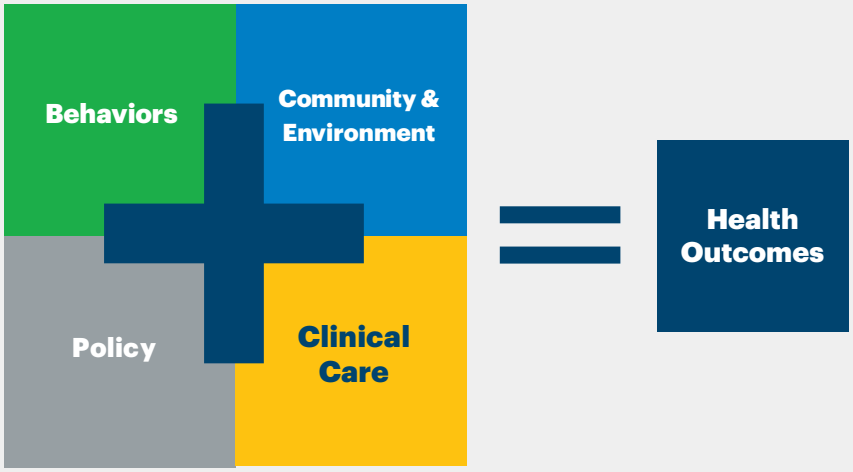
AMERICA'S HEALTH RANKINGS®
UNITED HEALTH FOUNDATION

A call to action for individuals and their communities

Annual Report 2018



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

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

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Overview

America's Health Rankings® presents its 29th *Annual Report*, continuing the United Health Foundation's dedication to providing data that can help build healthier communities nationwide. The longest-running annual assessment of the nation's health on a state-by-state basis provides updated data to serve as a benchmark for states and spark data-driven discussions on opportunities to promote the health and well-being of our country.

The *Annual Report* follows the *America's Health Rankings* model, recognizing that determinants of health directly influence health outcomes. Thirty-five markers of health are evaluated this year, covering behaviors, community and environment, policy, clinical care and outcomes data.

This year, the report finds increases in mortality and chronic disease such as obesity that continue to impact the nation's health. While the country's ability to address treatment of chronic conditions may improve with increasing numbers of key health providers, interventions and policies at the individual, community, state and national levels are needed to curb these troubling trends. Also notable, the nation's child poverty rate — a key indicator of socioeconomic status and health throughout the lifespan — has declined nationally. This encouraging development signals there may be a reduction in future adverse health outcomes associated with child poverty, however, stark differences by state show unequal progress.

Policy-makers, public health officials and community leaders are encouraged to leverage this report and resources across the *America's Health Rankings* platform to better understand the progress and challenges within their states and across the nation.

Adjust My Rank

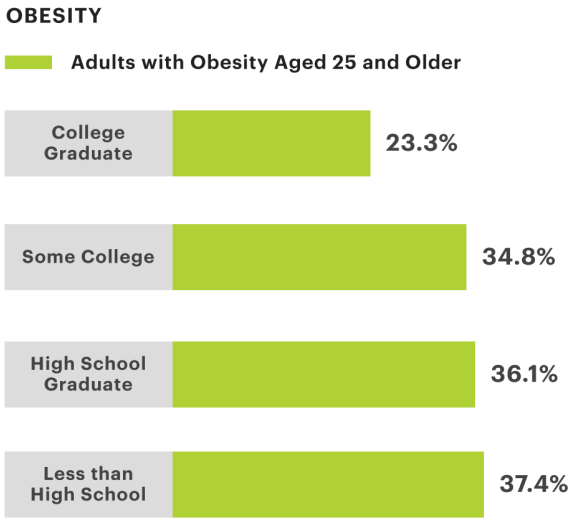
A new web tool available from *America's Health Rankings* allows users to explore how progress and challenges across key health measures can impact a state's overall rank.

Executive Summary

Obesity and Chronic Diseases Continue to Negatively Impact Health and Mortality

The nation's obesity rate rose 5 percent in the past year, with one in three adults now experiencing obesity. Subpopulation data show that adults aged 25 and older with a college degree have a lower prevalence of obesity than all other education levels. Obesity continues to be a leading cause of cardiovascular disease and cancer — chronic diseases that are contributing to premature death rates.

Obesity prevalence is lower among college graduates than adults without a college degree.

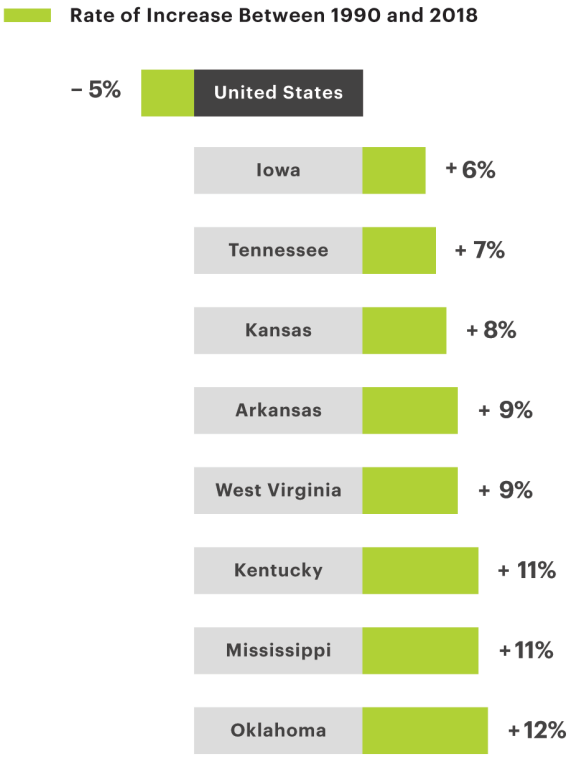


The cardiovascular death rate has been rising for the past three years, with 112,403 more deaths reported in 2018 than in 2015. Despite a decline in the national cancer death rate since 1990, more than 30 states have experienced increases or have not seen their cancer death rates improve significantly. Only 19 states have seen significant decreases in cancer deaths during this time.

Deaths from these chronic diseases and others contribute to the nation's premature death rate — the number of years lost before an individual reaches age 75. This rate increased for the fourth straight year, driven by suicide and drug deaths with 7,432 years lost per 100,000 people this year. Drug deaths and occupational fatalities have also increased recently, with drug deaths jumping 25 percent and occupational fatalities increasing by 19 percent in the past three years. Notably, while transportation incidents make up the largest portion of occupational fatalities, the greatest increase in the past year has been workplace violence.

Top 8 states where **cancer death rates are increasing the most,** despite the national rate going down.

MORTALITY



Note: Rates are age adjusted to mid-year population estimates. Depending upon the method of population adjustment, the change over time in cancer death rates may differ.

Executive Summary

A Rising Suicide Rate and Frequent Mental Distress Highlight Mental Health Concerns

This year's report finds concerning mental health challenges impacting the nation, including an increase in the suicide rate and frequent mental distress. Suicide, measured as the number of deaths due to intentional self-harm per 100,000 deaths recorded on death certificates, increased 16 percent since 2012. More Americans are also reporting poor mental health for 14 or more days out of the last month, with frequent mental distress now impacting nearly one in eight adults. In fact, self-reported mental distress measured by the Behavioral Risk Factor Surveillance System (BRFSS) increased 7 percent over the past two years.

American adults are also experiencing poorer physical health, as the percentage reporting frequent physical distress increased 5 percent over the past two years.

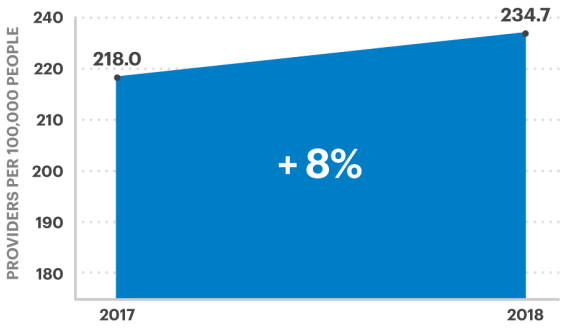
Increased Availability of Health Care Providers Tempered by Geographic Variation

The country's ability to address the pressing challenges identified by the report may be improving with increased rates of mental health and primary care providers. In the past year, mental health providers increased 8 percent and primary care physicians increased 5 percent nationwide.

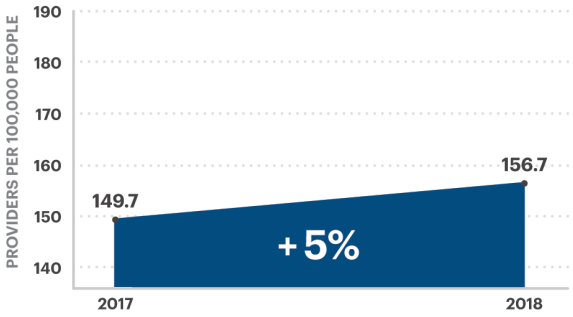
Despite these increases on a national level, geographic variation continues to persist when it comes to the rate of mental health providers and primary care physicians. The number of mental health providers per 100,000 people is more than six times greater in Massachusetts, the healthiest state for this measure, compared to Alabama, the state with the lowest concentration of mental health providers. Similar disparities are found in primary care, as the number of primary care physicians per 100,000 people is three times greater in Rhode Island, the healthiest state for this measure, compared to Idaho, the state with the lowest concentration.

The national rate of **health care providers is increasing.**

MENTAL HEALTH PROVIDERS



PRIMARY CARE PHYSICIANS

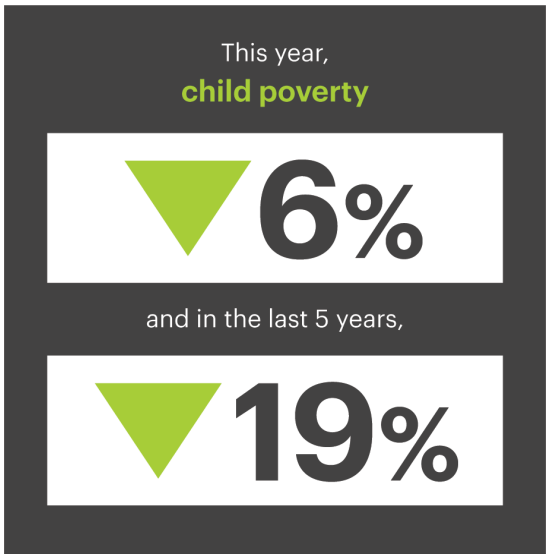


Executive Summary

Fewer Children are in Poverty, but Progress is Uneven Across States

Child poverty is a key indicator of socioeconomic status and overall health for a population. Nationwide, the report finds that the country is making progress on this measure, as the rate decreased 6 percent in the past year and decreased by nearly one-fifth in the past five years. Exposure to chronic stress associated with financial hardship — including unreliable access to food, health care and stable housing — may impair childhood development and affect health into adulthood.

The reduction in child poverty, however, was not equal across states and wide geographic variation exists for this measure. For example, Louisiana's rate (28.0 percent in poverty) is nearly three times higher than New Hampshire's rate (10.3 percent in poverty).

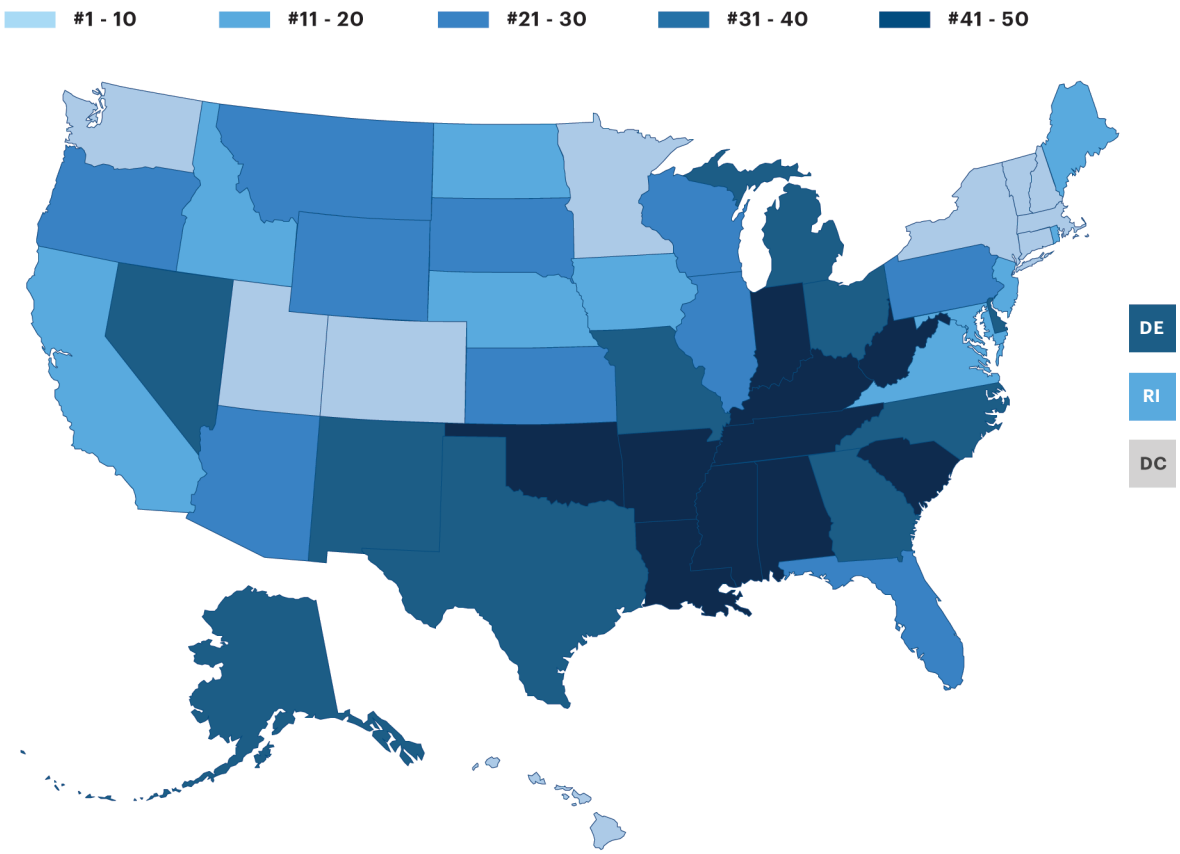


2018 State Rankings

Hawaii re-claims its top rank as the healthiest state this year, followed by Massachusetts, which held the position as last year's healthiest state. Connecticut (No. 3), Vermont (No. 4) and Utah (No. 5) all remain in the top five states for overall health.

OVERALL HEALTH

Rank is based on the weighted sum of the number of standard deviations each core measure is from the national average.



Executive Summary

Louisiana has the greatest opportunity for improvement in overall health this year. Mississippi (No. 49), Alabama (No. 48), Oklahoma (No. 47) and Arkansas (No. 46) round out the states with greatest opportunities for improvement.

Highest ranked states for overall health in 2018:

#1 Hawaii

#2 Massachusetts

#3 Connecticut

#4 Vermont

#5 Utah

Maine experienced the greatest improvement over the past year, jumping seven places to No. 16, while California and North Dakota both climbed five places to No. 12 and No. 13, respectively. Maine made the most progress across markers of health behaviors and community & environmental measures, notably improving nine ranks in smoking and 27 ranks in children in poverty.

Oklahoma experienced the largest rank decline, falling four places in the rankings to No. 47 in the country. The state's drop in rank was driven mostly by changes in health behaviors in the past year, including an 11 percent increase in the prevalence of obesity and 14 percent increase in the physical inactivity rate.

Lowest ranked states for overall health in 2018:

#46 Arkansas

#47 Oklahoma

#48 Alabama

#49 Mississippi

#50 Louisiana

Working Together to Address Concerning Trends in the Health of Our Nation

A record-breaking prevalence of obesity and rising mortality rates present significant health challenges for the country. In addition, wide geographic variation and inequities caused by economic and social obstacles temper the progress made in reducing child poverty and increasing the number of health care providers. While these findings paint a concerning picture of America's health this year, United Health Foundation recognizes that federal, local and state leaders are working to move the needle on these markers and is encouraged by the improvements being made in communities across the country. These leaders, as well as policy-makers and public health officials, can use the 29th *America's Health Rankings Annual Report*, the new Adjust My Rank web tool and the broader suite of resources as catalysts to spark dialogue and take action at the national and state levels to implement solutions that improve the health of our nation.

America's Health Rankings® Annual Report

Introduction

The United Health Foundation is excited to release the 2018 *America's Health Rankings® Annual Report*, which is the longest-running annual assessment of the nation's health on a state-by-state basis. For 29 years, the report has analyzed a comprehensive set of behaviors, community and environmental conditions, policies, as well as clinical care and health outcomes data to provide a holistic view of the nation's health.

This year, the report evaluates 35 core measures across the above five categories. It also includes supplemental measures that represent such current or emerging issues facing our nation as severe housing problems, concentrated disadvantage and suicide.

The report provides a unique opportunity to track short- and long-term successes as well as identify current and emerging challenges to the nation's health. When reading the report, it is important to look beyond the rankings. Every state has strengths and challenges. Additionally, each measure does not stand alone but is a strand in the web of health and everyday life of Americans.

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

1. **Providing a benchmark for states.** This report gauges how the health of each state's population changes yearly and by decade. The report also facilitates comparisons. How does each state's health compare with the health of other states and the nation overall? Data for many measures extend back to 1990 and form a wide-angle, holistic view of state and national health.

2. **Stimulating action.** This is the overarching purpose of the report — catalyze data-driven discussions that prompt positive change and improve health. Many states incorporate the report into their annual review of programs, and many organizations use the report as a reference point when assigning goals for health-improvement programs.

3. **Highlighting disparities.** The state rankings show disparities in health between states and among state, national and international population groups. The report also highlights disparities by age, gender, race/ethnicity, income and urbanicity with a special focus this year on educational attainment.

America's Health Rankings website, www.AmericasHealthRankings.org, allows users to view and download the _America's Health Rankings Annual Report_ as well as analyze data by state or by measure of interest.

The 2018 *America's Health Rankings Annual Report* shows more Americans are dying prematurely than in prior years. Suicide, drug deaths, occupational fatalities and cardiovascular deaths all increased. Obesity, a risk factor for both cardiovascular disease and some types of cancer, increased nationally and in all 50 states in the past year. The report also finds self-reported frequent mental distress and frequent physical distress increased in the past two years.

On the bright side, the number of mental health providers and primary care physicians per 100,000 population increased, and the percentage of children in poverty, a strong indicator of socioeconomic status and health throughout the lifespan, decreased. Despite these national improvements, stark differences by state show unequal progress.

America's Health Rankings website, www.AmericasHealthRankings.org, allows users to view and download the *America's Health Rankings Annual Report* as well as explore data by state or by measure of interest. The website provides tools to visualize trends and variations in measures geographically and by such demographic characteristics as gender, race/ethnicity, age, education, income and urbanicity.

In addition, a new web tool called Adjust My Rank allows users to see how improvements or declines in various measures can impact a state's overall rank.

America's Health Rankings Annual Report is an evolving snapshot of state and national health. The report yields insights on how each state's health changes and — most importantly — drives action that makes communities and states healthier.

State Rankings

Healthiest States

Hawaii regains the title of healthiest state this year, after dropping to No. 2 in 2017. This is Hawaii's ninth year in the No. 1 spot since 1990 when the health rankings were first published. The state has been No. 1 four of the past five years. Massachusetts is No. 2, Connecticut No. 3, Vermont No. 4 and Utah No. 5. These same states ranked in the top five in 2017.

Hawaii's strengths include:

- Low prevalence of obesity at 23.8 percent of adults, compared with 31.3 percent nationally.
- Low prevalence of smoking at 12.8 percent of adults, compared with 17.1 percent nationally.
- Low disparity in health status with a 13.3 percentage point difference in high health status between those with and without a high school education, compared with 29.9 percentage points nationally.
- Low levels of air pollution at 5.8 micrograms of fine particles per cubic meter, compared with 8.4 micrograms nationally.
- Low prevalence of frequent mental distress at 9.5 percent of adults, compared with 12.4 percent nationally.
- High number of primary care physicians at 187.6 per 100,000 population, compared with 156.7 per 100,000 nationally.

Despite Hawaii's many strengths, the state faces these challenges:

- 21.1 percent of adults report excessive drinking, compared with 19.0 percent nationally.
- 84.8 percent of adolescents aged 13 to 17 received the Tdap vaccine, compared with 88.7 percent nationally.
- 21.4 new cases of *Salmonella* per 100,000 population, compared with 16.7 per 100,000 nationally.
- 10.9 percent of adults report they have diabetes, compared with 10.5 percent nationally.

Most Challenged States

Louisiana ranks No. 50 this year, replacing Mississippi as the state with the greatest challenges. Louisiana ranks No. 50 in both behaviors and community & environment categories, No. 47 in clinical care and No. 48 in health outcomes.

Louisiana's challenges include:

- Highest prevalence of children in poverty at 28.0 percent, compared with 18.4 percent nationally.
- High prevalence of smoking at 23.1 percent of adults, compared with 17.1 percent nationally.
- High prevalence of obesity at 36.2 percent of adults, compared with 31.3 percent nationally.
- High prevalences of frequent mental distress and frequent physical distress at 16.1 and 16.5 percent of adults, respectively, compared with 12.0 percent for each nationally.
- High percentage of low birthweight babies at 10.6 percent of live births, compared with 8.2 percent nationally.

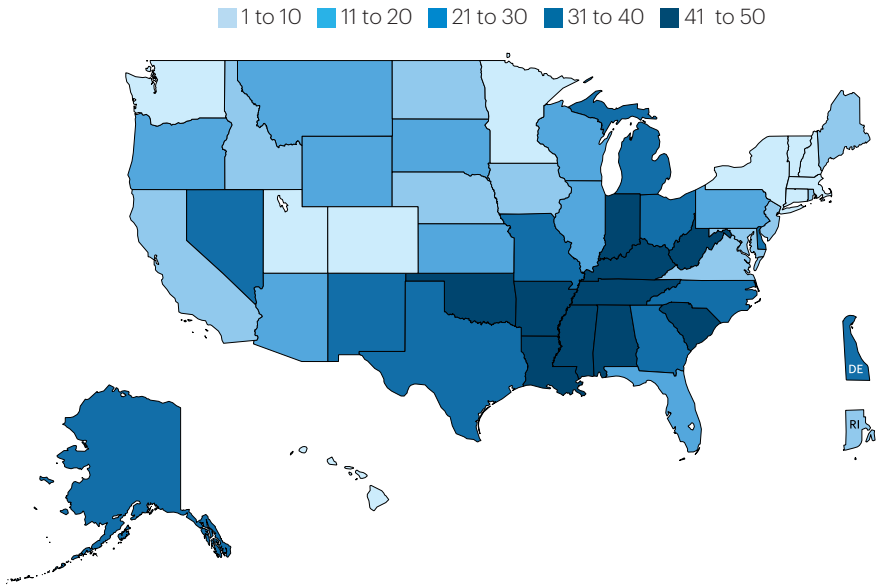
Louisiana's bright spots are:

- High number of mental health providers at 271.9 providers per 100,000 population, compared with 234.7 per 100,000 nationally.
- Low incidence of pertussis at 1.4 new cases per 100,000 population, compared with 5.6 per 100,000 nationally.
- High HPV immunization coverage among females aged 13 to 17 at 64.3 percent, compared with 53.1 percent nationally.
- High Tdap and meningococcal immunization coverage among adolescents at 90.1 percent and 89.0 percent, respectively, compared with 88.7 percent and 85.1 percent nationally.

Other states in the bottom five are Mississippi (No. 49), Alabama (No. 48), Oklahoma (No. 47) and Arkansas (No. 46). Oklahoma fell from No. 43, while West Virginia moved out of the bottom five to No. 44 this year.

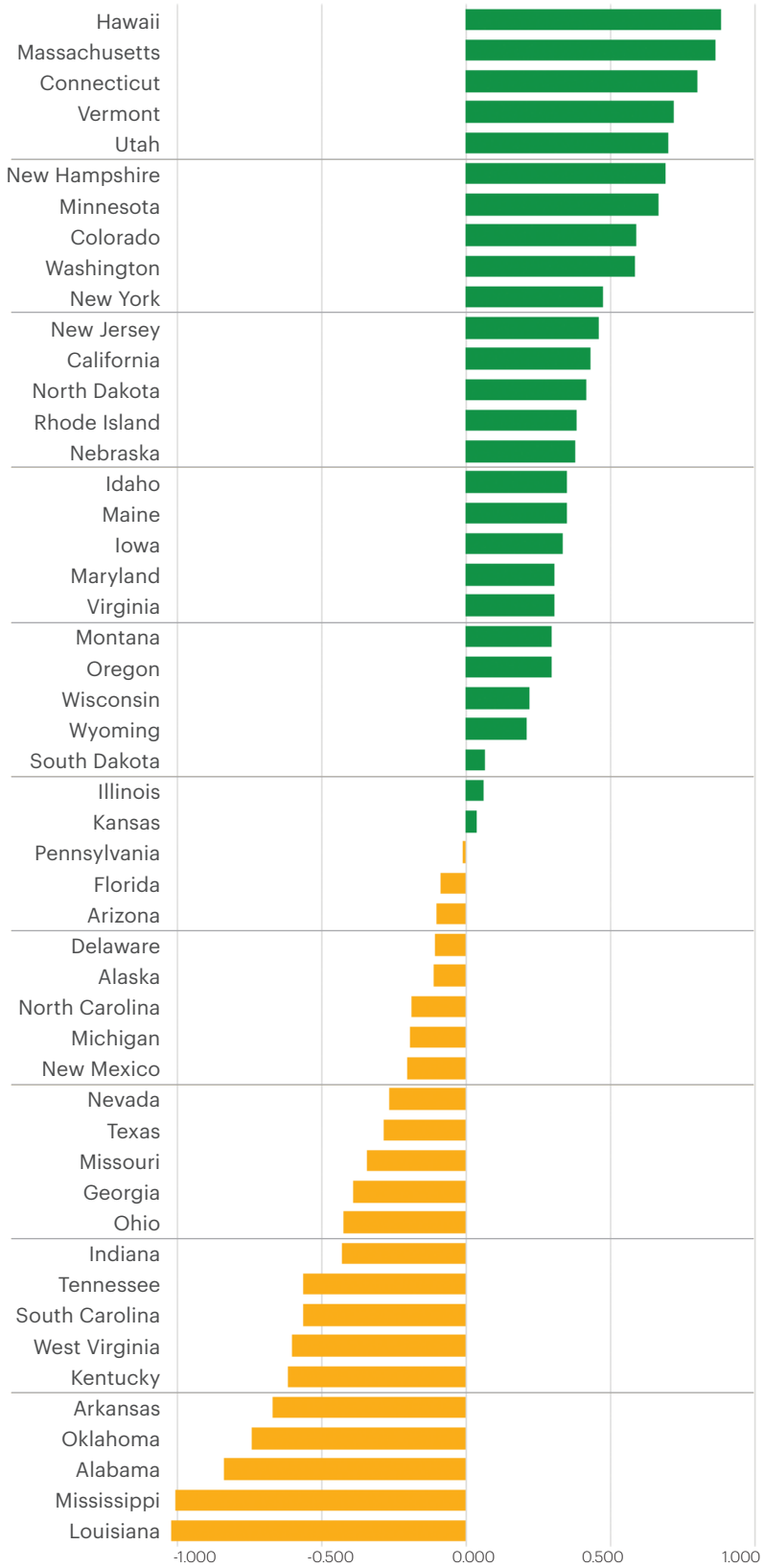
Thirty-five measures are used to calculate the rankings (see Methodology, page 178). Of the 35 measures, 34 were updated in this edition and one measure's source changed. The map in Figure 1 displays the 2018 rankings shaded by quintile. The healthiest states are in the Northeast, with a few states in the Midwest and West. States ranking least healthy are in the South with the exception of Indiana. Figure 2 shows each state's score by rank. The difference between the highest and lowest scores is smaller than it was in 2017, indicating a narrowing of the gap between the top and bottom states. There is a large difference in score between Louisiana (-1.021) and Mississippi (-1.010) and No. 48 Alabama at -0.838, making it difficult for Louisiana and Mississippi to move out of the bottom two states. Table 1 lists the 2018 state rankings in alphabetical order.

Figure 1
2018 annual health rankings by state



State Rankings

Figure 2
2018 annual health state scores* shown by ranking



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

Table 1
2018 annual health rankings and scores* listed alphabetically by state

2018 Rank	State	Score*
48	Alabama	-0.838
32	Alaska	-0.115
30	Arizona	-0.105
46	Arkansas	-0.672
12	California	0.431
8	Colorado	0.588
3	Connecticut	0.799
31	Delaware	-0.109
29	Florida	-0.087
39	Georgia	-0.394
1	Hawaii	0.882
16	Idaho	0.349
26	Illinois	0.060
41	Indiana	-0.432
18	Iowa	0.336
27	Kansas	0.036
45	Kentucky	-0.620
50	Louisiana	-1.021
16	Maine	0.349
19	Maryland	0.306
2	Massachusetts	0.866
34	Michigan	-0.194
7	Minnesota	0.665
49	Mississippi	-1.010
38	Missouri	-0.345
21	Montana	0.295
15	Nebraska	0.379
36	Nevada	-0.267
6	New Hampshire	0.692
11	New Jersey	0.460
35	New Mexico	-0.204
10	New York	0.476
33	North Carolina	-0.191
13	North Dakota	0.416
40	Ohio	-0.424
47	Oklahoma	-0.744
21	Oregon	0.295
28	Pennsylvania	-0.014
14	Rhode Island	0.382
43	South Carolina	-0.567
25	South Dakota	0.067
42	Tennessee	-0.566
37	Texas	-0.286
5	Utah	0.702
4	Vermont	0.719
20	Virginia	0.305
9	Washington	0.584
44	West Virginia	-0.603
23	Wisconsin	0.220
24	Wyoming	0.210

Largest Changes in Rank

Since 2017

Five states improved three or more ranks in the past year (Table 2), with Maine moving from No. 23 to No. 16. Maine's behaviors rank improved from No. 29 to No. 21, and its community & environment measures moved from No. 8 to No. 2. These changes were driven by improvements in the state's smoking and children in poverty ranks.

Oklahoma's rank declined the most, dropping from No. 43 to No. 47. The state fell in behaviors from No. 37 to No. 44, a drop in rank driven mostly by increases in obesity and physical inactivity. Another seven states each dropped three ranks in the past year.

Since 2013

In the past five years, California improved from No. 21 to No. 12, and Virginia from No. 26 to No. 20. Maryland, New York, Rhode Island and Washington each moved up five ranks (Table 3). Oregon fell from No. 13 in 2013 to No. 21 this year. Alaska dropped from No. 25 to No. 32 and Wyoming slipped from No. 17 to No. 24. Another four states each fell four places.

Table 2
Largest changes in rank since 2017

Rank Improved	2017 Ranking	2018 Ranking	Change
Maine	23	16	7
California	17	12	5
North Dakota	18	13	5
Florida	32	29	3
Tennessee	45	42	3
Rank Declined	**2017 Ranking**	**2018 Ranking**	**Change**
Oklahoma	43	47	-4
Alaska	29	32	-3
Indiana	38	41	-3
Iowa	15	18	-3
Kentucky	42	45	-3
Maryland	16	19	-3
Rhode Island	11	14	-3
Texas	34	37	-3

Table 3
Largest changes in rank since 2013

Rank Improved	2013 Ranking	2018 Ranking	Change
California	21	12	9
Virginia	26	20	6
Maryland	24	19	5
New York	15	10	5
Rhode Island	19	14	5
Washington	14	9	5
Rank Declined	**2013 Ranking**	**2018 Ranking**	**Change**
Oregon	13	21	-8
Alaska	25	32	-7
Wyoming	17	24	-7
Idaho	12	16	-4
Minnesota	3	7	-4
Nebraska	11	15	-4
North Dakota	9	13	-4

Since 1990

Since the debut of the annual health rankings in 1990, New York has risen from No. 40 to No. 10 this year, marking the greatest improvement of any state. Vermont, Maryland and California each rose more than 10 places to No. 4, No. 19 and No. 12, respectively. Wisconsin dropped from No. 7 to No. 23, while Oklahoma (No. 32 to No. 47) and Kansas (No. 12 to No. 27) both fell 15 places.

Model of Health Category Rankings

America's Health Rankings Annual Report 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." The model of health (Figure 3) used in this report has four categories of health determinants — behaviors, community & environment, policy and clinical care — that reflect the personal, social, and environmental factors that influence the fifth model category, health outcomes.

Table 4 shows that only five states rank in the same quintile across all five health categories. Hawaii, Massachusetts and Connecticut rank in the top 10 in all five categories, while Nebraska ranks in the second quintile and Mississippi in the bottom quintile across the five categories. Most states do not perform equally well across all categories of health. For example, Wyoming ranks in the top 10 for community & environment and health outcomes measures, near the middle for behaviors and clinical care measures and in the bottom 10 for policy measures. West Virginia ranks in the bottom 10 across behaviors, clinical care and health outcomes measures, yet ranks No. 5 for policy measures.

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

Figure 3
***America's Health Rankings* model of health**

Table 4

Model category rankings listed by overall ranking

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

TOP 10
11 TO 20
21 TO 30
31 TO 40
BOTTOM 10

National Successes and Challenges

Successes Summary

The percentage of children in poverty is decreasing.

- The percentage of **children in poverty** decreased 19 percent from 22.6 percent in 2013 to 18.4 percent in 2018. It decreased 6 percent since 2017 from 19.5 percent of children aged 0 to 17.

The number of mental health and primary care physicians per 100,000 population are increasing.

- In the past year, **mental health providers** increased 8 percent from 218.0 to 234.7 per 100,000 population.
- In the past year, **primary care physicians** increased 5 percent from 149.7 to 156.7 per 100,000 population.

Air pollution is decreasing.

- Since 2015, **air pollution** decreased 12 percent from 9.5 to 8.4 micrograms of fine particles per cubic meter.

Adolescent immunizations are rising.

- Since 2017, **HPV immunization among males** aged 13 to 17 significantly increased 18 percent from 37.5 percent to 44.3 percent. In the past year, **HPV immunization among females** aged 13 to 17 also increased 7 percent from 49.5 percent to 53.1 percent.
- **Meningococcal immunization** significantly increased 4 percent from 82.2 percent to 85.1 percent of adolescents aged 13 to 17 in the past year. Since 2014, meningococcal immunization increased 9 percent from 77.8 percent of adolescents aged 13 to 17.

Challenges Summary

Obesity prevalence exceeds 30 percent of the adult population for the first time in *America's Health Rankings Annual Report* history.

- In the past year, **obesity** increased 5 percent from 29.9 percent to 31.3 percent of adults.

Premature death rates are increasing, impacted by the continuing rise in drug death and suicide rates and the increase in occupational fatalities.

- In the past year, **premature death** significantly increased 3 percent from 7,214 to 7,432 years lost before age 75 per 100,000 population.
- Since 2015, **drug deaths** increased 25 percent from 13.5 to 16.9 deaths per 100,000 population.
- Since 2012, **suicide** increased 16 percent from 12.0 to 13.9 deaths per 100,000 population.
- Since 2015, **occupational fatalities** increased significantly from 3.7 to 4.4 per 100,000 workers after decreasing from 5.3 in 2007 to 3.7 in 2015.

Frequent mental distress and physical distress are rising.

- Since 2016, **frequent mental distress** increased 7 percent from 11.2 percent to 12.0 percent of adults.
- Since 2016, **frequent physical distress** increased 5 percent from 11.4 percent to 12.0 percent of adults.

Cancer death rates show mixed results.

- Since 1990, **cancer deaths** have significantly dropped 5 percent nationally from 199.0 to 189.8 deaths and decreased significantly in 19 states and the District of Columbia.

- Over the same period of time, however, cancer death rates have increased significantly in 12 states and not changed in 19 states.

Cardiovascular death rates continue to move in the wrong direction.

- Since 2015, **cardiovascular deaths** significantly increased 2 percent from 250.8 to 256.8 deaths per 100,000 population. The cardiovascular death rate has been increasing since 2015.

Chlamydia continues to increase.

- Since 2009, **chlamydia** increased 35 percent from 367.5 to 497.3 cases per 100,000 population and 4 percent in the past year from 478.8 to 497.3 cases per 100,000 population.

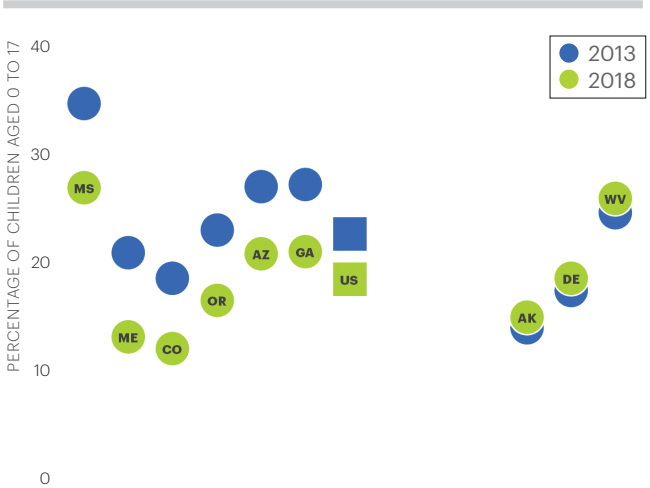
Successes

Percentage of Children in Poverty Decreasing

Children in poverty — the percentage of children younger than age 18 who live in households below the poverty threshold — decreased 19 percent from 22.6 percent in 2013 to 18.4 percent in 2018. Children in poverty decreased 6 percent since 2017 from 19.5 percent. Exposure to chronic stress — including unreliable access to food, health care and stable housing — may impair childhood development and affect health into adulthood.

The decrease in children in poverty was not equal across states (Figure 4). Children in poverty is 2.7 times higher in Louisiana, the least healthy state for this measure, at 28.0 percent versus 10.3 percent of children in New Hampshire, the healthiest state for this measure. Since 2013, children in poverty decreased most in Mississippi and Maine, dropping 7.8 percentage points each. Colorado and Oregon declined 6.5 percentage points. Arizona and Georgia dropped 6.2 percentage points and Arkansas by 6.0 percentage points (not shown). During the same time frame, children in poverty increased most in West Virginia (+1.3 percentage points), Delaware (+1.1 percentage points) and Alaska (+1.0 percentage points).

Figure 4
State changes in children in poverty between 2013 and 2018
Shown are states with the largest percentage point decreases (left) and increases (right) relative to the United States.



Successes

Mental Health and Primary Care Physicians Increasing

Mental Health Providers

In the past year, mental health providers increased 8 percent from 218.0 to 234.7 per 100,000 population. Mental health providers are the number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, professionals treating alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population.

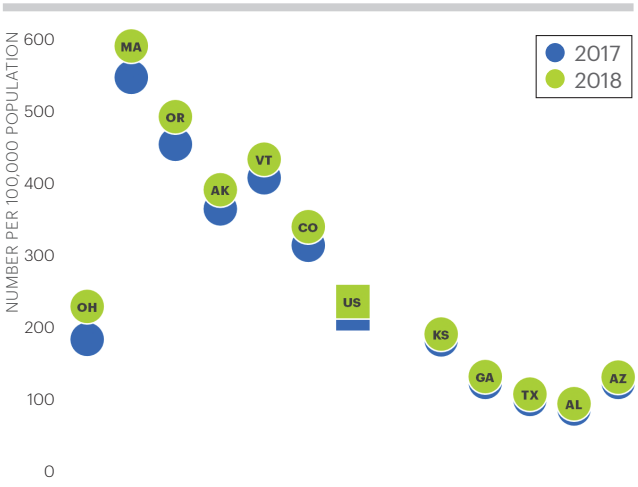
Mental health providers have increased in all 50 states in the past year with six states increasing by 25 or more providers per 100,000 (Figure 5). These are Ohio (+45.9 per 100,000), Massachusetts (+43.6 per 100,000), Oregon (+38.6 per 100,000), Alaska (+27.0 per 100,000), Vermont (+26.1 per 100,000) and Colorado (+25.6 per 100,000). The smallest increases occurred in Arizona (+7.4 per 100,000), Alabama and Texas (+7.6 per 100,000), Georgia (+7.7 per 100,000) and Kansas (+8.3 per 100,000).

Despite these improvements, the number of mental health providers varies widely across states. The number of mental health providers per 100,000 population is 6.4 times greater in Massachusetts, the healthiest state for this measure at 590.9 per 100,000, compared with Alabama, the least healthy state for this measure at 92.6 per 100,000. According to the Kaiser Family Foundation, 124 million Americans live in mental health shortage areas, leaving a large population without access to treatment providers.

Figure 5

State changes in mental health providers between 2017 and 2018

Shown are states with the largest (left) and smallest (right) rate increases relative to the United States.



Primary Care Physicians

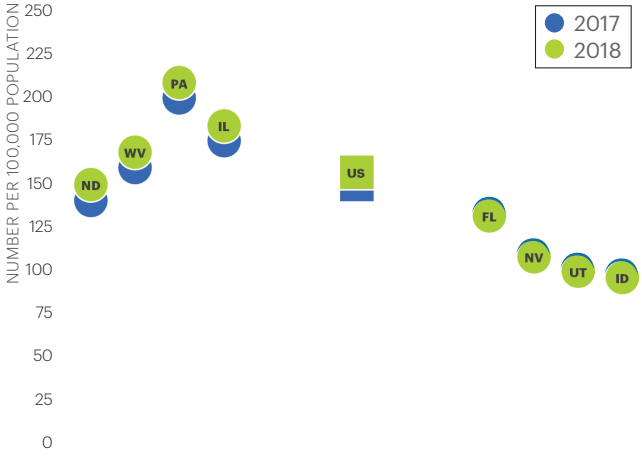
In the past year, primary care physicians increased 5 percent from 149.7 to 156.7 per 100,000 population. These are the number of active primary care physicians per 100,000 population, including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine. The Health Services & Resource Administration estimates that an additional 6,900 primary care physicians are needed to meet current health care needs in the United States.

The largest increases in primary care physicians in the past year occurred in North Dakota (+9.0 per 100,000), West Virginia and Pennsylvania (+8.9 per 100,000), Illinois (+8.7 per 100,000), and Vermont, Rhode Island and New York (+8.2 per 100,000) (not shown) (Figure 6). Florida, Nevada, Utah and Idaho experienced small declines. The number of primary care physicians per 100,000 population varies widely by state and is 2.8 times greater in Rhode Island, the healthiest state for this measure at 264.5 per 100,000, compared with Idaho, the least healthy state for this measure at 95.7 per 100,000.

Figure 6

State changes in primary care physicians between 2017 and 2018

Shown are states with the largest rate increases (left) and decreases (right) relative to the United States.



Successes

Air Pollution Decreasing

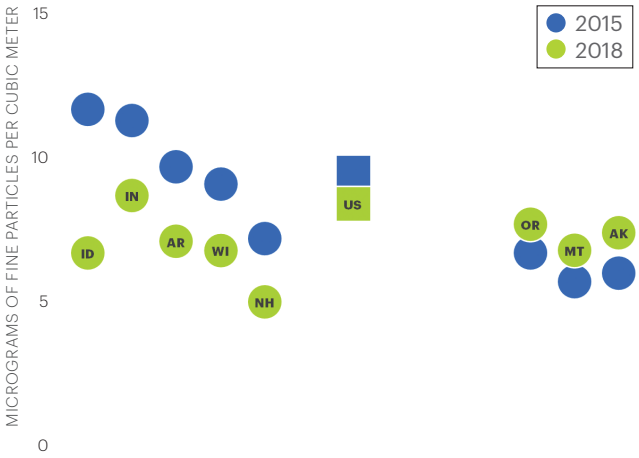
Since 2015, air pollution decreased 12 percent from 9.5 to 8.4 micrograms of fine particles per cubic meter. Air pollution is the average exposure of the general public to particulate matter of 2.5 microns (PM2.5) or less in size (three-year average). Studies show that decreasing the concentration of fine particulates in the air leads to lower risk of all-cause mortality, lung cancer and death from cardiovascular disease. This year's value is the lowest to date as air pollution has decreased yearly since it was introduced in the 2003 rankings.

Air pollution varies widely depending on location. In North Dakota, the healthiest state for this measure, there are 4.5 micrograms of fine particles per cubic meter versus California, the least healthy state for this measure, at 11.9 micrograms of fine particles per cubic meter. Since 2015, Idaho experienced the largest improvement, dropping 5.0 micrograms of fine particles per cubic meter, followed by Indiana and Arkansas, each decreasing 2.6 micrograms per cubic meter (Figure 7). Wisconsin decreased 2.3 micrograms per cubic meter and New Hampshire dropped 2.2 micrograms per cubic meter since 2015. Not all states have improved: Alaska's, Montana's and Oregon's air pollution increased +1.0 to +1.4 micrograms per cubic meter.

Figure 7

State changes in air pollution between 2015 and 2018

Shown are states with the largest micrograms of fine particles per cubic meter decreases (left) and increases (right) relative to the United States.



Adolescent Immunizations Rising

HPV Immunization Males

HPV immunization among males significantly increased 18 percent since 2017 from 37.5 percent to 44.3 percent. This is the percentage of males aged 13 to 17 who are current on all recommended doses of human papillomavirus (HPV) vaccine. The HPV vaccine, recommended for preteens, can prevent HPV infection and associated cancers into adulthood. More than 13,000 men are diagnosed with HPV-associated cancers annually.

Significant differences among males exist by race/ethnicity and poverty status (page 81).

- HPV immunization is higher among Hispanic males at 54.6 percent than non-Hispanic black males at 44.9 percent and non-Hispanic white males at 40.2 percent.

- HPV immunization among males living below the poverty threshold is higher at 49.5 percent than males living at or above the poverty threshold at 41.7 percent.

HPV immunization among adolescent males varies widely by state. It is 3.4 times higher in Rhode Island, the healthiest state for this measure at 78.4 percent, than the least healthy state for this measure, Mississippi, at 23.4 percent. The largest increase in the past year was in Montana (+20.2 percentage points), followed by North Carolina (+18.0 percentage points), Nebraska (+14.0 percentage points), Michigan (+13.9 percentage points) and Virginia (+13.0 percentage points) (Figure 8). Increases in HPV immunization among males were significant in Montana and Texas (+9.5 percentage points) (not shown). HPV immunization among males decreased in several states in the past year, but none significantly.

Figure 8

State changes in HPV immunization among males between 2017 and 2018

Shown are the states with the largest percentage point increases (left) and decreases (right) relative to the United States.

*Statistically significant difference between 2017 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Successes

HPV Immunization Females

In the past year, HPV immunization among females increased 7 percent (not significant) from 49.5 percent to 53.1 percent. This is the percentage of females aged 13 to 17 who are current on all recommended doses of HPV vaccine. The current two-dose HPV vaccine protects against nine strains of HPV, covering the majority of HPV-associated cancers as well as most genital warts.

Similar to HPV immunization among males, significant differences among females exist by race/ethnicity and poverty status (page 81).

- HPV immunization is higher among Hispanic females at 58.1 percent than non-Hispanic white females at 49.7 percent.

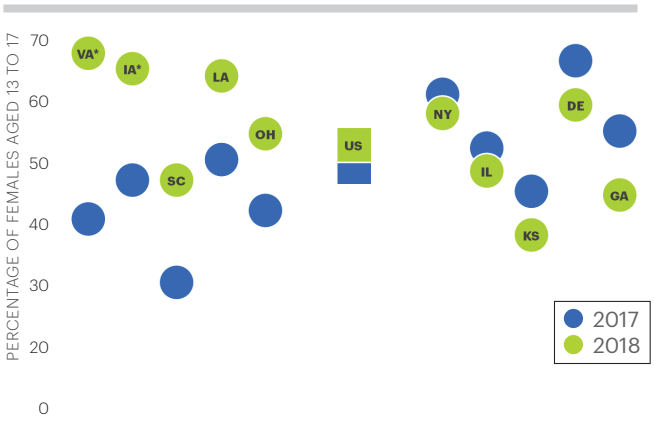
- HPV immunization among females living below the poverty threshold is higher at 58.1 percent than females living at or above the poverty threshold at 51.8 percent.

HPV immunization among females is 2.3 times higher in Rhode Island, the healthiest state for this measure at 76.8 percent, than the least healthy state for this measure, Wyoming, at 33.6 percent. The District of Columbia is highest at 79.4 percent. In the past year, HPV immunization among females increased in many states but only significantly in Virginia (+26.9 percentage points) and Iowa (+18.1 percentage points) (Figure 9). HPV immunization among females decreased in several states in the past year, but none significantly.

Figure 9

State changes in HPV immunization among females between 2017 and 2018

Shown are the states with the largest percentage point increases (left) and decreases (right) relative to the United States.



*Statistically significant difference between 2017 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Meningococcal Immunization

In the past year, meningococcal immunization significantly increased 4 percent from 82.2 percent to 85.1 percent of adolescents aged 13 to 17, and increased 9 percent since the measure was introduced in 2014. This is the percentage of adolescents aged 13 to 17 who received one or more doses of meningococcal conjugate vaccine. This vaccine, known as MenACWY, protects against four of the five most common meningococcal types in the United States. Meningococcal disease is potentially life-threatening and is caused by the bacterium *Neisseria meningitidis*. Unlike HPV immunization, there are no significant differences by race/ethnicity or poverty status for meningococcal immunization.

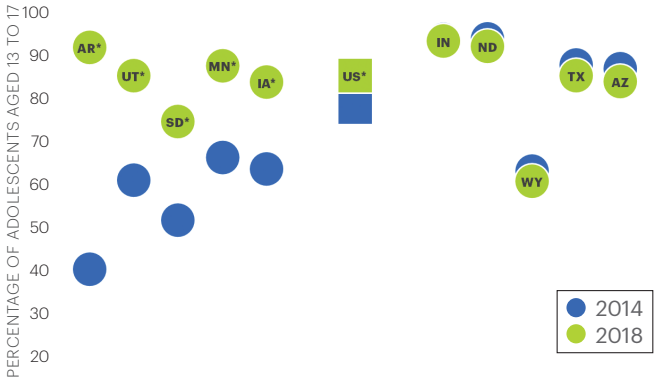
Since 2014, significant increases occurred in 20 states (Figure 10) along with the nation. The largest increases occurred in Arkansas (+51.3 percentage points), Utah (+24.1 percentage points), South Dakota (+22.8 percentage points), Minnesota (+21.2 percentage points) and Iowa (+20.0 percentage points) (Figure 11). While many states are making great improvements in this measure, a large gap remains between the healthiest state for this measure, Georgia at 95.3 percent, and the least healthy state for this measure, Wyoming at 60.7 percent.

Tdap, the fourth immunization measure included in the adolescent immunization composite measure, has increased significantly nationally and in eight states since 2014. But in the past year, Tdap immunization increased significantly in only Mississippi (+10.4 percentage points) and South Carolina (+11.9 percentage points).

Figure 11

State changes in meningococcal immunization among adolescents between 2014 and 2018

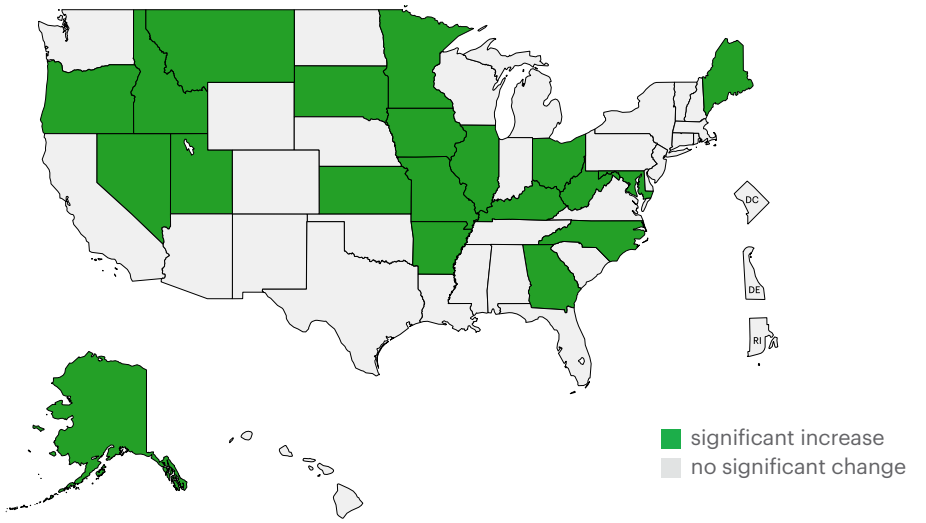
Shown are the states with the largest percentage point increases (left) and decreases (right) relative to the United States.



*Statistically significant difference between 2014 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Figure 10

Map of state changes in meningococcal immunization between 2014 and 2018



Challenges

Obesity Prevalence Exceeds 30 Percent of Adults

In the past year, obesity increased 5 percent from 29.9 percent to 31.3 percent of adults. This is the percentage of adults with a body mass index of 30.0 or higher based on reported height and weight. Obesity is a leading cause of preventable life-years lost and contributes to chronic illnesses such as heart disease, type 2 diabetes, stroke, cancer and hypertension. Contributing factors include poor diet, physical inactivity, social and physical environment, genetics and medical history.

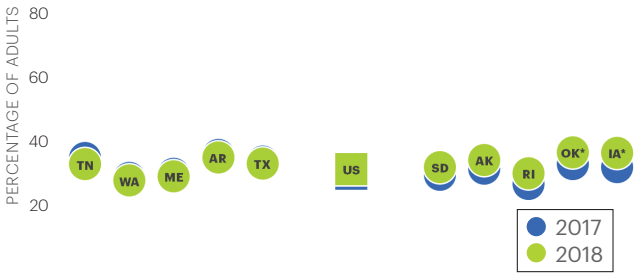
Nationally, there are disparities in obesity by age, race/ethnicity, urbancity, education and income (page 65).

- Obesity is highest among adults aged 45 to 64 at 35.6 percent. Adults aged 65 and older are at 28.5 percent, and adults aged 18 to 44 are at 26.7 percent.
- Asian adults have the lowest prevalence of obesity at 11.2 percent, followed by adults identifying as other race at 26.9 percent, white at 29.3 percent, Hispanic at 32.4 percent, Hawaiian/Pacific Islander at 32.5 percent, multiracial at 32.8 percent, American Indian/Alaska Native at 38.7 percent and black at 39.0 percent.
- Rural adults have a higher prevalence of obesity at 34.8 percent compared with suburban (30.6 percent) and urban (30.3 percent) adults.

Figure 12

State changes in obesity between 2017 and 2018

Shown are the states with the largest percentage point decreases (left) and increases (right) relative to the United States.

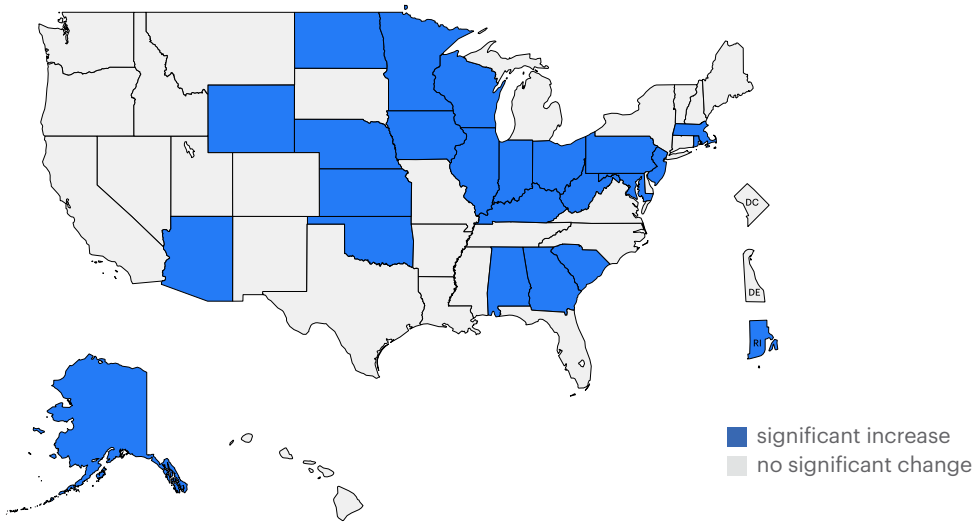


*Statistically significant difference between 2017 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

- Obesity prevalence decreases with each increasing level of education (see Health Equity section, page 43) and income:
  - > Adults aged 25 and older with a college degree have a lower prevalence of obesity at 23.2 percent than all other education levels: less than a high school education (37.4 percent), high school education (36.1 percent) and some college (34.8 percent).
  - > Adults aged 25 and older with annual household incomes less than $25,000 have a higher prevalence of obesity (38.0 percent) than adults aged 25 and older with incomes $25,000-$49,999 (34.2 percent), $50,000-$74,999 (33.0 percent) and $75,000 or more (27.2 percent).

Obesity in West Virginia (38.1 percent) is nearly double the prevalence in Colorado (22.6 percent). In the past year, obesity prevalence increased significantly in Iowa (+4.4 percentage points) and Oklahoma (+3.7

Figure 13
Map of state changes in obesity between 2012 and 2018



percentage points) (Figure 12). While obesity decreased in a few states in the past year, none of the decreases were significant.

Since 2012, obesity prevalence has increased significantly in 23 states (Figure 13). The largest increases occurred in Iowa (+7.4 percentage points), Alaska (+6.8 percentage points), West Virginia (+5.7 percentage points), Oklahoma (5.4 percentage points) and North Dakota (+5.3 percentage points) (Figure 14). The smallest increases occurred in Montana (+0.7 percentage points), Utah and Virginia (+0.8 percentage points), Michigan (+1.0 percentage points), and New York and Washington (+1.2 percentage points). Obesity prevalence has not decreased in any state since 2012.

Figure 14
State changes in obesity between 2012 and 2018
Shown are the states with the smallest percentage point increases (left) and the largest percentage point increases (right) relative to the United States.

*Statistically significant difference between 2012 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Increasing Mortality Rates Contributing to Premature Death

Drug Deaths

The United States is in a drug crisis with fatal consequences. Since 2015, drug deaths increased 25 percent from 13.5 to 16.9 deaths per 100,000 population. This is the age-adjusted number of deaths due to drug injury of any intent (unintentional, suicide, homicide or undetermined) per 100,000 population (three-year average). More than 63,000 drug overdose deaths occurred in 2016, with more than 42,000 involving opioids.

Nationally, the drug death rate differs by sex, age and race/ethnicity (Figure 15).

- Males have a higher rate of drug deaths at 21.7 per 100,000 than females at 12.2 deaths per 100,000.
- Adults aged 45 to 54 have the highest rate at 30.9 deaths per 100,000 when compared with other 10-year age groups between ages 15 and 74.
- White adults have the highest rate of drug deaths at 18.9 per 100,000, followed by adults identifying as American Indian/Alaska Native at 14.3 per 100,000 and black at 13.5 per 100,000. The drug death rate among Asian and Hispanic adults is much lower at 2.8 per 100,000 and 8.1 per 100,000, respectively.

The drug death rate also varies by state. It is 6.1 times higher in West Virginia, the least healthy state for this measure at 41.4 deaths per 100,000 population, compared with Nebraska, the healthiest state for this measure, at 6.8 deaths per 100,000 population.

Since 2015, the drug death rate has significantly increased nationally as well as in 31 states and the District of Columbia (Figure 16). The largest increases occurred in New Hampshire (+17.4 deaths per 100,000), Ohio and Massachusetts (+11.5 deaths per 100,000), and Maryland (+10.5 deaths per 100,000) and Maine (+9.7 deaths per 100,000) (Figure 17). Non-significant decreases occurred in Nevada (-1.4 deaths per 100,000), Montana (-0.8 deaths per 100,000) and Nebraska (-0.5 deaths per 100,000).

Since 2007, the drug death rate increased significantly nationally, in the District of Columbia and in all but one state, Montana. The largest increases occurred in West Virginia (+26.8 deaths per 100,000), New Hampshire (+22.1 deaths per 100,000), Ohio (+21.2 deaths per 100,000), Delaware (+15.9 deaths per 100,000) and Pennsylvania (+15.8 deaths per 100,000) (Figure 18). The smallest increases occurred in Texas (+1.7 deaths per 100,000), Montana and Washington (+2.2 deaths per 100,000), Oregon (+2.5 deaths per 100,000), and Nebraska and California (+2.9 deaths per 100,000).

Figure 15
Drug deaths by sex, age and race/ethnicity (three-year average)

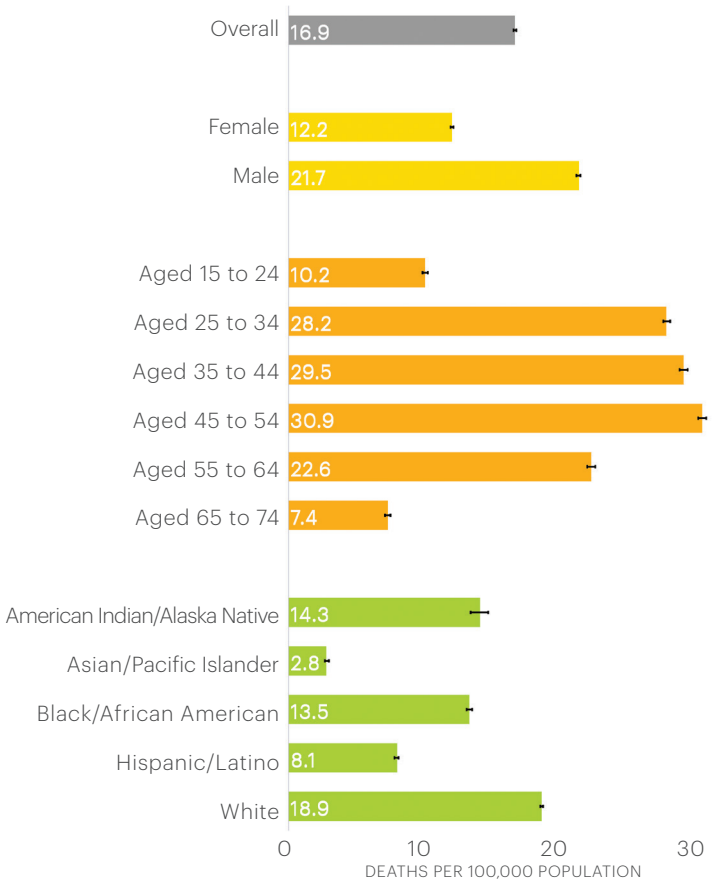


Figure 16

Map of state changes in drug deaths between 2015 and 2018

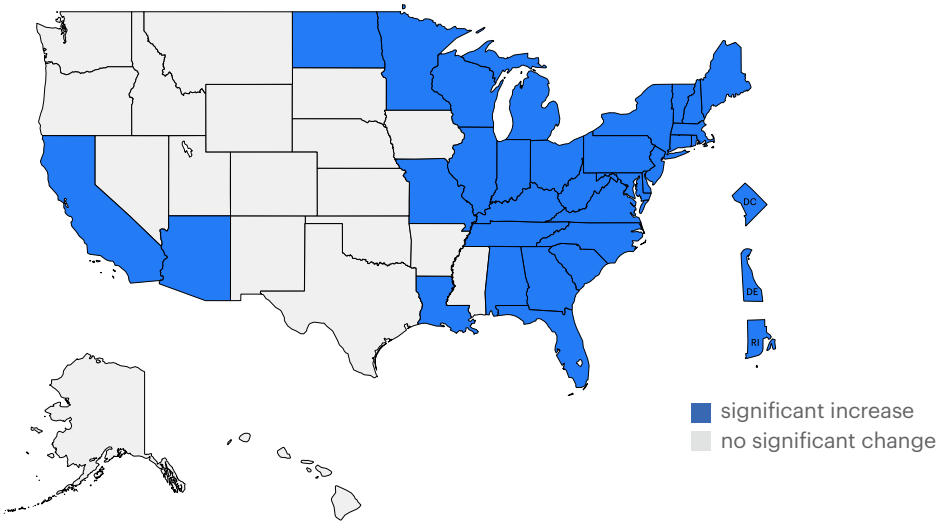
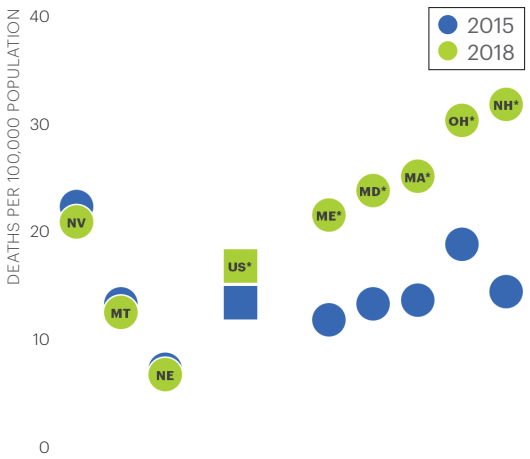


Figure 17

State changes in drug deaths between 2015 and 2018

Shown are the largest rate decreases (left) and increases (right) relative to the United States.

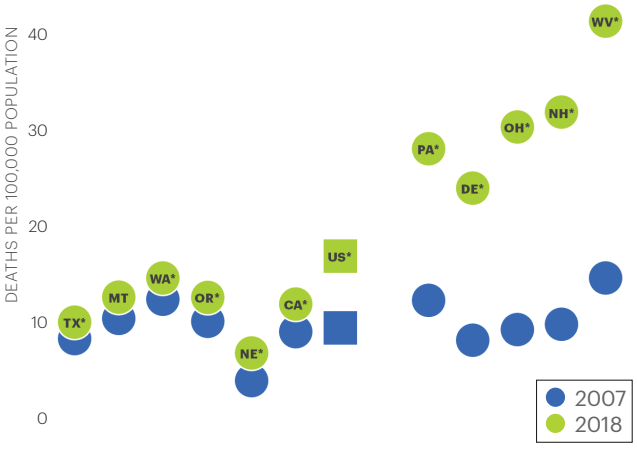


*Statistically significant difference between 2015 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Figure 18

State changes in drug deaths between 2007 and 2018

Shown are the smallest (left) and largest (right) rate increases relative to the United States.



*Statistically significant difference between 2007 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Challenges

Suicide

Since 2012, suicide increased 16 percent from 12.0 to 13.9 deaths per 100,000 population. This is the age-adjusted number of deaths due to intentional self-harm per 100,000 population. This is a supplemental measure that is not included in the overall state rankings calculation, but an important measure that is contributing to the increase in premature death.

The suicide rate differs by sex, age and race/ethnicity (Figure 19).

- The suicide rate is much higher among males at 22.2 deaths per 100,000 compared with females at 6.2 deaths per 100,000.
- In the 10-year age ranges, the suicide rate is highest among adults aged 45 to 54 at 19.7 deaths per 100,000 and among adults aged 85 and older at 19.0 deaths per 100,000.
- Suicide rates are highest among whites at 15.7 deaths per 100,000, followed by American Indian/Alaska Natives at 13.4 deaths per 100,000.

The suicide rate also varies by state. It is 3.5 times lower in New Jersey, the healthiest state for this measure at 7.5 deaths per 100,000 population, compared with Montana, the least healthy state for this measure at 26.0 deaths per 100,000.

Since 2012, the suicide rate increased in all but three states. The largest increases occurred in West Virginia (+6.0 deaths per 100,000), Oklahoma (+5.8 deaths per 100,000), New Hampshire (+5.6 deaths per 100,000), Alaska (+5.3 deaths per 100,000), and Vermont and North Dakota (+4.8 deaths per 100,000) (Figure 20). Rates decreased in Hawaii (-1.1 deaths per 100,000), Florida (-0.3 deaths per 100,000) and Mississippi (-0.2 deaths per 100,000).

Figure 19
Suicide by sex, age and race/ethnicity

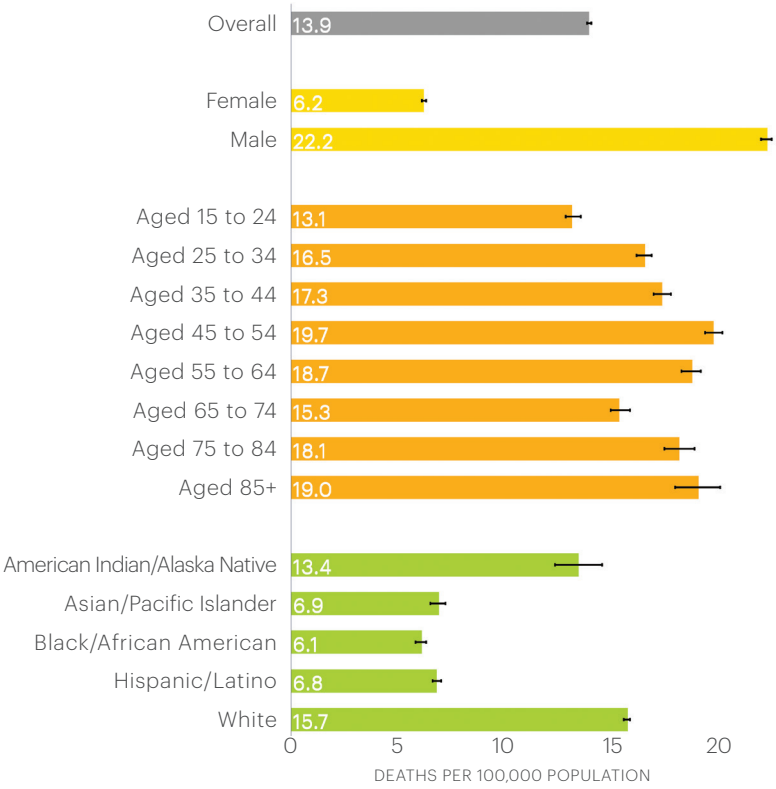
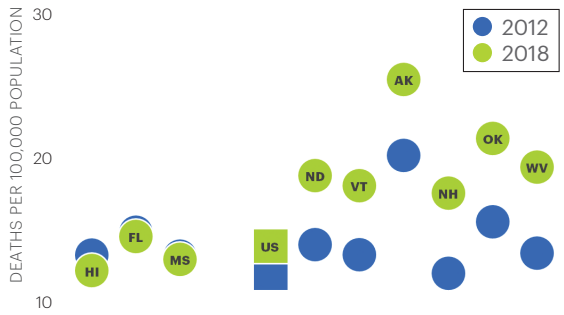


Figure 20
State changes in suicide between 2012 and 2018
Shown are states with the largest rate decreases (left) and increases (right) relative to the United States.



Occupational Fatalities

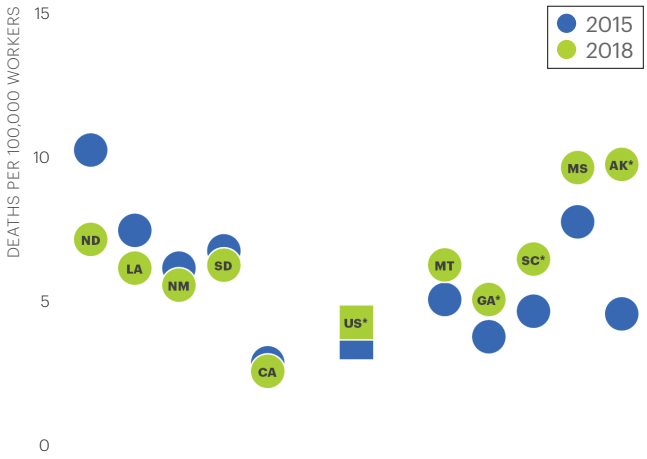
Occupational fatalities decreased from 5.3 deaths per 100,000 workers in 2007 to 3.7 deaths per 100,000 workers in 2015 (page 76). But occupational fatalities have increased significantly since 2015, rising from 3.7 to 4.4 deaths per 100,000 workers this year. This is the number of fatal occupational injuries in construction, manufacturing, trade, transportation, utilities and professional and business services per 100,000 workers (three-year average). The leading causes of death were transportation incidents, violence, falls and contact with equipment. Violence accounts for the greatest increase since 2017.

Five times more occupational fatalities occurred in Wyoming (12.5 deaths per 100,000 workers), the least healthy state for this measure, compared with New York (2.5 deaths per 100,000 workers), the healthiest state for this measure. Since 2015, occupational fatalities increased significantly in Alaska (+5.2 deaths per 100,000 workers), South Carolina (+1.8 per 100,000 workers) and Georgia (+1.3 deaths per 100,000 workers) (Figure 21). The occupational fatality rate also increased by more than 1.0 death per 100,000 workers in Mississippi (+1.9 deaths per 100,000 workers) and Montana (+1.2 deaths per workers), but those increases were not significant. Rates decreased in 10 states, but none significantly. The largest decreases occurred in North Dakota (-3.1 deaths per 100,000 workers) and Louisiana (-1.3 deaths per 100,000 workers).

Figure 21

State changes in occupational fatalities between 2015 and 2018

Shown are the states with the largest rate decreases (left) and increases (right) relative to the United States.



*Statistically significant difference between 2015 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Premature Death

In the past year, premature death significantly increased 3 percent from 7,214 to 7,432 years lost before age 75 per 100,000 population. This is the number of years of potential life lost before age 75 per 100,000 population. After decreasing for several decades, the premature death rate has increased for the fourth consecutive year (Figure 22). The top five causes of premature death in the United States are cancer, unintentional injuries, heart disease, suicide and perinatal deaths. Nearly half of U.S. premature deaths are due to tobacco use, lack of physical activity and poor diet.

The number of years lost before age 75 is two times higher in West Virginia, the least healthy state for this measure at 11,136 years lost before age 75, than in Minnesota, the healthiest state for this measure at 5,653 years lost before age 75. Premature death significantly increased in 23 states in the

Figure 22

Premature death in the United States, 1990 to 2018

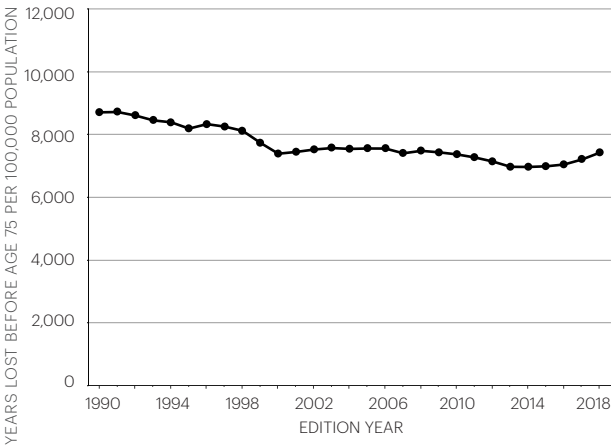
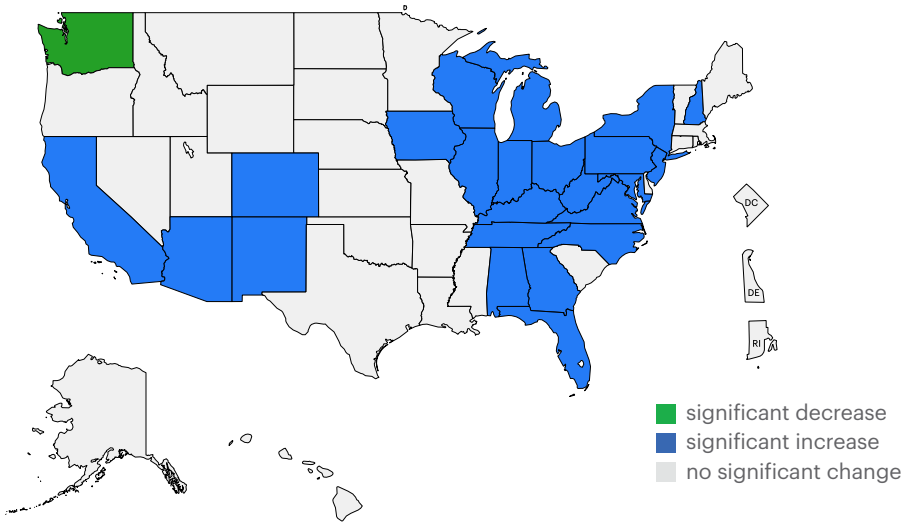


Figure 23

Map of state changes in premature deaths between 2017 and 2018

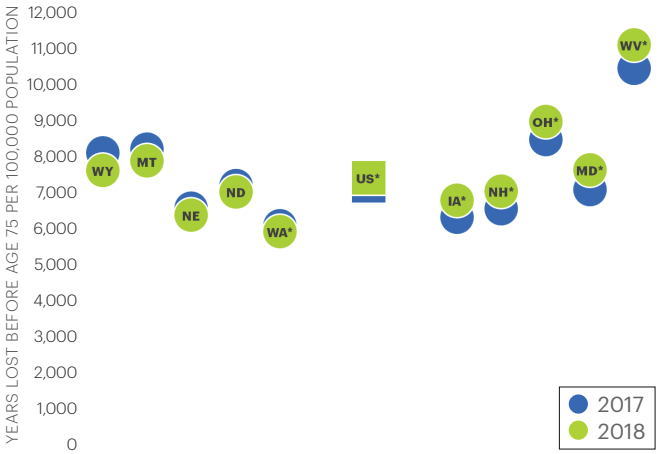


past year and significantly declined in just Washington, where there was a decline of 154 years lost before age 75 per 100,000 population (Figure 23). States with the largest increases include West Virginia (+658 years lost per 100,000), Maryland (+542 years lost per 100,000), Ohio (+506 years lost per 100,000), New Hampshire (+495 years lost per 100,000) and Iowa (+479 years lost per 100,000) (Figure 24). Premature death decreased, but not significantly, in Wyoming (-494 years lost per 100,000), Montana (-329 years lost per 100,000), Nebraska (-191 years lost per 100,000) and North Dakota (-178 years lost per 100,000). Since 2014, premature death increased nationally and in 40 states (Figure 25). No state experienced a decrease during this period.

Figure 24

State changes in premature death between 2017 and 2018

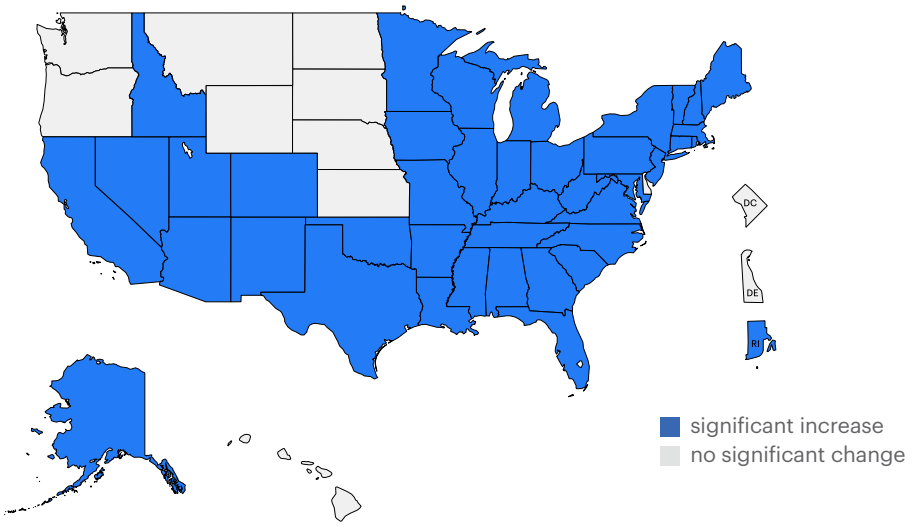
Shown are the states with the largest rate decreases (left) and increases (right) relative to the United States.



