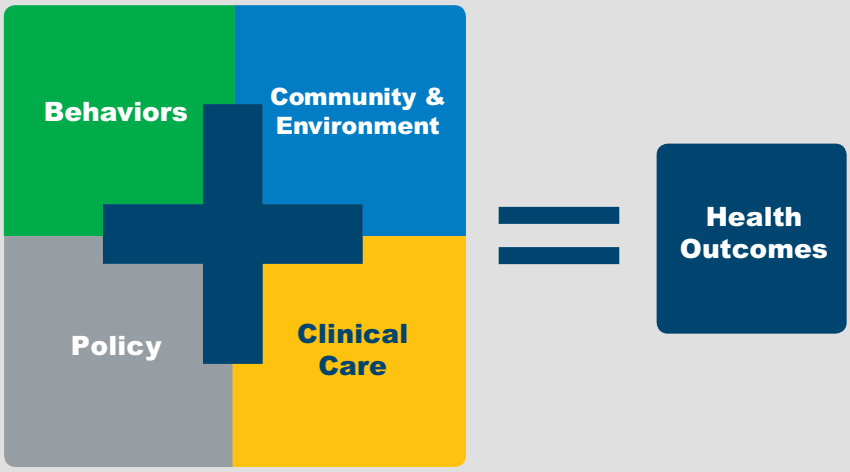
AMERICA'S ANNUAL REPORT HEALTH RANKINGS®

UNITED HEALTH FOUNDATION

A call to action for individuals and their communities | 2016



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."

The model reflects that determinants of health directly influence health outcomes. A health outcomes category and four categories of health determinants are included in the model: behaviors, community & environment, policy, and clinical care.

Contents

Executive Summary

Overview

For 27 years, *America's Health Rankings® Annual Report* has served as the nation's source for trends in nationwide public health and state-by-state rankings. The report analyzes a comprehensive set of behaviors, community and environment, policy, clinical care, and outcomes data to provide a holistic view of the health of the nation. It also offers a benchmark to compare each state's progress and declines over the past 27 years against national performance, offering insights into the success of public health efforts. All information is available in a single, easy-to-use web platform that allows users to explore health measures and state data for custom comparisons.

In the 2016 edition, the report looks at historical trends and finds that the health of the nation is at a critical crossroad between making encouraging progress against long-standing public health challenges, while treading into dangerous territory on other key health indicators. For instance, the nation has experienced successes in reducing the prevalence of smoking, the number of preventable hospitalizations, and the percentage of the population without health insurance. However, the nation faces health concerns with drug and cardiovascular deaths and a continued high prevalence of obesity.

With these observations, the United Health Foundation continues its commitment to providing valuable information to policymakers, public health officials, and communities with the goal of stimulating a dialogue on strategies to improve the health of our communities. The longevity of the report and wealth of credible data from trusted sources provide a unique opportunity for *America's Health Rankings* to track both short-term successes and challenges, and identify emerging areas of interest that indicate improvement or decline since 1990.

Nation Continues to Experience Declines in Prevalence of Smoking, Rate of Preventable Hospitalizations, and Percentage of the Population Who Are Uninsured

Highlighting key national successes, the report finds that the United States has made notable long-term improvements across key indicators of health, including smoking, preventable hospitalizations, and health insurance coverage.

- Since 1990, the prevalence of smoking in the United States has decreased 41%, including a 17% decline over the past four years.
- During the last decade, the rate of preventable hospitalizations among Medicare enrollees has declined 35% and declined 13% in the past year alone.
- The percentage of the population that is uninsured declined 35% over the past five years and is now at the lowest point in the Annual Report's 27-year history.

Rising Rates of Cardiovascular and Drug Deaths and High Prevalence of Obesity Present National Health Challenges

As the nation celebrates encouraging progress on key indicators of health, the report also highlights serious challenges for the country that are eroding hard-won health gains. This year, the rates of cardiovascular and drug deaths increased nationally and the prevalence of obesity remained high.

- This year marks the end of a 26-year decline in the rate of cardiovascular deaths. In the past year, the national cardiovascular death rate increased from 250.8 to 251.7 deaths per 100,000.

The United States has made notable long-term improvements across key indicators of health, including smoking, preventable hospitalizations, and health insurance coverage.

This year, the rates of cardiovascular and drug deaths increased nationally and the prevalence of obesity remained high.

- The report also finds that in the past five years, the rate of drug deaths has increased 9%, rising 4% in the past year alone.
- Premature death, the years of potential life lost before age 75, increased for the second consecutive year.
- Since the start of *America's Health Rankings Annual Report* in 1990, the prevalence of obesity among adults has increased 157%.

2016 Ranking of the Healthiest Overall States
The report ranks each state across 34 measures of behaviors, community and environment, policy, clinical care, and outcomes. This year, northeastern states generally rank among the healthiest overall states, while southeastern states generally rank among those states with the greatest challenges.

Hawaii ranks as the healthiest state for the fifth straight year. The state has held the top spot eight times in the 27-year history of the Annual Report. Massachusetts (second), Connecticut (third), Minnesota (fourth), and Vermont (fifth) round out the top five states for overall health.

Mississippi ranks as the state with the greatest opportunity for improvement, dropping from 49th to 50th this year. Louisiana improved to 49th, while Arkansas (48th), Alabama (47th), and Oklahoma (46th) round out the states with greatest opportunities for improvement.

Informing Conversations About Improving the Health of Our Nation
With this report, United Health Foundation contributes 27 years worth of data to ongoing conversations among policymakers, public health officials, and community leaders about how they can collaborate to promote and achieve better health for all. Our nation has experienced impressive public health achievements since the launch of the first *America's Health Rankings Annual Repor*t in 1990, but this year's findings highlight that the country still faces critical challenges that may undermine progress in other key areas of health. Those working to improve the health of our nation are encouraged to use the report as a call to action for positive change in their communities.

Introduction

The United Health Foundation is pleased to release the 2016 *America's Health Rankings® Annual Report.* For 27 years, this report has provided data-driven insights and measurements to improve health across the country on a state-by-state basis. *America's Health Rankings* serves as an actionable resource for public health professionals, elected officials, employers, individuals, and communities to identify needs for improving our population's health.

America's Health Rankings Annual Report serves the United States and, in particular, public health by:

1. **Providing a benchmark for states.** As the longest-running annual assessment of America's health on a state-by-state basis, this report is vital for gauging how each state's health changes from year to year and decade to decade, and how each state compares with the health of other states and the nation overall. The data for many measures extend back to 1990 and are invaluable when forming a wide-angle, holistic view of state and US health. *America's Health Rankings Annual Report* presents findings "from the front lines" of population health, revealing both encouraging and troubling trends over time.

2. **Stimulating action.** This is the overarching purpose of the report—to be a catalyst for data-driven discussions on indicators that have the potential to improve health and drive positive change. Numerous states incorporate the report into their annual review of programs, and many organizations use the report as a reference point when assigning goals for health-improvement programs.

The 2016 edition of *America's Health Rankings Annual Report* highlights promising progress in principal markers of our nation's health. Examples: Smoking prevalence, the rate of preventable hospitalizations, and the percentage of the population without health insurance continue to fall. At the same time, problems are mixed in with progress. Our nation continues to struggle with certain stubborn health concerns—obesity and drug deaths. Premature deaths increased for the second consecutive year and the long-term trend of declining cardiovascular deaths has ended. Two of the most troubling health concerns, smoking and obesity, are examined in a special section of this year's report. Smoking and Obesity: A Public Health Success and Challenge (pages 13–22), takes a deeper dive into five-year trends in smoking and obesity prevalence and illustrates how changes in these markers are not shared uniformly across states and education levels.

When reading the 2016 *America's Health Rankings Annual Report*, it is important to read beyond the "headlines" of 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. Example: A change for the good in physical inactivity could affect obesity, diabetes, cardiovascular deaths, and other measures.

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

America's Health Rankings Annual Report provides a continually evolving snapshot of health, yields important insights on how each state's health changes over time, and—perhaps most importantly—enables action for making communities and states healthier.

Findings

Overview

The 2016 *America's Health Rankings Annual Report* finds:

- Hawaii—for the fifth consecutive year—is the healthiest state.
- Iowa makes the biggest improvement in rank in one year, rising five spots from 22nd to 17th.
- Some states score much better in health determinants than health outcomes, which may have implications for future population health.
- There are national improvements in preventable hospitalizations among Medicare enrollees, smoking prevalence, and public health funding. High school graduation continues a three-year upward trend, and human papillomavirus (HPV) immunizations are increasing among male and female adolescents. Long-term improvements in health insurance coverage continue.
- A lack of decline in obesity prevalence and an increase in drug deaths remain ongoing challenges for the nation.
- Troubling increases in cardiovascular deaths and premature death are occurring. Cardiovascular deaths increased for the first time in the 27-year history of *America's Health Rankings.*

State Rankings

Healthiest States

Hawaii takes the title of the healthiest state in 2016, followed by Massachusetts (second). Connecticut (third) rises three spots this year to re-enter the top five. Minnesota (fourth) and Vermont (fifth) complete the top five (Tables 1 and 2, Figures 1 and 2).

Hawaii has ranked first for five straight years and has been in the top spot eight times since 1990, the most for any state in the history of *America's Health Rankings.* It has been in the top six states since the first edition of *America's Health Rankings* in 1990. Hawaii also scores far better than other top-five states (Figure 1). Hawaii's strengths include a low prevalence of obesity, a low percentage of people without health insurance, and a low rate of preventable hospitalizations. In addition, HPV immunization among females aged 13 to 17 years increased 38% from 38.0% to 52.4% in the past year. The prevalence of diabetes decreased 13% from 9.8% to 8.5% of the adult population.

All states have challenges and areas for improvement. Hawaii scores above the national average in the prevalence of excessive drinking and incidence of *Salmonella*, and below the national average for tetanus-diphtheria-acellular pertussis (Tdap) immunization among adolescents aged 13 to 17 years. These same challenges were identified in the 2015 *America's Health Rankings Annual Report*.

Most Challenged States

Mississippi ranks 50th in 2016. Other states in the bottom five are Louisiana (49th), Arkansas (48th), Alabama (47th), and Oklahoma (46th) (Tables 1 and 2, Figures 1 and 2). West Virginia improves four spots this year to rise out of the bottom five. Mississippi has ranked in the bottom three states since the first edition of *America's Health Rankings* in 1990. Mississippi and Louisiana score far worse than the other states in the bottom five (Figure 1).

Mississippi's challenges include a high prevalence of smoking and low birthweight, and a high percentage of children in poverty. Mississippi ranks in the bottom 10 for 25 measures, including ranking in the bottom three for all measures of clinical care.

All states, no matter their overall ranking, have areas of strength. Mississippi ranks well for a low prevalence of excessive drinking and a low rate of drug deaths, as well as a small disparity in health status by education. Mississippi does better than the national average for low incidence of pertussis and low rate of violent crime.

TABLE 1

2016 Ranking

Rank	State	Overall Score*
1	Hawaii	0.905
2	Massachusetts	0.760
3	Connecticut	0.747
4	Minnesota	0.727
5	Vermont	0.709
6	New Hampshire	0.696
7	Washington	0.582
8	Utah	0.578
9	New Jersey	0.571
10	Colorado	0.559
11	North Dakota	0.473
12	Nebraska	0.432
13	New York	0.430
14	Rhode Island	0.422
15	Idaho	0.356
16	California	0.346
17	Iowa	0.343
18	Maryland	0.322
19	Virginia	0.264
20	Wisconsin	0.220
21	Oregon	0.211
22	Maine	0.192
23	Montana	0.178
24	South Dakota	0.169
25	Wyoming	0.116
26	Illinois	0.084
27	Kansas	-0.012
28	Pennsylvania	-0.016
29	Arizona	-0.020
30	Alaska	-0.031
31	Delaware	-0.077
32	North Carolina	-0.194
33	Texas	-0.208
34	Michigan	-0.251
35	Nevada	-0.304
36	Florida	-0.307
37	Missouri	-0.338
38	New Mexico	-0.363
39	Indiana	-0.372
40	Ohio	-0.391
41	Georgia	-0.464
42	South Carolina	-0.532
43	West Virginia	-0.595
44	Tennessee	-0.626
45	Kentucky	-0.651
46	Oklahoma	-0.691
47	Alabama	-0.793
48	Arkansas	-0.834
49	Louisiana	-1.043
50	Mississippi	-1.123

