



EXECUTIVE BRIEF

# Health of Women and Children Report 2021



### **About America's Health Rankings®**

As the longest-running state-by-state analysis of our nation's health, the platform provides actionable, data-driven insights that stakeholders can use to effect change either in a state or nationally and continue the dialogue of improving our nation's health.

Data in this year's *Health of Women and Children Report* are based on the most recent publicly available data which were predominately collected prior to the pandemic.

## Overview

The health, well-being and economic strength of communities across the United States depend on the health of the country's women and children. The care and support that infants and children receive can have a lasting impact throughout their adolescence and adulthood. Promoting children's health requires a point of view that stretches across multiple generations, fostering lifelong healthy behaviors among women and ensuring that they receive the care they need during their reproductive years in order to better position their children for a healthy start to life.

Together, women of reproductive age and children make up roughly 40% of the U.S. population. In 2019, there were 58.2 million women of reproductive age (18-44) in the U.S., or 17.7% of the U.S. population.<sup>1</sup> They are diverse, representing women of different races and ethnicities, geographies, education and income levels. The nation's 73.0 million children ages 17 and under comprise an additional 22.3% of the population.<sup>1</sup> The diversity of this population is increasing at a rapid pace; by 2060, 2 in 3 children are projected to be a race other than non-Hispanic white.<sup>2</sup>

The COVID-19 pandemic has had a substantial impact on individuals, families and communities across the country, while presenting unique challenges for women and children. Community leaders and advocates should leverage this year's report as they focus on opportunities to build healthier communities that address issues caused or exacerbated by the pandemic.

To better understand the health of our nation's women and children, *America's Health Rankings* continues to collaborate with an advisory group of leading experts to develop the 2021 *America's Health Rankings Health of Women and Children Report*. The 5<sup>th</sup> edition of this report provides a comprehensive look at the health of children and women of reproductive age across the nation and on a state-by-state basis in the time leading up to, and the early part of, the COVID-19 pandemic.

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1 America's Health Rankings analysis of U.S. Census Bureau, 2019 American Community Survey, United Health Foundation, AmericasHealthRankings.org, Accessed 2021.

2 Vespa, Jonathan, Lauren Medina, and David M. Armstrong, "Demographic Turning Points for the United States: Population Projections for 2020 to 2060," Current Population Reports, P25-1144, U.S. Census Bureau, Washington, DC, 2020. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>



The report includes 118 measures of health obtained from 35 data sources including the U.S. Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System and WONDER Online Database, the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau’s (MCHB) National Survey of Children’s Health, the U.S. Department of Education’s National Assessment of Educational Progress and the U.S. Census Bureau’s American Community Survey.

Despite encouraging progress in some areas, the nation faces stagnation or concerning negative trends in several measures, such as maternal mortality and anxiety. Entering the pandemic, both women and children faced a variety of health challenges ranging from behavioral and physical health to educational achievement. Across many measures, the report found persistent and widespread disparities that affect American women and children based on their geography, race/ethnicity, educational attainment and income level.

Data in this year’s report are based on the most recent publicly available data from state and federal sources, including the CDC. The majority were collected prior to the pandemic, while data from the 2020 National Survey of Children’s Health capture insights from the early stages of the pandemic. This year’s report offers deeper insights into maternal health risks and other urgent public health issues. With many measures, the report drills down to expose differences by geography, gender, education level, income level and race/ethnicity. This examination often reveals differences among groups that national or state aggregate data mask.

Out of the shared understanding that the country is facing significant health challenges due to the COVID-19 pandemic, *America’s Health Rankings* has chosen not to include a state’s overall ranking in this year’s *Health of Women and Children Report*. Instead, we would like to equip health leaders with data and insights that can inform priorities and public health activities during this unprecedented time.

The United Health Foundation is pleased to present highlights from the report. Readers are also encouraged to visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org), where they can browse the full report and access the entire suite of data and resources.

# Key Findings

## Despite Mixed Progress, Disparities Remain

The nation has seen sustained success in reducing the rates of teen births and cigarette smoking among women. However, geographic and racial/ethnic disparities persist. Similar disparities continue to affect women in measures that have remained stagnant over time, including low birthweight and low-risk cesarean delivery.

### Teen birth rate

Between 2013 and 2019, the teen birth rate decreased 37% nationally, from 26.4 to 16.7 per 1,000 females ages 15-19, or nearly 172,000 births. This represents a 4% decline nationally since 2018 (from 17.4 births). States across the nation have dramatically reduced their teen birth rates, as all 50 states and the District of Columbia experienced a decrease of 25% or more between 2013 and 2019.