*Statistically significant difference between 2017 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Figure 25

Map of state changes in premature deaths between 2014 and 2018



Cardiovascular Death Rates Move in Wrong Direction

In the past three years, cardiovascular deaths significantly increased 2 percent from 250.8 to 256.8 deaths per 100,000 population. This is the third consecutive year in which the cardiovascular death rate increased nationally (Figure 26). This is the age-adjusted number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population (three-year average). An estimated 92.1 million U.S. adults have at least one type of cardiovascular disease. The two most common types, heart disease and stroke, are the leading and fifth-leading causes of death, respectively, in the U.S., accounting for 635,000 and 142,000 deaths in 2016.

Cardiovascular death rates vary by sex and race/ethnicity (Figure 27).

- Cardiovascular death rates are significantly higher among males (310.3 per 100,000) than females (212.7 per 100,000).
- Cardiovascular death rates are significantly higher among black adults (327.6 per 100,000) than adults identifying as American Indian/Alaska Native (178.6 per 100,000), Asian (147.2 per 100,000), Hispanic (186.2 per 100,000) and white (253.4 per 100,000).

Figure 26
Cardiovascular deaths in the United States, 1990 to 2018 (three-year average)

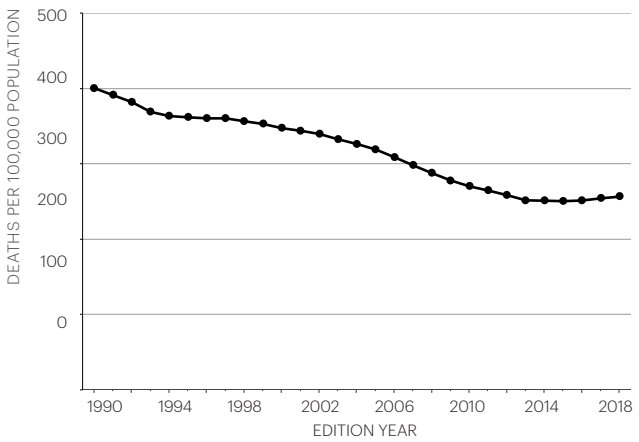


Figure 27
Cardiovascular deaths by sex and race/ethnicity (three-year average)

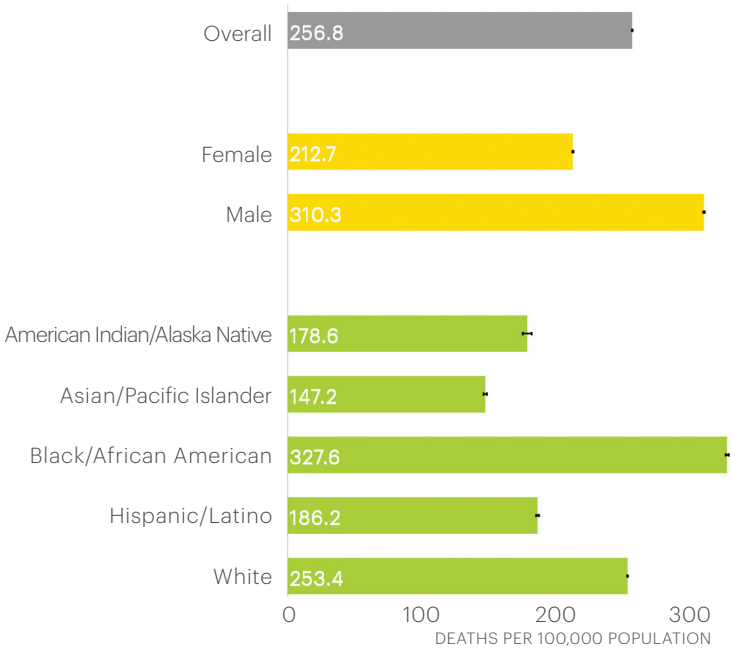
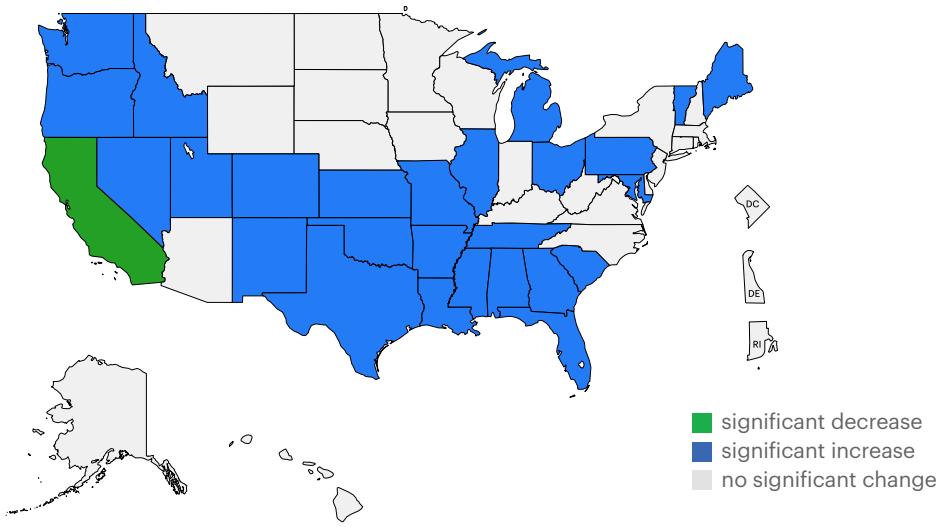


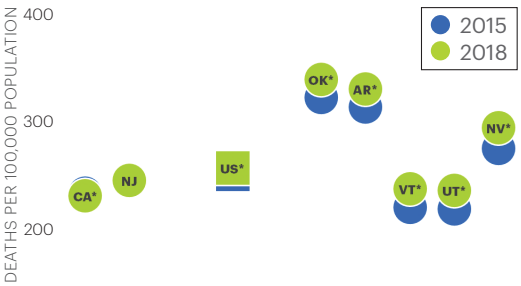
Figure 28
Map of state changes in cardiovascular deaths between 2015 and 2018 (three-year average)



Cardiovascular death rates also vary by state. The rate is 1.9 times higher in Mississippi (356.0 per 100,000 population), the least healthy state for this measure, than in Minnesota (190.3 per 100,000 population), the healthiest state for this measure.

Since 2015, cardiovascular death rates increased significantly in 26 states (Figure 28), led by Nevada (+19.4 deaths per 100,000), Utah (+17.3 deaths per 100,000), Vermont (+17.2 deaths per 100,000), Arkansas (+16.8 deaths per 100,000) and Oklahoma (+16.4 deaths per 100,000) (Figure 29). The cardiovascular death rate decreased significantly only in California (-2.5 deaths per 100,000) and not significantly in New Jersey (-0.5 deaths per 100,000).

Figure 29
State changes in cardiovascular deaths between 2015 and 2018 (three-year average)
Shown are the states with the largest rate decreases (left) and increases (right) relative to the United States.



*Statistically significant difference between 2015 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Mixed Findings With Cancer Deaths

Since 1990, U.S. cancer deaths have dropped significantly from 199.0 to 189.8 deaths per 100,000 population (Figure 30). This is the age-adjusted number of deaths due to all causes of cancer per 100,000 population (three-year average). Over the same time period, however, cancer death rates have significantly increased in 12 states and not changed significantly in 19 states (Figure 31). Yet cancer deaths have significantly declined in 19 other states. Cancer remains the second-leading cause of death, and it is estimated that in 2018 there will be more than 1.7 million new cases of cancer and 609,000 deaths.

States with the largest increases in the cancer death rate since 1990 are Oklahoma (+23.7 deaths per 100,000), Kentucky

Figure 30
Cancer deaths in the United States, 1990 to 2018 (three-year average)

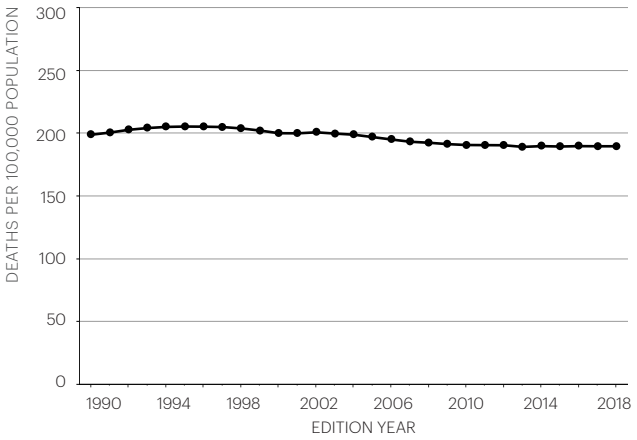
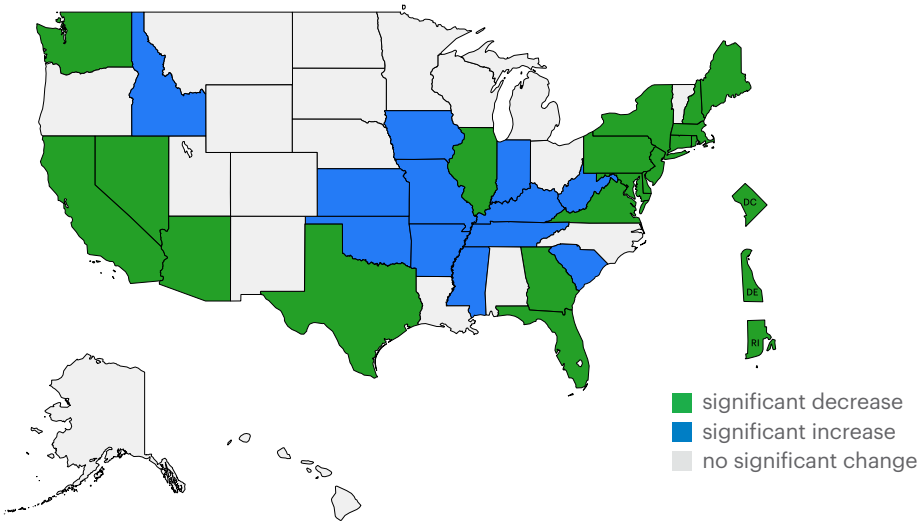


Figure 31
Map of state changes in cancer deaths between 1990 and 2018 (three-year average)



Rates are age adjusted to mid-year population estimates. Depending upon the method of population adjustment, the change over time in cancer death rates may differ.

(+23.3 deaths per 100,000), Mississippi (+22.5 deaths per 100,000), West Virginia (+18.8 deaths per 100,000) and Arkansas (+17.7 deaths per 100,000) (Figure 32). States with the largest decreases in the cancer death rate are Maryland (-34.3 deaths per 100,000), New Jersey (-31.6 deaths per 100,000), New York (-27.9 deaths per 100,000), Massachusetts (-25.7 deaths per 100,000) and Connecticut (-25.0 deaths per 100,000).

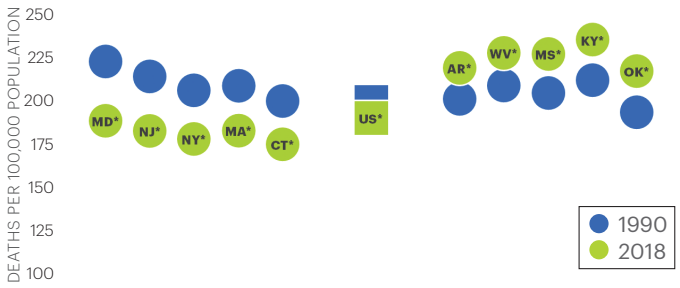
Cancer deaths differ by sex and race/ethnicity (Figure 33).

- The cancer death rate is significantly higher among males (227.8 deaths per 100,000) than females (161.9 deaths per 100,000).
- Cancer deaths are higher among black adults (217.1 deaths per 100,000) than adults identifying as American Indian/Alaska Native (126.0 deaths per 100,000), Asian (116.6 deaths per 100,000), Hispanic (131.7 deaths per 100,000) and white (190.8 deaths per 100,000).

Figure 32

State changes in cancer deaths between 1990 and 2018 (three-year average)

Shown are the states with the largest decreases (left) and increases (right) relative to the United States.

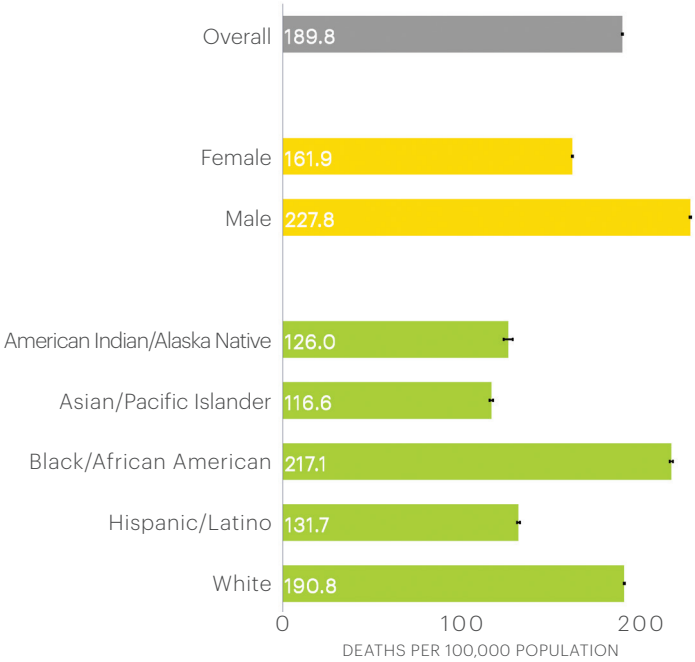


*Statistically significant difference between 1990 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Rates are age adjusted to mid-year population estimates. Depending upon the method of population adjustment, the change over time in cancer death rates may differ.

Figure 33

Cancer deaths by sex and race/ethnicity (three-year average)



Challenges

Frequent Mental, Physical Distress Rising

Frequent Mental Distress

In the past two years, frequent mental distress increased 7 percent from 11.2 percent to 12.0 percent of adults. This is the percentage of adults who reported their mental health was not good 14 or more days in the past 30 days. This measure represents the percentage of the population experiencing persistent and likely severe mental health issues.

There are significant differences in frequent mental distress by state, gender, race/ethnicity, urbanicity, education and income (page 99).

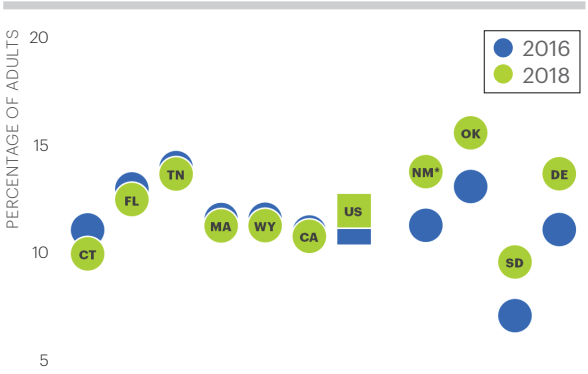
- The prevalence of frequent mental distress is 1.9 times higher in West Virginia (17.3 percent), the least healthy state for this measure, than in Minnesota (9.2 percent), the healthiest state for this measure.
- Females have a higher prevalence of frequent mental distress (14.3 percent) than males (10.4 percent).
- Frequent mental distress prevalence is higher among multiracial adults (20.8 percent) and American Indian/Alaska Native adults (18.7 percent) compared with adults identifying as Asian (7.7 percent), other race (13.5 percent), black (13.2 percent), Hawaiian/Pacific Islander (12.6 percent), Hispanic (11.6 percent) and white (12.5).
- Rural adults have a higher prevalence of frequent mental distress (12.0 percent) than suburban (10.0 percent) and urban (10.7 percent) adults.
- Frequent mental distress decreases with each increasing level of education (see Health Equity, page 43) and income:
  - > Adults aged 25 and older with less than a high school education have a higher prevalence of frequent mental distress (17.2 percent) than adults aged 25 and older with a high school education (13.2 percent), some college (12.8 percent) and college graduates (7.1 percent).
  - > Adults aged 25 and older with household incomes less than $25,000 have a higher prevalence of frequent mental distress (20.1 percent) than adults aged 25 and older with incomes $25,000-$49,999 (11.6 percent), $50,000-$74,999 (10.0 percent) and $75,000 or more (6.5 percent).

In the past two years, frequent mental distress increased significantly in New Mexico (+2.5 percentage points), Vermont (+2.4 percentage points), Indiana (+2.3 percentage points), Kansas (+1.7 percentage points) and Nebraska (+1.6 percentage points). Delaware (+2.6 percentage points) as well as South Dakota and Oklahoma (each +2.5 percentage points) had similar increases, but they were not significant (Figure 34). Six states had non-significant decreases in frequent mental distress.

Figure 34

State changes in frequent mental distress between 2016 and 2018

Shown are the states with the largest percentage point decreases (left) and increases (right) relative to the United States.



*Statistically significant difference between 2016 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Frequent Physical Distress

In the past two years, frequent physical distress increased 5 percent from 11.4 percent to 12.0 percent of adults. This is the percentage of adults who reported their physical health was not good 14 or more days in the past 30 days. Those who report frequent poor physical health days are at higher risk of mortality, increased health care use and lower health-related quality of life.

Frequent physical distress varies by state, gender, race/ethnicity, urbanicity, education and income (page 101).

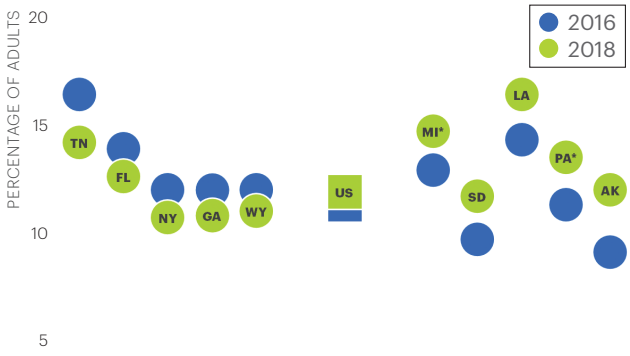
- The prevalence of frequent physical distress is 2.0 times higher in West Virginia (18.8 percent), the least healthy state for this measure, than in Minnesota (9.2 percent), the healthiest state for this measure.
- Females have a higher prevalence of frequent physical distress (13.7 percent) than males (10.9 percent).
- Frequent physical distress prevalence is higher among American Indian/Alaska Native (21.5 percent) adults compared with adults identifying as Asian (6.6 percent), black (12.7 percent), Hawaiian/Pacific Islander (10.3 percent), Hispanic (11.3 percent), multiracial (15.7 percent), other race (13.9 percent) and white (12.7 percent).
- Rural adults have a higher prevalence of frequent physical distress (18.1 percent) than suburban (14.0 percent) and urban (15.3 percent) adults.
- Frequent physical distress decreases with each increasing level of education (see Health Equity section, page 43) and income:
  - > Adults aged 25 and older with less than a high school education have a higher prevalence of frequent physical distress (22.6 percent) than adults aged 25 and older with a high school education (15.4 percent), some college (13.8 percent) and college graduates (6.9 percent).
  - > Adults aged 25 and older with household incomes less than $25,000 have a higher prevalence of frequent physical distress (24.2 percent) than adults aged 25 and older with incomes $25,000-$49,999 (13.2 percent), $50,000-$74,999 (9.5 percent) and $75,000 or more (6.0 percent).

Since 2016, the prevalence of frequent physical distress increased significantly in Pennsylvania (+2.2 percentage points), Michigan (+1.8 percentage points) and Kansas (+1.3 percentage points). Alaska (+2.9 percentage points), Louisiana (+2.1 percentage points) and South Dakota (+2.0 percentage points) had similar increases, but they were not significant (Figure 35). Fourteen states had non-significant decreases.

Figure 35

State changes in frequent physical distress between 2016 and 2018

Shown are the states with the largest percentage point decreases (left) and increases (right) relative to the United States.



*Statistically significant difference between 2016 and 2018 estimates based on nonoverlapping 95 percent confidence intervals.

Challenges

Chlamydia Rates Increase

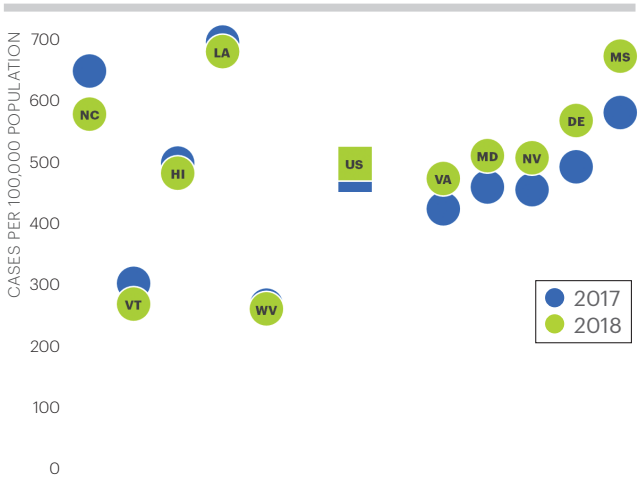
Since 2009 the number of new cases of chlamydia per 100,000 population increased 35 percent from 367.5 to 497.3 cases per 100,000 population, and 4 percent since 2017 from 478.8 cases per 100,000 population (page 73). Chlamydia is the most commonly reported sexually transmitted infection in the U.S., with more than 1.7 million cases reported in 2017. The incidence of chlamydia is higher among black adults at 1,168.7 cases per 100,000 compared with adults identifying as American Indian/Alaska Native (684.8 cases per 100,000), Asian (120.6 cases per 100,000), Hispanic/Latino (372.8 cases per 100,000), multiracial (146 cases per 100,000), Native Hawaiian/Pacific Islander (623.6 cases per 100,000) and white (203.3 cases per 100,000).

Chlamydia rates are 3.0 times higher in Alaska, the least healthy state for this measure at 771.6 per 100,000 population, than in New Hampshire, the healthiest state for this measure at 260.6 per 100,000 population. The District of Columbia has the highest rate at 1,083.4 per 100,000 population. In the past year, the states with the largest increases in chlamydia incidence were Mississippi (+91.9 cases per 100,000), Delaware (+75.0 cases per 100,000), Nevada (+51.4 cases per 100,000), Maryland (+51.1 cases per 100,000) and Virginia (+48.7 cases per 100,000) (Figure 36). The states with the largest decreases in chlamydia incidence in the past year were North Carolina (-69.8 cases per 100,000), Vermont (-33.5 cases per 100,000), Hawaii (-16.2 cases per 100,000), Louisiana (-15.9 cases per 100,000) and West Virginia (-6.6 cases per 100,000).

Figure 36

State changes in chlamydia between 2017 and 2018

Shown are states with the largest rate decreases (left) and increases (right) relative to the United States.



Health Equity

Health equity means all people have a fair and just opportunity to be as healthy as possible. This requires removing economic and social obstacles to health, such as poverty and discrimination.

Progress toward achieving health equity is measured by health disparities, which can be identified by analyzing differences across such groups as race/ethnicity, gender, age, economic status and/or educational attainment. This section of *America's Health Rankings Annual Report* examines health equity across the states by looking at differences in health by education.

"Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically."

— WORLD HEALTH ORGANIZATION

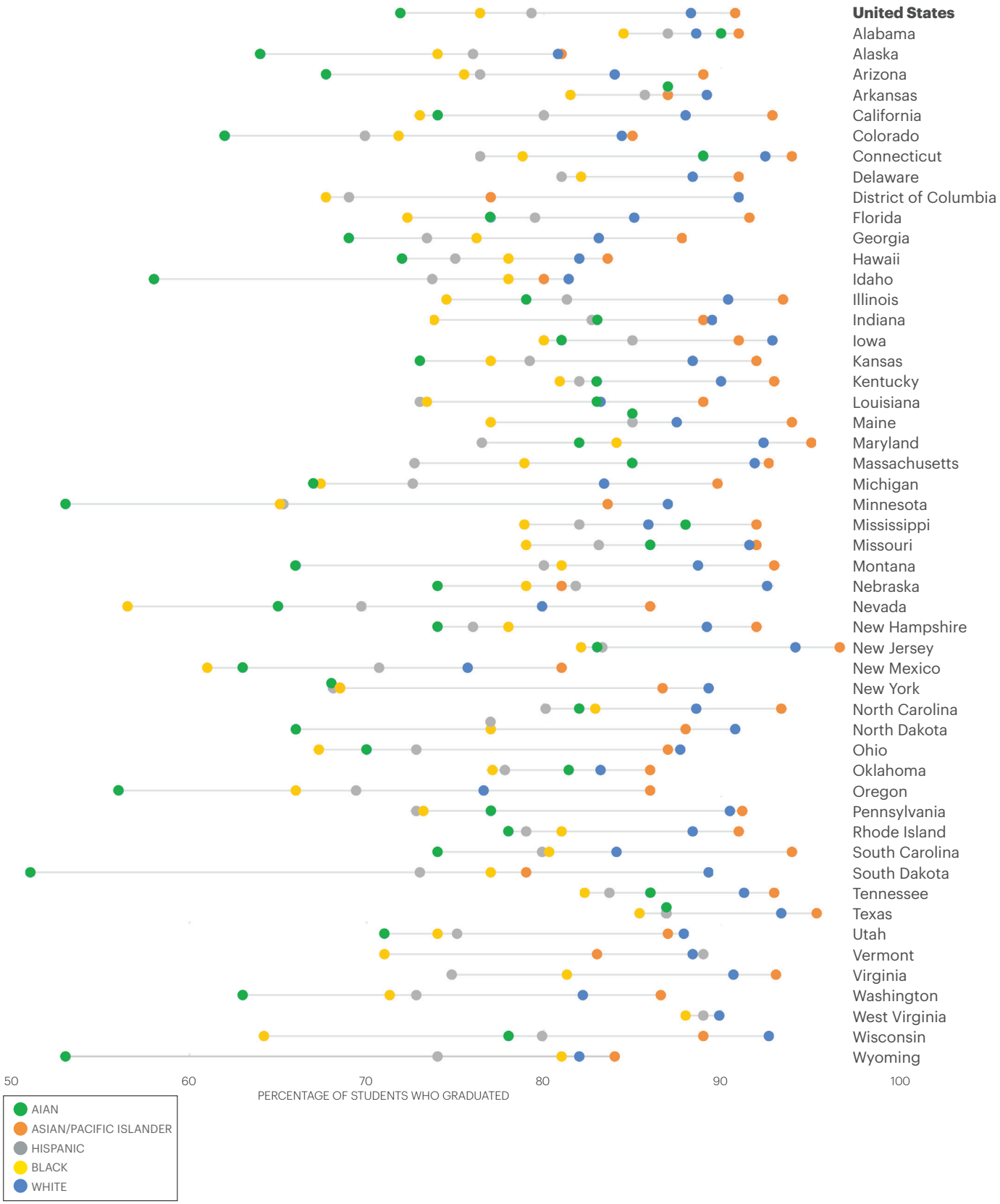
Health and Education

Education is a very strong predictor of health disparities. Higher educational attainment is associated with better jobs and higher earnings, increased health literacy and greater access to resources to pursue a healthy lifestyle. These resources include healthier foods, regular exercise, health services and transportation, and safer housing and neighborhoods. Individuals with more education tend to have fewer negative health behaviors and better health outcomes compared with those with less education. Among adults aged 25 and older without a high school diploma, life expectancy is four to five years shorter than college graduates. Graduation rates have a profound impact on health. This is why high school graduation is included in the health rankings.

This year's report continues to show wide state-level variation in high school graduation by race/ethnicity and in health measures where education-level subpopulation data are available. These include behaviors measures such as excessive drinking, obesity, physical inactivity and smoking; clinical care measures such as low birthweight; and outcomes measures such as diabetes, frequent mental distress and frequent physical distress.

Health Equity

Figure 37
High school graduation rates by state and race/ethnicity



High School Graduation

Nationally, the four-year high school graduation rate among U.S. students has increased annually since 2013, reaching its highest level in *America's Health Rankings* history at 84.1 percent of students in 2018. By state, graduation rates vary 1.3-fold from 91.3 percent of students in Iowa to 71.0 percent in New Mexico. Further, graduation rates vary widely by race and ethnicity (Figure 37). For example, in Minnesota, the graduation rate varies from 87.0 percent for white students to 53.0 percent for American Indian/Alaska Native students. The five states with the highest high school graduation rates for white students range from 92.6 percent in Nebraska to 94.2 percent in New Jersey. For Hispanic students, the five states with the highest graduation rates range from 85.7 percent in Arkansas to 89.0 percent in Vermont. For black students, the five states with the highest graduation rates range from 82.9 percent in North Carolina to 88.0 percent in West Virginia. The highest high school graduation rate for black students is lower than the graduation rate among white students in 28 states, while the state with the fifth highest graduation rate for black students is lower than the graduation rate among white students in 42 states.

Health Disparities by Education

Disparities emerge among many measures across the states when analyzing health behaviors, clinical care and outcomes by education level (less than a high school education, high school graduate, some college and college graduate). Three views including national prevalence, trend over time, and state and national variation provide multiple perspectives on disparities by educational attainment for various health measures in this report.

Adults aged less than 25 were excluded from our analysis to accurately measure educational attainment with the exception of low birthweight where moms of all ages were included. For some states, not all education levels were available. Only education levels with sufficient sample size in a state were compared. Values were suppressed if the sample size was less than 50 respondents or the relative standard error was greater than 30 percent. For example, excessive drinking among adults with less than a high school education is not available for Alaska, so the state was excluded from the state comparison graphic.

Excessive Drinking

Nationally, the prevalence of excessive drinking among adults aged 18 and older is 19.0 percent. Unlike other health behaviors, higher educational attainment is associated with a greater prevalence of this negative health behavior on average. Among adults aged 25 and older, college graduates (18.5 percent) and those with some college (18.4 percent) have a significantly greater prevalence of excessive drinking compared with those who did not graduate from high school (14.5 percent) (Figure 38).

Figure 39 shows a gap in the prevalence of excessive drinking at the national level has widened over the past six years between those who did not graduate from high school and high school graduates, adults with some college and college graduates (Figure 39).

The state with the largest difference in excessive drinking by education is Massachusetts with a 13.5 percentage point difference between adults with some college (23.0 percent) and adults who did not graduate from high school (9.5 percent) (Figure 40). There is little disparity in excessive drinking by education in Mississippi, with a 1.8 percentage point difference between adults who graduated from high school (12.2 percent) and college graduates (14.0 percent).

Figure 38
Excessive drinking by education level with 95 percent confidence intervals

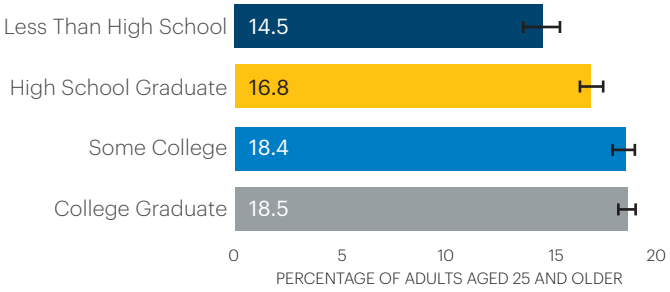


Figure 39
Excessive drinking by education level, 2012 to 2018

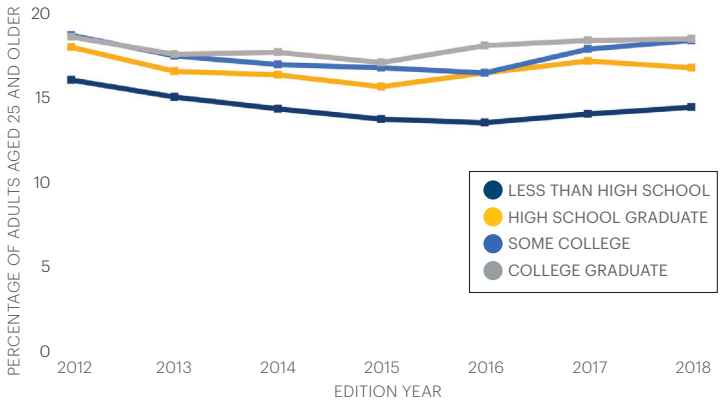
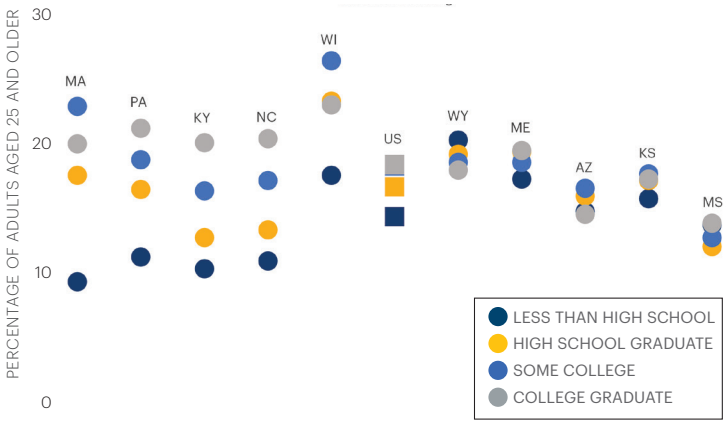


Figure 40
States with the largest (left) and smallest (right) gaps in excessive drinking by education level relative to the United States



Obesity

Nationally, the prevalence of obesity among U.S. adults aged 18 and older has increased on average 2.2 percent annually since 2012 — and in 2018 exceeded 30 percent for the first time *America's Health Rankings* history at 31.3 percent of adults. Among adults aged 25 and older, obesity prevalence is significantly lower among college graduates (23.3 percent) compared with other education levels (Figure 41); however, it is increasing year-to-year for each education level (Figure 42).

Figure 42 also shows a gap has persisted over the past six years, particularly between college graduates and all other education levels (less than high school education, high school graduate and some college).

Vermont has the widest variation in obesity by education with a 28.3 percentage point difference between adults who did not graduate from high school (48.1 percent) and college graduates (19.8 percent) (Figure 43). There is little disparity in obesity by education in Nebraska, with a 7.4 percentage point difference between adults who did not graduate from high school (37.4 percent) and college graduates (30.0 percent).

Figure 41
Obesity by education level with 95 percent confidence intervals

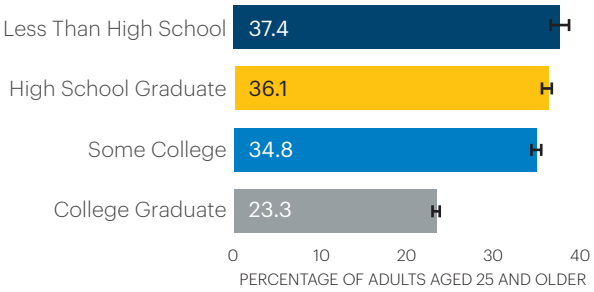


Figure 42
Obesity by education level, 2012 to 2018

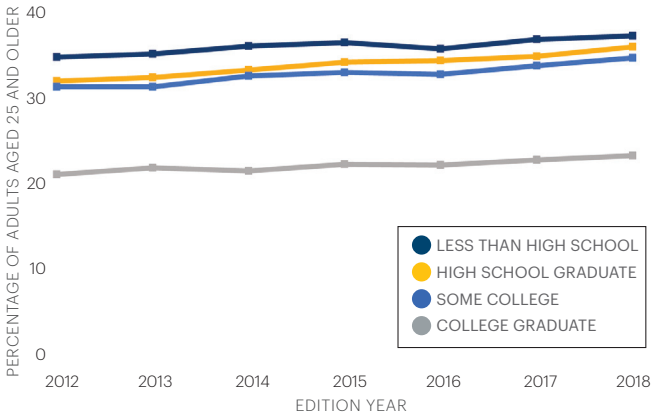
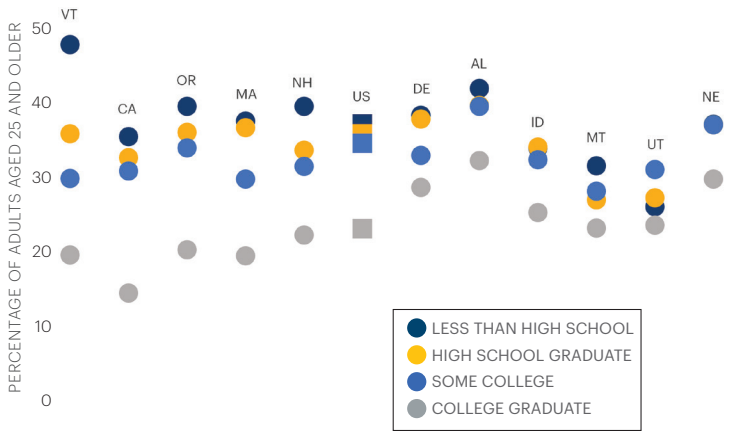


Figure 43
States with the largest (left) and smallest (right) gaps in obesity by education level relative to the United States



Physical Inactivity

Nationally, the prevalence of physical inactivity among adults aged 18 and older is 25.6 percent. Among adults aged 25 and older, prevalence of physical inactivity is 2.9 times higher among those who did not graduate from high school (44.2 percent) than among college graduates (15.5 percent). At the national level, the prevalence of physical inactivity is statistically different at each education level (Figure 44).

Over the past six years, significant gaps in the prevalence of physical inactivity have persisted between all education levels. In this time span, prevalences have increased among all levels (Figure 45).

Virginia has the widest variation in physical inactivity by education with a 37.6 percentage point difference between adults who did not graduate from high school (51.7 percent) and college graduates (14.1 percent) (Figure 46). In Alaska, the state with the smallest gap, there is a 13.3 percentage point difference between high school graduates (27.1 percent) and college graduates (13.8 percent). Compared with other education levels, there is more variation in physical inactivity prevalence by state among adults who did not graduate from high school.

Figure 44
Physical inactivity by education level with 95 percent confidence intervals

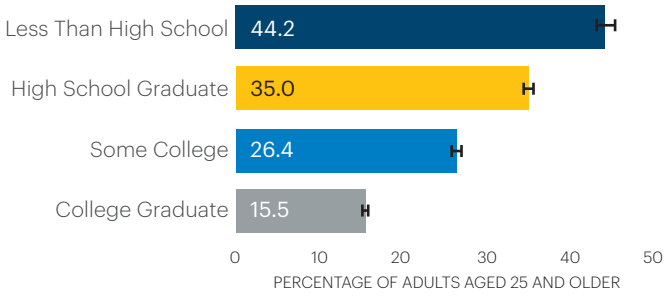


Figure 45
Physical inactivity by education level, 2012 to 2018

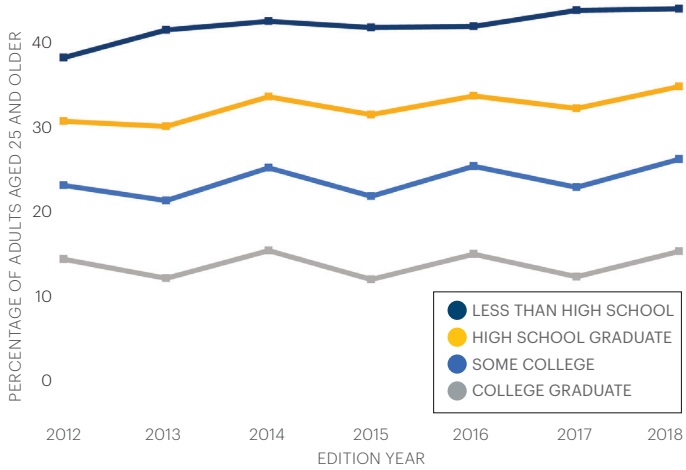
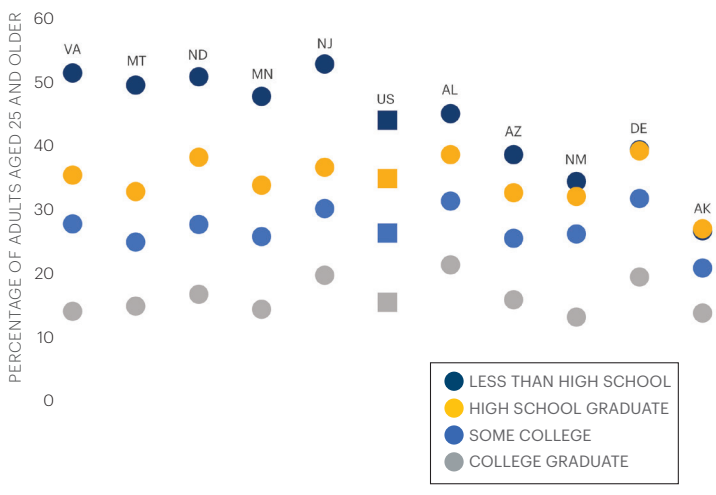


Figure 46
States with the largest (left) and smallest (right) gaps in physical inactivity by education level relative to the United States



Smoking

Nationally, the prevalence of smoking among U.S. adults aged 18 and older has decreased over the past six years from 21.2 percent in 2012 to 17.1 percent in 2018. Among adults aged 25 and older, the prevalence of smoking is significantly lower among college graduates (6.5 percent) compared with all other education levels (Figure 47). The prevalence in 2018 was 4.2 times higher among those who did not graduate from high school than among college graduates. At the national level, the prevalence of smoking is statistically different at each education level.

While smoking has decreased across all education groups over the past six years, significant gaps remain between levels with the most pronounced gap being between college graduates and those who did not graduate from high school. This gap has widened from a 3.5-fold difference in 2012 to a 4.2-fold difference in 2018 (Figure 48).

Tennessee has the widest variation in smoking by education level with a 35.8 percentage point difference between adults who did not graduate from high school (42.7 percent) and college graduates (6.9 percent) (Figure 49). In California, the state with the smallest gap, there is an 11.7 percentage point difference between high school graduates (16.9 percent) and college graduates (5.2 percent). Compared with other education levels, there is more variation in smoking prevalence by state among adults who did not graduate from high school.

Figure 47
Smoking by education level with 95 percent confidence intervals

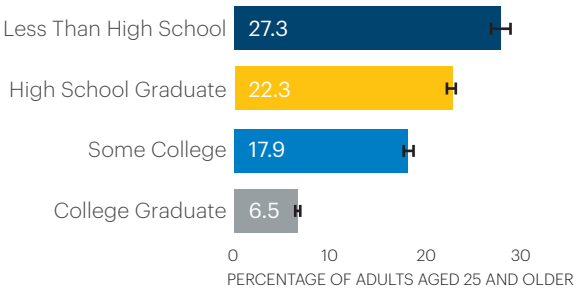


Figure 48
Smoking by education level, 2012 to 2018

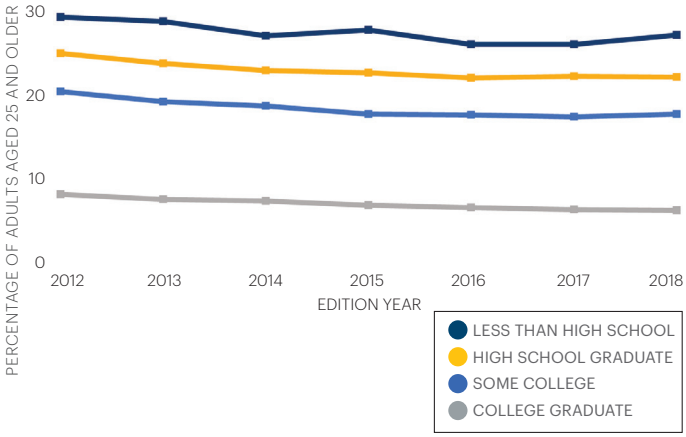
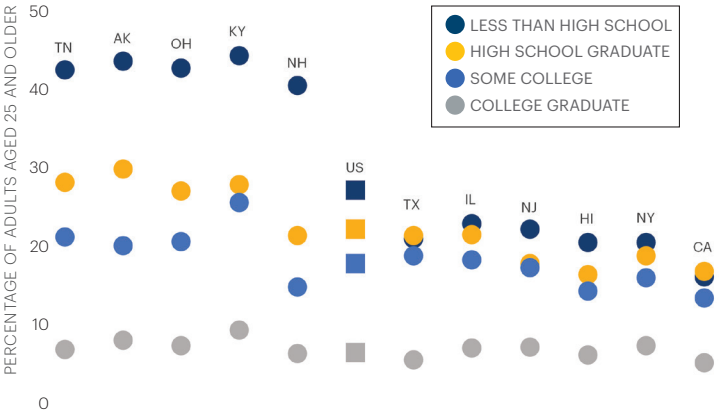


Figure 49
States with the largest (left) and smallest (right) gaps in smoking by education level relative to the United States



Low Birthweight

Nationally, the prevalence of low birthweight has increased on average 0.69 percent annually since 1993. It reached its highest level in 2018 at 8.2 percent of live births, a high that had previously occurred only between 2008 to 2011. The prevalence of low birthweight is lower among college graduates (6.9 percent) compared with other education levels (Figure 50). While low birthweight has been stable among college graduates it has increased over this time period among other maternal education levels (Figure 51).

Figure 51 also shows a gap has widened over the past nine years, particularly between college graduates and all other education levels (less than high school education, high school graduate and some college). This gap has widened from a 1.2-fold difference in 2009 to a 1.4-fold difference in 2018.

West Virginia has the widest variation in low birthweight by education with a 6.3 percentage point difference between moms who did not graduate from high school (13.8 percent) and college graduates (7.5 percent) (Figure 52). In California, the state with the smallest gap, there is a 0.7 percentage point difference between moms who did not graduate from high school (7.1 percent) and college graduates (6.4 percent). Compared with other education levels, there is more variation in low birthweight prevalence by state among moms who did not graduate from high school.

Figure 50
Low birthweight by maternal education level

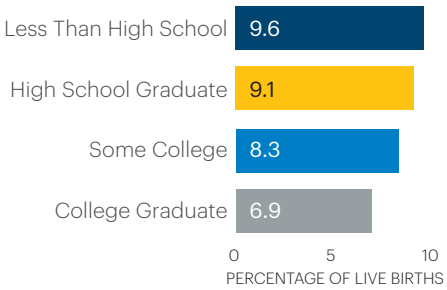


Figure 51
Low birthweight by maternal education level, 2009 to 2018

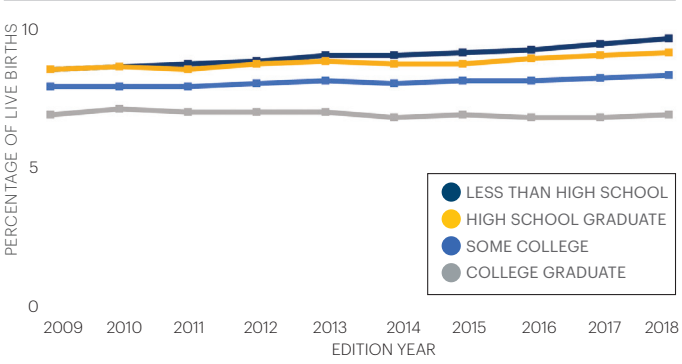
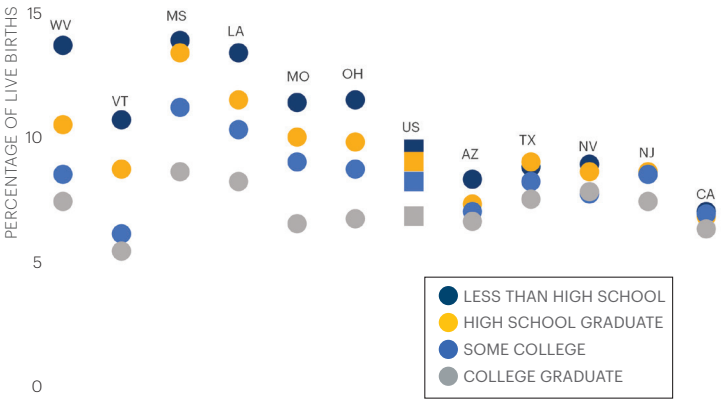


Figure 52
States with the largest (left) and smallest (right) gaps in low birthweight by maternal education level relative to the United States



Diabetes

Nationally, the prevalence of diabetes among adults aged 18 and older is 10.5 percent. Among adults aged 25 and older, diabetes prevalence is significantly lower among college graduates (7.3 percent) compared with all other education levels (Figure 53). Prevalence in 2018 was 2.6 times higher among those who did not graduate from high school than among college graduates. At the national level, the prevalence of diabetes is statistically different at each education level.

Over the past six years, significant gaps in the prevalence of diabetes have persisted between all education levels (Figure 54).

Massachusetts has the widest variation in diabetes by education with a 19.3 percentage point difference between adults who did not graduate from high school (24.5 percent) and college graduates (5.2 percent) (Figure 55). In Nevada, the state with the smallest gap, there is a 4.4 percentage point difference between adults with some college education (12.8 percent) and college graduates (8.4 percent). Compared with other education levels, there is more variation in diabetes prevalence by state among adults who did not graduate from high school.

Figure 53
Diabetes by education level with 95 percent confidence intervals

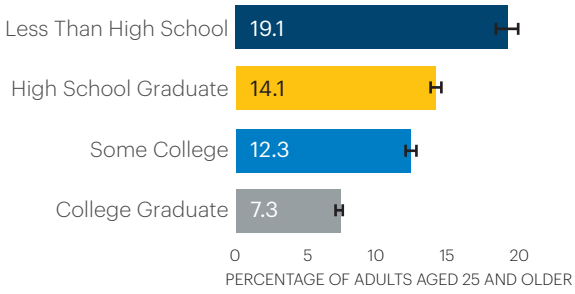


Figure 54
Diabetes by education level, 2012 to 2018

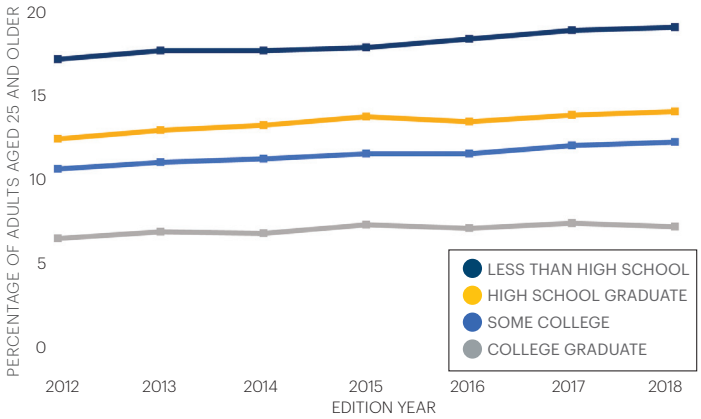
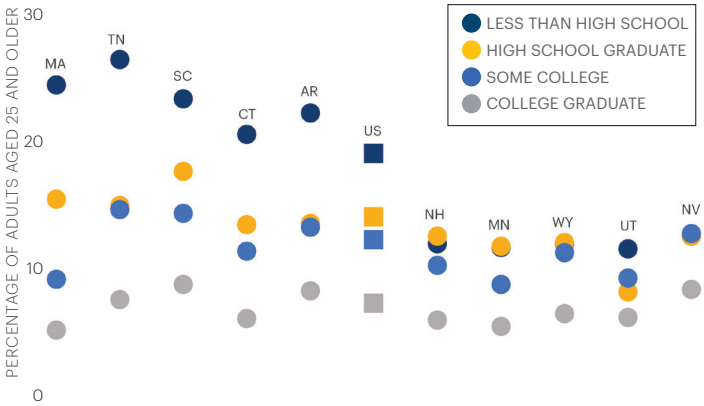


Figure 55
States with the largest (left) and smallest (right) gaps in diabetes by education level relative to the United States



Frequent Mental Distress

Nationally, the prevalence of frequent mental distress among adults aged 18 and older is 12.0 percent. Among adults aged 25 and older, the prevalence of frequent mental distress is 2.4 times higher among those who did not graduate from high school (17.2 percent) than among college graduates (7.1 percent) (Figure 56).

Over the past six years significant gaps in the prevalence of frequent mental distress have persisted, most prominently between those who did not graduate from high school and college graduates. This gap has narrowed from a 2.9-fold difference in 2012 to a 2.4-fold difference in 2018 (Figure 57).

Arkansas has the widest variation in frequent mental distress by education with a 22.6 percentage point difference between adults who did not graduate from high school (30.4 percent) and college graduates (7.8 percent) (Figure 58). In South Dakota, the state with the smallest gap, there is a 4.8 percentage point difference between adults who did not graduate from high school (10.9 percent) and college graduates (6.1 percent). Compared with other education levels, there is more variation in frequent mental distress prevalence by state among adults who did not graduate from high school.

Figure 56
Frequent mental distress by education level with 95 percent confidence intervals

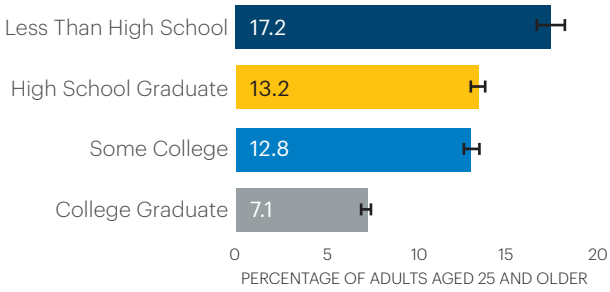


Figure 57
Frequent mental distress by education level, 2012 to 2018

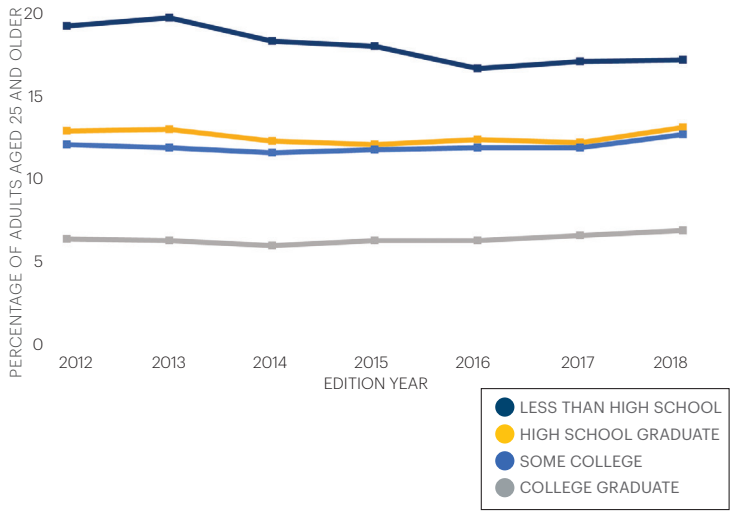
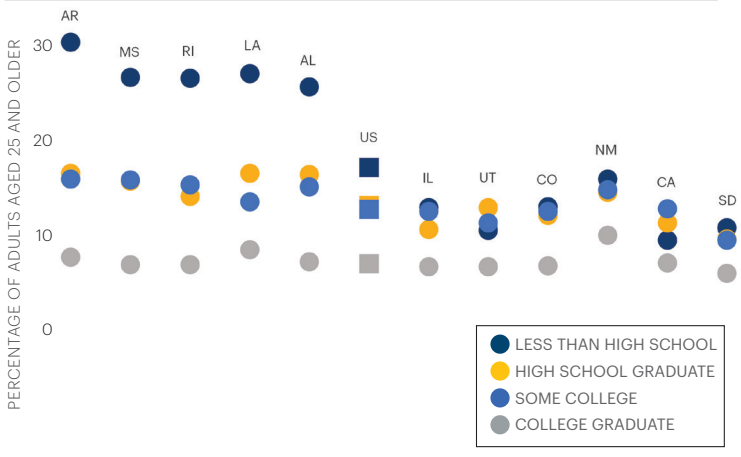


Figure 58
States with the largest (left) and smallest (right) gaps in frequent mental distress by education level relative to the United States



Frequent Physical Distress

Nationally, the prevalence of frequent physical distress among adults aged 18 and older is 12.0 percent. Among adults aged 25 and older, prevalence of frequent physical distress is 3.3 times higher among those who did not graduate from high school (22.6 percent) than among college graduates (6.9 percent) (Figure 59). At the national level, the prevalence of frequent physical distress is statistically different at each education level.

Over the past six years, significant gaps in the prevalence of frequent physical distress have persisted, most prominently between those who did not graduate from high school and college graduates (Figure 60).

Kentucky has the widest variation in frequent physical distress by education with a 31.6 percentage point difference between adults who did not graduate from high school (39.7 percent) and college graduates (8.1 percent) (Figure 61). In Nevada, the state with the smallest gap, there is a 9.4 percentage point difference between adults with some college education (17.4 percent) and college graduates (8 percent). Compared with other education levels, there is more variation in frequent physical distress prevalence by state among adults who did not graduate from high school at the state level.

Figure 59
Frequent physical distress by education level with 95 percent confidence intervals

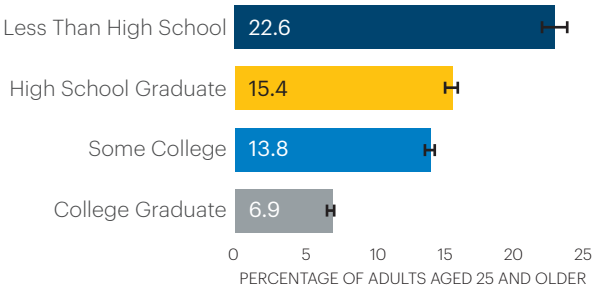


Figure 60
Frequent physical distress by education level, 2012 to 2018

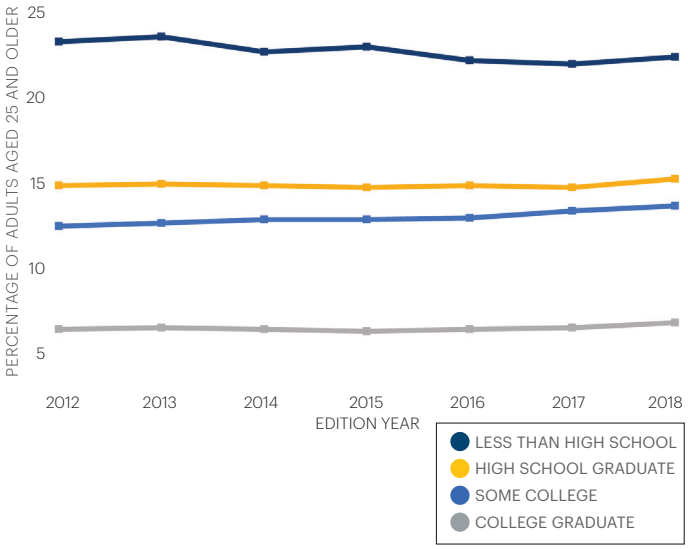
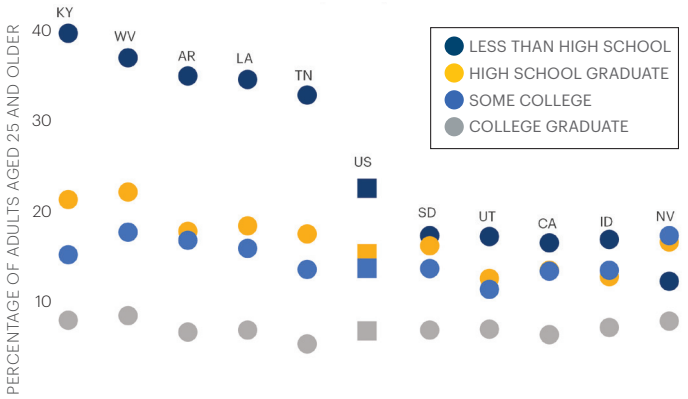


Figure 61
States with the largest (left) and smallest (right) gaps in frequent physical distress by education level relative to the United States



International Comparison

America's Health Rankings Annual Report presents national benchmarks and examines the relative health of the 50 states and the District of Columbia. In this section, we broaden our scope to evaluate how U.S. population health compares with member countries of the Organization for Economic Cooperation and Development (OECD). Thirty-six countries, including the United States, comprise the OECD. The organization's mission is to promote economic development and social well-being of people worldwide. The OECD collects and analyzes data from each of the member countries on a wide range of social, economic and health-related topics.

The following international perspective offers insight into the extent of state-to-state variation and how the health of the U.S. compares with the health of its peers. This analysis compares the top state, bottom state and national average for three key population health measures with OECD member countries.

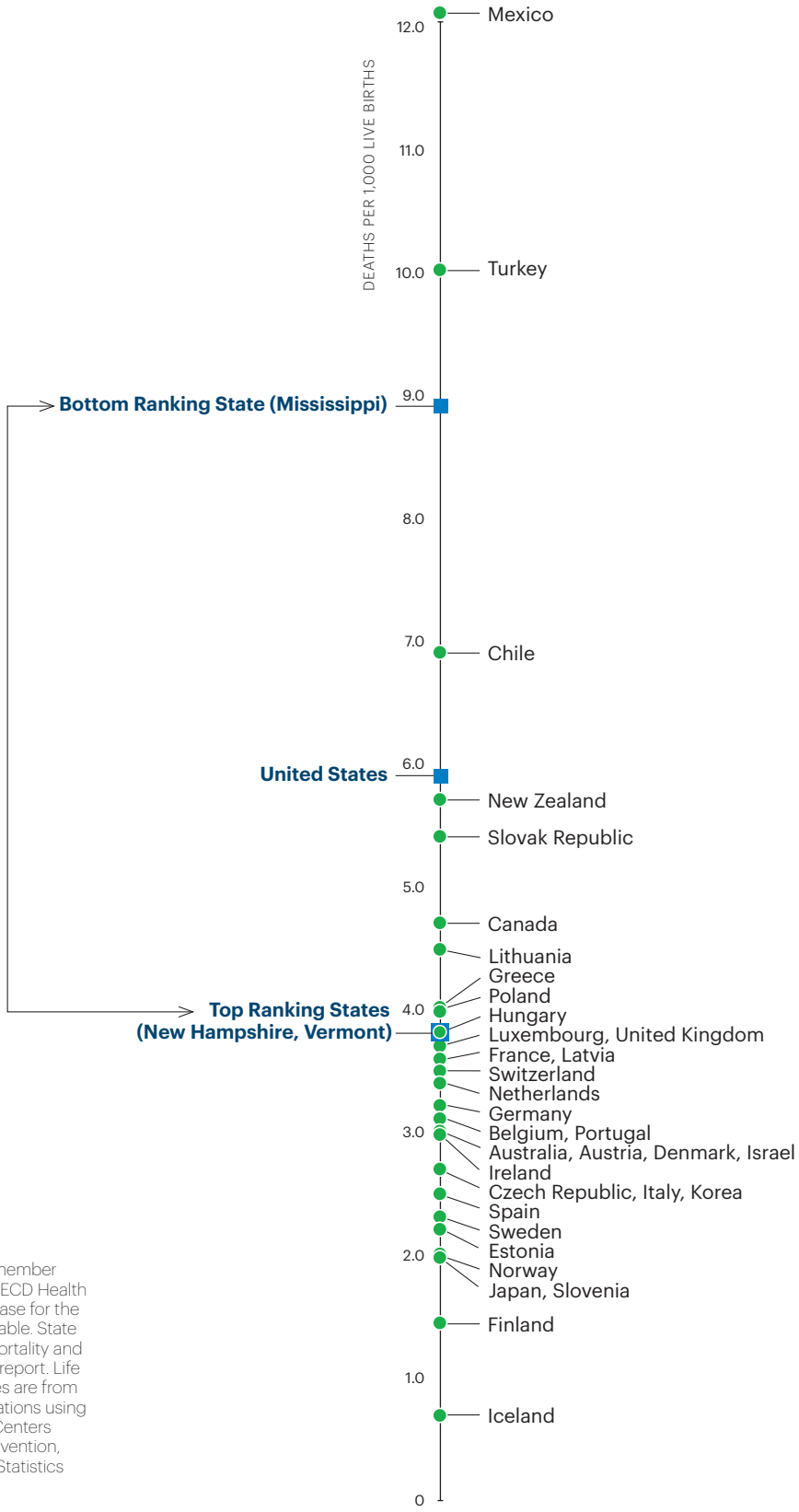
Results show the U.S. experiences a higher infant mortality rate, a higher prevalence of obesity and a lower life expectancy compared with most OECD member countries. Even the top U.S. state in each of these measures ranks toward the bottom among OECD countries.

Infant Mortality

According to this year's *America's Health Ranking Annual Report*, the U.S. infant mortality rate is 5.9 deaths per 1,000 live infant births (page 102), while the average rate of infant mortality among the OECD countries is 3.9 deaths per 1,000 live births. Compared with other OECD countries, the U.S. ranks No. 33 out of 36 countries (Figure 62). Iceland is ranked No. 1 and has the lowest rate with 0.7 deaths per 1,000 live births. Mexico is ranked last with 12.1 deaths per 1,000 live births. New Hampshire and Vermont are tied for the top state in the U.S. with 3.9 deaths per 1,000 live births. These two neighboring states have achieved an infant mortality rate equal to the OECD average. As the bottom-ranked state, however, Mississippi has an infant mortality rate more than twice that of the OECD average at 8.9 deaths per 1,000 live births and internationally ranks below all but two of the OECD countries. Over the past 50 years, the decline in the U.S. infant mortality rate has not kept pace with that of other OECD countries. When examining sex- and age-adjusted infant mortality rates from 2001 to 2010, the U.S. rate was 75 percent higher than the average rate in 20 OECD comparable countries.

Figure 62

Infant mortality rates in OECD countries and top and bottom ranking states in the U.S.



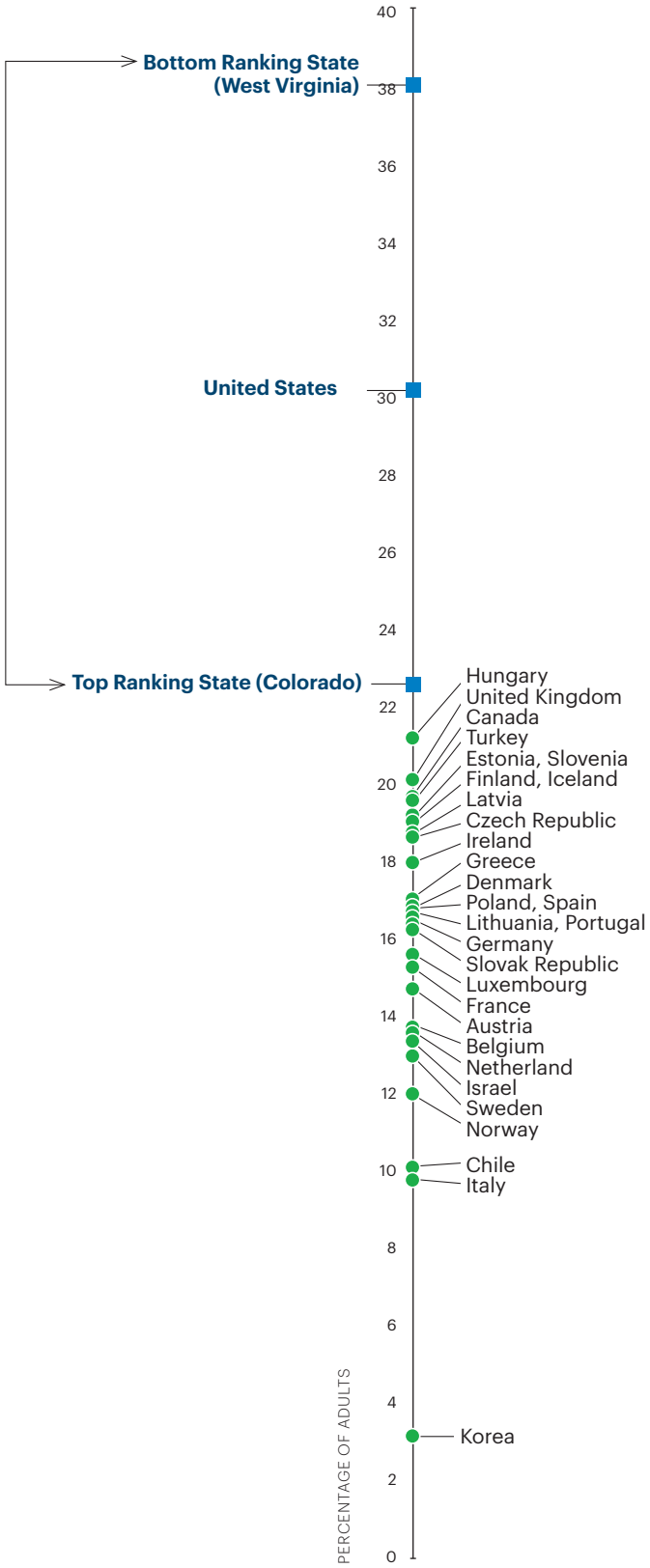
Data presented for OECD member countries came from the OECD Health Statistics 2017 online database for the most recent data year available. State and U.S. values for infant mortality and obesity are from this year's report. Life expectancy values for states are from Measure of America calculations using mortality counts from the Centers for Disease Control and Prevention, National Center for Health Statistics (2013 to 2014).

Comparison

Obesity

The prevalence of obesity has been increasing over the past four decades in the U.S. This trend has also been observed internationally and is projected to continue. Obesity has increased 13 percent since 2012 in the U.S., with nearly a third of the population self-reporting obesity as of 2018. Among the 31 OECD countries with self-reported obesity data available, the U.S. ranks last (Figure 63). Colorado, the top-ranked state in the U.S., has an obesity prevalence of 22.6 percent, which is still higher than the OECD country with the second-highest obesity prevalence (Hungary, 21.2 percent). West Virginia, the least healthy state, has nearly 40 percent of the population reporting obesity, which is 12 times higher than the OECD country with the lowest obesity prevalence (Korea, 3.2 percent).

Figure 63
Obesity prevalence in OECD countries and top and bottom ranking states in the U.S.

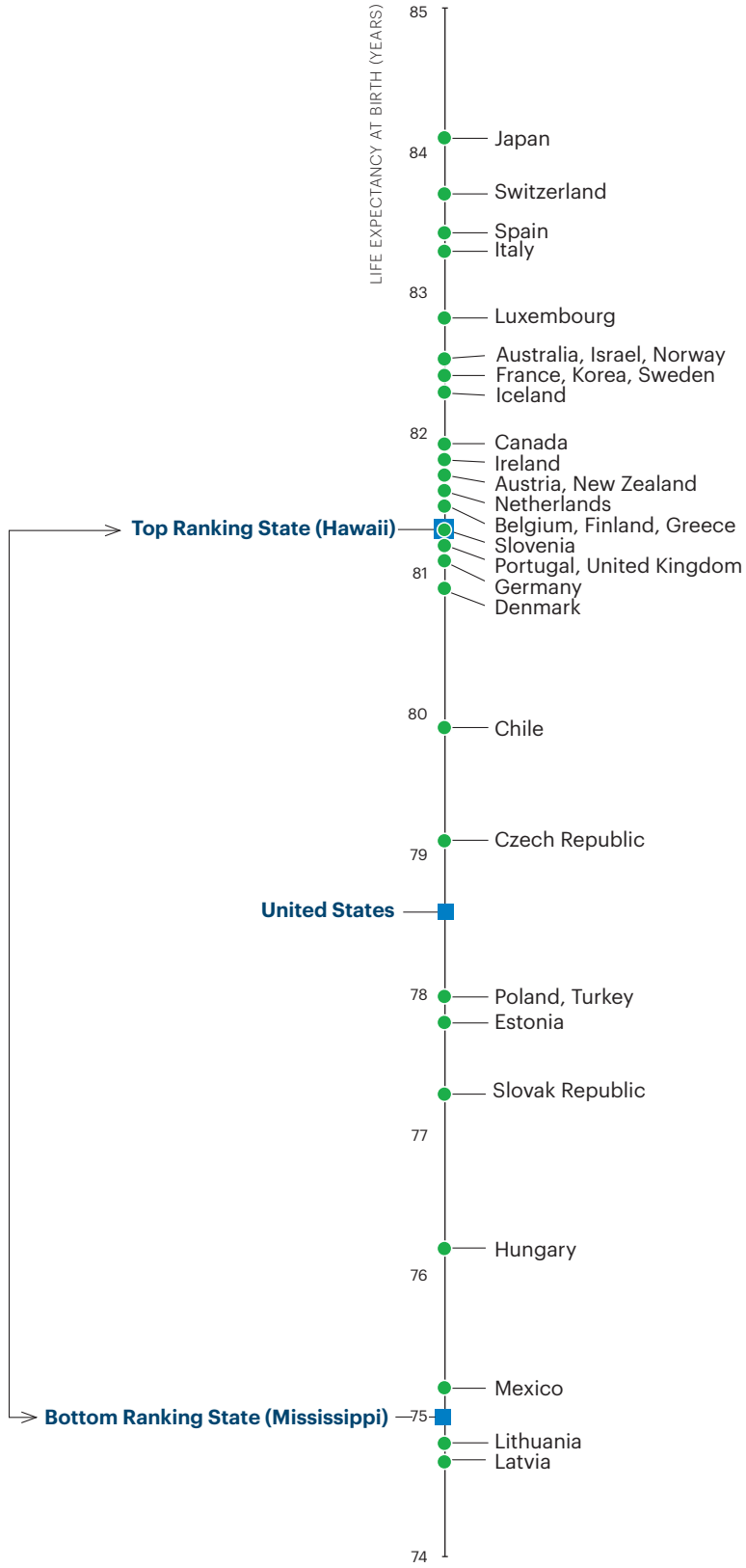


Data presented for OECD member countries came from the OECD Health Statistics 2017 online database for the most recent data year available. State and U.S. values for infant mortality and obesity are from this year's report. Life expectancy values for states are from Measure of America calculations using mortality counts from the Centers for Disease Control and Prevention, National Center for Health Statistics (2013 to 2014).

Life Expectancy

The U.S. life expectancy at birth of 78.6 years ranks No. 28 out of 36 OECD countries, below the Czech Republic (79.1 years) and above Poland and Turkey (tied at 78.0 years). Hawaii, the state with the highest life expectancy in the U.S. at 81.3 years, is tied with Slovenia at No. 21. Mississippi, the state with the lowest life expectancy of 75 years, falls just above Lithuania (No. 35, 74.8 years) and Latvia (No. 36, 74.7 years).

Figure 64
Life expectancy at birth in OECD countries and top and bottom ranking states in the U.S.



Data presented for OECD member countries came from the OECD Health Statistics 2017 online database for the most recent data year available. State and U.S. values for infant mortality and obesity are from this year's report. Life expectancy values for states are from Measure of America calculations using mortality counts from the Centers for Disease Control and Prevention, National Center for Health Statistics (2013 to 2014).

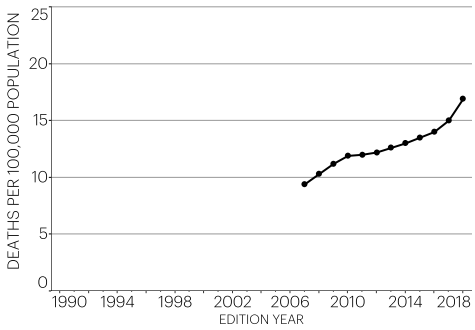
Core Measures

Drug Deaths

The United States is in the midst of a drug crisis with fatal consequences. Drug overdose deaths have tripled between 1999 and 2016. There were more than 63,000 confirmed drug overdose deaths in 2016, and of those, more than 42,000 involved opioids. Provisional 2017 data reveal a continued increase with more than 72,000 overdose deaths reported. Drug overdose deaths are devastating to individuals and their families. They are costly to health care systems as well as society. The Council of Economic Advisors estimated the total cost of the U.S. opioid epidemic to be between $293.9 and $622.1 billion in 2015.

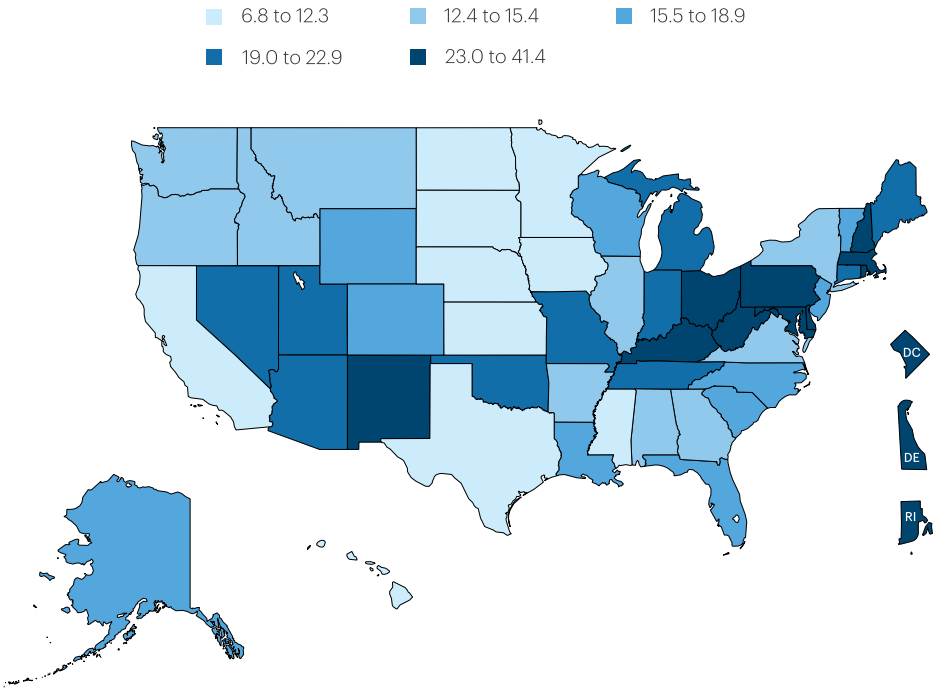
Data source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
For details: AmericasHealthRankings.org/AR18/Drugdeaths

16.9
deaths per 100,000 population



Drug Deaths by State

Age-adjusted number of deaths due to drug injury of any intent (unintentional, suicide, homicide or undetermined) per 100,000 population (3-year average)



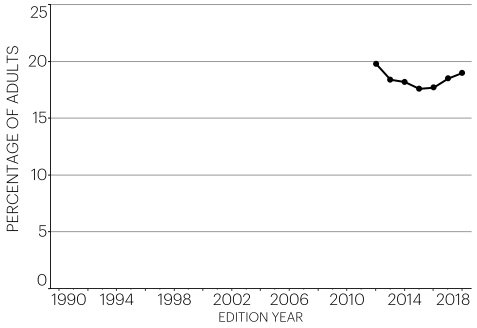
Ranking
by Drug Deaths

Rank	State	Value
1	Nebraska	6.8
2	South Dakota	8.0
3	North Dakota	8.3
4	Iowa	9.8
5	Texas	10.0
6	Minnesota	10.8
7	Kansas	11.6
8	California	11.9
8	Mississippi	11.9
10	Hawaii	12.3
11	Montana	12.6
11	Oregon	12.6
13	Georgia	12.7
14	Arkansas	13.2
15	Virginia	13.4
16	Idaho	14.2
17	New York	14.3
18	Washington	14.6
19	Illinois	15.3
20	Alabama	15.4
21	South Carolina	16.1
22	Colorado	16.2
22	North Carolina	16.2
24	Wisconsin	16.4
25	Alaska	16.5
26	Vermont	17.0
27	Wyoming	17.6
27	New Jersey	17.6
29	Florida	17.7
30	Louisiana	18.9
31	Missouri	19.5
31	Arizona	19.5
33	Indiana	20.2
34	Oklahoma	20.4
35	Michigan	20.8
36	Nevada	21.0
37	Maine	21.6
38	Tennessee	22.0
39	Connecticut	22.1
40	Utah	22.9
41	Maryland	23.9
42	Delaware	24.0
43	Massachusetts	25.2
44	New Mexico	25.6
45	Rhode Island	27.5
46	Pennsylvania	28.1
47	Kentucky	28.6
48	Ohio	30.4
49	New Hampshire	31.9
50	West Virginia	41.4
	United States	16.9
	District of Columbia	27.2

Excessive Drinking

Alcohol is the third leading preventable cause of death in the United States. Alcohol-related liver disease deaths among 25- to 34-year-olds tripled between 1999 and 2016, from 259 to 767 deaths. Short-term risks associated with excessive drinking include alcohol poisoning; unintentional injuries; violence such as suicide, homicide and sexual assault; and poor decision making. Long-term risks include alcohol dependence; hypertension; heart disease; stroke; liver disease; memory and learning problems; and cancer of the breasts, mouth, throat, esophagus, liver and colon. Men, young adults and higher-income adults are more likely to engage in excessive drinking than women, older adults and adults with lower incomes.