TABLE 2

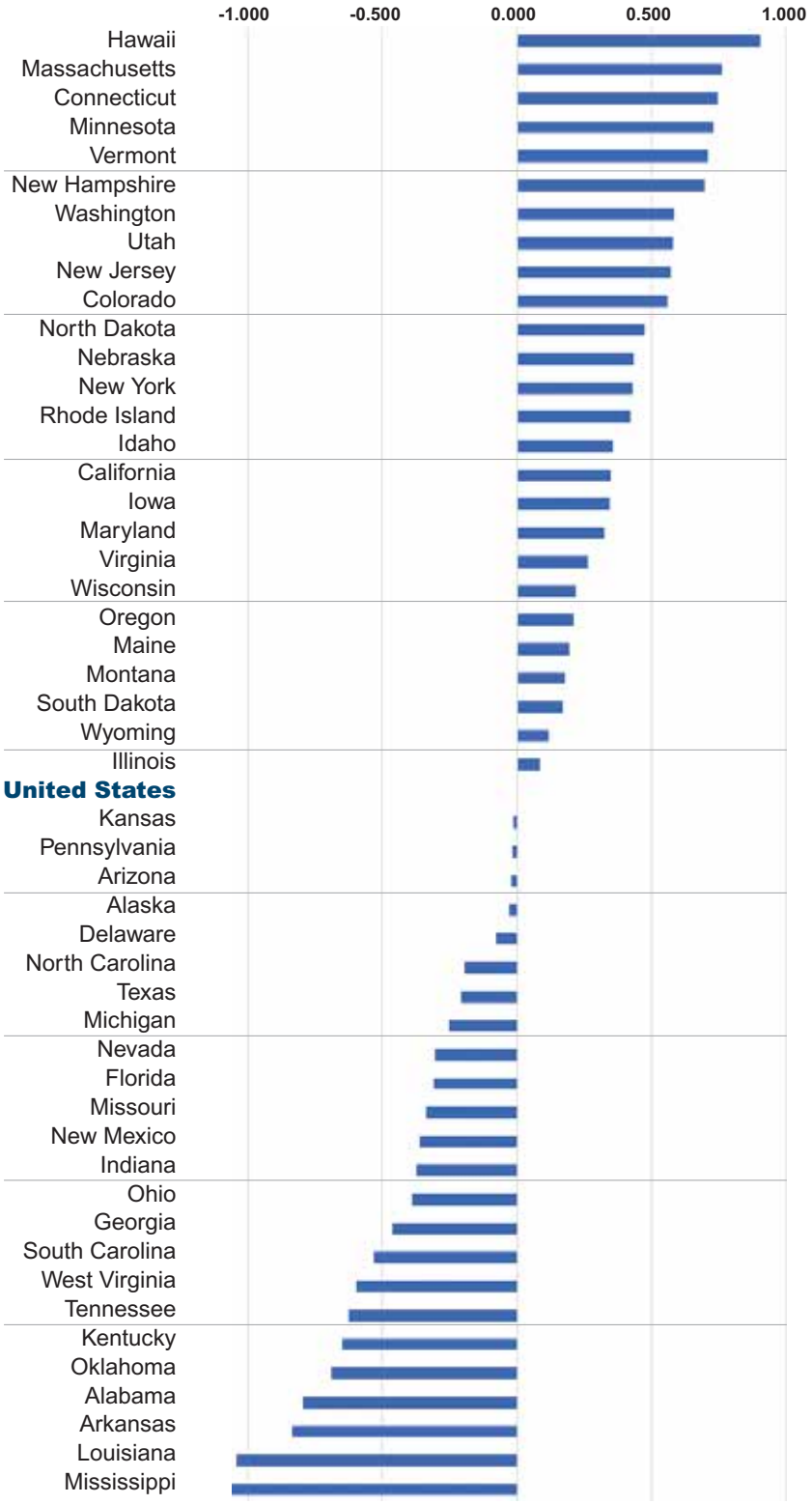
2016 Alphabetical Ranking

Rank	State	Overall Score*
47	Alabama	-0.793
30	Alaska	-0.031
29	Arizona	-0.020
48	Arkansas	-0.834
16	California	0.346
10	Colorado	0.559
3	Connecticut	0.747
31	Delaware	-0.077
36	Florida	-0.307
41	Georgia	-0.464
1	Hawaii	0.905
15	Idaho	0.356
26	Illinois	0.084
39	Indiana	-0.372
17	Iowa	0.343
27	Kansas	-0.012
45	Kentucky	-0.651
49	Louisiana	-1.043
22	Maine	0.192
18	Maryland	0.322
2	Massachusetts	0.760
34	Michigan	-0.251
4	Minnesota	0.727
50	Mississippi	-1.123
37	Missouri	-0.338
23	Montana	0.178
12	Nebraska	0.432
35	Nevada	-0.304
6	New Hampshire	0.696
9	New Jersey	0.571
38	New Mexico	-0.363
13	New York	0.430
32	North Carolina	-0.194
11	North Dakota	0.473
40	Ohio	-0.391
46	Oklahoma	-0.691
21	Oregon	0.211
28	Pennsylvania	-0.016
14	Rhode Island	0.422
42	South Carolina	-0.532
24	South Dakota	0.169
44	Tennessee	-0.626
33	Texas	-0.208
8	Utah	0.578
5	Vermont	0.709
19	Virginia	0.264
7	Washington	0.582
43	West Virginia	-0.595
20	Wisconsin	0.220
25	Wyoming	0.116

*** Weighted standard deviation relative to US value**

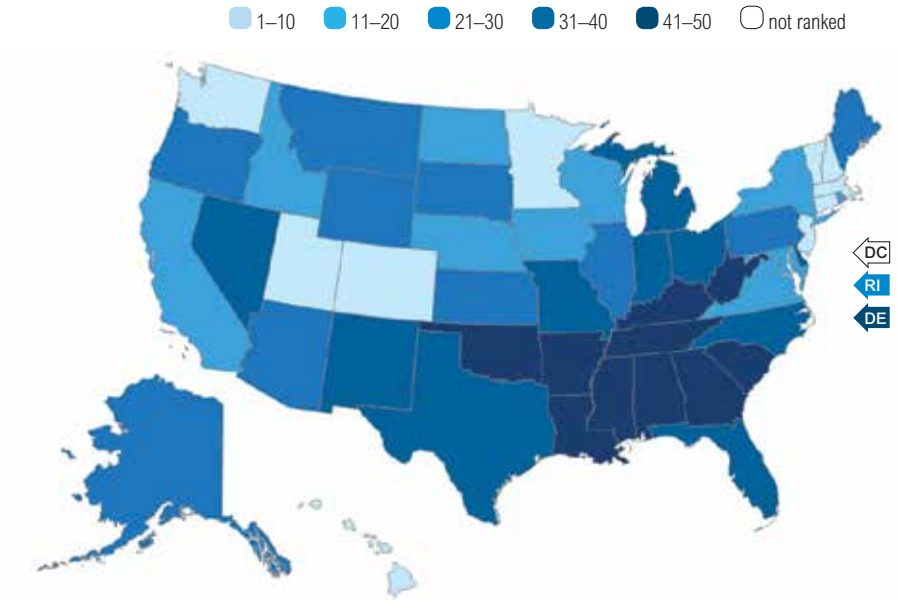
FIGURE 1

2016 Overall Score*



* Weighted standard deviation relative to US value

FIGURE 2
2016 Ranking



Largest Changes in Rank Since 2015

Iowa is the most improved state, rising five spots from 22nd in 2015 to 17th in 2016 (Table 3). The state's rise is due to improvements in the percentage of children aged 19 to 35 months and adolescents aged 13 to 17 years receiving recommended immunizations, including a 32% increase in HPV immunization among adolescent females. There are also improvements in pertussis incidence and public health funding.

Other states showing notable improvement this past year include West Virginia, Wisconsin, Connecticut, and Nevada. Wisconsin and West Virginia each rise four spots, and Connecticut and Nevada each rise three.

Maine has the largest decline in rank over the past year, moving from 15th in 2015 to 22nd in 2016. South Dakota's rank falls five spots, and Alaska, Florida, and Vermont all fall three spots.

TABLE 3
Largest Changes in Rank Since 2015 Edition (One-Year Change)

Rank Improved	2015 Rank	2016 Rank	Change
Iowa	22	17	5
West Virginia	47	43	4
Wisconsin	24	20	4
Connecticut	6	3	3
Nevada	38	35	3

Rank Declined	2015 Rank	2016 Rank	Change
Maine	15	22	-7
South Dakota	19	24	-5
Alaska	27	30	-3
Florida	33	36	-3
Vermont	2	5	-3

Determinants and Outcomes

For states to improve the health of their population, their efforts must focus on improving determinants of health. If a state scores better on health determinants than it does on health outcomes, it may improve its health in the future. Conversely, if a state scores better on health outcomes than it does on health determinants, its health may decline.

Table 4 presents each state's score for determinants, outcomes, and the implications for future health. If the difference between the determinants and outcomes scores (determinants greater than outcomes) is in the top 25% of all differences (75th percentile or above), the potential future effect on health is deemed positive and the state's future health may improve. If there is little difference between the determinants and outcomes scores (difference in the second and third quartiles), the state's future health is unlikely to change much and is labeled as a neutral effect. If the difference between the scores (outcomes greater than determinants) is in the bottom 25% of all differences, the effect is negative and the state's future health may decline.

Louisiana, Mississippi, New Mexico, Nevada, and Alaska all have determinants scores that are much lower than their outcomes scores (Table 4, Figures 3 and 4). In contrast, Vermont, Massachusetts, Connecticut, Rhode Island, and New Hampshire all have determinants scores that are much higher than their outcomes scores.

TABLE 4

Determinants and Outcomes Scores,* 2016

State	Determinants Score	Outcomes Score	Difference in Scores	Potential Future Effect on Health
Alabama	-0.427	-0.366	-0.061	Neutral
Alaska	-0.139	0.108	-0.247	Negative
Arizona	-0.062	0.042	-0.104	Neutral
Arkansas	-0.506	-0.328	-0.178	Negative
California	0.277	0.069	0.208	Positive
Colorado	0.373	0.186	0.187	Neutral
Connecticut	0.618	0.13	0.488	Positive
Delaware	-0.003	-0.074	0.071	Neutral
Florida	-0.227	-0.081	-0.146	Negative
Georgia	-0.355	-0.109	-0.246	Negative
Hawaii	0.616	0.289	0.327	Positive
Idaho	0.231	0.125	0.106	Neutral
Illinois	0.063	0.021	0.042	Neutral
Indiana	-0.228	-0.144	-0.084	Neutral
Iowa	0.229	0.114	0.115	Neutral
Kansas	-0.058	0.047	-0.105	Neutral
Kentucky	-0.360	-0.291	-0.069	Neutral
Louisiana	-0.707	-0.335	-0.372	Negative
Maine	0.224	-0.032	0.256	Positive
Maryland	0.315	0.007	0.308	Positive
Massachusetts	0.648	0.112	0.536	Positive
Michigan	-0.136	-0.115	-0.021	Neutral
Minnesota	0.456	0.271	0.185	Neutral
Mississippi	-0.745	-0.378	-0.367	Negative
Missouri	-0.202	-0.136	-0.066	Neutral
Montana	0.090	0.088	0.002	Neutral
Nebraska	0.286	0.146	0.140	Neutral
Nevada	-0.295	-0.008	-0.287	Negative
New Hampshire	0.556	0.139	0.417	Positive
New Jersey	0.443	0.128	0.315	Positive
New Mexico	-0.334	-0.029	-0.305	Negative
New York	0.341	0.089	0.252	Positive
North Carolina	-0.096	-0.099	0.003	Neutral
North Dakota	0.315	0.158	0.157	Neutral
Ohio	-0.251	-0.14	-0.111	Negative
Oklahoma	-0.428	-0.264	-0.164	Negative
Oregon	0.239	-0.028	0.267	Positive
Pennsylvania	0.035	-0.052	0.087	Neutral
Rhode Island	0.438	-0.017	0.455	Positive
South Carolina	-0.345	-0.187	-0.158	Negative
South Dakota	0.012	0.157	-0.145	Negative
Tennessee	-0.365	-0.262	-0.103	Neutral
Texas	-0.224	0.016	-0.240	Negative
Utah	0.370	0.208	0.162	Neutral
Vermont	0.627	0.082	0.545	Positive
Virginia	0.209	0.055	0.154	Neutral
Washington	0.427	0.156	0.271	Positive
West Virginia	-0.243	-0.352	0.109	Neutral
Wisconsin	0.114	0.106	0.008	Neutral
Wyoming	0.008	0.108	-0.100	Neutral

*** Weighted standard deviation relative to US value**

FIGURE 3
2016 Determinants Ranking

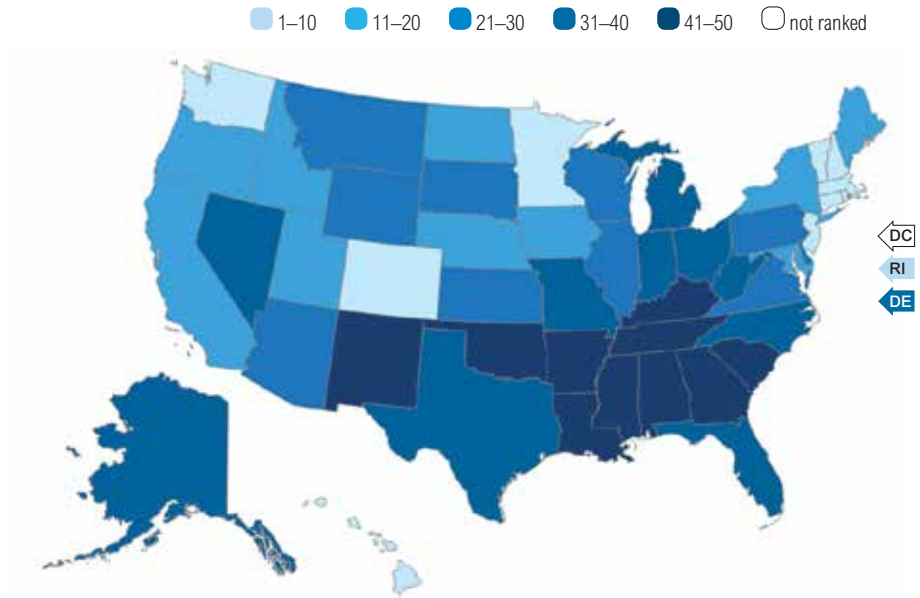
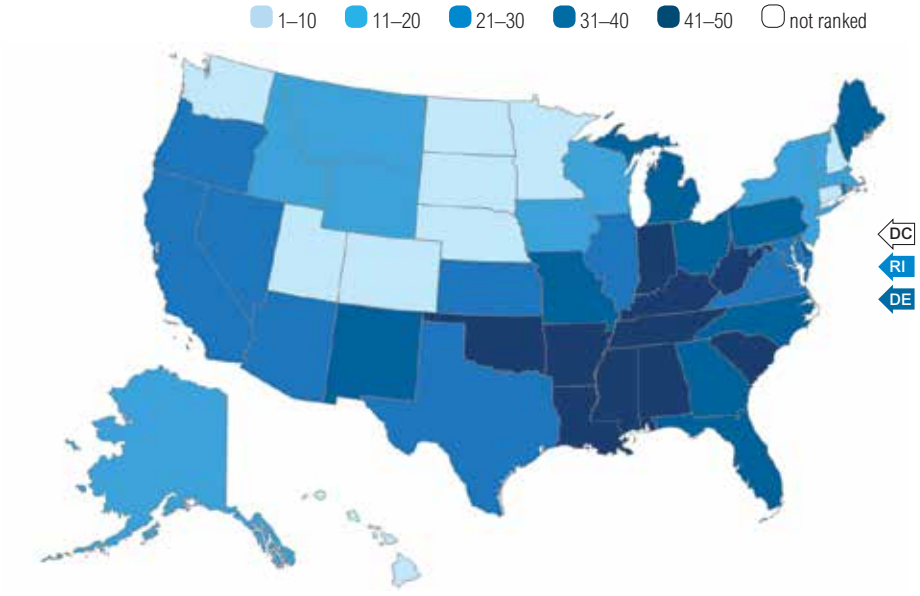


FIGURE 4
2016 Outcomes Ranking



National Findings

National Successes

SMOKING

- Smoking decreased 3% from 18.1% to 17.5% of US adults in the past year. Virginia and Arizona had a statistically significant decrease in smoking prevalence.
- In the past four years, smoking decreased 17% from 21.2% to 17.5% of the adult population.