However, this success was not shared equally by all communities. Large disparities remain by geography and by race/ethnicity: the teen birth rate was 4.5 times higher in Arkansas (30.0 births) than in New Hampshire (6.6 births) and 7.6 times higher in American Indian/Alaska Native (28.2 births) than Asian/Pacific Islander (3.7 births) populations.

**Sustained success  
in reducing  
teen birth rate  
between 2013  
and 2019.**

**37%**  
decrease nationally

**25%**  
or greater decrease  
in all states and the  
District of Columbia

Source: CDC WONDER,  
Natality public-use data, 2019.

## Cigarette smoking varies by race/ethnicity, educational attainment and income.

# 5.7x

higher in American Indian/  
Alaska Native women (29.7%)  
than Asian women (5.2%)

# 4.1x

higher in women who have graduated  
from high school (24.4%) than those  
who graduated from college (5.9%)

# 3.3x

higher in women with a household  
income less than \$25K (26.0%)  
than those with a household  
income of \$75K or more (7.8%)

Source: CDC, Behavioral Risk Factor Surveillance System, 2018-2019.

### Cigarette smoking

The nation has also seen success in reducing the prevalence of cigarette smoking. Since 2013-2014, the smoking rate among women ages 18-44 has declined 18% from 17.4% to 14.3%.

Children have also greatly benefited from similar, related decreases in smoking by the adults in their homes and families. The percentage of mothers reporting smoking cigarettes during pregnancy also decreased, part of a steady, ongoing trend; since 2014, smoking during pregnancy has declined 29%. Additionally, between 2016-2017 and 2019-2020, the percentage of children ages 0-17 who live in a household where someone smokes decreased 10% nationally, from 15.5% to 14.0%.

However, roughly 7.7 million women across the nation smoke cigarettes, with prevalence varying by state, race/ethnicity, educational attainment and household income level. Cigarette smoking prevalence among women is:

- 4.5 times higher in West Virginia (29.7%) than in Utah (6.6%), the states with the highest and lowest rates of cigarette smoking, respectively.
- 5.7 times higher in American Indian/Alaska Native women (29.7%) than Asian women (5.2%).
- 4.1 times higher in women who have graduated from high school (24.4%) than those who graduated from college (5.9%).
- 3.3 times higher in women with a household income less than \$25,000 (26.0%) than those with a household income of \$75,000 or more (7.8%).

**Low birthweight infants and low-risk cesarean sections remain stagnant. Black mothers were disproportionately affected.**

**Low Birthweight**



Source: CDC WONDER, Natality public-use data, 2018.

**Low-Risk Cesarean Sections**



Source: CDC WONDER, Natality public-use data, 2019.

**Low birthweight infants and low-risk cesarean sections**

The nation has seen stagnation in the rates of low birthweight infants and low-risk cesarean sections, including persistent disparities between states and between racial and ethnic groups. In 2019, 8.3% of infants were born with low birthweight (less than 5 lbs., 8 oz.) — affecting over 300,000 infants. There was little change between 2014 and 2019, as the percentage of infants born with low birthweight increased 4%, from 8.0% to 8.3%. The rate of low birthweight has remained stagnant since 2017.

This stagnation is reflected in the lack of progress in addressing disparities in low birthweight: low birthweight among infants born to Black mothers (14.7%) was 2.1 times higher than among infants born to white mothers (7.1%) and 2.0 times higher in Mississippi (12.3%) than in Alaska (6.3%).

Low birthweight infants face increased risk of infant mortality and a variety of short- and long-term health complications.

A similar lack of progress is evident in the rate of low-risk births — singleton births, headfirst, term births that are the mother’s first — delivered by cesarean. Despite public health efforts to reduce this percentage, it only decreased 2% between 2014 and 2019, from 26.0% to 25.6%.

The proportion of low-risk cesarean deliveries is consistently higher among Black women than white or Hispanic women and little progress in closing disparities has been made in the past five years of tracking. In particular, it is 1.2 times higher in Black mothers (30.0%) than white (24.7%) and Hispanic (24.8%) mothers. Additionally, low-risk cesarean deliveries were 1.8 times higher in Mississippi (30.7%) than in Alaska (17.1%).

