015-2019	Gender Race Geography Education
Poverty	Percentage of households living below the federal poverty level	U.S. Census Bureau, American Community Survey PUMS	2005-2009 2010-2014 2015-2019	Gender Race Geography Education
Residential Segregation	Index of dissimilarity with higher values indicating greater segregation between Black and white state residents, ranging from zero (complete integration) to 100 (complete segregation)	U.S. Census Bureau, American Community Survey 5-Year Summary Files	2005-2009 2010-2014 2015-2019	N/A
Unemployment	Percentage of civilian population ages 16-64 that are unemployed	U.S. Census Bureau, American Community Survey PUMS	2005-2009 2010-2014 2015-2019	Gender Race Geography Education

Physical Environment

Measure	Description	Source	Data Years	Subpopulations
Severe Housing Problems	Percentage of occupied housing units with at least one of the following problems: lack of complete kitchen facilities, lack of plumbing facilities, overcrowding or severely cost-burdened occupants	U.S. Census Bureau, American Community Survey 5-Year Summary File	2005-2009 2009-2013 2013-2017	Gender Race

Clinical Care

Measure	Description	Source	Data Years	Subpopulations
Avoided Care Due to Cost	Percentage of adults who reported a time in the past 12 months when they needed to visit a doctor but could not because of cost	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
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, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Flu Vaccination	Percentage of adults who reported receiving a flu vaccine in the past 12 months	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Uninsured	Percentage of population not covered by health insurance	U.S. Census Bureau, American Community Survey PUMS	2010-2014 2015-2019	Gender Race Geography Education

Behaviors

Measure	Description	Source	Data Years	Subpopulations
Physical Inactivity	Percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Smoking	Percentage of adults who reported smoking at least 100 cigarettes in their lifetime and currently smoke daily or some days	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education

Health Outcomes

Measure	Description	Source	Data Years	Subpopulations
Able-bodied	Percentage of adults ages 15 and older with no cognitive, visual, auditory, ambulatory, self-care and/or independent-living difficulty disabilities	U.S. Census Bureau, American Community Survey PUMS	2010-2014 2015-2019	Gender Race Geography Education
Asthma	Percentage of adults who reported being told by a health professional that they currently have asthma	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Cancer	Percentage of adults who reported being told that they had any form of cancer other than skin cancer	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Cardiovascular Diseases	Percentage of adults who reported being told by a health professional that they had angina or coronary heart disease; a heart attack or myocardial infarction; or a stroke	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Depression	Percentage of adults who reported being told by a health professional that they have a depressive disorder including depression, major depression, minor depression or dysthymia	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Diabetes	Percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes)	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Excessive Drinking	Percentage of adults who reported binge drinking (four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (eight or more [women] or 15 or more [men] drinks per week)	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Frequent Mental Distress	Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education

Health Outcomes

Measure	Description	Source	Data Years	Subpopulations
High Health Status	Percentage of adults who reported that their health is very good or excellent	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births	NVSS Linked Birth-Death Records	2003-2006 2011-2014 2015-2018	Race Geography
Low Birthweight	Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth	NVSS Natality Public Use Files	2003-2006 2012-2015 2016-2019	Race Geography
Maternal Mortality	Number of deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births	NVSS Multiple Cause of Death Files	2005-2009 2010-2014 2015-2019	Race Geography
Multiple Chronic Conditions	Percentage of adults who have three or more of the following chronic health conditions: arthritis; asthma; chronic kidney disease; chronic obstructive pulmonary disease; cardiovascular disease (heart disease; heart attack or stroke); cancer (excluding skin); depression; diabetes	CDC, Behavioral Risk Factor Surveillance System	2011-2013 2014-2016 2017-2019	Gender Race Education
Premature Death	Number of years of potential life lost before age 75 per 100,000 population (age-adjusted)	NVSS Underlying Cause of Death Files	2005-2009 2010-2014 2015-2019	Gender Race Geography

Data Source Descriptions

Data were pulled from four primary sources for which ten years or more of annual data are available. All primary sources are large enough to allow state-level subpopulation analysis, and collect the data needed to form the subpopulations of interest. The primary sources include the following:

American Community Survey (ACS) is an ongoing statistical survey carried out by the U.S. Census Bureau, which is sent to approximately 295,000 addresses monthly, or 3.5 million per year, making it the largest survey after the decennial census that the Census Bureau administers. For most of the ACS-sourced indicators, we utilized 5-year combined ACS Public Use Microdata Sample (ACS-PUMS) data to create estimates for non-overlapping racial and ethnic groups. The ACS-PUMS contains data on approximately two-thirds of the complete ACS sample; thus, estimates derived using the PUMS data may not match that of the estimates available via five-year summary files that can be accessed via the data.census.gov website. While ACS-PUMS data was the sample most frequently used for indicator development, we also accessed ACS data via the data.census.gov website, the IPUMS National Historical Geographic Information System (IPUMS-NHGIS) website (www.nhgis.org/), and the U.S. Department of Housing & Urban Development's Comprehensive Housing Affordability Strategy (HUD-CHAS) data portal (www.huduser.gov/portal/datasets/cp.html).

Behavioral Risk Factor Surveillance System (BRFSS) is the nation's largest phone-based survey. It provides information about U.S. residents' health-related risk behaviors, chronic health conditions and use of preventive services. Respondents include adults ages 18 years and older. Three years of combined data (2011-2013, 2014-2016, 2017-2019) were utilized to ensure reliable estimates.