IMMUNIZATIONS

- Immunization coverage among children aged 19 to 35 months increased 6% in the past three years from 68.4% to 72.2%. There is still room for improvement before reaching the Department of Health and Human Services Healthy People 2020 target of 80% coverage.
- Among adolescents aged 13 to 17 years, 81.3% and 86.4% received meningococcal and Tdap immunizations in the past year, respectively. However, HPV immunization coverage is much lower than the other recommended adolescent immunizations; only 41.9% and 28.1% of females and males, respectively, received HPV vaccinations.
- HPV immunization coverage is improving. HPV immunization among males aged 13 to 17 years increased 30% in the past year, from 21.6% to 28.1%, though coverage among males still lags far behind HPV immunization among females. In the past two years, HPV immunization coverage among females aged 13 to 17 years increased 11% from 37.6% to 41.9%.

Smoking and Obesity: A Public Health Success and Challenge (pages 13–22) provides an analysis of five-year trends in smoking and obesity, including variations by state and education level.

NATIONAL SUCCESSES

HEALTH INSURANCE COVERAGE: The percentage of people without health insurance decreased 19% from 13.1% to 10.6% of the population in the past year. This is the lowest level in the history of *America's Health Rankings.*

PREVENTABLE HOSPITALIZATIONS: In the past 10 years, preventable hospitalizations decreased 35% from 77.0 to 49.9 discharges per 1,000 Medicare enrollees.

HEALTH INSURANCE COVERAGE

- The percentage of people without health insurance decreased 19% from 13.1% to 10.6% in the past year. This is the lowest level in the history of *America's Health Rankings.*
- Compared with 2011, the percentage of people without health insurance decreased 35% from 16.2% to 10.6% of the population.

PREVENTABLE HOSPITALIZATIONS

- Preventable hospitalizations decreased 13% from 57.6 to 49.9 discharges per 1,000 Medicare enrollees in the past year.
- In the past 10 years, preventable hospitalizations decreased 35% from 77.0 to 49.9 discharges per 1,000 Medicare enrollees.

ADDITIONAL SUCCESSES

- The percentage of students graduating from high school increased 2% from 81.4% to 83.2% of students in the past year, continuing a three-year upward trend.

- Public health funding increased 9% from $86 to $94 per person over the past year.

National Challenges

OBESITY

- The prevalence of obesity remains high at 29.8% of the adult population and has not declined in the past year.
- The prevalence of obesity decreased in 25 states in the past year—although none of the decreases were statistically significant. It's too early to determine if these are meaningful changes. Additional trend data are needed to determine if obesity has peaked in these states.
- The prevalence of obesity increased significantly in one state—Kansas-—in the past year.
- In the past four years, obesity prevalence increased 7% from 27.8% to 29.8% of adults.
- Compared with 1990, obesity is 157% more prevalent among US adults. In 1990, 11.6% of adults were obese, compared with 29.8% now.
- One contributing factor to the rise in obesity prevalence is a long-term stagnation in physical inactivity. For the past 15 years, the prevalence of physical inactivity among adults has hovered around 25%. Increasing physical activity may be necessary to curb current trends in obesity.

DRUG DEATHS

- Drug deaths are becoming a greater concern for state, local, and national officials, as well as the communities they serve. The rate of drug deaths increased 4% from 13.5 to 14.0 deaths per 100,000 population in the past year. This continues a troubling trend.
- In the past five years, drug deaths increased 9% from 12.9 to 14.0 deaths per 100,000 population.

SOUNDING THE ALARM: A REVERSAL OF LONG-TERM TRENDS?

The 27-year history of *America's Health Rankings* can be used to examine the progress the nation has made to improve population health. The rankings also highlight when the nation's health may be moving in the wrong direction. There are alarming changes in two measures that have been historically trending in a positive direction. It is important to call attention to these changes so that progress previously made is not further eroded.

Premature death has been largely declining since 1990. Between the 2005 and 2015 editions, the rate of premature death decreased from 7,564 to 6,997 years lost before age 75 per 100,000 population. However, in the past year, premature death increased for the second consecutive year, from 6,997 to 7,054 years lost before age 75 per 100,000 population. While the premature death rate has increased a few times during the history of *America's Health Rankings,* this recent increase is important to monitor.

Reducing deaths from heart disease has been a major objective of the clinical and public health communities over the past few decades. Between 1990 and 2015, cardiovascular deaths have decreased 38% from 405.1 deaths to 250.8 deaths per 100,000 population. However, this year cardiovascular deaths increased for the first time in *America's Health Rankings* history, from 250.8 to 251.7 deaths per 100,000 population. While this may be a relatively small increase, it is statistically significant and is the first time since 1990 that an increase of any magnitude has occurred. It is important to watch for developing trends in key health outcomes so that individuals, communities, and officials can act to stem any erosion of our progress in improving population health.

251.7

This year cardiovascular deaths increased for the first time in *America's Health Rankings* history, from 250.8 to 251.7 deaths per 100,000 population

Smoking and Obesity: A Public Health Success and Challenge

America's Health Rankings has tracked the prevalence of smoking among US adults since the report was first published in 1990. Obesity was also included in 1990, but was a part of a combined measure called "risk for heart disease." Obesity was explicitly added to the model in the 2004 edition. To better gauge where the United States is in its recent efforts to reduce the prevalence of smoking and obesity, a five-year trend analysis was conducted using data from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS). The analysis highlights the variation in prevalence and the annual rate of change[1] for both of these significant public health challenges by state and education level[2] using data from editions 2012 through 2016.

Obesity is the second-leading cause of preventable death, close behind smoking. Obesity contributes to conditions such as heart disease, stroke, diabetes, and certain cancers.[3] Smoking also contributes to cancer, heart disease, stroke, and respiratory diseases. In addition, smoking has adverse effects on reproductive health, and it impacts treatment of other chronic diseases such as diabetes. The CDC estimates that smoking and secondhand smoke cause more than 480,000 deaths annually, or one in five deaths.[4] Since the publication of the first Surgeon General's report on smoking and health in 1964, more than 20 million Americans have died from smoking.[5]

Smoking has been steadily declining in the United States since the mid-1960s.[6] Since then, states have adopted numerous policies to prevent people—especially youth—from starting to smoke, help people quit smoking, and help reduce death and disability from the effects of smoking. A few examples of state smoking cessation efforts include enacting laws restricting or prohibiting smoking in public places and workplaces, raising the prices of tobacco products through taxation, and implementing telephone quitlines staffed with counselors trained to help smokers quit. In the first edition of *America's Health Rankings,* published in 1990, the prevalence of smoking among US adults was 29.5%. Today, 17.5% of adults smoke.

Contrary to smoking, obesity among US adults has been rising. Despite calls to action by the Surgeon General as early as 2001, the prevalence of obesity has nearly tripled from 11.6% in 1990 to 29.8% today.[7] Factors associated with obesity include where people live, environment, culture, attitudes, emotions, stress, dietary habits, sedentary behavior, genes, income, and education.[8, 9]

Obesity risk and likelihood of being a smoker have been linked to education level. Education has been shown to have a direct and indirect association with the risk of obesity.[10] Higher educational attainment is associated with a decreased likelihood of obesity, especially among women.[9] Lower education level is associated with an increased risk of smoking.[11] Since the negative health effects of smoking became well-known, the prevalence of smoking among college graduates has been significantly lower compared with adults who are less educated.[6]

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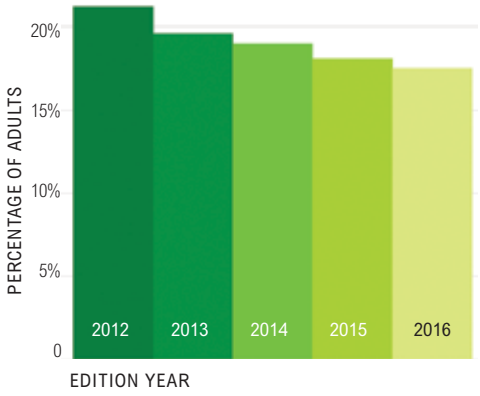
1. Average rate of change per year was calculated as the slope of a least-squares fitted line in prevalence over the five-year period.
2. Education levels analyzed were less than high school graduate, high school graduate or equivalent, some college, and college graduate.
3. Adult Obesity Facts. https://www.cdc.gov/obesity/data/adult.html. Accessed October 26, 2016.
4. Centers for Disease Control and Prevention Fact Sheet. Current cigarette smoking among adults in the US. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm. Accessed October 26, 2016.
5. US Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
6. Trends in higher education: Smoking rates by education level, 1940-2008. The College Board website. https://trends.collegeboard.org/education-pays/figures-tables/smoking-rates-education-level-1940-2008. Accessed October 26, 2016.
7. Office of the Surgeon General (US). *The Surgeon General's Vision for a Healthy and Fit Nation.* Rockville (MD). Office of the Surgeon General (US); 2010. Background on Obesity. https://www.ncbi.nlm.nih.gov/books/NBK44656/. Accessed October 26, 2016.
8. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. National Heart, Lung, and Blood Institute. https://www.nhlbi.nih.gov/health-pro/guidelines/archive/clinical-guidelines-obesity-adults-evidence-report. Accessed October 26, 2016.
9. Cohen AK, Rai M, Rehkopf DH, Abrams B. Educational attainment and obesity: A systematic review. *Obesity Reviews : An Official Journal of the International Association for the Study of Obesity.* 2013;14(12):989-1005. doi:10.1111/obr.12062.
10. Devaux, M, Sassi F, Church J, Cecchini M, et al. Exploring the relationship between education and obesity. *OECD Journal: Economic Studies.* 2011;1. http://dx.doi.org/10.1787/eco_studies-2011-5kg5825v1k23. Accessed October 26, 2016.
11. Gilman SE, Martin LT, Abrams DB, Kawachi I, et al. Education attainment and cigarette smoking: a causal association? *Int J Epidemiol.* 2008; 37(3): 615-624.

Trends in Smoking Prevalence, 2012 to 2016
Nationally, the prevalence of smoking among US adults aged 18 years and older has decreased over the past four years from 21.2% in 2012 to 17.5% in 2016 (Figure 5), an average annual decrease of -0.89%. Among adults aged 25 years and older, the prevalence of smoking is significantly lower among those who have a college degree compared with those with less than high school, high school or equivalent, and some college (Figure 6).

FIGURE 5
Smoking Prevalence Among Adults Aged 18 Years and Older, United States, 2012 to 2016



Smoking prevalence decreased at a faster average rate in 16 states compared with the average rate of change in the United States (-0.89%).

Annual Rate of Change in Smoking Prevalence by State
Between 2012 and 2016 all states experienced an average decrease in smoking prevalence per year (Figure 7).

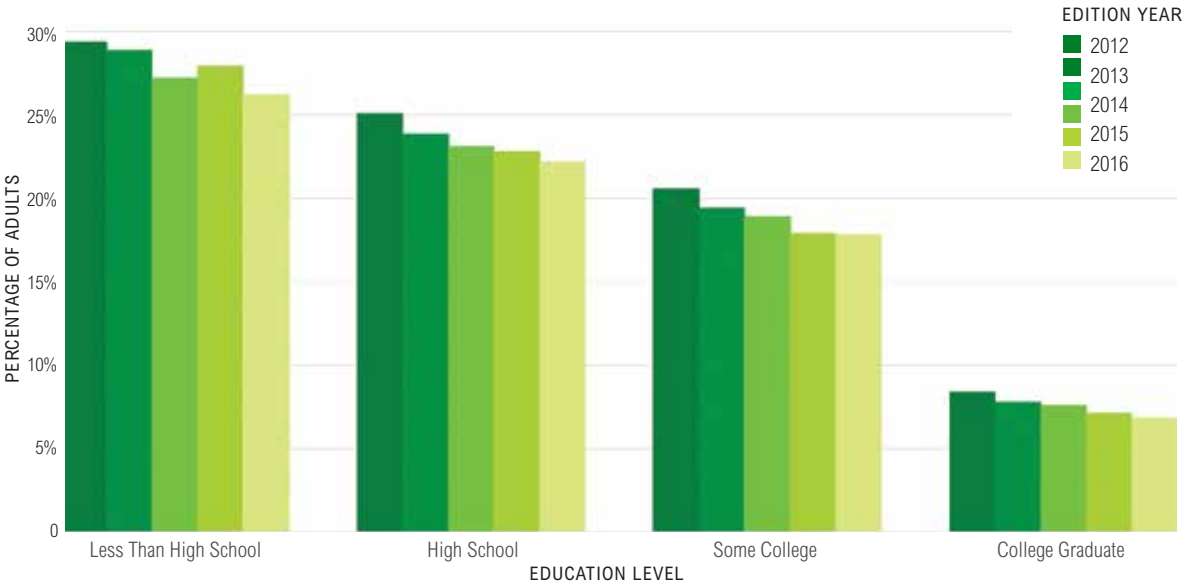
- Smoking prevalence decreased at a faster average rate in 16 states compared with the average rate of change in the United States (-0.89%).
- Smoking prevalence decreased at the fastest rate in Illinois, with an average decrease in smoking of -1.37% per year. Smoking prevalence decreased at the slowest rate in Tennessee, at -0.29% per year on average.
- Indiana (23.0%), Oklahoma (23.3%), and Wyoming (20.8%) had a higher five-year average prevalence of smoking relative to other states, and the prevalence has decreased at a faster-than-average rate of -1.11% per year, -1.00% per year, and -1.01% per year, respectively.
- On the other hand, California (12.7%), Hawaii (14.6%), and Utah (10.3%) had a lower five-year average prevalence of smoking relative to other states and the prevalence decreased at a slower-than-average rate of -0.38% per year, -0.59% per year, and -0.63% per year, respectively.