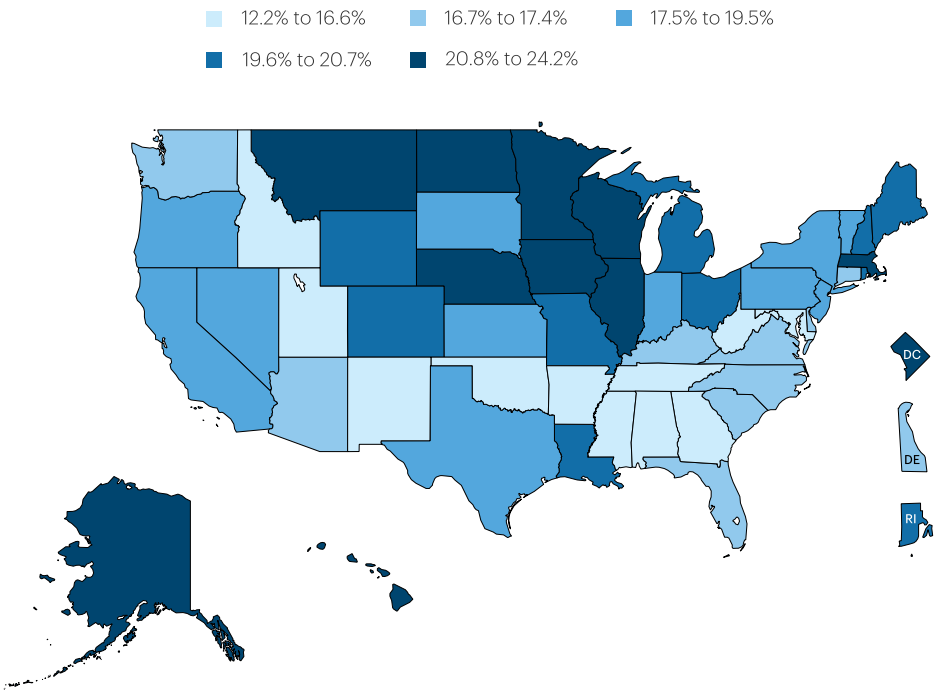
19.0
percent of adults



Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/ExcessDrink

Excessive Drinking by State

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

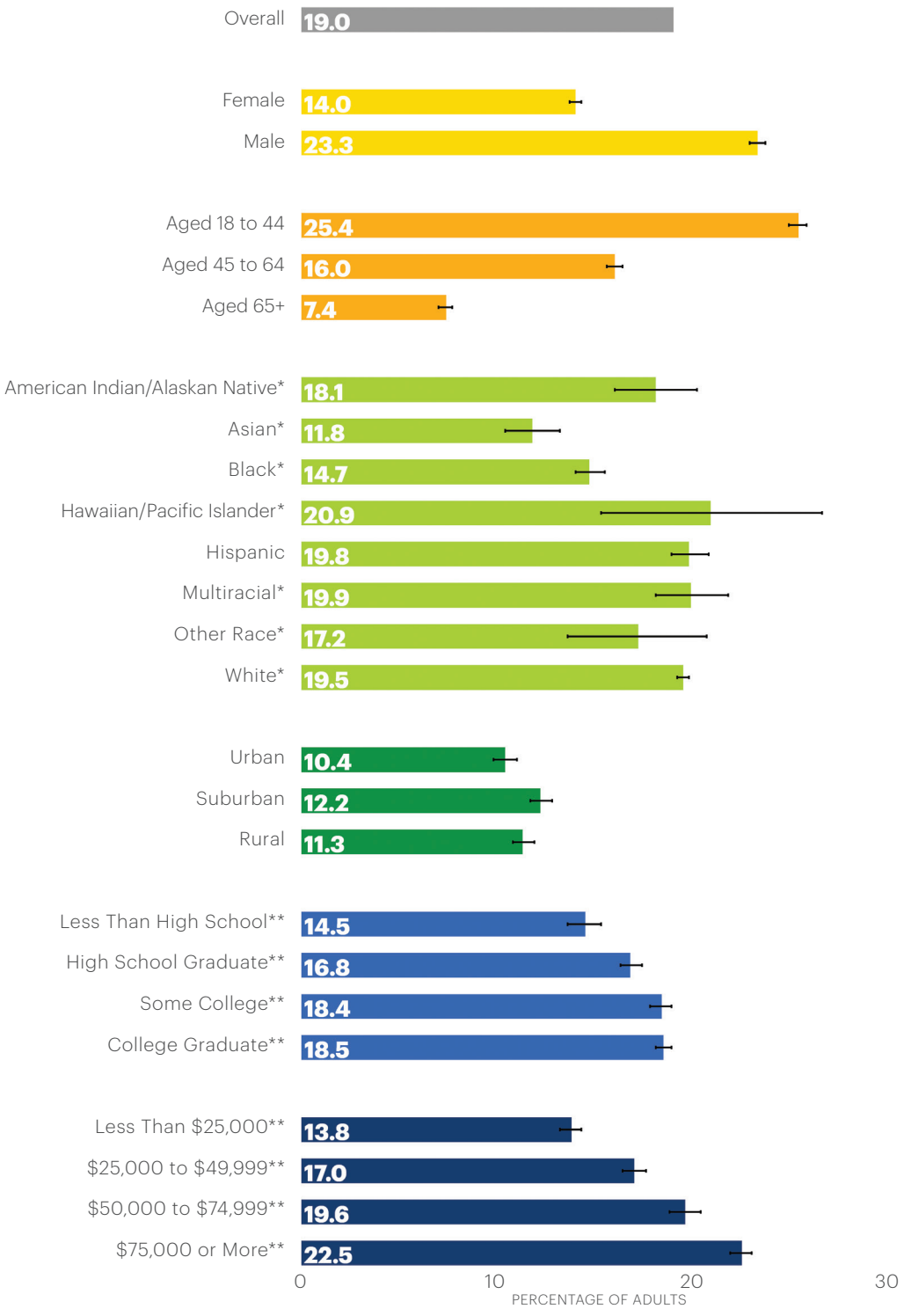


Ranking
by Excessive Drinking

Rank	State	Value (%)
1	Utah	12.2
2	West Virginia	12.3
3	Mississippi	13.6
4	Alabama	13.9
5	Oklahoma	14.1
6	Tennessee	14.3
7	Georgia	14.4
8	Arkansas	15.8
9	New Mexico	16.2
10	Maryland	16.6
10	Idaho	16.6
12	Arizona	16.7
13	Delaware	16.8
14	North Carolina	16.9
15	Connecticut	17.1
15	Florida	17.1
17	Kentucky	17.3
18	South Carolina	17.4
18	Virginia	17.4
18	Washington	17.4
21	Indiana	17.6
22	New Jersey	18.1
23	Oregon	18.6
24	Kansas	18.7
25	New York	18.8
26	South Dakota	19.0
27	Pennsylvania	19.2
27	California	19.2
29	Nevada	19.3
30	Texas	19.5
30	Vermont	19.5
32	Rhode Island	19.6
32	Michigan	19.6
32	Louisiana	19.6
35	Missouri	19.8
35	Wyoming	19.8
37	Maine	20.2
37	Ohio	20.2
39	Colorado	20.5
40	New Hampshire	20.7
41	Montana	20.9
42	Hawaii	21.1
43	Massachusetts	21.3
43	Alaska	21.3
45	Illinois	21.4
46	Minnesota	21.7
46	Nebraska	21.7
48	Iowa	22.1
49	North Dakota	24.1
50	Wisconsin	24.2
	United States	19.0
	District of Columbia	29.0

Excessive Drinking by Subpopulations

with 95 percent confidence intervals

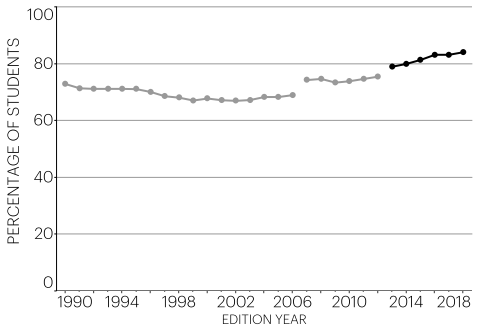


* Non-Hispanic ** Adults aged 25 and older

High School Graduation

The connection between education and health has been well documented, spans almost all health conditions and is evidenced by an array of health outcomes. Education is a strong predictor of health outcomes, and gaps in educational attainment are a strong predictor of health disparities. Life expectancy, for example, is four to five years shorter among adults aged 25 years and older without a high school diploma than among high school graduates, and nine years shorter than among college graduates. Investing in efforts to eliminate education disparities could save up to eight times as many lives as similar investments in medical advances.

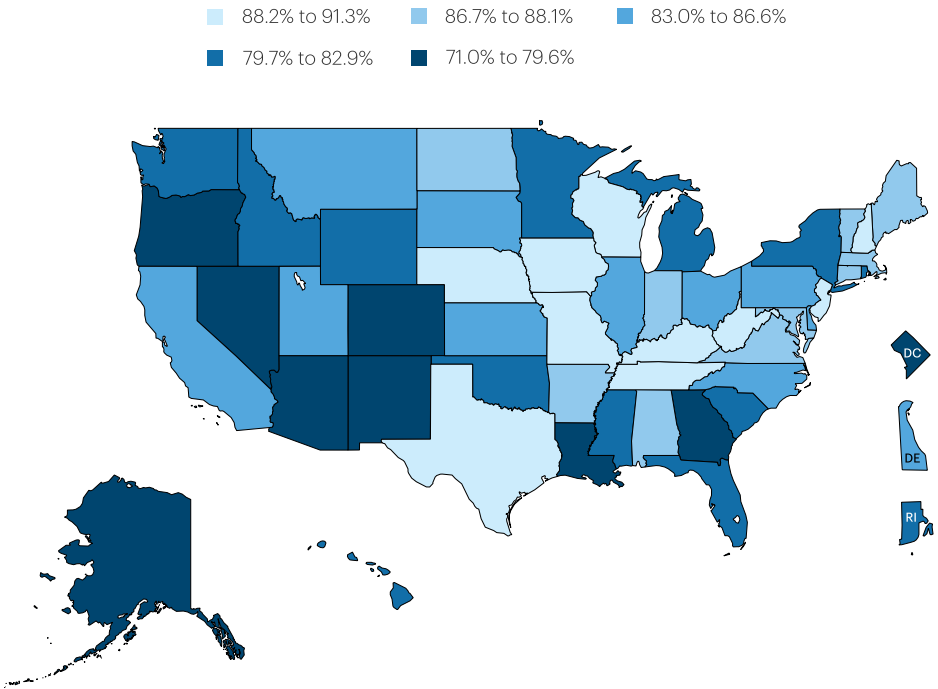
84.1
percent of students



Data source: U.S. Department of Education, National Center for Education Statistics, 2015-2016
For details: AmericasHealthRankings.org/AR18/Graduation

High School Graduation by State

Percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade (2-year average)



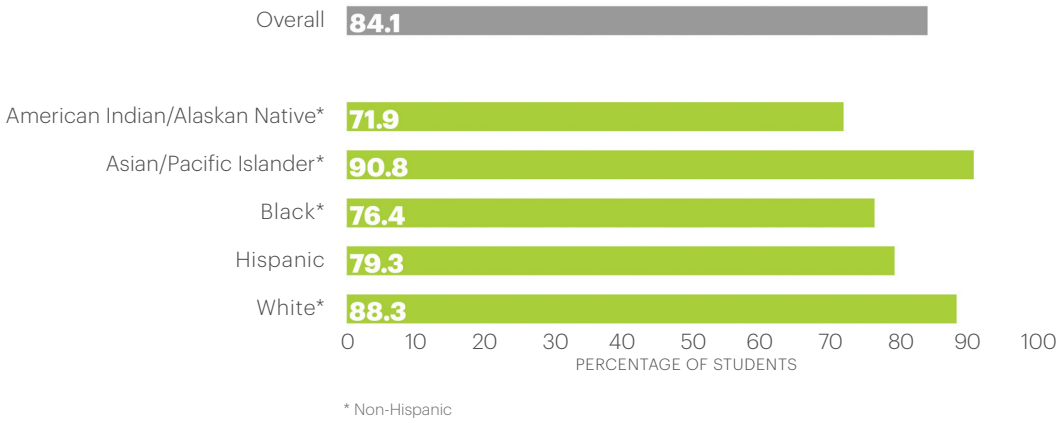
Ranking

by High School Graduation

Rank	State	Value (%)
1	Iowa	91.3
2	New Jersey	90.1
3	West Virginia	89.8
4	Nebraska	89.3
5	Texas	89.1
6	Missouri	89.0
7	Kentucky	88.6
8	Tennessee	88.5
9	New Hampshire	88.2
9	Wisconsin	88.2
11	Vermont	87.7
12	Maryland	87.6
13	Massachusetts	87.5
13	North Dakota	87.5
15	Connecticut	87.4
16	Alabama	87.1
17	Arkansas	87.0
17	Maine	87.0
19	Indiana	86.8
20	Virginia	86.7
21	Pennsylvania	86.1
22	North Carolina	85.9
23	Kansas	85.7
24	Montana	85.6
25	Illinois	85.5
25	Delaware	85.5
27	Utah	85.2
28	South Dakota	83.9
29	Ohio	83.5
30	California	83.0
31	Rhode Island	82.8
32	Hawaii	82.7
33	South Carolina	82.6
34	Mississippi	82.3
35	Minnesota	82.2
36	Oklahoma	81.6
37	Florida	80.7
38	New York	80.4
39	Wyoming	80.0
40	Washington	79.7
40	Idaho	79.7
40	Michigan	79.7
43	Arizona	79.5
44	Georgia	79.4
45	Colorado	78.9
46	Louisiana	78.6
47	Alaska	76.1
48	Oregon	74.8
49	Nevada	73.6
50	New Mexico	71.0
	United States	84.1
	District of Columbia	69.2

High School Graduation by Subpopulations

with 95 percent confidence intervals

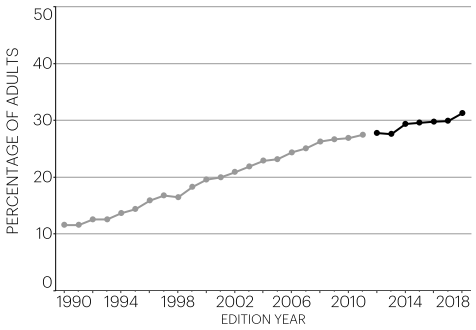


* Non-Hispanic

Obesity

Obesity now affects one in three adults in the United States. It is a leading cause of preventable life-years lost and contributes to chronic illness such as heart disease, type 2 diabetes, stroke, cancer and hypertension. Contributing factors include poor diet, physical inactivity, social and physical environment, genetics and medical history. Populations that experience a higher prevalence of obesity include non-Hispanic black and Hispanic adults compared with white and Asian adults, and adults living in nonmetropolitan counties compared with adults living in metropolitan counties. Compared with healthy weight adults, individuals with obesity spend on average $3,429 more per person annually on medical care.

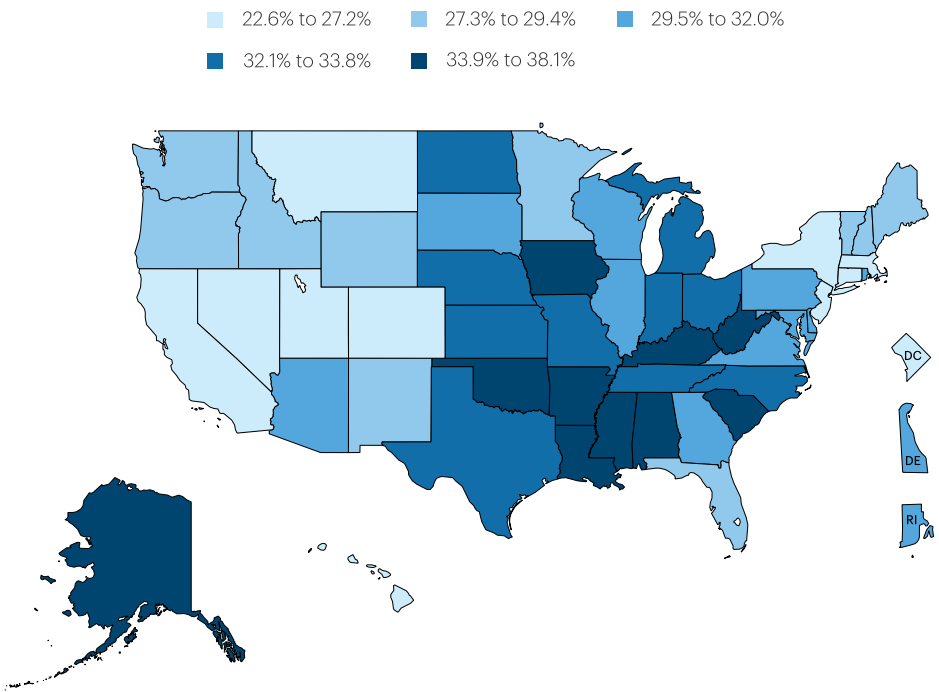
31.3
percent of adults



Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Obesity

Obesity by State

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

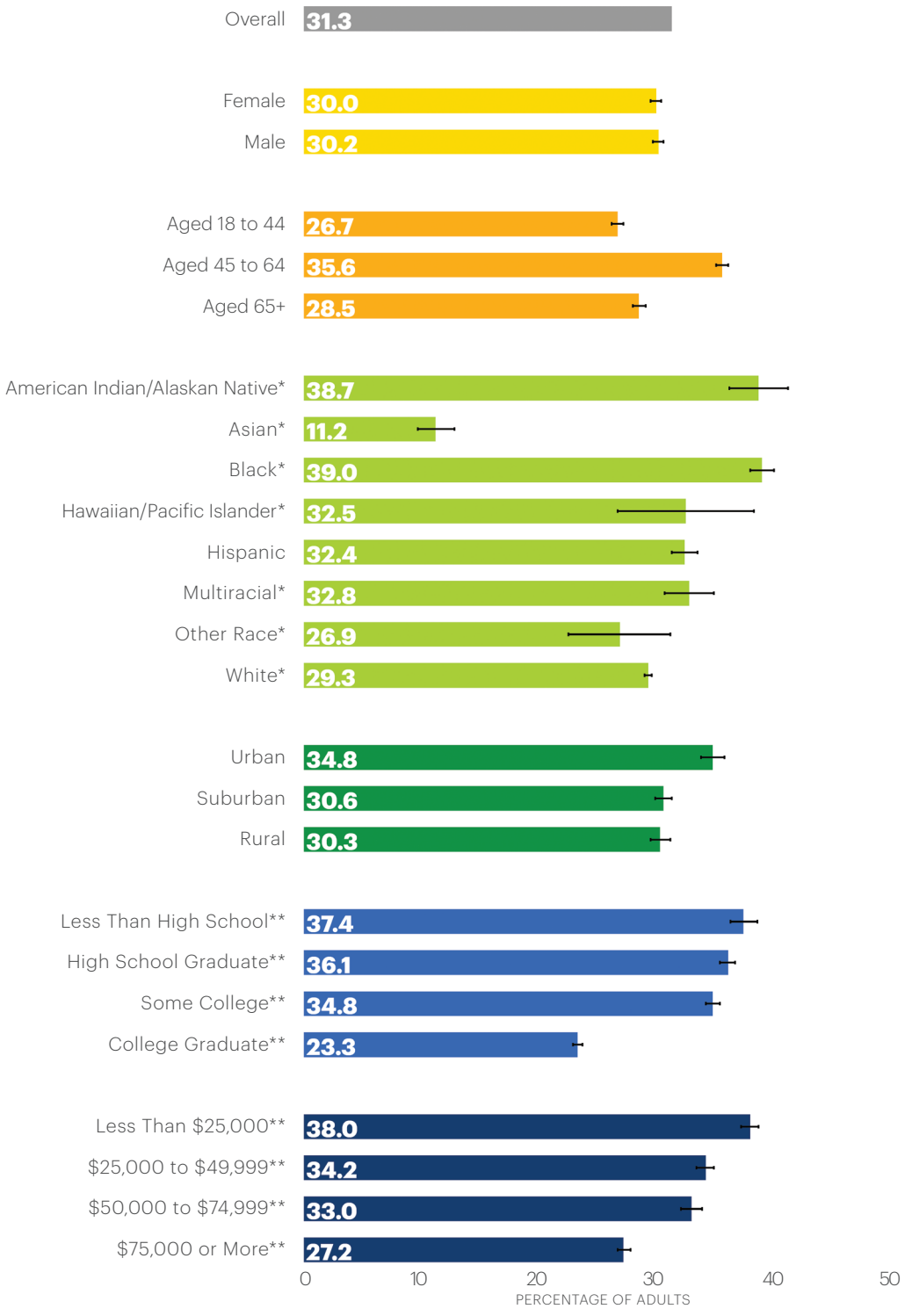


Ranking
by Obesity

Rank	State	Value (%)
1	Colorado	22.6
2	Hawaii	23.8
3	California	25.1
4	Utah	25.2
5	Montana	25.3
6	New York	25.7
7	Massachusetts	25.8
8	Nevada	26.7
9	Connecticut	26.9
10	New Jersey	27.2
11	Vermont	27.6
12	Washington	27.7
13	New Hampshire	28.1
14	New Mexico	28.4
14	Minnesota	28.4
14	Florida	28.4
17	Wyoming	28.8
18	Maine	29.1
19	Idaho	29.3
20	Oregon	29.4
21	Arizona	29.5
22	Rhode Island	30.0
22	Virginia	30.0
24	Illinois	31.1
25	Maryland	31.3
26	Georgia	31.6
26	Pennsylvania	31.6
28	Delaware	31.8
29	South Dakota	31.9
30	Wisconsin	32.0
31	North Carolina	32.1
32	Kansas	32.3
32	Michigan	32.3
34	Missouri	32.5
35	Nebraska	32.8
35	Tennessee	32.8
37	Texas	33.0
38	North Dakota	33.1
39	Indiana	33.6
40	Ohio	33.8
41	South Carolina	34.1
42	Alaska	34.2
43	Kentucky	34.3
44	Arkansas	35.0
45	Louisiana	36.2
46	Alabama	36.3
47	Iowa	36.4
48	Oklahoma	36.5
49	Mississippi	37.3
50	West Virginia	38.1
	United States	31.3
	District of Columbia	23.0

Obesity by Subpopulations

with 95 percent confidence intervals

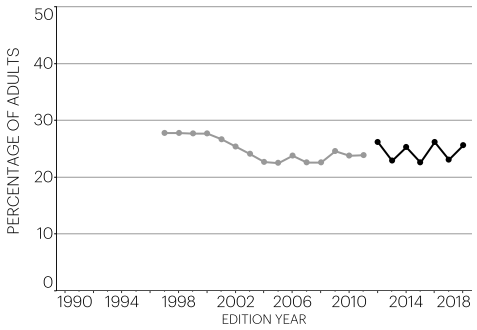


* Non-Hispanic ** Adults aged 25 and older

Physical Inactivity

Not engaging in regular physical activity is a risk factor for cardiovascular disease including stroke, type 2 diabetes, some cancers, arthritis, depression and even premature death. A 2018 study by the Centers for Disease Control and Prevention (CDC) found that 8.3 percent of deaths in non-disabled adults aged 25 years and older were attributed to insufficient levels of physical activity. The CDC offers several community-level recommendations for increasing physical activity including built environment approaches to enhance opportunities for active transport and leisure-time activity, adopting zoning code reforms that promote physical activity and promoting social support interventions such as walking or cycling groups.

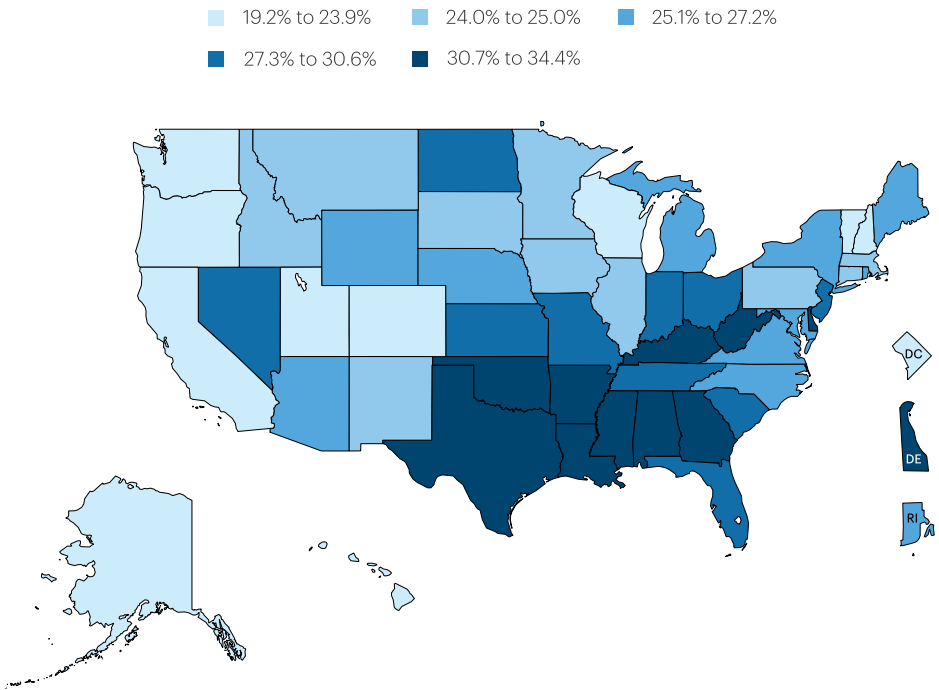
25.6
percent of adults



Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Sedentary

Physical Inactivity by State

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



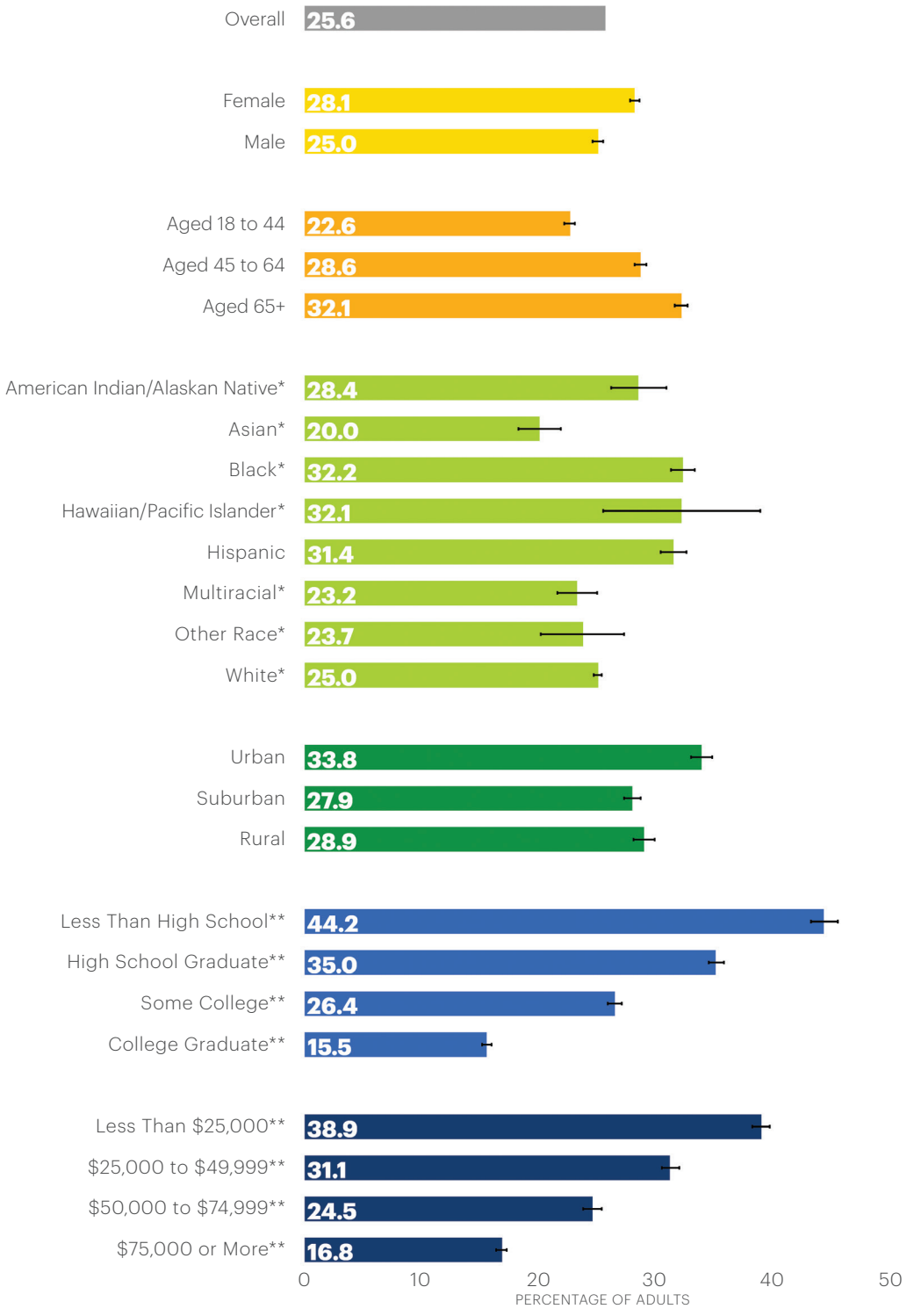
Ranking

by Physical Inactivity

Rank	State	Value (%)
1	Washington	19.2
2	Colorado	19.5
3	California	20.0
4	Alaska	20.6
5	Utah	21.1
6	Oregon	21.4
7	Vermont	21.6
8	Wisconsin	22.4
9	Hawaii	23.5
10	New Hampshire	23.9
11	Illinois	24.0
11	Connecticut	24.0
13	Idaho	24.2
14	New Mexico	24.5
15	Minnesota	24.6
16	Massachusetts	24.8
17	Pennsylvania	24.9
17	South Dakota	24.9
19	Montana	25.0
19	Iowa	25.0
21	Arizona	25.1
22	Maine	25.2
23	Nebraska	25.4
24	Maryland	25.6
24	North Carolina	25.6
26	Wyoming	25.7
27	Virginia	25.9
28	Rhode Island	26.3
29	New York	27.2
29	Michigan	27.2
31	North Dakota	27.6
32	Kansas	27.9
33	Nevada	28.0
34	South Carolina	28.4
35	New Jersey	29.0
36	Missouri	29.2
36	Florida	29.2
38	Ohio	29.6
39	Indiana	29.8
40	Tennessee	30.6
41	Georgia	31.0
41	Delaware	31.0
43	West Virginia	31.6
44	Louisiana	31.8
45	Alabama	32.0
46	Texas	32.1
47	Oklahoma	32.4
48	Arkansas	32.5
49	Mississippi	33.2
50	Kentucky	34.4
	United States	25.6
	District of Columbia	23.0

Physical Inactivity by Subpopulations

with 95 percent confidence intervals



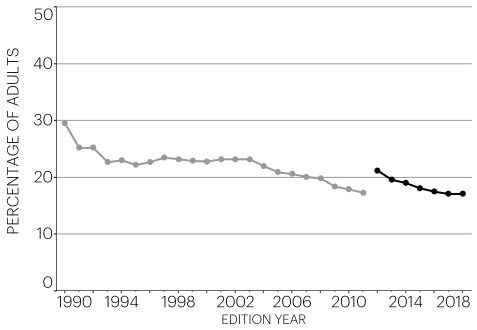
* Non-Hispanic ** Adults aged 25 and older

Smoking

On average, nonsmokers outlive smokers by 10 years. Smoking is the leading cause of preventable death in the United States, with an estimated 480,000 deaths annually, including more than 41,000 deaths from secondhand smoke. Though smoking prevalence has declined in recent years, it remains disproportionately high in certain geographic regions like the South and rural areas, as well as among LGBT people, American Indians and Alaska Natives, people with mental illness and people with low socioeconomic status. A comprehensive tobacco-control program should aim to prevent youth from starting to smoke, identify and eliminate tobacco-related disparities among priority population groups, promote quitting among current smokers and eliminate exposure to secondhand smoke.

17.1

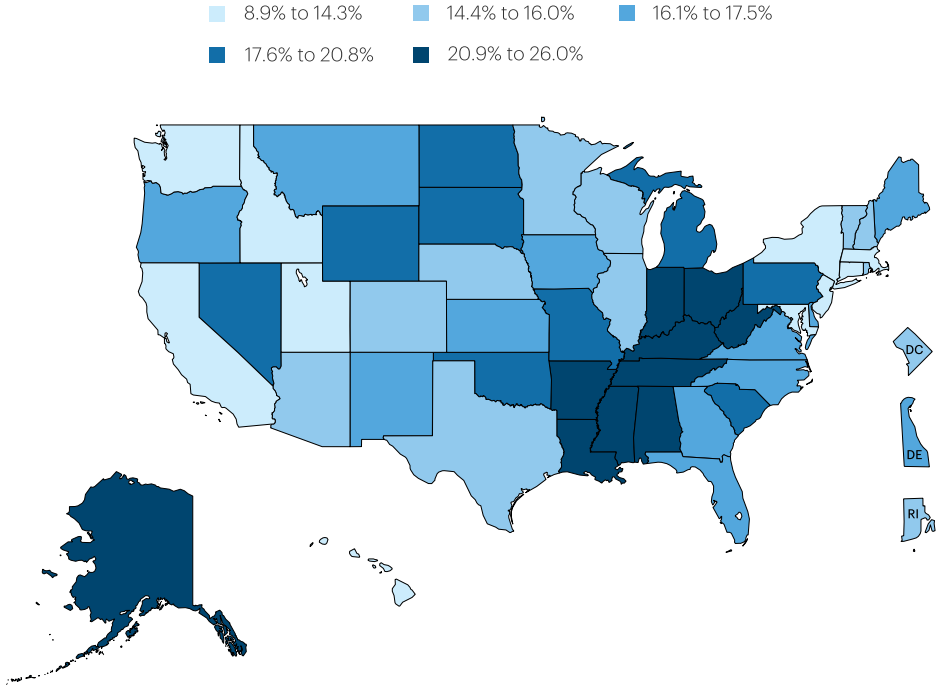
percent of adults



Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Smoking

Smoking by State

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



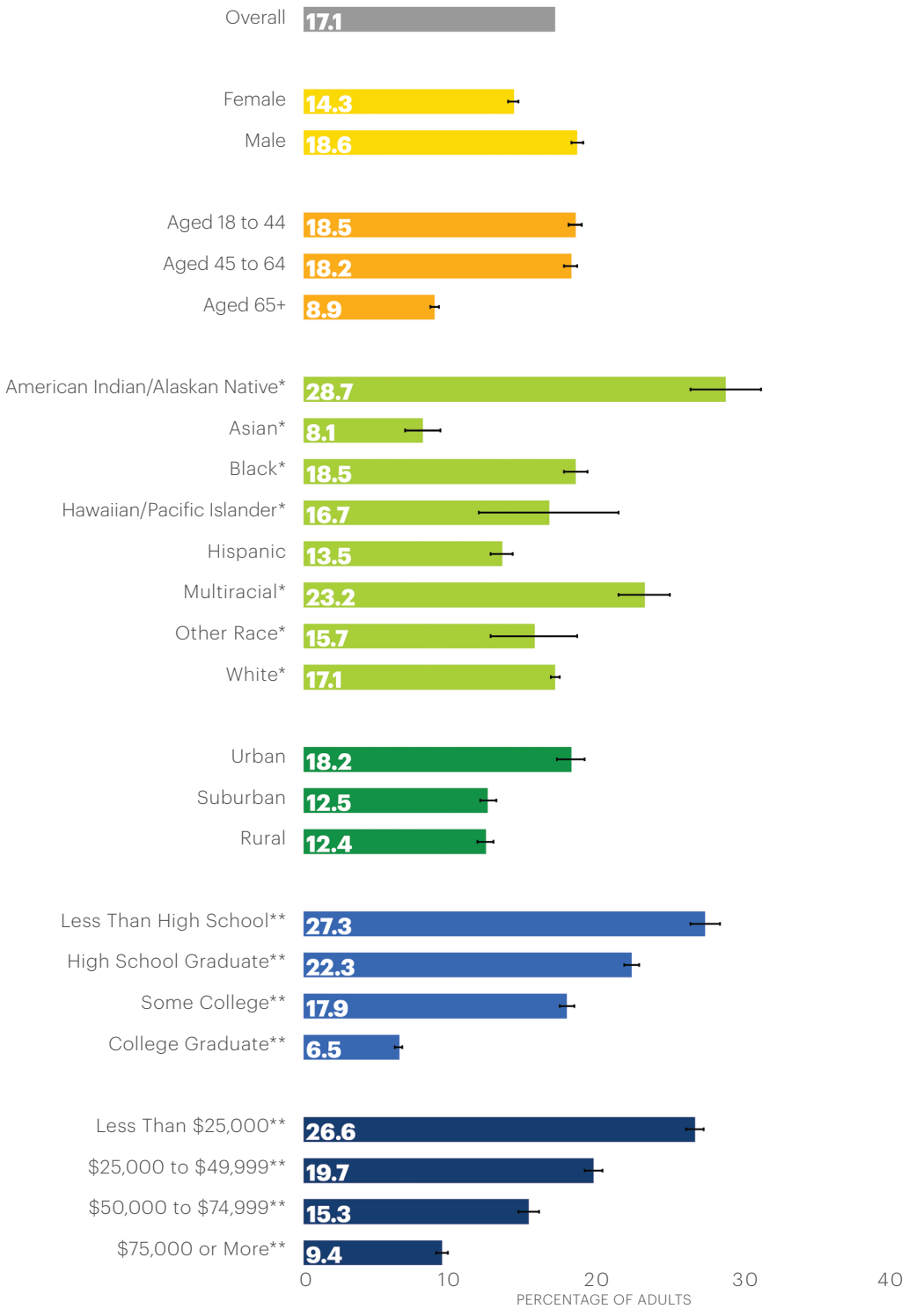
Ranking

by Smoking

Rank	State	Value (%)
1	Utah	8.9
2	California	11.3
3	Connecticut	12.7
4	Hawaii	12.8
5	Washington	13.5
6	Massachusetts	13.7
6	New Jersey	13.7
8	Maryland	13.8
9	New York	14.1
10	Idaho	14.3
11	Minnesota	14.5
12	Colorado	14.6
13	Rhode Island	14.9
14	Nebraska	15.4
15	Illinois	15.5
16	Arizona	15.6
17	New Hampshire	15.7
17	Texas	15.7
19	Vermont	15.8
20	Wisconsin	16.0
21	Oregon	16.1
21	Florida	16.1
23	Virginia	16.4
24	Delaware	17.0
25	Iowa	17.1
26	Montana	17.2
26	North Carolina	17.2
28	Maine	17.3
29	Kansas	17.4
30	New Mexico	17.5
30	Georgia	17.5
32	Nevada	17.6
33	North Dakota	18.3
34	Wyoming	18.7
34	Pennsylvania	18.7
36	South Carolina	18.8
37	South Dakota	19.3
37	Michigan	19.3
39	Oklahoma	20.1
40	Missouri	20.8
41	Alabama	20.9
42	Alaska	21.0
43	Ohio	21.1
44	Indiana	21.8
45	Mississippi	22.2
46	Arkansas	22.3
47	Tennessee	22.6
48	Louisiana	23.1
49	Kentucky	24.6
50	West Virginia	26.0
	United States	17.1
	District of Columbia	14.5

Smoking by Subpopulations

with 95 percent confidence intervals



* Non-Hispanic ** Adults aged 25 and older

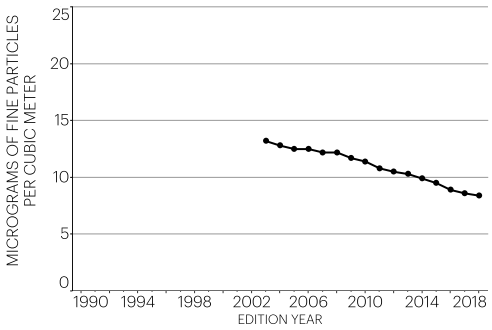
Air Pollution

Large pollutant particles in the air can cause irritation and discomfort, while small, fine pollutant particles from sources such as auto exhaust or power plants can penetrate deeply into lung tissue and the bloodstream. Studies have shown that decreasing the concentration of fine particulates in the air leads to lower risk of all-cause mortality, lung cancer and death from cardiovascular disease. Air quality standards and environmental protection policies have helped reduce air pollution in recent years. The Environmental Protection Agency estimates that the Clean Air Act will prevent 230,000 deaths in adults and 280 deaths in infants by 2020.

Data source: U.S. Environmental Protection Agency; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1 2017, 2015-2017
For details: AmericasHealthRankings.org/AR18/air

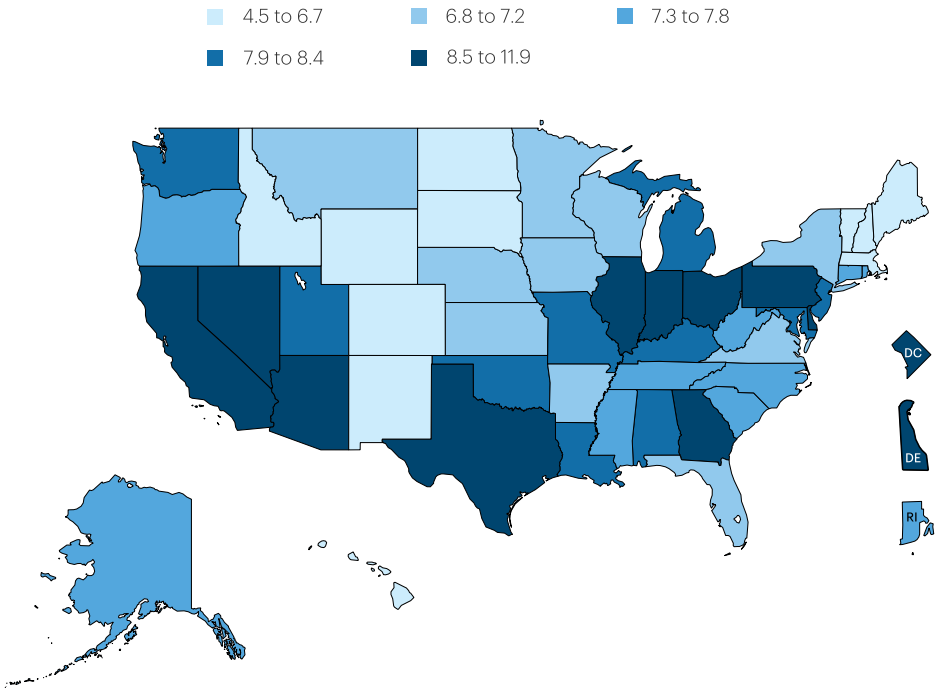
8.4

micrograms of fine particles per cubic meter



Air Pollution by State

Average exposure of the general public to particulate matter of 2.5 microns (PM2.5) or less in size (3-year average)



Ranking

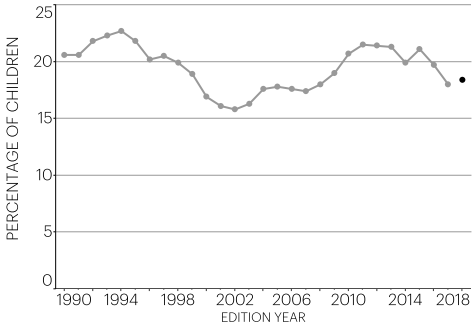
by Air Pollution

Rank	State	Value
1	North Dakota	4.5
2	New Hampshire	5.0
2	Wyoming	5.0
4	Vermont	5.2
5	South Dakota	5.4
6	New Mexico	5.8
6	Hawaii	5.8
8	Massachusetts	6.0
9	Maine	6.5
10	Idaho	6.7
10	Colorado	6.7
12	Montana	6.8
12	Wisconsin	6.8
14	Kansas	6.9
15	New York	7.0
16	Minnesota	7.1
16	Nebraska	7.1
16	Arkansas	7.1
16	Florida	7.1
20	Iowa	7.2
20	Virginia	7.2
22	South Carolina	7.4
22	Alaska	7.4
22	North Carolina	7.4
25	Rhode Island	7.6
25	Mississippi	7.6
27	Oregon	7.7
27	Tennessee	7.7
27	Connecticut	7.7
30	West Virginia	7.8
31	Oklahoma	7.9
31	Missouri	7.9
33	Louisiana	8.0
33	Washington	8.0
35	Kentucky	8.2
36	Michigan	8.3
36	Maryland	8.3
36	New Jersey	8.3
36	Utah	8.3
40	Alabama	8.4
41	Georgia	8.6
41	Delaware	8.6
41	Texas	8.6
44	Indiana	8.7
45	Nevada	8.8
46	Ohio	9.0
47	Illinois	9.6
48	Arizona	9.7
48	Pennsylvania	9.7
50	California	11.9
	United States	8.4
	District of Columbia	10.4

Children in Poverty

Families living in poverty may struggle to consistently meet the basic needs of their children. Exposure to chronic stress, including unreliable access to food, health care and stable housing, may impair childhood development and affect health into adulthood. Living in poverty may affect a child's ability to succeed in school and could impact potential future earnings. One estimate of the social cost of childhood poverty — including lost potential earnings, costs of poor health, and childhood homelessness and maltreatment — totaled $1 trillion annually in the United States. Many government programs and community interventions help reduce the number of children in poverty and offset the effects of poverty.

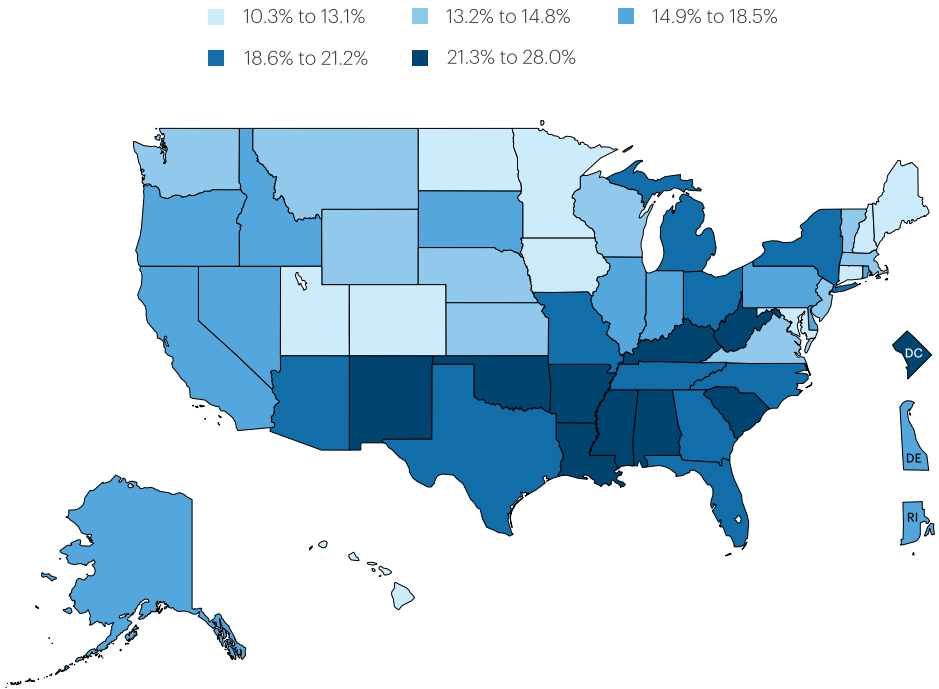
18.4
percent of children



Data source: U.S. Census Bureau, *American Community Survey*, 2017
For details: AmericasHealthRankings.org/AR18/ChildPoverty_ACS

Children in Poverty by State

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



Ranking

by Children in Poverty

Rank	State	Value (%)
1	New Hampshire	10.3
2	Utah	10.7
3	North Dakota	10.9
4	Hawaii	11.5
5	Minnesota	11.8
6	Maryland	12.0
6	Colorado	12.0
8	Iowa	12.3
9	Connecticut	12.6
10	Maine	13.1
11	Wyoming	13.3
12	Massachusetts	13.5
13	Vermont	13.8
14	New Jersey	13.9
15	Virginia	14.0
16	Nebraska	14.1
17	Washington	14.3
18	Wisconsin	14.5
19	Montana	14.7
20	Kansas	14.8
21	Alaska	14.9
22	Idaho	15.3
23	Oregon	16.5
24	Rhode Island	16.6
24	South Dakota	16.6
26	Pennsylvania	17.0
26	Illinois	17.0
28	California	18.1
29	Indiana	18.4
30	Delaware	18.5
30	Nevada	18.5
32	Missouri	18.6
33	Michigan	19.7
33	New York	19.7
35	Ohio	20.1
36	Florida	20.3
37	Arizona	20.8
38	Texas	20.9
39	Georgia	21.0
40	North Carolina	21.2
40	Tennessee	21.2
42	Oklahoma	21.5
43	Kentucky	22.4
44	Arkansas	22.5
45	South Carolina	22.6
46	Alabama	24.6
47	West Virginia	25.9
48	Mississippi	26.9
49	New Mexico	27.2
50	Louisiana	28.0
	United States	18.4
	District of Columbia	25.6

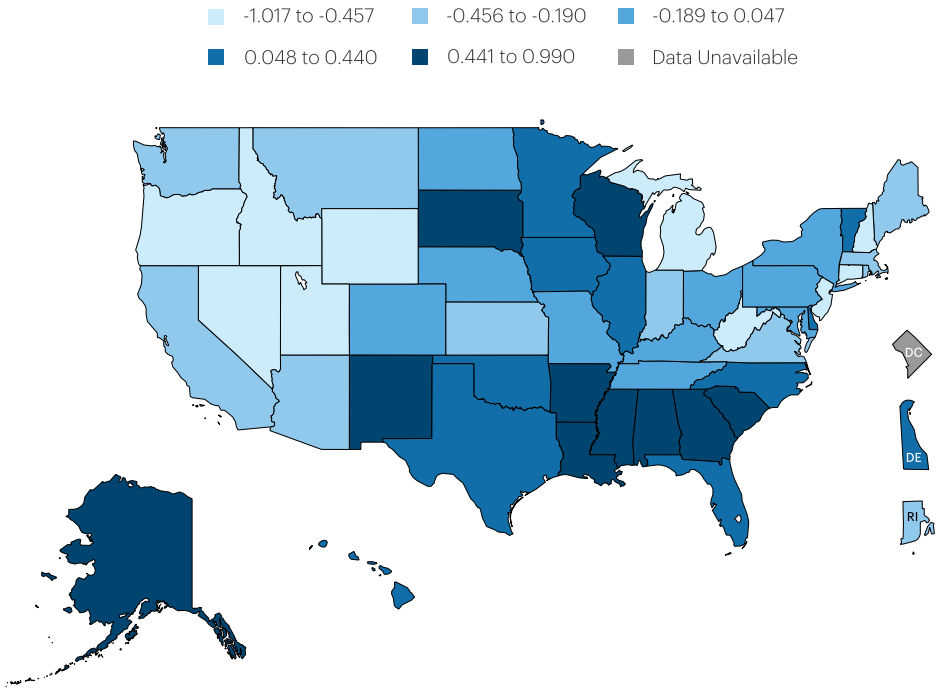
Infectious Disease

Largely preventable infectious diseases still pose a threat to our nation's health. Rates of some infectious diseases, such as chlamydia, continue to rise despite the availability of prevention and treatment options. Many infectious diseases can lead to hospitalization and even death, particularly in young children and older adults. Increases in new cases of infectious diseases may indicate a need for greater investment in public health prevention measures such as immunizations or educational campaigns. Antibiotic resistance, when bacteria develop the ability to evade antibiotics designed to kill them, is one of the most urgent threats in public health with over 2 million people developing antibiotic-resistant infections each year.

Data source: *America's Health Rankings* composite measure, 2018
For details: AmericasHealthRankings.org/AR18/infectiousdisease

Infectious Disease by State

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



Ranking

by Infectious Disease

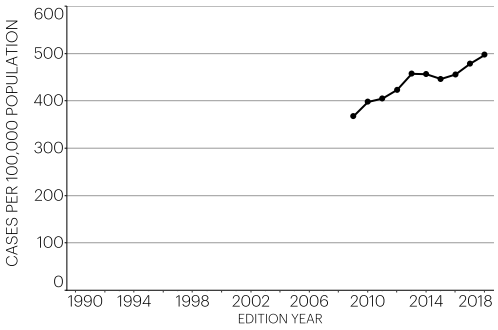
Rank	State	Value
1	West Virginia	-1.017
2	New Hampshire	-0.810
3	Wyoming	-0.787
4	Idaho	-0.747
5	Utah	-0.713
6	Connecticut	-0.657
7	Nevada	-0.620
8	New Jersey	-0.557
9	Oregon	-0.510
10	Michigan	-0.457
11	Indiana	-0.443
12	Massachusetts	-0.400
13	Washington	-0.363
14	Montana	-0.360
15	Maine	-0.343
16	Virginia	-0.317
17	Kansas	-0.293
18	California	-0.273
19	Rhode Island	-0.207
20	Arizona	-0.190
21	Maryland	-0.187
22	Tennessee	-0.177
23	Nebraska	-0.160
24	North Dakota	-0.153
25	Kentucky	-0.090
26	New York	-0.083
27	Pennsylvania	-0.073
28	Colorado	0.027
29	Ohio	0.040
30	Missouri	0.047
31	Hawaii	0.097
32	Iowa	0.103
33	Delaware	0.107
34	Vermont	0.127
35	Illinois	0.190
36	Florida	0.227
37	Texas	0.237
38	Minnesota	0.240
39	North Carolina	0.337
40	Oklahoma	0.440
41	Georgia	0.457
42	New Mexico	0.487
43	Wisconsin	0.517
44	South Dakota	0.520
45	Alabama	0.547
46	Arkansas	0.560
47	South Carolina	0.790
48	Alaska	0.973
49	Louisiana	0.977
50	Mississippi	0.990
	United States	0.000
	District of Columbia	N/A

Infectious Disease — Chlamydia

Chlamydia is the most reported sexually transmitted infection in the United States with more than 1.7 million cases reported in 2017. Chlamydial infections often have no symptoms and if left untreated can lead to serious health problems, particularly among women. The Centers for Disease Control and Prevention recommend screening for chlamydia in all sexually active women younger than 25 and in women 25 and older who are at increased risk of infection. Chlamydia trends can be influenced by a number of factors including changes in incidence, as well as changes in screening and reporting practices.

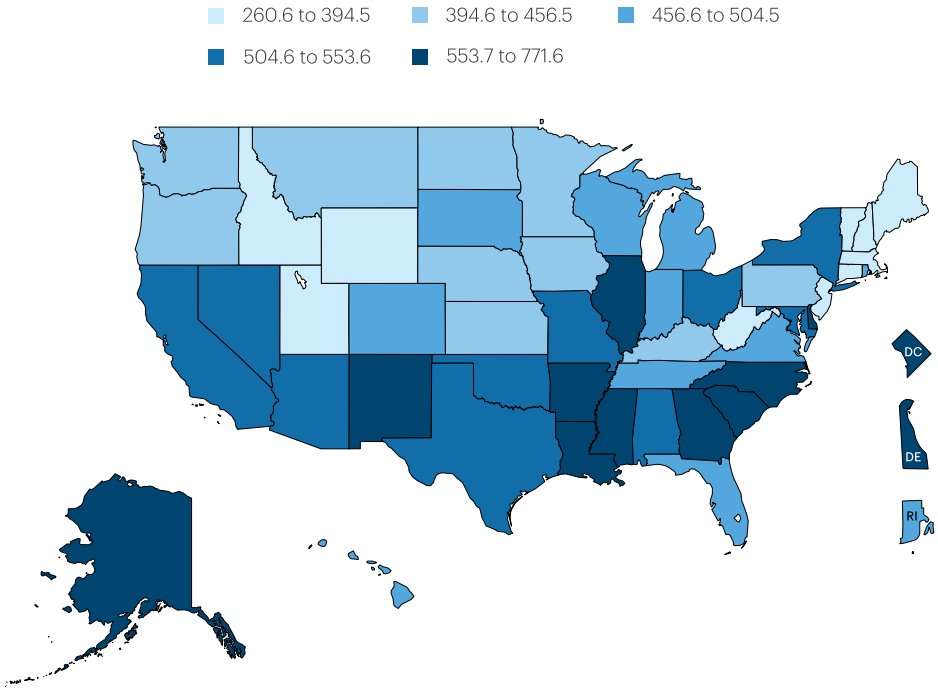
Data source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, 2016
For details: AmericasHealthRankings.org/AR18/chlamydia

497.3
cases per 100,000 population



Infectious Disease — Chlamydia by State

Number of new cases of chlamydia per 100,000 population



Ranking

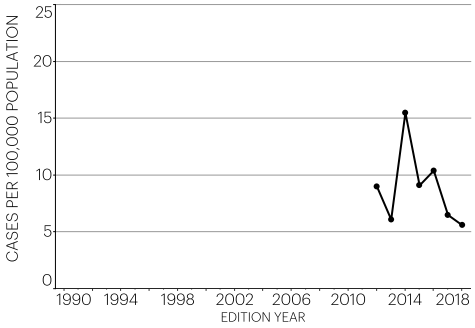
by Infectious Disease — Chlamydia

Rank	State	Value
1	New Hampshire	260.6
2	West Virginia	261.4
3	Vermont	269.9
4	Maine	312.6
5	Utah	315.7
6	Wyoming	351.5
7	Idaho	356.3
8	New Jersey	385.3
9	Connecticut	387.4
10	Massachusetts	394.5
11	Kentucky	413.2
11	Minnesota	413.2
13	Iowa	415.6
14	Kansas	417.6
15	Montana	427.5
16	Nebraska	432.3
17	Oregon	432.5
18	Washington	435.9
19	Pennsylvania	444.7
20	North Dakota	456.5
21	Michigan	462.9
22	Indiana	466.0
22	Wisconsin	466.0
24	Rhode Island	467.3
25	Florida	467.4
26	Colorado	468.6
27	Virginia	473.2
28	Hawaii	482.1
29	Tennessee	489.4
30	South Dakota	504.5
31	California	506.2
32	Nevada	506.7
33	Missouri	507.0
34	Maryland	510.4
35	Arizona	511.5
36	Texas	520.4
37	Ohio	520.9
38	Oklahoma	548.4
39	New York	552.8
40	Alabama	553.6
41	Illinois	561.4
42	Arkansas	562.0
43	Delaware	567.2
44	South Carolina	575.5
45	North Carolina	577.6
46	Georgia	614.6
47	New Mexico	628.6
48	Mississippi	672.1
49	Louisiana	679.3
50	Alaska	771.6
	United States	497.3
	District of Columbia	1,083.4

Infectious Disease — Pertussis

Pertussis, or whooping cough, is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis*. The disease, sometimes called the "100 day cough," can lead to serious complications and hospitalization, particularly in babies and young children. In 2016, 17,972 cases were reported nationally with the highest rate among babies less than 6 months old. The most recent peak occurred in 2012 when more than 48,000 cases were reported in the United States. Vaccination is the best way to prevent pertussis. The DTaP vaccine is recommended for infants at 2, 4 and 6 months. A one-time booster, Tdap, is recommended for teens and pregnant women.

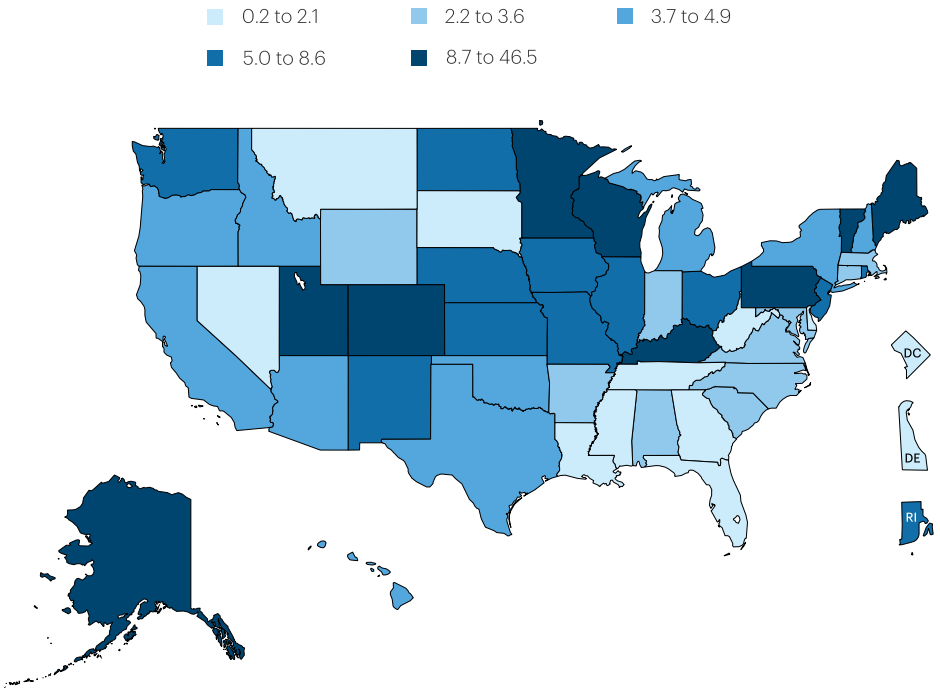
5.6
cases per 100,000 population



Data source: CDC, National Notifiable Infectious Diseases Surveillance System, Annual Tables of Infectious Disease Data, 2016
For details: AmericasHealthRankings.org/AR18/pertussis

Infectious Disease — Pertussis by State

Number of new cases of pertussis per 100,000 population



Ranking

by Infectious Disease — Pertussis

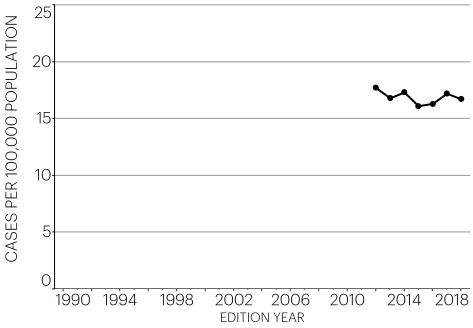
Rank	State	Value
1	Mississippi	0.2
2	Nevada	1.2
3	Louisiana	1.4
3	West Virginia	1.4
5	South Dakota	1.6
5	Delaware	1.6
5	Florida	1.6
8	Georgia	1.8
9	Montana	2.0
10	Tennessee	2.1
11	Maryland	2.2
12	Arkansas	2.3
13	Indiana	2.7
13	Connecticut	2.7
13	South Carolina	2.7
13	Virginia	2.7
17	North Carolina	2.9
18	Massachusetts	3.0
19	Alabama	3.6
19	Wyoming	3.6
21	Hawaii	3.8
21	California	3.8
23	Arizona	4.2
23	Michigan	4.2
25	New Hampshire	4.5
26	Texas	4.6
27	Oklahoma	4.7
27	Oregon	4.7
29	New York	4.9
29	Idaho	4.9
31	Iowa	5.1
32	Kansas	5.5
33	North Dakota	5.8
34	Missouri	5.9
35	New Jersey	6.3
36	New Mexico	7.7
37	Nebraska	8.0
38	Illinois	8.1
39	Washington	8.5
40	Rhode Island	8.6
40	Ohio	8.6
42	Utah	8.7
43	Kentucky	10.4
44	Pennsylvania	12.4
45	Colorado	12.9
46	Minnesota	18.4
47	Maine	19.5
48	Alaska	21.3
49	Wisconsin	25.0
50	Vermont	46.5
	United States	5.6
	District of Columbia	1.6

Infectious Disease — *Salmonella*

Salmonella causes an estimated 1.2 million illnesses annually, with 1 million illnesses resulting from contaminated food. Children younger than 5 years have the highest rate of infection. *Salmonella* infection, or salmonellosis, is characterized by diarrhea, fever and abdominal cramps occurring 12 to 72 hours after exposure. *Salmonella* causes more hospitalizations than any other food-related bacterial illness and an estimated annual direct medical cost of $365 million. Public health officials investigate reported food- and animal-related outbreaks of *Salmonella* in the United States to try to determine the source and prevent others from getting sick.

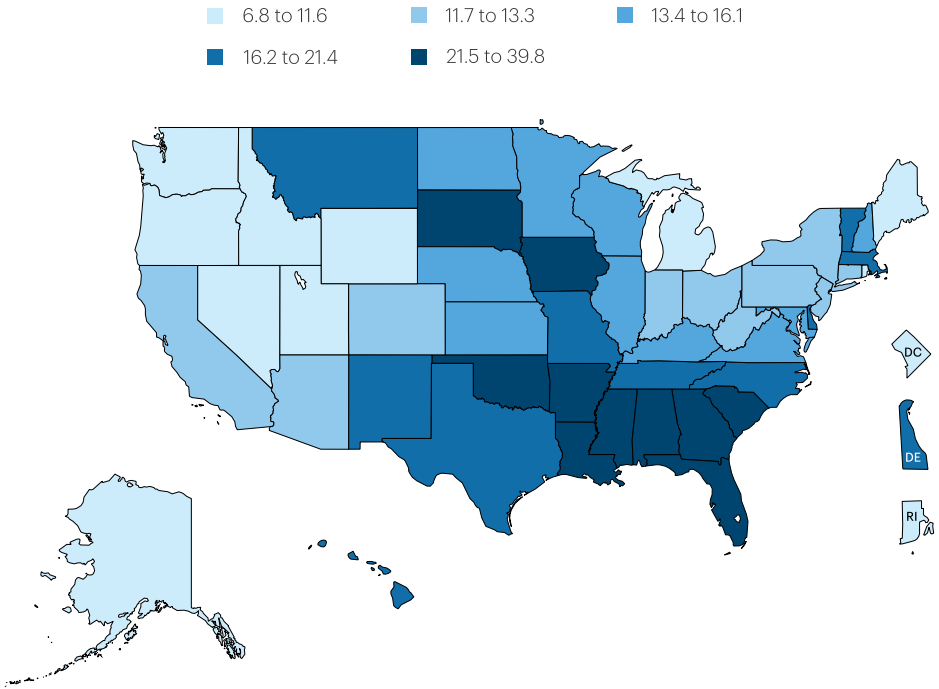
Data source: CDC, National Notifiable Infectious Diseases Surveillance System, Annual Tables of Infectious Disease Data, 2016
For details: AmericasHealthRankings.org/AR18/salmonella

16.7
cases per 100,000 population



Infectious Disease — *Salmonella* by State

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



Ranking

by Infectious Disease — *Salmonella*

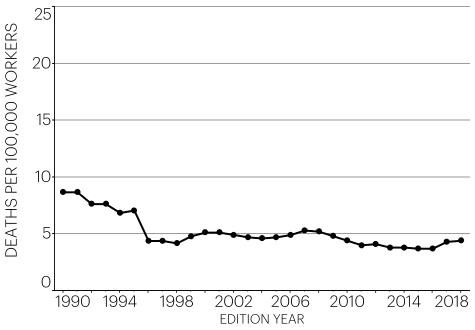
Rank	State	Value
1	Nevada	6.8
2	Alaska	9.0
3	Maine	9.2
4	Washington	10.4
5	Michigan	10.6
6	Idaho	10.9
6	Utah	10.9
6	Oregon	10.9
9	Wyoming	11.5
10	Rhode Island	11.6
11	New Jersey	11.7
12	New York	11.8
13	California	11.9
14	Indiana	12.0
15	Pennsylvania	12.5
16	Colorado	12.6
17	Connecticut	12.7
18	Arizona	13.0
19	West Virginia	13.1
20	Ohio	13.3
21	Illinois	14.1
22	Virginia	14.2
23	New Hampshire	14.6
24	Maryland	14.9
25	Nebraska	15.5
26	Wisconsin	15.6
27	Minnesota	15.9
27	Kansas	15.9
29	North Dakota	16.0
30	Kentucky	16.1
31	New Mexico	16.3
32	Tennessee	16.6
33	Missouri	16.8
34	Montana	17.0
35	Massachusetts	17.4
36	Delaware	17.9
37	Vermont	19.4
38	North Carolina	20.9
39	Texas	21.1
40	Hawaii	21.4
41	Georgia	22.0
42	Oklahoma	23.5
43	Iowa	24.8
44	Alabama	26.4
45	Florida	27.2
46	Arkansas	27.3
47	Louisiana	29.1
48	South Carolina	33.4
49	South Dakota	35.4
50	Mississippi	39.8
	United States	16.7
	District of Columbia	10.5

Occupational Fatalities

Workplace fatalities are almost always preventable. Increased safety precautions and regulatory oversight may reduce the number of workplace injuries and fatalities, even in the riskiest occupations. In 2016, 5,190 deaths occurred on the job, an increase of 7 percent since 2015 and the highest number since 2008. The leading causes were transportation incidents, violence that includes homicide and suicide, falls and contact with equipment. Violence accounts for the greatest increase since 2015. Fatal workplace injuries disproportionately affect men, Hispanic workers and adults aged 65 and older.

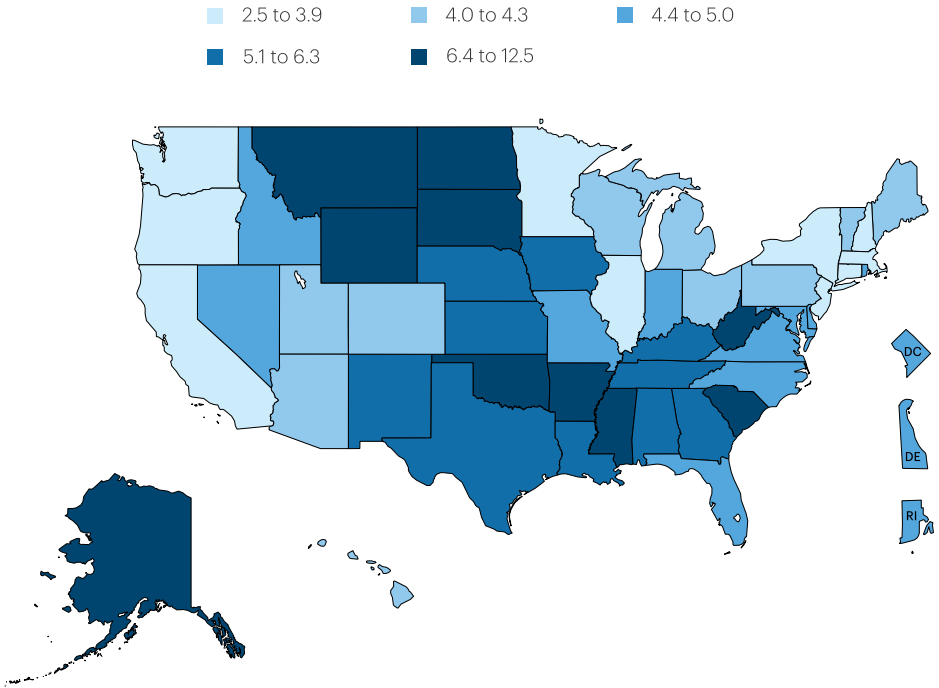
Data source: U.S. Bureau of Labor Statistics, *Census of Fatal Occupational Injuries*; U.S. Bureau of Economic Analysis, 2014-2016
For details: AmericasHealthRankings.org/AR18/WorkFatalities

4.4
deaths per 100,000 workers



Occupational Fatalities by State

Number of fatal occupational injuries in construction, manufacturing, trade, transportation, utilities and professional and business services per 100,000 workers (3-year average)



Ranking

by Occupational Fatalities

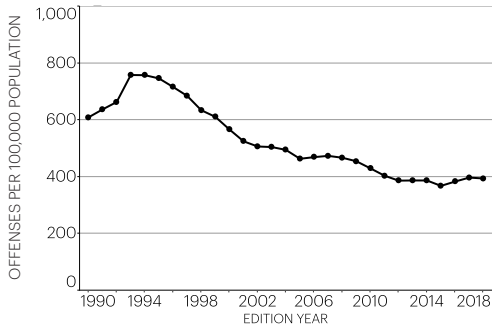
Rank	State	Value
1	New York	2.5
2	Washington	2.7
2	California	2.7
2	Massachusetts	2.7
5	Minnesota	2.9
6	New Hampshire	3.4
6	Oregon	3.4
8	Connecticut	3.6
9	New Jersey	3.7
10	Illinois	3.9
11	Arizona	4.0
11	Colorado	4.0
11	Hawaii	4.0
11	Pennsylvania	4.0
15	Maine	4.1
16	Ohio	4.2
17	Wisconsin	4.3
17	Utah	4.3
17	Vermont	4.3
17	Michigan	4.3
21	Maryland	4.4
21	Delaware	4.4
21	Rhode Island	4.4
24	Virginia	4.5
24	North Carolina	4.5
26	Missouri	4.7
26	Florida	4.7
28	Idaho	4.8
29	Nevada	4.9
30	Indiana	5.0
31	Georgia	5.2
32	Tennessee	5.3
33	Kansas	5.4
33	Iowa	5.4
35	Nebraska	5.5
35	Kentucky	5.5
37	New Mexico	5.7
37	Texas	5.7
39	Louisiana	6.3
39	Alabama	6.3
41	Montana	6.4
41	South Dakota	6.4
43	South Carolina	6.6
44	North Dakota	7.3
45	Arkansas	7.5
46	West Virginia	7.8
47	Oklahoma	7.9
48	Mississippi	9.8
49	Alaska	9.9
50	Wyoming	12.5
	United States	4.4
	District of Columbia	4.9

Violent Crime

Families, neighborhoods and communities are all affected when violent crime occurs. Violent crime can cause immediate health issues such as injuries, mental health problems, disability and premature death as well as long-term stress in children, families and neighborhoods. More than 1.2 million violent crimes occurred in the United States in 2017, including more than 17,000 homicides. Homicide is the third-leading cause of death among persons age 15 to 34 in the U.S. and the fourth-leading among children age 1 to 14. Exposure to violence in childhood is associated with increased risk of chronic diseases in adulthood.

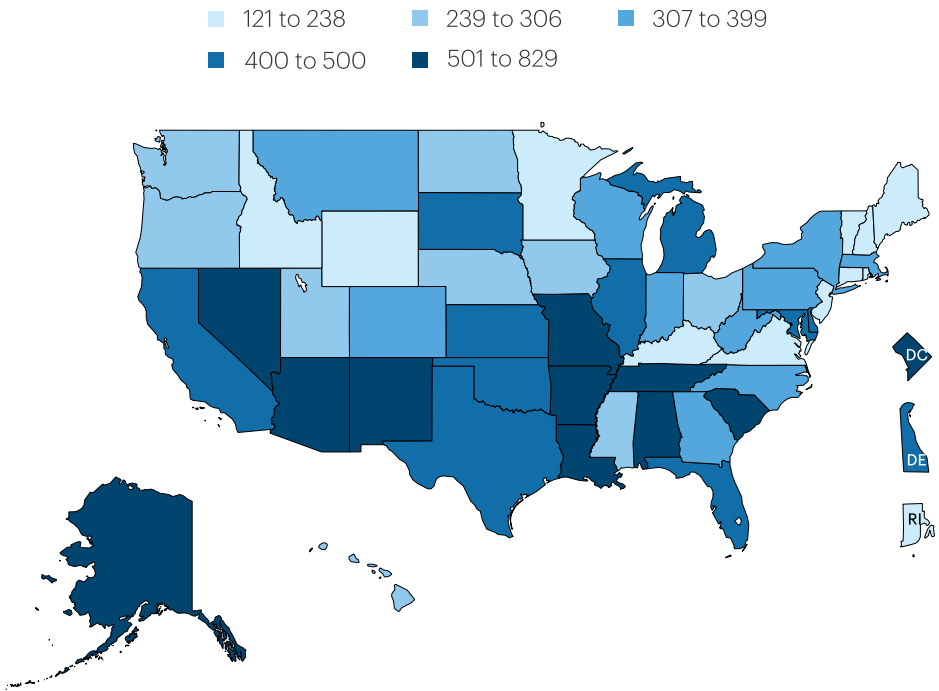
Data source: U.S. Department of Justice, Federal Bureau of Investigation, 2017
For details: AmericasHealthRankings.org/AR18/Crime

394
offenses per 100,000 population



Violent Crime by State

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



Ranking

by Violent Crime

Rank	State	Value
1	Maine	121
2	Vermont	166
3	New Hampshire	199
4	Virginia	208
5	Kentucky	226
6	Idaho	226
7	Connecticut	228
8	New Jersey	229
9	Rhode Island	232
10	Wyoming	238
10	Minnesota	238
12	Utah	239
13	Hawaii	251
14	North Dakota	281
15	Oregon	282
16	Mississippi	286
17	Iowa	293
18	Ohio	298
19	Washington	305
20	Nebraska	306
21	Pennsylvania	313
22	Wisconsin	320
23	West Virginia	351
24	New York	357
25	Georgia	357
26	Massachusetts	358
27	North Carolina	364
28	Colorado	368
29	Montana	377
30	Indiana	399
31	Florida	408
32	Kansas	413
33	South Dakota	434
34	Illinois	439
35	Texas	439
36	California	449
37	Michigan	450
38	Delaware	453
39	Oklahoma	456
40	Maryland	500
41	South Carolina	506
42	Arizona	508
43	Alabama	524
44	Missouri	530
45	Arkansas	555
46	Nevada	556
47	Louisiana	557
48	Tennessee	652
49	New Mexico	784
50	Alaska	829
	United States	394
	District of Columbia	1,005

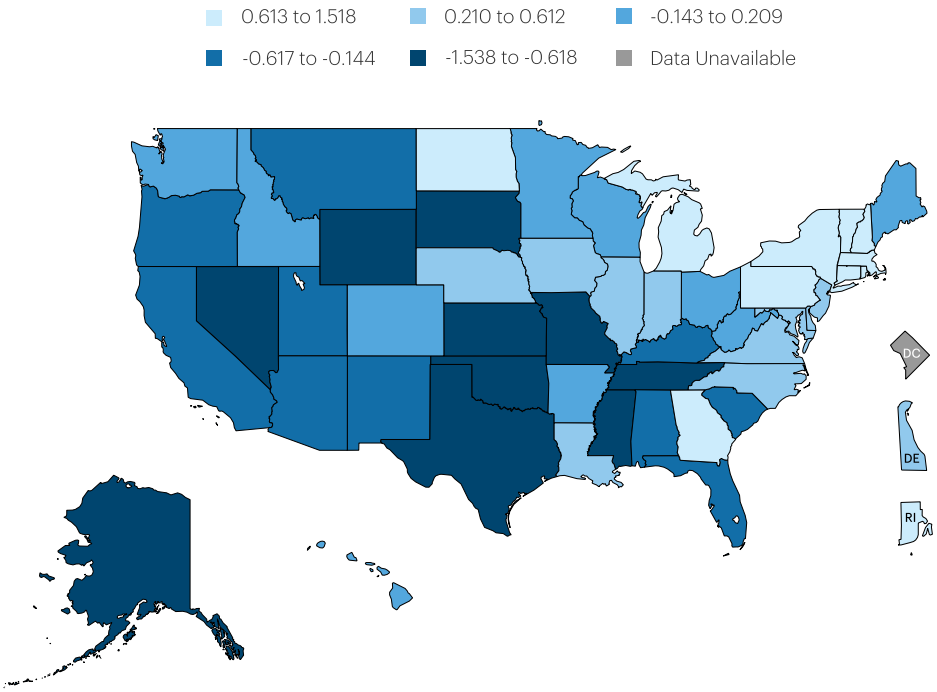
Immunizations — Adolescents

Immunizations are a safe and effective means of protecting teens from potentially life-threatening preventable diseases. Preteens and teens are recommended to receive vaccines to protect them from meningococcal disease, tetanus, diphtheria, pertussis, human papillomavirus (HPV) and influenza. From 2016 to 2017, coverage among adolescents aged 13 to 17 in the United States increased for meningococcal and HPV vaccines and remained high for tetanus and diphtheria toxoids and acellular pertussis vaccine. Achieving and maintaining high vaccination coverage is critical to reduce the impact of vaccine-preventable diseases. The Centers for Disease Control and Prevention immunization programs, such as the Vaccines for Children Program, support the purchase of vaccines and immunization operations.