# Both maternal mortality and maternal morbidity rates are rising — with Black mothers facing the greatest challenges.

## Maternal Morbidity and Mortality Reveal Continued Challenges and Disparities in Maternal Health

High maternal mortality rates remain a major challenge, especially in certain states and among Black mothers. Building on the *Health Disparities Report's* findings, the maternal morbidity rate is an additional measure that shows persistent maternal health challenges.

### Maternal mortality

Between 2018 and 2019, maternal mortality increased 16% nationally, from 17.4 to 20.1 maternal deaths per 100,000 live births. In 2019, 754 women died from any cause related to or aggravated by pregnancy or its management during pregnancy and childbirth or within 42 days of the end of pregnancy. In particular, three states had the greatest increases in maternal mortality rates: Florida (70% increase, from 15.8 to 26.8), Georgia (up 23% from 27.7 to 34.0) and Indiana (up 16% from 24.5 to 28.4).

The United States has the highest maternal mortality rate of all developed countries and is the only industrialized nation with a rising rate.<sup>3</sup> Notably, large disparities in maternal mortality continue to persist, as highlighted in the inaugural [America's Health Rankings Health Disparities Report](#),

presenting a major challenge in achieving health equity. Among the 16 states with data on maternal mortality, the rate of maternal mortality was 3.4 times higher in Kentucky (37.7) than in California (11.2) in 2019. Black mothers in particular face the greatest challenge: in 2019, maternal mortality was 3.3 times higher among Black (42.0) than Hispanic (12.6) mothers and 2.4 times higher among Black than white (17.6) mothers.

### Maternal morbidity

In addition to these challenges in maternal mortality, the rate of maternal morbidity — the number of births in which the mother experiences admission to the ICU, a ruptured uterus, a transfusion or an unplanned hysterectomy — adds another lens through which to analyze maternal health. In 2017-2019, the maternal morbidity rate was 6.6 per 1,000 births, representing 74,255 instances. Among the 47 states with data, maternal morbidity rates varied: rates were 3.5 times higher in New Hampshire (12.7) than in Florida (3.6), the highest and lowest states.

3 GBD 2015 Maternal Mortality Collaborators (2016). Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *The Lancet*, 388(10053): 1775–1812. [https://doi.org/10.1016/S0140-6736\(16\)31470-2](https://doi.org/10.1016/S0140-6736(16)31470-2)





## Women and Children Face Behavioral Health Challenges

In the leadup to the pandemic, behavioral health challenges increased for both women and children. Women experienced high and rising rates of drug deaths and frequent mental distress, and children faced increases in teen suicide and anxiety.

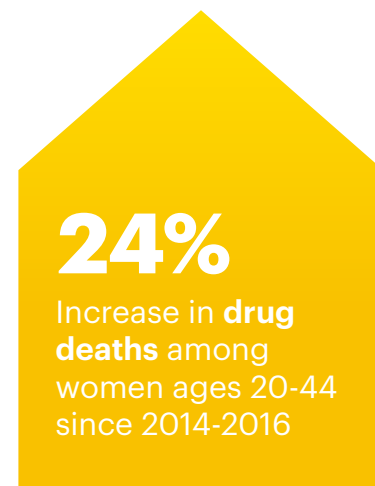
### Drug deaths among women

Deaths due to drug injury increased among women across the nation. In 2017-2019, there were 20.7 deaths per 100,000 females ages 20-44 — 33,000 women — representing a 24% increase since 2014-2016.

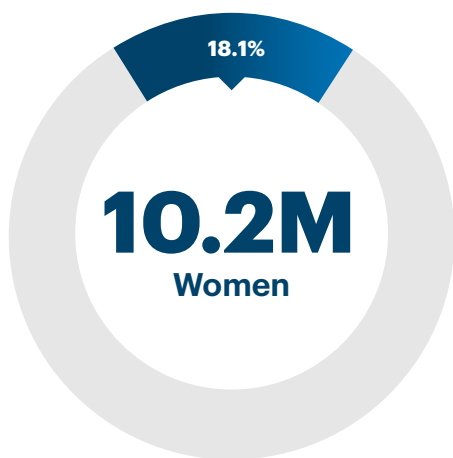
This increase was widespread across states and racial/ethnic groups. Drug deaths among women rose in 23 states and the District of Columbia, led by the District of Columbia (170% increase, from 4.3 to 11.6), Delaware (74% from 26.1 to 45.3) and Vermont (73% from 17.0 to 29.4). Black (55% from 9.8 to 15.2), Hispanic (34% from 5.9 to 7.9) and white (21% from 23.8 to 28.9) women all faced significant increases during this time period.