Annual Rate of Change in Smoking Prevalence by Education Level
Interesting differences emerged when smoking was stratified by education level among adults aged 25 years and older between 2012 and 2016 (Figure 8).

- Nationally, smoking decreased across all education groups over the past four years. The average rate of decrease ranged from -0.39% per year among college graduates to -0.74% per year among adults who did not graduate from high school.

FIGURE 6

Smoking Prevalence by Education Level Among Adults Aged 25 Years and Older, United States, 2012 to 2016



- In a handful of states, the average annual rate of smoking prevalence increased among adults with a high school degree, some college, or among college graduates. For example, Tennessee increased 1.05% for adults with some college.

- Despite the average national rate of decline being largest among adults who did not graduate from high school, smoking prevalence increased among this population in 15 states over the same time period, led by South Dakota and Connecticut.

- Compared with other education levels, there was more variation in smoking prevalence by state among adults who did not graduate from high school.

Among adults who did not graduate from high school:

- Nevada experienced an average decrease of -3.44% per year in smoking prevalence from 2012 to 2016, while South Dakota saw an average increase of 1.76% per year in smoking prevalence over the same five-year period.

- Relative to other states, Connecticut (24.5%) and Hawaii (23.5%) had a lower five-year average prevalence of smoking, but a faster average rate of increase per year at 1.07% per year and 0.54% per year, respectively.

- Even though Ohio (41.8%) had a higher average prevalence of smoking relative to other states from 2012 to 2016, the prevalence increased at a rate of 0.04% per year, which is a slower rate than other states over the same time period.

- Indiana (39.0%), New Hampshire (38.4%), and Vermont (37.9%) had a higher five-year average smoking prevalence relative to other states, but the prevalence in these states decreased at a much faster rate of -1.90% per year, -2.15% per year, and -3.15% per year, respectively.

FIGURE 7

Average Annual Rate of Change in Smoking Prevalence Among Adults Aged 18 Years and Older, 50 States and the Nation, 2012 to 2016

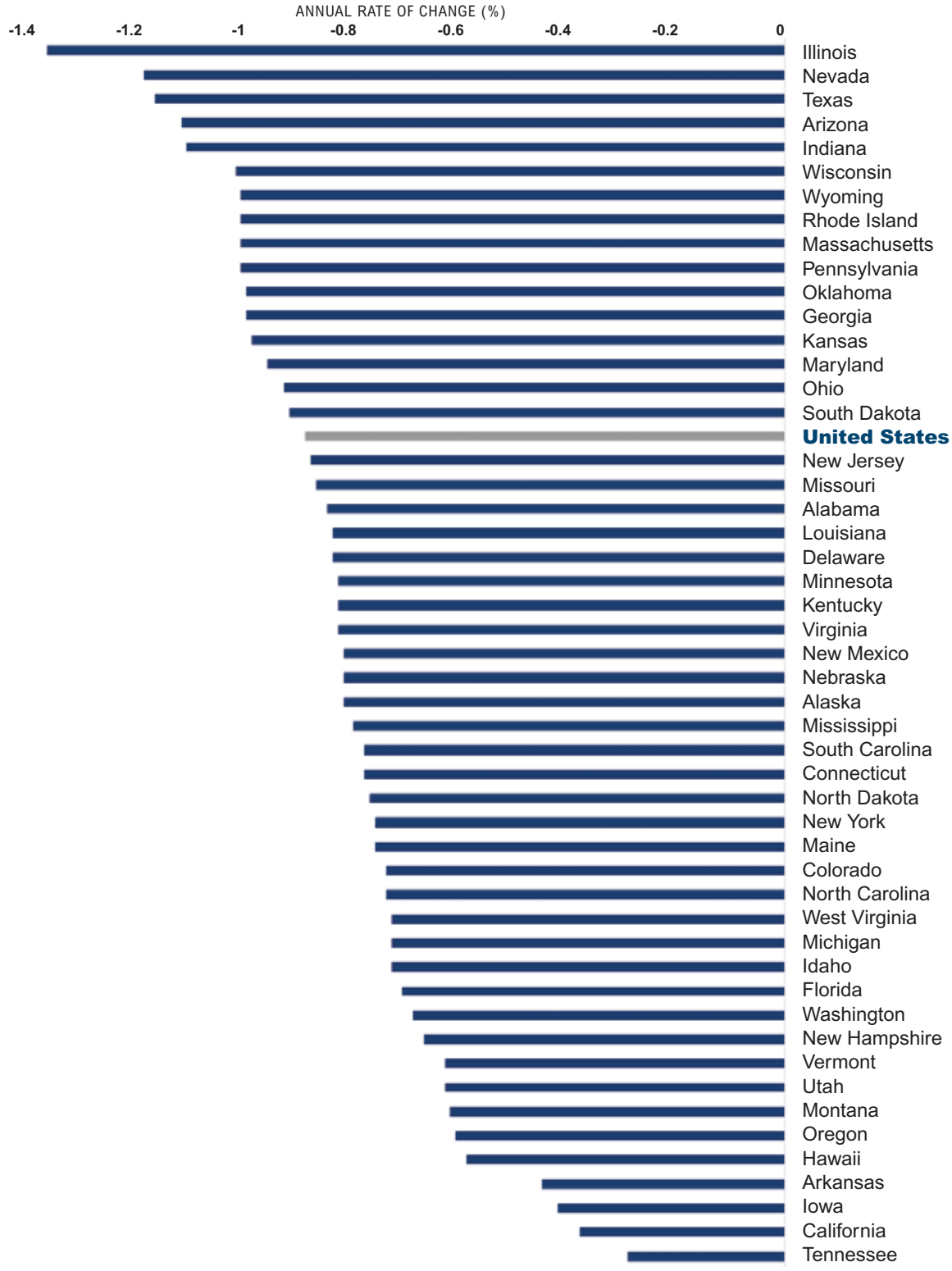
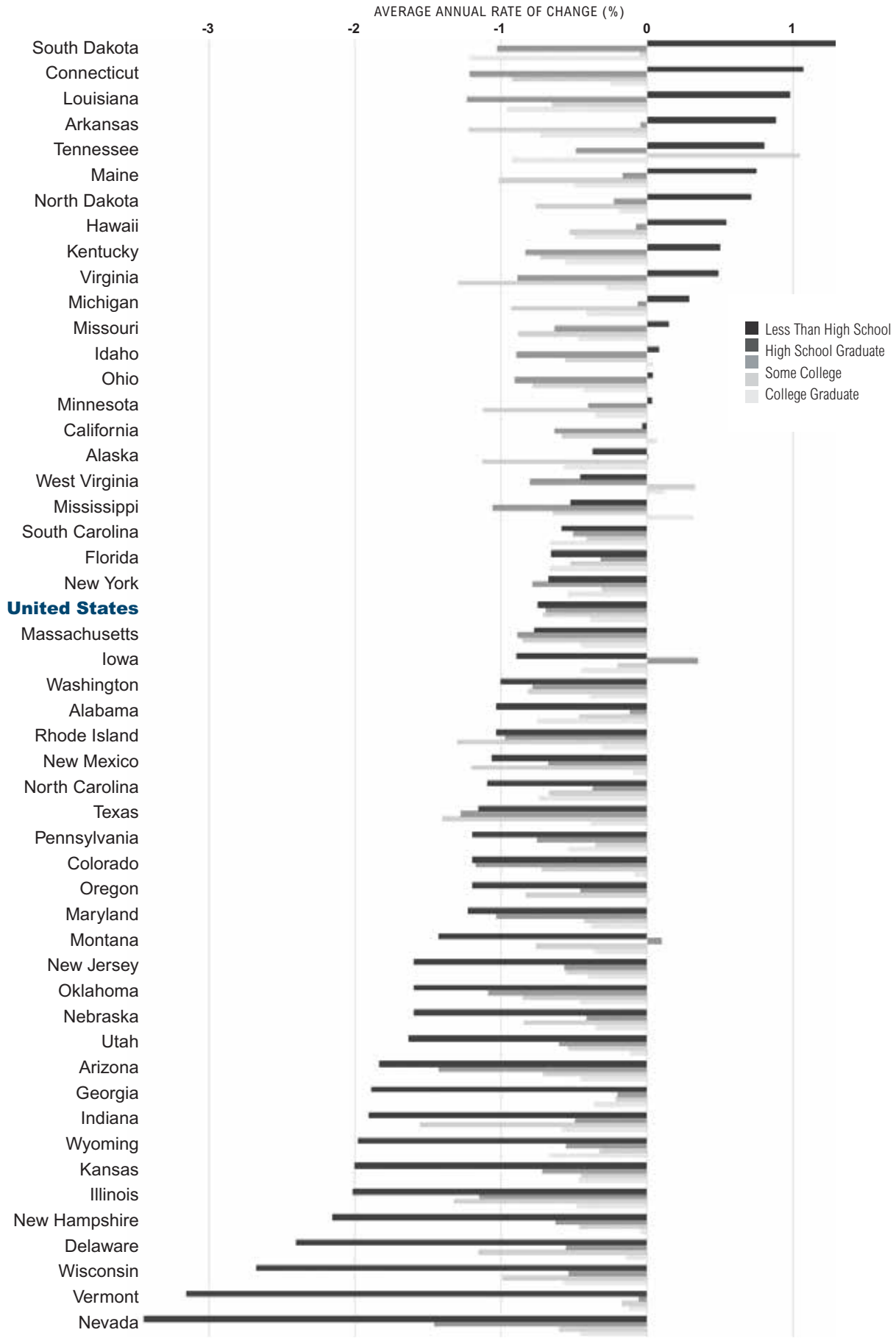


FIGURE 8

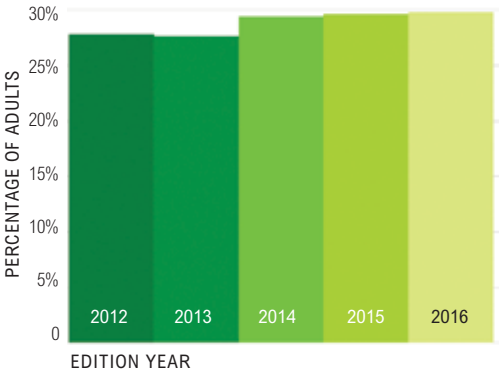
Average Annual Rate of Change in Smoking Prevalence by Education Level Among Adults Aged 25 Years and Older, 50 States and the Nation, 2012 to 2016



Trends in Obesity Prevalence, 2012 to 2016
The prevalence of obesity among US adults has increased 0.60% per year between 2012 and 2016, reaching its highest level in 2016 at nearly 30% of adults aged 18 years and older (Figure 9). Since 2007, the prevalence of obesity among US adults has been above 25%. When stratified by education level, the prevalence of obesity among adults aged 25 years and older was significantly lower among those with a college degree compared with other education levels; however, it was still increasing yearly for each education level (Figure 10).

FIGURE 9

Obesity Prevalence Among Adults Aged 18 Years and Older, United States, 2012 to 2016



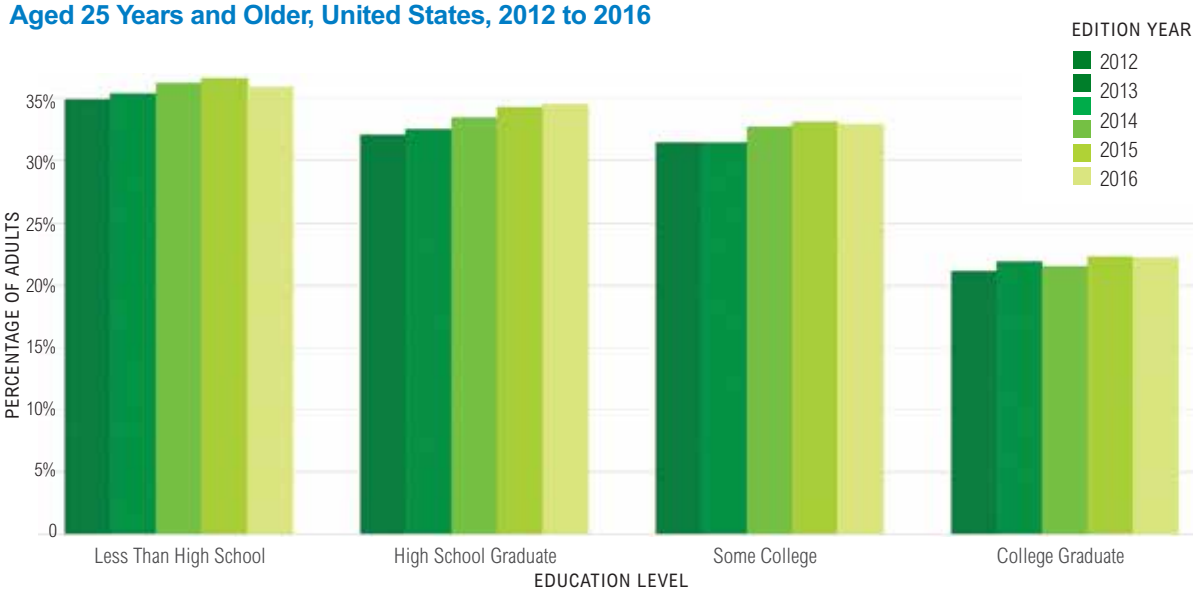
Obesity prevalence increased at a faster average rate in 21 states compared with the average rate of change in the United States (0.60%).