Data source: *America's Health Rankings* composite measure, 2018
For details: AmericasHealthRankings.org/AR18/immunize_teens_a

Immunizations — Adolescents by State

Mean z score of the percentage of adolescents aged 13 to 17 who received the recommended doses of Tdap, meningococcal and HPV vaccines



Ranking

by Immunizations — Adolescents

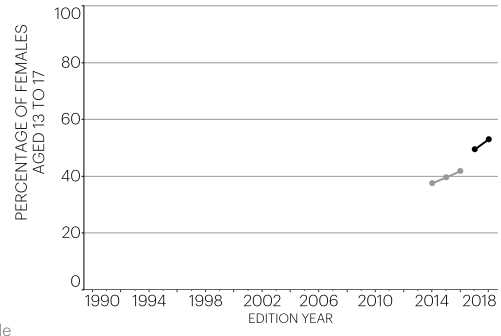
Rank	State	Value
1	Massachusetts	1.518
2	Rhode Island	1.497
3	Connecticut	1.208
4	New Hampshire	1.002
5	Michigan	0.908
6	Vermont	0.828
7	North Dakota	0.735
8	New York	0.668
9	Georgia	0.662
10	Pennsylvania	0.613
11	Delaware	0.598
12	Nebraska	0.597
13	Indiana	0.575
14	Iowa	0.513
15	Illinois	0.497
16	New Jersey	0.465
17	Louisiana	0.435
18	Maryland	0.380
19	North Carolina	0.330
20	Virginia	0.210
21	Wisconsin	0.197
22	Ohio	0.192
23	Arkansas	0.127
24	Washington	0.108
25	Colorado	0.045
26	Maine	0.018
27	Idaho	-0.033
28	Hawaii	-0.057
29	Minnesota	-0.065
30	West Virginia	-0.143
31	Utah	-0.150
32	Florida	-0.227
33	Oregon	-0.318
34	California	-0.355
35	Arizona	-0.402
36	South Carolina	-0.407
37	Montana	-0.415
38	New Mexico	-0.538
39	Alabama	-0.547
40	Kentucky	-0.617
41	Tennessee	-0.652
42	Texas	-0.742
43	Nevada	-0.795
44	Kansas	-0.923
45	Oklahoma	-0.963
46	Mississippi	-1.033
47	South Dakota	-1.222
48	Missouri	-1.403
49	Wyoming	-1.432
50	Alaska	-1.538
	United States	0.000
	District of Columbia	N/A

Immunization — HPV Females

Human papillomavirus (HPV) infections can cause a variety of cancers and genital warts. An estimated one in four, or 80 million people, in the United States are infected with HPV and about 14 million become newly infected each year. More than 20,000 women are diagnosed with HPV-associated cancers annually. The HPV vaccine, recommended for preteens, can prevent HPV infection and associated cancers into adulthood. The current two-dose HPV vaccine protects against nine strains, covering the majority of HPV-associated cancers as well as most genital warts. Since the vaccine was introduced in the U.S. in 2006, HPV vaccination coverage has increased while HPV prevalence among young females has declined.

53.1

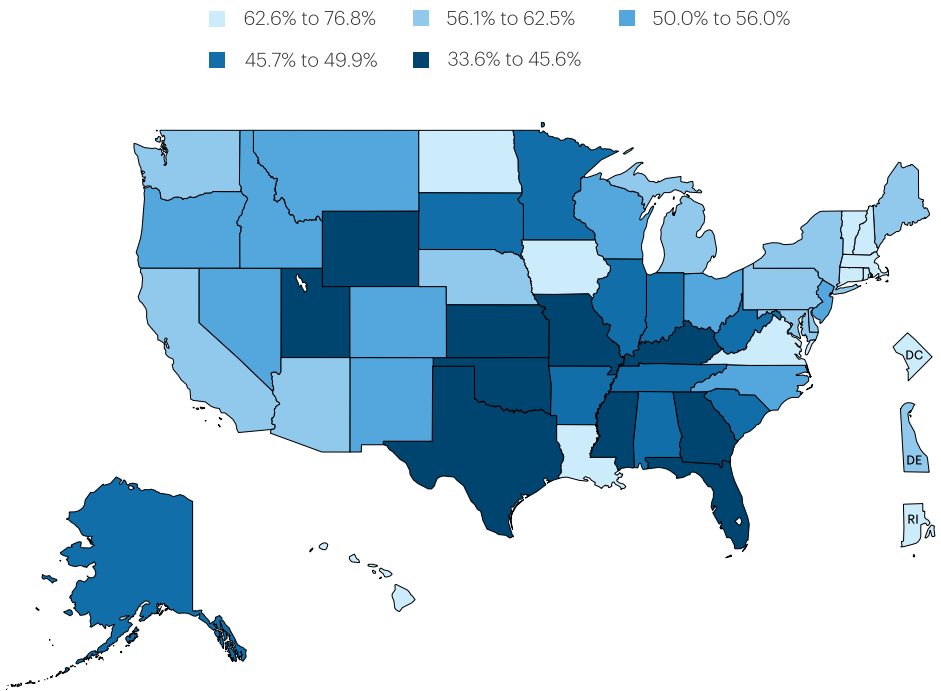
percent of females aged 13 to 17



Data source: CDC, *National Immunization Survey-Teen*, 2017
For details: AmericasHealthRankings.org/AR18/immunize_hpv_female

Immunization — HPV Females by State

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



Ranking

by Immunization — HPV Females

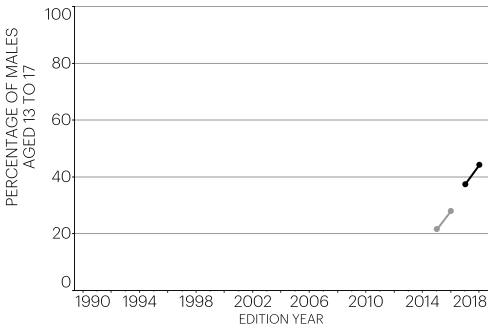
Rank	State	Value (%)
1	Rhode Island	76.8
2	Vermont	68.5
3	Virginia	68.0
4	Massachusetts	67.4
5	Iowa	65.5
6	Louisiana	64.3
7	Connecticut	63.5
8	New Hampshire	63.0
9	Hawaii	62.7
10	North Dakota	62.6
11	Maine	61.5
12	Nebraska	61.4
13	California	60.9
14	Michigan	60.4
15	Delaware	59.6
16	New York	58.2
17	Arizona	57.9
18	Maryland	57.5
19	Washington	56.8
20	Pennsylvania	56.1
21	Wisconsin	56.0
22	Oregon	55.1
23	New Mexico	55.0
24	Ohio	54.9
25	New Jersey	53.8
26	Colorado	53.1
27	Nevada	52.9
28	Idaho	52.1
29	Montana	50.1
30	North Carolina	50.0
31	Illinois	48.9
32	South Dakota	48.8
33	West Virginia	48.6
33	Minnesota	48.6
35	Indiana	48.4
36	Tennessee	47.7
37	South Carolina	47.4
38	Alabama	47.2
39	Arkansas	46.6
40	Alaska	45.7
41	Oklahoma	45.6
42	Florida	45.3
43	Missouri	45.2
44	Georgia	45.0
45	Kentucky	44.7
46	Texas	43.5
47	Utah	42.1
48	Kansas	38.5
49	Mississippi	34.4
50	Wyoming	33.6
	United States	53.1
	District of Columbia	79.4

Immunization — HPV Males

Human papillomavirus (HPV) infections can cause a variety of cancers and genital warts. An estimated one in four, or 80 million people, in the United States are infected with HPV and about 14 million become newly infected each year. More than 13,000 men are diagnosed with HPV-associated cancers annually. The HPV vaccine, recommended for preteens, can prevent HPV infection and associated cancers into adulthood. The current two-dose HPV vaccine protects against nine strains, covering the majority of HPV-associated cancers as well as most genital warts. From 2016 to 2017, U.S. HPV vaccination coverage among adolescent males increased significantly from 37.5 percent to 44.3 percent.

44.3

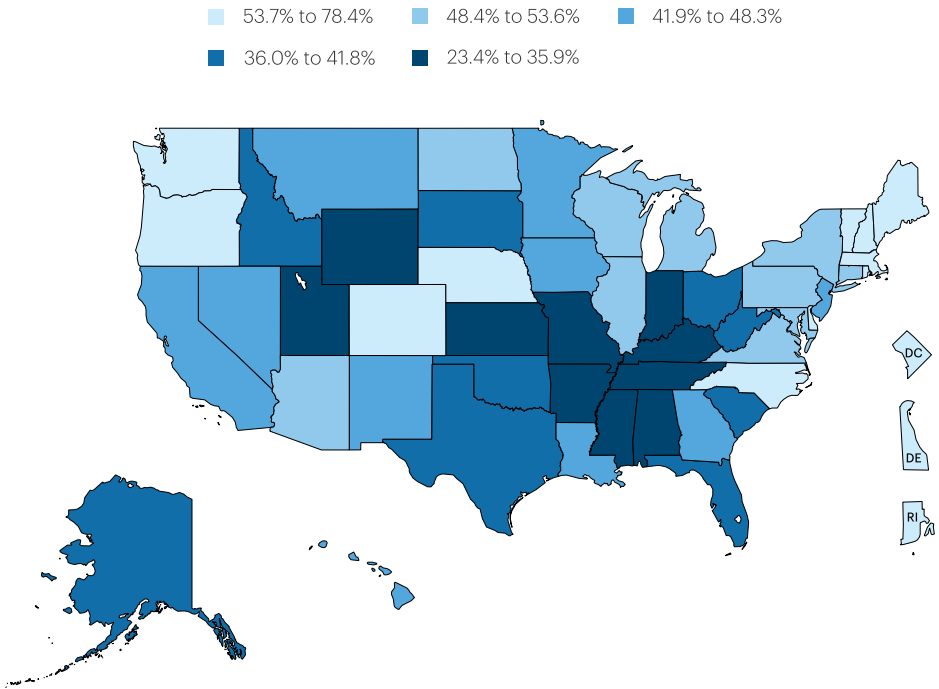
percent of males aged 13 to 17



Data source: CDC, *National Immunization Survey-Teen*, 2017
For details: AmericasHealthRankings.org/AR18/immunize_hpv_male

Immunization — HPV Males by State

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



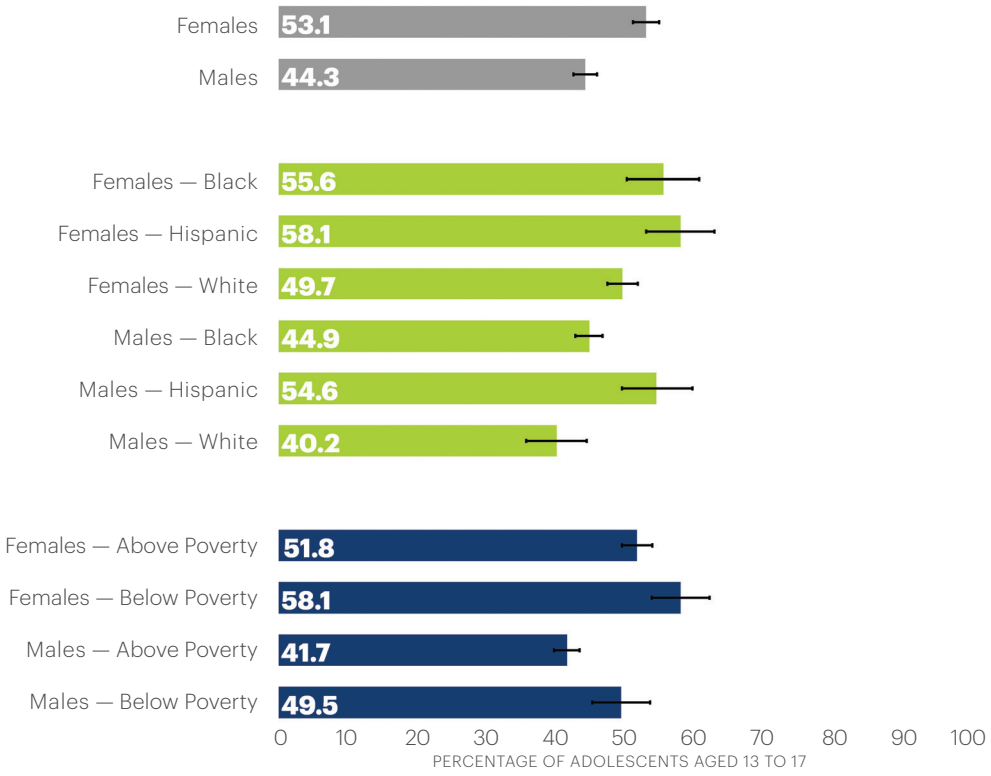
Ranking

by Immunization — HPV Males

Rank	State	Value (%)
1	Rhode Island	78.4
2	Massachusetts	63.7
3	Vermont	60.8
4	Maine	57.0
5	New Hampshire	56.9
6	Delaware	56.7
7	Nebraska	55.3
8	Colorado	54.4
8	Oregon	54.4
10	Washington	53.7
10	North Carolina	53.7
12	North Dakota	53.2
13	Connecticut	52.7
14	Illinois	51.8
15	Virginia	50.4
16	Pennsylvania	49.1
16	New York	49.1
18	Wisconsin	48.8
19	Michigan	48.5
20	Maryland	48.4
20	Arizona	48.4
22	Montana	48.1
23	Hawaii	47.2
24	Georgia	46.4
25	California	46.3
26	New Jersey	45.5
27	Minnesota	45.4
28	Nevada	45.3
29	Iowa	42.6
30	New Mexico	41.9
30	Louisiana	41.9
32	South Dakota	40.9
33	Alaska	39.8
34	Florida	39.4
35	Ohio	39.3
35	West Virginia	39.3
37	South Carolina	38.0
38	Oklahoma	37.5
39	Idaho	36.5
40	Texas	36.0
41	Missouri	34.2
42	Alabama	33.7
43	Indiana	33.5
44	Utah	32.9
45	Tennessee	31.1
45	Kentucky	31.1
47	Kansas	30.4
48	Wyoming	28.4
49	Arkansas	24.3
50	Mississippi	23.4
	United States	44.3
	District of Columbia	76.6

HPV Immunization by Subpopulations

with 95 percent confidence intervals

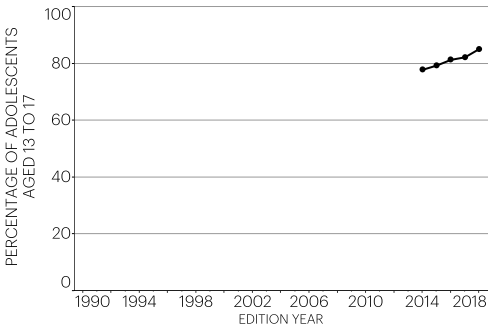


Immunization — Meningococcal

Meningococcal disease is a potentially life-threatening illness caused by the bacterium *Neisseria meningitidis*. The bacteria are spread person to person through direct contact with infected saliva. It is most commonly diagnosed in infants, teens and young adults. The meningococcal conjugate vaccine, known as MenACWY, protects against four of the five most common meningococcal types in the United States. It is recommended for individuals aged 11 to 12, with a booster dose at 16 years to protect against the period of increased risk from age 16 to 21. Public health officials in the United States investigate reported meningococcal disease cases to identify people who may have been exposed and to reduce potential of outbreaks.

85.1

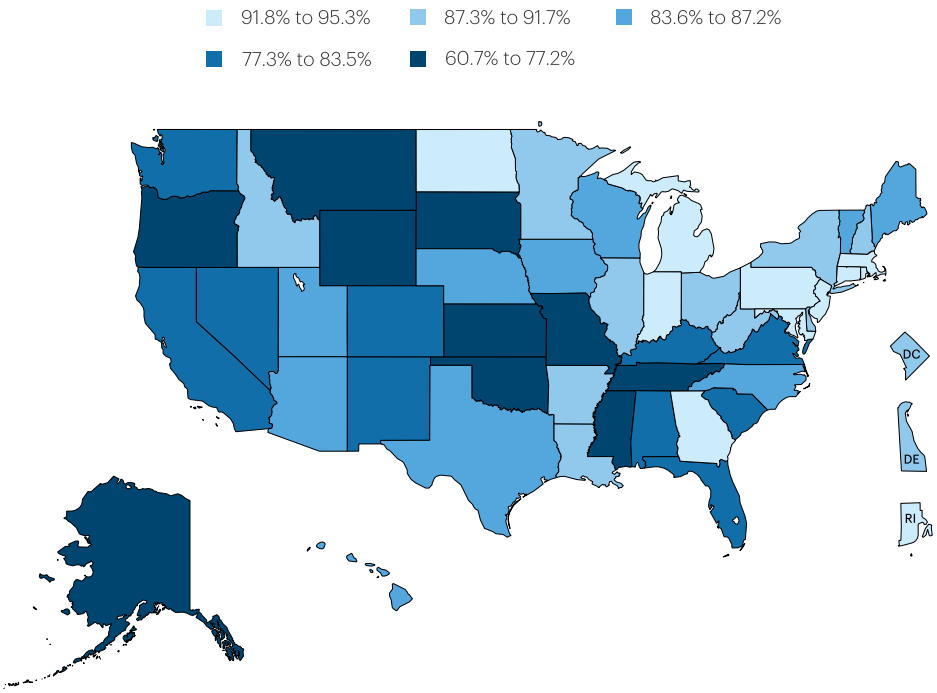
percent of adolescents aged 13 to 17



Data source: CDC, *National Immunization Survey-Teen*, 2017
For details: AmericasHealthRankings.org/AR18/Immunize_mcv4

Immunization — Meningococcal by State

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



Ranking

by Immunization — Meningococcal

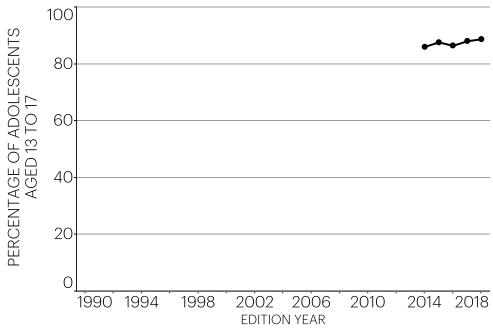
Rank	State	Value (%)
1	Georgia	95.3
2	Connecticut	94.9
3	Rhode Island	94.1
4	Massachusetts	94.0
5	Michigan	93.5
6	Pennsylvania	93.4
7	New Jersey	93.3
8	Indiana	93.1
9	North Dakota	91.9
10	Maryland	91.8
11	Arkansas	91.7
12	Idaho	90.5
12	Delaware	90.5
14	New York	89.3
15	Illinois	89.2
16	Louisiana	89.0
17	New Hampshire	87.9
17	West Virginia	87.9
19	Minnesota	87.5
20	Ohio	87.3
21	Hawaii	85.9
22	Texas	85.1
22	Utah	85.1
24	Nebraska	84.8
24	North Carolina	84.8
26	Vermont	84.2
27	Maine	83.9
28	Arizona	83.8
28	Wisconsin	83.8
30	Iowa	83.6
31	Kentucky	83.3
32	Washington	82.6
33	Colorado	82.4
34	California	82.2
35	Florida	80.2
36	Virginia	80.0
37	South Carolina	78.6
38	Alabama	78.3
39	New Mexico	78.0
40	Nevada	77.3
41	Oregon	77.0
42	Tennessee	75.0
43	South Dakota	74.5
44	Missouri	74.3
45	Kansas	72.1
46	Montana	71.2
47	Oklahoma	71.1
48	Alaska	68.4
49	Mississippi	63.0
50	Wyoming	60.7
	United States	85.1
	District of Columbia	91.3

Immunization — Tdap

The tetanus diphtheria and acellular pertussis (Tdap) vaccine is a one-time pertussis booster vaccine that provides protection from three diseases caused by bacteria that can be life-threatening: tetanus (lockjaw), diphtheria and pertussis (whooping cough). Diphtheria and pertussis spread through person-to-person contact, mainly via respiratory and throat secretions. Tetanus is non-communicable and enters the body through cuts, scratches and wounds. The Tdap booster is recommended for 11- and 12-year-olds who have completed the recommended childhood diphtheria, tetanus and acellular pertussis vaccine (DTaP) series. Tdap is also recommended for women during the third trimester of pregnancy and any teen or adult who has never received a dose of Tdap.

88.7

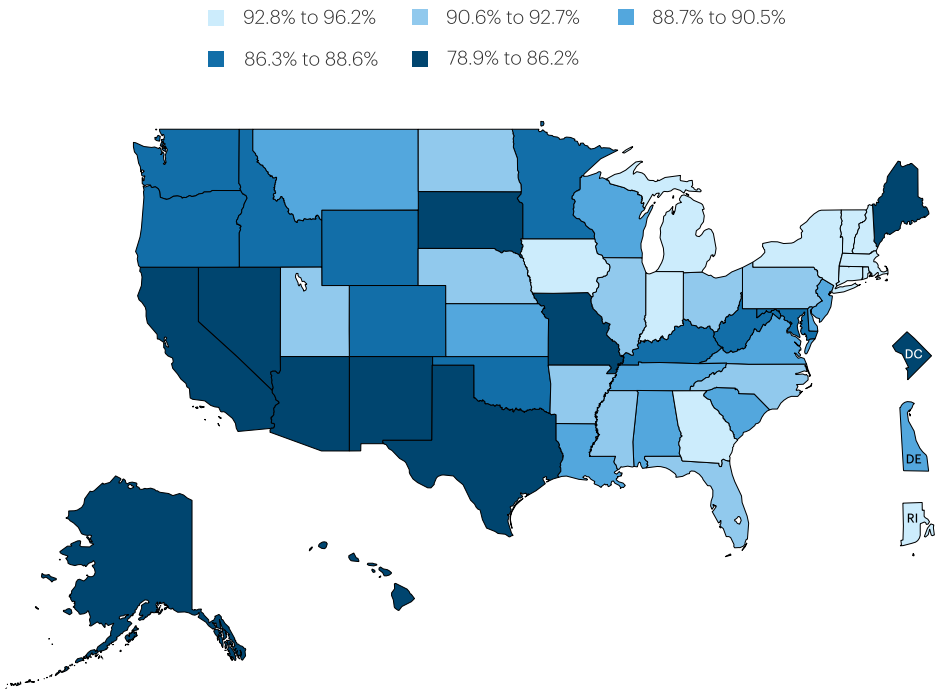
percent of adolescents aged 13 to 17



Data source: CDC, *National Immunization Survey-Teen*, 2017
For details: AmericasHealthRankings.org/AR18/Immunize_tdap

Immunization — Tdap by State

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



Ranking

by Immunization — Tdap

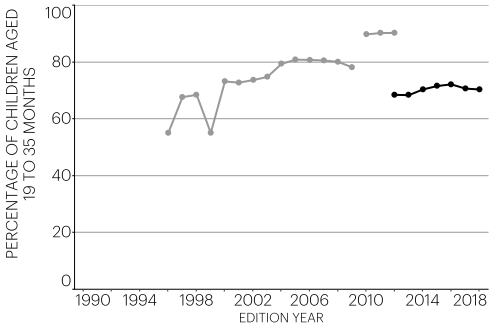
Rank	State	Value (%)
1	Massachusetts	96.2
2	New Hampshire	95.1
2	Indiana	95.1
4	Connecticut	94.9
5	Rhode Island	94.6
6	Iowa	93.4
6	Michigan	93.4
8	Georgia	93.3
9	New York	92.9
10	Vermont	92.8
11	Mississippi	92.4
11	Illinois	92.4
11	Arkansas	92.4
14	Nebraska	92.3
15	North Carolina	91.9
16	Utah	91.6
17	Florida	91.1
18	Ohio	90.6
18	North Dakota	90.6
18	Pennsylvania	90.6
21	Montana	90.4
22	Wisconsin	90.3
23	Louisiana	90.1
24	New Jersey	90.0
25	Kansas	89.7
26	Delaware	89.6
27	South Carolina	89.4
27	Tennessee	89.4
29	Virginia	89.3
30	Alabama	88.7
31	Colorado	88.6
31	Washington	88.6
33	Maryland	88.3
34	Minnesota	87.5
34	West Virginia	87.5
36	Idaho	87.3
37	Oklahoma	86.7
38	Kentucky	86.4
38	Wyoming	86.4
40	Oregon	86.3
41	New Mexico	85.5
42	Maine	85.1
43	Hawaii	84.8
44	California	83.5
45	Texas	83.2
46	Nevada	82.5
47	Arizona	82.4
48	Missouri	80.1
49	South Dakota	79.5
50	Alaska	78.9
	United States	88.7
	District of Columbia	86.1

Immunizations — Children

Children who receive recommended immunizations by age two are protected from 14 diseases. Early childhood immunizations are a safe and cost-effective means of protecting infants and children from potentially life-threatening preventable diseases early in life when they are most vulnerable. Among children born between 1994 and 2013, childhood vaccination prevented 322 million illnesses and roughly 732,000 early deaths, saving society a total of $1.38 trillion. Despite progress nationally, certain populations experience low childhood immunization coverage, including low-income families, racial/ethnic minorities and families living in rural areas. Immunizations are available to eligible children at no cost through the federally funded Vaccines for Children Program.

70.4

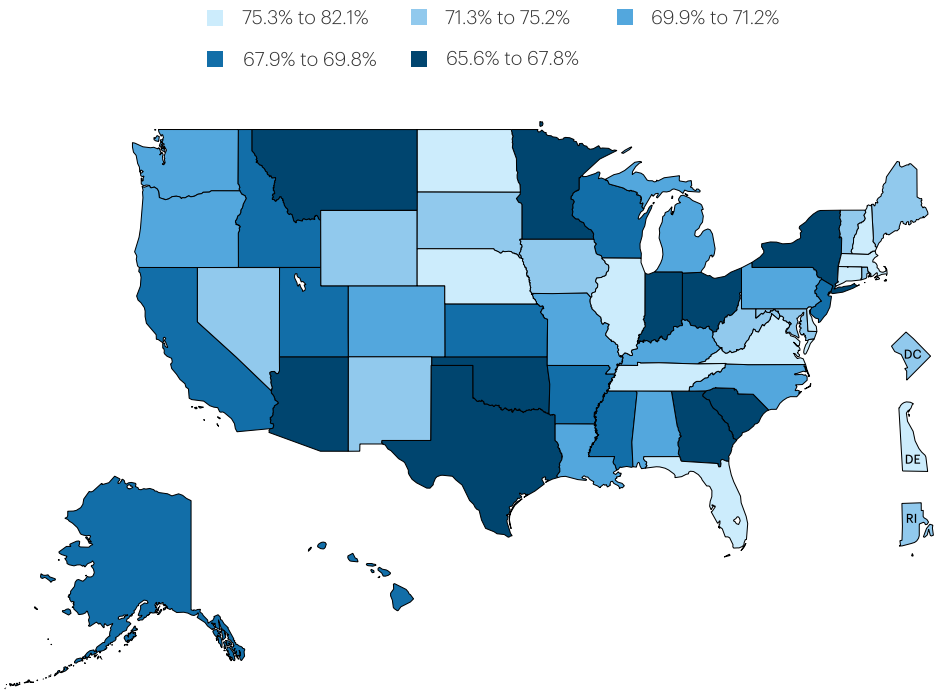
percent of children aged 19 to 35 months



Data source: CDC, *National Immunization Survey-Child*, 2017
For details: AmericasHealthRankings.org/AR18/Immunize

Immunizations — Children by State

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



Ranking

by Immunizations — Children

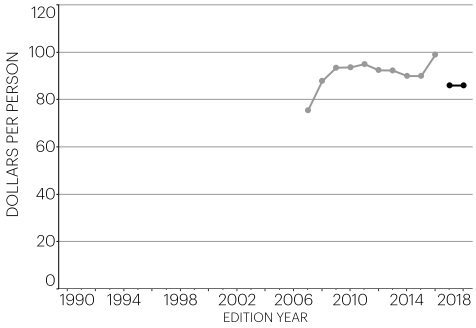
Rank	State	Value (%)
1	Massachusetts	82.1
2	Tennessee	79.3
3	New Hampshire	78.9
4	North Dakota	78.8
5	Nebraska	77.9
6	Delaware	77.1
6	Virginia	77.1
8	Florida	76.2
9	Illinois	75.4
10	Connecticut	75.3
11	Maryland	75.2
12	West Virginia	74.7
12	South Dakota	74.7
14	Rhode Island	74.4
15	Vermont	74.0
16	Iowa	72.8
17	Maine	72.7
18	Wyoming	72.0
19	New Mexico	71.9
20	Nevada	71.3
21	Missouri	71.2
21	Alabama	71.2
23	Colorado	71.0
23	Kentucky	71.0
25	North Carolina	70.9
26	Pennsylvania	70.4
27	Oregon	70.3
28	Louisiana	70.0
29	Michigan	69.9
29	Washington	69.9
31	Hawaii	69.8
32	Alaska	69.5
32	Kansas	69.5
34	Arkansas	69.4
35	New Jersey	69.3
36	Wisconsin	69.2
36	Idaho	69.2
38	Mississippi	68.7
39	California	68.6
40	Utah	67.9
41	Texas	67.8
42	New York	67.5
43	Oklahoma	67.3
44	Arizona	66.5
45	Ohio	66.4
46	Indiana	66.3
47	Montana	66.2
48	Minnesota	66.1
49	South Carolina	66.0
50	Georgia	65.6
	United States	70.4
	District of Columbia	74.0

Public Health Funding

The benefits of spending on public health programs can be substantial, however, dollars allocated to such programs represent a small fraction of all health care spending. Increased spending on public health programs is linked to a decrease in mortality from preventable causes of death. A 2017 systematic review found that for every $1 spent on public health protection interventions such as vaccinations, $27 was saved. Unfortunately, life expectancy in the United States has declined for the second year in a row while local, state and federal investments in public health are flat or decreasing.

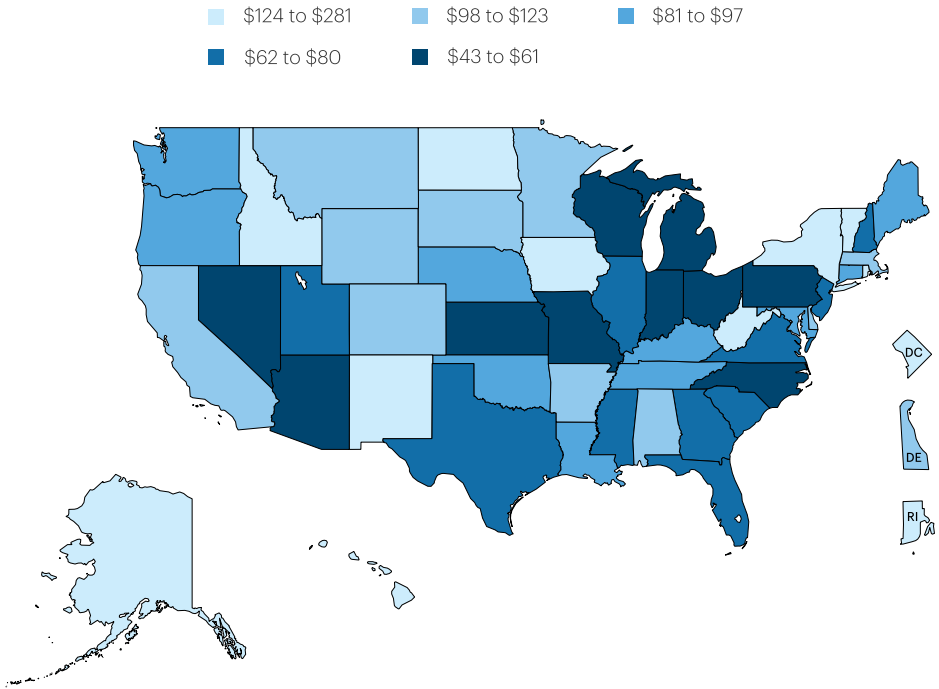
Data source: Trust For America's Health; U.S. Department of Health and Human Services; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, 2016-2017
For details: AmericasHealthRankings.org/AR18/PH_funding

$86
dollars per person



Public Health Funding by State

State dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention and the Health Resources & Services Administration per person (2-year average)



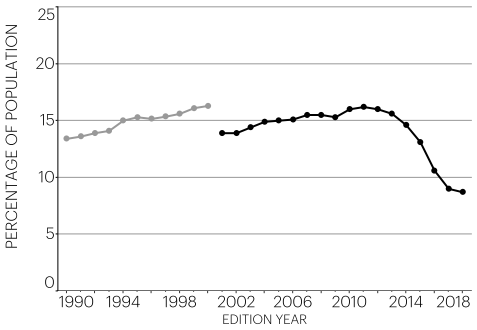
Ranking
by Public Health Funding

Rank	State	Value ($)
1	Alaska	281
2	Hawaii	226
3	West Virginia	215
4	Idaho	149
4	New York	149
6	Vermont	148
7	Rhode Island	143
8	North Dakota	130
9	Iowa	124
9	New Mexico	124
11	Montana	115
12	Massachusetts	112
12	Alabama	112
14	South Dakota	111
15	Wyoming	109
16	Arkansas	108
16	California	108
18	Delaware	107
19	Minnesota	99
20	Colorado	98
21	Maine	97
21	Nebraska	97
21	Tennessee	97
24	Maryland	96
25	Washington	94
26	Oklahoma	87
27	Kentucky	85
27	Louisiana	85
29	Connecticut	81
29	Oregon	81
31	Mississippi	80
32	Utah	77
33	South Carolina	76
34	New Hampshire	74
35	Georgia	73
35	Virginia	73
37	Illinois	68
38	Texas	65
39	New Jersey	64
40	Florida	62
41	Michigan	58
42	North Carolina	57
43	Kansas	56
44	Missouri	55
44	Pennsylvania	55
46	Ohio	53
47	Wisconsin	52
48	Indiana	51
49	Arizona	50
50	Nevada	43
	United States	86
	District of Columbia	511

Uninsured

Health insurance is a critical factor in ensuring people receive the preventive and medical care they need to achieve and maintain good health. Individuals without health insurance have more difficulty accessing health care, are often unable to participate in preventive care programs and tend to have more unmet health needs than those with health insurance. Unmet health needs may develop into more serious conditions requiring costlier treatments. In 2017 an estimated 28 million people in the United States were uninsured. Populations with the highest uninsured rates are racial and ethnic minorities, adults with low educational attainment or with low income and individuals living in states that did not expand Medicaid under the Affordable Care Act.

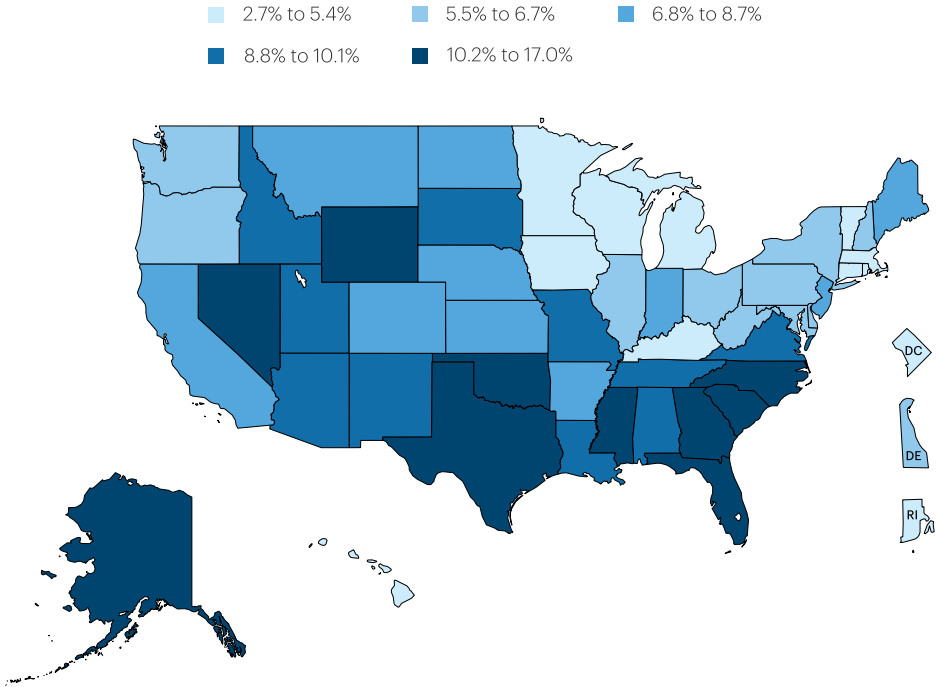
8.7
percent of population



Data source: U.S. Census Bureau, *American Community Survey*, 2016-2017
For details: AmericasHealthRankings.org/AR18/HealthInsurance

Uninsured by State

Percentage of the population that does not have health insurance privately, through their employer or through the government (2-year average)



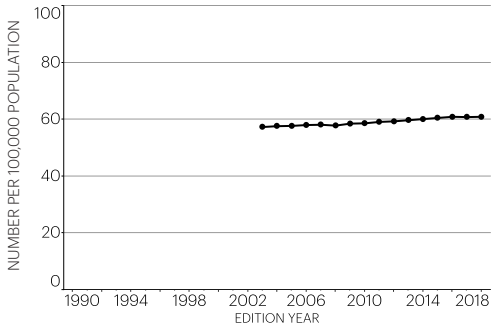
Ranking
by Uninsured

Rank	State	Value (%)
1	Massachusetts	2.7
2	Hawaii	3.7
3	Vermont	4.2
4	Minnesota	4.3
5	Iowa	4.5
5	Rhode Island	4.5
7	Connecticut	5.2
8	Michigan	5.3
8	Kentucky	5.3
10	Wisconsin	5.4
11	Pennsylvania	5.6
11	Delaware	5.6
13	West Virginia	5.7
14	Ohio	5.8
15	New Hampshire	5.9
15	New York	5.9
17	Washington	6.1
17	Maryland	6.1
19	Oregon	6.5
20	Illinois	6.7
21	California	7.3
21	North Dakota	7.3
23	Colorado	7.5
24	Arkansas	7.9
24	New Jersey	7.9
26	Maine	8.1
27	Indiana	8.2
28	Montana	8.3
29	Nebraska	8.5
30	Kansas	8.7
31	Virginia	8.8
32	South Dakota	8.9
33	Utah	9.0
33	Missouri	9.0
35	New Mexico	9.2
36	Alabama	9.3
36	Tennessee	9.3
38	Louisiana	9.4
39	Idaho	10.1
39	Arizona	10.1
41	South Carolina	10.5
42	North Carolina	10.6
43	Nevada	11.3
44	Mississippi	11.9
44	Wyoming	11.9
46	Florida	12.7
47	Georgia	13.2
48	Alaska	13.9
49	Oklahoma	14.0
50	Texas	17.0
	United States	8.7
	District of Columbia	3.9

Dentists

Regular dental visits are important to achieving optimal oral health. During routine oral exams, dentists can identify underlying health conditions that have oral manifestations, such as nutritional deficiencies, infections and immune disorders. Despite an increase in the number of working dentists, limited access to oral health care in many areas and populations contribute to significant disparities, particularly in rural communities where rates of dental caries and toothlessness are higher compared with urban populations. Contributing factors to these disparities are an inadequate supply of dentists, a decreasing number of dentists accepting Medicaid patients, patients' difficulty traveling, poverty, lack of a fluoridated community water supply and a growing older adult population.

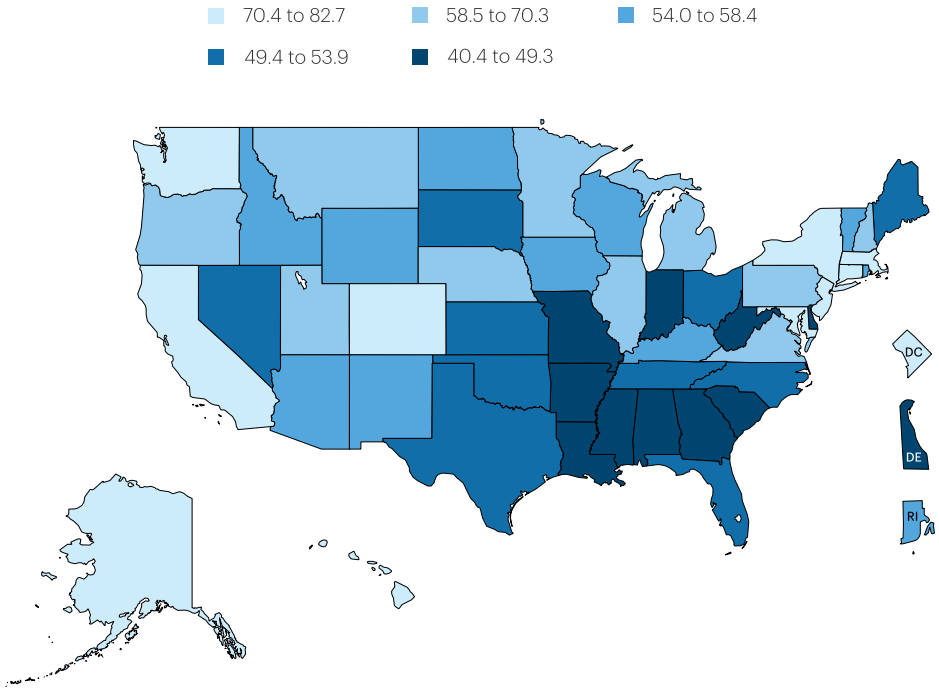
60.9
dentists per 100,000 population



Data source: American Dental Association, 2017
For details: AmericasHealthRankings.org/AR18/dentists

Dentists by State

Number of practicing dentists per 100,000 population



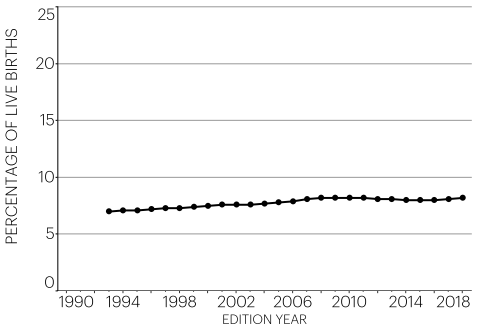
Ranking
by Dentists

Rank	State	Value
1	Massachusetts	82.7
2	Alaska	79.5
3	New Jersey	77.6
4	California	77.5
5	Hawaii	75.8
6	Connecticut	74.4
6	New York	74.4
8	Washington	70.9
9	Colorado	70.5
10	Maryland	70.4
11	Illinois	68.2
12	Oregon	67.8
13	Nebraska	64.2
14	New Hampshire	63.6
15	Virginia	62.5
16	Utah	61.2
16	Michigan	61.2
18	Montana	61.1
19	Pennsylvania	60.3
20	Minnesota	58.5
21	Wisconsin	58.2
22	Vermont	57.9
22	North Dakota	57.9
24	Kentucky	55.8
25	Wyoming	55.4
26	Rhode Island	54.6
27	Idaho	54.3
28	New Mexico	54.1
28	Arizona	54.1
30	Iowa	54.0
31	South Dakota	53.5
32	Nevada	53.1
33	Ohio	52.7
33	Texas	52.7
35	Maine	52.5
36	Florida	51.5
37	North Carolina	51.4
38	Oklahoma	50.0
39	Kansas	49.7
40	Tennessee	49.4
41	Louisiana	48.5
41	Missouri	48.5
43	South Carolina	48.3
44	West Virginia	47.9
45	Indiana	47.7
46	Georgia	47.2
47	Delaware	44.1
48	Mississippi	42.9
49	Arkansas	41.7
50	Alabama	40.4
	United States	60.9
	District of Columbia	103.9

Low Birthweight

Low birthweight infants are at increased risk of infant mortality and a host of short- and long-term complications, including respiratory distress syndrome, heart problems and intestinal disorders. The most common cause of low birthweight is premature birth — accounting for roughly seven in 10 low birthweight babies. Black women are almost twice as likely to have a low birthweight baby compared with white and Hispanic women. Other maternal risk factors include chronic health conditions, smoking, low education or income level and stress. The average hospital cost for a very low birthweight infant is estimated to be $76,700, compared with $3,200 for a normal weight newborn.

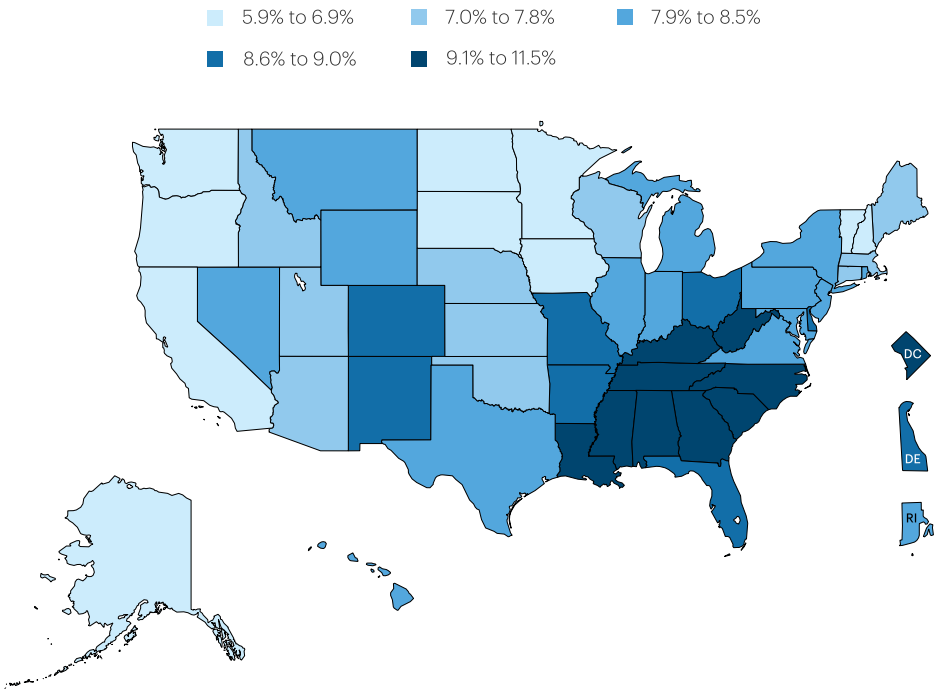
8.2
percent of live births



Data source: CDC WONDER Online Database, Natality public-use data, 2016
For details: AmericasHealthRankings.org/AR18/birthweight

Low Birthweight by State

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



Ranking

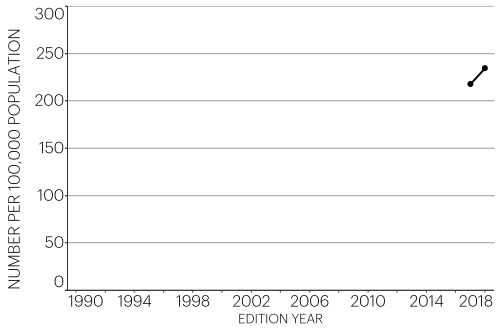
by Low Birthweight

Rank	State	Value (%)
1	Alaska	5.9
2	New Hampshire	6.4
2	Washington	6.4
4	Oregon	6.5
5	North Dakota	6.6
5	Minnesota	6.6
7	California	6.8
7	Iowa	6.8
7	South Dakota	6.8
10	Vermont	6.9
11	Idaho	7.0
11	Kansas	7.0
11	Nebraska	7.0
14	Maine	7.1
15	Utah	7.2
16	Arizona	7.3
17	Wisconsin	7.4
18	Massachusetts	7.5
19	Connecticut	7.8
19	Oklahoma	7.8
21	Montana	7.9
21	New York	7.9
23	Rhode Island	8.0
24	Virginia	8.1
24	New Jersey	8.1
26	Indiana	8.2
26	Pennsylvania	8.2
28	Texas	8.4
28	Illinois	8.4
30	Hawaii	8.5
30	Maryland	8.5
30	Michigan	8.5
30	Wyoming	8.5
30	Nevada	8.5
35	Missouri	8.7
35	Ohio	8.7
35	Florida	8.7
38	Arkansas	8.8
39	Delaware	8.9
40	Colorado	9.0
40	New Mexico	9.0
42	Kentucky	9.1
43	North Carolina	9.2
44	Tennessee	9.3
45	South Carolina	9.6
45	West Virginia	9.6
47	Georgia	9.8
48	Alabama	10.3
49	Louisiana	10.6
50	Mississippi	11.5
	United States	8.2
	District of Columbia	10.1

Mental Health Providers

Currently 124 million Americans are living in mental health shortage areas, leaving a large population without access to treatment providers. In 2016 only 43.1 percent of adults with any mental illness and 64.8 percent with a serious mental illness reported receiving treatment in the past year. Rural communities are disportionately affected by a lack of providers compared with urban areas. Strategies to increase supply of mental health providers include workforce development programs, providing incentives for providers in shortage areas, integrating mental health into primary care and increasing use of telemedicine.

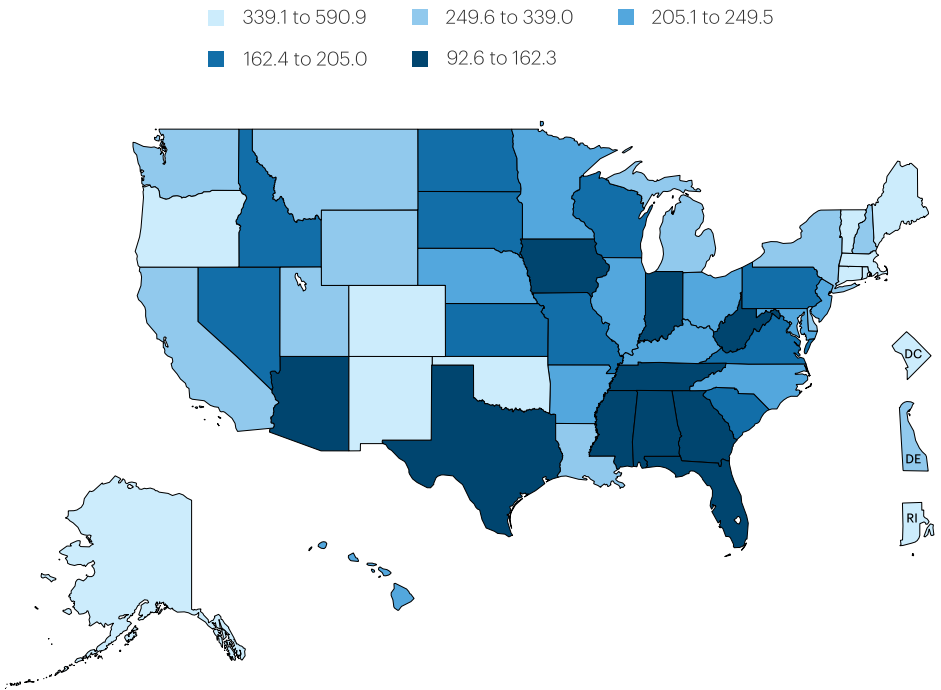
234.7
providers per 100,000 population



Data source: U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, 2017
For details: AmericasHealthRankings.org/AR18/MHP

Mental Health Providers by State

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



Ranking
by Mental Health Providers

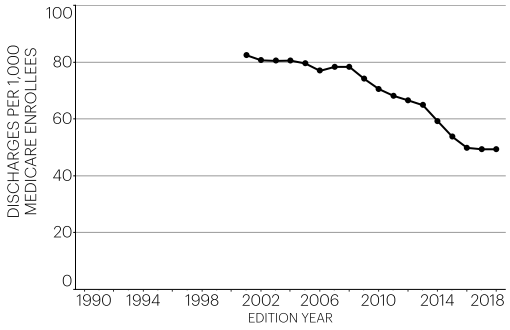
Rank	State	Value
1	Massachusetts	590.9
2	Oregon	492.3
3	Maine	459.5
4	Vermont	433.4
5	Rhode Island	395.4
6	Oklahoma	395.2
7	Alaska	391.2
8	New Mexico	381.5
9	Connecticut	375.5
10	Colorado	339.1
11	California	338.0
12	Washington	333.1
13	Wyoming	331.6
14	Utah	317.5
15	New Hampshire	290.7
16	Montana	282.7
17	New York	274.1
18	Louisiana	271.9
19	Michigan	253.0
20	Delaware	249.6
21	Nebraska	244.6
22	Hawaii	241.0
23	Minnesota	235.9
24	Maryland	235.5
25	North Carolina	233.7
26	Ohio	228.4
27	Arkansas	226.0
28	Illinois	213.8
29	Kentucky	211.2
30	New Jersey	205.1
31	Nevada	202.9
32	Idaho	202.0
33	Pennsylvania	194.9
34	Wisconsin	191.1
35	Kansas	189.7
36	Missouri	184.2
37	North Dakota	177.7
38	South Dakota	171.4
39	South Carolina	167.2
40	Virginia	162.4
41	Florida	153.8
42	Indiana	153.0
43	Iowa	149.2
44	Mississippi	147.9
45	Tennessee	147.2
46	Georgia	130.2
47	Arizona	129.3
48	West Virginia	122.6
49	Texas	105.9
50	Alabama	92.6
	United States	234.7
	District of Columbia	486.9

Preventable Hospitalizations

Preventable hospitalizations reflect the efficiency of a population's use of primary care and the quality of the primary health care received. Accessible and effective primary care can reduce hospitalizations for many preventable infectious diseases, asthma attacks, diabetes and hypertension. Routine care in outpatient settings for non-emergent acute or chronic conditions can prevent complications and more severe disease as well as the need for hospitalization. Preventable hospitalizations are more common among people without health insurance and often occur because of failure to treat conditions early in an outpatient setting. Preventable hospitalizations impose a nonessential financial burden on health care systems estimated at $30.8 billion per year.

49.4

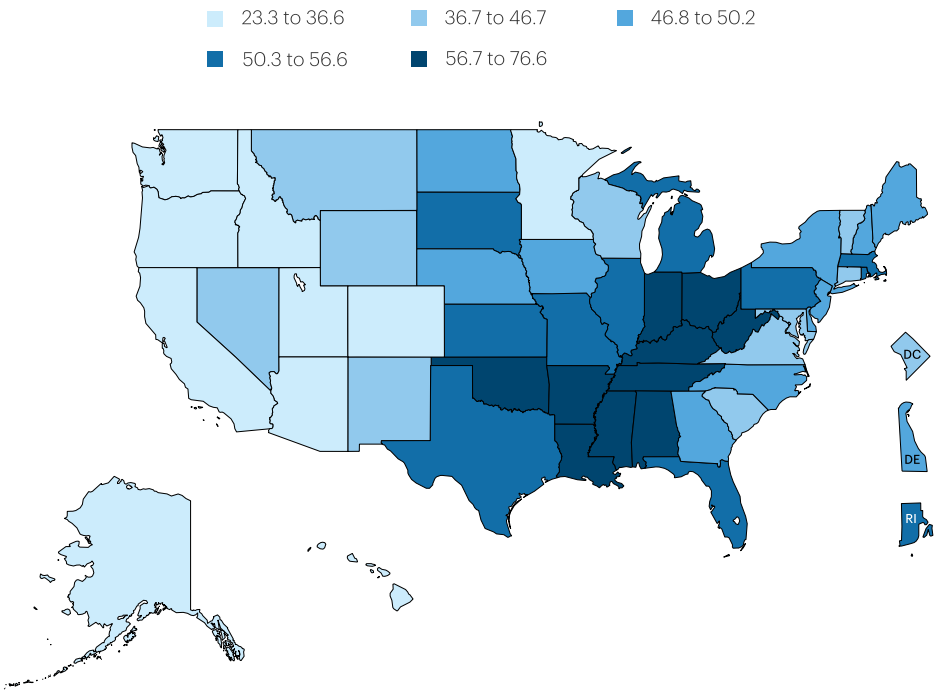
discharges per 1,000 Medicare enrollees



Data source: The Dartmouth Atlas of Health Care, 2015
The data appearing in this edition are the same that appeared in the 2017 edition
For details: AmericasHealthRankings.org/AR18/preventable

Preventable Hospitalizations by State

Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees



Ranking

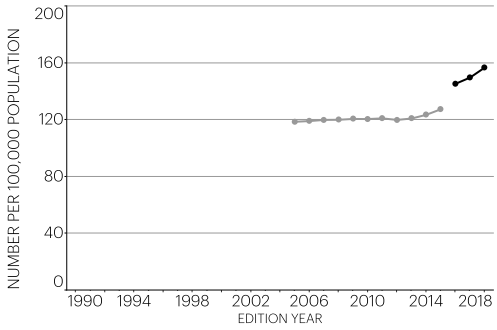
by Preventable Hospitalizations

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

Primary Care Physicians

The Health Services & Resource Administration estimates that an additional 6,900 primary care physicians are needed to meet unmet needs. Primary care physicians are typically the first point of contact with the health care system for patients. They provide critical preventive care, ongoing care and referrals to specialists. Primary care availability has a documented influence on health; having a greater number of primary care physicians has been linked to better health outcomes including lower rates of low birthweight and all-cause mortality and longer life spans. Availability of primary care is especially problematic in rural areas; 59 percent of designated health professional shortage areas are rural locations.

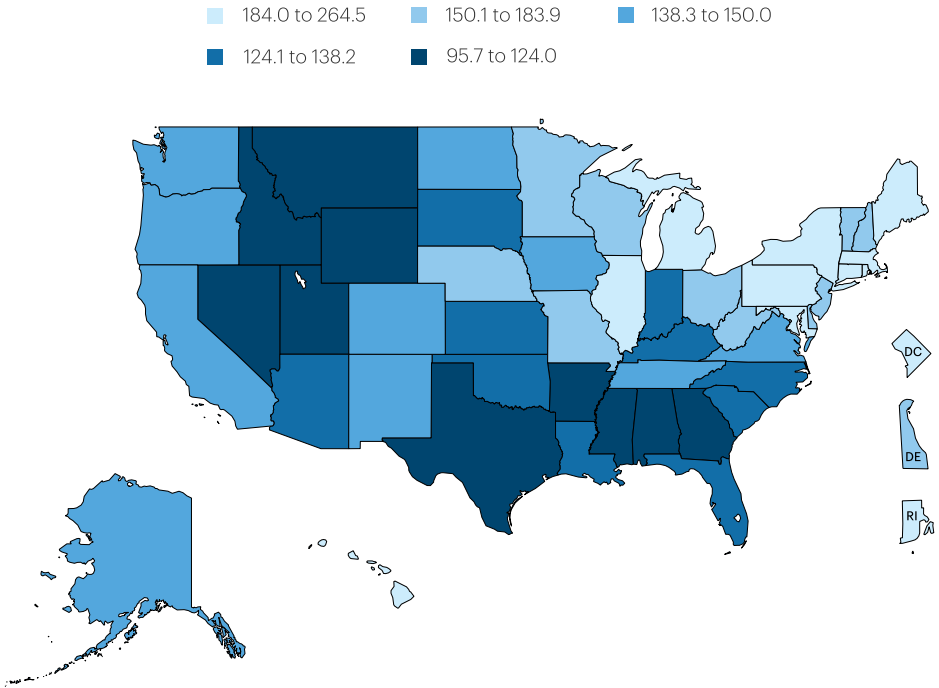
156.7
physicians per 100,000 population



Data source: Special data request for information on active state licensed physicians provided by Redi-Data, Inc., Sept 28, 2018; U.S. Census Bureau Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, 2017
For details: AmericasHealthRankings.org/AR18/PCP

Primary Care Physicians by State

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



Ranking

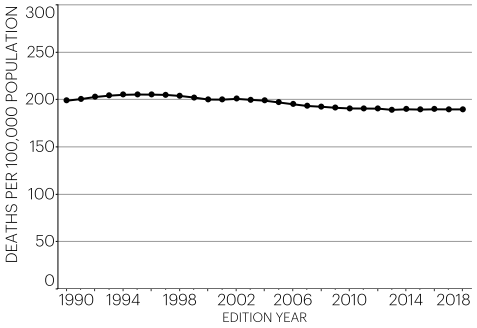
by Primary Care Physicians

Rank	State	Value
1	Rhode Island	264.5
2	Massachusetts	245.0
3	New York	223.7
4	Connecticut	216.3
5	Pennsylvania	208.7
6	Michigan	200.9
7	Maine	194.3
8	Maryland	188.2
9	Hawaii	187.6
10	Illinois	184.0
11	Vermont	183.3
12	New Jersey	176.3
13	Ohio	174.6
14	West Virginia	168.5
15	Missouri	166.4
16	Minnesota	165.9
17	New Hampshire	163.0
18	Delaware	161.4
19	Nebraska	155.5
20	Wisconsin	150.1
21	North Dakota	149.5
22	Iowa	146.7
23	Washington	146.5
24	Oregon	145.4
25	Virginia	144.6
26	New Mexico	141.6
27	Colorado	141.3
28	Tennessee	140.2
29	Alaska	139.0
30	California	138.3
31	Kansas	136.9
32	Louisiana	136.4
33	North Carolina	132.5
34	Florida	131.3
35	South Dakota	130.9
36	Oklahoma	129.4
37	South Carolina	128.9
38	Arizona	126.1
39	Indiana	126.0
40	Kentucky	124.1
41	Alabama	122.8
42	Georgia	121.9
43	Arkansas	120.9
44	Montana	115.2
45	Texas	113.2
46	Wyoming	109.4
47	Mississippi	108.6
48	Nevada	107.6
49	Utah	99.2
50	Idaho	95.7
	United States	156.7
	District of Columbia	455.9

Cancer Deaths

Overall cancer mortality continues to decline, however, cancer remains the second-leading cause of death. It is estimated that in 2018 there will be more than 1.7 million new cases of cancer and 609,000 people will die as a result. Lung cancer accounts for the majority of cancer deaths among men (26 percent) and women (25 percent). Smoking is responsible for 32 percent of cancer deaths — avoiding tobacco use is the best way to reduce cancer deaths. Deaths from breast cancer, colorectal cancer and cervical cancer may be avoided through screening programs that detect cancer in early stages while it is most susceptible to treatment. Health care costs associated with cancer totaled $80.2 billion in 2015.

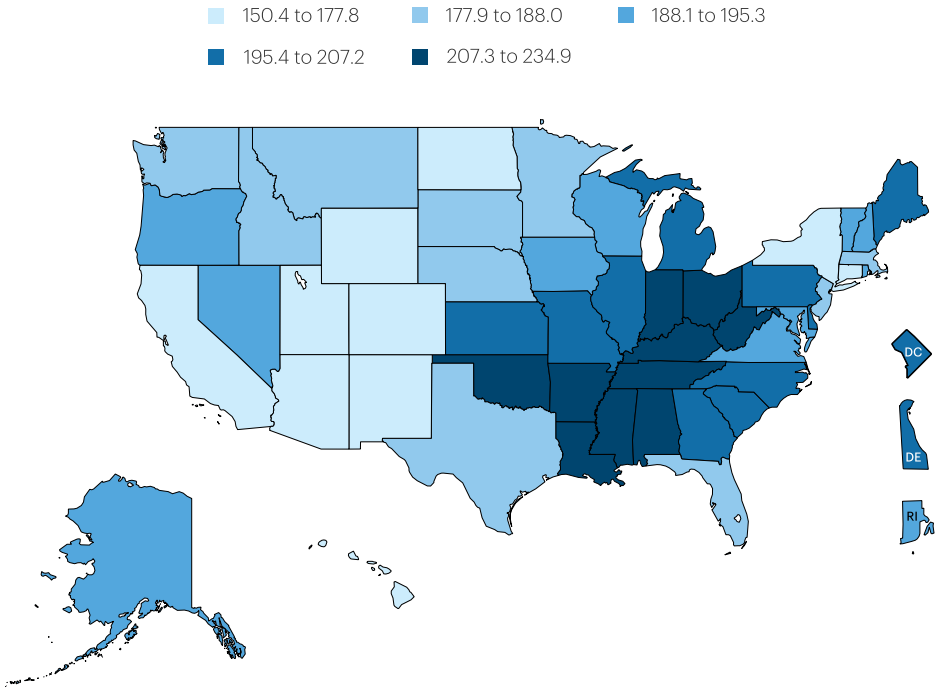
189.8
deaths per 100,000 population



Data source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
For details: AmericasHealthRankings.org/AR18/CancerDeaths

Cancer Deaths by State

Age-adjusted number of deaths due to all causes of cancer per 100,000 population (3-year average)



Ranking

by Cancer Deaths

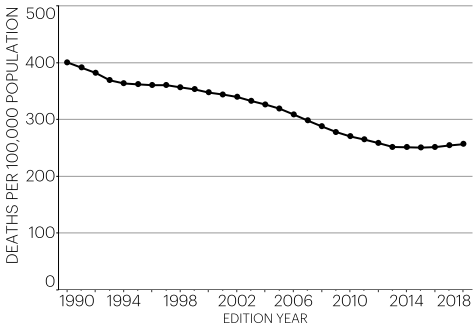
Rank	State	Value
1	Utah	150.4
2	Hawaii	161.1
3	Colorado	162.3
4	Arizona	168.4
5	Wyoming	168.8
6	New Mexico	168.9
7	California	169.2
8	Connecticut	174.7
9	New York	177.7
10	North Dakota	177.8
11	Texas	180.5
12	Minnesota	181.4
12	Florida	181.4
14	Idaho	182.1
15	New Jersey	182.3
16	Massachusetts	182.7
17	Montana	183.3
18	Washington	184.3
19	Nebraska	187.4
20	South Dakota	188.0
21	Maryland	188.1
22	Nevada	190.1
23	Oregon	190.4
24	Virginia	190.7
25	Wisconsin	191.1
26	Alaska	192.1
27	New Hampshire	192.8
28	Rhode Island	193.5
29	Vermont	193.9
30	Iowa	195.3
31	Georgia	195.5
31	Kansas	195.5
33	North Carolina	197.9
34	Illinois	199.9
35	Pennsylvania	200.3
36	Delaware	200.8
37	South Carolina	202.0
38	Michigan	203.0
39	Maine	205.8
40	Missouri	207.2
41	Ohio	210.3
42	Indiana	210.5
42	Alabama	210.5
44	Louisiana	215.3
45	Oklahoma	216.8
46	Tennessee	217.7
47	Arkansas	218.6
48	Mississippi	226.6
49	West Virginia	227.4
50	Kentucky	234.9
	United States	189.8
	District of Columbia	203.2

Cardiovascular Deaths

This year marks the third consecutive year that the cardiovascular death rate has increased. An estimated 92.1 million adults in the United States have at least one type of cardiovascular disease. The two most common, heart disease and stroke, are the United States' leading and fifth-leading causes of death, respectively — accounting for 635,000 and 142,000 deaths in 2016. By 2030, nearly 44 percent of the U.S. adult population is projected to have some form of cardiovascular disease. Estimated direct medical costs and lost productivity attributable to cardiovascular disease was $555 billion in 2016.

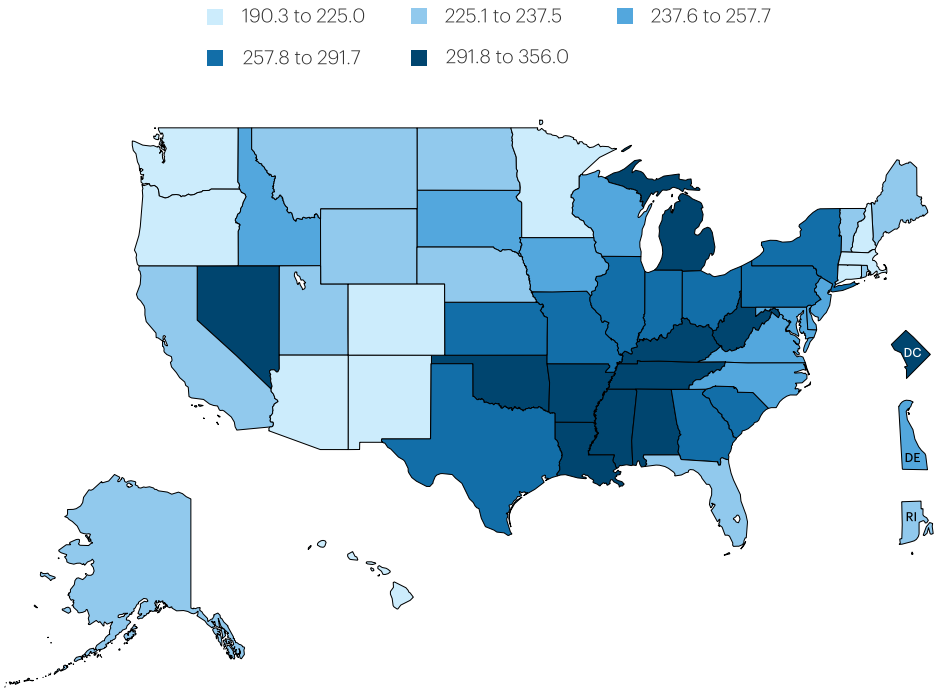
Data source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
For details: AmericasHealthRankings.org/AR18/CVDDeaths

256.8
deaths per 100,000 population



Cardiovascular Deaths by State

Age-adjusted number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population (3-year average)



Ranking

by Cardiovascular Deaths

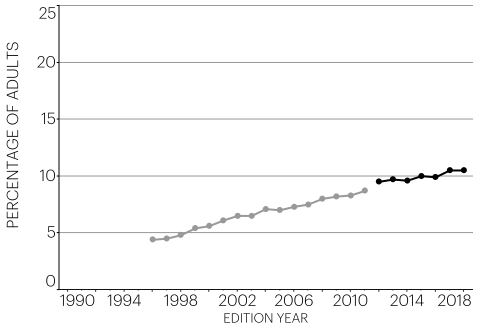
Rank	State	Value
1	Minnesota	190.3
2	Colorado	207.4
3	Hawaii	208.1
4	Massachusetts	208.7
5	Arizona	217.4
6	Washington	217.6
7	Connecticut	217.9
8	Oregon	220.6
9	New Hampshire	221.4
10	New Mexico	225.0
11	Alaska	226.1
12	North Dakota	228.0
13	Maine	230.1
14	California	231.1
15	Rhode Island	231.2
16	Nebraska	232.4
17	Florida	233.1
18	Montana	233.3
19	Utah	236.1
20	Vermont	237.5
20	Wyoming	237.5
22	South Dakota	238.3
23	Wisconsin	238.7
24	Virginia	239.6
25	Idaho	241.3
26	New Jersey	245.4
27	Iowa	245.8
28	Delaware	253.9
29	North Carolina	254.6
30	Maryland	257.7
31	Kansas	258.2
32	New York	258.5
33	Illinois	260.1
34	Texas	264.2
35	Pennsylvania	265.7
36	South Carolina	277.7
37	Indiana	278.5
38	Georgia	282.9
39	Ohio	286.5
40	Missouri	291.7
41	Nevada	294.2
42	Michigan	297.8
43	West Virginia	299.6
44	Kentucky	299.7
45	Tennessee	310.4
46	Louisiana	320.0
47	Arkansas	330.2
48	Oklahoma	338.9
49	Alabama	342.6
50	Mississippi	356.0
	United States	256.8
	District of Columbia	304.8

Diabetes

Diabetes, the nation's seventh-leading cause of death, is a chronic condition that contributes to other leading causes of death, including heart disease and stroke. Diabetes is a leading cause of kidney failure, nontraumatic lower-limb amputations and blindness among adults. Type 2 diabetes accounts for 90 to 95 percent of all cases. Onset of type 2 diabetes may be prevented through improving diet, increasing physical activity and losing weight. Medical expenses for individuals with diabetes are 2.3 times higher than those without diabetes. The estimated cost of diagnosed diabetes was $327 billion in 2017.

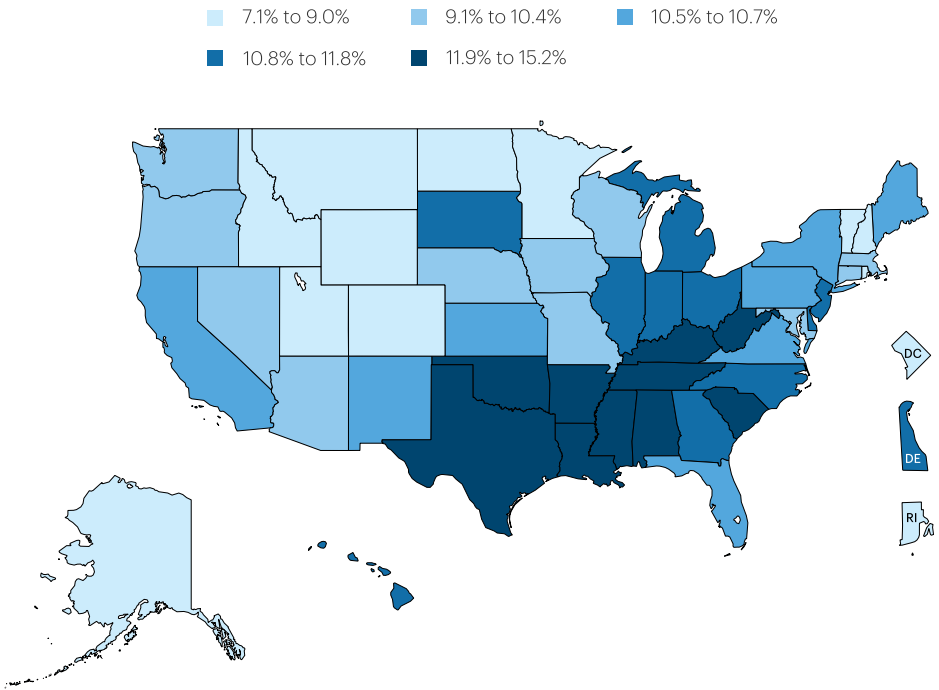
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Diabetes

10.5
percent of adults



Diabetes by State

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

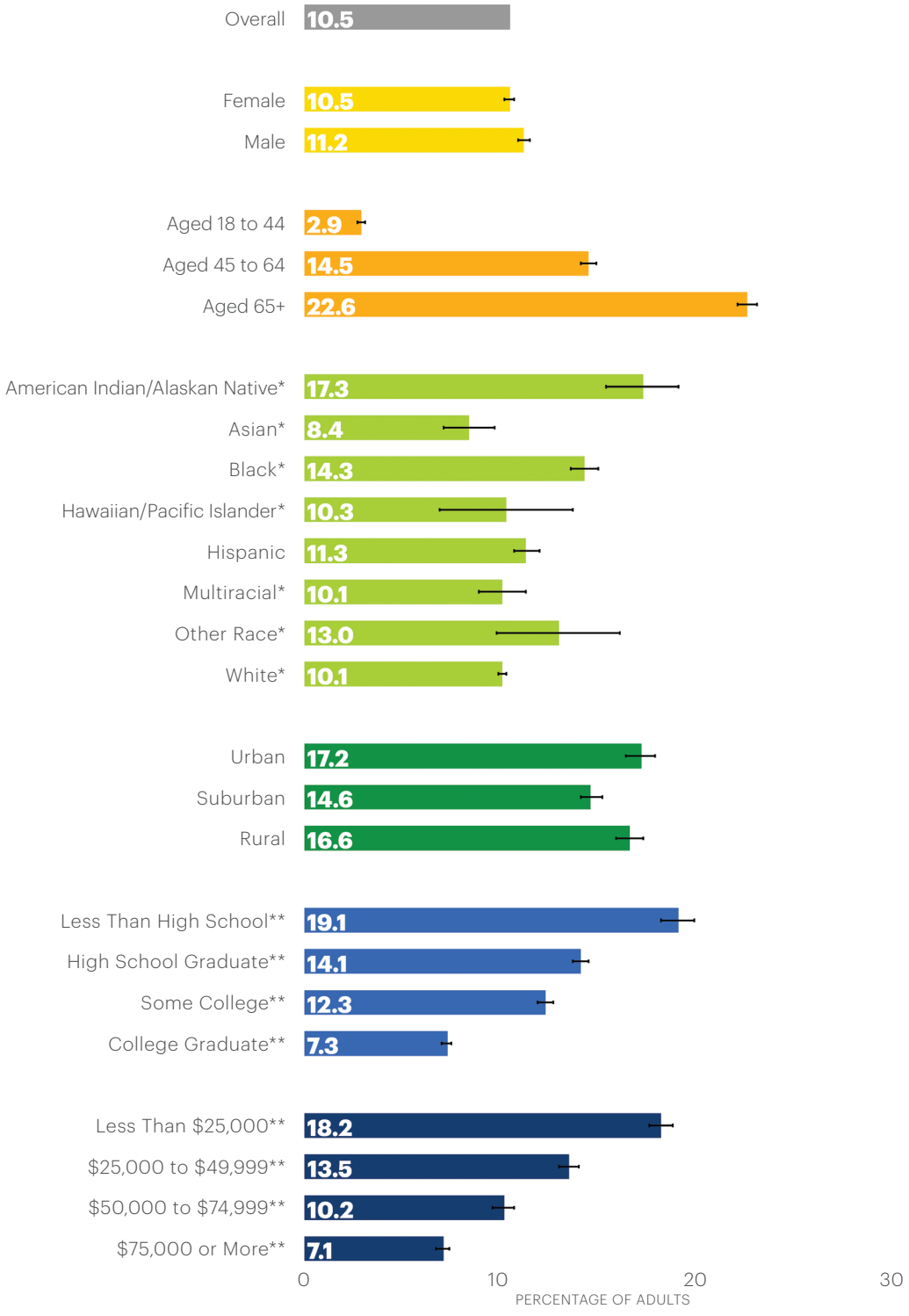


Ranking
by Diabetes

Rank	State	Value (%)
1	Utah	7.1
2	Alaska	7.4
2	Colorado	7.4
4	Minnesota	7.8
5	Montana	7.9
6	Vermont	8.2
7	New Hampshire	8.4
8	Idaho	8.7
9	Rhode Island	8.9
10	Wyoming	9.0
10	North Dakota	9.0
12	Wisconsin	9.1
12	Washington	9.1
14	Massachusetts	9.5
15	Iowa	9.6
15	Oregon	9.6
17	Connecticut	9.8
18	Nebraska	10.1
19	Nevada	10.4
19	Maryland	10.4
19	Missouri	10.4
19	Arizona	10.4
23	California	10.5
23	Florida	10.5
23	Kansas	10.5
23	New York	10.5
23	Virginia	10.5
28	Pennsylvania	10.6
29	Maine	10.7
29	New Mexico	10.7
31	Hawaii	10.9
32	Illinois	11.0
32	New Jersey	11.0
32	Michigan	11.0
35	South Dakota	11.1
36	Ohio	11.3
36	Delaware	11.3
38	Georgia	11.4
38	North Carolina	11.4
40	Indiana	11.8
41	Texas	11.9
42	Arkansas	12.2
43	Oklahoma	12.7
44	Kentucky	12.9
45	Tennessee	13.1
46	South Carolina	13.4
47	Louisiana	13.6
48	Alabama	14.1
49	Mississippi	14.2
50	West Virginia	15.2
	United States	10.5
	District of Columbia	7.8

Diabetes by Subpopulations

with 95 percent confidence intervals

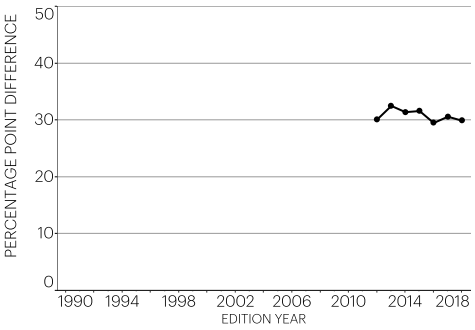


* Non-Hispanic ** Adults aged 25 and older

Disparity in Health Status

Education improves health, and this disparity measure showcases the importance of keeping students in school through high school and beyond. Regardless of age, gender or race, adults with high educational attainment are more likely to live longer and healthier lives. Education may improve health directly (healthier lifestyles, better stress-coping, more effective chronic disease management) and indirectly (better work and economic conditions and social-psychological resources). Each increase in education level generally improves health status. Reducing health disparities between adults with less education and those with college education would lead to large scale economic gain.