Drug deaths among women were highest in West Virginia (67.4), Ohio (46.9) and Delaware (45.3) and lowest in Hawaii (7.6), California (8.5) and Texas (8.6).

While a wide variety of groups experienced increases in this time period, women in certain states and of certain racial and ethnic groups were more likely to die due to drug injury. The rate of drug deaths among women was 8.9 times higher in West Virginia (67.4) than in Hawaii (7.6) and 3.7 times higher among white (28.9) than Hispanic (7.9) women.



Source: CDC WONDER, Multiple Cause of Death Files, 2017-2019.



18.1% (10.2 million) women ages 18-44 reported **mental distress** at least 14 days in the past 30 days.

Source: CDC, Behavioral Risk Factor Surveillance System, 2018-2019.

### Frequent mental distress among women

In 2018-2019, 18.1% of women ages 18-44 reported their mental health was not good 14 or more days in the past 30 days — equivalent to roughly 10.2 million women. The prevalence of frequent mental distress among women increased 14% nationwide between 2016-2017 and 2018-2019, from 15.9% to 18.1%. This includes increases across a variety of groups by race/ethnicity, educational attainment and age; in this time period, frequent mental distress increased:

- Among Hispanic (18%), Black (17%) and white women (15%).
- Among women with some college education (10%) and college graduates (16%).
- Among women ages 18 to 24 (27%) and 25 to 34 (16%).

Disparities in the prevalence of frequent mental distress exist by state, race/ethnicity and income level. Frequent mental distress was 2.1 times higher among women in West Virginia (26.3%) than in Hawaii (12.4%), 2.4 times higher among multiracial women than among Asian women and 2.4 times higher in women with a household income of less than \$25,000 per year than women with a household income of \$75,000 or more annually.

# Significant increase in both teen suicide and childhood anxiety.

## Teen suicide

The teen suicide rate reached 11.2 deaths per 100,000 adolescents ages 15-19 in 2017-2019 — equivalent to 7,105 adolescents. Teen suicide has increased 26% since 2014-2016, from 8.9 to 11.2 deaths per 100,000 adolescents.

The rate of teen suicide rose across racial and ethnic groups in this time period, increasing among Black (38% from 5.6 to 7.7), Hispanic (27% from 6.4 to 8.1) and white (14% from 11.7 to 13.3) adolescents. Large disparities continue to persist by race/ethnicity: the rate is 4.7 times higher among American Indian/Alaska Native adolescents (36.1) than Black adolescents (7.7). Disparities also exist by geography. The teen suicide rate is 8.3 times higher in Alaska (44.9) than in Massachusetts and New Jersey (5.4).

## Childhood anxiety

In the period leading up to, and the early stages of, the pandemic, anxiety was widespread and rising among children. In 2019-2020, 9.1% of children ages 3-17 — nearly 5.6 million children — had anxiety problems, a 21% increase from 7.5% in 2017-2018. Children in different states faced varying levels of challenges, with the prevalence of childhood anxiety 4 times higher in Maine (15.9%) than in Hawaii (4.0%).

## Obesity affects both women and children.

# 30.0%

of **women** were considered obese in 2018-2019

Source: CDC, Behavioral Risk Factor Surveillance System, 2018-2019.

# 1.1M

more **women** were considered obese since 2016-2017

Source: CDC, Behavioral Risk Factor Surveillance System, 2018-2019.

# 32.1%

of **children ages 10-17** were overweight or obese for their age in 2019-2020

Source: National Survey of Children's Health, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), 2019-2020.

## Physical Health Challenges Stretch Across Generations

Physical health challenges continue to impact Americans' health across generations: women and children continue to both be affected by concerning levels of obesity and lack of exercise, demonstrating a lack of progress in combating these issues from one generation to the next.

### Obesity

In 2018-2019, 30.0% of women ages 18-44 — 14.7 million women — were considered obese, with a body mass index of 30.0 or higher. This represents a 9% increase nationally — or 1.1 million more women — since 2016-2017, and a 16% increase since 2013-2014. The prevalence of obesity varied widely by geography and race/ethnicity. Obesity among women was 2.1 times higher in Mississippi (43.5%) than in Colorado (21.1%) and 5.0 times higher among Black (43.4%) than among Asian (8.6%) women.

In 2019-2020, 32.1% of children ages 10-17 were overweight or obese for their age. Similarly, different states faced different levels of childhood overweight and obesity, with the rate 1.8 times higher in West Virginia (41.2%) than in Utah (22.8%).