Annual Rate of Change in Obesity Prevalence by State
At the state level, all states except Michigan and Colorado experienced an average annual increase in obesity from 2012 to 2016 (Figure 11).

- Obesity prevalence increased at a faster average rate in 21 states compared with the average rate of change in the United States (0.60%).
- Obesity prevalence increased at the fastest rate in Wyoming, with an average annual increase of 1.29%.
- On the opposite end of the spectrum, Michigan and Colorado experienced average annual decreases in obesity prevalence of -0.06% and -0.02%, respectively.
- Both states decreased even though Michigan (31.2%) had a relatively high average prevalence of obesity and Colorado (20.8%) had the lowest five-year average prevalence. This shows that improvements can occur regardless of a state's obesity prevalence.
- While Arizona (27.0%), Oregon (27.7%), and Wyoming (27.2%) had a lower five-year average prevalence of obesity relative to other states, the prevalence increased at a faster average rate at 0.95% per year, 0.74% per year, and 1.29% per year, respectively.
- Mississippi (35.1%) had the highest five-year average prevalence of obesity relative to other states, but the prevalence was increasing at a slower average rate (0.23% per year) compared with other states.

FIGURE 10

Obesity Prevalence by Education Level Among Adults Aged 25 Years and Older, United States, 2012 to 2016



Annual Rate of Change in Obesity Prevalence by Education Level

Interesting differences emerged when obesity was stratified by education level among adults 25 years and older between 2012 and 2016 (Figure 12):

- Nationally, obesity increased across all education groups over the past four years. However, the average rate of change per year was 2.5 times higher among high school graduates than college graduates.

- There was more variation in obesity prevalence by state among those who did not graduate from high school compared with other education levels.

Among adults who did not graduate from high school:

- Seventeen states experienced a negative average annual rate of change in obesity prevalence over the past four years, led by Wisconsin (-2.76% per year) and Indiana (-2.65% per year).

- Vermont (2.52% per year), Pennsylvania (1.91% per year), and New York (1.78% per year) experienced a dramatic increase in the average rate of obesity prevalence compared with the other education levels.

- Relative to other states, Nevada (32.7%) and Nebraska (33.3%) had a lower five-year average prevalence of obesity, but the prevalence increased at a much faster rate on average than other states (1.43% per year and 1.32% per year, respectively).

- Even though Mississippi (38.1%) and California (35.4%) had a higher five-year average prevalence of obesity relative to other states, the prevalence has been decreasing on average (-0.09% per year and -0.08% per year, respectively) unlike most other states.

FIGURE 11

Average Annual Rate of Change in Obesity Prevalence Among Adults Aged 18 Years and Older, 50 States and the Nation, 2012 to 2016

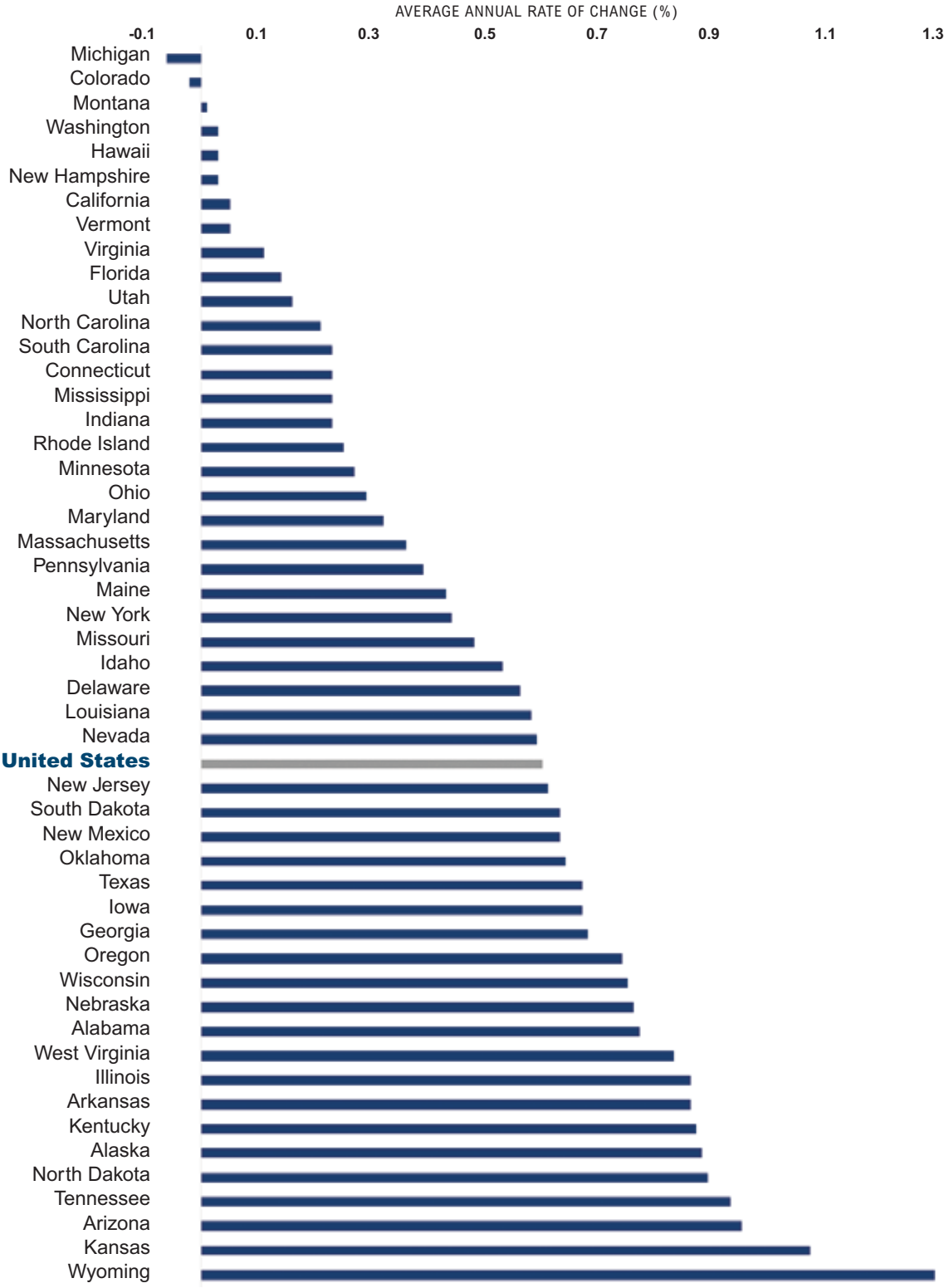
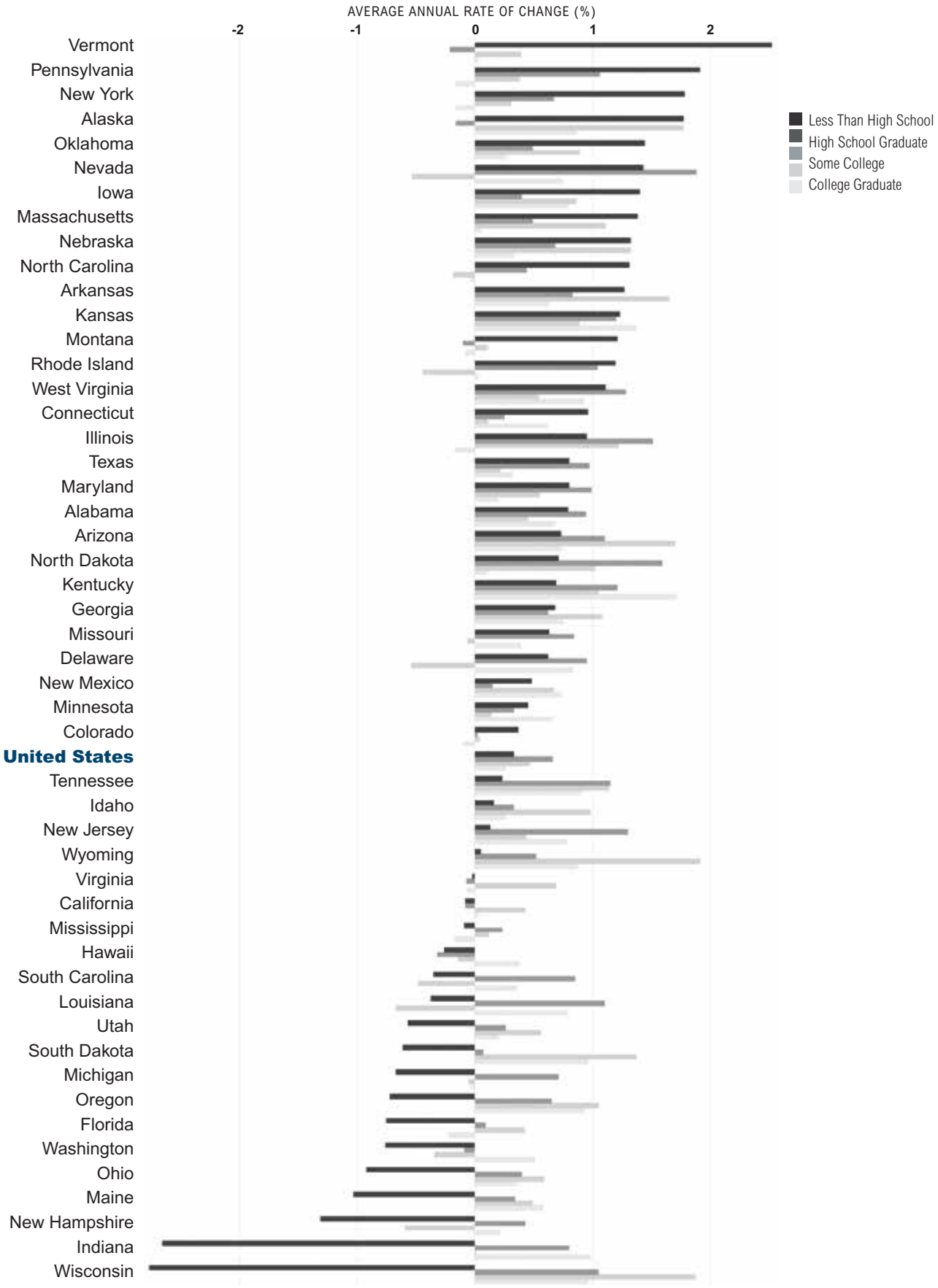


FIGURE 12

Average Annual Rate of Change in Obesity Prevalence By Education Level Among Adults Aged 25 Years and Older, 50 States and the Nation, 2012 to 2016



Annual Rate of Change in Smoking and Obesity

Some states are improving at a faster rate than the nation for prevalence of smoking and obesity, while others are improving at a slower rate than the nation or are stagnant. Ohio, Maryland, Rhode Island, and Indiana are experiencing faster decreases in smoking prevalence and slower increases in obesity prevalence compared with the United States, while Tennessee and Arkansas are experiencing slower decreases in smoking and faster increases in obesity, on average.

Among adults aged 25 years and older who did not graduate from high school, some states are improving at a faster rate than the nation for prevalence of smoking and obesity. Others are improving at a slower rate than the nation or are stagnant. The prevalence of smoking and obesity among adults who did not graduate from high school decreased at a faster rate in Indiana and Wisconsin compared with the nation. Adults in the same population segment living in Nevada or Vermont are experiencing faster declines in smoking prevalence (>=-3.0% per year) compared with other states and the nation; however, they are also challenged with faster increases in obesity than the nation. In Arkansas and Connecticut, smoking and obesity are increasing at rates faster than the national average in this education level. California experienced the slowest rate of change in smoking and obesity prevalence from 2012 to 2016 among those who did not graduate from high school.

Summary

The prevalence of smoking has decreased in the past four years in all 50 states, but these improvements are not consistent across education levels. However, in the past four years obesity prevalence has increased in most states, and the prevalence varies across education levels. In terms of both smoking and obesity prevalence, where one lives matters most for those who did not graduate from high school. States that are reducing the prevalence of smoking and obesity faster than other states may be able to share lessons learned.

Despite success in reducing smoking among adults, there is still work to be done to meet the Department of Health and Human Services Healthy People 2020 target of reducing the prevalence of smoking to 12.0%.[12] At the same time, nearly one-third of US adults struggle with obesity. In the past four years, the nation has experienced a greater than 0.5% increase per year in obesity prevalence among adults, an indication of the uphill battle we face as a nation to prevent obesity and related health conditions.

12. Healthy People 2020: Tobacco use goals and objectives. https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives. Accessed October 26, 2016.