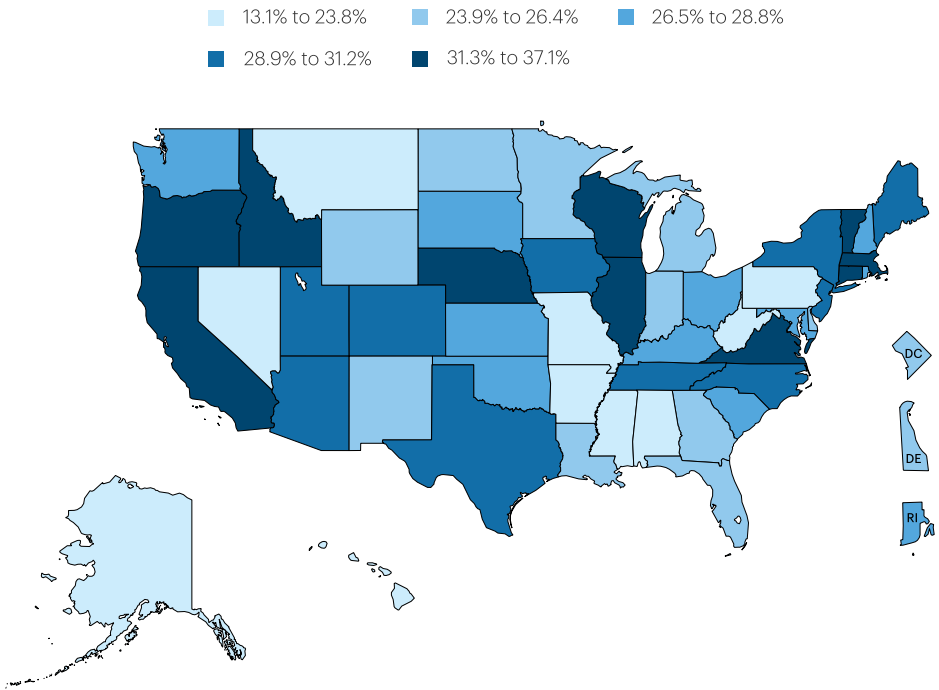
29.9
percentage point difference



Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/healthstatus_disparity

Disparity in Health Status by State

Difference between the percentage of adults aged 25 and older with at least a high school education compared with those without who reported their health is very good or excellent



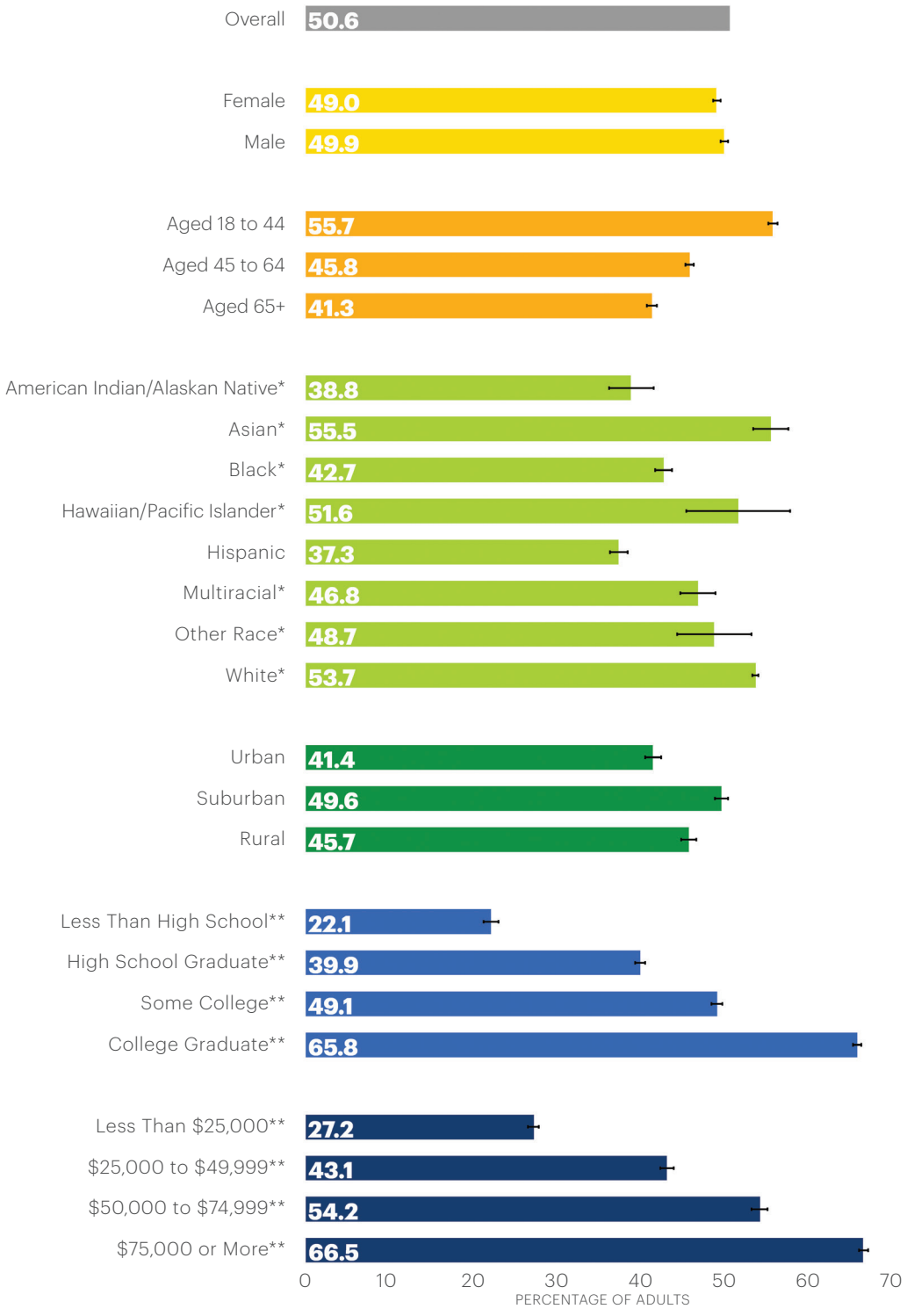
Ranking

by Disparity in Health Status

Rank	State	Value (%)
1	Alaska	13.1
2	Hawaii	13.3
3	Mississippi	19.6
4	West Virginia	20.0
5	Arkansas	21.2
6	Montana	21.5
7	Pennsylvania	22.2
8	Missouri	22.3
9	Alabama	23.1
10	Nevada	23.8
11	Wyoming	24.5
12	Georgia	24.7
13	Florida	24.8
14	Michigan	25.5
14	Minnesota	25.5
16	North Dakota	25.9
17	New Mexico	26.1
17	Indiana	26.1
19	Louisiana	26.2
20	Delaware	26.4
21	Oklahoma	26.5
22	Kentucky	27.0
23	South Carolina	27.3
24	Ohio	27.6
25	Kansas	27.9
26	South Dakota	28.0
27	New Hampshire	28.3
28	Maryland	28.4
29	Washington	28.6
30	Rhode Island	28.8
31	Iowa	29.1
32	Arizona	29.2
33	Texas	29.5
34	Maine	29.8
35	North Carolina	30.2
36	Tennessee	30.6
37	Utah	30.8
37	New York	30.8
37	Colorado	30.8
40	New Jersey	31.2
41	Wisconsin	31.3
42	Oregon	31.6
43	Massachusetts	32.4
43	Connecticut	32.4
45	Virginia	33.3
46	Illinois	33.7
47	Idaho	33.8
47	Vermont	33.8
49	Nebraska	35.8
50	California	37.1
	United States	29.9
	District of Columbia	24.5

High Health Status by Subpopulations

with 95 percent confidence intervals



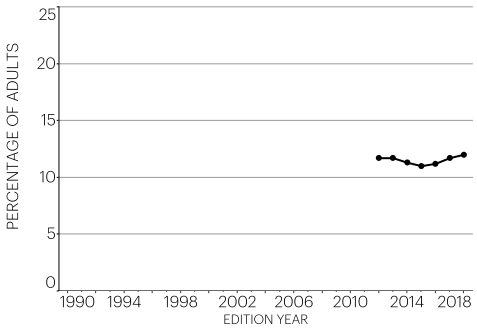
* Non-Hispanic ** Adults aged 25 and older

Frequent Mental Distress

Frequent mental distress is a measure of perceived poor mental health and represents the percentage of the population experiencing persistent and likely severe mental health issues. A healthy mental state is essential to overall positive health and well-being. In some cases, poor mental health can lead to suicide, the 10th-leading cause of death in the United States. Although occasional short periods of mental distress may be unavoidable, more prolonged and serious episodes are treatable and preventable through early intervention. Direct medical spending associated with mental disorders (including anxiety, depression and dementia) in the U.S. reached $201 billion in 2013.

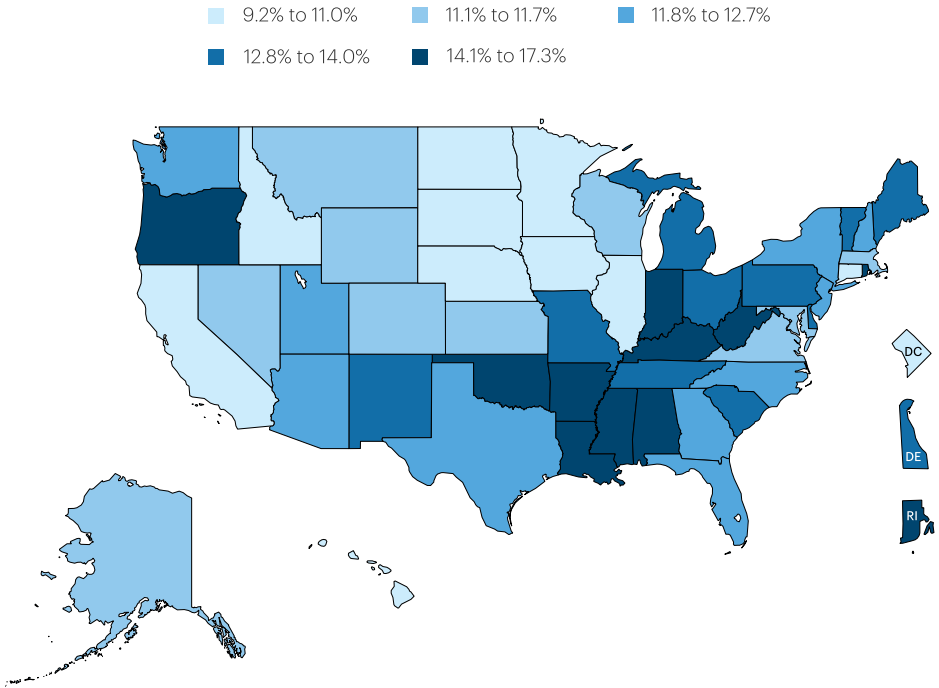
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/mental_distress

12.0
percent of adults



Frequent Mental Distress by State

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



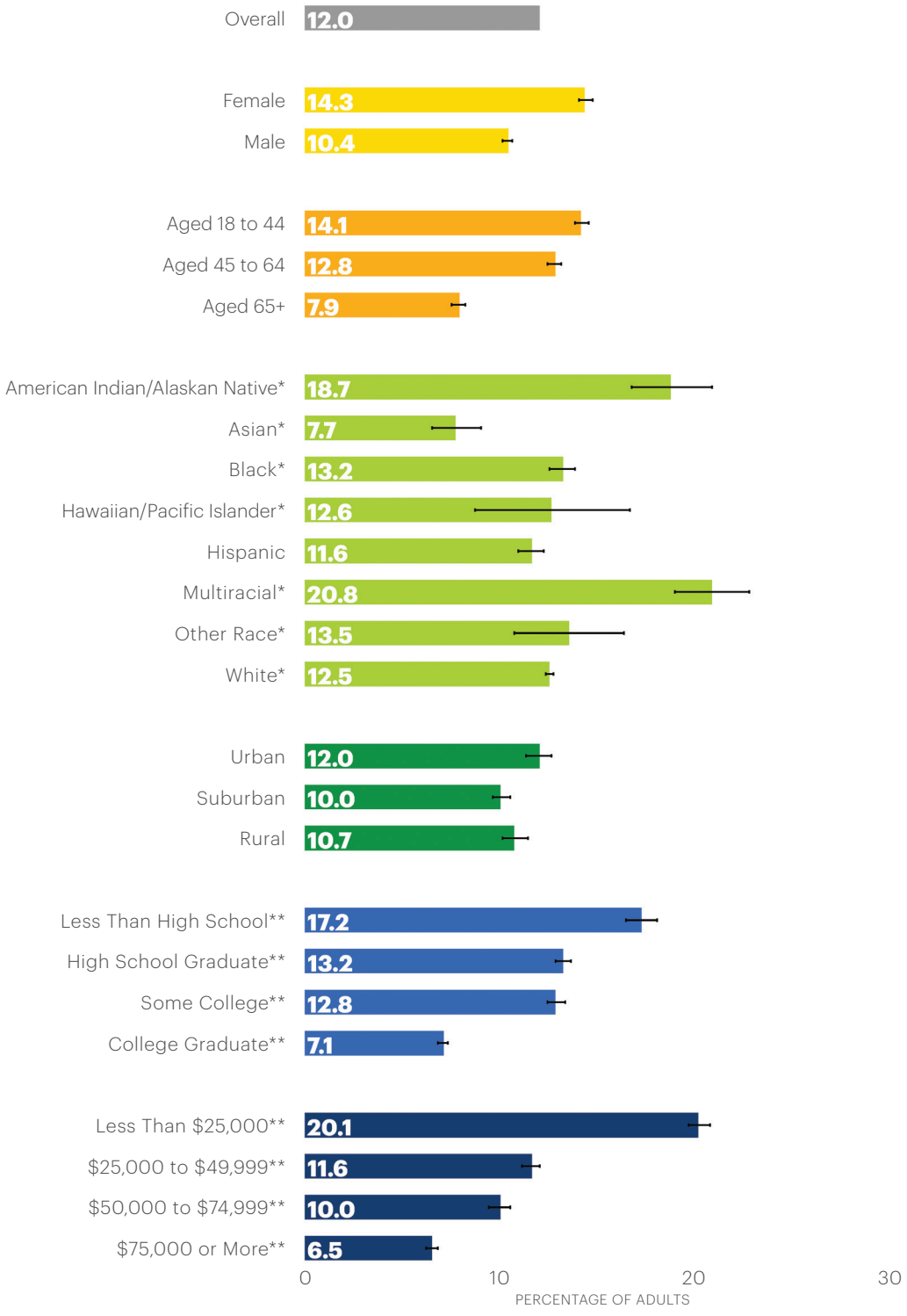
Ranking

by Frequent Mental Distress

Rank	State	Value (%)
1	Minnesota	9.2
2	Hawaii	9.5
3	South Dakota	9.6
4	Connecticut	10.0
5	North Dakota	10.2
6	Nebraska	10.5
7	California	10.8
7	Iowa	10.8
7	Illinois	10.8
10	Idaho	11.0
11	Massachusetts	11.3
11	Wyoming	11.3
13	Kansas	11.4
14	Maryland	11.5
14	Montana	11.5
14	Alaska	11.5
17	Colorado	11.6
17	Wisconsin	11.6
17	Virginia	11.6
20	Nevada	11.7
21	New York	11.8
21	Utah	11.8
21	New Jersey	11.8
24	Texas	12.0
24	New Hampshire	12.0
26	Georgia	12.2
27	Arizona	12.3
28	Washington	12.4
29	Florida	12.5
30	North Carolina	12.7
31	Maine	12.9
32	Vermont	13.0
33	Pennsylvania	13.1
34	Michigan	13.5
35	Missouri	13.7
35	Delaware	13.7
35	Tennessee	13.7
38	New Mexico	13.8
39	South Carolina	13.9
40	Ohio	14.0
41	Rhode Island	14.6
42	Indiana	14.7
43	Oregon	15.0
44	Alabama	15.3
45	Oklahoma	15.6
46	Mississippi	15.9
47	Louisiana	16.1
48	Kentucky	16.2
49	Arkansas	17.3
49	West Virginia	17.3
	United States	12.0
	District of Columbia	9.7

Frequent Mental Distress by Subpopulations

with 95 percent confidence intervals



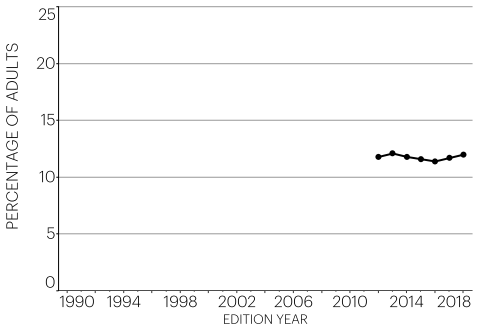
* Non-Hispanic ** Adults aged 25 and older

Frequent Physical Distress

Frequent physical distress is a measure of perceived poor physical health and represents the percentage of the population experiencing persistent and likely severe physical health problems. Those who report frequent poor physical health days are at higher risk of mortality, increased health care use and lower health-related quality of life. Frequent physical distress is more common in women than men, and among adults with a greater number of chronic illnesses, such as heart attack, angina and stroke.

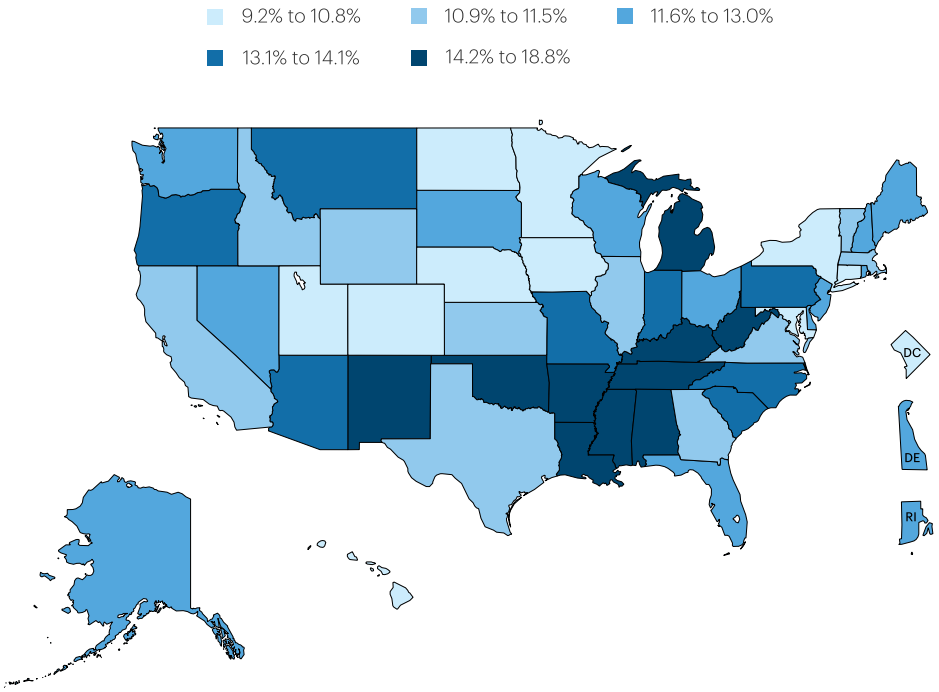
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Physical_distress

12.0
percent of adults



Frequent Physical Distress by State

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



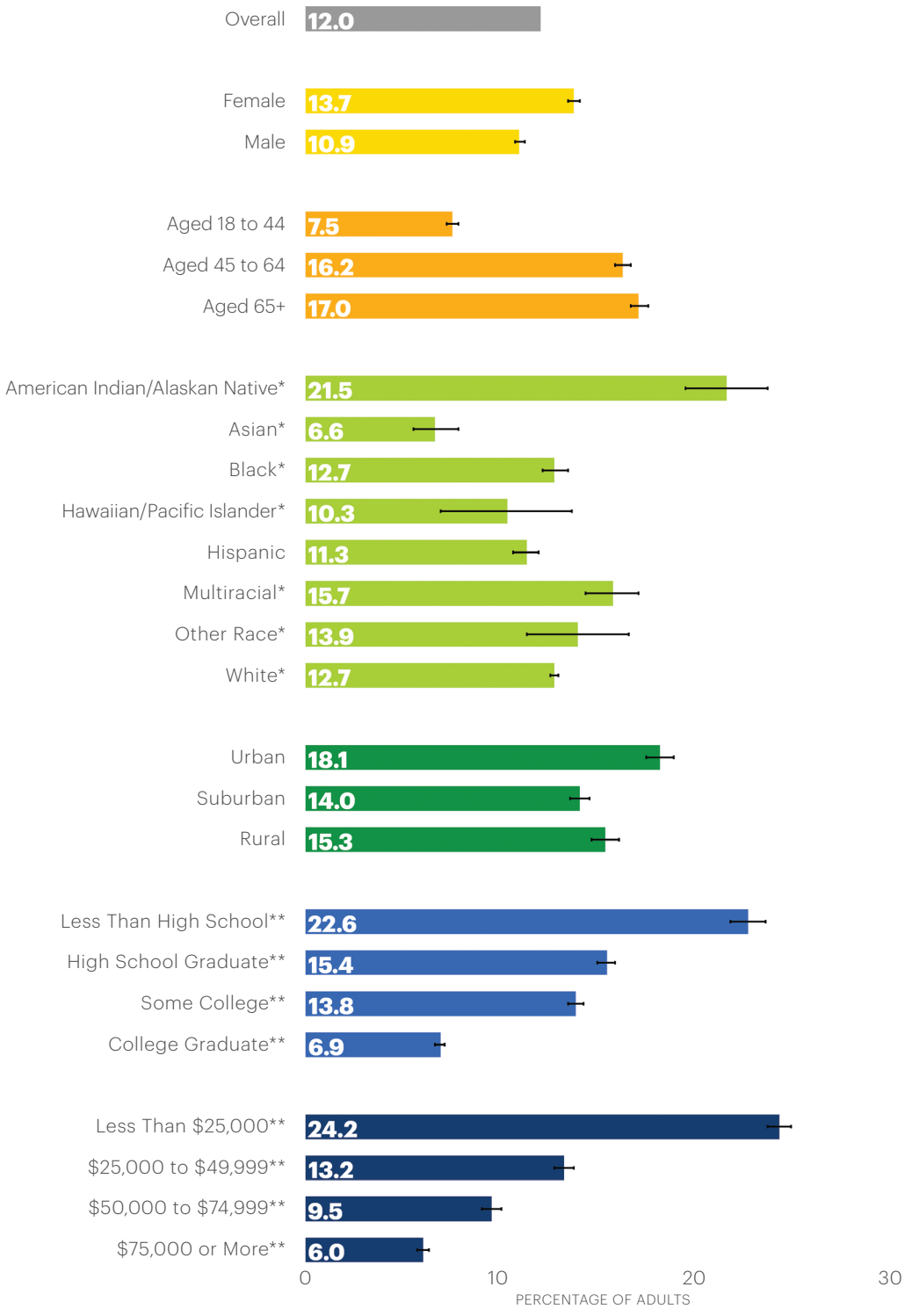
Ranking

by Frequent Physical Distress

Rank	State	Value (%)
1	Minnesota	9.2
2	North Dakota	9.7
3	Utah	10.2
4	Nebraska	10.3
4	Iowa	10.3
6	Colorado	10.4
7	Connecticut	10.6
8	Hawaii	10.7
9	New York	10.8
9	Maryland	10.8
11	Georgia	10.9
12	California	11.1
12	Wyoming	11.1
14	Illinois	11.2
14	Massachusetts	11.2
16	Kansas	11.3
16	Idaho	11.3
16	Virginia	11.3
19	Vermont	11.5
19	Texas	11.5
21	New Jersey	11.7
22	South Dakota	11.8
23	Wisconsin	11.9
23	New Hampshire	11.9
25	Washington	12.0
26	Alaska	12.1
27	Delaware	12.3
28	Rhode Island	12.5
29	Florida	12.7
30	Ohio	13.0
30	Maine	13.0
30	Nevada	13.0
33	Montana	13.2
33	Arizona	13.2
35	Indiana	13.4
35	North Carolina	13.4
37	South Carolina	13.5
38	Pennsylvania	13.6
39	Missouri	13.8
40	Oregon	14.1
41	Tennessee	14.3
42	Oklahoma	14.7
43	New Mexico	14.8
43	Michigan	14.8
45	Arkansas	16.4
46	Louisiana	16.5
47	Mississippi	16.6
47	Alabama	16.6
49	Kentucky	17.7
50	West Virginia	18.8
	United States	12.0
	District of Columbia	7.4

Frequent Physical Distress by Subpopulations

with 95 percent confidence intervals

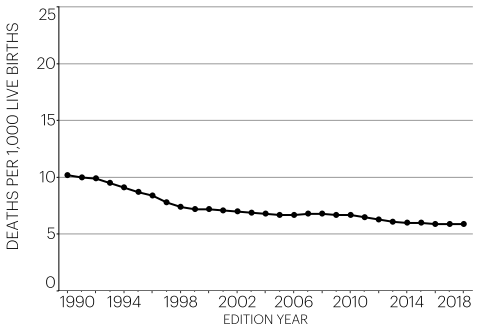


* Non-Hispanic ** Adults aged 25 and older

Infant Mortality

Significant progress has been made in the past 50 years to reduce infant mortality in the United States, but the rate remains consistently higher than other developed countries with 5.9 infant deaths per 1,000 live births during 2015-2016. Significant racial disparities persist in infant mortality — babies born to black women have the highest rate of infant mortality at 11 deaths per 1,000 births, more than two times higher than the rate for babies born to white women. The leading causes of infant mortality in 2016 were birth defects; disorders related to low birthweight and preterm birth; and sudden infant death syndrome — accounting for nearly 45 percent of infant deaths.

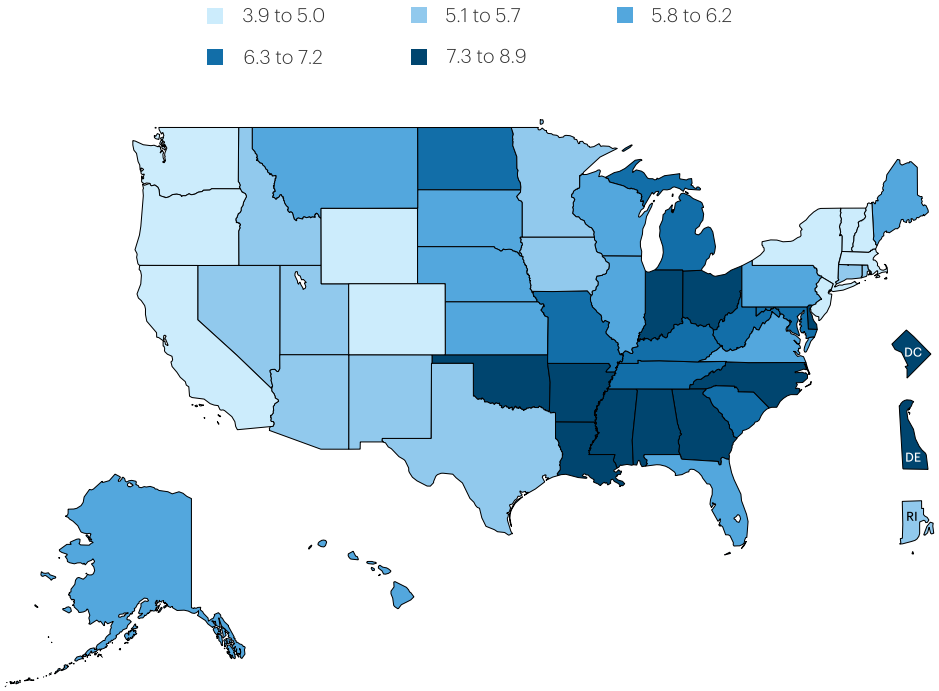
5.9
deaths per 1,000 live births



Data source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files and Natality public use files, 2015-2016
For details: AmericasHealthRankings.org/AR18/IMR

Infant Mortality by State

Number of infant deaths (before age 1) per 1,000 live births (2-year average)



Ranking

by Infant Mortality

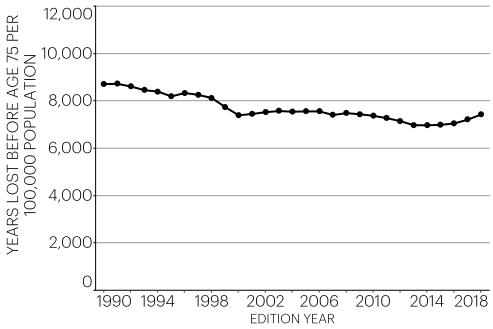
Rank	State	Value
1	New Hampshire	3.9
1	Vermont	3.9
3	Massachusetts	4.1
4	California	4.3
5	New Jersey	4.4
6	New York	4.5
7	Washington	4.6
8	Colorado	4.7
9	Oregon	4.9
10	Wyoming	5.0
11	Iowa	5.1
11	Minnesota	5.1
13	Connecticut	5.2
13	Utah	5.2
15	Idaho	5.4
15	Arizona	5.4
17	Nevada	5.5
18	New Mexico	5.6
19	Texas	5.7
19	Rhode Island	5.7
21	Virginia	5.9
21	Montana	5.9
21	Kansas	5.9
24	Nebraska	6.0
24	Hawaii	6.0
24	Wisconsin	6.0
27	Pennsylvania	6.1
27	South Dakota	6.1
27	Alaska	6.1
30	Florida	6.2
30	Illinois	6.2
30	Maine	6.2
33	Michigan	6.5
33	Missouri	6.5
35	Maryland	6.6
36	Kentucky	6.7
37	North Dakota	6.8
38	South Carolina	7.0
39	Tennessee	7.2
39	West Virginia	7.2
41	North Carolina	7.3
41	Ohio	7.3
43	Oklahoma	7.4
43	Indiana	7.4
45	Georgia	7.6
46	Arkansas	7.8
46	Louisiana	7.8
48	Delaware	8.4
49	Alabama	8.7
50	Mississippi	8.9
	United States	5.9
	District of Columbia	7.8

Premature Death

Premature death captures the years of potential life lost before the age of 75, with deaths at younger ages contributing more than deaths occurring closer to age 75. The top five causes of premature death in the United States are cancer, unintentional injuries, heart disease, suicide and perinatal deaths. Social factors such as low education, poverty, racial segregation and inadequate social support also contribute to premature death. Nearly half of U.S. premature deaths are due to modifiable risk factors, including tobacco use, lack of physical activity and poor diet. Approximately $100 billion of gross domestic product are lost per year due to premature deaths.

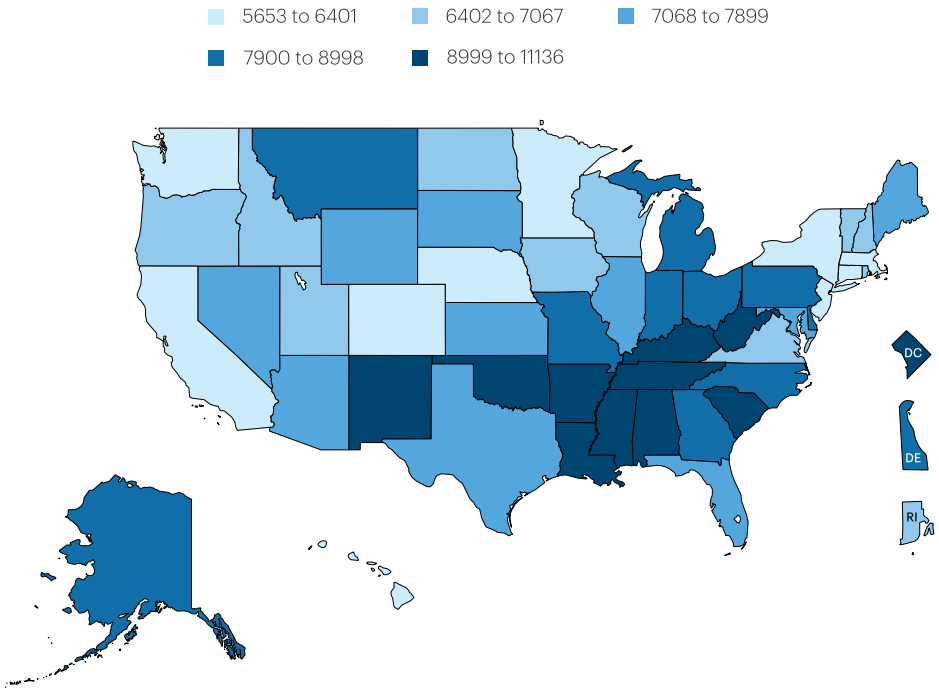
Data source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2016
For details: AmericasHealthRankings.org/AR18/YPLL

7,432
years lost per 100,000 population



Premature Death by State

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



Ranking

by Premature Death

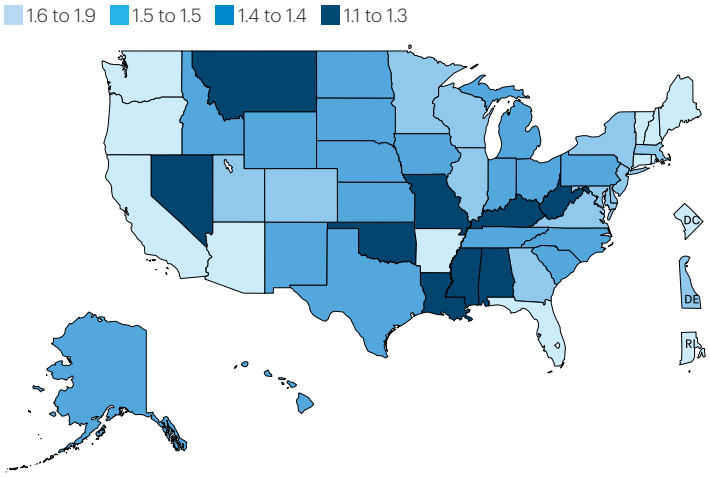
Rank	State	Value
1	Minnesota	5,653
2	California	5,734
3	Connecticut	5,923
4	Washington	5,942
5	New York	5,978
6	Massachusetts	6,097
7	Hawaii	6,104
8	New Jersey	6,225
9	Colorado	6,352
10	Nebraska	6,401
11	Oregon	6,511
12	Rhode Island	6,561
13	Vermont	6,563
14	Utah	6,565
15	Idaho	6,723
16	Iowa	6,812
17	Wisconsin	6,821
18	Virginia	6,877
19	North Dakota	7,047
20	New Hampshire	7,067
21	Illinois	7,127
22	Texas	7,199
23	Kansas	7,350
24	Maine	7,464
25	South Dakota	7,499
26	Arizona	7,502
27	Wyoming	7,636
28	Maryland	7,655
29	Florida	7,790
30	Nevada	7,899
31	Montana	7,900
32	Delaware	7,992
33	Pennsylvania	8,013
34	Michigan	8,102
35	North Carolina	8,177
36	Georgia	8,391
37	Alaska	8,666
38	Missouri	8,717
39	Indiana	8,774
40	Ohio	8,998
41	South Carolina	9,232
42	New Mexico	9,301
43	Tennessee	9,756
44	Oklahoma	9,992
45	Arkansas	10,099
46	Louisiana	10,125
47	Kentucky	10,479
48	Alabama	10,720
49	Mississippi	11,082
50	West Virginia	11,136
	United States	7,432
	District of Columbia	9,092

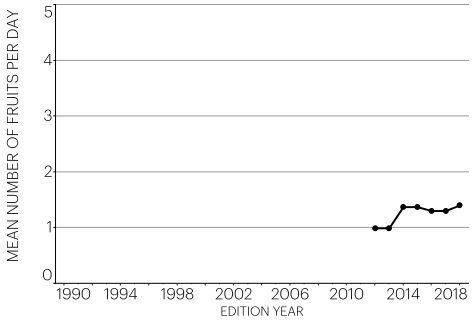
Fruits

Behaviors

Diets high in fruits and vegetables reduce the risk of many chronic diseases such as cardiovascular disease, heart attack, stroke, hypertension, type 2 diabetes and obesity. Fruits contain essential vitamins and minerals and are an excellent source of fiber. Only 12.2 percent of adults in the United States met the recommended daily fruit intake of 1.5 to 2.0 cups in 2015. A recent study identified several barriers to eating fruit and vegetables, including high cost, perceived lack of preparation time and limited availability and access. States that have a higher density of healthy food retailers, farmers markets and acceptance of nutrition-assistance program benefits by farmers markets report higher consumption of fruits and vegetables.

Mean number of fruits consumed per day by adults





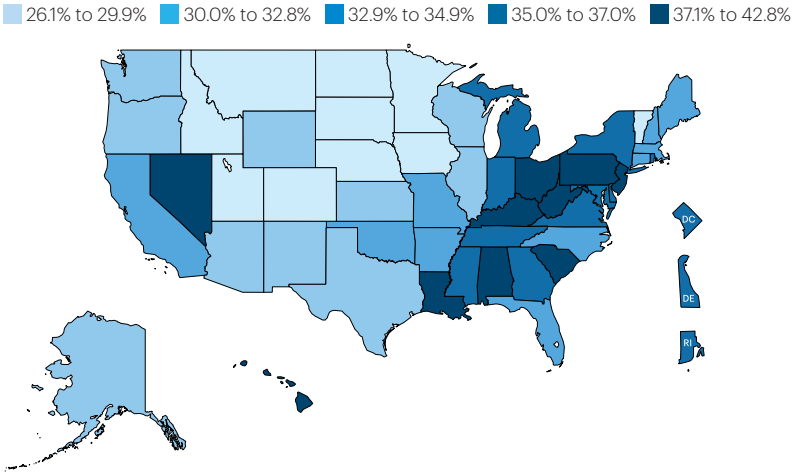
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Fruit

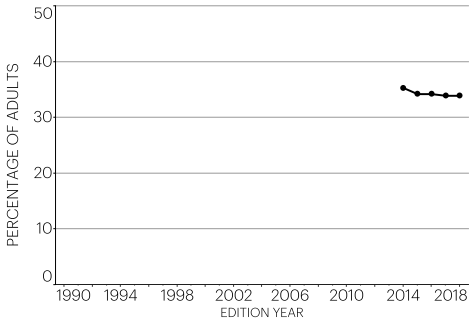
Insufficient Sleep

Behaviors

More than a third of adults in the United States are not getting enough sleep regularly. The American Academy of Sleep Medicine recommends adults sleep seven or more hours nightly and school-aged children sleep nine to 12 hours. Adults averaging fewer than seven hours of nightly sleep are at greater risk of developing obesity, diabetes, hypertension, heart disease and depression. The total cost of insufficient sleep is estimated at $411 billion in missed work days and reduced productivity. If those who sleep less than six hours nightly increase their sleep to between six and seven hours, an additional $226.4 billion could be added to the economy.

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





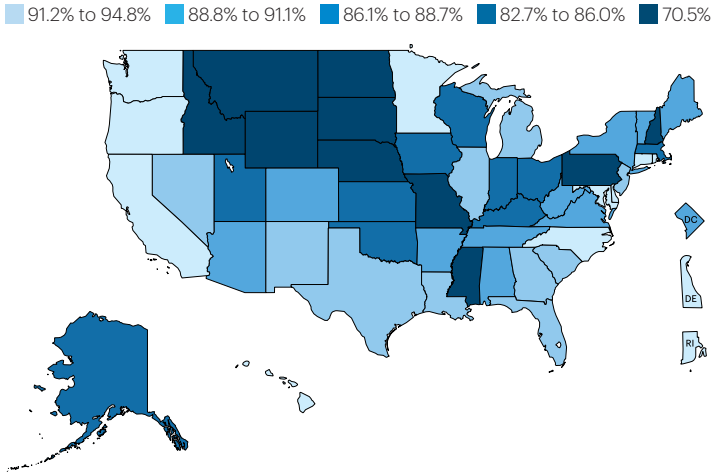
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2016
The data appearing in this edition are the same that appeared in the 2017 edition
For details: AmericasHealthRankings.org/AR18/sleep

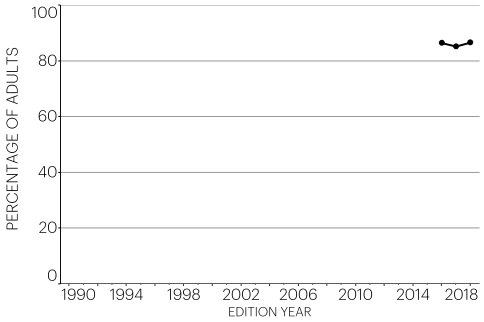
Seat Belt Use

Behaviors

In 2016, more than 23,700 drivers and passengers died as a result of motor vehicle crashes, and 2,456 deaths could have been prevented if all passenger-vehicle occupants had been restrained. Motor vehicle accidents are the second-leading cause of unintentional injury deaths in the United States among individuals aged 25 and older. Wearing a seat belt is the most effective way to prevent these deaths and injuries; it reduces serious injuries and deaths by approximately 50 percent. States with primary seat belt laws tend to have higher seat belt use compared with states that have secondary or no seat belt laws.

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





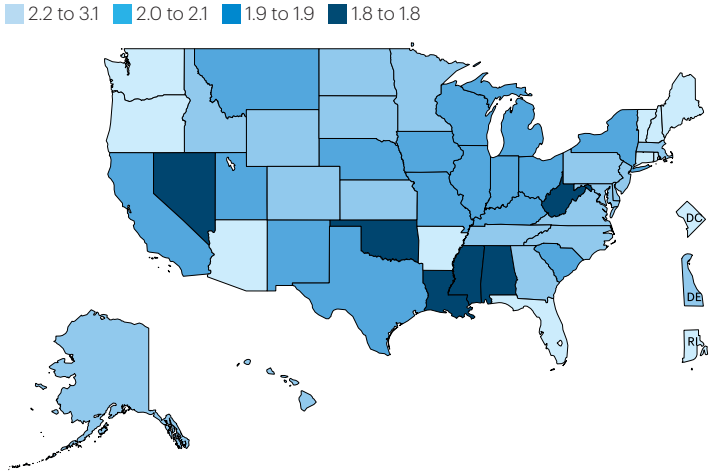
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/seatbelt_use

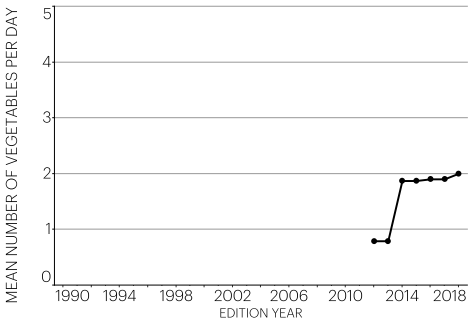
Vegetables

Behaviors

According to the 2015 Dietary Guidelines for Americans, roughly half of adults in the United States have one or more preventable chronic disease related to poor diet and physical inactivity, including cardiovascular disease, hypertension and type 2 diabetes. Unfortunately, U.S. adults only consume an average of two vegetables per day, and less than 10 percent consume the daily recommended amount of 2 to 3 cups of vegetables. Strategies to increase vegetable consumption include encouraging farm-to-institution programs in schools, hospitals, workplaces and childcare centers; improving access to stores and markets that sell fruits and vegetables; and adopting policies to ensure access to fruits and vegetables in worksites, hospitals and universities.

Mean number of vegetables consumed per day by adults





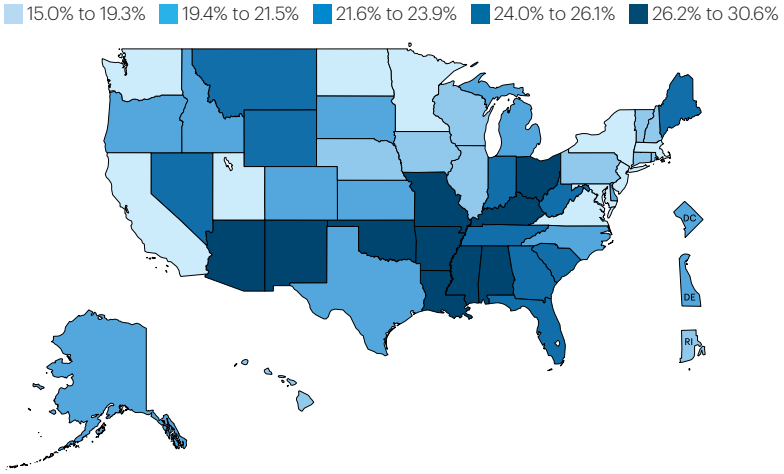
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Veggie

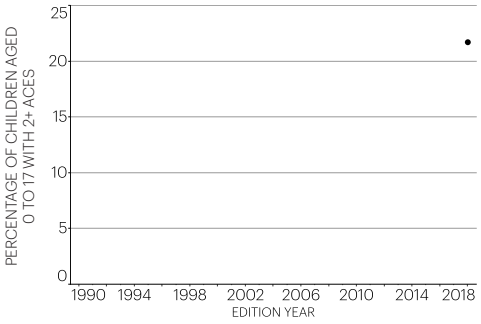
Adverse Childhood Experiences

Community & Environment

Adverse childhood experiences (ACEs) are stressful or traumatic events that can negatively affect future development and subsequent emotional, cognitive, social and biological functioning. Children from lower income households are more likely to confront one or more ACE given economic insecurity is the most common type. The presence of ACEs can lead to risky health behaviors (such as smoking, alcohol use and sexual activity), chronic health conditions and early death. Increasing awareness and capacity of communities to respond to these experiences are important in reducing the effects of ACEs.

Percentage of children aged 0 to 17 who experienced two or more of the following: socioeconomic hardship; parental divorce or separation; lived with someone who had an alcohol or drug problem; victim or witness of neighborhood violence; lived with someone who was mentally ill, suicidal or severely depressed; domestic violence witness; parent served time in jail; treated or judged unfairly due to race/ethnicity; death of parent





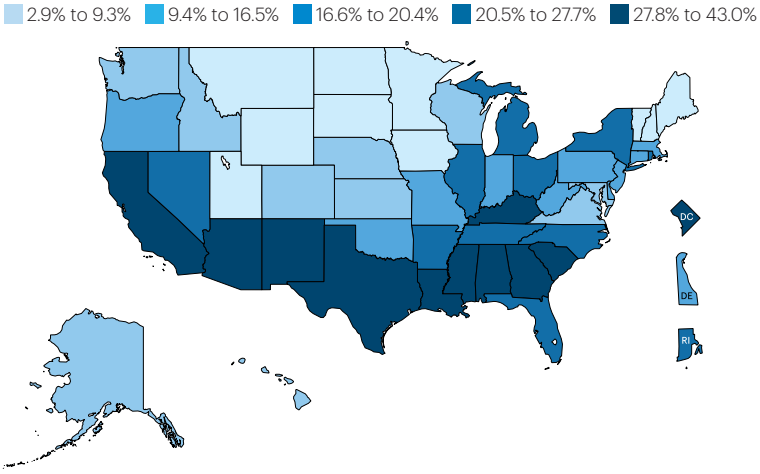
Data source: Child and Adolescent Health Measurement Initiative, *National Survey of Children's Health*, Data Resource Center for Child and Adolescent Health, 2016
For details: AmericasHealthRankings.org/AR18/aces_annual

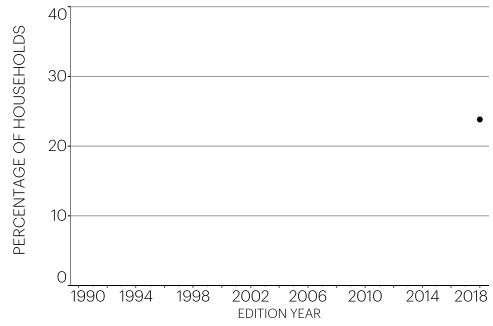
Concentrated Disadvantage

Community & Environment

Concentrated disadvantage measures community well-being. It provides a broad, community-level look at the impact of poverty and its associated conditions. It has complex socioeconomic roots, but is grounded in the idea that economic segregation concentrates poverty. Living in communities of concentrated disadvantage is harmful to children through poorer quality schools; exposure to concentrated environmental hazards such as lead; lack of safe outdoor recreational spaces; exposure to adverse childhood experiences such as violence; and reduced economic mobility. The gold standard for making impactful community-level change includes multi-pronged approaches to improve economic opportunity, educational attainment and workplace conditions as well as increase access to quality nutrition, health care and housing.

Percentage of households located in census tracts with a high level of concentrated disadvantage, calculated using five census variables (percentage below poverty line, receiving public assistance, female-headed households, unemployed, younger than age 18) (5-year average)





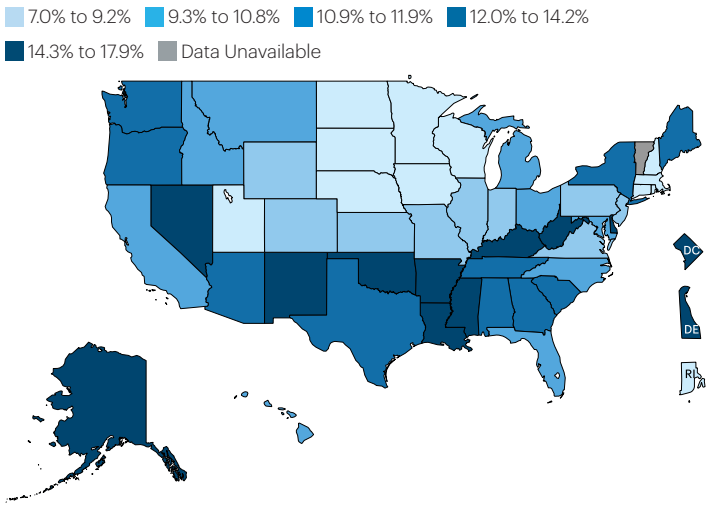
Data source: U.S. Census Bureau, *American Community Survey*, 2012-2016
For details:
AmericasHealthRankings.org/AR18/concentrated_disadvantage_annual

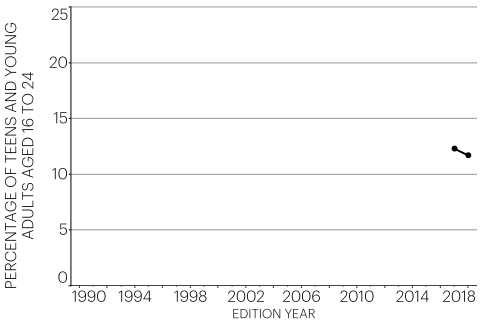
Disconnected Youth

Community & Environment

How young people navigate the transition from childhood into adulthood is a fundamental indicator of societal progress and well-being. Being in school or the workforce connects youth with people, institutions and experiences that help them build knowledge, networks, skills and confidence. Teens and young adults who are not working or in school are at a higher risk of smoking, alcohol consumption and violent behavior, and may have fewer emotional, cognitive and academic skills than their peers. Both a lack of educational attainment and unemployment are linked to depression, anxiety and poor physical health.

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





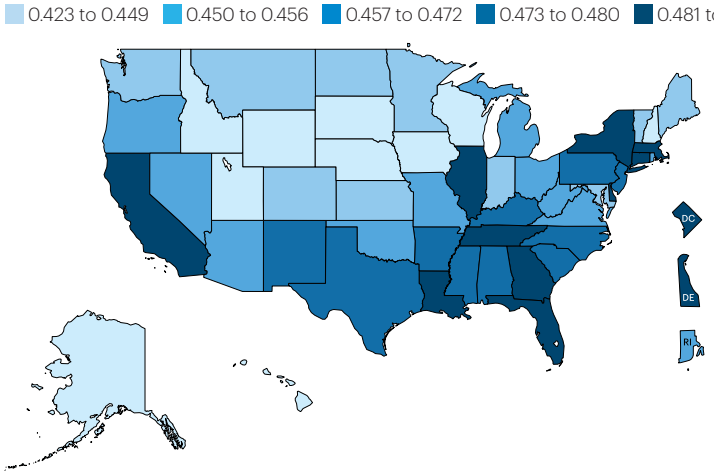
Data source: Measure of America, *Promising Gains, Persistent Gaps Youth Disconnection in America 2018 Report*, 2016
For details: AmericasHealthRankings.org/AR18/disconnected_youth

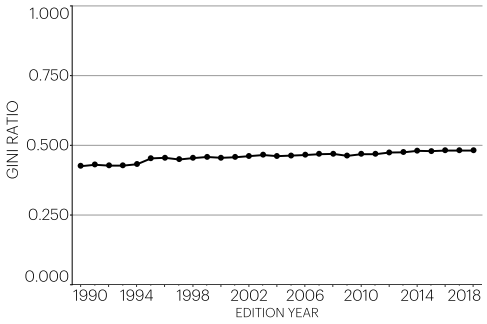
Income Inequality — Gini Index

Community & Environment

Income inequality has increased over the past 50 years in the United States with the top 20 percent of earners receiving approximately half of all U.S. income in 2017. Countries with greater income disparity tend to have higher rates of obesity, imprisonment, violence, chronic stress as well as diminished social cohesion and trust. If the Gini coefficient for the U.S. was reduced by 10 percent, the all cause mortality among adults aged 25 to 59 would be reduced by an estimated 3 to 9 percent.

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





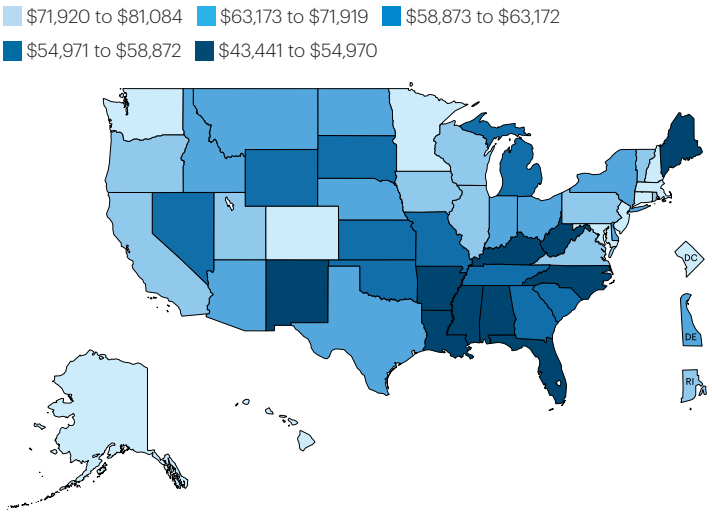
Data source: U.S. Census Bureau, *American Community Survey*, 2017
For details: AmericasHealthRankings.org/AR18/gini

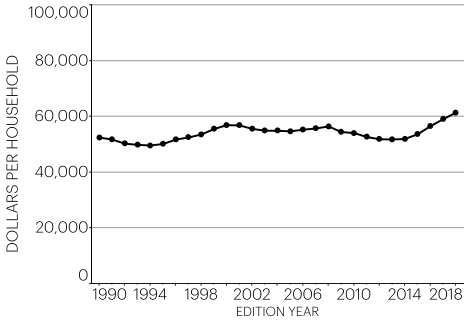
Median Household Income

Community & Environment

Median household income is an indicator of the relative wealth of a geographic area. It reflects a household's ability to support a healthy lifestyle with quality food, housing, education, preventive medicine and curative care. Median household income increased across all geographic regions between 2016 and 2017. The U.S. median household income is $61,372, up 1.8 percent from last year, marking a third consecutive annual increase. The South has the lowest median household income at $53,861, compared with the North, East and West. Reducing the unemployment rate and increasing wages for workers are strategies that may increase median household income.

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





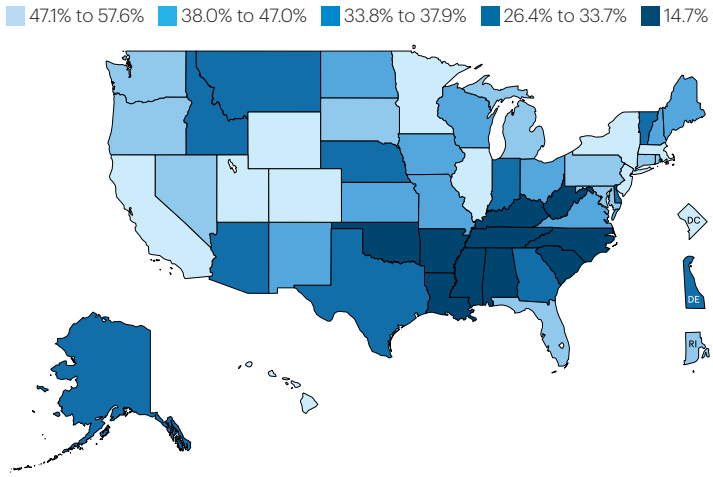
Data source: U.S. Census Bureau, *Current Population Survey, Annual Social and Economic Supplement*, 2017
For details: AmericasHealthRankings.org/AR18/Medianincome

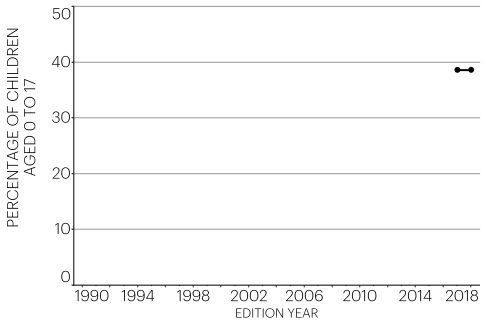
Neighborhood Amenities

Community & Environment

The health of individuals and communities is closely tied to the built environment. Neighborhood amenities offer opportunities for recreation, social interaction and education while staying close to home. Access to neighborhood amenities offers individuals opportunities to socialize, play, exercise and enjoy the neighborhood — and all contribute to physical health, mental health and human development. Neighborhood amenities can promote physical activity in children and play a role in combating childhood obesity. Neighborhood amenities associated with increases in physical activity include parks with greater number of features (including trails, water area, playground, and sports courts and fields) and community walking trails.

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





Data source: Child and Adolescent Health Measurement Initiative, *National Survey of Children's Health*, Data Resource Center for Child and Adolescent Health, 2016
For details: AmericasHealthRankings.org/AR18/amenities_annual

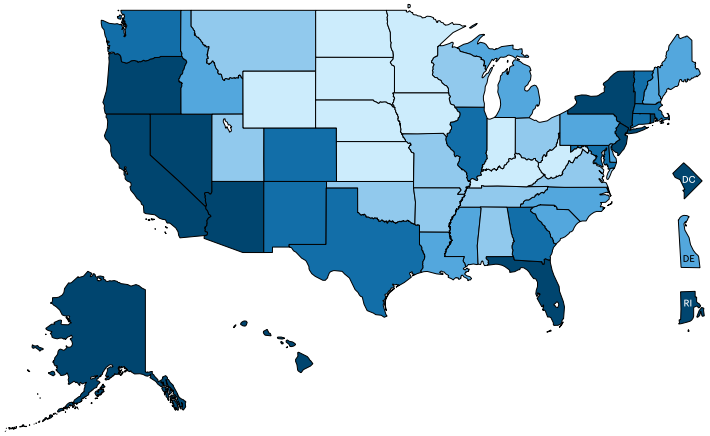
Severe Housing Problems

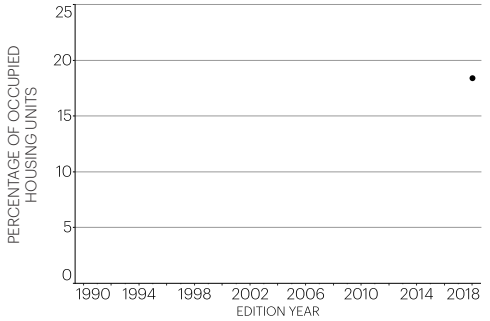
Community & Environment

Housing quality influences physical health and well-being. Poor-quality housing may cause chronic and infectious disease, injury and affect development in children, while other housing-related factors such as housing instability, neighborhood environment and overcrowding affect mental health and can influence health behavior. In the United States, 18.4 percent of households lack a complete kitchen or plumbing facilities, are severely crowded or are severely cost-burdened. Substandard housing is more prevalent among low-income and renter households. Policies to ensure basic standards of quality for rental housing can encourage appropriate maintenance by property owners and have been found to effectively improve housing conditions.

Percentage of occupied housing units that lack complete kitchen or plumbing facilities, are severely crowded and/or occupants are severely cost burdened (5-year average)

11.2% to 14.2% | 14.3% to 15.2% | 15.3% to 16.3% | 16.4% to 18.8% | 18.9% to 27.6%





Data source: U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS), 2011-2015
For details: AmericasHealthRankings.org/AR18/severe_housing_problems

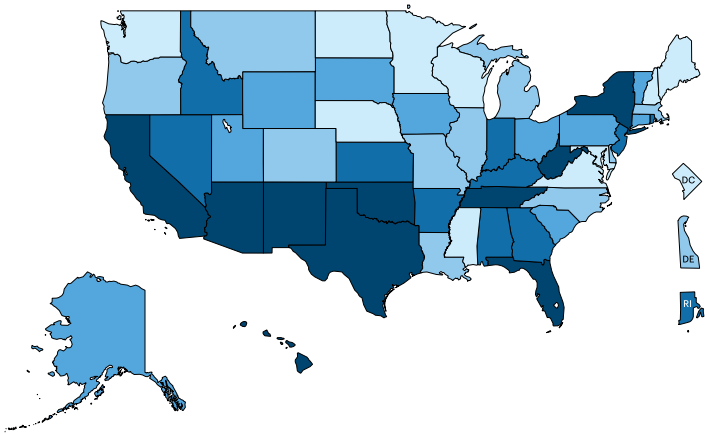
Voter Registration

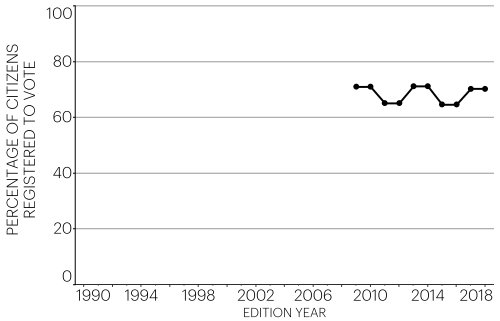
Community & Environment

Voting is a form of social engagement and participation. Active social engagement is associated with better health and health outcomes. Many studies have identified associations between low levels of social participation and mortality even after controlling for baseline health. Similar relationships have been studied between social engagement and physical health, disability, cognitive functioning, cognitive decline and risk of dementia. While these relationships are complex, researchers suggest that active social engagement may help modify the effects of morbidity and mortality by providing adults, particularly older adults, with a greater sense of purpose, control and overall self-efficacy.

Percentage of U.S. citizens aged 18 and older registered to vote in biennial national elections

74.9% to 80.0% | 72.8% to 74.8% | 71.0% to 72.7% | 68.7% to 70.9% | 54.4% to 68.6%





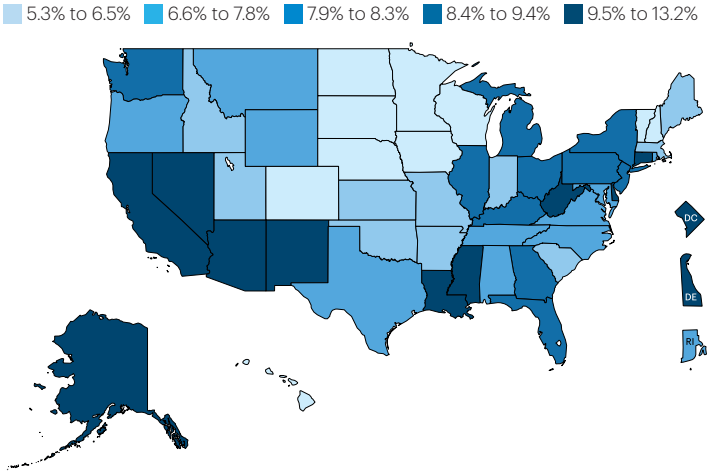
Data source: U.S. Census Bureau, *Current Population Survey,* Voter Registration, 2016
For details: AmericasHealthRankings.org/AR18/voter_registration

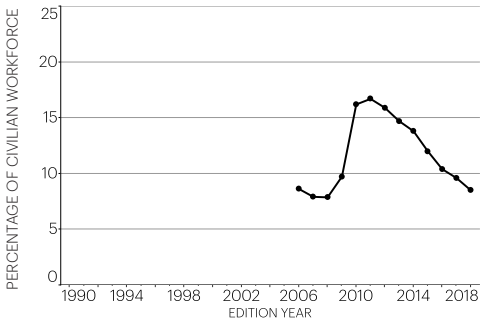
Underemployment Rate

Community & Environment

Individuals who are underemployed are more likely to report lower levels of general well-being, and those who are underemployed based solely on income report more depression and alcohol misuse. Black and Hispanic workers consistently face higher underemployment rates. As of October 2017, the rate among black workers (13.6 percent) was twice that of white workers (6.3 percent). Underemployment is also inversely associated with educational attainment; rates among adults with less than a high school degree are more than three times higher than among those with a college degree or higher. Younger workers tend to be at higher risk of underemployment compared with middle-aged workers.

Total unemployed and employed part-time for economic reasons plus all marginally attached workers, as a percentage of the civilian workforce plus all marginally attached workers (U-6 definition)





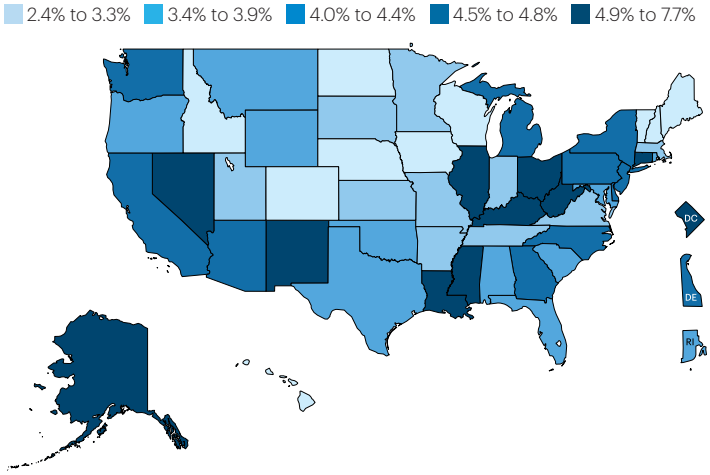
Data source: U.S. Department of Labor, Bureau of Labor Statistics, 2017
For details: AmericasHealthRankings.org/AR18/Underemployed

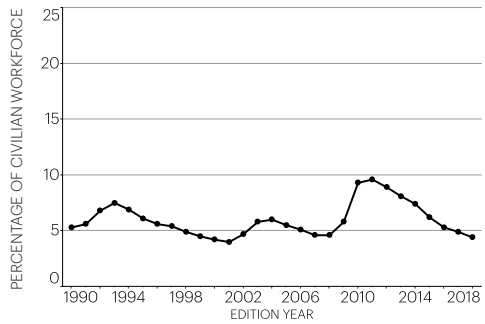
Unemployment Rate

Community & Environment

A stable, safe and well-paying job makes it easier for people to live in healthier neighborhoods, provide quality child care and education for their families, afford nutritious food and access medical care — all critical factors for maintaining good health. Unemployment's contributions to poverty and housing instability exacerbate poor access to care; unhealthy behaviors such as poor diet, lack of exercise, tobacco use and excessive alcohol consumption; and adverse health outcomes. Unemployed adults are more burdened by medical care costs, more likely to experience delays in treatment and report more chronic disease and poorer health compared with employed adults.

Total unemployed, as a percentage of the civilian workforce (U-3 definition)





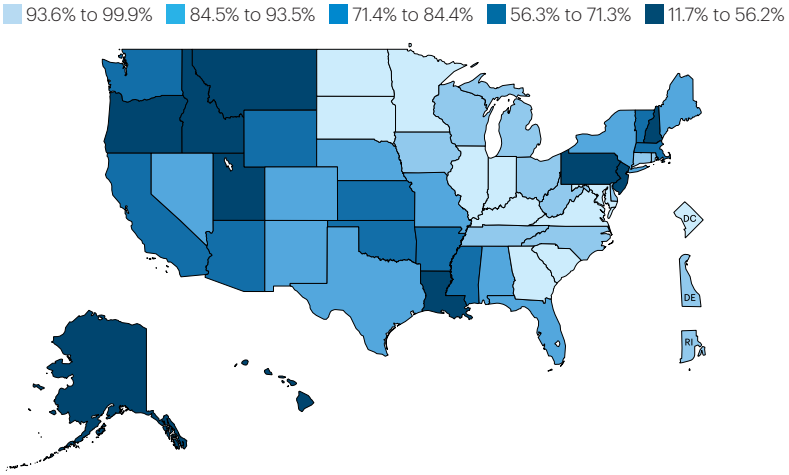
Data source: U.S. Department of Labor, Bureau of Labor Statistics, 2017
For details: AmericasHealthRankings.org/AR18/Unemployed

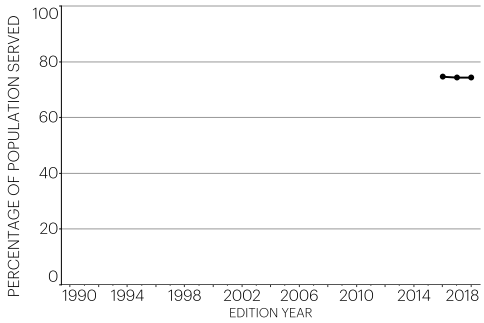
Water Fluoridation

Policy

Community water fluoridation — the addition of fluoride to a public water supply — is a safe and effective way of preventing tooth decay to all members of a community, regardless of age, socioeconomic status and race or ethnicity. Tooth decay is an infectious disease in which bacteria dissolve the enamel of a tooth. Fluoride inhibits mineral loss and bacterial activity in dental plaque and enhances remineralization in tooth enamel. About 15 percent of Americans, especially those in rural areas, access water from private wells that do not benefit from community water fluoridation; these people may experience higher rates of tooth decay.

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





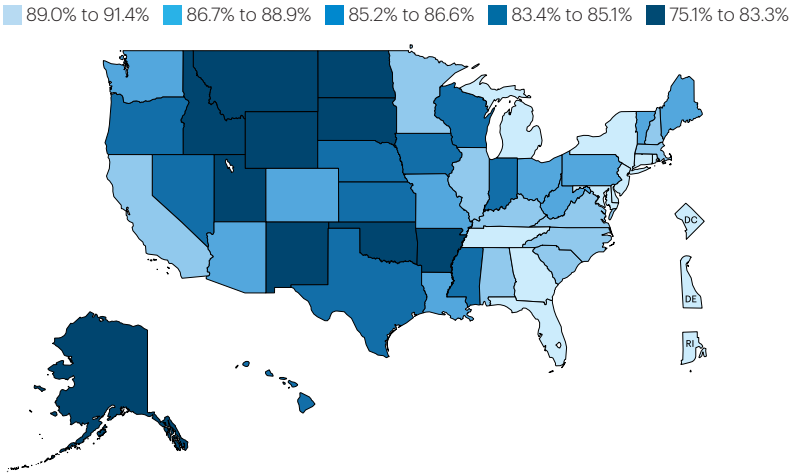
Data source: CDC, *Water Fluoridation Reporting System*, 2014
The data appearing in this edition are the same that appeared in the 2017 edition.
For details: AmericasHealthRankings.org/AR18/water_fluoridation

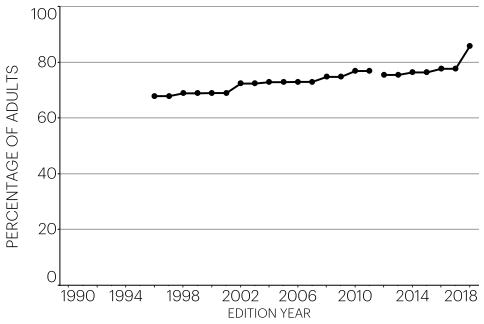
Cholesterol Check

Clinical Care

High cholesterol is a major and modifiable risk factor for heart disease and stroke, the leading and fifth-leading causes of deaths in the United States. An estimated 28.5 million U.S. adults have high total cholesterol, and slightly more than half (55 percent) currently take needed cholesterol medication. Because high cholesterol has no symptoms, a blood test is needed to measure total cholesterol, LDL cholesterol (or "bad" cholesterol), HDL cholesterol (or "good" cholesterol) and triglycerides. Screening every four to six years is recommended for adults aged 20 and older who have not been diagnosed with heart disease.

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





Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/cholesteroltest

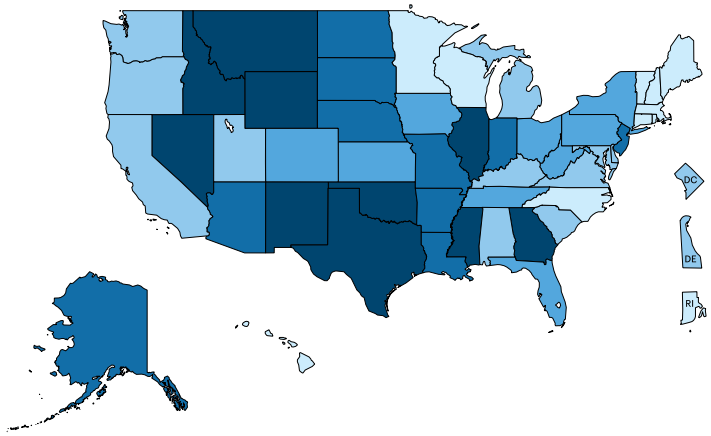
Colorectal Cancer Screening

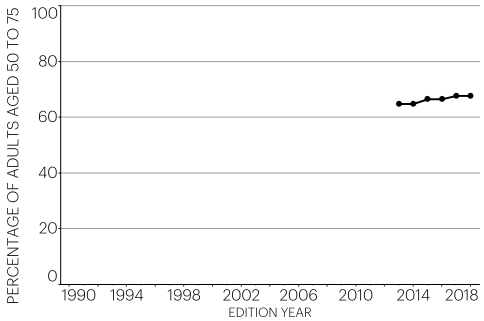
Clinical Care

Colorectal cancer is the third most common cancer and second-leading cause of cancer deaths among men and women in the United States. Screening for colorectal cancer, which may include fecal sample testing, colonoscopy and/or sigmoidoscopy, is recommended for all adults aged 50 to 75, according to the U.S. Preventive Services Task Force. Earlier screening is recommended for those with particular risk factors or a family history of colorectal cancer. Black adults have a higher incidence of colorectal cancer but are less likely to be screened, compared with white adults. Screening can save lives; an estimated 20 to 24 colorectal cancer deaths can be prevented for every 1,000 adults screened.

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

72.5% to 76.3% | 69.6% to 72.4% | 66.4% to 69.5% | 63.8% to 66.3% | 58.8% to 63.7%





Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2016
The data appearing in this edition are the same that appeared in the 2017 edition
For details:
AmericasHealthRankings.org/AR18/colorectal_cancer_screening

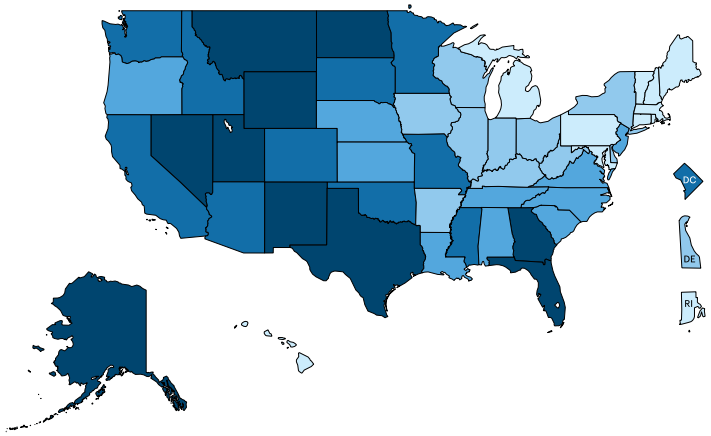
Dedicated Health Care Provider

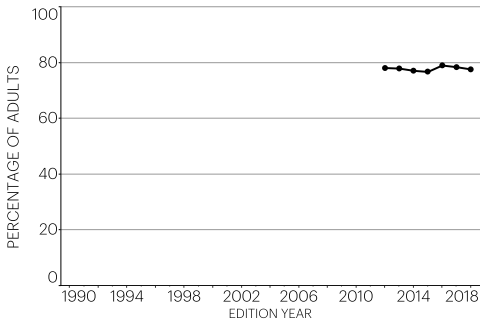
Clinical Care

Having a dedicated health care provider, or personal doctor, helps facilitate care that can prevent, detect and manage disease or other health conditions. Having one is associated with greater patient-provider communication and trust; lower health care costs; and improvements in preventive care, health status and chronic care management of asthma, hypertension and diabetes. Individuals without a dedicated health care provider are more likely to visit the emergency department for nonurgent or avoidable problems. Ways to improve the percentage of adults with a dedicated provider are increasing primary care capacity, reducing barriers to care and encouraging individuals to get recommended physicals and preventive care.

Percentage of adults who reported having a personal doctor or health care provider

83.2% to 87.8% | 80.5% to 83.1% | 76.6% to 80.4% | 72.6% to 76.5% | 66.2% to 72.5%





Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details:
AmericasHealthRankings.org/AR18/dedicated_health_care_provider

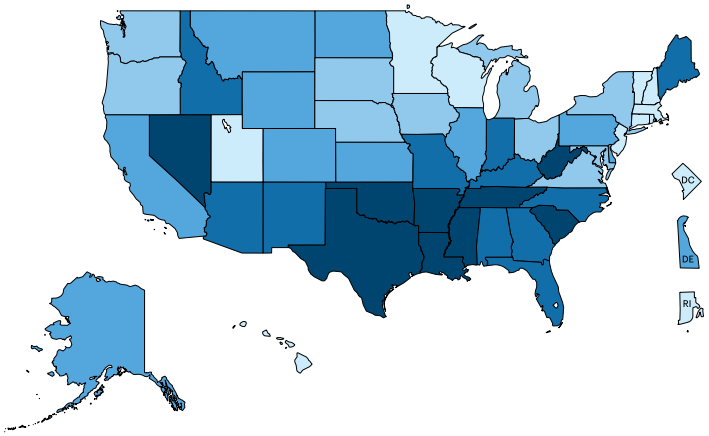
Dental Visit

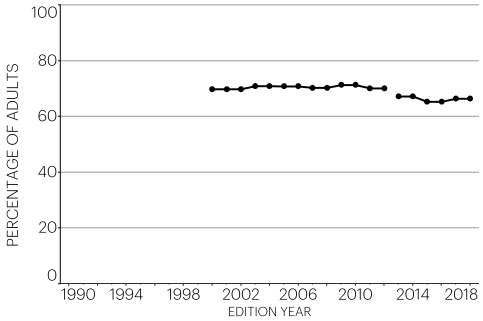
Clinical Care

Oral diseases such as tooth decay, dental caries (cavities), gingivitis and periodontal (gum) disease are common and can cause pain, tooth loss, oral infections and chronic disease if left undiagnosed or untreated. Oral health problems are largely preventable through routine visits to the dentist and good oral hygiene. Black (59.6 percent), Hispanic (56.4 percent) and American Indian/Alaska Native (55.9 percent) adults have higher rates of cavities and gum disease compared with Asian, Hawaiian/Pacific Islander and white adults, as do people with low incomes and less education. Cost of care is the most common reason reported for not having visited the dentist within the past year.