## Exercise and physical activity

In 2019, only 21.5% of women ages 18-44 in the U.S. — just under 10.4 million women — met the federal physical activity guidelines of 150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week in the past 30 days.

The prevalence of exercise among women varied by state, educational attainment and age. Exercise was 2.3 times higher in Vermont (31.8%) than in Oklahoma (13.8%) and 2.1 times higher in women who have graduated from college (24.6%) than women who have less than a high school education (11.9%). The percentage was lower among women ages 35-44 (20.1%) and 25-34 (21.2%) than those ages 18-24 (23.9%).

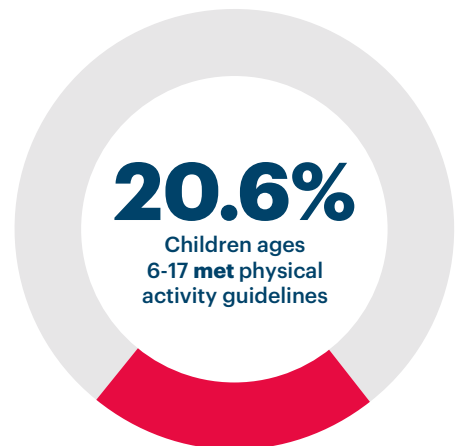
Similarly, just **20.6% of children ages 6-17 met physical activity guidelines (60 minutes per day) in 2019-2020 — which is trending in the wrong direction and represents a 9% decrease from 2017-2018.**

Physical activity varied by geography, ranging from 31.4% in North Dakota to 14.1% in Texas.

## Most women and children are not meeting physical activity guidelines.



Source: CDC, Behavioral Risk Factor Surveillance System, 2019.



Source: National Survey of Children's Health, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), 2019-2020.

# Approximately 1 in 3 fourth grade students were at a proficient reading level for their age.

## 1 in 3 Fourth Graders Read at a Proficient Level

The report found that approximately 1 in 3 fourth grade public school students were at a proficient reading level for their age — an important marker in educational development — even before the pandemic caused a widespread shift to a virtual learning environment. Educational attainment is a strong predictor of health;<sup>4</sup> for children to lead healthy lives as they grow into adults, it is essential that they are on track to learn and grow throughout their childhood and adolescence.

In 2019, just 34.3% of fourth grade students scored proficient or above on reading assessments. Reading proficiency varied by state and was nearly twice as high in Massachusetts (45.4%) than in New Mexico (23.7%), a 21.7 percentage point gap.

Disparities were also prevalent across race/ethnicity. Reading proficiency was 3.1 times higher among Asian/Pacific Islander children (54.5%) compared with Black children (17.6%). It was also higher among white (44.4%) children and below the national average among Hispanic (22.6%) and American Indian/Alaska Native (19.8%) children.

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<sup>4</sup> Zajacova, A. and Elizabeth Lawrence. “The relationship between education and health: reducing through a contextual approach.” *Annual Review of Public Health*, 1(39): 273–289. [www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/)



## **Building Healthier Communities for America's Women and Children**

Readers are encouraged to further explore the report's findings by visiting [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org), where they can access the platform's full suite of data and resources, including state-by-state and national data for six COVID-19 measures and a set of curated measures from across the platform that are classified as COVID-19 risk factors.

The United Health Foundation remains committed to building healthier communities for all Americans. As the realities of the COVID-19 pandemic have underscored the need for greater attention to the health of women of reproductive age and children, the United Health Foundation encourages policymakers, public health officials and community leaders to use this report, new web tools and the entire suite of *America's Health Rankings* data to better understand and improve the health of America's women and children.

## UNITED HEALTH FOUNDATION®

### **About the United Health Foundation**

Through collaboration with community partners, grants and outreach efforts, the United Health Foundation works to improve our health system, build a diverse and dynamic health workforce and enhance the well-being of local communities. The United Health Foundation was established by UnitedHealth Group (NYSE: UNH) in 1999 as a not-for-profit, private foundation dedicated to improving health and health care. To date, the United Health Foundation has committed more than \$500 million to programs and communities around the world. To learn more, visit <https://www.unitedhealthgroup.com/what-we-do/building-healthier-communities.html>



### **About America's Health Rankings®**

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. Produced by the United Health Foundation, *America's Health Rankings* evaluates a comprehensive set of health, environmental and socioeconomic data to illuminate both health challenges and successes, determine national and state health benchmarks and enable stakeholders to take action in improving health.

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