Current Population Survey's Food Security Supplement (CPS-FSS) is carried out by the U.S. Census Bureau for the U.S. Department of Agriculture. It is administered annually in December to 35,000 to 40,000 households. These data consist of answers by household respondents to questions about household food expenditures, use of food assistance programs, and experiences and behaviors related to food security. We combined five years of data for each time period in order to increase sample size and improve reliability of results.

National Vital Statistics System (NVSS), administered by the U.S. Centers for Disease Control and Prevention (CDC), collects and disseminates data on the nation's vital events including births, deaths, marriages, divorces and fetal deaths. We used data from the Natality Public Use files (2003-2006, 2012-2015, 2016-2019), Linked Birth and Death Records (2003-2006, 2011-2014, 2015-2019) and Underlying/Multiple Cause of Death files. Years of data combined and used varied by indicator for the latter data source. All NVSS data were downloaded from the CDC Wonder website (wonder.cdc.gov/). Owing to changes in how data are captured over time, data are not available for all years via a single form and it frequently was not feasible to combine data downloaded using different forms. For this reason, there are gaps in the periods analyzed for some variables.

Methodology

Data Analysis

Depending on the source, three to five years of data were pooled across three time periods between 2003-2019 to produce reliable estimates. For all indicators, state and nationally-represenative population estimates were produced, along with their confidence intervals using methods appropriate for each data source.

Estimates were created for the nation, 50 states and District of Columbia as a whole and for subpopulation groups. Subpopulation analyses were conducted by race and ethnicity, gender and education, and if available by metropolitan status.

Estimates were compared within subpopulation groups and over time to ascertain whether differences were statistically significant at the 95% confidence interval. Disparity gaps within states were also calculated by identifying the groups with the smallest and largest estimates within each subpopulation, and calculating absolute differences between those estimates. This allowed for the identification of states with the highest and lowest disparities by subpopulation group. Finally, ratios were calculated to compare groups and further highlight the magnitude of disparities.

Individual estimates were suppressed if they did not meet the reliability criteria laid out by the data source or, failing specification by the data source, established internally for doing so.

Years of data were combined for some data sources and measures to increase sample size. Because data availability varied by source, the years of data combined for each of the three periods varied by source and measure.

Subpopulation Group Definitions

This report highlights disparities by four key subpopulation groups as summarized below. Not all subpopulations are available for all data sources and measures. In addition, where they are reported, the definitions may vary.

Race and Ethnicity. Data are provided for seven racial and ethnic groups as readily available through public data sources:

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Multiracial
- Other
- White

Racial and ethnic groups are mutually exclusive. Specifically, "Hispanics" includes members of all races, while all racial groups include only non-Hispanic members.

Gender. This report includes data for females and males as readily available through public data sources.

Educational Attainment. Educational attainment was selected as a measure for socioeconomic status (SES) given its availability in public data sources across selected indicators and states. Other traditional measures of SES (income and occupation) were not consistently available across all measures.

- Less than a high school education
- High school graduate
- Some college
- College graduate

Geography. Where available, differences were also assessed by geography in terms of metropolitan and non-metropolitan regions. The definition of "metropolitan" varied by data source. For indicators from the American Community Survey, the designation is based on the Public Use Microdata Area (PUMA) of residence. PUMAs that are majority metropolitan area are defined as metropolitan; all others as non-metropolitan. For data from the National Vital Statistics System, metropolitan status was defined according to the 2013 National Center for Health Statistics Urban-Rural Scheme for Counties. Metropolitan included counties coded as large central, large fringe, medium and small metropolitan areas. Non-metropolitan counties included those coded as micropolitan and non-core.

Limitations

Given the methods used to ensure adequate sample size by pooling multiple years of data where necessary, estimates produced are reliable. Further, the sampling methods used by the surveys ensure estimates are representative at the state and national levels. With that said, there are several limitations that users should be aware of. First, subpopulations are defined differently, in some cases, across data sources. For one, the "other" race category used by the source of the Severe Housing Problems data includes both respondents who report as being of some other race and those who report being multiracial. In addition, the metropolitan and non-metropolitan categories are defined differently for variables created using national vital statistics data (infant mortality, maternal mortality, low birthweight

and premature mortality) and those created using data from the American Community Survey, as described previously.

Second, despite combining three to five years of data, minority groups that make up less than 5 percent of a state's population in smaller states frequently have suppressed estimates for some variables. Where estimates are not suppressed, confidence intervals can be wide, meaning that the true rate may be far from the point estimate listed.

Third, estimates cannot be extrapolated beyond the population upon which they were created. Users should refer to the variable definitions to confirm the population used. This is particularly true for the Able-Bodied indicator which includes a broader age range than the indicator used in other *America's Health Rankings* reports.

Finally, caution should also be taken when interpreting data on specific health and behavior measures. Of note, many are self-reported measures that rely on an individual's perception of health and behaviors. Additionally, some health outcome measures indicate whether a respondent has been told by a health care professional that they have a disease, excluding those who may not have received a diagnosis or not have sought or obtained treatment.

Advisory Committee

The Health Disparities Advisory Committee provided expertise and guidance in the selection of measures and the design of the *2021 America's Health Rankings Health Disparities Report*.

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