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

71.9% to 77.8% | 67.9% to 71.8% | 65.4% to 67.8% | 61.3% to 65.3% | 56.6% to 61.2%





Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2016
The data appearing in this edition are the same that appeared in the 2017 edition
For details: AmericasHealthRankings.org/AR18/dental

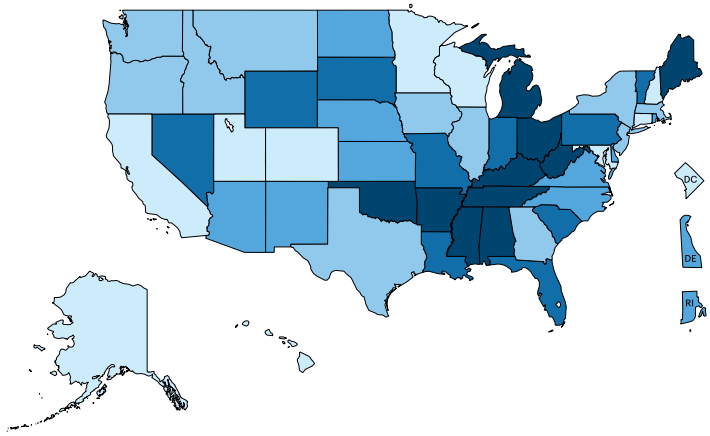
Heart Attack

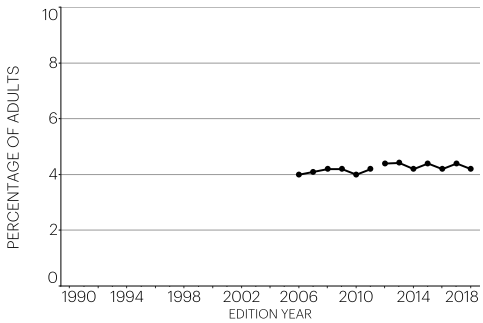
Outcomes

An estimated 720,000 first heart attacks and 335,000 recurrent heart attacks occur yearly among adults in the United States. The average age at first heart attack is 65.6 years for men and 72.0 years for women. Roughly 14 percent of those who have a heart attack die as a result. According to a recent study, after adjusting for age, sex, race, emergency admittance, comorbidity and socioeconomic status, black and Hispanic adults had a higher risk of delayed treatment and death following heart attack compared with white adults. The combined direct and indirect costs of heart attacks were estimated at $12.1 billion in 2013.

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

2.8% to 3.7% | 3.8% to 4.0% | 4.1% to 4.5% | 4.6% to 5.2% | 5.3% to 7.5%





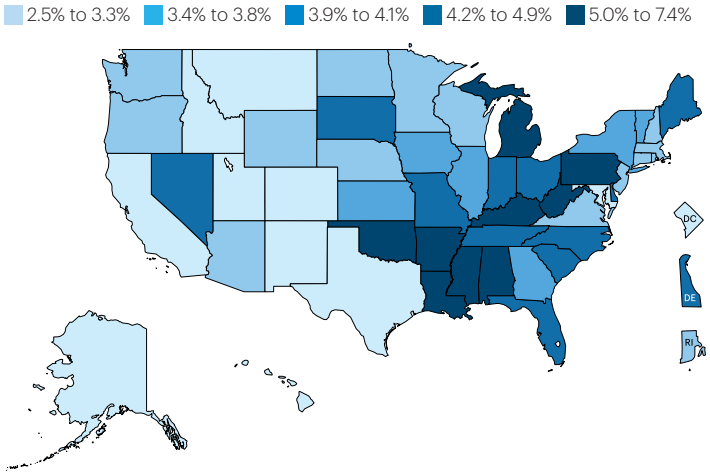
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/heart_attack

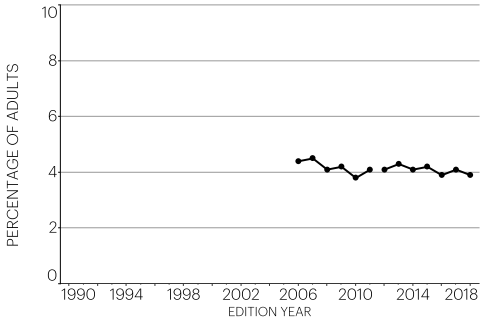
Heart Disease

Outcomes

Heart disease has consistently been the leading cause of death for men and women in the United States since 1935, with more than 635,000 deaths reported in 2016. Risk factors for coronary heart disease (CHD), the most common form of heart disease, include high blood pressure, high cholesterol and smoking. Other factors are family history of heart disease, physical inactivity, obesity, diabetes, poor diet and excessive alcohol use. The burden of risk factors is alarmingly high — almost half of U.S. adults have at least one key risk factor for heart disease. Heart disease costs the nation $204.8 billion annually in health care services, medications and lost productivity.

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





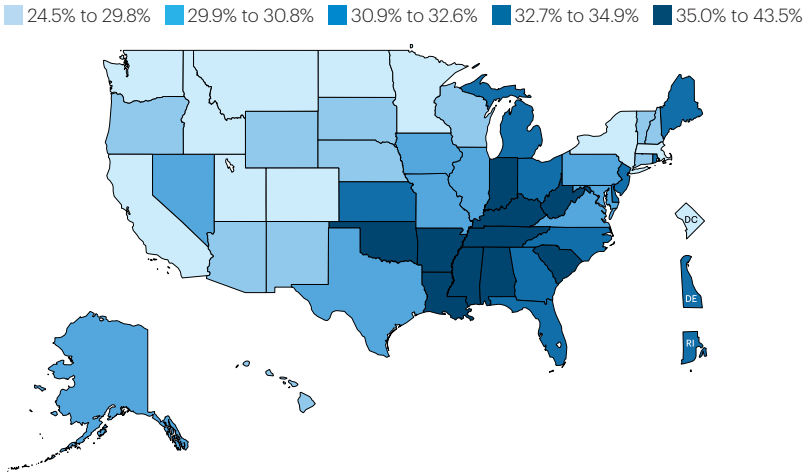
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/CHD

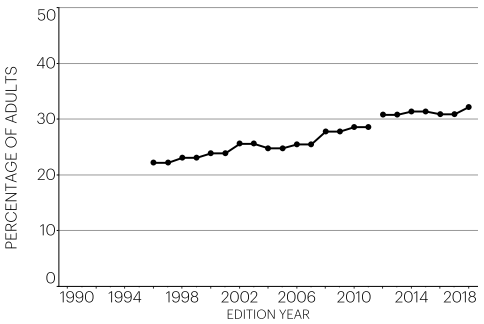
High Blood Pressure

Outcomes

When blood pressure increases and is sustained at ≥130 mmHg systolic and/or ≥80 mmHg diastolic, high blood pressure develops. High blood pressure is a risk factor for heart disease and stroke, two of the top five U.S. leading causes of deaths. It often has no signs or symptoms, and 11.5 million people do not know they have it. For this reason only 54 percent of adults with high blood pressure have it under control despite treatment accessibility. High blood pressure is influenced by such modifiable risk factors as smoking, obesity, physical inactivity, poor diet (eating foods high in sodium and low in potassium) and excessive alcohol use.

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





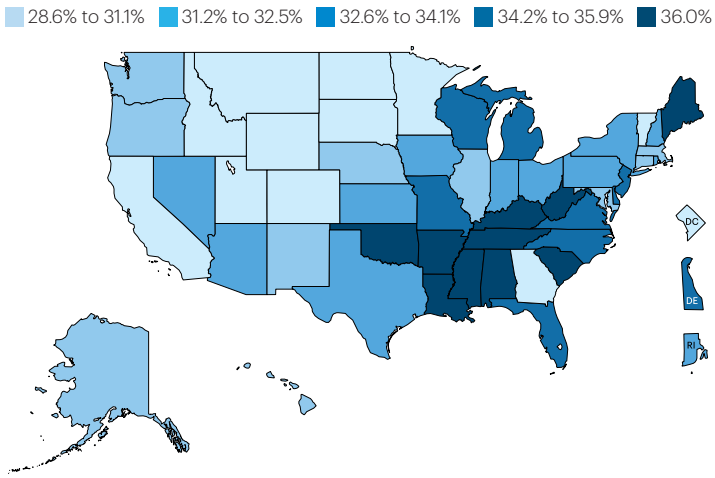
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Hypertension

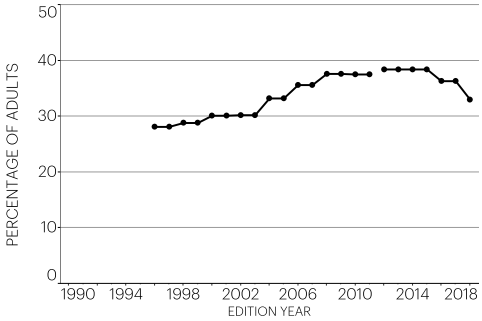
High Cholesterol

Outcomes

Total blood cholesterol higher than 240 mg/dL is unhealthy, especially when maintained for long periods of time. High total cholesterol doubles the risk of heart disease. Excess low-density lipoprotein (LDL) cholesterol — also known as bad cholesterol — creates plaque that narrows arteries and reduces oxygen-rich blood flow which can cause heart attack or stroke. An estimated 28.5 million U.S. adults have high total cholesterol, and slightly more than half take cholesterol medication. In addition to medication, high cholesterol may be managed through lifestyle modifications including increased physical activity, smoking cessation and eating a diet low in saturated fats.

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





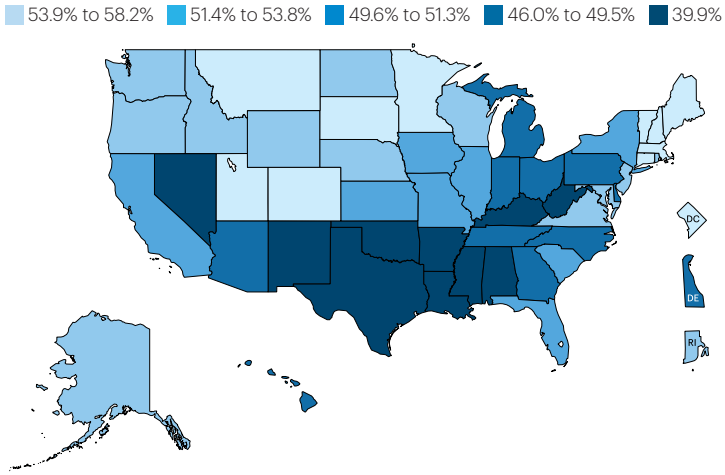
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/High_Chol

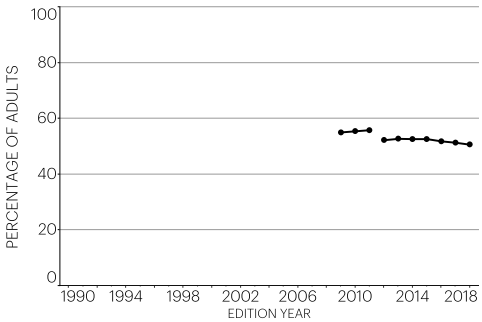
High Health Status

Outcomes

Self-reported health status is an indicator of how individuals perceive their health. Research shows that adults with a higher self-reported health status have lower rates of all-cause mortality compared with adults with lower self-reported health status. Higher percentages of white and Asian adults report "very good" or "excellent" health compared with other races and ethnicities. Adults with high annual household incomes, who are employed or who are married tend to have a higher self-reported health status than those who are near or in poverty, unemployed or single, widowed or divorced. Education is positively associated with self-reported health status across multiple studies.

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





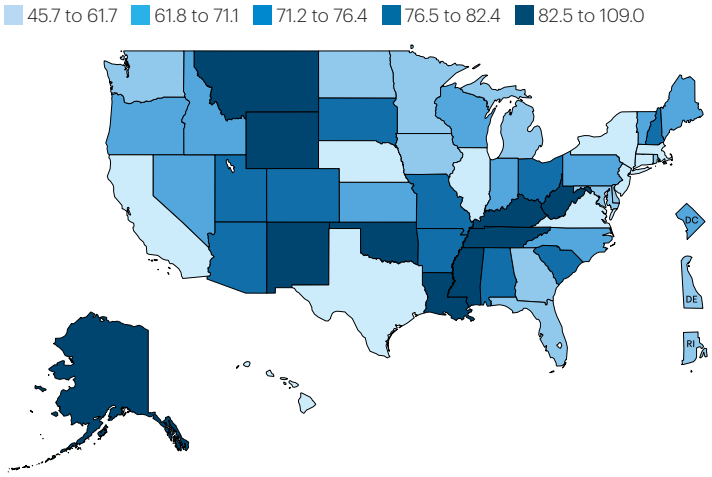
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Health_Status

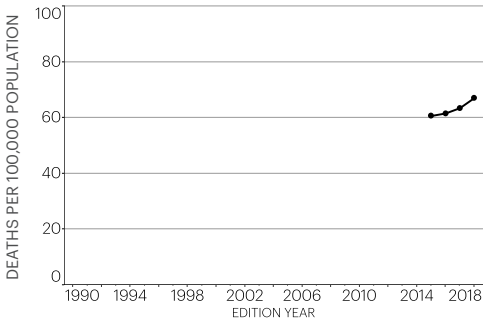
Injury Deaths

Outcomes

Injuries, both intentional and unintentional, are a leading cause of illness and death in the United States. The top three causes of unintentional injury deaths — the fourth-leading cause of U.S. deaths — are accidental poisonings, motor vehicle accidents and falls. Pharmaceutical and illicit drugs cause the majority of poisonings, and 84 percent of drug poisoning deaths are unintentional. As the leading cause of death for people aged 1 to 44, unintentional injury fatalities contribute heavily to premature death rates. Intentional injury fatalities mainly occur via suicide by firearm, suffocation and poisoning; and homicide by firearm. Age-adjusted death rates for poisonings and suicide have been increasing since 2000.

Age-adjusted number of deaths due to injury per 100,000 population (3-year average)





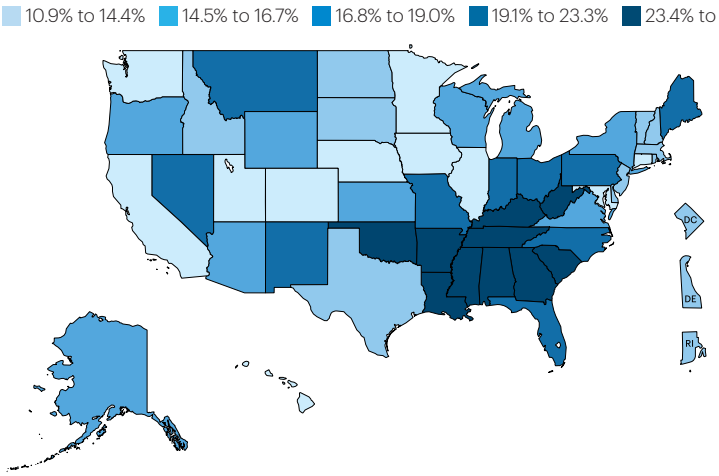
Data source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
For details: AmericasHealthRankings.org/AR18/injury_deaths

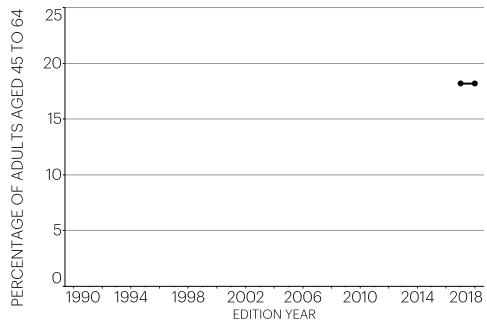
Six+ Teeth Extractions

Outcomes

Teeth extraction due to disease is associated with both current and future poor health. Periodontal (gum) disease is the most common cause of tooth loss among adults. Advanced gum disease resulting in tooth loss among adults aged 45 and older is associated with the development of dementia, and loss of six or more teeth is associated with increased self-reported prevalence of heart disease. Adults earning less than $25,000 per year are less likely to have dental insurance and are more likely to have teeth extracted. Increasing dental insurance coverage and access to preventive dental care can reduce the prevalence of teeth extractions.

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





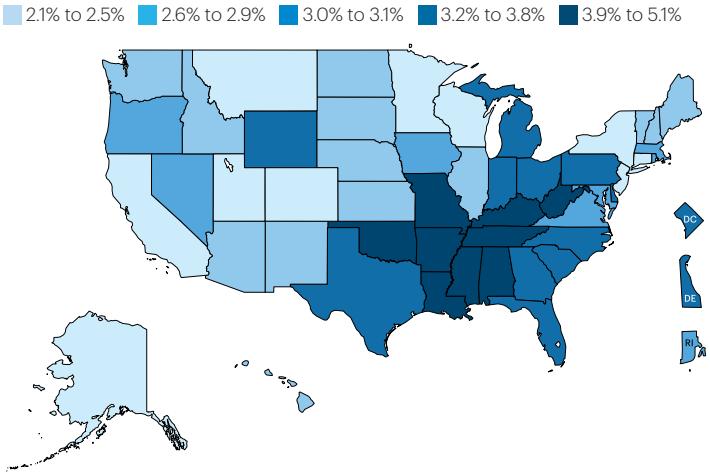
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2016
The data appearing in this edition are the same that appeared in the 2017 edition.
For details: AmericasHealthRankings.org/AR18/teeth_extractions

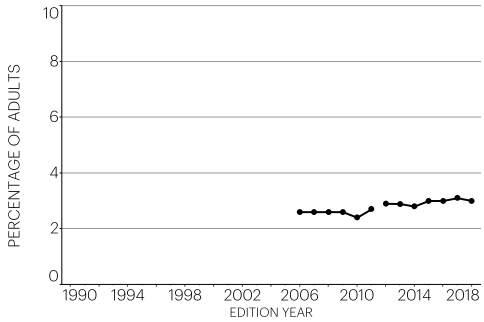
Stroke

Outcomes

Stroke causes approximately 133,000 deaths annually, making it the nation's fifth-leading cause of death. Roughly 795,000 people experience a new or recurrent stroke each year. Stroke often leads to serious long-term disability and can leave a survivor unable to work. Risk factors include high blood pressure, high cholesterol, diabetes, smoking, physical inactivity, poor diet, family history of stroke, heart disease and chronic kidney disease. Stroke prevention is possible through lifestyle changes in diet, exercise, alcohol consumption and tobacco use as well as medication for the treatment of other medical conditions such as high blood pressure — the most important treatable risk factor for stroke.

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





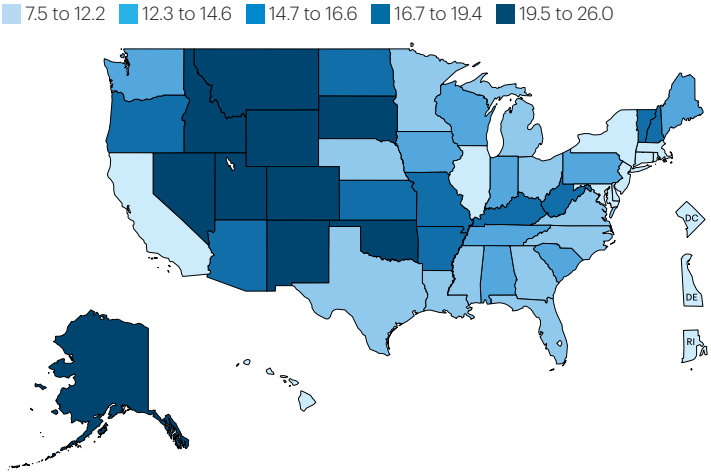
Data source: CDC, *Behavioral Risk Factor Surveillance System*, 2017
For details: AmericasHealthRankings.org/AR18/Stroke

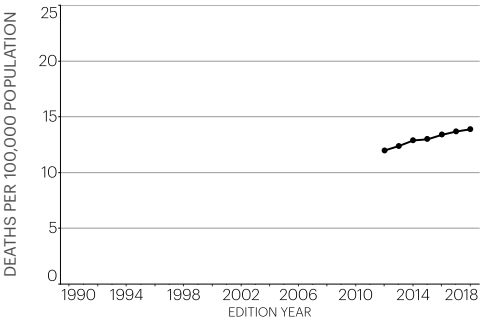
Suicide

Outcomes

Nearly 45,000 adults died by suicide in 2016, making it the 10th-leading cause of death. Firearms account for half of these deaths. Each year at least twice as many deaths occur from suicide than homicide. In 2016, 9.8 million adults had serious thoughts of committing suicide and 1.3 million attempted suicide. The suicide rate was highest among adults aged 45 to 54 and among white middle-aged men in particular. While the highest rates generally occur in adults, suicide is of great concern among young adults as rates continue to rise among persons aged 15 to 24.

Age-adjusted number of deaths due to intentional self-harm per 100,000 population





Data source: CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2016
For details: AmericasHealthRankings.org/AR18/Suicide

State Summaries

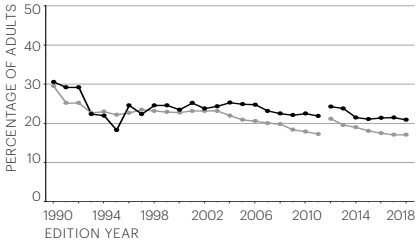
Alabama

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

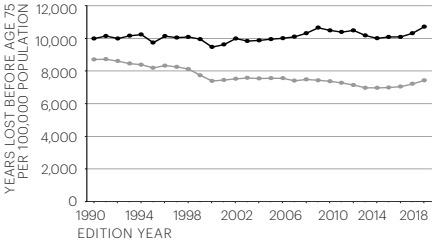
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	15.4	20	6.8
Excessive Drinking (% of adults)	+++++	13.9	4	12.2
High School Graduation (% of students)	++++	87.1	16	91.3
Obesity (% of adults)	+	36.3	46	22.6
Physical Inactivity (% of adults)	+	32.0	45	19.2
Smoking (% of adults)	+	20.9	41	8.9
Behaviors Total*	++	-0.106	40	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.4	40	4.5
Children in Poverty (% of children)	+	24.6	46	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.547	45	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	553.6	40	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	3.6	19	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	26.4	44	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	6.3	39	2.5
Violent Crime (offenses per 100,000 population)	+	524	43	121
Community & Environment Total*	+	-0.162	49	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.547	39	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	47.2	38	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	33.7	42	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	78.3	38	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	88.7	30	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	71.2	21	82.1
Public Health Funding (dollars per person)	++++	$112	12	$281
Uninsured (% of population)	++	9.3	36	2.7
Policy Total*	++	-0.005	34	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	40.4	50	82.7
Low Birthweight (% of live births)	+	10.3	48	5.9
Mental Health Providers (number per 100,000 population)	+	92.6	50	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	62.0	46	23.3
Primary Care Physicians (number per 100,000 population)	+	122.8	41	264.5
Clinical Care Total*	+	-0.210	49	0.185
All Determinants*	+	-0.483	48	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	210.5	42	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	342.6	49	190.3
Diabetes (% of adults)	+	14.1	48	7.1
Disparity in Health Status (% difference by high school education)	+++++	23.1	9	13.1
Frequent Mental Distress (% of adults)	+	15.3	44	9.2
Frequent Physical Distress (% of adults)	+	16.6	47	9.2
Infant Mortality (deaths per 1,000 live births)	+	8.7	49	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	10,720	48	5,653
All Outcomes*	+	-0.356	49	0.283
OVERALL*	+	-0.838	48	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



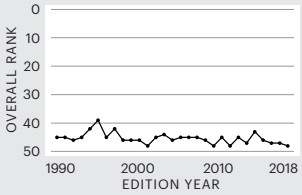
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 48

Change: ▼1
Determinants Rank: **48**
Outcomes Rank: **49**



Strengths:

- Low prevalence of excessive drinking
- High percentage of high school graduation
- High per capita public health funding

Challenges:

- High prevalence of obesity
- High cardiovascular death rate
- Low rate of mental health providers

Highlights:

- In the past six years, obesity increased 13% from 32.0% to 36.3% of adults
- In the past five years, drug deaths increased 26% from 12.2 to 15.4 deaths per 100,000 population
- In the past 15 years, air pollution decreased 46% from 15.6 to 8.4 micrograms of fine particles per cubic meter
- In the past year, HPV immunization among males aged 13 to 17 increased 36% from 24.7% to 33.7%
- In the past three years, the percentage uninsured decreased 28% from 12.9% to 9.3% of the population
- In the past six years, diabetes increased 19% from 11.8% to 14.1% of adults

Ranking:

Alabama is 48th this year; it was 47th in 2017. The state ranks 43rd for senior health and 44th for the health of women and children.

State Health Department Website:

www.alabamapublichealth.gov

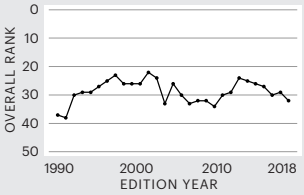
Alaska

OVERALL RANK: 32

Change: ▼ 3

Determinants Rank: **35**

Outcomes Rank: **12**



Strengths:

- Low prevalence of low birthweight
- Low prevalence of diabetes
- Low prevalence of physical inactivity

Challenges:

- Low percentage of high school graduation
- High prevalence of smoking
- High incidence of chlamydia

Highlights:

- In the past 10 years, drug deaths increased 41% from 11.7 to 16.5 deaths per 100,000 population
- In the past three years, occupational fatalities increased 111% from 4.7 to 9.9 deaths per 100,000 workers
- In the past five years, violent crime increased 37% from 603 to 829 offenses per 100,000 population
- In the past four years, meningococcal immunization increased 24% from 55.2% to 68.4% of adolescents aged 13 to 17
- In the past four years, the percentage uninsured decreased 29% from 19.5% to 13.9% of population
- In the past two years, frequent physical distress increased 32% from 9.2% to 12.1% of adults

Ranking:

Alaska is 32nd this year; it was 29th in 2017. The state ranks 29th for senior health and 28th for the health of women and children.

State Health Department Website:

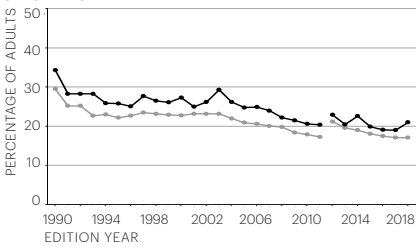
dhss.alaska.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

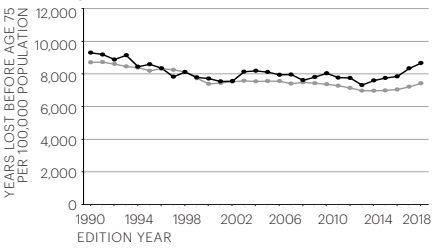
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.5	25	6.8
Excessive Drinking (% of adults)	+	21.3	43	12.2
High School Graduation (% of students)	+	76.1	47	91.3
Obesity (% of adults)	+	34.2	42	22.6
Physical Inactivity (% of adults)	+++++	20.6	4	19.2
Smoking (% of adults)	+	21.0	42	8.9
Behaviors Total*	+	-0.196	46	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.4	22	4.5
Children in Poverty (% of children)	+++	14.9	21	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.973	48	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	771.6	50	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	21.3	48	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	9.0	2	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	9.9	49	2.5
Violent Crime (offenses per 100,000 population)	+	829	50	121
Community & Environment Total*	+	-0.125	46	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.538	50	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	45.7	40	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	39.8	33	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	68.4	48	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	78.9	50	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	69.5	32	82.1
Public Health Funding (dollars per person)	+++++	$281	1	$281
Uninsured (% of population)	+	13.9	48	2.7
Policy Total*	+	-0.080	45	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	79.5	2	82.7
Low Birthweight (% of live births)	+++++	5.9	1	5.9
Mental Health Providers (number per 100,000 population)	+++++	391.2	7	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.0	7	23.3
Primary Care Physicians (number per 100,000 population)	+++	139.0	29	264.5
Clinical Care Total*	+++++	0.174	2	0.185
All Determinants*	++	-0.227	35	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	192.1	26	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	226.1	11	190.3
Diabetes (% of adults)	+++++	7.4	2	7.1
Disparity in Health Status (% difference by high school education)	+++++	13.1	1	13.1
Frequent Mental Distress (% of adults)	++++	11.5	14	9.2
Frequent Physical Distress (% of adults)	+++	12.1	26	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.1	27	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,666	37	5,653
All Outcomes*	++++	0.111	12	0.283
OVERALL*	++	-0.115	32	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

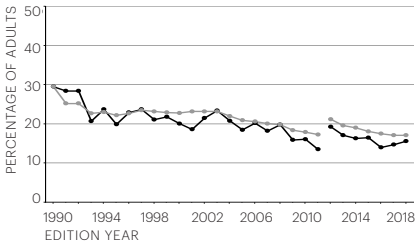
Arizona

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

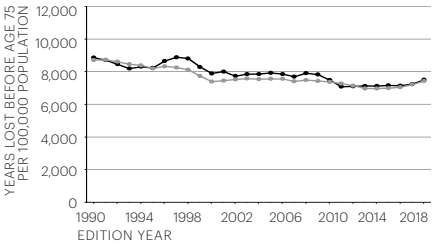
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.5	31	6.8
Excessive Drinking (% of adults)	++++	16.7	12	12.2
High School Graduation (% of students)	+	79.5	43	91.3
Obesity (% of adults)	+++	29.5	21	22.6
Physical Inactivity (% of adults)	+++	25.1	21	19.2
Smoking (% of adults)	++++	15.6	16	8.9
Behaviors Total*	+++	0.021	23	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.7	48	4.5
Children in Poverty (% of children)	++	20.8	37	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.190	20	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	511.5	35	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.2	23	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	13.0	18	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	11	2.5
Violent Crime (offenses per 100,000 population)	+	508	42	121
Community & Environment Total*	+	-0.097	42	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.402	35	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	57.9	17	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	48.4	20	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	83.8	28	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	82.4	47	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	66.5	44	82.1
Public Health Funding (dollars per person)	+	$50	49	$281
Uninsured (% of population)	++	10.1	39	2.7
Policy Total*	+	-0.077	44	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	54.1	28	82.7
Low Birthweight (% of live births)	++++	7.3	16	5.9
Mental Health Providers (number per 100,000 population)	+	129.3	47	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.1	8	23.3
Primary Care Physicians (number per 100,000 population)	++	126.1	38	264.5
Clinical Care Total*	+++	-0.015	28	0.185
All Determinants*	++	-0.168	33	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	168.4	4	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	217.4	5	190.3
Diabetes (% of adults)	++++	10.4	19	7.1
Disparity in Health Status (% difference by high school education)	++	29.2	32	13.1
Frequent Mental Distress (% of adults)	+++	12.3	27	9.2
Frequent Physical Distress (% of adults)	++	13.2	33	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.4	15	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,502	26	5,653
All Outcomes*	++++	0.063	19	0.283
OVERALL*	+++	-0.105	30	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



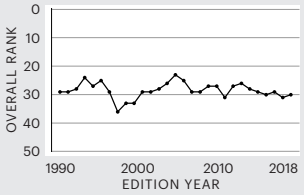
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 30

Change: ▲1
Determinants Rank: **33**
Outcomes Rank: **19**



Strengths:

- Low cancer death rate
- Low occupational fatality rate
- Low prevalence of low birthweight

Challenges:

- Low percentage of high school graduation
- High levels of air pollution
- Low rate of mental health providers

Highlights:

- In the past two years, smoking increased 11% from 14.0% to 15.6% of adults
- In the past five years, children in poverty decreased 23% from 27.0% to 20.8% of children aged 0 to 17
- In the past five years, chlamydia increased 43% from 358.0 to 511.5 cases per 100,000 population
- In the past year, mental health providers increased 6% from 121.9 to 129.3 per 100,000 population
- In the past 25 years, cancer deaths decreased 10% from 186.3 to 168.4 deaths per 100,000 population
- In the past two years, frequent mental distress increased 10% from 11.2% to 12.3% of adults

Ranking:

Arizona is 30th this year; it was 31st in 2017. The state ranks 23rd for senior health and 43rd for the health of women and children.

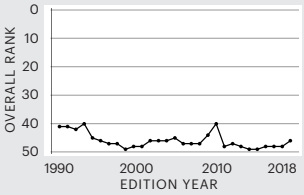
State Health Department Website:

www.azdhs.gov

Arkansas

OVERALL RANK: 46

Change: ▲2
Determinants Rank: **45**
Outcomes Rank: **44**



Strengths:
- Low prevalence of excessive drinking
- Low drug death rate
- High meningococcal and Tdap immunization coverage among adolescents

Challenges:
- High prevalence of smoking
- High cardiovascular death rate
- Low rate of dentists

Highlights:
- In the past five years, excessive drinking increased 23% from 12.8% to 15.8% of adults
- In the past five years, children in poverty decreased 21% from 28.5% to 22.5% of children aged 0 to 17
- In the past three years, air pollution decreased 27% from 9.7 to 7.1 micrograms of fine particles per cubic meter
- In the past 25 years, cancer deaths increased 4% from 209.6 to 218.6 deaths per 100,000 population
- In the past five years, cardiovascular deaths increased 6% from 311.7 to 330.2 deaths per 100,000 population
- In the past four years, premature death increased 5% from 9,656 to 10,099 years lost before age 75 per 100,000 population

Ranking:
Arkansas is 46th this year; it was 48th in 2017. The state ranks 46th for senior health and 49th for the health of women and children.

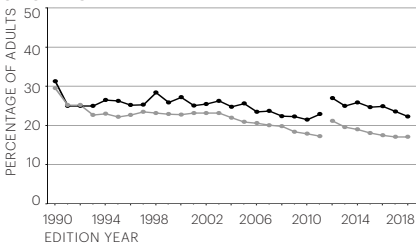
State Health Department Website:
www.healthy.arkansas.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

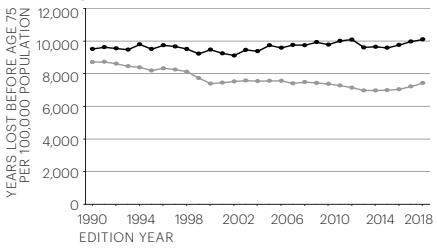
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	13.2	14	6.8
Excessive Drinking (% of adults)	+++++	15.8	8	12.2
High School Graduation (% of students)	++++	87.0	17	91.3
Obesity (% of adults)	+	35.0	44	22.6
Physical Inactivity (% of adults)	+	32.5	48	19.2
Smoking (% of adults)	+	22.3	46	8.9
Behaviors Total*	+	-0.132	42	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.1	16	4.5
Children in Poverty (% of children)	+	22.5	44	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.560	46	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	562.0	42	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.3	12	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	27.3	46	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	7.5	45	2.5
Violent Crime (offenses per 100,000 population)	+	555	45	121
Community & Environment Total*	+	-0.118	45	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.127	23	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	46.6	39	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	24.3	49	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	91.7	11	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	92.4	11	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	69.4	34	82.1
Public Health Funding (dollars per person)	++++	$108	16	$281
Uninsured (% of population)	+++	7.9	24	2.7
Policy Total*	+++	0.022	26	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	41.7	49	82.7
Low Birthweight (% of live births)	++	8.8	38	5.9
Mental Health Providers (number per 100,000 population)	+++	226.0	27	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	61.8	45	23.3
Primary Care Physicians (number per 100,000 population)	+	120.9	43	264.5
Clinical Care Total*	+	-0.133	45	0.185
All Determinants*	+	-0.361	45	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	218.6	47	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	330.2	47	190.3
Diabetes (% of adults)	+	12.2	42	7.1
Disparity in Health Status (% difference by high school education)	+++++	21.2	5	13.1
Frequent Mental Distress (% of adults)	+	17.3	49	9.2
Frequent Physical Distress (% of adults)	+	16.4	45	9.2
Infant Mortality (deaths per 1,000 live births)	+	7.8	46	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	10,099	45	5,653
All Outcomes*	+	-0.312	44	0.283
OVERALL*	+	-0.672	46	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

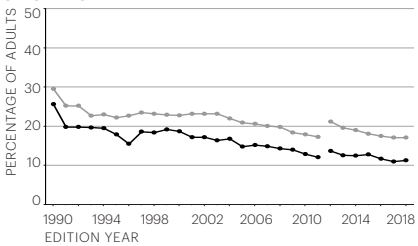
California

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

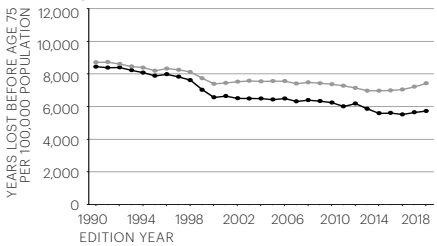
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.9	8	6.8
Excessive Drinking (% of adults)	+++	19.2	27	12.2
High School Graduation (% of students)	+++	83.0	30	91.3
Obesity (% of adults)	+++++	25.1	3	22.6
Physical Inactivity (% of adults)	+++++	20.0	3	19.2
Smoking (% of adults)	+++++	11.3	2	8.9
Behaviors Total*	+++++	0.248	2	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	11.9	50	4.5
Children in Poverty (% of children)	+++	18.1	28	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.273	18	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	506.2	31	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	3.8	21	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	11.9	13	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.7	2	2.5
Violent Crime (offenses per 100,000 population)	++	449	36	121
Community & Environment Total*	++	-0.080	40	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.355	34	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	60.9	13	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	46.3	25	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	82.2	34	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	83.5	44	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	68.6	39	82.1
Public Health Funding (dollars per person)	++++	$108	16	$281
Uninsured (% of population)	+++	7.3	21	2.7
Policy Total*	+++	0.015	27	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	77.5	4	82.7
Low Birthweight (% of live births)	+++++	6.8	7	5.9
Mental Health Providers (number per 100,000 population)	++++	338.0	11	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.2	9	23.3
Primary Care Physicians (number per 100,000 population)	+++	138.3	30	264.5
Clinical Care Total*	+++++	0.130	6	0.185
All Determinants*	++++	0.312	15	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	169.2	7	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.1	14	190.3
Diabetes (% of adults)	+++	10.5	23	7.1
Disparity in Health Status (% difference by high school education)	+	37.1	50	13.1
Frequent Mental Distress (% of adults)	+++++	10.8	7	9.2
Frequent Physical Distress (% of adults)	++++	11.1	12	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.3	4	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,734	2	5,653
All Outcomes*	++++	0.119	11	0.283
OVERALL*	++++	0.431	12	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



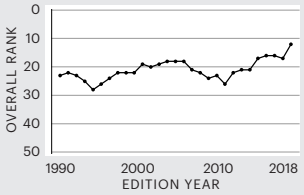
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 12

Change: ▲5
Determinants Rank: **15**
Outcomes Rank: **11**



Strengths:

- Low prevalence of obesity
- Low infant mortality rate
- Low occupational fatality rate

Challenges:

- High levels of air pollution
- Low immunization coverage among children
- Low Tdap immunization coverage among adolescents

Highlights:

- In the past five years, high school graduation increased 9% from 76.0% to 83.0% of students
- In the past five years, children in poverty decreased 24% from 23.8% to 18.1% of children aged 0 to 17
- In the past 10 years, the percentage uninsured decreased 61% from 18.5% to 7.3% of the population
- In the past 10 years, infant mortality decreased 19% from 5.3 to 4.3 deaths per 1,000 live births
- Since 1990, cancer deaths decreased 13% from 193.6 to 169.2 deaths per 100,000 population
- In the past six years, diabetes increased 18% from 8.9% to 10.5% of adults

Ranking:

California is 12th this year; it was 17th in 2017. The state ranks 16th for senior health and 10th for the health of women and children.

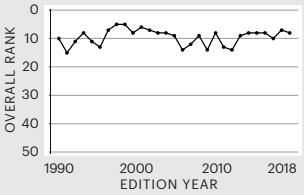
State Health Department Website:

www.cdph.ca.gov

Colorado

OVERALL RANK: 8

Change: ▼1
Determinants Rank: **12**
Outcomes Rank: **3**



Strengths:
- Low prevalence of obesity
- Low cancer death rate
- Low percentage of children in poverty

Challenges:
- High incidence of pertussis
- High prevalence of low birthweight
- Low percentage of high school graduation

Highlights:
- In the past year, smoking decreased 6% from 15.6% to 14.6% of adults
- In the past three years, chlamydia increased 19% from 393.0 to 468.6 cases per 100,000 population
- In the past five years, children in poverty decreased 35% from 18.5% to 12.0% of children aged 0 to 17
- In the past year, mental health providers increased 8% from 313.5 to 339.1 per 100,000 population
- In the past 20 years, cancer deaths decreased 8% from 175.7 to 162.3 deaths per 100,000 population
- In the past 10 years, infant mortality decreased 25% from 6.3 to 4.7 deaths per 1,000 live births

Ranking:
Colorado is eighth this year; it was seventh in 2017. The state ranks fourth for senior health and 14th for the health of women and children.

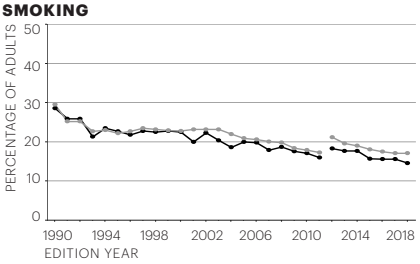
State Health Department Website:
www.colorado.gov/cdphe

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

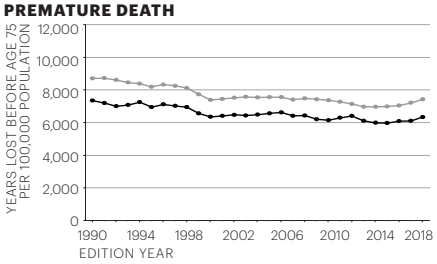
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.2	22	6.8
Excessive Drinking (% of adults)	++	20.5	39	12.2
High School Graduation (% of students)	+	78.9	45	91.3
Obesity (% of adults)	+++++	22.6	1	22.6
Physical Inactivity (% of adults)	+++++	19.5	2	19.2
Smoking (% of adults)	++++	14.6	12	8.9
Behaviors Total*	+++++	0.125	9	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.7	10	4.5
Children in Poverty (% of children)	+++++	12.0	6	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	0.027	28	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	468.6	26	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	12.9	45	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	12.6	16	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	11	2.5
Violent Crime (offenses per 100,000 population)	+++	368	28	121
Community & Environment Total*	++++	0.143	14	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.045	25	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	53.1	26	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	54.4	8	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	82.4	33	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	88.6	31	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	71.0	23	82.1
Public Health Funding (dollars per person)	++++	$98	20	$281
Uninsured (% of population)	+++	7.5	23	2.7
Policy Total*	+++	0.031	22	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	70.5	9	82.7
Low Birthweight (% of live births)	++	9.0	40	5.9
Mental Health Providers (number per 100,000 population)	+++++	339.1	10	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	31.2	3	23.3
Primary Care Physicians (number per 100,000 population)	+++	141.3	27	264.5
Clinical Care Total*	++++	0.071	14	0.185
All Determinants*	++++	0.371	12	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	162.3	3	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	207.4	2	190.3
Diabetes (% of adults)	+++++	7.4	2	7.1
Disparity in Health Status (% difference by high school education)	++	30.8	37	13.1
Frequent Mental Distress (% of adults)	++++	11.6	17	9.2
Frequent Physical Distress (% of adults)	+++++	10.4	6	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.7	8	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,352	9	5,653
All Outcomes*	+++++	0.217	3	0.283
OVERALL*	+++++	0.588	8	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

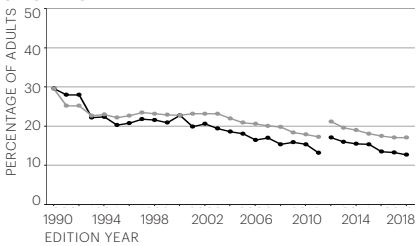
Connecticut

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

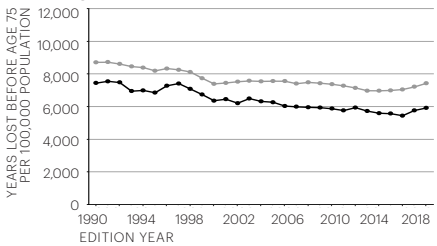
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	22.1	39	6.8
Excessive Drinking (% of adults)	++++	17.1	15	12.2
High School Graduation (% of students)	++++	87.4	15	91.3
Obesity (% of adults)	+++++	26.9	9	22.6
Physical Inactivity (% of adults)	++++	24.0	11	19.2
Smoking (% of adults)	+++++	12.7	3	8.9
Behaviors Total*	+++++	0.198	3	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.7	27	4.5
Children in Poverty (% of children)	+++++	12.6	9	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.657	6	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	387.4	9	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.7	13	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	12.7	17	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.6	8	2.5
Violent Crime (offenses per 100,000 population)	+++++	228	7	121
Community & Environment Total*	+++++	0.187	8	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.208	3	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	63.5	7	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	52.7	13	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	94.9	2	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	94.9	4	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	75.3	10	82.1
Public Health Funding (dollars per person)	+++	$81	29	$281
Uninsured (% of population)	+++++	5.2	7	2.7
Policy Total*	+++++	0.116	8	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	74.4	6	82.7
Low Birthweight (% of live births)	++++	7.8	19	5.9
Mental Health Providers (number per 100,000 population)	+++++	375.5	9	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	46.2	19	23.3
Primary Care Physicians (number per 100,000 population)	+++++	216.3	4	264.5
Clinical Care Total*	+++++	0.143	4	0.185
All Determinants*	+++++	0.644	3	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	174.7	8	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	217.9	7	190.3
Diabetes (% of adults)	++++	9.8	17	7.1
Disparity in Health Status (% difference by high school education)	+	32.4	43	13.1
Frequent Mental Distress (% of adults)	+++++	10.0	4	9.2
Frequent Physical Distress (% of adults)	+++++	10.6	7	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.2	13	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,923	3	5,653
All Outcomes*	+++++	0.155	5	0.283
OVERALL*	+++++	0.799	3	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



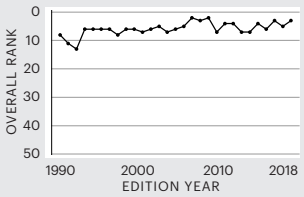
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 3

Change: ▲2
Determinants Rank: **3**
Outcomes Rank: **5**



Strengths:

- Low prevalence of smoking
- Low percentage of uninsured population
- Low premature death rate

Challenges:

- Low per capita public health funding
- High drug death rate
- High levels of air pollution

Highlights:

- In the past five years, excessive drinking decreased 11% from 19.3% to 17.1% of adults
- In the past five years, drug deaths increased 107% from 10.7 to 22.1 deaths per 100,000 population
- In the past year, chlamydia increased 6% from 364.9 to 387.4 cases per 100,000 population
- In the past 10 years, the percentage uninsured decreased 45% from 9.4% to 5.2% of the population
- Since 1990, cancer deaths decreased 13% from 199.7 to 174.7 deaths per 100,000 population
- In the past two years, premature death increased 9% from 5,451 to 5,923 years lost before age 75 per 100,000 population

Ranking:

Connecticut is third this year; it was fifth in 2017. The state ranks seventh for senior health and fourth for the health of women and children.

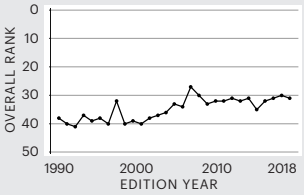
State Health Department Website:

https://portal.ct.gov/dph

Delaware

OVERALL RANK: 31

Change: ▼1
Determinants Rank: **29**
Outcomes Rank: **38**



Strengths:
- High immunization coverage among children
- Low incidence of pertussis
- Low percentage of uninsured population

Challenges:
- High infant mortality rate
- Low rate of dentists
- High prevalence of physical inactivity

Highlights:
- In the past six years, excessive drinking decreased 24% from 22.1% to 16.8% of adults
- In the past 10 years, air pollution decreased 41% from 14.6 to 8.6 micrograms of fine particles per cubic meter
- In the past year, mental health providers increased 6% from 235.7 to 249.6 per 100,000 population
- In the past 20 years, cancer deaths decreased 12% from 228.9 to 200.8 deaths per 100,000 population
- In the past six years, frequent mental distress increased 30% from 10.5% to 13.7% of adults
- In the past two years, infant mortality increased 29% from 6.5 to 8.4 deaths per 1,000 live births

Ranking:
Delaware is 31st this year; it was 30th in 2017. The state ranks 17th for senior health and 22nd for the health of women and children.

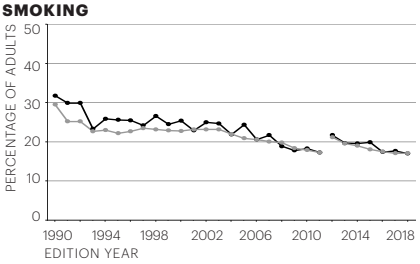
State Health Department Website:
www.dhss.delaware.gov/dhss

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

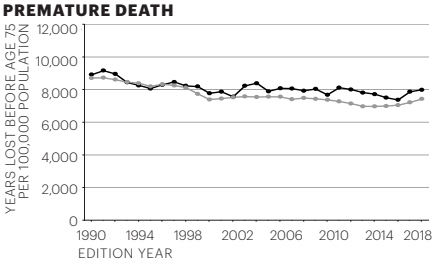
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	24.0	42	6.8
Excessive Drinking (% of adults)	++++	16.8	13	12.2
High School Graduation (% of students)	+++	85.5	25	91.3
Obesity (% of adults)	+++	31.8	28	22.6
Physical Inactivity (% of adults)	+	31.0	41	19.2
Smoking (% of adults)	+++	17.0	24	8.9
Behaviors Total*	+++	-0.030	30	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	8.6	41	4.5
Children in Poverty (% of children)	+++	18.5	30	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.107	33	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	567.2	43	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	1.6	5	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	17.9	36	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.4	21	2.5
Violent Crime (offenses per 100,000 population)	++	453	38	121
Community & Environment Total*	++	-0.034	33	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.598	11	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	59.6	15	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	56.7	6	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	90.5	12	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	89.6	26	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	77.1	6	82.1
Public Health Funding (dollars per person)	++++	$107	18	$281
Uninsured (% of population)	++++	5.6	11	2.7
Policy Total*	+++++	0.119	6	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	44.1	47	82.7
Low Birthweight (% of live births)	++	8.9	39	5.9
Mental Health Providers (number per 100,000 population)	++++	249.6	20	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	47.2	23	23.3
Primary Care Physicians (number per 100,000 population)	++++	161.4	18	264.5
Clinical Care Total*	++	-0.051	35	0.185
All Determinants*	+++	0.004	29	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	200.8	36	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	253.9	28	190.3
Diabetes (% of adults)	++	11.3	36	7.1
Disparity in Health Status (% difference by high school education)	++++	26.4	20	13.1
Frequent Mental Distress (% of adults)	++	13.7	35	9.2
Frequent Physical Distress (% of adults)	+++	12.3	27	9.2
Infant Mortality (deaths per 1,000 live births)	+	8.4	48	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	7,992	32	5,653
All Outcomes*	++	-0.113	38	0.283
OVERALL*	++	-0.109	31	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

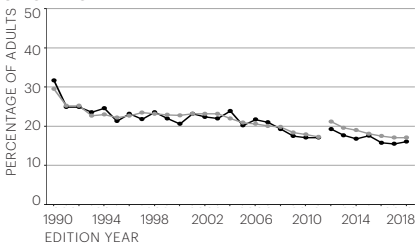
Florida

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

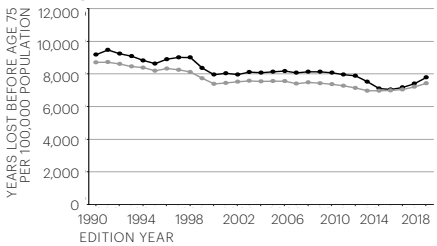
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	17.7	29	6.8
Excessive Drinking (% of adults)	++++	17.1	15	12.2
High School Graduation (% of students)	++	80.7	37	91.3
Obesity (% of adults)	++++	28.4	14	22.6
Physical Inactivity (% of adults)	++	29.2	36	19.2
Smoking (% of adults)	+++	16.1	21	8.9
Behaviors Total*	+++	0.015	24	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.1	16	4.5
Children in Poverty (% of children)	++	20.3	36	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.227	36	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	467.4	25	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	1.6	5	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	27.2	45	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.7	26	2.5
Violent Crime (offenses per 100,000 population)	++	408	31	121
Community & Environment Total*	+++	0.007	27	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.227	32	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	45.3	42	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	39.4	34	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	80.2	35	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	91.1	17	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	76.2	8	82.1
Public Health Funding (dollars per person)	++	$62	40	$281
Uninsured (% of population)	+	12.7	46	2.7
Policy Total*	++	-0.049	40	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	51.5	36	82.7
Low Birthweight (% of live births)	++	8.7	35	5.9
Mental Health Providers (number per 100,000 population)	+	153.8	41	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	53.6	35	23.3
Primary Care Physicians (number per 100,000 population)	++	131.3	34	264.5
Clinical Care Total*	++	-0.093	39	0.185
All Determinants*	++	-0.120	32	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	181.4	12	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	233.1	17	190.3
Diabetes (% of adults)	+++	10.5	23	7.1
Disparity in Health Status (% difference by high school education)	++++	24.8	13	13.1
Frequent Mental Distress (% of adults)	+++	12.5	29	9.2
Frequent Physical Distress (% of adults)	+++	12.7	29	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.2	30	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,790	29	5,653
All Outcomes*	+++	0.033	23	0.283
OVERALL*	+++	-0.087	29	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



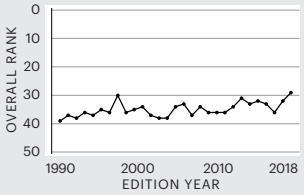
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 29

Change: ▲ 3
Determinants Rank: **32**
Outcomes Rank: **23**



Strengths:

- Low incidence of pertussis
- High immunization coverage among children
- Low cancer death rate

Challenges:

- High percentage of uninsured population
- High incidence of *Salmonella*
- Low rate of mental health providers

Highlights:

- In the past five years, obesity increased 13% from 25.2% to 28.4% of adults
- In the past two years, high school graduation increased 4% from 77.9% to 80.7% of students
- In the past five years, children in poverty decreased 20% from 25.4% to 20.3% of children aged 0 to 17
- In the past nine years, chlamydia increased 48% from 315.5 to 467.4 cases per 100,000 population
- In the past 10 years, violent crime decreased 44% from 723 to 408 offenses per 100,000 population
- In the past 25 years, cancer deaths decreased 8% from 197.4 to 181.4 deaths per 100,000 population

Ranking:

Florida is 29th this year; it was 32nd in 2017. The state ranks 30th for senior health and 40th for the health of women and children.

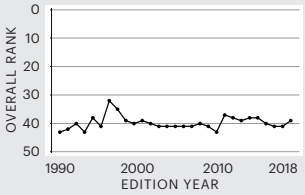
State Health Department Website:

www.floridahealth.gov

Georgia

OVERALL RANK: 39

Change: ▲2
Determinants Rank: **44**
Outcomes Rank: **35**



Strengths:
- High meningococcal immunization coverage among adolescents
- Low prevalence of excessive drinking
- Low prevalence of frequent physical distress

Challenges:
- Low immunization coverage among children
- High prevalence of low birthweight
- High percentage of uninsured population

Highlights:
- In the past six years, obesity increased 13% from 28.0% to 31.6% of adults
- In the past five years, children in poverty decreased 23% from 27.2% to 21.0% of children aged 0 to 17
- In the past four years, occupational fatalities increased 68% from 3.1 to 5.2 deaths per 100,000 workers
- In the past three years, meningococcal immunization increased 27% from 74.9% to 95.3% of adolescents aged 13 to 17
- In the past eight years, cancer deaths increased 3% from 190.5 to 195.5 deaths per 100,000 population
- In the past four years, premature death increased 10% from 7,624 to 8,391 years lost before age 75 per 100,000 population

Ranking:
Georgia is 39th this year; it was 41st in 2017. The state ranks 41st for senior health and 45th for the health of women and children.

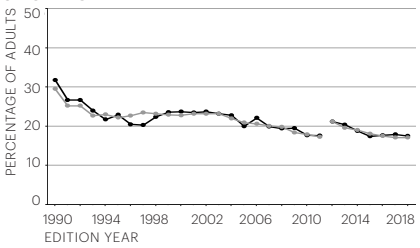
State Health Department Website:
dph.georgia.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

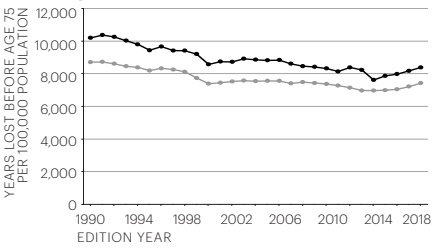
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.7	13	6.8
Excessive Drinking (% of adults)	+++++	14.4	7	12.2
High School Graduation (% of students)	+	79.4	44	91.3
Obesity (% of adults)	+++	31.6	26	22.6
Physical Inactivity (% of adults)	+	31.0	41	19.2
Smoking (% of adults)	+++	17.5	30	8.9
Behaviors Total*	++	-0.041	32	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	8.6	41	4.5
Children in Poverty (% of children)	++	21.0	39	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.457	41	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	614.6	46	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	1.8	8	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	22.0	41	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.2	31	2.5
Violent Crime (offenses per 100,000 population)	+++	357	25	121
Community & Environment Total*	++	-0.056	38	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.662	9	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	45.0	44	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	46.4	24	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	95.3	1	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	93.3	8	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	65.6	50	82.1
Public Health Funding (dollars per person)	++	$73	35	$281
Uninsured (% of population)	+	13.2	47	2.7
Policy Total*	+	-0.094	48	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	47.2	46	82.7
Low Birthweight (% of live births)	+	9.8	47	5.9
Mental Health Providers (number per 100,000 population)	+	130.2	46	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	50.2	30	23.3
Primary Care Physicians (number per 100,000 population)	+	121.9	42	264.5
Clinical Care Total*	+	-0.138	46	0.185
All Determinants*	+	-0.330	44	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	195.5	31	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	282.9	38	190.3
Diabetes (% of adults)	++	11.4	38	7.1
Disparity in Health Status (% difference by high school education)	++++	24.7	12	13.1
Frequent Mental Distress (% of adults)	+++	12.2	26	9.2
Frequent Physical Distress (% of adults)	++++	10.9	11	9.2
Infant Mortality (deaths per 1,000 live births)	+	7.6	45	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,391	36	5,653
All Outcomes*	++	-0.064	35	0.283
OVERALL*	++	-0.394	39	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

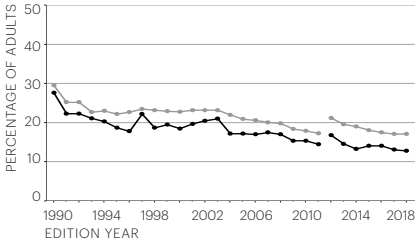
Hawaii

	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	12.3	10	6.8
Excessive Drinking (% of adults)	+	21.1	42	12.2
High School Graduation (% of students)	++	82.7	32	91.3
Obesity (% of adults)	+++++	23.8	2	22.6
Physical Inactivity (% of adults)	+++++	23.5	9	19.2
Smoking (% of adults)	+++++	12.8	4	8.9
Behaviors Total*	+++++	0.189	4	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.8	6	4.5
Children in Poverty (% of children)	+++++	11.5	4	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.097	31	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	482.1	28	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	3.8	21	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	21.4	40	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	11	2.5
Violent Crime (offenses per 100,000 population)	++++	251	13	121
Community & Environment Total*	+++++	0.217	4	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.057	28	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	62.7	9	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	47.2	23	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	85.9	21	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	84.8	43	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	69.8	31	82.1
Public Health Funding (dollars per person)	+++++	$226	2	$281
Uninsured (% of population)	+++++	3.7	2	2.7
Policy Total*	+++++	0.128	4	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	75.8	5	82.7
Low Birthweight (% of live births)	+++	8.5	30	5.9
Mental Health Providers (number per 100,000 population)	+++	241.0	22	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	23.3	1	23.3
Primary Care Physicians (number per 100,000 population)	+++++	187.6	9	264.5
Clinical Care Total*	+++++	0.121	8	0.185
All Determinants*	+++++	0.654	2	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	161.1	2	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	208.1	3	190.3
Diabetes (% of adults)	++	10.9	31	7.1
Disparity in Health Status (% difference by high school education)	+++++	13.3	2	13.1
Frequent Mental Distress (% of adults)	+++++	9.5	2	9.2
Frequent Physical Distress (% of adults)	+++++	10.7	8	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.0	24	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,104	7	5,653
All Outcomes*	+++++	0.228	2	0.283
OVERALL*	+++++	0.882	1	0.882

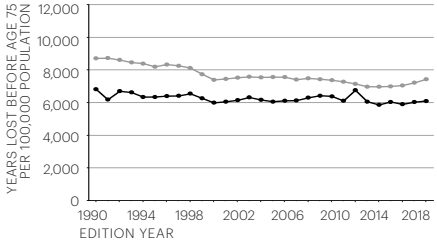
RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



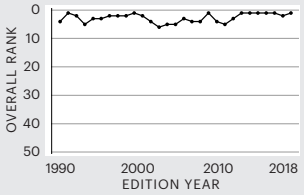
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 1

Change: ▲1
Determinants Rank: **2**
Outcomes Rank: **2**



Strengths:

- Low prevalence of obesity
- Low levels of air pollution
- Low prevalence of frequent mental distress

Challenges:

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

Highlights:

- In the past five years, excessive drinking increased 7% from 19.7% to 21.1% of adults
- In the past year, chlamydia decreased 3% from 498.3 to 482.1 cases per 100,000 population
- In the past five years, the percentage uninsured decreased 53% from 7.8% to 3.7% of the population
- In the past six years, smoking decreased 24% from 16.8% to 12.8% of adults
- In the past two years, primary care physicians increased 9% from 172.6 to 187.6 per 100,000 population
- In the past five years, diabetes increased 40% from 7.8% to 10.9% of adults

Ranking:

Hawaii is first this year; it was second in 2017. The state ranks third for senior health and seventh for the health of women and children.

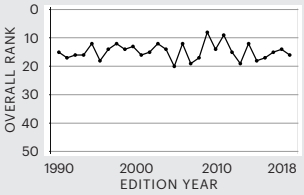
State Health Department Website:

health.hawaii.gov

Idaho

OVERALL RANK: 16

Change: ▼2
Determinants Rank: **20**
Outcomes Rank: **16**



Strengths:
- Low violent crime rate
- Low prevalence of diabetes
- High per capita public health funding

Challenges:
- Low rate of primary care physicians
- High percentage of uninsured population
- Low percentage of high school graduation

Highlights:
- In the past three years, air pollution decreased 43% from 11.7 to 6.7 micrograms of fine particles per cubic meter
- In the past year, children in poverty decreased 14% from 17.7% to 15.3% of children aged 0 to 17
- In the past four years, meningococcal immunization increased 26% from 71.6% to 90.5% of adolescents aged 13 to 17
- In the past five years, dentists decreased 7% from 58.5 to 54.3 per 100,000 population
- In the past five years, cancer deaths increased 4% from 174.4 to 182.1 deaths per 100,000 population
- In the past three years, cardiovascular deaths increased 6% from 227.7 to 241.3 deaths per 100,000 population

Ranking:
Idaho is 16th this year; it was 14th in 2017. The state ranks 22nd for senior health and 26th for the health of women and children.

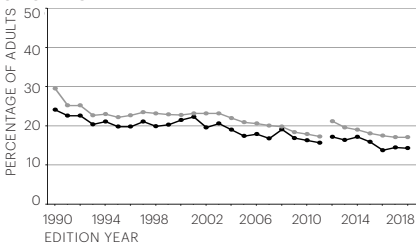
State Health Department Website:
www.healthandwelfare.idaho.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

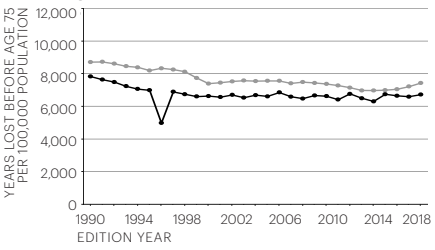
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	14.2	16	6.8
Excessive Drinking (% of adults)	+++++	16.6	10	12.2
High School Graduation (% of students)	++	79.7	40	91.3
Obesity (% of adults)	++++	29.3	19	22.6
Physical Inactivity (% of adults)	++++	24.2	13	19.2
Smoking (% of adults)	+++++	14.3	10	8.9
Behaviors Total*	++++	0.079	15	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.7	10	4.5
Children in Poverty (% of children)	+++	15.3	22	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.747	4	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	356.3	7	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.9	29	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	10.9	6	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.8	28	2.5
Violent Crime (offenses per 100,000 population)	+++++	226	6	121
Community & Environment Total*	+++++	0.184	9	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.033	27	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	52.1	28	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	36.5	39	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	90.5	12	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	87.3	36	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	69.2	36	82.1
Public Health Funding (dollars per person)	+++++	$149	4	$281
Uninsured (% of population)	++	10.1	39	2.7
Policy Total*	++	0.003	32	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	54.3	27	82.7
Low Birthweight (% of live births)	++++	7.0	11	5.9
Mental Health Providers (number per 100,000 population)	++	202.0	32	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	32.3	4	23.3
Primary Care Physicians (number per 100,000 population)	+	95.7	50	264.5
Clinical Care Total*	+++	-0.002	26	0.185
All Determinants*	++++	0.264	20	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	182.1	14	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	241.3	25	190.3
Diabetes (% of adults)	+++++	8.7	8	7.1
Disparity in Health Status (% difference by high school education)	+	33.8	47	13.1
Frequent Mental Distress (% of adults)	+++++	11.0	10	9.2
Frequent Physical Distress (% of adults)	++++	11.3	16	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.4	15	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,723	15	5,653
All Outcomes*	++++	0.085	16	0.283
OVERALL*	++++	0.349	16	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

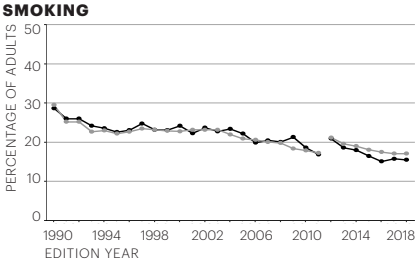
Illinois

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

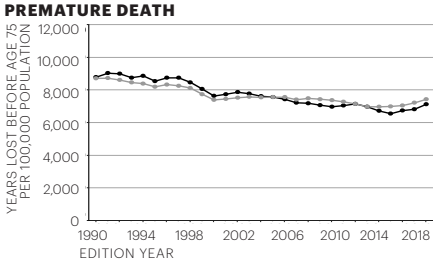
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	15.3	19	6.8
Excessive Drinking (% of adults)	+	21.4	45	12.2
High School Graduation (% of students)	+++	85.5	25	91.3
Obesity (% of adults)	+++	31.1	24	22.6
Physical Inactivity (% of adults)	++++	24.0	11	19.2
Smoking (% of adults)	++++	15.5	15	8.9
Behaviors Total*	++++	0.046	18	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.6	47	4.5
Children in Poverty (% of children)	+++	17.0	26	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.190	35	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	561.4	41	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	8.1	38	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	14.1	21	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.9	10	2.5
Violent Crime (offenses per 100,000 population)	++	439	34	121
Community & Environment Total*	++	-0.047	37	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.497	15	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	48.9	31	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	51.8	14	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	89.2	15	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	92.4	11	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	75.4	9	82.1
Public Health Funding (dollars per person)	++	$68	37	$281
Uninsured (% of population)	++++	6.7	20	2.7
Policy Total*	++++	0.066	14	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	68.2	11	82.7
Low Birthweight (% of live births)	+++	8.4	28	5.9
Mental Health Providers (number per 100,000 population)	+++	213.8	28	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	54.8	38	23.3
Primary Care Physicians (number per 100,000 population)	+++++	184.0	10	264.5
Clinical Care Total*	++++	0.018	20	0.185
All Determinants*	+++	0.083	24	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	199.9	34	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	260.1	33	190.3
Diabetes (% of adults)	++	11.0	32	7.1
Disparity in Health Status (% difference by high school education)	+	33.7	46	13.1
Frequent Mental Distress (% of adults)	+++++	10.8	7	9.2
Frequent Physical Distress (% of adults)	++++	11.2	14	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.2	30	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,127	21	5,653
All Outcomes*	++	-0.023	32	0.283
OVERALL*	+++	0.060	26	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



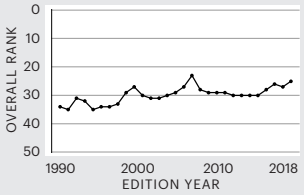
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 26

Change: ▲1
Determinants Rank: **24**
Outcomes Rank: **32**



Strengths:

- High immunization coverage among children
- Low prevalence of frequent mental distress
- High rate of primary care physicians

Challenges:

- High levels of air pollution
- High prevalence of excessive drinking
- High incidence of chlamydia

Highlights:

- In the past six years, obesity increased 15% from 27.1% to 31.1% of adults
- In the past five years, smoking decreased 17% from 18.6% to 15.5% of adults
- In the past year, pertussis increased 45% from 5.6 to 8.1 cases per 100,000 population
- In the past three years, meningococcal immunization increased 16% from 77.1% to 89.2% of adolescents aged 13 to 17
- In the past year, mental health providers increased 10% from 193.8 to 213.8 per 100,000 population
- Since 1990, cancer deaths decreased 3% from 205.8 to 199.9 deaths per 100,000 population

Ranking:

Illinois is 26th this year; it was 27th in 2017. The state ranks 36th for senior health and 21st for the health of women and children.

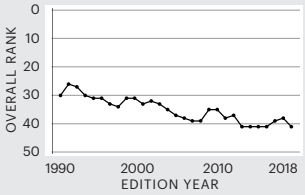
State Health Department Website:

www.dph.illinois.gov

Indiana

OVERALL RANK: 41

Change: ▼ 3
Determinants Rank: **38**
Outcomes Rank: **41**



Strengths:

- High Tdap immunization coverage among adolescents
- Low incidence of pertussis
- High percentage of high school graduation

Challenges:

- High prevalence of smoking
- High prevalence of frequent mental distress
- High cancer death rate

Highlights:

- In the past two years, smoking increased 6% from 20.6% to 21.8% of adults
- In the past three years, air pollution decreased 23% from 11.3 to 8.7 micrograms of fine particles per cubic meter
- In the past six years, children in poverty decreased 20% from 23.0% to 18.4% of children aged 0 to 17
- In the past year, HPV immunization among males aged 13 to 17 increased 36% from 24.7% to 33.5%
- In the past five years, cancer deaths increased 2% from 207.0 to 210.5 deaths per 100,000 population
- In the past year, frequent mental distress increased 11% from 13.2% to 14.7% of adults

Ranking:

Indiana is 41st this year; it was 38th in 2017. The state ranks 39th for senior health and 36th for the health of women and children.

State Health Department Website:

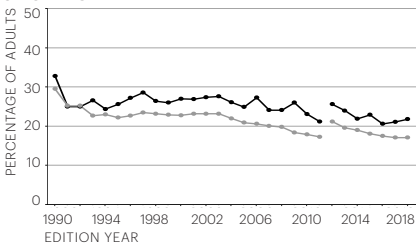
www.in.gov/isdh

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

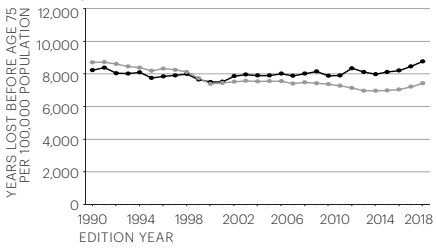
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	20.2	33	6.8
Excessive Drinking (% of adults)	+++	17.6	21	12.2
High School Graduation (% of students)	++++	86.8	19	91.3
Obesity (% of adults)	++	33.6	39	22.6
Physical Inactivity (% of adults)	++	29.8	39	19.2
Smoking (% of adults)	+	21.8	44	8.9
Behaviors Total*	+	-0.128	41	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	8.7	44	4.5
Children in Poverty (% of children)	+++	18.4	29	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.443	11	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	466.0	22	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.7	13	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	12.0	14	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	5.0	30	2.5
Violent Crime (offenses per 100,000 population)	+++	399	30	121
Community & Environment Total*	+++	0.002	29	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.575	13	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	48.4	35	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	33.5	43	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	93.1	8	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	95.1	2	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	66.3	46	82.1
Public Health Funding (dollars per person)	+	$51	48	$281
Uninsured (% of population)	+++	8.2	27	2.7
Policy Total*	++	-0.021	36	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	47.7	45	82.7
Low Birthweight (% of live births)	+++	8.2	26	5.9
Mental Health Providers (number per 100,000 population)	+	153.0	42	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	56.8	41	23.3
Primary Care Physicians (number per 100,000 population)	++	126.0	39	264.5
Clinical Care Total*	+	-0.104	41	0.185
All Determinants*	++	-0.252	38	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	210.5	42	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	278.5	37	190.3
Diabetes (% of adults)	++	11.8	40	7.1
Disparity in Health Status (% difference by high school education)	++++	26.1	17	13.1
Frequent Mental Distress (% of adults)	+	14.7	42	9.2
Frequent Physical Distress (% of adults)	++	13.4	35	9.2
Infant Mortality (deaths per 1,000 live births)	+	7.4	43	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,774	39	5,653
All Outcomes*	+	-0.180	41	0.283
OVERALL*	+	-0.432	41	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

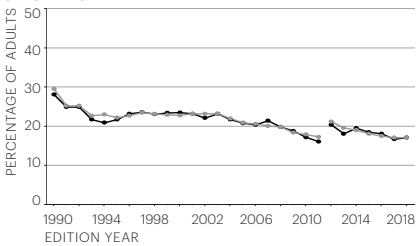
Iowa

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

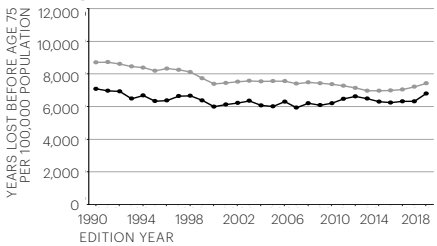
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	9.8	4	6.8
Excessive Drinking (% of adults)	+	22.1	48	12.2
High School Graduation (% of students)	+++++	91.3	1	91.3
Obesity (% of adults)	+	36.4	47	22.6
Physical Inactivity (% of adults)	++++	25.0	19	19.2
Smoking (% of adults)	+++	17.1	25	8.9
Behaviors Total*	+++	0.012	25	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.2	20	4.5
Children in Poverty (% of children)	+++++	12.3	8	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.103	32	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	415.6	13	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	5.1	31	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	24.8	43	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.4	33	2.5
Violent Crime (offenses per 100,000 population)	++++	293	17	121
Community & Environment Total*	++++	0.126	16	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.513	14	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	65.5	5	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	42.6	29	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	83.6	30	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	93.4	6	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	72.8	16	82.1
Public Health Funding (dollars per person)	+++++	$124	9	$281
Uninsured (% of population)	+++++	4.5	5	2.7
Policy Total*	+++++	0.118	7	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	54.0	30	82.7
Low Birthweight (% of live births)	+++++	6.8	7	5.9
Mental Health Providers (number per 100,000 population)	+	149.2	43	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	48.9	25	23.3
Primary Care Physicians (number per 100,000 population)	+++	146.7	22	264.5
Clinical Care Total*	+++	-0.015	28	0.185
All Determinants*	+++	0.240	21	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	195.3	30	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	245.8	27	190.3
Diabetes (% of adults)	++++	9.6	15	7.1
Disparity in Health Status (% difference by high school education)	++	29.1	31	13.1
Frequent Mental Distress (% of adults)	+++++	10.8	7	9.2
Frequent Physical Distress (% of adults)	+++++	10.3	4	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.1	11	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,812	16	5,653
All Outcomes*	++++	0.096	15	0.283
OVERALL*	++++	0.336	18	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



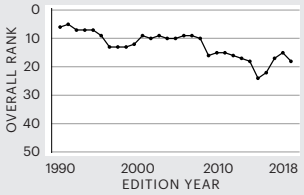
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 18

Change: ▼ 3
Determinants Rank: **21**
Outcomes Rank: **15**



Strengths:

- High percentage of high school graduation
- Low drug death rate
- Low prevalence of frequent physical distress

Challenges:

- High prevalence of excessive drinking
- High prevalence of obesity
- Low rate of mental health providers

Highlights:

- In the past year, obesity increased 14% from 32.0% to 36.4% of adults
- In the past three years, air pollution decreased 23% from 9.3 to 7.2 micrograms of fine particles per cubic meter
- In the past year, HPV immunization among females aged 13 to 17 increased 38% from 47.4% to 65.5%
- In the past 12 years, dentists increased 8% from 50.0 to 54.0 per 100,000 population
- In the past five years, cancer deaths increased 3% from 189.0 to 195.3 deaths per 100,000 population
- In the past year, premature death increased 8% from 6,333 to 6,812 years lost before age 75 per 100,000 population

Ranking:

Iowa is 18th this year; it was 15th in 2017. The state ranks 19th for senior health and eighth for the health of women and children.

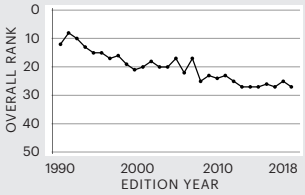
State Health Department Website:

idph.iowa.gov

Kansas

OVERALL RANK: 27

Change: ▼2
Determinants Rank: **27**
Outcomes Rank: **25**



Strengths:
- Low drug death rate
- Low prevalence of low birthweight
- Low prevalence of frequent mental distress

Challenges:
- High prevalence of physical inactivity
- Low per capita public health funding
- Low meningococcal immunization coverage among adolescents

Highlights:
- In the past three years, excessive drinking increased 9% from 17.1% to 18.7% of adults
- In the past year, chlamydia increased 6% from 394.8 to 417.6 cases per 100,000 population
- In the past four years, meningococcal immunization increased 29% from 55.9% to 72.1% of adolescents aged 13 to 17
- In the past two years, primary care physicians increased 6% from 129.0 to 136.9 per 100,000 population
- Since 1990, cancer deaths increased 8% from 180.2 to 195.5 deaths per 100,000 population
- In the past three years, frequent mental distress increased 24% from 9.2% to 11.4% of adults

Ranking:
Kansas is 27th this year; it was 25th in 2017. The state ranks 31st for senior health and 25th for the health of women and children.