Comparison With Other Nations

Compared with other developed and many developing nations, the United States continues to rank at or near the bottom in indicators of mortality and life expectancy while continuing to exceed other countries in health spending.[13]

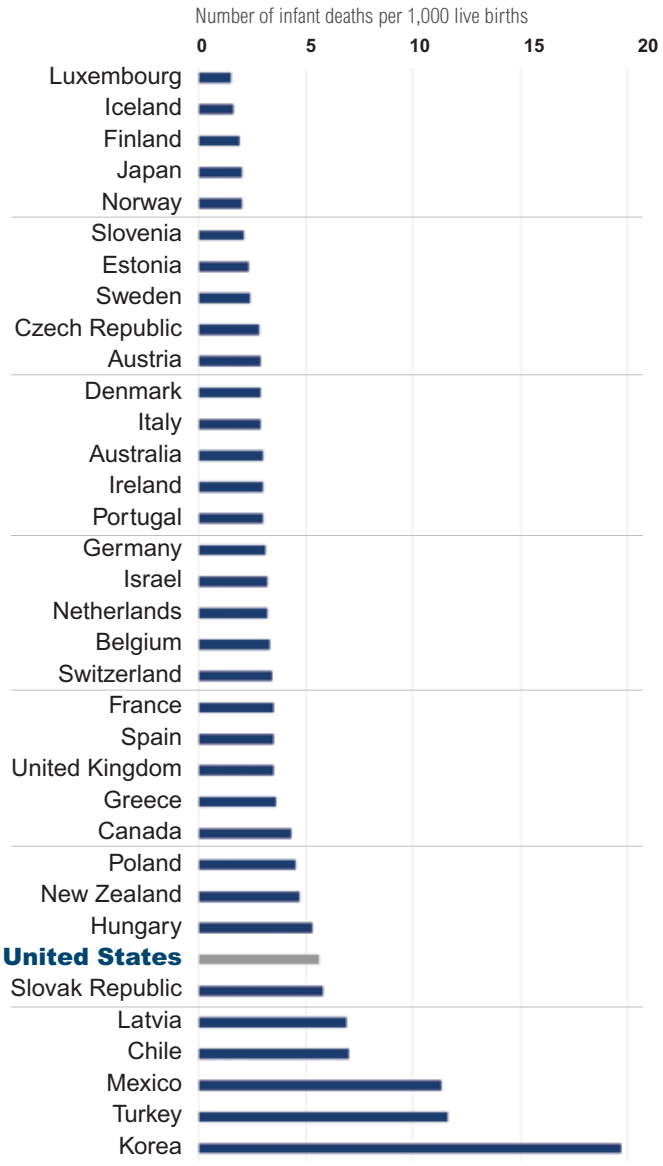
Thirty-five countries, including the United States, comprise the Organisation for Economic Co-operation and Development (OECD). Their mission is to promote economic development and social well-being of people worldwide.

The United States ranks 29th in infant mortality among the 35 OECD countries—only six countries have higher rates. In 14 countries—including the Nordic countries of northern Europe, Japan, and Slovenia—the infant mortality rate is half the US rate (Figure 13).

13. OECD. Health spending (indicator). https://data.oecd.org/healthres/health-spending.htm. Accessed October 25, 2016.

FIGURE 13

Infant Mortality Rate Among OECD Countries, 2015



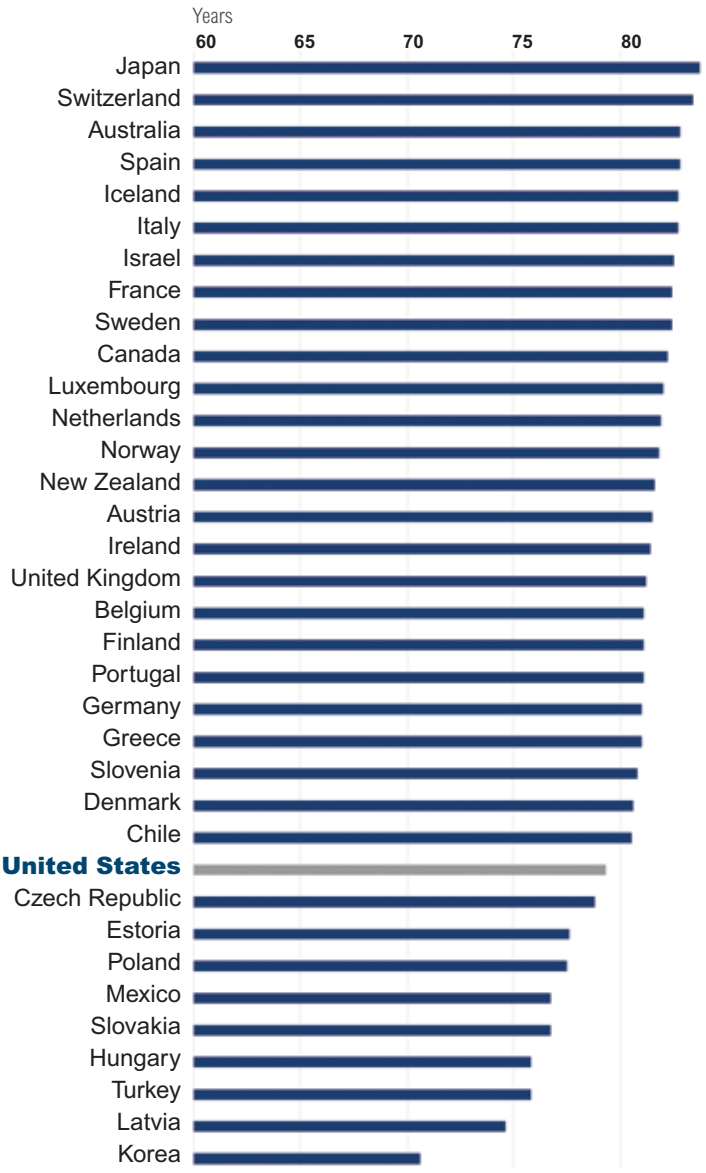
Among the 35 OECD countries, US infant mortality ranks 29th.

Data Source: WHO. Infant mortality rate (probability of dying in the first year after birth per 1,000 live births) Mortality and global health estimates. 2015. http://apps.who.int/gho/data/view.main.182 Updated: September 11, 2015. Accessed: October 25, 2016.

Life expectancy at birth is another measure used to compare the health of nations. The United States also performs relatively poorly in this measure, which is highly influenced by infant mortality. Overall, the United States ranks 26th among OECD countries with an average life expectancy of 79 years (Figure 14). Japan leads the world in life expectancy at 84 years. Almost all western European countries, Australia, Canada, Chile, and Iceland also have a longer life expectancy than the United States. Twenty-five countries have an average life expectancy of at least 80 years, and 18 of those countries have a life expectancy at least three years longer than the US life expectancy.

FIGURE 14

Life Expectancy at Birth (Years) Among OECD Countries, 2015



The United States ranks 26th of 35 OECD countries for life expectancy, with an average life expectancy of 79 years.

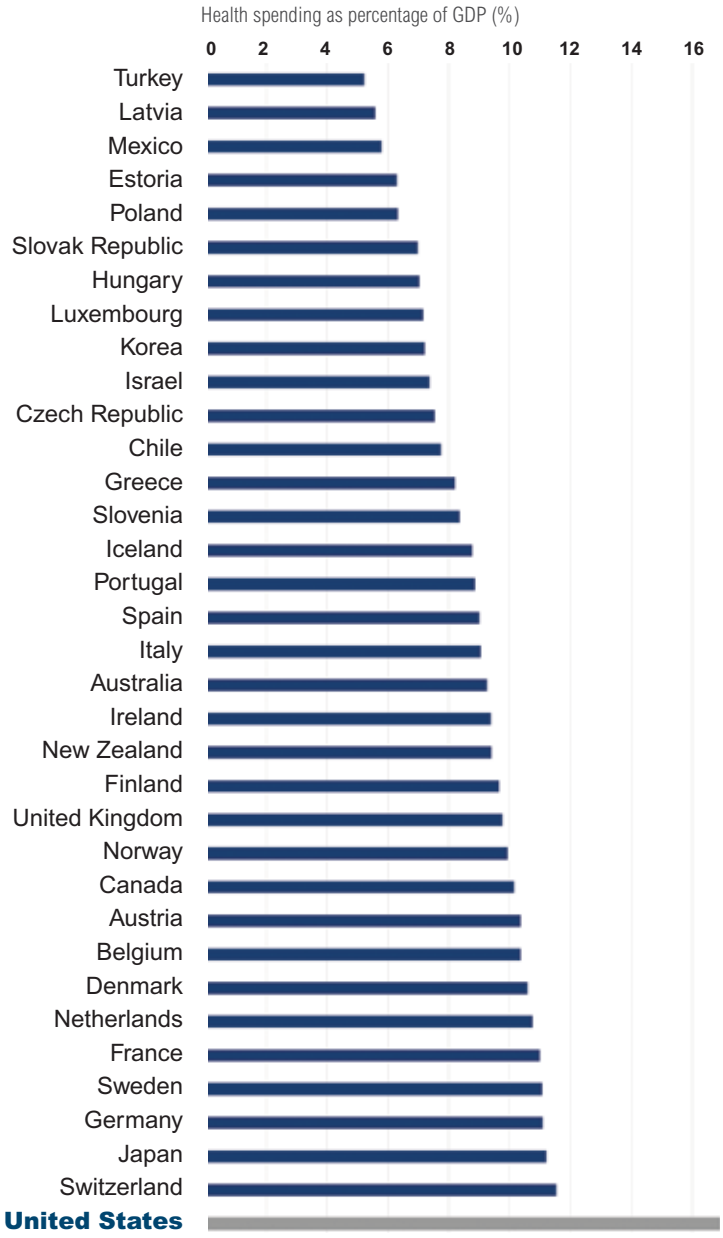
Data Source: WHO. Life expectancy at birth (years) Mortality and global health estimates. 2015. http://apps.who.int/gho/data/node.main.688 Updated: September 11, 2015. Accessed: November 10, 2016.

Rankings for infant mortality and life expectancy continue to be disappointingly low in the United States, especially considering how much money is spent on health. Compared with other OECD countries, expenditure on health (measured by percentage of gross domestic product [GDP] spent on health by private and public sectors), is highest in the United States at 16.9% of GDP (Figure 15).

Switzerland is the next highest in expenditures at 11.5%. Including Switzerland, only 10 other OECD countries spend more than 10% of GDP on health. All other developed countries with health expenditures more than 10% of GDP have a lower infant mortality rate and a higher life expectancy than the United States.

FIGURE 15

Health Expenditures Among OECD Countries, 2015



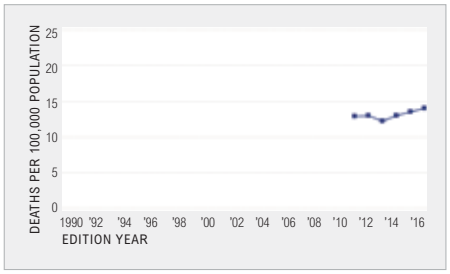
All other OECD countries with health expenditures more than 10% of GDP have a lower infant mortality rate and a higher life expectancy than the United States.

Data Source: Organisation for Economic Co-operation and Development, OECD.stat. 2015 estimates. http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT# Accessed: November 10, 2016.

Core Measures

Drug Deaths

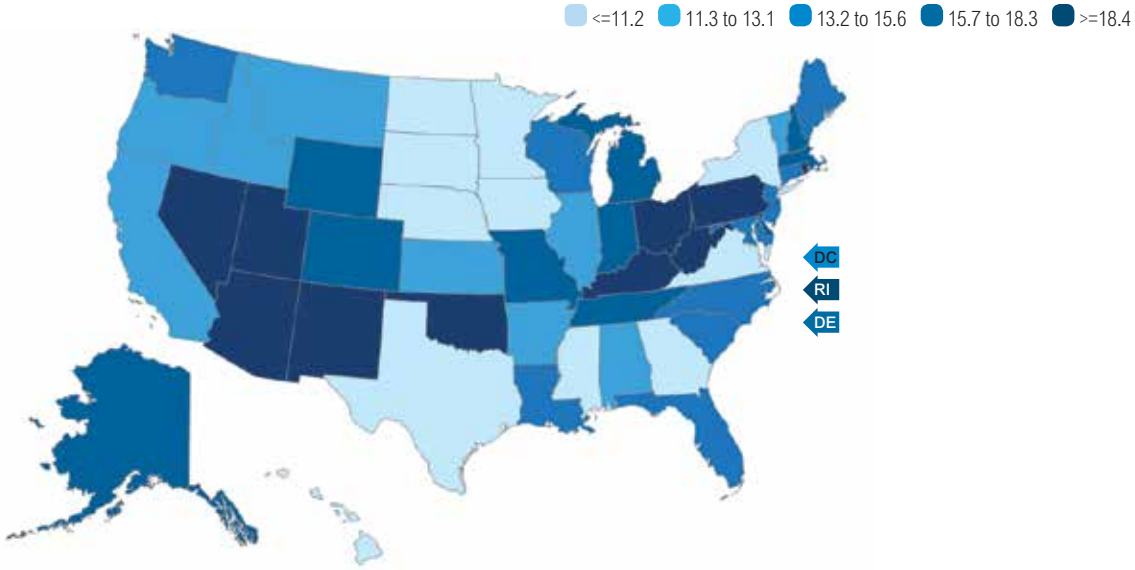
Drug overdoses are the leading cause of injury deaths in the United States with a record high of 47,055 deaths in 2014. More than six out of 10 drug deaths involve an opioid, primarily prescription pain relievers (morphine, oxycodone, hydrocodone) or heroin. Opioid-related overdose deaths increased 200% between 2000 and 2014, and since 1999 opioid pain reliever prescribing quadrupled. The effects of drug abuse and overdoses are costly to society, burdening individuals, their families, the health care system, and the economy. The total cost of illicit drug use on the US economy—including its impact on crime, health, and productivity—is an estimated $193 billion per year.