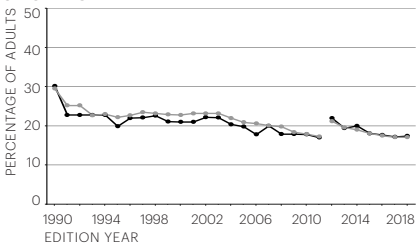
State Health Department Website:
www.kdheks.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

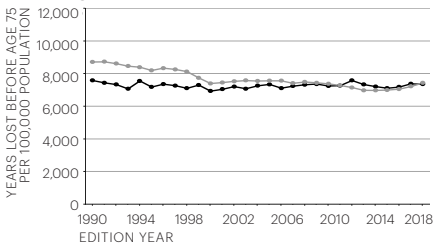
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.6	7	6.8
Excessive Drinking (% of adults)	+++	18.7	24	12.2
High School Graduation (% of students)	+++	85.7	23	91.3
Obesity (% of adults)	++	32.3	32	22.6
Physical Inactivity (% of adults)	++	27.9	32	19.2
Smoking (% of adults)	+++	17.4	29	8.9
Behaviors Total*	+++	0.005	26	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.9	14	4.5
Children in Poverty (% of children)	++++	14.8	20	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.293	17	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	417.6	14	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	5.5	32	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	15.9	27	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.4	33	2.5
Violent Crime (offenses per 100,000 population)	++	413	32	121
Community & Environment Total*	+++	0.089	22	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.923	44	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	38.5	48	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	30.4	47	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	72.1	45	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	89.7	25	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	69.5	32	82.1
Public Health Funding (dollars per person)	+	$56	43	$281
Uninsured (% of population)	+++	8.7	30	2.7
Policy Total*	++	-0.045	39	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	49.7	39	82.7
Low Birthweight (% of live births)	++++	7.0	11	5.9
Mental Health Providers (number per 100,000 population)	++	189.7	35	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	51.3	32	23.3
Primary Care Physicians (number per 100,000 population)	++	136.9	31	264.5
Clinical Care Total*	++	-0.035	33	0.185
All Determinants*	+++	0.014	27	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	195.5	31	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	258.2	31	190.3
Diabetes (% of adults)	+++	10.5	23	7.1
Disparity in Health Status (% difference by high school education)	+++	27.9	25	13.1
Frequent Mental Distress (% of adults)	++++	11.4	13	9.2
Frequent Physical Distress (% of adults)	++++	11.3	16	9.2
Infant Mortality (deaths per 1,000 live births)	+++	5.9	21	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,350	23	5,653
All Outcomes*	+++	0.022	25	0.283
OVERALL*	+++	0.036	27	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

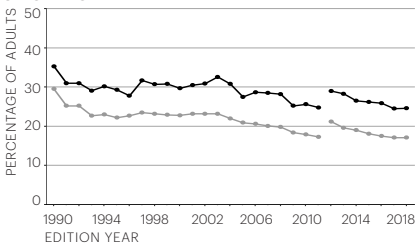
Kentucky

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

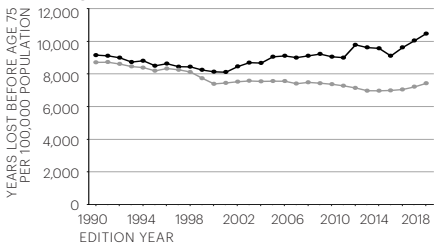
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	28.6	47	6.8
Excessive Drinking (% of adults)	++++	17.3	17	12.2
High School Graduation (% of students)	+++++	88.6	7	91.3
Obesity (% of adults)	+	34.3	43	22.6
Physical Inactivity (% of adults)	+	34.4	50	19.2
Smoking (% of adults)	+	24.6	49	8.9
Behaviors Total*	+	-0.218	48	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.2	35	4.5
Children in Poverty (% of children)	+	22.4	43	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	-0.090	25	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	413.2	11	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	10.4	43	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	16.1	30	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.5	35	2.5
Violent Crime (offenses per 100,000 population)	+++++	226	5	121
Community & Environment Total*	+++	0.012	26	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.617	40	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	44.7	45	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	31.1	45	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	83.3	31	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	86.4	38	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	71.0	23	82.1
Public Health Funding (dollars per person)	+++	$85	27	$281
Uninsured (% of population)	+++++	5.3	8	2.7
Policy Total*	++++	0.044	19	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	55.8	24	82.7
Low Birthweight (% of live births)	+	9.1	42	5.9
Mental Health Providers (number per 100,000 population)	+++	211.2	29	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	76.6	50	23.3
Primary Care Physicians (number per 100,000 population)	++	124.1	40	264.5
Clinical Care Total*	+	-0.130	44	0.185
All Determinants*	+	-0.292	42	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	234.9	50	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	299.7	44	190.3
Diabetes (% of adults)	+	12.9	44	7.1
Disparity in Health Status (% difference by high school education)	+++	27.0	22	13.1
Frequent Mental Distress (% of adults)	+	16.2	48	9.2
Frequent Physical Distress (% of adults)	+	17.7	49	9.2
Infant Mortality (deaths per 1,000 live births)	++	6.7	36	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	10,479	47	5,653
All Outcomes*	+	-0.327	47	0.283
OVERALL*	+	-0.620	45	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



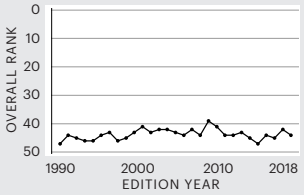
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 45

Change: ▼ 3
Determinants Rank: **42**
Outcomes Rank: **47**



Strengths:

- Low violent crime rate
- High percentage of high school graduation
- Low incidence of chlamydia

Challenges:

- High cancer death rate
- High prevalence of frequent mental distress
- High prevalence of smoking

Highlights:

- In the past three years, excessive drinking increased 27% from 13.6% to 17.3% of adults
- In the past 10 years, air pollution decreased 41% from 13.8 to 8.2 micrograms of fine particles per cubic meter
- In the past five years, the percentage uninsured decreased 65% from 15.0% to 5.3% of the population
- In the past two years, frequent mental distress increased 17% from 13.8% to 16.2% of adults
- Since 1990, cancer deaths increased 11% from 211.6 to 234.9 deaths per 100,000 population
- In the past four years, diabetes increased 22% from 10.6% to 12.9% of adults

Ranking:

Kentucky is 45th this year; it was 42nd in 2017. The state ranks 49th for senior health and 34th for the health of women and children.

State Health Department Website:

chfs.ky.gov/agencies/dph

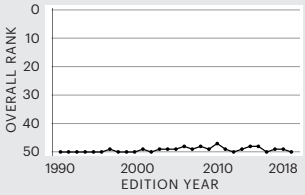
Louisiana

OVERALL RANK: 50

Change: ▼1

Determinants Rank: **50**

Outcomes Rank: **48**



Strengths:

- Low incidence of pertussis
- High HPV immunization coverage among adolescent females
- High rate of mental health providers

Challenges:

- High percentage of children in poverty
- High prevalence of frequent mental distress
- High prevalence of low birthweight

Highlights:

- In the past two years, smoking increased 5% from 21.9% to 23.1% of adults
- In the past five years, high school graduation increased 11% from 71.0% to 78.6% of students
- In the past five years, children in poverty did not change and remains at 28.0% of children aged 0 to 17
- In the past five years, the percentage uninsured decreased 52% from 19.6% to 9.4% of the population
- In the past two years, primary care physicians increased 9% from 125.7 to 136.4 per 100,000 population
- In the past three years, cardiovascular deaths increased 4% from 306.3 to 320.0 deaths per 100,000 population

Ranking:

Louisiana is 50th this year; it was 49th in 2017. The state ranks 47th for senior health and 48th for the health of women and children.

State Health Department Website:

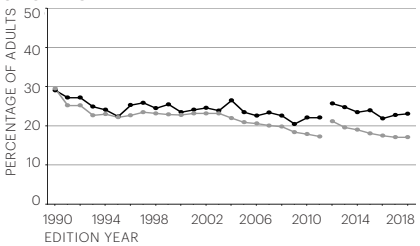
ldh.la.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

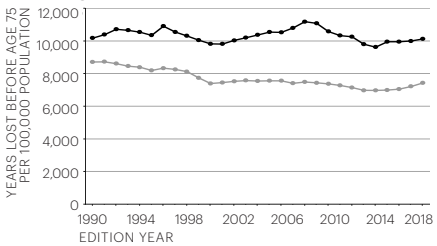
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	18.9	30	6.8
Excessive Drinking (% of adults)	++	19.6	32	12.2
High School Graduation (% of students)	+	78.6	46	91.3
Obesity (% of adults)	+	36.2	45	22.6
Physical Inactivity (% of adults)	+	31.8	44	19.2
Smoking (% of adults)	+	23.1	48	8.9
Behaviors Total*	+	-0.306	50	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.0	33	4.5
Children in Poverty (% of children)	+	28.0	50	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.977	49	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	679.3	49	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	1.4	3	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	29.1	47	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	6.3	39	2.5
Violent Crime (offenses per 100,000 population)	+	557	47	121
Community & Environment Total*	+	-0.213	50	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.435	17	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	64.3	6	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	41.9	30	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	89.0	16	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	90.1	23	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.0	28	82.1
Public Health Funding (dollars per person)	+++	$85	27	$281
Uninsured (% of population)	++	9.4	38	2.7
Policy Total*	++	-0.004	33	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	48.5	41	82.7
Low Birthweight (% of live births)	+	10.6	49	5.9
Mental Health Providers (number per 100,000 population)	++++	271.9	18	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	65.8	47	23.3
Primary Care Physicians (number per 100,000 population)	++	136.4	32	264.5
Clinical Care Total*	+	-0.144	47	0.185
All Determinants*	+	-0.667	50	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	215.3	44	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	320.0	46	190.3
Diabetes (% of adults)	+	13.6	47	7.1
Disparity in Health Status (% difference by high school education)	++++	26.2	19	13.1
Frequent Mental Distress (% of adults)	+	16.1	47	9.2
Frequent Physical Distress (% of adults)	+	16.5	46	9.2
Infant Mortality (deaths per 1,000 live births)	+	7.8	46	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	10,125	46	5,653
All Outcomes*	+	-0.354	48	0.283
OVERALL*	+	-1.021	50	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

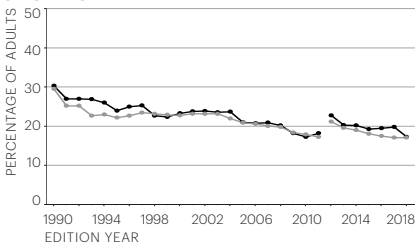
Maine

	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	21.6	37	6.8
Excessive Drinking (% of adults)	++	20.2	37	12.2
High School Graduation (% of students)	++++	87.0	17	91.3
Obesity (% of adults)	++++	29.1	18	22.6
Physical Inactivity (% of adults)	+++	25.2	22	19.2
Smoking (% of adults)	+++	17.3	28	8.9
Behaviors Total*	++++	0.031	21	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.5	9	4.5
Children in Poverty (% of children)	+++++	13.1	10	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.343	15	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	312.6	4	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	19.5	47	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	9.2	3	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.1	15	2.5
Violent Crime (offenses per 100,000 population)	+++++	121	1	121
Community & Environment Total*	+++++	0.238	2	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.018	26	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	61.5	11	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	57.0	4	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	83.9	27	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	85.1	42	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	72.7	17	82.1
Public Health Funding (dollars per person)	+++	$97	21	$281
Uninsured (% of population)	+++	8.1	26	2.7
Policy Total*	+++	0.031	22	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	52.5	35	82.7
Low Birthweight (% of live births)	++++	7.1	14	5.9
Mental Health Providers (number per 100,000 population)	+++++	459.5	3	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.4	28	23.3
Primary Care Physicians (number per 100,000 population)	+++++	194.3	7	264.5
Clinical Care Total*	+++++	0.094	10	0.185
All Determinants*	+++++	0.395	8	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	205.8	39	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	230.1	13	190.3
Diabetes (% of adults)	+++	10.7	29	7.1
Disparity in Health Status (% difference by high school education)	++	29.8	34	13.1
Frequent Mental Distress (% of adults)	++	12.9	31	9.2
Frequent Physical Distress (% of adults)	+++	13.0	30	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.2	30	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,464	24	5,653
All Outcomes*	++	-0.046	34	0.283
OVERALL*	++++	0.349	16	0.882

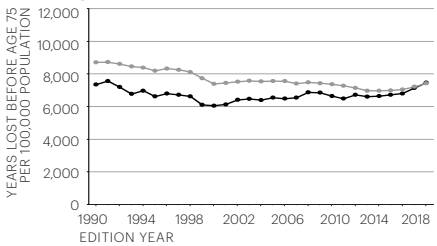
RATING Symbol — Rank: +++++ 1–10; ++++ 11–20; +++ 21–30; ++ 31–40; + 41–50

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



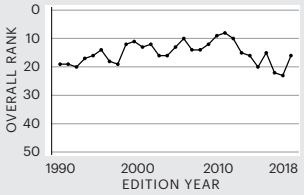
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 16

Change: ▲7
Determinants Rank: **8**
Outcomes Rank: **34**



Strengths:

- Low violent crime rate
- High rate of mental health providers
- Low incidence of *Salmonella*

Challenges:

- High cancer death rate
- Low Tdap immunization coverage among adolescents
- High prevalence of excessive drinking

Highlights:

- In the past five years, smoking decreased 15% from 20.3% to 17.3% of adults
- In the past five years, chlamydia increased 34% from 232.9 to 312.6 cases per 100,000 population
- In the past four years, meningococcal immunization increased 18% from 71.2% to 83.9% of adolescents aged 13 to 17
- In the past year, children in poverty decreased 24% from 17.2% to 13.1% of children aged 0 to 17
- In the past five years, low birthweight increased 6% from 6.7% to 7.1% of live births
- In the past seven years, cancer deaths increased 2% from 201.7 to 205.8 deaths per 100,000 population

Ranking:

Maine is 16th this year; it was 23rd in 2017. The state ranks 11th for senior health and 11th for the health of women and children.

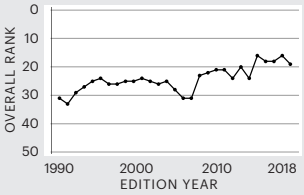
State Health Department Website:

www.maine.gov/dhhs

Maryland

OVERALL RANK: 19

Change: ▼ 3
Determinants Rank: **17**
Outcomes Rank: **27**



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

Challenges:
- High violent crime rate
- High infant mortality rate
- High incidence of chlamydia

Highlights:
- In the past three years, drug deaths increased 78% from 13.4 to 23.9 deaths per 100,000 population
- In the past five years, children in poverty decreased 13% from 13.8% to 12.0% of children aged 0 to 17
- In the past year, chlamydia increased 11% from 459.3 to 510.4 cases per 100,000 population
- In the past two years, primary care physicians increased 5% from 179.2 to 188.2 per 100,000 population
- In the past four years, meningococcal immunization increased 18% from 78.0% to 91.8% of adolescents aged 13 to 17
- Since 1990, cancer deaths decreased 15% from 222.4 to 188.1 deaths per 100,000 population

Ranking:
Maryland is 19th this year; it was 16th in 2017. The state ranks 14th for senior health and 23rd for the health of women and children.

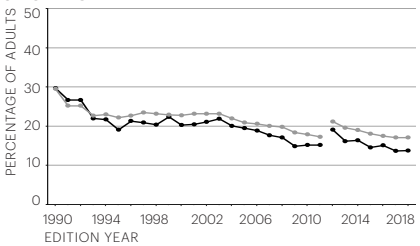
State Health Department Website:
health.maryland.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

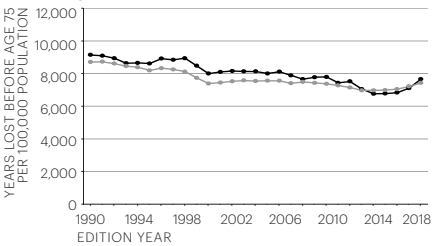
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	23.9	41	6.8
Excessive Drinking (% of adults)	+++++	16.6	10	12.2
High School Graduation (% of students)	++++	87.6	12	91.3
Obesity (% of adults)	+++	31.3	25	22.6
Physical Inactivity (% of adults)	+++	25.6	24	19.2
Smoking (% of adults)	+++++	13.8	8	8.9
Behaviors Total*	+++++	0.105	10	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.3	36	4.5
Children in Poverty (% of children)	+++++	12.0	6	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	-0.187	21	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	510.4	34	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.2	11	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	14.9	24	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.4	21	2.5
Violent Crime (offenses per 100,000 population)	++	500	40	121
Community & Environment Total*	+++	0.046	25	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.380	18	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	57.5	18	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	48.4	20	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	91.8	10	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	88.3	33	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	75.2	11	82.1
Public Health Funding (dollars per person)	+++	$96	24	$281
Uninsured (% of population)	++++	6.1	17	2.7
Policy Total*	++++	0.088	11	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	70.4	10	82.7
Low Birthweight (% of live births)	+++	8.5	30	5.9
Mental Health Providers (number per 100,000 population)	+++	235.5	24	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	46.7	20	23.3
Primary Care Physicians (number per 100,000 population)	+++++	188.2	8	264.5
Clinical Care Total*	++++	0.052	17	0.185
All Determinants*	++++	0.291	17	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	188.1	21	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	257.7	30	190.3
Diabetes (% of adults)	++++	10.4	19	7.1
Disparity in Health Status (% difference by high school education)	+++	28.4	28	13.1
Frequent Mental Distress (% of adults)	++++	11.5	14	9.2
Frequent Physical Distress (% of adults)	+++++	10.8	9	9.2
Infant Mortality (deaths per 1,000 live births)	++	6.6	35	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,655	28	5,653
All Outcomes*	+++	0.016	27	0.283
OVERALL*	++++	0.306	19	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

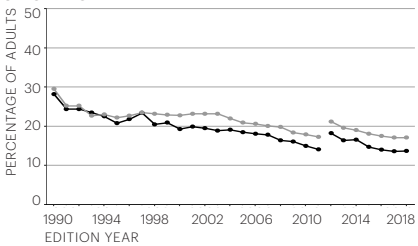
Massachusetts

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

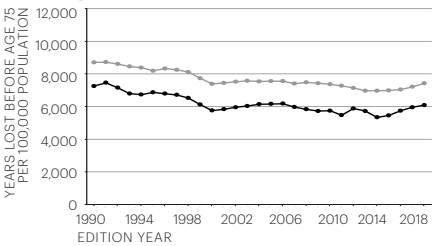
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	25.2	43	6.8
Excessive Drinking (% of adults)	+	21.3	43	12.2
High School Graduation (% of students)	++++	87.5	13	91.3
Obesity (% of adults)	+++++	25.8	7	22.6
Physical Inactivity (% of adults)	++++	24.8	16	19.2
Smoking (% of adults)	+++++	13.7	6	8.9
Behaviors Total*	+++++	0.138	7	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	6.0	8	4.5
Children in Poverty (% of children)	++++	13.5	12	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.400	12	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	394.5	10	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	3.0	18	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	17.4	35	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.7	2	2.5
Violent Crime (offenses per 100,000 population)	+++	358	26	121
Community & Environment Total*	+++++	0.194	6	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.518	1	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	67.4	4	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	63.7	2	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	94.0	4	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	96.2	1	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	82.1	1	82.1
Public Health Funding (dollars per person)	++++	$112	12	$281
Uninsured (% of population)	+++++	2.7	1	2.7
Policy Total*	+++++	0.201	1	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	82.7	1	82.7
Low Birthweight (% of live births)	++++	7.5	18	5.9
Mental Health Providers (number per 100,000 population)	+++++	590.9	1	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	54.3	37	23.3
Primary Care Physicians (number per 100,000 population)	+++++	245.0	2	264.5
Clinical Care Total*	+++++	0.185	1	0.185
All Determinants*	+++++	0.718	1	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	182.7	16	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	208.7	4	190.3
Diabetes (% of adults)	++++	9.5	14	7.1
Disparity in Health Status (% difference by high school education)	+	32.4	43	13.1
Frequent Mental Distress (% of adults)	++++	11.3	11	9.2
Frequent Physical Distress (% of adults)	++++	11.2	14	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.1	3	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,097	6	5,653
All Outcomes*	+++++	0.148	7	0.283
OVERALL*	+++++	0.866	2	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



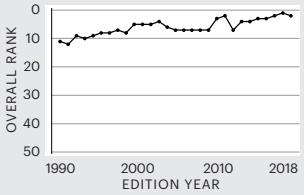
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 2

Change: ▼1
Determinants Rank: **1**
Outcomes Rank: **7**



Strengths:

- Low percentage of uninsured population
- High immunization coverage among children
- Low cardiovascular death rate

Challenges:

- High prevalence of excessive drinking
- High incidence of *Salmonella*
- High drug death rate

Highlights:

- In the past five years, obesity increased 13% from 22.9% to 25.8% of adults
- In the past five years, drug deaths increased 110% from 12.0 to 25.2 deaths per 100,000 population
- In the past two years, chlamydia increased 24% from 317.8 to 394.5 cases per 100,000 population
- In the past year, mental health providers increased 8% from 547.3 to 590.9 per 100,000 population
- In the past 10 years, infant mortality decreased 20% from 5.1 to 4.1 deaths per 1,000 live births
- Since peaking 23 years ago, cancer deaths decreased 16% from 217.0 to 182.7 deaths per 100,000 population

Ranking:

Massachusetts is second this year; it was first in 2017. The state ranks sixth for senior health and first for the health of women and children.

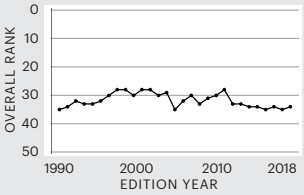
State Health Department Website:

mass.gov/orgs/department-of-public-health

Michigan

OVERALL RANK: 34

Change: ▲1
Determinants Rank: **30**
Outcomes Rank: **39**



Strengths:
- High rate of primary care physicians
- Low incidence of *Salmonella*
- High meningococcal immunization coverage among adolescents

Challenges:
- High prevalence of smoking
- Low percentage of high school graduation
- High cardiovascular death rate

Highlights:
- In the past five years, children in poverty decreased 21% from 24.9% to 19.7% of children aged 0 to 17
- In the past five years, smoking decreased 17% from 23.3% to 19.3% of adults
- In the past seven years, the percentage uninsured decreased 59% from 13.0% to 5.3% of the population
- In the past 10 years, drug deaths increased 106% from 10.1 to 20.8 deaths per 100,000 population
- In the past two years, primary care physicians increased 7% from 187.5 to 200.9 per 100,000 population
- In the past four years, premature death increased 7% from 7,574 to 8,102 years lost before age 75 per 100,000 population

Ranking:
Michigan is 34th this year; it was 35th in 2017. The state ranks 27th for senior health and 32nd for the health of women and children.

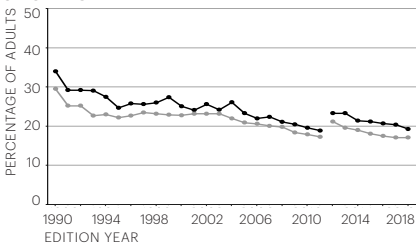
State Health Department Website:
www.michigan.gov/mdhhs

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

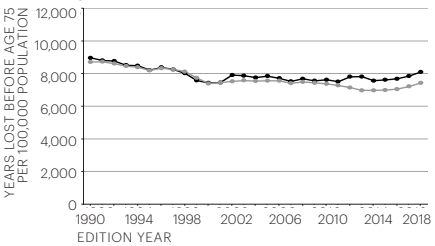
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	20.8	35	6.8
Excessive Drinking (% of adults)	++	19.6	32	12.2
High School Graduation (% of students)	++	79.7	40	91.3
Obesity (% of adults)	++	32.3	32	22.6
Physical Inactivity (% of adults)	+++	27.2	29	19.2
Smoking (% of adults)	++	19.3	37	8.9
Behaviors Total*	+	-0.139	43	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.3	36	4.5
Children in Poverty (% of children)	++	19.7	33	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.457	10	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	462.9	21	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.2	23	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	10.6	5	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.3	17	2.5
Violent Crime (offenses per 100,000 population)	++	450	37	121
Community & Environment Total*	++	-0.005	31	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.908	5	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	60.4	14	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	48.5	19	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	93.5	5	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	93.4	6	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	69.9	29	82.1
Public Health Funding (dollars per person)	+	$58	41	$281
Uninsured (% of population)	+++++	5.3	8	2.7
Policy Total*	++++	0.061	15	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	61.2	16	82.7
Low Birthweight (% of live births)	+++	8.5	30	5.9
Mental Health Providers (number per 100,000 population)	++++	253.0	19	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	55.4	39	23.3
Primary Care Physicians (number per 100,000 population)	+++++	200.9	6	264.5
Clinical Care Total*	++++	0.018	20	0.185
All Determinants*	+++	-0.065	30	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	203.0	38	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	297.8	42	190.3
Diabetes (% of adults)	++	11.0	32	7.1
Disparity in Health Status (% difference by high school education)	++++	25.5	14	13.1
Frequent Mental Distress (% of adults)	++	13.5	34	9.2
Frequent Physical Distress (% of adults)	+	14.8	43	9.2
Infant Mortality (deaths per 1,000 live births)	++	6.5	33	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,102	34	5,653
All Outcomes*	++	-0.130	39	0.283
OVERALL*	++	-0.194	34	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

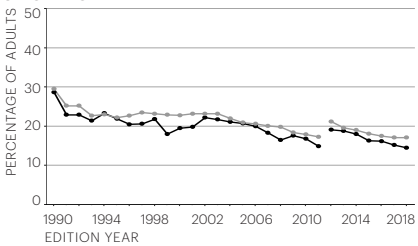
Minnesota

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

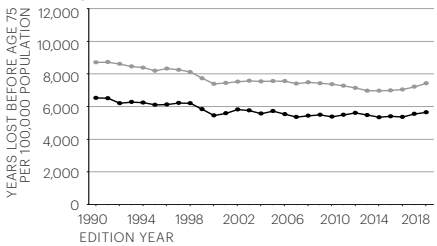
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	10.8	6	6.8
Excessive Drinking (% of adults)	+	21.7	46	12.2
High School Graduation (% of students)	++	82.2	35	91.3
Obesity (% of adults)	++++	28.4	14	22.6
Physical Inactivity (% of adults)	++++	24.6	15	19.2
Smoking (% of adults)	++++	14.5	11	8.9
Behaviors Total*	++++	0.078	16	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.1	16	4.5
Children in Poverty (% of children)	+++++	11.8	5	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.240	38	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	413.2	11	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	18.4	46	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	15.9	27	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.9	5	2.5
Violent Crime (offenses per 100,000 population)	++++	238	11	121
Community & Environment Total*	+++++	0.178	10	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.065	29	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	48.6	33	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	45.4	27	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	87.5	19	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	87.5	34	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	66.1	48	82.1
Public Health Funding (dollars per person)	++++	$99	19	$281
Uninsured (% of population)	+++++	4.3	4	2.7
Policy Total*	++++	0.052	16	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	58.5	20	82.7
Low Birthweight (% of live births)	+++++	6.6	5	5.9
Mental Health Providers (number per 100,000 population)	+++	235.9	23	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	36.6	10	23.3
Primary Care Physicians (number per 100,000 population)	++++	165.9	16	264.5
Clinical Care Total*	++++	0.075	13	0.185
All Determinants*	++++	0.383	9	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	181.4	12	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	190.3	1	190.3
Diabetes (% of adults)	+++++	7.8	4	7.1
Disparity in Health Status (% difference by high school education)	++++	25.5	14	13.1
Frequent Mental Distress (% of adults)	+++++	9.2	1	9.2
Frequent Physical Distress (% of adults)	+++++	9.2	1	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.1	11	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,653	1	5,653
All Outcomes*	+++++	0.283	1	0.283
OVERALL*	+++++	0.665	7	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



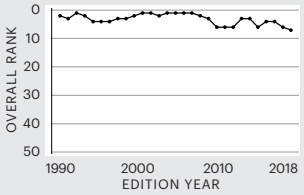
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 7

Change: ▼1
Determinants Rank: **9**
Outcomes Rank: **1**



Strengths:

- Low cardiovascular death rate
- Low percentage of uninsured population
- Low prevalence of frequent mental distress

Challenges:

- Low immunization coverage among children
- High prevalence of excessive drinking
- High incidence of pertussis

Highlights:

- In the past two years, obesity increased 9% from 26.1% to 28.4% of adults
- In the past five years, children in poverty decreased 19% from 14.6% to 11.8% of children aged 0 to 17
- In the past five years, *Salmonella* increased 17% from 13.6 to 15.9 cases per 100,000 population
- In the past three years, meningococcal immunization increased 32% from 66.3% to 87.5% of adolescents aged 13 to 17
- In the past 10 years, drug deaths increased 100% from 5.4 to 10.8 deaths per 100,000 population
- In the past five years, infant mortality increased 11% from 4.6 to 5.1 deaths per 1,000 live births

Ranking:

Minnesota is seventh this year; it was sixth in 2017. The state ranks first for senior health and fifth for the health of women and children.

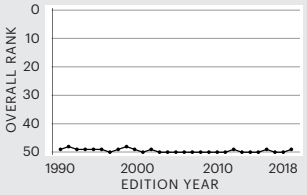
State Health Department Website:

www.health.state.mn.us

Mississippi

OVERALL RANK: 49

Change: ▲1
Determinants Rank: **49**
Outcomes Rank: **50**



Strengths:
- Low prevalence of excessive drinking
- High Tdap immunization coverage among adolescents
- Low drug death rate

Challenges:
- High cardiovascular death rate
- High prevalence of obesity
- High prevalence of low birthweight

Highlights:
- In the past five years, high school graduation increased 10% from 75.0% to 82.3% of students
- In the past five years, smoking decreased 8% from 24.0% to 22.2% of adults
- In the past five years, immunizations among children decreased 11% from 77.5% to 68.7% of children aged 19 to 35 months
- In the past two years, primary care physicians increased 6% from 102.3 to 108.6 per 100,000 population
- Since 1990, cancer deaths increased 11% from 204.1 to 226.6 deaths per 100,000 population
- In the past five years, diabetes increased 14% from 12.5% to 14.2% of adults

Ranking:
Mississippi is 49th this year; it was 50th in 2017. The state ranks 50th for senior health and 50th for the health of women and children.

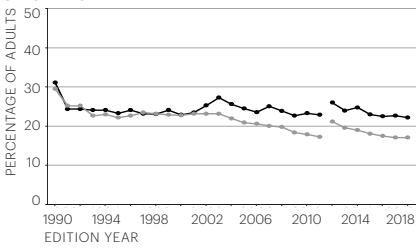
State Health Department Website:
msdh.ms.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

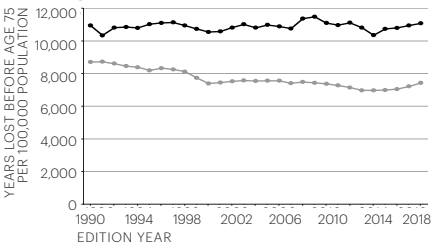
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	11.9	8	6.8
Excessive Drinking (% of adults)	+++++	13.6	3	12.2
High School Graduation (% of students)	++	82.3	34	91.3
Obesity (% of adults)	+	37.3	49	22.6
Physical Inactivity (% of adults)	+	33.2	49	19.2
Smoking (% of adults)	+	22.2	45	8.9
Behaviors Total*	+	-0.191	45	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.6	25	4.5
Children in Poverty (% of children)	+	26.9	48	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.990	50	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	672.1	48	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	0.2	1	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	39.8	50	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	9.8	48	2.5
Violent Crime (offenses per 100,000 population)	++++	286	16	121
Community & Environment Total*	+	-0.125	46	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.033	46	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	34.4	49	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	23.4	50	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	63.0	49	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	92.4	11	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	68.7	38	82.1
Public Health Funding (dollars per person)	++	$80	31	$281
Uninsured (% of population)	+	11.9	44	2.7
Policy Total*	+	-0.093	47	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	42.9	48	82.7
Low Birthweight (% of live births)	+	11.5	50	5.9
Mental Health Providers (number per 100,000 population)	+	147.9	44	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	70.2	48	23.3
Primary Care Physicians (number per 100,000 population)	+	108.6	47	264.5
Clinical Care Total*	+	-0.228	50	0.185
All Determinants*	+	-0.637	49	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	226.6	48	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	356.0	50	190.3
Diabetes (% of adults)	+	14.2	49	7.1
Disparity in Health Status (% difference by high school education)	+++++	19.6	3	13.1
Frequent Mental Distress (% of adults)	+	15.9	46	9.2
Frequent Physical Distress (% of adults)	+	16.6	47	9.2
Infant Mortality (deaths per 1,000 live births)	+	8.9	50	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	11,082	49	5,653
All Outcomes*	+	-0.373	50	0.283
OVERALL*	+	-1.010	49	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—— Nation ●——

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

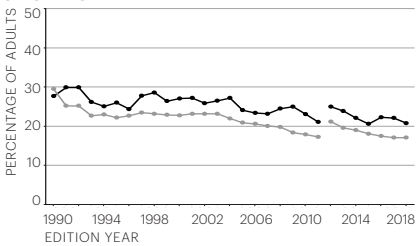
Missouri

	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	19.5	31	6.8
Excessive Drinking (% of adults)	++	19.8	35	12.2
High School Graduation (% of students)	+++++	89.0	6	91.3
Obesity (% of adults)	++	32.5	34	22.6
Physical Inactivity (% of adults)	++	29.2	36	19.2
Smoking (% of adults)	++	20.8	40	8.9
Behaviors Total*	++	-0.083	37	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	7.9	31	4.5
Children in Poverty (% of children)	++	18.6	32	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	0.047	30	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	507.0	33	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	5.9	34	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	16.8	33	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.7	26	2.5
Violent Crime (offenses per 100,000 population)	+	530	44	121
Community & Environment Total*	++	-0.036	34	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.403	48	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	45.2	43	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	34.2	41	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	74.3	44	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	80.1	48	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	71.2	21	82.1
Public Health Funding (dollars per person)	+	$55	44	$281
Uninsured (% of population)	++	9.0	33	2.7
Policy Total*	+	-0.052	41	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	48.5	41	82.7
Low Birthweight (% of live births)	++	8.7	35	5.9
Mental Health Providers (number per 100,000 population)	++	184.2	36	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	56.6	40	23.3
Primary Care Physicians (number per 100,000 population)	++++	166.4	15	264.5
Clinical Care Total*	++	-0.073	38	0.185
All Determinants*	++	-0.242	36	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	207.2	40	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	291.7	40	190.3
Diabetes (% of adults)	++++	10.4	19	7.1
Disparity in Health Status (% difference by high school education)	+++++	22.3	8	13.1
Frequent Mental Distress (% of adults)	++	13.7	35	9.2
Frequent Physical Distress (% of adults)	++	13.8	39	9.2
Infant Mortality (deaths per 1,000 live births)	++	6.5	33	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,717	38	5,653
All Outcomes*	++	-0.103	36	0.283
OVERALL*	++	-0.345	38	0.882

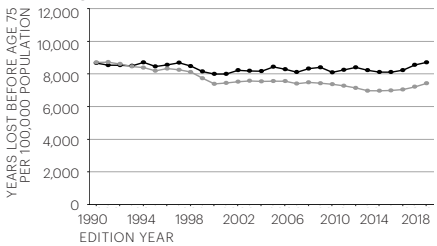
RATING Symbol — Rank: +++++ 1–10; ++++ 11–20; +++ 21–30; ++ 31–40; + 41–50

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



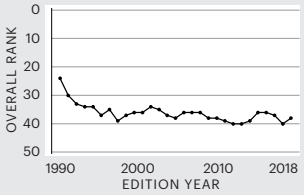
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 38

Change: ▲2
Determinants Rank: **36**
Outcomes Rank: **36**



Strengths:

- High percentage of high school graduation
- High rate of primary care physicians
- Low prevalence of diabetes

Challenges:

- High violent crime rate
- High cancer death rate
- Low per capita public health funding

Highlights:

- In the past three years, excessive drinking increased 23% from 16.1% to 19.8% of adults
- In the past five years, chlamydia increased 9% from 465.6 to 507.0 cases per 100,000 population
- In the past four years, meningococcal immunization increased 22% from 60.7% to 74.3% of adolescents aged 13 to 17
- In the past five years, the percentage uninsured decreased 36% from 14.1% to 9.0% of the population
- In the past five years, low birthweight increased 10% from 7.9% to 8.7% of live births
- Since 1990, cancer deaths increased 5% from 198.2 to 207.2 deaths per 100,000 population

Ranking:

Missouri is 38th this year; it was 40th in 2017. The state ranks 42nd for senior health and 35th for the health of women and children.

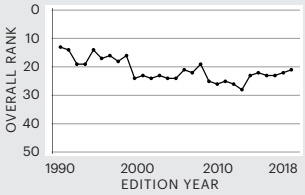
State Health Department Website:

health.mo.gov

Montana

OVERALL RANK: 21

Change: ▲1
Determinants Rank: **22**
Outcomes Rank: **13**



Strengths:
- Low drug death rate
- Low prevalence of obesity
- High per capita public health funding

Challenges:
- Low immunization coverage among children
- High prevalence of excessive drinking
- Low rate of primary care physicians

Highlights:
- In the past five years, drug deaths decreased 9% from 13.8 to 12.6 deaths per 100,000 population
- In the past six years, smoking decreased 22% from 22.1% to 17.2% of adults
- In the past three years, air pollution increased 19% from 5.7 to 6.8 micrograms of fine particles per cubic meter
- In the past three years, occupational fatalities increased 23% from 5.2 to 6.4 deaths per 100,000 workers
- In the past four years, meningococcal immunization increased 38% from 51.6% to 71.2% of adolescents aged 13 to 17
- In the past six years, cancer deaths increased 3% from 178.3 to 183.3 deaths per 100,000 population

Ranking:
Montana is 21st this year; it was 22nd in 2017. The state ranks 27th for senior health and 31st for the health of women and children.

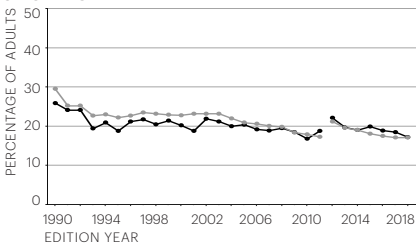
State Health Department Website:
www.dphhs.mt.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

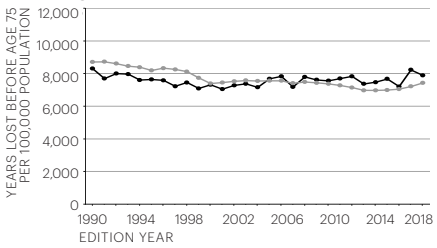
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.6	11	6.8
Excessive Drinking (% of adults)	+	20.9	41	12.2
High School Graduation (% of students)	+++	85.6	24	91.3
Obesity (% of adults)	+++++	25.3	5	22.6
Physical Inactivity (% of adults)	++++	25.0	19	19.2
Smoking (% of adults)	+++	17.2	26	8.9
Behaviors Total*	++++	0.096	12	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.8	12	4.5
Children in Poverty (% of children)	++++	14.7	19	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.360	14	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	427.5	15	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	2.0	9	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	17.0	34	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	6.4	41	2.5
Violent Crime (offenses per 100,000 population)	+++	377	29	121
Community & Environment Total*	+++	0.096	21	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.415	37	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	50.1	29	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	48.1	22	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	71.2	46	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	90.4	21	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	66.2	47	82.1
Public Health Funding (dollars per person)	++++	$115	11	$281
Uninsured (% of population)	+++	8.3	28	2.7
Policy Total*	++	-0.014	35	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	61.1	18	82.7
Low Birthweight (% of live births)	+++	7.9	21	5.9
Mental Health Providers (number per 100,000 population)	++++	282.7	16	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	41.1	13	23.3
Primary Care Physicians (number per 100,000 population)	+	115.2	44	264.5
Clinical Care Total*	+++	0.010	24	0.185
All Determinants*	+++	0.188	22	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	183.3	17	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	233.3	18	190.3
Diabetes (% of adults)	+++++	7.9	5	7.1
Disparity in Health Status (% difference by high school education)	+++++	21.5	6	13.1
Frequent Mental Distress (% of adults)	++++	11.5	14	9.2
Frequent Physical Distress (% of adults)	++	13.2	33	9.2
Infant Mortality (deaths per 1,000 live births)	+++	5.9	21	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	7,900	31	5,653
All Outcomes*	++++	0.108	13	0.283
OVERALL*	+++	0.295	21	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

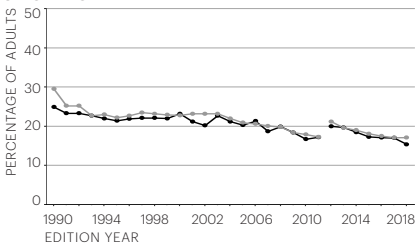
Nebraska

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

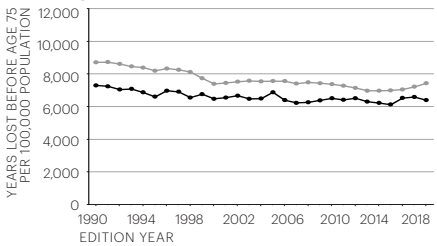
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	6.8	1	6.8
Excessive Drinking (% of adults)	+	21.7	46	12.2
High School Graduation (% of students)	+++++	89.3	4	91.3
Obesity (% of adults)	++	32.8	35	22.6
Physical Inactivity (% of adults)	+++	25.4	23	19.2
Smoking (% of adults)	++++	15.4	14	8.9
Behaviors Total*	++++	0.087	13	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.1	16	4.5
Children in Poverty (% of children)	++++	14.1	16	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	-0.160	23	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	432.3	16	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	8.0	37	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	15.5	25	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.5	35	2.5
Violent Crime (offenses per 100,000 population)	++++	306	20	121
Community & Environment Total*	++++	0.117	18	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.597	12	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	61.4	12	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	55.3	7	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	84.8	24	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	92.3	14	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	77.9	5	82.1
Public Health Funding (dollars per person)	+++	$97	21	$281
Uninsured (% of population)	+++	8.5	29	2.7
Policy Total*	++++	0.071	13	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	64.2	13	82.7
Low Birthweight (% of live births)	++++	7.0	11	5.9
Mental Health Providers (number per 100,000 population)	+++	244.6	21	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	48.3	24	23.3
Primary Care Physicians (number per 100,000 population)	++++	155.5	19	264.5
Clinical Care Total*	++++	0.044	18	0.185
All Determinants*	++++	0.318	14	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	187.4	19	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	232.4	16	190.3
Diabetes (% of adults)	++++	10.1	18	7.1
Disparity in Health Status (% difference by high school education)	+	35.8	49	13.1
Frequent Mental Distress (% of adults)	+++++	10.5	6	9.2
Frequent Physical Distress (% of adults)	+++++	10.3	4	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.0	24	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,401	10	5,653
All Outcomes*	++++	0.061	20	0.283
OVERALL*	++++	0.379	15	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



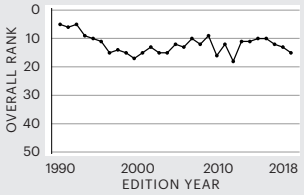
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 15

Change: ▼2
Determinants Rank: **14**
Outcomes Rank: **20**



Strengths:

- Low drug death rate
- High percentage of high school graduation
- High immunization coverage among children

Challenges:

- High prevalence of excessive drinking
- High prevalence of obesity
- High incidence of pertussis

Highlights:

- In the past three years, drug deaths decreased 7% from 7.3 to 6.8 deaths per 100,000 population
- In the past five years, violent crime increased 18% from 259 to 306 offenses per 100,000 population
- In the past three years, Tdap immunization increased 12% from 82.2% to 92.3% of adolescents aged 13 to 17
- In the past five years, cancer deaths increased 3% from 182.2 to 187.4 deaths per 100,000 population
- In the past five years, diabetes increased 25% from 8.1% to 10.1% of adults
- In the past three years, infant mortality increased 20% from 5.0 to 6.0 deaths per 1,000 live births

Ranking:

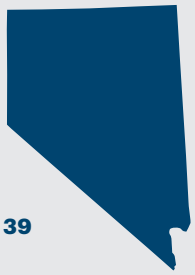
Nebraska is 15th this year; it was 13th in 2017. The state ranks 24th for senior health and 17th for the health of women and children.

State Health Department Website:

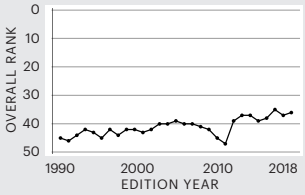
www.dhhs.ne.gov

Nevada

OVERALL RANK: 36



Change: ▲1
Determinants Rank: **39**
Outcomes Rank: **29**



Strengths:
- Low prevalence of obesity
- Low infant mortality rate
- Low incidence of pertussis

Challenges:
- Low percentage of high school graduation
- Low rate of primary care physicians
- Low per capita public health funding

Highlights:
- In the past five years, high school graduation increased 19% from 62.0% to 73.6% of students
- In the past five years, children in poverty decreased 23% from 24.0% to 18.5% of children aged 0 to 17
- In the past five years, chlamydia increased 30% from 389.1 to 506.7 cases per 100,000 population
- In the past year, mental health providers increased 6% from 190.7 to 202.9 per 100,000 population
- In the past three years, low birthweight increased 6% from 8.0% to 8.5% of live births
- In the past four years, premature death increased 8% from 7,297 to 7,899 years lost before age 75 per 100,000 population

Ranking:
Nevada is 36th this year; it was 37th in 2017. The state ranks 40th for senior health and 47th for the health of women and children.

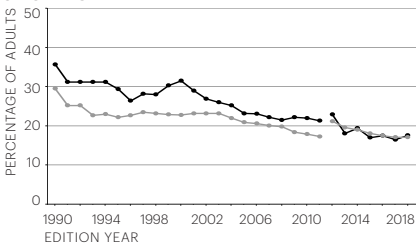
State Health Department Website:
dhhs.nv.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

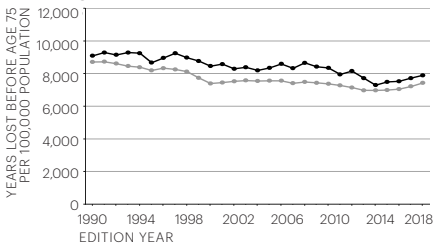
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	21.0	36	6.8
Excessive Drinking (% of adults)	+++	19.3	29	12.2
High School Graduation (% of students)	+	73.6	49	91.3
Obesity (% of adults)	+++++	26.7	8	22.6
Physical Inactivity (% of adults)	++	28.0	33	19.2
Smoking (% of adults)	++	17.6	32	8.9
Behaviors Total*	++	-0.082	36	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	8.8	45	4.5
Children in Poverty (% of children)	+++	18.5	30	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.620	7	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	506.7	32	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	1.2	2	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	6.8	1	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.9	29	2.5
Violent Crime (offenses per 100,000 population)	+	556	46	121
Community & Environment Total*	++	-0.045	36	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.795	43	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	52.9	27	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	45.3	28	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	77.3	40	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	82.5	46	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	71.3	20	82.1
Public Health Funding (dollars per person)	+	$43	50	$281
Uninsured (% of population)	+	11.3	43	2.7
Policy Total*	+	-0.081	46	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	53.1	32	82.7
Low Birthweight (% of live births)	+++	8.5	30	5.9
Mental Health Providers (number per 100,000 population)	++	202.9	31	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	42.2	14	23.3
Primary Care Physicians (number per 100,000 population)	+	107.6	48	264.5
Clinical Care Total*	++	-0.059	36	0.185
All Determinants*	++	-0.267	39	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	190.1	22	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	294.2	41	190.3
Diabetes (% of adults)	++++	10.4	19	7.1
Disparity in Health Status (% difference by high school education)	+++++	23.8	10	13.1
Frequent Mental Distress (% of adults)	++++	11.7	20	9.2
Frequent Physical Distress (% of adults)	+++	13.0	30	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.5	17	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,899	30	5,653
All Outcomes*	+++	0.000	29	0.283
OVERALL*	++	-0.267	36	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

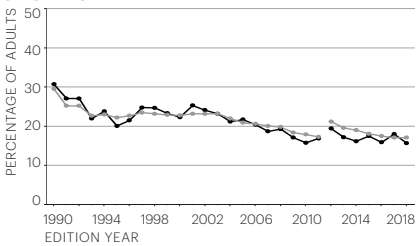
New Hampshire

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

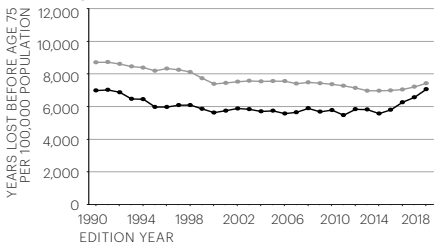
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	31.9	49	6.8
Excessive Drinking (% of adults)	++	20.7	40	12.2
High School Graduation (% of students)	+++++	88.2	9	91.3
Obesity (% of adults)	++++	28.1	13	22.6
Physical Inactivity (% of adults)	+++++	23.9	10	19.2
Smoking (% of adults)	++++	15.7	17	8.9
Behaviors Total*	++++	0.063	17	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.0	2	4.5
Children in Poverty (% of children)	+++++	10.3	1	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.810	2	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	260.6	1	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.5	25	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	14.6	23	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.4	6	2.5
Violent Crime (offenses per 100,000 population)	+++++	199	3	121
Community & Environment Total*	+++++	0.305	1	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.002	4	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	63.0	8	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	56.9	5	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	87.9	17	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	95.1	2	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	78.9	3	82.1
Public Health Funding (dollars per person)	++	$74	34	$281
Uninsured (% of population)	++++	5.9	15	2.7
Policy Total*	+++++	0.115	9	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	63.6	14	82.7
Low Birthweight (% of live births)	+++++	6.4	2	5.9
Mental Health Providers (number per 100,000 population)	++++	290.7	15	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	47.1	22	23.3
Primary Care Physicians (number per 100,000 population)	++++	163.0	17	264.5
Clinical Care Total*	++++	0.080	11	0.185
All Determinants*	+++++	0.563	5	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	192.8	27	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	221.4	9	190.3
Diabetes (% of adults)	+++++	8.4	7	7.1
Disparity in Health Status (% difference by high school education)	+++	28.3	27	13.1
Frequent Mental Distress (% of adults)	+++	12.0	24	9.2
Frequent Physical Distress (% of adults)	+++	11.9	23	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	3.9	1	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	7,067	20	5,653
All Outcomes*	+++++	0.129	10	0.283
OVERALL*	+++++	0.692	6	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



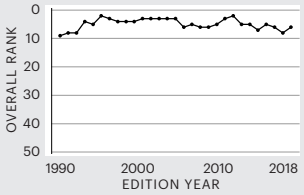
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 6

Change: ▲ 2
Determinants Rank: **5**
Outcomes Rank: **10**



Strengths:

- Low infant mortality rate
- Low levels of air pollution
- Low prevalence of diabetes

Challenges:

- High drug death rate
- High prevalence of excessive drinking
- Low per capita public health funding

Highlights:

- In the past three years, drug deaths increased 120% from 14.5 to 31.9 deaths per 100,000 population
- In the past five years, smoking decreased 9% from 17.2% to 15.7% of adults
- In the past eight years, chlamydia increased 113% from 122.1 to 260.6 cases per 100,000 population
- In the past five years, the percentage uninsured decreased 52% from 12.3% to 5.9% of the population
- In the past two years, primary care physicians increased 4% from 157.4 to 163.0 per 100,000 population
- In the past three years, frequent physical distress increased 23% from 9.7% to 11.9% of adults

Ranking:

New Hampshire is sixth this year; it was eighth in 2017. The state ranks fifth for senior health and third for the health of women and children.

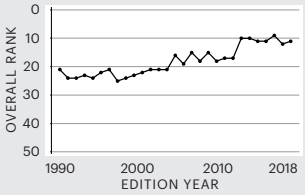
State Health Department Website:

www.dhhs.nh.gov

New Jersey

OVERALL RANK: 11

Change: ▲1
Determinants Rank: **9**
Outcomes Rank: **18**



Strengths:
- High percentage of high school graduation
- High rate of dentists
- Low infant mortality rate

Challenges:
- High prevalence of physical inactivity
- Low per capita public health funding
- Low immunization coverage among children

Highlights:
- In the past five years, drug deaths increased 120% from 8.0 to 17.6 deaths per 100,000 population
- In the past five years, high school graduation increased 9% from 83.0% to 90.1% of students
- In the past five years, obesity increased 11% from 24.6% to 27.2% of adults
- In the past 10 years, air pollution decreased 34% from 12.5 to 8.3 micrograms of fine particles per cubic meter
- In the past 10 years, the percentage uninsured decreased 49% from 15.6% to 7.9% of the population
- Since 1990, cancer deaths decreased 15% from 213.9 to 182.3 deaths per 100,000 population

Ranking:
New Jersey is 11th this year; it was 12th in 2017. The state ranks 20th for senior health and 19th for the health of women and children.

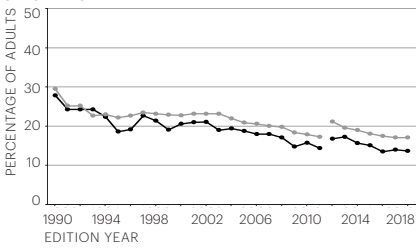
State Health Department Website:
www.state.nj.us/health

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

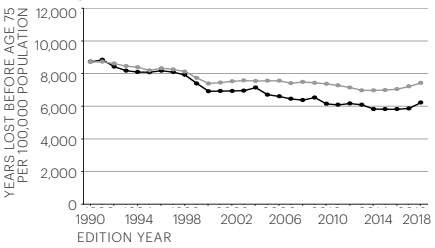
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	17.6	27	6.8
Excessive Drinking (% of adults)	+++	18.1	22	12.2
High School Graduation (% of students)	+++++	90.1	2	91.3
Obesity (% of adults)	+++++	27.2	10	22.6
Physical Inactivity (% of adults)	++	29.0	35	19.2
Smoking (% of adults)	+++++	13.7	6	8.9
Behaviors Total*	+++++	0.177	5	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.3	36	4.5
Children in Poverty (% of children)	++++	13.9	14	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.557	8	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	385.3	8	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	6.3	35	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	11.7	11	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.7	9	2.5
Violent Crime (offenses per 100,000 population)	+++++	229	8	121
Community & Environment Total*	++++	0.144	13	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.465	16	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	53.8	25	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	45.5	26	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	93.3	7	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	90.0	24	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	69.3	35	82.1
Public Health Funding (dollars per person)	++	$64	39	$281
Uninsured (% of population)	+++	7.9	24	2.7
Policy Total*	+++	0.007	30	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	77.6	3	82.7
Low Birthweight (% of live births)	+++	8.1	24	5.9
Mental Health Providers (number per 100,000 population)	+++	205.1	30	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.6	29	23.3
Primary Care Physicians (number per 100,000 population)	++++	176.3	12	264.5
Clinical Care Total*	++++	0.056	16	0.185
All Determinants*	+++++	0.383	9	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	182.3	15	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	245.4	26	190.3
Diabetes (% of adults)	++	11.0	32	7.1
Disparity in Health Status (% difference by high school education)	++	31.2	40	13.1
Frequent Mental Distress (% of adults)	+++	11.8	21	9.2
Frequent Physical Distress (% of adults)	+++	11.7	21	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.4	5	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	6,225	8	5,653
All Outcomes*	++++	0.077	18	0.283
OVERALL*	++++	0.460	11	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—— Nation ●——

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

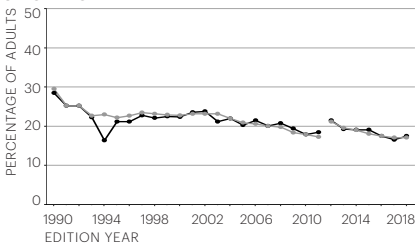
New Mexico

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

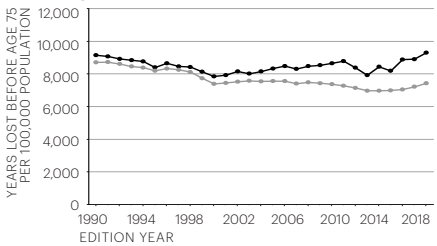
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	25.6	44	6.8
Excessive Drinking (% of adults)	+++++	16.2	9	12.2
High School Graduation (% of students)	+	71.0	50	91.3
Obesity (% of adults)	++++	28.4	14	22.6
Physical Inactivity (% of adults)	++++	24.5	14	19.2
Smoking (% of adults)	+++	17.5	30	8.9
Behaviors Total*	++	-0.069	35	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.8	6	4.5
Children in Poverty (% of children)	+	27.2	49	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.487	42	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	628.6	47	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	7.7	36	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	16.3	31	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.7	37	2.5
Violent Crime (offenses per 100,000 population)	+	784	49	121
Community & Environment Total*	+	-0.140	48	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.538	38	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	55.0	23	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++	41.9	30	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	78.0	39	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	85.5	41	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	71.9	19	82.1
Public Health Funding (dollars per person)	+++++	$124	9	$281
Uninsured (% of population)	++	9.2	35	2.7
Policy Total*	+++	0.008	29	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	54.1	28	82.7
Low Birthweight (% of live births)	++	9.0	40	5.9
Mental Health Providers (number per 100,000 population)	+++++	381.5	8	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	39.5	12	23.3
Primary Care Physicians (number per 100,000 population)	+++	141.6	26	264.5
Clinical Care Total*	+++	0.015	22	0.185
All Determinants*	++	-0.186	34	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	168.9	6	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	225.0	10	190.3
Diabetes (% of adults)	+++	10.7	29	7.1
Disparity in Health Status (% difference by high school education)	++++	26.1	17	13.1
Frequent Mental Distress (% of adults)	++	13.8	38	9.2
Frequent Physical Distress (% of adults)	+	14.8	43	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.6	18	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	9,301	42	5,653
All Outcomes*	++	-0.018	31	0.283
OVERALL*	++	-0.204	35	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



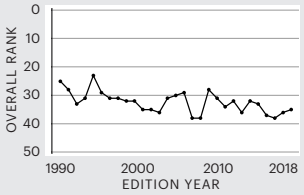
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 35

Change: ▲1
Determinants Rank: **34**
Outcomes Rank: **31**



Strengths:

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

Challenges:

- Low percentage of high school graduation
- High percentage of children in poverty
- High violent crime rate

Highlights:

- In the past five years, obesity increased 5% from 27.1% to 28.4% of adults
- In the past six years, smoking decreased 19% from 21.5% to 17.5% of adults
- In the past four years, violent crime increased 40% from 559 to 784 offenses per 100,000 population
- In the past 10 years, the percentage uninsured decreased 59% from 22.7% to 9.2% of the population
- In the past five years, cancer deaths increased 3% from 164.4 to 168.9 deaths per 100,000 population
- In the past five years, cardiovascular deaths increased 4% from 216.3 to 225.0 deaths per 100,000 population

Ranking:

New Mexico is 35th this year; it was 36th in 2017. The state ranks 34th for senior health and 37th for the health of women and children.

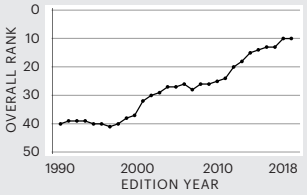
State Health Department Website:

nmhealth.org

New York

OVERALL RANK: 10

Change: **no change**
Determinants Rank: **11**
Outcomes Rank: **14**



Strengths:
- Low occupational fatality rate
- Low prevalence of smoking
- Low premature death rate

Challenges:
- Low immunization coverage among children
- High incidence of chlamydia
- Low percentage of high school graduation

Highlights:
- In the past three years, drug deaths increased 35% from 10.6 to 14.3 deaths per 100,000 population
- In the past five years, children in poverty decreased 14% from 22.8% to 19.7% of children aged 0 to 17
- In the past year, immunizations among children decreased 7% from 72.3% to 67.5% of children aged 19 to 35 months
- In the past year, primary care physicians increased 4% from 215.5 to 223.7 per 100,000 population
- In the past two years, premature death increased 6% from 5,658 to 5,978 years lost before age 75 per 100,000 population
- Since 1990, cancer deaths decreased 14% from 205.6 to 177.7 deaths per 100,000 population

Ranking:
New York is 10th this year; it was 10th in 2017. The state ranks 21st for senior health and 20th for the health of women and children.

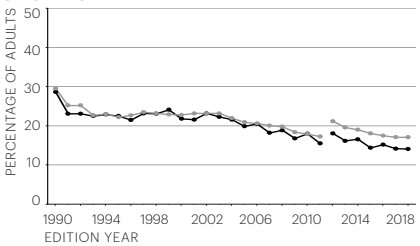
State Health Department Website:
www.health.ny.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

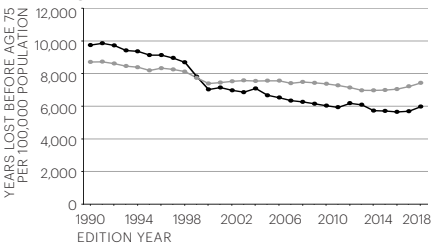
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	14.3	17	6.8
Excessive Drinking (% of adults)	+++	18.8	25	12.2
High School Graduation (% of students)	++	80.4	38	91.3
Obesity (% of adults)	+++++	25.7	6	22.6
Physical Inactivity (% of adults)	+++	27.2	29	19.2
Smoking (% of adults)	+++++	14.1	9	8.9
Behaviors Total*	++++	0.101	11	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.0	15	4.5
Children in Poverty (% of children)	++	19.7	33	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	-0.083	26	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	552.8	39	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.9	29	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	11.8	12	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.5	1	2.5
Violent Crime (offenses per 100,000 population)	+++	357	24	121
Community & Environment Total*	+++	0.078	23	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.668	8	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	58.2	16	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	49.1	16	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	89.3	14	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	92.9	9	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	67.5	42	82.1
Public Health Funding (dollars per person)	+++++	$149	4	$281
Uninsured (% of population)	++++	5.9	15	2.7
Policy Total*	++++	0.079	12	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	74.4	6	82.7
Low Birthweight (% of live births)	+++	7.9	21	5.9
Mental Health Providers (number per 100,000 population)	++++	274.1	17	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	46.8	21	23.3
Primary Care Physicians (number per 100,000 population)	+++++	223.7	3	264.5
Clinical Care Total*	+++++	0.117	9	0.185
All Determinants*	+++++	0.375	11	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	177.7	9	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	258.5	32	190.3
Diabetes (% of adults)	+++	10.5	23	7.1
Disparity in Health Status (% difference by high school education)	++	30.8	37	13.1
Frequent Mental Distress (% of adults)	+++	11.8	21	9.2
Frequent Physical Distress (% of adults)	+++++	10.8	9	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.5	6	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,978	5	5,653
All Outcomes*	++++	0.101	14	0.283
OVERALL*	+++++	0.476	10	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

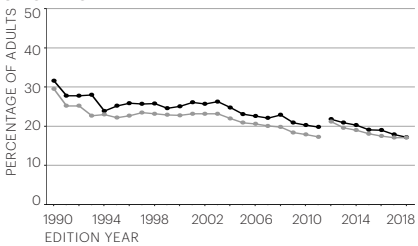
North Carolina

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

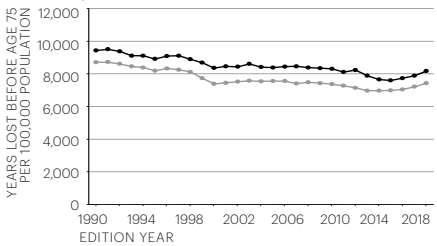
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.2	22	6.8
Excessive Drinking (% of adults)	++++	16.9	14	12.2
High School Graduation (% of students)	+++	85.9	22	91.3
Obesity (% of adults)	++	32.1	31	22.6
Physical Inactivity (% of adults)	+++	25.6	24	19.2
Smoking (% of adults)	+++	17.2	26	8.9
Behaviors Total*	+++	0.028	22	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.4	22	4.5
Children in Poverty (% of children)	++	21.2	40	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.337	39	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	577.6	45	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.9	17	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	20.9	38	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.5	24	2.5
Violent Crime (offenses per 100,000 population)	+++	364	27	121
Community & Environment Total*	+++	-0.002	30	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.330	19	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	50.0	30	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	53.7	10	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	84.8	24	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	91.9	15	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.9	25	82.1
Public Health Funding (dollars per person)	+	$57	42	$281
Uninsured (% of population)	+	10.6	42	2.7
Policy Total*	++	-0.036	38	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	51.4	37	82.7
Low Birthweight (% of live births)	+	9.2	43	5.9
Mental Health Providers (number per 100,000 population)	+++	233.7	25	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.0	26	23.3
Primary Care Physicians (number per 100,000 population)	++	132.5	33	264.5
Clinical Care Total*	++	-0.071	37	0.185
All Determinants*	++	-0.080	31	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	197.9	33	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	254.6	29	190.3
Diabetes (% of adults)	++	11.4	38	7.1
Disparity in Health Status (% difference by high school education)	++	30.2	35	13.1
Frequent Mental Distress (% of adults)	+++	12.7	30	9.2
Frequent Physical Distress (% of adults)	++	13.4	35	9.2
Infant Mortality (deaths per 1,000 live births)	+	7.3	41	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,177	35	5,653
All Outcomes*	++	-0.112	37	0.283
OVERALL*	++	-0.191	33	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



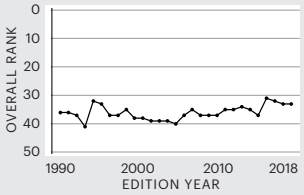
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 33

Change: **no change**
Determinants Rank: **31**
Outcomes Rank: **37**



Strengths:

- Low prevalence of excessive drinking
- High percentage of high school graduation
- High HPV immunization coverage among males

Challenges:

- High incidence of chlamydia
- High percentage of uninsured population
- High prevalence of low birthweight

Highlights:

- In the past three years, drug deaths increased 25% from 13.0 to 16.2 deaths per 100,000 population
- In the past five years, high school graduation increased 10% from 78.0% to 85.9% of students
- In the past five years, obesity increased 8% from 29.6% to 32.1% of adults
- In the past five years, smoking decreased 18% from 20.9% to 17.2% of adults
- In the past five years, children in poverty decreased 18% from 26.0% to 21.2% of children aged 0 to 17
- In the past three years, premature death increased 8% from 7,604 to 8,177 years lost before age 75 per 100,000 population

Ranking:

North Carolina is 33rd this year; it was 33rd in 2017. The state ranks 32nd for senior health and 30th for the health of women and children.

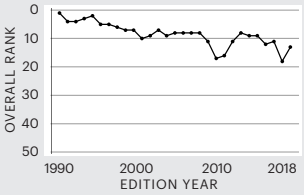
State Health Department Website:

www.ncdhhs.gov

North Dakota

OVERALL RANK: 13

Change: ▲ **5**
Determinants Rank: **19**
Outcomes Rank: **8**



Strengths:
- Low levels of air pollution
- Low drug death rate
- High immunization coverage among children

Challenges:
- High prevalence of excessive drinking
- High occupational fatality rate
- High prevalence of obesity

Highlights:
- In the past three years, drug deaths increased 207% from 2.7 to 8.3 deaths per 100,000 population
- In the past five years, obesity increased 11% from 29.7% to 33.1% of adults
- In the past 15 years, air pollution decreased 22% from 5.8 to 4.5 micrograms of fine particles per cubic meter
- In the past 10 years, violent crime increased 98% from 142 to 281 offenses per 100,000 population
- In the past 10 years, dentists increased 21% from 47.9 to 57.9 per 100,000 population
- In the past four years, occupational fatalities decreased 38% from 11.8 to 7.3 deaths per 100,000 workers

Ranking:
North Dakota is 13th this year; it was 18th in 2017. The state ranks 18th for senior health and 13th for the health of women and children.

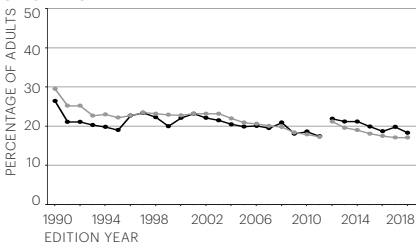
State Health Department Website:
www.ndhealth.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

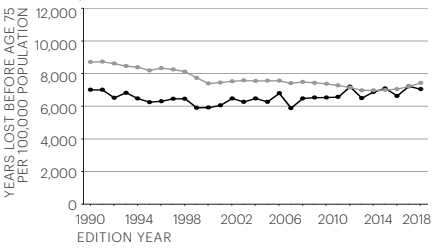
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	8.3	3	6.8
Excessive Drinking (% of adults)	+	24.1	49	12.2
High School Graduation (% of students)	++++	87.5	13	91.3
Obesity (% of adults)	++	33.1	38	22.6
Physical Inactivity (% of adults)	++	27.6	31	19.2
Smoking (% of adults)	++	18.3	33	8.9
Behaviors Total*	++	-0.040	31	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	4.5	1	4.5
Children in Poverty (% of children)	+++++	10.9	3	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	-0.153	24	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	456.5	20	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	5.8	33	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	16.0	29	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	7.3	44	2.5
Violent Crime (offenses per 100,000 population)	++++	281	14	121
Community & Environment Total*	+++++	0.189	7	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.735	7	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	62.6	10	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	53.2	12	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	91.9	9	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	90.6	18	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	78.8	4	82.1
Public Health Funding (dollars per person)	+++++	$130	8	$281
Uninsured (% of population)	+++	7.3	21	2.7
Policy Total*	+++++	0.115	9	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	57.9	22	82.7
Low Birthweight (% of live births)	+++++	6.6	5	5.9
Mental Health Providers (number per 100,000 population)	++	177.7	37	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	49.1	27	23.3
Primary Care Physicians (number per 100,000 population)	+++	149.5	21	264.5
Clinical Care Total*	+++	0.011	23	0.185
All Determinants*	++++	0.275	19	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	177.8	10	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	228.0	12	190.3
Diabetes (% of adults)	+++++	9.0	10	7.1
Disparity in Health Status (% difference by high school education)	++++	25.9	16	13.1
Frequent Mental Distress (% of adults)	+++++	10.2	5	9.2
Frequent Physical Distress (% of adults)	+++++	9.7	2	9.2
Infant Mortality (deaths per 1,000 live births)	++	6.8	37	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	7,047	19	5,653
All Outcomes*	+++++	0.141	8	0.283
OVERALL*	++++	0.416	13	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

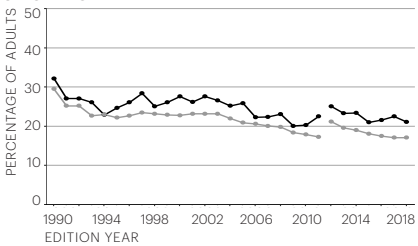
Ohio

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

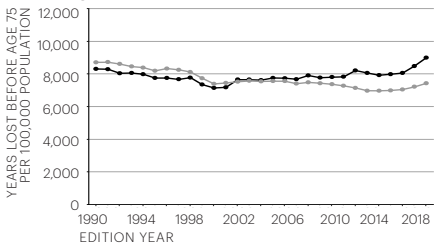
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	30.4	48	6.8
Excessive Drinking (% of adults)	++	20.2	37	12.2
High School Graduation (% of students)	+++	83.5	29	91.3
Obesity (% of adults)	++	33.8	40	22.6
Physical Inactivity (% of adults)	++	29.6	38	19.2
Smoking (% of adults)	+	21.1	43	8.9
Behaviors Total*	+	-0.211	47	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.0	46	4.5
Children in Poverty (% of children)	++	20.1	35	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	0.040	29	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	520.9	37	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	8.6	40	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	13.3	20	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.2	16	2.5
Violent Crime (offenses per 100,000 population)	++++	298	18	121
Community & Environment Total*	++	-0.007	32	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.192	22	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	54.9	24	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	39.3	35	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	87.3	20	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	90.6	18	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	66.4	45	82.1
Public Health Funding (dollars per person)	+	$53	46	$281
Uninsured (% of population)	++++	5.8	14	2.7
Policy Total*	+++	0.010	28	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	52.7	33	82.7
Low Birthweight (% of live births)	++	8.7	35	5.9
Mental Health Providers (number per 100,000 population)	+++	228.4	26	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	57.0	42	23.3
Primary Care Physicians (number per 100,000 population)	++++	174.6	13	264.5
Clinical Care Total*	++	-0.043	34	0.185
All Determinants*	++	-0.251	37	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	210.3	41	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	286.5	39	190.3
Diabetes (% of adults)	++	11.3	36	7.1
Disparity in Health Status (% difference by high school education)	+++	27.6	24	13.1
Frequent Mental Distress (% of adults)	++	14.0	40	9.2
Frequent Physical Distress (% of adults)	+++	13.0	30	9.2
Infant Mortality (deaths per 1,000 live births)	+	7.3	41	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,998	40	5,653
All Outcomes*	++	-0.172	40	0.283
OVERALL*	++	-0.424	40	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



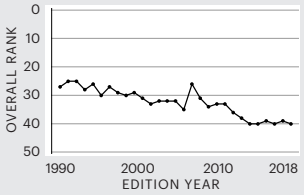
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 40

Change: ▼1
Determinants Rank: **37**
Outcomes Rank: **40**



Strengths:

- Low percentage of uninsured population
- High rate of primary care physicians
- Low occupational fatality rate

Challenges:

- High prevalence of smoking
- Low immunization coverage among children
- High levels of air pollution

Highlights:

- In the past three years, drug deaths increased 61% from 18.9 to 30.4 deaths per 100,000 population
- In the past three years, children in poverty decreased 12% from 22.9% to 20.1% of children aged 0 to 17
- In the past three years, chlamydia increased 13% from 460.2 to 520.9 cases per 100,000 population
- In the past four years, meningococcal immunization increased 26% from 69.2% to 87.3% of adolescents aged 13 to 17
- In the past year, mental health providers increased 25% from 182.5 to 228.4 per 100,000 population
- In the past five years, cancer deaths increased 2% from 206.9 to 210.3 deaths per 100,000 population

Ranking:

Ohio is 40th this year; it was 39th in 2017. The state ranks 35th for senior health and 33rd for the health of women and children.

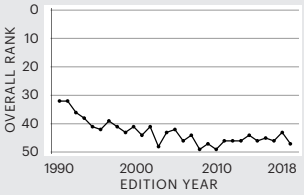
State Health Department Website:

www.odh.ohio.gov

Oklahoma

OVERALL RANK: 47

Change: ▼ 4
Determinants Rank: **47**
Outcomes Rank: **44**



Strengths:
- Low prevalence of excessive drinking
- High rate of mental health providers
- Low prevalence of low birthweight

Challenges:
- High percentage of uninsured population
- High cardiovascular death rate
- High prevalence of physical inactivity

Highlights:
- In the past six years, obesity increased 17% from 31.1% to 36.5% of adults
- In the past year, children in poverty decreased 6% from 22.9% to 21.5% of children aged 0 to 17
- In the past three years, air pollution decreased 17% from 9.5 to 7.9 micrograms of fine particles per cubic meter
- In the past two years, primary care physicians increased 5% from 123.7 to 129.4 per 100,000 population
- In the past three years, cardiovascular deaths increased 5% from 322.5 to 338.9 deaths per 100,000 population
- In the past two years, frequent mental distress increased 19% from 13.1% to 15.6% of adults

Ranking:
Oklahoma is 47th this year; it was 43rd in 2017. The state ranks 48th for senior health and 46th for the health of women and children.

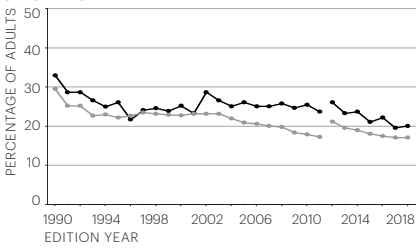
State Health Department Website:
www.ok.gov/health

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

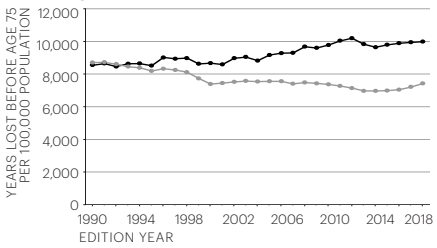
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	20.4	34	6.8
Excessive Drinking (% of adults)	+++++	14.1	5	12.2
High School Graduation (% of students)	++	81.6	36	91.3
Obesity (% of adults)	+	36.5	48	22.6
Physical Inactivity (% of adults)	+	32.4	47	19.2
Smoking (% of adults)	++	20.1	39	8.9
Behaviors Total*	+	-0.173	44	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	7.9	31	4.5
Children in Poverty (% of children)	+	21.5	42	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.440	40	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	548.4	38	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.7	27	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	23.5	42	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	7.9	47	2.5
Violent Crime (offenses per 100,000 population)	++	456	39	121
Community & Environment Total*	+	-0.102	43	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.963	45	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	45.6	41	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	37.5	38	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	71.1	47	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	86.7	37	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	67.3	43	82.1
Public Health Funding (dollars per person)	+++	$87	26	$281
Uninsured (% of population)	+	14.0	49	2.7
Policy Total*	+	-0.131	49	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	50.0	38	82.7
Low Birthweight (% of live births)	++++	7.8	19	5.9
Mental Health Providers (number per 100,000 population)	+++++	395.2	6	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	59.9	44	23.3
Primary Care Physicians (number per 100,000 population)	++	129.4	36	264.5
Clinical Care Total*	++	-0.026	31	0.185
All Determinants*	+	-0.432	47	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	216.8	45	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	338.9	48	190.3
Diabetes (% of adults)	+	12.7	43	7.1
Disparity in Health Status (% difference by high school education)	+++	26.5	21	13.1
Frequent Mental Distress (% of adults)	+	15.6	45	9.2
Frequent Physical Distress (% of adults)	+	14.7	42	9.2
Infant Mortality (deaths per 1,000 live births)	+	7.4	43	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	9,992	44	5,653
All Outcomes*	+	-0.312	44	0.283
OVERALL*	+	-0.744	47	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

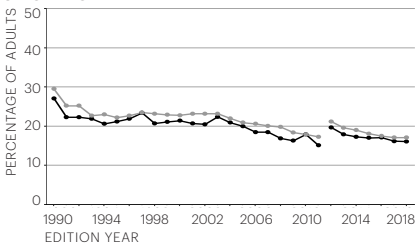
Oregon

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

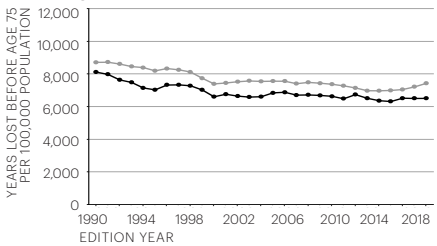
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	12.6	11	6.8
Excessive Drinking (% of adults)	+++	18.6	23	12.2
High School Graduation (% of students)	+	74.8	48	91.3
Obesity (% of adults)	++++	29.4	20	22.6
Physical Inactivity (% of adults)	+++++	21.4	6	19.2
Smoking (% of adults)	+++	16.1	21	8.9
Behaviors Total*	+++	-0.007	28	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.7	27	4.5
Children in Poverty (% of children)	+++	16.5	23	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.510	9	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	432.5	17	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.7	27	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	10.9	6	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	3.4	6	2.5
Violent Crime (offenses per 100,000 population)	++++	282	15	121
Community & Environment Total*	++++	0.122	17	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.318	33	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	55.1	22	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	54.4	8	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	77.0	41	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	86.3	40	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.3	27	82.1
Public Health Funding (dollars per person)	+++	$81	29	$281
Uninsured (% of population)	++++	6.5	19	2.7
Policy Total*	+++	0.025	25	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	67.8	12	82.7
Low Birthweight (% of live births)	+++++	6.5	4	5.9
Mental Health Providers (number per 100,000 population)	+++++	492.3	2	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	33.9	6	23.3
Primary Care Physicians (number per 100,000 population)	+++	145.4	24	264.5
Clinical Care Total*	+++++	0.154	3	0.185
All Determinants*	++++	0.294	16	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	190.4	23	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	220.6	8	190.3
Diabetes (% of adults)	++++	9.6	15	7.1
Disparity in Health Status (% difference by high school education)	+	31.6	42	13.1
Frequent Mental Distress (% of adults)	+	15.0	43	9.2
Frequent Physical Distress (% of adults)	++	14.1	40	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.9	9	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,511	11	5,653
All Outcomes*	+++	0.000	29	0.283
OVERALL*	+++	0.295	21	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



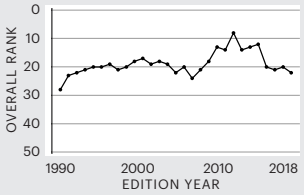
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 21

Change: ▼1
Determinants Rank: **16**
Outcomes Rank: **29**



Strengths:

- High rate of mental health providers
- Low cardiovascular death rate
- Low prevalence of physical inactivity

Challenges:

- Low percentage of high school graduation
- High prevalence of frequent mental distress
- Low meningococcal immunization coverage among adolescents

Highlights:

- In the past six years, smoking decreased 18% from 19.7% to 16.1% of adults
- In the past five years, children in poverty decreased 28% from 23.0% to 16.5% of children aged 0 to 17
- In the past three years, air pollution increased 15% from 6.7 to 7.7 micrograms of fine particles per cubic meter
- In the past year, immunizations among children increased 21% from 58.1% to 70.3% of children aged 19 to 35 months
- In the past year, mental health providers increased 9% from 453.7 to 492.3 per 100,000 population
- In the past six years, frequent mental distress increased 26% from 11.9% to 15.0% of adults

Ranking:

Oregon is 21st this year; it was 20th in 2017. The state ranks 12th for senior health and 27th for the health of women and children.

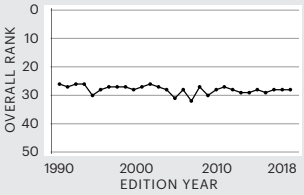
State Health Department Website:

www.oregon.gov/oha/ph

Pennsylvania

OVERALL RANK: 28

Change: **no change**
Determinants Rank: **26**
Outcomes Rank: **33**



Strengths:
- High rate of primary care physicians
- Low percentage of uninsured population
- Low occupational fatality rate

Challenges:
- High levels of air pollution
- High prevalence of frequent physical distress
- Low per capita public health funding

Highlights:
- In the past three years, drug deaths increased 50% from 18.7 to 28.1 deaths per 100,000 population
- In the past six years, smoking decreased 17% from 22.4% to 18.7% of adults
- In the past 10 years, violent crime decreased 25% from 417 to 313 offenses per 100,000 population
- In the past three years, immunizations among children decreased 10% from 78.6% to 70.4% of children aged 19 to 35 months
- In the past year, primary care physicians increased 4% from 199.8 to 208.7 per 100,000 population
- In the past two years, premature death increased 11% from 7,189 to 8,013 years lost before age 75 per 100,000 population

Ranking:
Pennsylvania is 28th this year; it was 28th in 2017. The state ranks 26th for senior health and 24th for the health of women and children.

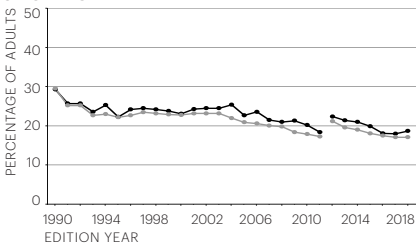
State Health Department Website:
www.health.pa.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

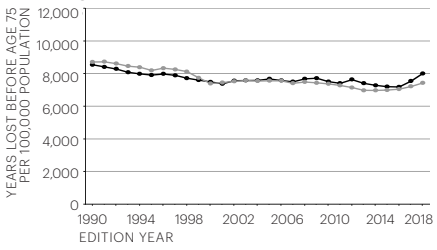
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	28.1	46	6.8
Excessive Drinking (% of adults)	+++	19.2	27	12.2
High School Graduation (% of students)	+++	86.1	21	91.3
Obesity (% of adults)	+++	31.6	26	22.6
Physical Inactivity (% of adults)	++++	24.9	17	19.2
Smoking (% of adults)	++	18.7	34	8.9
Behaviors Total*	++	-0.055	33	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	9.7	48	4.5
Children in Poverty (% of children)	+++	17.0	26	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	-0.073	27	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	444.7	19	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	12.4	44	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	12.5	15	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.0	11	2.5
Violent Crime (offenses per 100,000 population)	+++	313	21	121
Community & Environment Total*	+++	0.003	28	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.613	10	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	56.1	20	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	49.1	16	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	93.4	6	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	90.6	18	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	70.4	26	82.1
Public Health Funding (dollars per person)	+	$55	44	$281
Uninsured (% of population)	++++	5.6	11	2.7
Policy Total*	++++	0.050	17	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	60.3	19	82.7
Low Birthweight (% of live births)	+++	8.2	26	5.9
Mental Health Providers (number per 100,000 population)	++	194.9	33	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	51.7	33	23.3
Primary Care Physicians (number per 100,000 population)	+++++	208.7	5	264.5
Clinical Care Total*	++++	0.023	19	0.185
All Determinants*	+++	0.022	26	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	200.3	35	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	265.7	35	190.3
Diabetes (% of adults)	+++	10.6	28	7.1
Disparity in Health Status (% difference by high school education)	+++++	22.2	7	13.1
Frequent Mental Distress (% of adults)	++	13.1	33	9.2
Frequent Physical Distress (% of adults)	++	13.6	38	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.1	27	3.9
Premature Death (years lost before age 75 per 100,000 population)	++	8,013	33	5,653
All Outcomes*	++	-0.036	33	0.283
OVERALL*	+++	-0.014	28	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

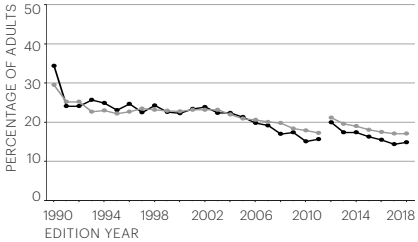
Rhode Island

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

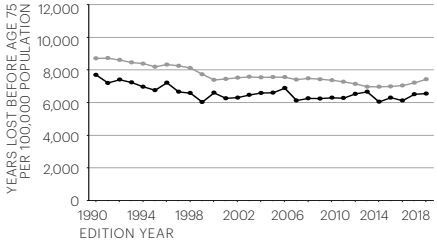
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	27.5	45	6.8
Excessive Drinking (% of adults)	++	19.6	32	12.2
High School Graduation (% of students)	++	82.8	31	91.3
Obesity (% of adults)	+++	30.0	22	22.6
Physical Inactivity (% of adults)	+++	26.3	28	19.2
Smoking (% of adults)	++++	14.9	13	8.9
Behaviors Total*	+++	0.002	27	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.6	25	4.5
Children in Poverty (% of children)	+++	16.6	24	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.207	19	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	467.3	24	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	8.6	40	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	11.6	10	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.4	21	2.5
Violent Crime (offenses per 100,000 population)	+++++	232	9	121
Community & Environment Total*	++++	0.114	19	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	1.497	2	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	76.8	1	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	78.4	1	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++++	94.1	3	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	94.6	5	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	74.4	14	82.1
Public Health Funding (dollars per person)	+++++	$143	7	$281
Uninsured (% of population)	+++++	4.5	5	2.7
Policy Total*	+++++	0.162	2	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	54.6	26	82.7
Low Birthweight (% of live births)	+++	8.0	23	5.9
Mental Health Providers (number per 100,000 population)	+++++	395.4	5	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	54.0	36	23.3
Primary Care Physicians (number per 100,000 population)	+++++	264.5	1	264.5
Clinical Care Total*	++++	0.080	11	0.185
All Determinants*	++++	0.358	13	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	193.5	28	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	231.2	15	190.3
Diabetes (% of adults)	+++++	8.9	9	7.1
Disparity in Health Status (% difference by high school education)	+++	28.8	30	13.1
Frequent Mental Distress (% of adults)	+	14.6	41	9.2
Frequent Physical Distress (% of adults)	+++	12.5	28	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.7	19	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,561	12	5,653
All Outcomes*	+++	0.024	24	0.283
OVERALL*	++++	0.382	14	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOmoking



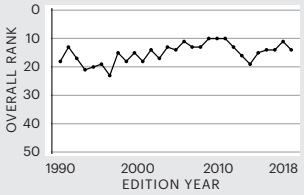
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 14

Change: ▼ 3
Determinants Rank: **13**
Outcomes Rank: **24**



Strengths:

- Low percentage of uninsured population
- Low prevalence of diabetes
- High rate of mental health providers

Challenges:

- High drug death rate
- High incidence of pertussis
- High prevalence of frequent mental distress

Highlights:

- In the past five years, drug deaths increased 70% from 16.2 to 27.5 deaths per 100,000 population
- In the past year, obesity increased 13% from 26.6% to 30.0% of adults
- In the past two years, children in poverty decreased 14% from 19.4% to 16.6% of children aged 0 to 17
- In the past year, primary care physicians increased 3% from 256.3 to 264.5 per 100,000 population
- In the past three years, frequent mental distress increased 34% from 10.9% to 14.6% of adults
- In the past four years, premature death increased 8% from 6,049 to 6,561 years lost before age 75 per 100,000 population

Ranking:

Rhode Island is 14th this year; it was 11th in 2017. The state ranks 13th for senior health and ninth for the health of women and children.

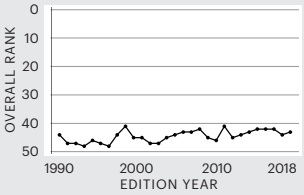
State Health Department Website:

www.health.ri.gov

South Carolina

OVERALL RANK: 43

Change: ▲1
Determinants Rank: **46**
Outcomes Rank: **42**



Strengths:
- Low incidence of pertussis
- Low prevalence of excessive drinking
- Low levels of air pollution

Challenges:
- High prevalence of diabetes
- High premature death rate
- Low immunization coverage among children

Highlights:
- In the past six years, obesity increased 11% from 30.8% to 34.1% of adults
- In the past six years, smoking decreased 19% from 23.1% to 18.8% of adults
- In the past three years, occupational fatalities increased 38% from 4.8 to 6.6 deaths per 100,000 workers
- In the past four years, Tdap immunization increased 24% from 71.9% to 89.4% of adolescents aged 13 to 17
- In the past two years, primary care physicians increased 4% from 124.3 to 128.9 per 100,000 population
- In the past three years, premature death increased 7% from 8,592 to 9,232 years lost before age 75 per 100,000 population

Ranking:
South Carolina is 43rd this year; it was 44th in 2017. The state ranks 33rd for senior health and 39th for the health of women and children.

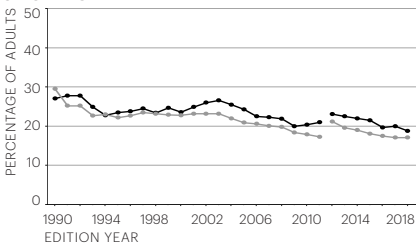
State Health Department Website:
www.scdhec.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

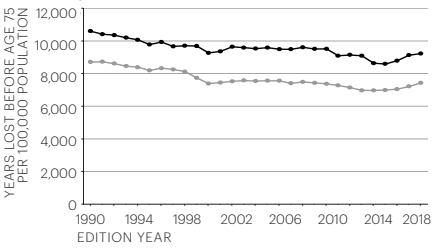
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.1	21	6.8
Excessive Drinking (% of adults)	++++	17.4	18	12.2
High School Graduation (% of students)	++	82.6	33	91.3
Obesity (% of adults)	+	34.1	41	22.6
Physical Inactivity (% of adults)	++	28.4	34	19.2
Smoking (% of adults)	++	18.8	36	8.9
Behaviors Total*	++	-0.091	38	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.4	22	4.5
Children in Poverty (% of children)	+	22.6	45	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.790	47	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+	575.5	44	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.7	13	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	33.4	48	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	6.6	43	2.5
Violent Crime (offenses per 100,000 population)	+	506	41	121
Community & Environment Total*	+	-0.114	44	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.407	36	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	47.4	37	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	38.0	37	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	78.6	37	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	89.4	27	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	66.0	49	82.1
Public Health Funding (dollars per person)	++	$76	33	$281
Uninsured (% of population)	+	10.5	41	2.7
Policy Total*	+	-0.073	43	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	48.3	43	82.7
Low Birthweight (% of live births)	+	9.6	45	5.9
Mental Health Providers (number per 100,000 population)	++	167.2	39	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	45.6	18	23.3
Primary Care Physicians (number per 100,000 population)	++	128.9	37	264.5
Clinical Care Total*	++	-0.102	40	0.185
All Determinants*	+	-0.379	46	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++	202.0	37	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	277.7	36	190.3
Diabetes (% of adults)	+	13.4	46	7.1
Disparity in Health Status (% difference by high school education)	+++	27.3	23	13.1
Frequent Mental Distress (% of adults)	++	13.9	39	9.2
Frequent Physical Distress (% of adults)	++	13.5	37	9.2
Infant Mortality (deaths per 1,000 live births)	++	7.0	38	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	9,232	41	5,653
All Outcomes*	+	-0.188	42	0.283
OVERALL*	+	-0.567	43	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

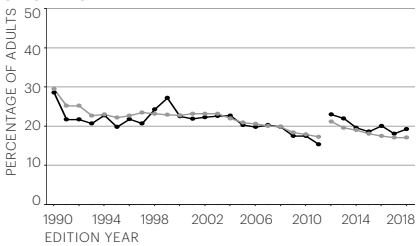
South Dakota

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

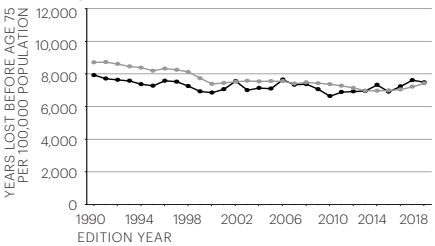
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	8.0	2	6.8
Excessive Drinking (% of adults)	+++	19.0	26	12.2
High School Graduation (% of students)	+++	83.9	28	91.3
Obesity (% of adults)	+++	31.9	29	22.6
Physical Inactivity (% of adults)	++++	24.9	17	19.2
Smoking (% of adults)	++	19.3	37	8.9
Behaviors Total*	+++	-0.021	29	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.4	5	4.5
Children in Poverty (% of children)	+++	16.6	24	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.520	44	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	504.5	30	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	1.6	5	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+	35.4	49	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	6.4	41	2.5
Violent Crime (offenses per 100,000 population)	++	434	33	121
Community & Environment Total*	+++	0.054	24	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.222	47	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	48.8	32	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	40.9	32	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	74.5	43	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	79.5	49	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	74.7	12	82.1
Public Health Funding (dollars per person)	++++	$111	14	$281
Uninsured (% of population)	++	8.9	32	2.7
Policy Total*	++	0.006	31	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	53.5	31	82.7
Low Birthweight (% of live births)	+++++	6.8	7	5.9
Mental Health Providers (number per 100,000 population)	++	171.4	38	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	50.5	31	23.3
Primary Care Physicians (number per 100,000 population)	++	130.9	35	264.5
Clinical Care Total*	++	-0.027	32	0.185
All Determinants*	+++	0.013	28	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	188.0	20	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	238.3	22	190.3
Diabetes (% of adults)	++	11.1	35	7.1
Disparity in Health Status (% difference by high school education)	+++	28.0	26	13.1
Frequent Mental Distress (% of adults)	+++++	9.6	3	9.2
Frequent Physical Distress (% of adults)	+++	11.8	22	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.1	27	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,499	25	5,653
All Outcomes*	+++	0.053	21	0.283
OVERALL*	+++	0.067	25	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



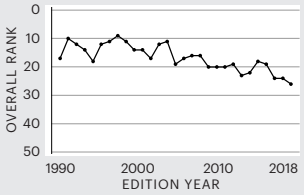
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 25

Change: ▼1
Determinants Rank: **28**
Outcomes Rank: **21**



Strengths:

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

Challenges:

- High prevalence of smoking
- High incidence of *Salmonella*
- Low rate of primary care physicians

Highlights:

- In the past year, obesity increased 8% from 29.6% to 31.9% of adults
- In the past two years, children in poverty decreased 8% from 18.1% to 16.6% of children aged 0 to 17
- In the past five years, chlamydia increased 20% from 418.7 to 504.5 cases per 100,000 population
- In the past four years, meningococcal immunization increased 44% from 51.7% to 74.5% of adolescents aged 13 to 17
- In the past year, mental health providers increased 6% from 162.2 to 171.4 per 100,000 population
- In the past three years, cardiovascular deaths increased 2% from 232.5 to 238.3 deaths per 100,000 population

Ranking:

South Dakota is 25th this year; it was 24th in 2017. The state ranks 15th for senior health and 18th for the health of women and children.

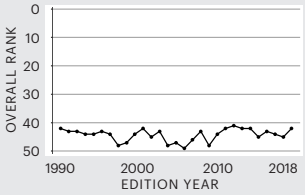
State Health Department Website:

doh.sd.gov

Tennessee

OVERALL RANK: 42

Change: ▲3
Determinants Rank: **41**
Outcomes Rank: **43**



Strengths:
- Low prevalence of excessive drinking
- High immunization coverage among children
- High percentage of high school graduation

Challenges:
- High prevalence of smoking
- High violent crime rate
- High cancer death rate

Highlights:
- In the past year, obesity decreased 6% from 34.8% to 32.8% of adults
- In the past three years, children in poverty decreased 19% from 26.2% to 21.2% of children aged 0 to 17
- In the past 10 years, the percentage uninsured decreased 34% from 14.0% to 9.3% of the population
- In the past two years, low birthweight increased 4% from 8.9% to 9.3% of live births
- In the past five years, cardiovascular deaths increased 3% from 300.8 to 310.4 deaths per 100,000 population
- Since 1990, cancer deaths increased 7% from 202.8 to 217.7 deaths per 100,000 population

Ranking:
Tennessee is 42nd this year; it was 45th in 2017. The state ranks 44th for senior health and 42nd for the health of women and children.

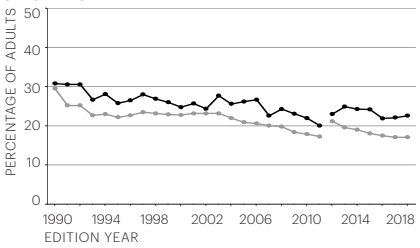
State Health Department Website:
www.tn.gov/health

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

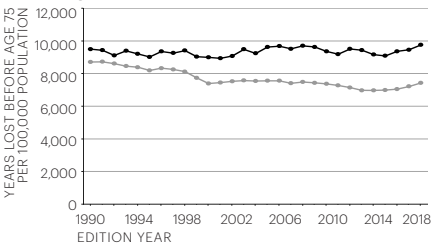
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	22.0	38	6.8
Excessive Drinking (% of adults)	+++++	14.3	6	12.2
High School Graduation (% of students)	+++++	88.5	8	91.3
Obesity (% of adults)	++	32.8	35	22.6
Physical Inactivity (% of adults)	++	30.6	40	19.2
Smoking (% of adults)	+	22.6	47	8.9
Behaviors Total*	++	-0.098	39	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.7	27	4.5
Children in Poverty (% of children)	++	21.2	40	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++	-0.177	22	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	489.4	29	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	2.1	10	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	16.6	32	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.3	32	2.5
Violent Crime (offenses per 100,000 population)	+	652	48	121
Community & Environment Total*	+	-0.094	41	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.652	41	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	47.7	36	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	31.1	45	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	75.0	42	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	89.4	27	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	79.3	2	82.1
Public Health Funding (dollars per person)	+++	$97	21	$281
Uninsured (% of population)	++	9.3	36	2.7
Policy Total*	+++	0.030	24	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	49.4	40	82.7
Low Birthweight (% of live births)	+	9.3	44	5.9
Mental Health Providers (number per 100,000 population)	+	147.2	45	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	59.3	43	23.3
Primary Care Physicians (number per 100,000 population)	+++	140.2	28	264.5
Clinical Care Total*	+	-0.124	43	0.185
All Determinants*	++	-0.286	41	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	217.7	46	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	310.4	45	190.3
Diabetes (% of adults)	+	13.1	45	7.1
Disparity in Health Status (% difference by high school education)	++	30.6	36	13.1
Frequent Mental Distress (% of adults)	++	13.7	35	9.2
Frequent Physical Distress (% of adults)	+	14.3	41	9.2
Infant Mortality (deaths per 1,000 live births)	++	7.2	39	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	9,756	43	5,653
All Outcomes*	+	-0.281	43	0.283
OVERALL*	+	-0.566	42	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

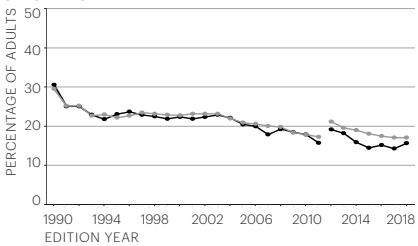
Texas

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

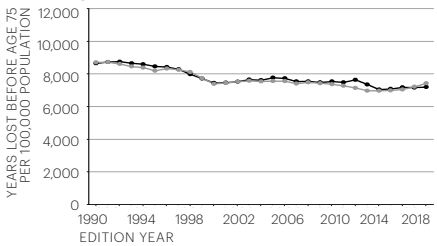
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++++	10.0	5	6.8
Excessive Drinking (% of adults)	+++	19.5	30	12.2
High School Graduation (% of students)	+++++	89.1	5	91.3
Obesity (% of adults)	++	33.0	37	22.6
Physical Inactivity (% of adults)	+	32.1	46	19.2
Smoking (% of adults)	++++	15.7	17	8.9
Behaviors Total*	+++	0.041	19	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+	8.6	41	4.5
Children in Poverty (% of children)	++	20.9	38	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.237	37	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++	520.4	36	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++	4.6	26	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	21.1	39	6.8
Occupational Fatalities (deaths per 100,000 workers)	++	5.7	37	2.5
Violent Crime (offenses per 100,000 population)	++	439	35	121
Community & Environment Total*	++	-0.078	39	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-0.742	42	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	43.5	46	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	36.0	40	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	85.1	22	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+	83.2	45	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+	67.8	41	82.1
Public Health Funding (dollars per person)	++	$65	38	$281
Uninsured (% of population)	+	17.0	50	2.7
Policy Total*	+	-0.146	50	0.201
Clinical Care				
Dentists (number per 100,000 population)	++	52.7	33	82.7
Low Birthweight (% of live births)	+++	8.4	28	5.9
Mental Health Providers (number per 100,000 population)	+	105.9	49	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++	53.2	34	23.3
Primary Care Physicians (number per 100,000 population)	+	113.2	45	264.5
Clinical Care Total*	+	-0.109	42	0.185
All Determinants*	+	-0.292	42	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	180.5	11	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++	264.2	34	190.3
Diabetes (% of adults)	+	11.9	41	7.1
Disparity in Health Status (% difference by high school education)	++	29.5	33	13.1
Frequent Mental Distress (% of adults)	+++	12.0	24	9.2
Frequent Physical Distress (% of adults)	++++	11.5	19	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.7	19	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,199	22	5,653
All Outcomes*	+++	0.006	28	0.283
OVERALL*	++	-0.286	37	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING

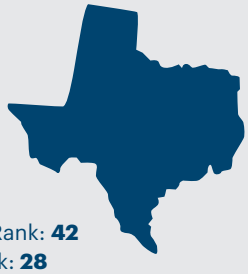


PREMATURE DEATH

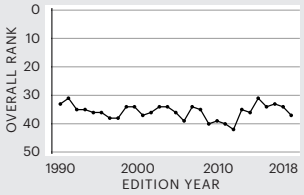


State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 37



Change: ▼ 3
Determinants Rank: **42**
Outcomes Rank: **28**



Strengths:

- High percentage of high school graduation
- Low drug death rate
- Low cancer death rate

Challenges:

- High percentage of uninsured population
- High prevalence of diabetes
- High prevalence of physical inactivity

Highlights:

- In the past six years, smoking decreased 18% from 19.2% to 15.7% of adults
- In the past four years, air pollution decreased 16% from 10.2 to 8.6 micrograms of fine particles per cubic meter
- In the past two years, immunizations among children decreased 5% from 71.2% to 67.8% of children aged 19 to 35 months
- In the past two years, primary care physicians increased 3% from 110.3 to 113.2 per 100,000 population
- In the past three years, cardiovascular deaths increased 4% from 253.5 to 264.2 deaths per 100,000 population
- In the past three years, frequent mental distress increased 28% from 9.4% to 12.0% of adults

Ranking:

Texas is 37th this year; it was 34th in 2017. The state ranks 38th for senior health and 41st for the health of women and children.

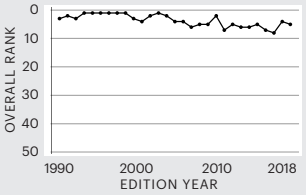
State Health Department Website:

www.dshs.state.tx.us

Utah

OVERALL RANK: 5

Change: ▼1
Determinants Rank: **6**
Outcomes Rank: **4**



Strengths:
- Low prevalence of diabetes
- Low percentage of children in poverty
- Low prevalence of frequent physical distress

Challenges:
- Low rate of primary care physicians
- High incidence of pertussis
- Low HPV immunization coverage among adolescent females

Highlights:
- In the past five years, high school graduation increased 12% from 76.0% to 85.2% of students
- In the past seven years, chlamydia increased 43% from 220.7 to 315.7 cases per 100,000 population
- In the past four years, meningococcal immunization increased 40% from 61.0% to 85.1% of adolescents aged 13 to 17
- In the past five years, low birthweight increased 4% from 6.9% to 7.2% of live births
- In the past year, mental health providers increased 8% from 293.4 to 317.5 per 100,000 population
- In the past five years, cancer deaths increased 6% from 142.3 to 150.4 deaths per 100,000 population

Ranking:
Utah is fifth this year; it was fourth in 2017. The state ranks second for senior health and sixth for the health of women and children.

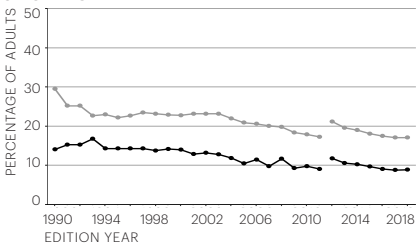
State Health Department Website:
www.health.utah.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

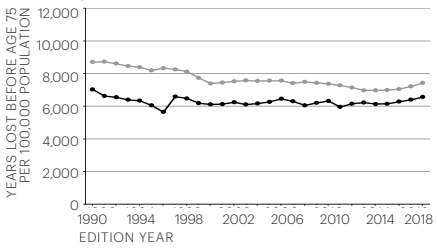
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++	22.9	40	6.8
Excessive Drinking (% of adults)	+++++	12.2	1	12.2
High School Graduation (% of students)	+++	85.2	27	91.3
Obesity (% of adults)	+++++	25.2	4	22.6
Physical Inactivity (% of adults)	+++++	21.1	5	19.2
Smoking (% of adults)	+++++	8.9	1	8.9
Behaviors Total*	+++++	0.301	1	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.3	36	4.5
Children in Poverty (% of children)	+++++	10.7	2	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.713	5	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	315.7	5	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	8.7	42	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	10.9	6	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.3	17	2.5
Violent Crime (offenses per 100,000 population)	++++	239	12	121
Community & Environment Total*	++++	0.175	11	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++	-0.150	31	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	42.1	47	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	32.9	44	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	85.1	22	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++++	91.6	16	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	67.9	40	82.1
Public Health Funding (dollars per person)	++	$77	32	$281
Uninsured (% of population)	++	9.0	33	2.7
Policy Total*	++	-0.029	37	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	61.2	16	82.7
Low Birthweight (% of live births)	++++	7.2	15	5.9
Mental Health Providers (number per 100,000 population)	++++	317.5	14	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	27.9	2	23.3
Primary Care Physicians (number per 100,000 population)	+	99.2	49	264.5
Clinical Care Total*	++++	0.059	15	0.185
All Determinants*	+++++	0.506	6	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	150.4	1	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	236.1	19	190.3
Diabetes (% of adults)	+++++	7.1	1	7.1
Disparity in Health Status (% difference by high school education)	++	30.8	37	13.1
Frequent Mental Distress (% of adults)	+++	11.8	21	9.2
Frequent Physical Distress (% of adults)	+++++	10.2	3	9.2
Infant Mortality (deaths per 1,000 live births)	++++	5.2	13	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,565	14	5,653
All Outcomes*	+++++	0.196	4	0.283
OVERALL*	+++++	0.702	5	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

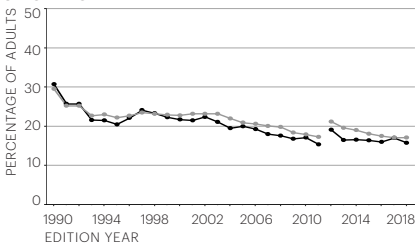
Vermont

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

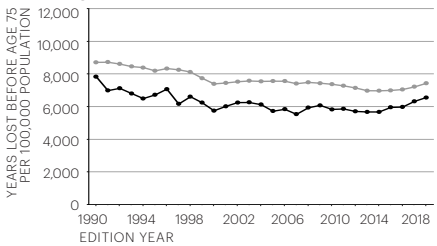
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	17.0	26	6.8
Excessive Drinking (% of adults)	+++	19.5	30	12.2
High School Graduation (% of students)	++++	87.7	11	91.3
Obesity (% of adults)	++++	27.6	11	22.6
Physical Inactivity (% of adults)	+++++	21.6	7	19.2
Smoking (% of adults)	++++	15.8	19	8.9
Behaviors Total*	+++++	0.137	8	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.2	4	4.5
Children in Poverty (% of children)	++++	13.8	13	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++	0.127	34	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	269.9	3	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	46.5	50	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++	19.4	37	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.3	17	2.5
Violent Crime (offenses per 100,000 population)	+++++	166	2	121
Community & Environment Total*	+++++	0.220	3	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++++	0.828	6	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	68.5	2	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	60.8	3	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	84.2	26	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++++	92.8	10	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	74.0	15	82.1
Public Health Funding (dollars per person)	+++++	$148	6	$281
Uninsured (% of population)	+++++	4.2	3	2.7
Policy Total*	+++++	0.151	3	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	57.9	22	82.7
Low Birthweight (% of live births)	+++++	6.9	10	5.9
Mental Health Providers (number per 100,000 population)	+++++	433.4	4	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	39.4	11	23.3
Primary Care Physicians (number per 100,000 population)	++++	183.3	11	264.5
Clinical Care Total*	+++++	0.127	7	0.185
All Determinants*	+++++	0.636	4	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	193.9	29	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	237.5	20	190.3
Diabetes (% of adults)	+++++	8.2	6	7.1
Disparity in Health Status (% difference by high school education)	+	33.8	47	13.1
Frequent Mental Distress (% of adults)	++	13.0	32	9.2
Frequent Physical Distress (% of adults)	++++	11.5	19	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	3.9	1	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,563	13	5,653
All Outcomes*	++++	0.083	17	0.283
OVERALL*	+++++	0.719	4	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



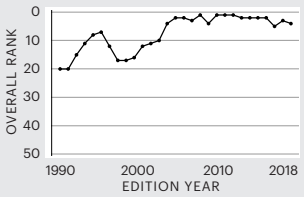
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 4

Change: ▼1
Determinants Rank: **4**
Outcomes Rank: **17**



Strengths:

- Low infant mortality rate
- Low percentage of uninsured population
- Low violent crime rate

Challenges:

- High incidence of pertussis
- High prevalence of excessive drinking
- High prevalence of frequent mental distress

Highlights:

- In the past three years, drug deaths increased 32% from 12.9 to 17.0 deaths per 100,000 population
- In the past two years, chlamydia decreased 24% from 357.0 to 269.9 cases per 100,000 population
- In the past five years, air pollution decreased 25% from 6.9 to 5.2 micrograms of fine particles per cubic meter
- In the past year, mental health providers increased 6% from 407.3 to 433.4 per 100,000 population
- In the past five years, cardiovascular deaths increased 12% from 213.0 to 237.5 deaths per 100,000 population
- In the past four years, frequent mental distress increased 35% from 9.6% to 13.0% of adults

Ranking:

Vermont is fourth this year; it was third in 2017. The state ranks eighth for senior health and second for the health of women and children.

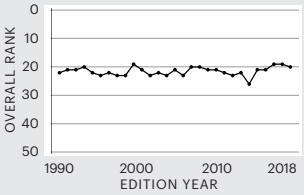
State Health Department Website:

www.healthvermont.gov

Virginia

OVERALL RANK: 20

Change: ▼1
Determinants Rank: **18**
Outcomes Rank: **26**



Strengths:
- Low violent crime rate
- High immunization coverage among children
- Low prevalence of excessive drinking

Challenges:
- Low rate of mental health providers
- High percentage of uninsured population
- Low per capita public health funding

Highlights:
- In the past five years, obesity increased 9% from 27.4% to 30.0% of adults
- In the past year, smoking increased 7% from 15.3% to 16.4% of adults
- In the past three years, children in poverty decreased 11% from 15.8% to 14.0% of children aged 0 to 17
- In the past three years, meningococcal immunization increased 10% from 72.5% to 80.0% of adolescents aged 13 to 17
- In the past two years, primary care physicians increased 5% from 138.1 to 144.6 per 100,000 population
- In the past three years, frequent mental distress increased 16% from 10.0% to 11.6% of adults

Ranking:
Virginia is 20th this year; it was 19th in 2017. The state ranks 25th for senior health and 12th for the health of women and children.

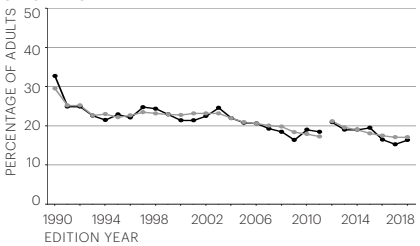
State Health Department Website:
www.vdh.virginia.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

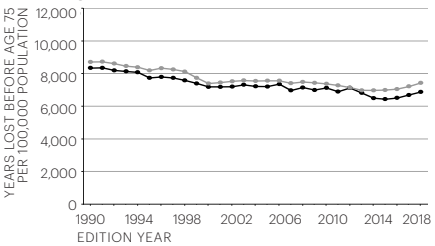
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	13.4	15	6.8
Excessive Drinking (% of adults)	++++	17.4	18	12.2
High School Graduation (% of students)	++++	86.7	20	91.3
Obesity (% of adults)	+++	30.0	22	22.6
Physical Inactivity (% of adults)	+++	25.9	27	19.2
Smoking (% of adults)	+++	16.4	23	8.9
Behaviors Total*	++++	0.086	14	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.2	20	4.5
Children in Poverty (% of children)	++++	14.0	15	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.317	16	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	473.2	27	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	2.7	13	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	14.2	22	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++	4.5	24	2.5
Violent Crime (offenses per 100,000 population)	+++++	208	4	121
Community & Environment Total*	++++	0.168	12	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	++++	0.210	20	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++++	68.0	3	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	50.4	15	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	80.0	36	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	89.3	29	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++++	77.1	6	82.1
Public Health Funding (dollars per person)	++	$73	35	$281
Uninsured (% of population)	++	8.8	31	2.7
Policy Total*	++++	0.038	20	0.201
Clinical Care				
Dentists (number per 100,000 population)	++++	62.5	15	82.7
Low Birthweight (% of live births)	+++	8.1	24	5.9
Mental Health Providers (number per 100,000 population)	++	162.4	40	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	42.8	15	23.3
Primary Care Physicians (number per 100,000 population)	+++	144.6	25	264.5
Clinical Care Total*	+++	-0.006	27	0.185
All Determinants*	++++	0.286	18	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	190.7	24	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	239.6	24	190.3
Diabetes (% of adults)	+++	10.5	23	7.1
Disparity in Health Status (% difference by high school education)	+	33.3	45	13.1
Frequent Mental Distress (% of adults)	++++	11.6	17	9.2
Frequent Physical Distress (% of adults)	++++	11.3	16	9.2
Infant Mortality (deaths per 1,000 live births)	+++	5.9	21	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,877	18	5,653
All Outcomes*	+++	0.019	26	0.283
OVERALL*	++++	0.305	20	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

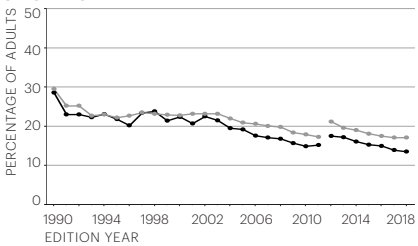
Washington

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

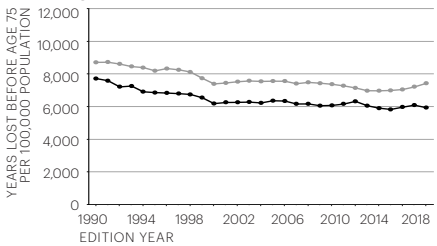
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	++++	14.6	18	6.8
Excessive Drinking (% of adults)	++++	17.4	18	12.2
High School Graduation (% of students)	++	79.7	40	91.3
Obesity (% of adults)	++++	27.7	12	22.6
Physical Inactivity (% of adults)	+++++	19.2	1	19.2
Smoking (% of adults)	+++++	13.5	5	8.9
Behaviors Total*	+++++	0.141	6	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.0	33	4.5
Children in Poverty (% of children)	++++	14.3	17	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	++++	-0.363	13	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	++++	435.9	18	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++	8.5	39	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	10.4	4	6.8
Occupational Fatalities (deaths per 100,000 workers)	+++++	2.7	2	2.5
Violent Crime (offenses per 100,000 population)	++++	305	19	121
Community & Environment Total*	++++	0.128	15	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.108	24	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++++	56.8	19	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+++++	53.7	10	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++	82.6	32	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	88.6	31	96.2
Immunizations—Children (% of children aged 19 to 35 months)	+++	69.9	29	82.1
Public Health Funding (dollars per person)	+++	$94	25	$281
Uninsured (% of population)	++++	6.1	17	2.7
Policy Total*	++++	0.047	18	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++++	70.9	8	82.7
Low Birthweight (% of live births)	+++++	6.4	2	5.9
Mental Health Providers (number per 100,000 population)	++++	333.1	12	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++++	32.7	5	23.3
Primary Care Physicians (number per 100,000 population)	+++	146.5	23	264.5
Clinical Care Total*	+++++	0.137	5	0.185
All Determinants*	+++++	0.453	7	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	++++	184.3	18	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++++	217.6	6	190.3
Diabetes (% of adults)	++++	9.1	12	7.1
Disparity in Health Status (% difference by high school education)	+++	28.6	29	13.1
Frequent Mental Distress (% of adults)	+++	12.4	28	9.2
Frequent Physical Distress (% of adults)	+++	12.0	25	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	4.6	7	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++++	5,942	4	5,653
All Outcomes*	+++++	0.130	9	0.283
OVERALL*	+++++	0.584	9	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



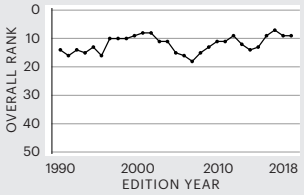
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 9

Change: **no change**
Determinants Rank: **7**
Outcomes Rank: **9**



Strengths:

- Low premature death rate
- Low prevalence of physical inactivity
- Low prevalence of low birthweight

Challenges:

- Low percentage of high school graduation
- High incidence of pertussis
- Low Tdap immunization coverage among adolescents

Highlights:

- In the past five years, high school graduation increased 5% from 76.0% to 79.7% of students
- In the past three years, occupational fatalities increased 4% from 2.6 to 2.7 deaths per 100,000 workers
- In the past nine years, chlamydia increased 50% from 290.4 to 435.9 cases per 100,000 population
- In the past two years, immunizations among children decreased 9% from 77.1% to 69.9% of children aged 19 to 35 months
- In the past three years, frequent mental distress increased 14% from 10.9% to 12.4% of adults
- In the past year, premature death decreased 3% from 6,096 to 5,942 years lost before age 75 per 100,000 population

Ranking:

Washington is ninth this year; it was ninth in 2017. The state ranks ninth for senior health and 16th for the health of women and children.

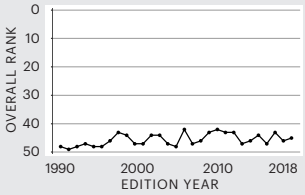
State Health Department Website:

www.doh.wa.gov

West Virginia

OVERALL RANK: 44

Change: ▲2
Determinants Rank: **40**
Outcomes Rank: **46**



Strengths:
- High percentage of high school graduation
- High per capita public health funding
- Low incidence of chlamydia

Challenges:
- High drug death rate
- High prevalence of obesity
- High prevalence of frequent mental distress

Highlights:
- In the past five years, high school graduation increased 15% from 78.0% to 89.8% of students
- In the past six years, obesity increased 18% from 32.4% to 38.1% of adults
- In the past year, children in poverty increased 8% from 24.0% to 25.9% of children aged 0 to 17
- In the past year, immunizations among children increased 15% from 64.7% to 74.7% of children aged 19 to 35 months
- In the past year, mental health providers increased 9% from 112.7 to 122.6 per 100,000 population
- In the past year, premature death increased 6% from 10,478 to 11,136 years lost before age 75 per 100,000 population

Ranking:
West Virginia is 44th this year; it was 46th in 2017. The state ranks 45th for senior health and 38th for the health of women and children.

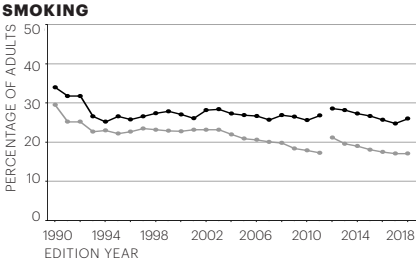
State Health Department Website:
www.dhhr.wv.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

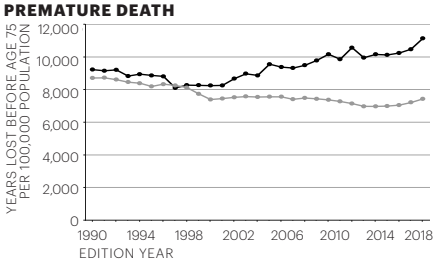
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+	41.4	50	6.8
Excessive Drinking (% of adults)	+++++	12.3	2	12.2
High School Graduation (% of students)	+++++	89.8	3	91.3
Obesity (% of adults)	+	38.1	50	22.6
Physical Inactivity (% of adults)	+	31.6	43	19.2
Smoking (% of adults)	+	26.0	50	8.9
Behaviors Total*	+	-0.218	48	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.8	30	4.5
Children in Poverty (% of children)	+	25.9	47	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-1.017	1	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	261.4	2	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+++++	1.4	3	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	++++	13.1	19	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	7.8	46	2.5
Violent Crime (offenses per 100,000 population)	+++	351	23	121
Community & Environment Total*	++	-0.037	35	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.143	30	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	++	48.6	33	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++	39.3	35	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	++++	87.9	17	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	87.5	34	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	74.7	12	82.1
Public Health Funding (dollars per person)	+++++	$215	3	$281
Uninsured (% of population)	++++	5.7	13	2.7
Policy Total*	+++++	0.122	5	0.201
Clinical Care				
Dentists (number per 100,000 population)	+	47.9	44	82.7
Low Birthweight (% of live births)	+	9.6	45	5.9
Mental Health Providers (number per 100,000 population)	+	122.6	48	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+	75.0	49	23.3
Primary Care Physicians (number per 100,000 population)	++++	168.5	14	264.5
Clinical Care Total*	+	-0.153	48	0.185
All Determinants*	+	-0.285	40	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+	227.4	49	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+	299.6	43	190.3
Diabetes (% of adults)	+	15.2	50	7.1
Disparity in Health Status (% difference by high school education)	+++++	20.0	4	13.1
Frequent Mental Distress (% of adults)	+	17.3	49	9.2
Frequent Physical Distress (% of adults)	+	18.8	50	9.2
Infant Mortality (deaths per 1,000 live births)	++	7.2	39	3.9
Premature Death (years lost before age 75 per 100,000 population)	+	11,136	50	5,653
All Outcomes*	+	-0.318	46	0.283
OVERALL*	+	-0.603	44	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—— Nation ●——

The 2012–2018 data in the smoking graph is not directly comparable with prior years.

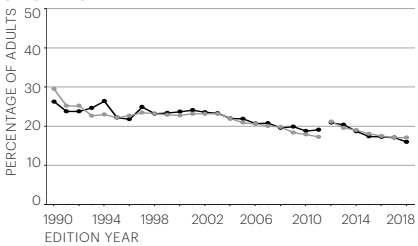
Wisconsin

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

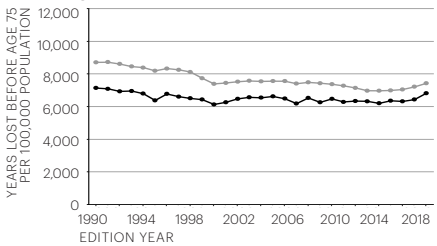
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	16.4	24	6.8
Excessive Drinking (% of adults)	+	24.2	50	12.2
High School Graduation (% of students)	+++++	88.2	9	91.3
Obesity (% of adults)	+++	32.0	30	22.6
Physical Inactivity (% of adults)	+++++	22.4	8	19.2
Smoking (% of adults)	++++	16.0	20	8.9
Behaviors Total*	++++	0.034	20	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	++++	6.8	12	4.5
Children in Poverty (% of children)	++++	14.5	18	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+	0.517	43	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++	466.0	22	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	+	25.0	49	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++	15.6	26	6.8
Occupational Fatalities (deaths per 100,000 workers)	++++	4.3	17	2.5
Violent Crime (offenses per 100,000 population)	+++	320	22	121
Community & Environment Total*	++++	0.100	20	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	0.197	21	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+++	56.0	21	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	++++	48.8	18	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+++	83.8	28	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	+++	90.3	22	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++	69.2	36	82.1
Public Health Funding (dollars per person)	+	$52	47	$281
Uninsured (% of population)	+++++	5.4	10	2.7
Policy Total*	+++	0.034	21	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	58.2	21	82.7
Low Birthweight (% of live births)	++++	7.4	17	5.9
Mental Health Providers (number per 100,000 population)	++	191.1	34	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	45.0	17	23.3
Primary Care Physicians (number per 100,000 population)	++++	150.1	20	264.5
Clinical Care Total*	+++	0.007	25	0.185
All Determinants*	+++	0.174	23	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++	191.1	25	150.4
Cardiovascular Deaths (deaths per 100,000 population)	+++	238.7	23	190.3
Diabetes (% of adults)	++++	9.1	12	7.1
Disparity in Health Status (% difference by high school education)	+	31.3	41	13.1
Frequent Mental Distress (% of adults)	++++	11.6	17	9.2
Frequent Physical Distress (% of adults)	+++	11.9	23	9.2
Infant Mortality (deaths per 1,000 live births)	+++	6.0	24	3.9
Premature Death (years lost before age 75 per 100,000 population)	++++	6,821	17	5,653
All Outcomes*	+++	0.045	22	0.283
OVERALL*	+++	0.220	23	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



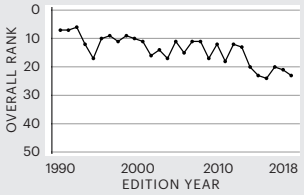
PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

OVERALL RANK: 23

Change: ▼2
Determinants Rank: **23**
Outcomes Rank: **22**



Strengths:

- Low levels of air pollution
- High percentage of high school graduation
- Low percentage of uninsured population

Challenges:

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

Highlights:

- In the past six years, obesity increased 16% from 27.7% to 32.0% of adults
- In the past three years, air pollution decreased 25% from 9.1 to 6.8 micrograms of fine particles per cubic meter
- In the past three years, chlamydia increased 13% from 411.6 to 466.0 cases per 100,000 population
- In the past year, HPV immunization among males aged 13 to 17 increased 29% from 37.8% to 48.8%
- In the past three years, children in poverty decreased 21% from 18.4% to 14.5% of children aged 0 to 17
- In the past year, premature death increased 6% from 6,437 to 6,821 years lost before age 75 per 100,000 population

Ranking:

Wisconsin is 23rd this year; it was 21st in 2017. The state ranks 10th for senior health and 15th for the health of women and children.

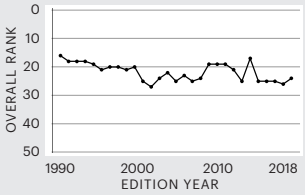
State Health Department Website:

www.dhs.wisconsin.gov

Wyoming

OVERALL RANK: 24

Change: ▲2
Determinants Rank: **25**
Outcomes Rank: **6**



Strengths:
- Low levels of air pollution
- Low cancer death rate
- Low percentage of children in poverty

Challenges:
- High percentage of uninsured population
- High occupational fatality rate
- Low rate of primary care physicians

Highlights:
- In the past six years, obesity increased 15% from 25.0% to 28.8% of adults
- In the past five years, occupational fatalities increased 49% from 8.4 to 12.5 deaths per 100,000 workers
- In the past three years, pertussis decreased 72% from 13.0 to 3.6 cases per 100,000 population
- In the past year, HPV immunization among males aged 13 to 17 increased 43% from 19.9% to 28.4%
- In the past year, diabetes increased 8% from 8.3% to 9.0% of adults
- In the past year, mental health providers increased 7% from 310.2 to 331.6 per 100,000 population

Ranking:
Wyoming is 24th this year; it was 26th in 2017. The state ranks 37th for senior health and 29th for the health of women and children.

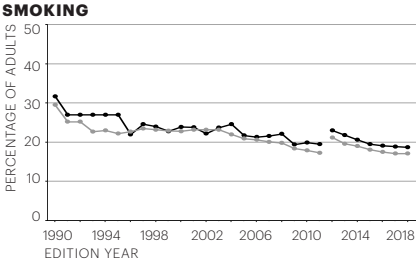
State Health Department Website:
www.health.wyo.gov

RATING Symbol	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

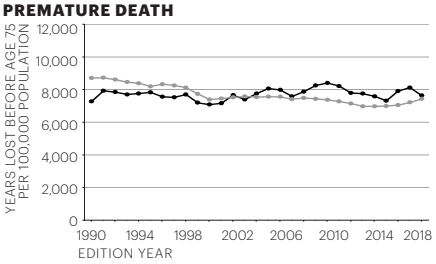
	Rating	2018 Value	2018 Rank	No. 1 State
Behaviors				
Drug Deaths (deaths per 100,000 population)	+++	17.6	27	6.8
Excessive Drinking (% of adults)	++	19.8	35	12.2
High School Graduation (% of students)	++	80.0	39	91.3
Obesity (% of adults)	++++	28.8	17	22.6
Physical Inactivity (% of adults)	+++	25.7	26	19.2
Smoking (% of adults)	++	18.7	34	8.9
Behaviors Total*	++	-0.056	34	0.301
Community & Environment				
Air Pollution (micrograms of fine particles per cubic meter)	+++++	5.0	2	4.5
Children in Poverty (% of children)	++++	13.3	11	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	+++++	-0.787	3	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	+++++	351.5	6	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	++++	3.6	19	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	+++++	11.5	9	6.8
Occupational Fatalities (deaths per 100,000 workers)	+	12.5	50	2.5
Violent Crime (offenses per 100,000 population)	+++++	238	10	121
Community & Environment Total*	+++++	0.196	5	0.305
Policy				
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+	-1.432	49	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	+	33.6	50	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	+	28.4	48	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	+	60.7	50	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	++	86.4	38	96.2
Immunizations—Children (% of children aged 19 to 35 months)	++++	72.0	18	82.1
Public Health Funding (dollars per person)	++++	$109	15	$281
Uninsured (% of population)	+	11.9	44	2.7
Policy Total*	+	-0.067	42	0.201
Clinical Care				
Dentists (number per 100,000 population)	+++	55.4	25	82.7
Low Birthweight (% of live births)	+++	8.5	30	5.9
Mental Health Providers (number per 100,000 population)	++++	331.6	13	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	++++	43.1	16	23.3
Primary Care Physicians (number per 100,000 population)	+	109.4	46	264.5
Clinical Care Total*	+++	-0.018	30	0.185
All Determinants*	+++	0.056	25	0.718
Outcomes				
Cancer Deaths (deaths per 100,000 population)	+++++	168.8	5	150.4
Cardiovascular Deaths (deaths per 100,000 population)	++++	237.5	20	190.3
Diabetes (% of adults)	+++++	9.0	10	7.1
Disparity in Health Status (% difference by high school education)	++++	24.5	11	13.1
Frequent Mental Distress (% of adults)	++++	11.3	11	9.2
Frequent Physical Distress (% of adults)	++++	11.1	12	9.2
Infant Mortality (deaths per 1,000 live births)	+++++	5.0	10	3.9
Premature Death (years lost before age 75 per 100,000 population)	+++	7,636	27	5,653
All Outcomes*	+++++	0.153	6	0.283
OVERALL*	+++	0.210	24	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—●

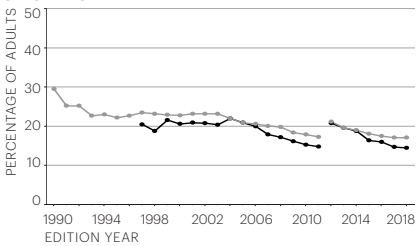
The 2012–2018 data in the smoking graph is not directly comparable with prior years.

District of Columbia

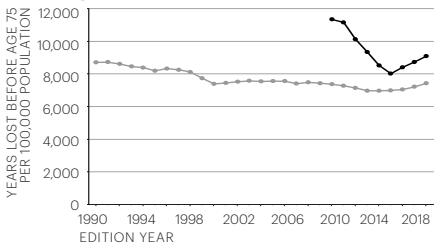
	2018 Value	No. 1 State
Behaviors		
Drug Deaths (deaths per 100,000 population)	27.2	6.8
Excessive Drinking (% of adults)	29.0	12.2
High School Graduation (% of students)	69.2	91.3
Obesity (% of adults)	23.0	22.6
Physical Inactivity (% of adults)	23.0	19.2
Smoking (% of adults)	14.5	8.9
Behaviors Total*	—	0.301
Community & Environment		
Air Pollution (micrograms of fine particles per cubic meter)	10.4	4.5
Children in Poverty (% of children)	25.6	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	0.000	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	1,083.4	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	1.6	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	10.5	6.8
Occupational Fatalities (deaths per 100,000 workers)	4.9	2.5
Violent Crime (offenses per 100,000 population)	1,005	121
Community & Environment Total*	—	0.305
Policy		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	0.000	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	79.4	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	76.6	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	91.3	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	86.1	96.2
Immunizations—Children (% of children aged 19 to 35 months)	74.0	82.1
Public Health Funding (dollars per person)	$511	$281
Uninsured (% of population)	3.9	2.7
Policy Total*	—	0.201
Clinical Care		
Dentists (number per 100,000 population)	103.9	82.7
Low Birthweight (% of live births)	10.1	5.9
Mental Health Providers (number per 100,000 population)	486.9	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	38.3	23.3
Primary Care Physicians (number per 100,000 population)	455.9	264.5
Clinical Care Total*	—	0.185
All Determinants*	—	0.718
Outcomes		
Cancer Deaths (deaths per 100,000 population)	203.2	150.4
Cardiovascular Deaths (deaths per 100,000 population)	304.8	190.3
Diabetes (% of adults)	7.8	7.1
Disparity in Health Status (% difference by high school education)	24.5	13.1
Frequent Mental Distress (% of adults)	9.7	9.2
Frequent Physical Distress (% of adults)	7.4	9.2
Infant Mortality (deaths per 1,000 live births)	7.8	3.9
Premature Death (years lost before age 75 per 100,000 population)	9,092	5,653
All Outcomes*	—	0.283
OVERALL*	—	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



State ◆—◆ Nation ●—● The 2012–2018 data in the smoking graph is not directly comparable with prior years.

NOT RANKED

Strengths:

- High HPV immunization coverage among adolescent females
- Low prevalence of obesity
- Low prevalence of frequent physical distress

Challenges:

- High prevalence of excessive drinking
- High cardiovascular death rate
- High percentage of children in poverty

Highlights:

- In the past three years, drug deaths increased 83% from 14.9 to 27.2 deaths per 100,000 population
- In the past five years, excessive drinking increased 16% from 25.0% to 29.0% of adults
- In the past year, HPV immunization among females aged 13 to 17 increased 22% from 65.1% to 79.4%
- In the past 10 years, the percentage uninsured decreased 63% from 10.5% to 3.9% of the population
- In the past three years, low birthweight increased 7% from 9.4% to 10.1% of live births
- In the past six years, diabetes decreased 14% from 9.1% to 7.8% of adults

Health Department Website:

dchealth.dc.gov

United States

Highlights:

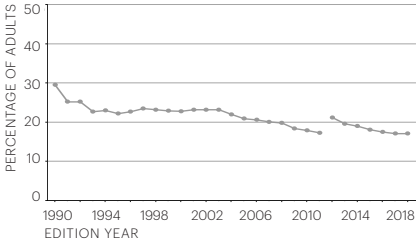
- In the past three years, drug deaths increased 25% from 13.5 to 16.9 deaths per 100,000 population
- In the past year, obesity increased 5% from 29.9% to 31.3% of adults
- In the past 15 years, air pollution decreased 36% from 13.2 to 8.4 micrograms of fine particles per cubic meter
- In the past year, HPV immunization among males aged 13 to 17 increased 18% from 37.5% to 44.3%
- In the past five years, children in poverty decreased 19% from 22.6% to 18.4% of children aged 0 to 17
- In the past year, mental health providers increased 8% from 218.0 to 234.7 per 100,000 population
- In the past two years, primary care physicians increased 8% from 145.3 to 156.7 per 100,000 population
- In the past three years, cardiovascular deaths increased 2% from 250.8 to 256.8 deaths per 100,000 population
- In the past two years, frequent mental distress increased 7% from 11.2% to 12.0% of adults
- In the past five years, premature death increased 6% from 6,981 to 7,432 years lost before age 75 per 100,000 population

Health Department Website:
www.hhs.gov

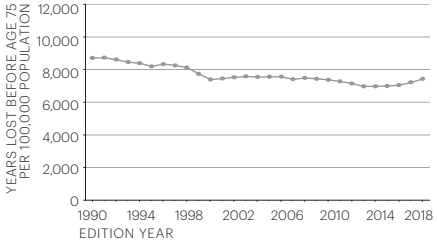
	2018 Value	No. 1 State
Behaviors		
Drug Deaths (deaths per 100,000 population)	16.9	6.8
Excessive Drinking (% of adults)	19.0	12.2
High School Graduation (% of students)	84.1	91.3
Obesity (% of adults)	31.3	22.6
Physical Inactivity (% of adults)	25.6	19.2
Smoking (% of adults)	17.1	8.9
Behaviors Total*	0.000	0.301
Community & Environment		
Air Pollution (micrograms of fine particles per cubic meter)	8.4	4.5
Children in Poverty (% of children)	18.4	10.3
Infectious Disease (mean z score of chlamydia, pertussis and *Salmonella*)*	0.000	-1.017
Infectious Disease—Chlamydia (cases per 100,000 population)	497.3	260.6
Infectious Disease—Pertussis (cases per 100,000 population)	5.6	0.2
Infectious Disease—*Salmonella* (cases per 100,000 population)	16.7	6.8
Occupational Fatalities (deaths per 100,000 workers)	4.4	2.5
Violent Crime (offenses per 100,000 population)	394	121
Community & Environment Total*	0.000	0.305
Policy		
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	0.000	1.518
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	53.1	76.8
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	44.3	78.4
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	85.1	95.3
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	88.7	96.2
Immunizations—Children (% of children aged 19 to 35 months)	70.4	82.1
Public Health Funding (dollars per person)	$86	$281
Uninsured (% of population)	8.7	2.7
Policy Total*	0.000	0.201
Clinical Care		
Dentists (number per 100,000 population)	60.9	82.7
Low Birthweight (% of live births)	8.2	5.9
Mental Health Providers (number per 100,000 population)	234.7	590.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	49.4	23.3
Primary Care Physicians (number per 100,000 population)	156.7	264.5
Clinical Care Total*	0.000	0.185
All Determinants*	0.000	0.718
Outcomes		
Cancer Deaths (deaths per 100,000 population)	189.8	150.4
Cardiovascular Deaths (deaths per 100,000 population)	256.8	190.3
Diabetes (% of adults)	10.5	7.1
Disparity in Health Status (% difference by high school education)	29.9	13.1
Frequent Mental Distress (% of adults)	12.0	9.2
Frequent Physical Distress (% of adults)	12.0	9.2
Infant Mortality (deaths per 1,000 live births)	5.9	3.9
Premature Death (years lost before age 75 per 100,000 population)	7,432	5,653
All Outcomes*	0.000	0.283
OVERALL*	0.000	0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value.
For complete definitions of measures including data sources and years, see Table 5.

SMOKING



PREMATURE DEATH



The 2012–2018 data in the smoking graph is not directly comparable with prior years.

Appendix

Appendix

Table 5
Core Measures

	Measure	Description	Source, Data Year(s)
Behaviors	Drug Deaths	Age-adjusted number of deaths due to drug injury of any intent (unintentional, suicide, homicide or undetermined) per 100,000 population (3-year average)	Centers for Disease Control and Prevention (CDC) WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
	Excessive Drinking	Percentage of adults who reported either binge drinking (having four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)	CDC, *Behavioral Risk Factor Surveillance System*, 2017
	High School Graduation	Percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade (2-year average)	U.S. Department of Education, National Center for Education Statistics, 2015-2016
	Obesity	Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight	CDC, *Behavioral Risk Factor Surveillance System*, 2017
	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*, 2017
	Smoking	Percentage of adults who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)	CDC, *Behavioral Risk Factor Surveillance System*, 2017
Community & Environment	Air Pollution	Average exposure of the general public to particulate matter of 2.5 microns (PM2.5) or less in size (3-year average)	U.S. Environmental Protection Agency; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, 2015-2017
	Children in Poverty	Percentage of children younger than age 18 who live in households below the poverty threshold	U.S. Census Bureau, *American Community Survey*, 2017
	Infectious Disease	Mean z score of the incidence of chlamydia, pertussis and *Salmonella* per 100,000 population	*America's Health Rankings* composite measure, 2018
	— Chlamydia	Number of new cases of chlamydia per 100,000 population	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, 2016
	— Pertussis	Number of new cases of pertussis per 100,000 population	CDC, National Notifiable Infectious Diseases Surveillance System, Annual Tables of Infectious Disease Data, 2016
	— *Salmonella*	Number of new cases of *Salmonella* per 100,000 population	CDC, National Notifiable Infectious Diseases Surveillance System, Annual Tables of Infectious Disease Data, 2016
	Occupational Fatalities	Number of fatal occupational injuries in construction, manufacturing, trade, transportation, utilities and professional and business services per 100,000 workers (3-year average)	U.S. Bureau of Labor Statistics, *Census of Fatal Occupational Injuries*; U.S. Bureau of Economic Analysis, 2014-2016
	Violent Crime	Number of offenses of murder, rape, robbery and aggravated assault per 100,000 population	U.S. Department of Justice, Federal Bureau of Investigation, 2017

Policy

Measure	Description	Source, Data Year(s)
Immunizations — Adolescents	Mean z score of the percentage of adolescents aged 13 to 17 who received the recommended doses of Tdap, meningococcal and HPV vaccines	*America's Health Rankings* composite measure, 2018
— HPV Females	Percentage of females aged 13 to 17 who are up to date on all the recommended doses of human papillomavirus (HPV) vaccine	CDC, *National Immunization Survey-Teen*, 2017
— HPV Males	Percentage of males aged 13 to 17 who are up to date on all the recommended doses of human papillomavirus (HPV) vaccine	CDC, *National Immunization Survey-Teen*, 2017
— Meningococcal	Percentage of adolescents aged 13 to 17 who received >=1 dose of meningococcal conjugate (MenACWY) vaccine	CDC, *National Immunization Survey-Teen*, 2017
— Tdap	Percentage of adolescents aged 13 to 17 who received >=1 dose of tetanus, diphtheria and acellular pertussis (Tdap) vaccine since age 10	CDC, *National Immunization Survey-Teen*, 2017
Immunizations — Children	Percentage of children aged 19 to 35 months who received recommended doses of diphtheria, tetanus and acellular pertussis (DTaP), measles, mumps and rubella (MMR), polio, *Haemophilus influenzae* type b (Hib), hepatitis B, varicella and pneumococcal conjugate vaccination	CDC, *National Immunization Survey-Child*, 2017
Public Health Funding	State dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention and the Health Resources & Services Administration per person (2-year average)	Trust For America's Health; U.S. Department of Health and Human Services (HHS); U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, 2016-2017
Uninsured	Percentage of the population that does not have health insurance privately, through their employer or through the government (2-year average)	U.S. Census Bureau, *American Community Survey*, 2016-2017

Clinical Care

Dentists	Number of practicing dentists per 100,000 population	American Dental Association, 2017
Low Birthweight	Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth	CDC WONDER Online Database, Natality public-use data, 2016
Mental Health Providers	Number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care per 100,000 population	U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, 2017; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, 2017
Preventable Hospitalizations*	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	The Dartmouth Atlas of Health Care, 2015
Primary Care Physicians	Number of active primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics and internal medicine) per 100,000 population	Special data request for information on active state licensed physicians provided by Redi-Data, Inc., Sept 28, 2018; U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017, 2017

*The data appearing in this edition are the same that appeared in the 2017 edition.

Appendix

Table 5
Core Measures, continued

Outcomes

Measure	Description	Source, Data Year(s)
Cancer Deaths	Age-adjusted number of deaths due to all causes of cancer per 100,000 population (3-year average)	CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
Cardiovascular Deaths	Age-adjusted number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population (3-year average)	CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
Diabetes	Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)	CDC, *Behavioral Risk Factor Surveillance System*, 2017
Disparity in Health Status	Difference between the percentage of adults aged 25 and older with at least a high school education compared with those without who reported their health is very good or excellent	CDC, *Behavioral Risk Factor Surveillance System*, 2017
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*, 2017
Frequent Physical Distress	Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days	CDC, *Behavioral Risk Factor Surveillance System*, 2017
Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births (2-year average)	CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files and Natality public-use data, 2015-2016
Premature Death	Number of years of potential life lost before age 75 per 100,000 population	CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2016

Table 6
Supplemental Measures

	Measure	Description	Source, Data Year(s)
Behaviors	Fruits	Mean number of fruits consumed per day by adults	Centers for Disease Control and Prevention (CDC), *Behavioral Risk Factor Surveillance System*, 2017
	Insufficient Sleep*	Percentage of adults who reported sleeping less than seven hours in a 24-hour period on average	CDC, *Behavioral Risk Factor Surveillance System*, 2016
	Seat Belt Use	Percentage of adults who reported always using a seat belt when driving or riding in a car	CDC, *Behavioral Risk Factor Surveillance System*, 2017
	Vegetables	Mean number of vegetables consumed per day by adults	CDC, *Behavioral Risk Factor Surveillance System*, 2017
Community & Environment	Adverse Childhood Experiences	Percentage of children aged 0 to 17 who experienced two or more of the following: socioeconomic hardship; parental divorce or separation; lived with someone who had an alcohol or drug problem; victim or witness of neighborhood violence; lived with someone who was mentally ill, suicidal or severely depressed; domestic violence witness; parent served time in jail; treated or judged unfairly due to race/ethnicity; death of parent	Child and Adolescent Health Measurement Initiative, *National Survey of Children's Health,* Data Resource Center for Child and Adolescent Health, 2016
	Concentrated Disadvantage	Percentage of households located in census tracts with a high level of concentrated disadvantage, calculated using five census variables (percentage below poverty line, receiving public assistance, female-headed households, unemployed, younger than age 18) (5-year average)	U.S. Census Bureau, *American Community Survey*, 2012-2016
	Disconnected Youth	Percentage of teens and young adults aged 16 to 24 who are neither working nor in school	Measure of America, *Promising Gains, Persistent Gaps Youth Disconnection in America 2018 Report*, 2016
	Income Inequality — Gini Index	Inequality on the Gini scale is measured between zero, where everyone earns the same income, and one, where all the country's income is earned by a single person	U.S. Census Bureau, *American Community Survey*, 2017
	Median Household Income	Dollar amount that divides the household income distribution of the population into two equal groups	U.S. Census Bureau, *Current Population Survey, Annual Social and Economic Supplement*, 2017
	Neighborhood Amenities	Percentage of children aged 0 to 17 with access to parks or playgrounds, recreation or community centers, libraries or bookmobiles and sidewalks or walking paths	Child and Adolescent Health Measurement Initiative, *National Survey of Children's Health,* Data Resource Center for Child and Adolescent Health, 2016
	Severe Housing Problems	Percentage of occupied housing units that lack complete kitchen or plumbing facilities, are severely crowded and/or occupants are severely cost burdened (5-year average)	U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS), 2011-2015

*The data appearing in this edition are the same that appeared in the 2017 edition.

Appendix

Table 6
Supplemental Measures, continued

	Measure	Description	Source, Data Year(s)
	Underemployment Rate	Total unemployed and employed part-time for economic reasons plus all marginally attached workers, as a percentage of the civilian workforce plus all marginally attached workers (U-6 definition)	U.S. Department of Labor, Bureau of Labor Statistics, 2017
	Unemployment Rate	Total unemployed, as a percentage of the civilian workforce (U-3 definition)	U.S. Department of Labor, Bureau of Labor Statistics, 2017
	Voter Registration	Percentage of U.S. citizens aged 18 and older registered to vote in biennial national elections	U.S. Census Bureau, *Current Population Survey*, Voter Registration, 2016
Policy	Water Fluoridation*	Percentage of population served by community water systems that receive fluoridated water	CDC, *Water Fluoridation Reporting System*, 2014
Clinical Care	Cholesterol Check	Percentage of adults who reported having their blood cholesterol checked within the past five years	CDC, *Behavioral Risk Factor Surveillance System*, 2017
	Colorectal Cancer Screening*	Percentage of adults aged 50 to 75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (fecal occult blood test [FOBT] within the past year, colonoscopy within the past 10 years, or sigmoidoscopy within five years and a home FOBT within the past three years)	CDC, *Behavioral Risk Factor Surveillance System*, 2016
	Dedicated Health Care Provider	Percentage of adults who reported having a personal doctor or health care provider	CDC, *Behavioral Risk Factor Surveillance System*, 2017
	Dental Visit*	Percentage of adults who reported visiting the dentist or dental clinic within the past year for any reason	CDC, *Behavioral Risk Factor Surveillance System*, 2016

*The data appearing in this edition are the same that appeared in the 2017 edition.

Outcomes

Measure	Description	Source, Data Year(s)
Heart Attack	Percentage of adults who reported being told by a health professional that they had a heart attack (myocardial infarction)	CDC, *Behavioral Risk Factor Surveillance System*, 2017
Heart Disease	Percentage of adults who reported being told by a health professional that they have angina or coronary heart disease	CDC, *Behavioral Risk Factor Surveillance System*, 2017
High Blood Pressure	Percentage of adults who reported being told by a health professional that they have high blood pressure	CDC, *Behavioral Risk Factor Surveillance System*, 2017
High Cholesterol	Percentage of adults who reported having their cholesterol checked and were told by a health professional that it was high	CDC, *Behavioral Risk Factor Surveillance System*, 2017
High Health Status	Percentage of adults who reported that their health is very good or excellent	CDC, *Behavioral Risk Factor Surveillance System*, 2017
Injury Deaths	Age-adjusted number of deaths due to injury per 100,000 population (3-year average)	CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2014-2016
Six+ Teeth Extractions*	Percentage of adults aged 45 to 64 who reported having six or more permanent teeth removed due to tooth decay or gum disease	CDC, *Behavioral Risk Factor Surveillance System*, 2016
Stroke	Percentage of adults who reported being told by a health professional that they had a stroke	CDC, *Behavioral Risk Factor Surveillance System*, 2017
Suicide	Age-adjusted number of deaths due to intentional self-harm per 100,000 population	CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death Files, 2016

*The data appearing in this edition are the same that appeared in the 2017 edition.

Methodology

Rankings Calculation

For each measure, the most recent data as of October 17, 2018, are presented as the state's value. The z score for each measure is based on the following formula:

$$\text{z score} = \frac{\text{State value} - \text{U.S. value}}{\text{Standard deviation of all state values}}$$

The z score indicates the number of standard deviations a state's value is above or below the U.S. value. A 0.00 indicates a state has the same value as the nation. States with higher values than the U.S. value have a positive score, while states that perform below the U.S. value have a negative score. To prevent an extreme score from exerting excessive influence, the maximum score for a measure is capped at +/- 2.00. If a U.S. value is not available from the original data source for a measure, the mean of all state values is used. For measures from the Behavioral Risk Factor Surveillance System (BRFSS), the median of the state and the District of Columbia values is used for the U.S. value to conform to the Centers for Disease Control and Prevention methodology.

The ranking of each measure is the ordering of states according to value. Ties in values are assigned equal ranks.

The overall ranking is the ordering of each state according to its overall score. A state's overall score is calculated by adding the products of the z score for each core measure multiplied by its assigned weight. If a value is not available for a state, the state's score is set to zero for that measure. Measure weights can be found at www.AmericasHealthRankings.org/about.

It's important to note that not all changes in rank translate into actual declines or improvements in health. Large changes in rank may occur with only a non-significant, small change in a measure's value.

For measure-level methodology, please see www.AmericasHealthRankings.org/about/methodology.

Data Considerations

Data presented in this report are aggregated at the state level and cannot be used to make inferences at the individual level. Values and rankings from prior years are updated on our website to reflect known errors or updates from the reporting source.

The error bars on subpopulation graphs represent 95 percent confidence intervals.

Model Development

The measures and model for *America's Health Rankings Annual Report* were developed by an advisory committee (page 181), led by Anna Schenck, Ph.D., M.S.P.H. from the University of North Carolina Gillings School of Global Public Health. The advisory committee includes representatives from state health departments, members of the Association of State and Territorial Health Officials and the American Public Health Association, as well as experts from academic disciplines such as epidemiology and health economics. Each year, the advisory committee reviews the model and measures to improve existing measures, integrate new data sources and make adjustments for changing availability of data. In addition to the changes implemented in this edition, the committee continues to explore new data sources that could enhance our model of population health. In particular, the committee is interested in state-level data for topics such as distracted driving, physical activity, nutrition, built environment and weather-related events.

2018 Edition Model and Measure Revisions

The following changes were made at the recommendation of the advisory committee. For measure and data source details see Tables 5 and 6.

Core Measures

Children in poverty is now calculated from the American Community Survey. Previously the data came from the Current Population Survey Annual Social and Economic Supplement. The Census Bureau recommends using the American Community Survey over the Current Population Survey of Annual Social and Economic Supplement for state-level data as it has less variability. American Community Survey children in poverty data for the previous 10 years are available on the website.

Supplemental Measures

Five measures were added to this year's report to expand the community & environment measures available from *America's Health Rankings*, including:

Adverse Childhood Experiences (page 106) are stressful or traumatic events that affect children and have a lasting impact on health and well-being. This measure is defined as the percentage of children aged 0 to 17 who experienced two or more of nine types of adverse childhood experiences.

Concentrated Disadvantage (page 106) is a life course indicator used to measure community well-being. Living in communities

Appendix

of concentrated disadvantage can be harmful to children through poorer quality schools; exposure to concentrated environmental hazards such as lead; lack of safe outdoor recreational spaces; and exposure to adverse childhood experiences such as violence; and reduced economic mobility. The measure is calculated using five census variables: percentage below poverty line, receiving public assistance, female-headed households, unemployed and younger than age 18. It is presented as the percentage of households located in census tracts with a high level of concentrated disadvantage.

Severe Housing Problems (page 109) captures both the quality of housing through the lack of kitchen or plumbing, as well as the affordability and availability of housing through cost-burden and overcrowding. Inadequate housing conditions can compromise both physical and mental health and cause or aggravate respiratory conditions and chronic disease.

Voter Registration (page 109) represents one element of social engagement. Active social engagement is associated with better health and health outcomes. This measure is defined as the percentage of U.S. citizens aged 18 and older registered to vote in biennial national elections.

Binge drinking, chronic drinking, poor mental health days and poor physical health days data are no longer in the printed report but are available on the *America's Health Rankings* website.

Annual Report Advisory Committee

Anna Schenck, Ph.D., M.S.P.H., Chair
Director, Public Health Leadership Program
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

Dennis P. Andrulis, Ph.D., M.P.H.
Senior Research Scientist
Texas Health Institute

Andrew Coburn, Ph.D.
Professor Emeritus
Muskie School of Public Service
University of Southern Maine

Leah Devlin, D.D.S., M.P.H.
Professor of the Practice, Health Policy and Management
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

Marisa Domino, Ph.D.
Professor, Health Policy and Management
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

John Dreyzehner, M.D., M.P.H., F.A.C.O.E.M.
Commissioner
Tennessee Department of Health

Tom Eckstein, M.B.A.
Principal
Arundel Metrics, Inc.

Jonathan E. Fielding, M.D., M.P.H., M.B.A., M.A.
Distinguished Professor of Health Policy and Management
UCLA Fielding School of Public Health
Distinguished Professor of Pediatrics
David Geffen School of Medicine

Marthe Gold, M.D., M.P.H.
Senior Scholar
New York Academy of Medicine

Glen P. Mays, Ph.D., M.P.H.
F. Douglas Scutchfield Endowed Professor
Health Services and Systems Research
University of Kentucky College of Public Health

Sarah Milder, M.P.H.
Principal
Arundel Metrics, Inc.

Rhonda Randall, D.O.
Senior Advisor to United Health Foundation
Chief Medical Officer of UnitedHealthcare National Markets

Patrick Remington, M.D., M.P.H.
Associate Dean for Public Health, retired
University of Wisconsin School of Medicine and Public Health

Thomas C. Ricketts, Ph.D., M.P.H.
Professor of Health Policy and Administration and Social Medicine
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

Mary C. Selecky
Retired Secretary of Health
Washington State

Katie Sellers, Dr.P.H., C.P.H.
Vice President for Impact
de Beaumont Foundation

Leiyu Shi, Ph.D.
Professor, Department of Health Policy and Management
Co-Director, Primary Care Policy Center for the Underserved
Johns Hopkins University School of Public Health

Steven Teutsch, M.D., M.P.H.
Senior Fellow, USC Schaeffer Center for Health Policy and Economics
Adjunct Professor, UCLA Fielding School of Public Health

The Team

America's Health Rankings Annual Report is a team effort in which all contribute a vital part to the creation and dissemination of this report. Members of the team, listed alphabetically by organization, follow:

Aldrich Design
Emily Aldrich
Angela Hagen

Arundel Metrics, Inc.
Aaron Clark
Tom Eckstein
Dr. Mary Ann Honors
Laura Houghtaling
Natasha Kataeva
Alexia Málaga
Sarah Milder
Elise Parks
Kristin Shaw

The Glover Park Group
Alvaro Giorgetta
Joe Gonzalez
Teal Hutton
Lee Jenkins
Talia Katz
André Malkine
Laura Peterson
Dan Stone
John Taylor
Wayne Walrath

Mirum
Miranda Anderson
Kali Barlau
Katie Conzemius
D. Doan
Emily Drees
Jack Fahden
Kates Hartman
Anna Kalscheur
Emilia Marinkovic
Nick McLawhorn
Peri Silverman
Jessica Stanchfield
Kelsey Storkamp
Michel Turnwall
Michael Williams

Reservoir Communications Group
Jill Courtney
Christine Harrison
David Lumbert
Robert Schooling

RoninWare Inc.
T.J. Kellie

United Health Foundation
Ron Allen
Alyssa Malinski Erickson
Jenifer McCormick
L.D. Platt
Dr. Rhonda Randall
Anne Yau

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United Health Foundation
9900 Bren Road East
Minnetonka, MN 55343

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