2016 edition data source: *National Vital Statistics System*
For details: http://www.americashealthrankings.org/AR16/Drugdeaths

Drug Deaths by State

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



Top 5 States

North Dakota	4.0
South Dakota	6.6
Nebraska	7.1
Iowa	8.9
Minnesota	9.3
United States	14.0

Bottom 5 States

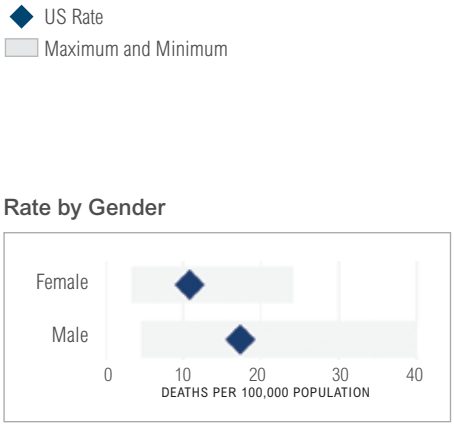
West Virginia	32.2
New Mexico	24.7
Kentucky	24.1
Utah	22.8
Rhode Island	21.4
United States	14.0

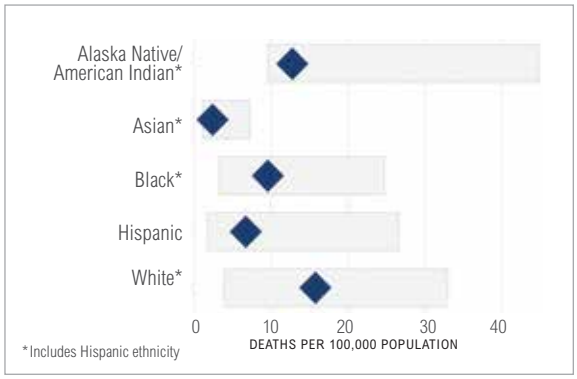
Ranking

by Drug Deaths

Rank	State	Value
1	North Dakota	4.0
2	South Dakota	6.6
3	Nebraska	7.1
4	Iowa	8.9
5	Minnesota	9.3
6	Texas	9.6
7	Virginia	10.1
8	Mississippi	11.0
9	New York	11.1
10	Georgia	11.2
10	Hawaii	11.2
12	California	11.4
13	Kansas	11.7
14	Arkansas	12.1
15	Oregon	12.3
16	Illinois	12.6
17	Montana	12.8
18	Alabama	13.1
18	Idaho	13.1
18	Vermont	13.1
21	Florida	13.2
22	North Carolina	13.3
23	South Carolina	13.4
24	Maine	13.6
25	Washington	13.8
26	New Jersey	14.0
26	Wisconsin	14.0
28	Connecticut	15.1
29	Maryland	15.3
30	Louisiana	15.6
31	Massachusetts	15.7
31	Michigan	15.7
33	Colorado	15.9
34	Alaska	16.0
35	Indiana	16.7
36	Missouri	17.0
37	Wyoming	17.7
38	New Hampshire	17.9
39	Delaware	18.1
40	Tennessee	18.3
41	Arizona	18.6
42	Pennsylvania	19.8
43	Nevada	20.9
43	Oklahoma	20.9
45	Ohio	21.1
46	Rhode Island	21.4
47	Utah	22.8
48	Kentucky	24.1
49	New Mexico	24.7
50	West Virginia	32.2
	United States	14.0
	District of Columbia	15.3

Disparities in Drug Deaths



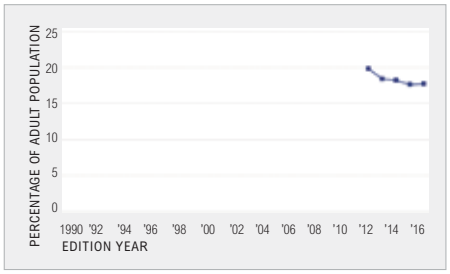


"More persons died from drug overdoses in the United States in 2014 than during any previous year on record."

MORBIDITY AND MORTALITY WEEKLY REPORT

Excessive Drinking

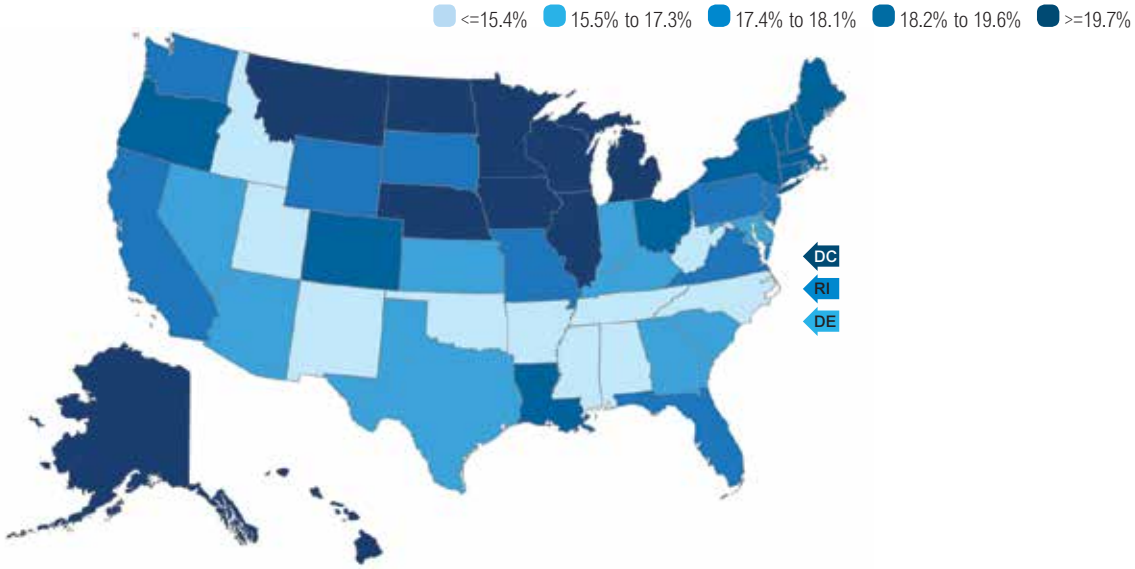
Excessive alcohol use includes binge drinking and chronic drinking; it can lead to memory loss, poor decision making, fetal damage, liver diseases, hypertension, cardiovascular diseases, and other major health problems. An annual average of 87,798 alcohol-attributable deaths, 2.5 million years of potential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



2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/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 month) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)



Top 5 States

Tennessee	11.2%
West Virginia	11.4%
Utah	12.4%
Alabama	13.0%
Mississippi	13.3%
United States	17.7%

Bottom 5 States

North Dakota	24.7%
Wisconsin	24.5%
Alaska	22.1%
Montana	21.8%
Illinois	21.2%
United States	17.7%

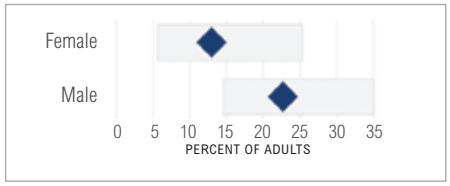
Ranking

by Excessive Drinking

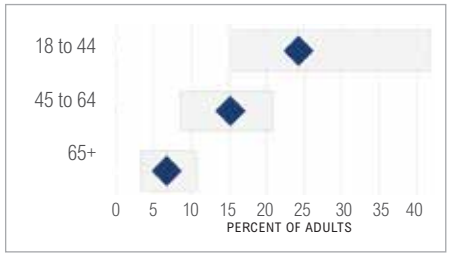
Rank	State	Value (%)
1	Tennessee	11.2
2	West Virginia	11.4
3	Utah	12.4
4	Alabama	13.0
5	Mississippi	13.3
6	New Mexico	13.8
7	Oklahoma	13.9
8	North Carolina	14.9
9	Arkansas	15.3
10	Idaho	15.4
11	Maryland	15.5
12	Nevada	15.8
13	Arizona	16.0
14	Kentucky	16.3
15	Delaware	16.6
15	South Carolina	16.6
17	Georgia	16.8
17	Indiana	16.8
19	Kansas	16.9
20	Texas	17.3
21	Florida	17.4
21	Virginia	17.4
23	Wyoming	17.5
24	New Jersey	17.6
25	Missouri	17.7
25	South Dakota	17.7
27	Washington	17.8
28	Rhode Island	17.9
29	California	18.0
30	Pennsylvania	18.1
31	New York	18.2
32	New Hampshire	18.4
33	Connecticut	18.6
34	Louisiana	18.8
34	Oregon	18.8
36	Colorado	19.1
37	Ohio	19.2
38	Massachusetts	19.5
39	Maine	19.6
39	Vermont	19.6
41	Michigan	20.0
42	Nebraska	20.4
43	Hawaii	20.5
44	Iowa	21.0
45	Minnesota	21.1
46	Illinois	21.2
47	Montana	21.8
48	Alaska	22.1
49	Wisconsin	24.5
50	North Dakota	24.7
	United States	17.7
	District of Columbia	30.0

Disparities in Excessive Drinking

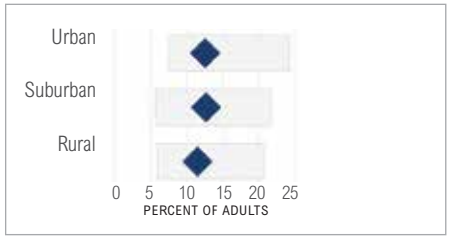
Prevalence by Gender



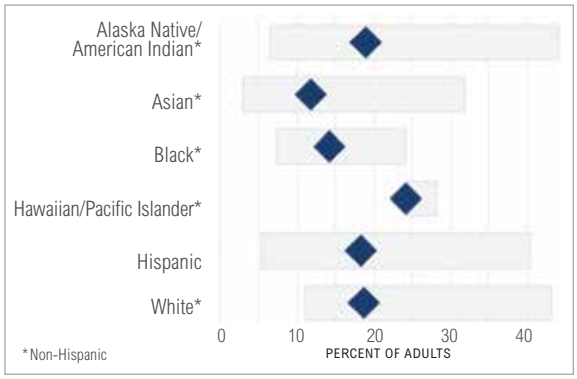
Prevalence by Age



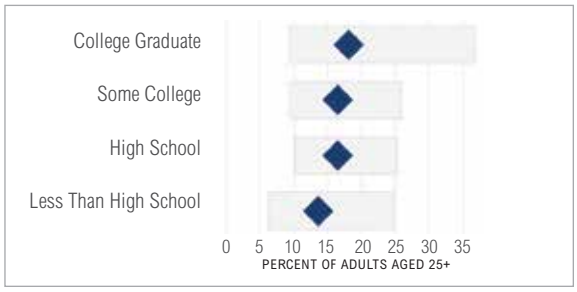
Prevalence by Urbanicity



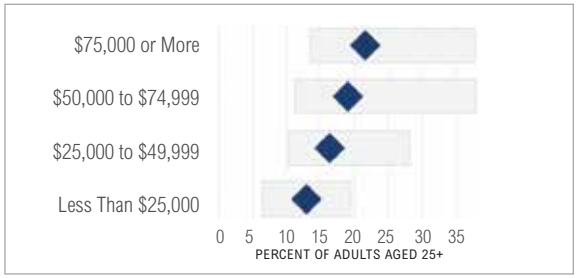
Prevalence by Race and Hispanic Origin



Prevalence by Education



Prevalence by Income

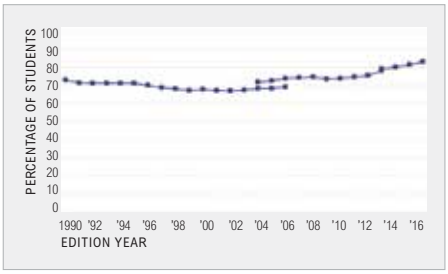


moderation • set goals • accountability • name a driver • ask for help • admit you have a problem • talk with loved ones • find a support network • make a plan • don't keep alcohol at home • recognize triggers • slow the pace • exercise • find productive ways to handle stress • fill your time with healthy activities • drink water between alcoholic beverages • set limits • drive sober • establish drinking rules • never drink alone • reward yourself for sobriety • avoid heavy drinkers

A supp-ort group meeting

High School Graduation

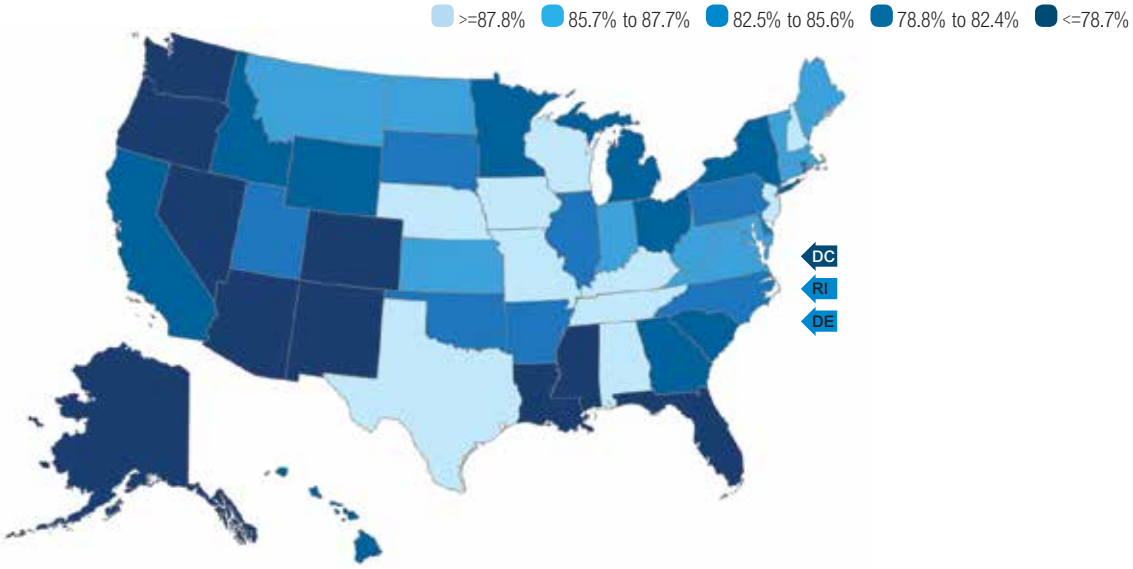
Disparities in health outcomes by educational attainment have widened in recent decades, producing larger gaps in health status between Americans with high and low education. Among adults aged 25 years and older without a high school diploma, life expectancy is four to five years shorter than high school graduates and nine years shorter than college graduates. The prevalence of diabetes, high blood pressure, heart disease, and heart attack are significantly higher among those with less than a high school degree. If the health of less educated Americans were on par with the health of college-educated Americans, health improvements would result in savings of more than $1 trillion annually.



2016 edition data source: National Center for Education Statistics, 2014-2015
For details: http://www.americashealthrankings.org/AR16/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



Top 5 States

Iowa	90.8%
New Jersey	89.7%
Alabama	89.3%
Texas	89.0%
Nebraska	88.9%
United States	83.2%

Bottom 5 States

New Mexico	68.6%
Nevada	71.3%
Oregon	73.8%
Mississippi	75.4%
Alaska	75.6%
United States	83.2%

Ranking

by High School Graduation

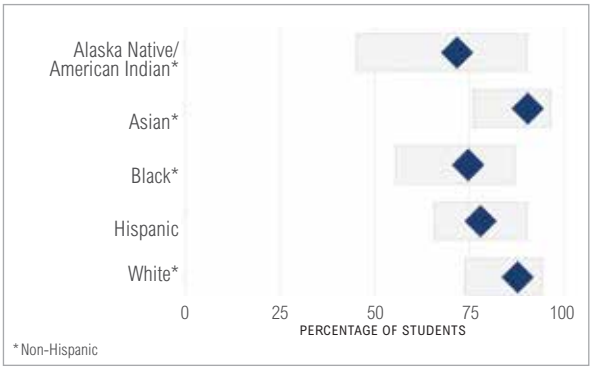
Rank	State	Value (%)
1	Iowa	90.8
2	New Jersey	89.7
3	Alabama	89.3
4	Texas	89.0
5	Nebraska	88.9
6	Wisconsin	88.4
7	New Hampshire	88.1
8	Kentucky	88.0
9	Tennessee	87.9
10	Missouri	87.8
11	Vermont	87.7
12	Maine	87.5
13	Massachusetts	87.3
14	Connecticut	87.2
15	Indiana	87.1
16	Maryland	87.0
17	North Dakota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

Disparities in High School Graduation

◆ US Rate

Maximum and Minimum

Percentage by Race and Hispanic Origin

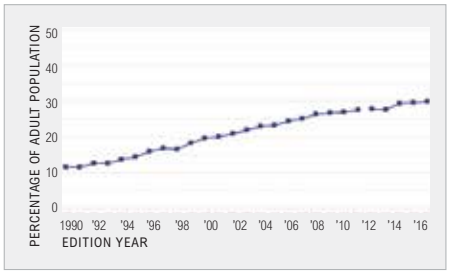


"The pathways to and consequences of dropping out [of school] perpetuate an insidious cycle of poverty, disparities, and entrenched inequities that underscore why graduation has become a public health priority."

AMERICAN PUBLIC HEALTH ASSOCIATION

Obesity

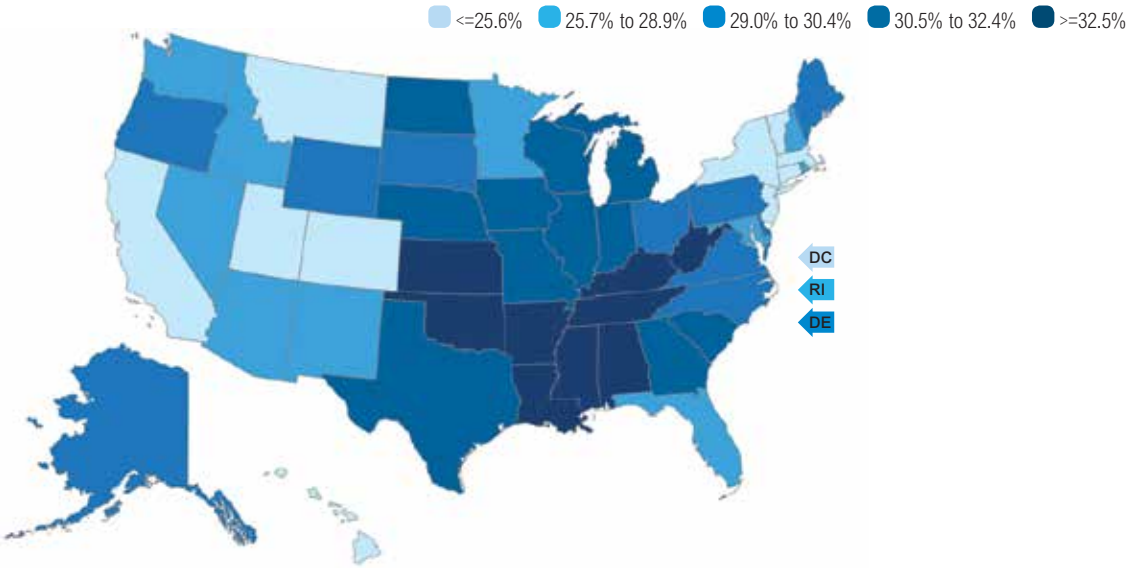
Obesity is generally caused by the regular consumption of more calories than the body is able to burn. Additional contributing factors include genetics, prenatal and early life influences, unhealthy diets, insufficient sleep, too much television, lack of physical activity, and the social and physical environment. Obesity contributes to an estimated 200,000 deaths yearly and is a leading factor in such preventable conditions as heart disease, type 2 diabetes, stroke, cancer, and hypertension. An estimated $190.2 billion is spent on obesity-related health issues each year, representing 21% of annual medical spending.



2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/Obesity

Obesity by State

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



Top 5 States

- Colorado 20.2%
- Hawaii 22.7%
- Montana 23.6%
- California 24.2%
- Massachusetts 24.3%
- United States 29.8%

Bottom 5 States

- Louisiana 36.2%
- Alabama
- Mississippi
- West Virginia
- (tie) 35.6%
- Kentucky 34.6%
- United States 29.8%

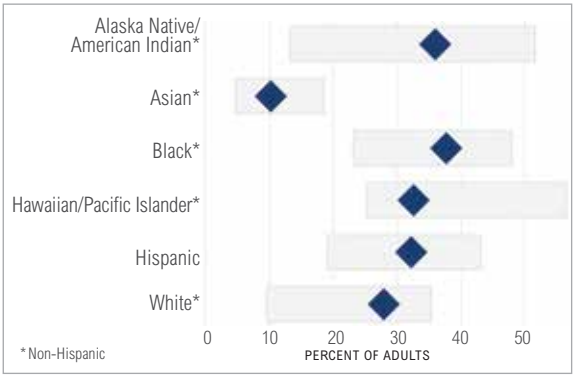
Ranking

by Obesity

Rank	State	Value (%)
1	Colorado	20.2
2	Hawaii	22.7
3	Montana	23.6
4	California	24.2
5	Massachusetts	24.3
6	Utah	24.5
7	New York	25.0
8	Vermont	25.1
9	Connecticut	25.3
10	New Jersey	25.6
11	Rhode Island	26.0
12	Minnesota	26.1
13	New Hampshire	26.3
14	Washington	26.4
15	Nevada	26.7
16	Florida	26.8
17	Arizona	28.4
18	Idaho	28.6
19	New Mexico	28.8
20	Maryland	28.9
21	Wyoming	29.0
22	Virginia	29.2
23	Delaware	29.7
24	Alaska	29.8
24	Ohio	29.8
26	Maine	30.0
26	Pennsylvania	30.0
28	North Carolina	30.1
28	Oregon	30.1
30	South Dakota	30.4
31	Georgia	30.7
31	Wisconsin	30.7
33	Illinois	30.8
34	North Dakota	31.0
35	Michigan	31.2
36	Indiana	31.3
37	Nebraska	31.4
38	South Carolina	31.7
39	Iowa	32.1
40	Missouri	32.4
40	Texas	32.4
42	Tennessee	33.8
43	Oklahoma	33.9
44	Kansas	34.2
45	Arkansas	34.5
46	Kentucky	34.6
47	Alabama	35.6
47	Mississippi	35.6
47	West Virginia	35.6
50	Louisiana	36.2
	United States	29.8
	District of Columbia	22.1

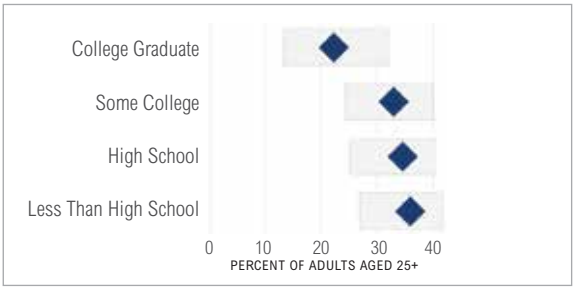
Disparities in Obesity

Prevalence by Race and Hispanic Origin

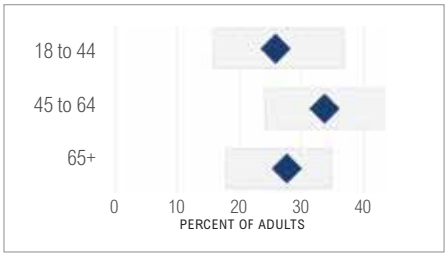


Prevalence by Gender

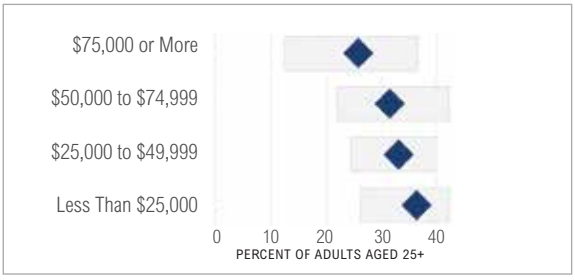
Prevalence by Education



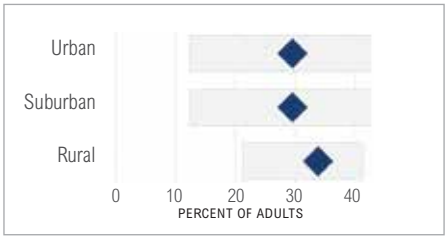
Prevalence by Age

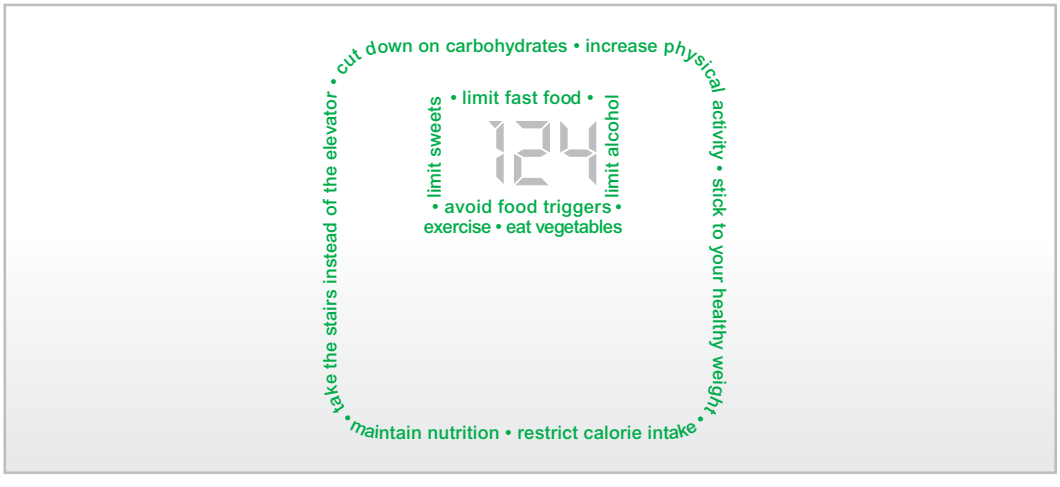


Prevalence by Income



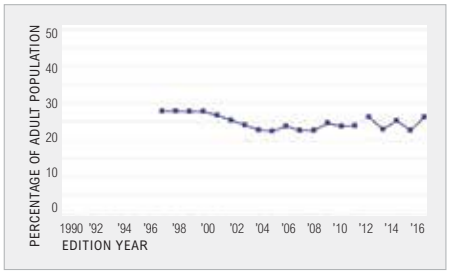
Prevalence by Urbanicity





Physical Inactivity

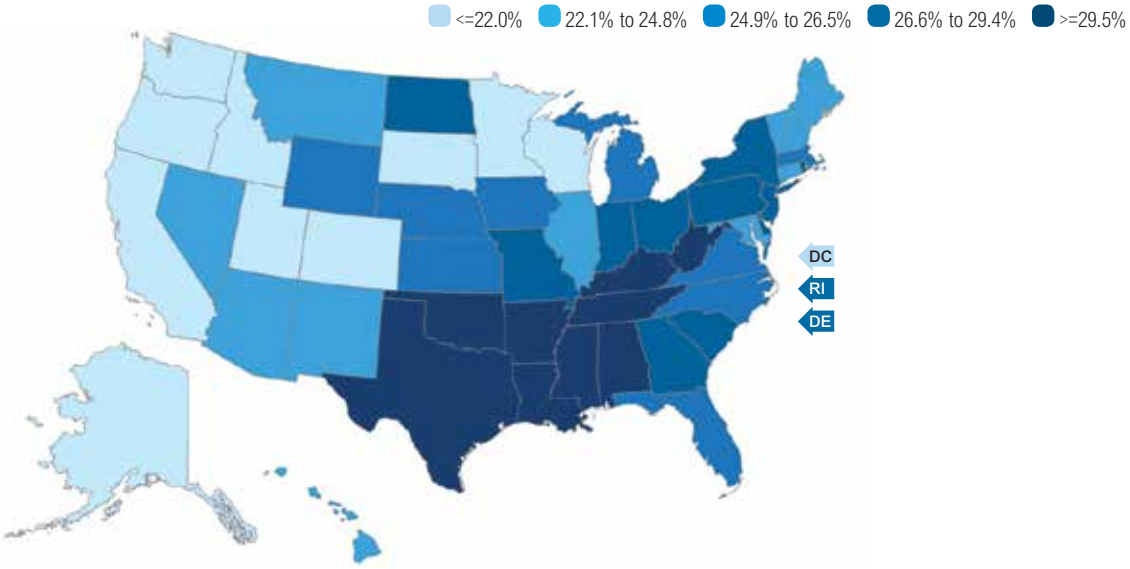
In the United States 6.7% of coronary heart disease, 8.3% of type 2 diabetes, 12.4% of breast cancer, 12.0% of colon cancer, and 10.8% of all-cause mortality are attributable to physical inactivity. Less than 21% of adults met US Department of Health and Human Services physical activity recommendations (minimum 150 minutes weekly) in 2014. Physical inactivity is associated with many social and environmental factors including low educational attainment, socioeconomic status, violent crime, and poverty. Elimination of physical inactivity would significantly decrease chronic disease prevalence and increase life expectancy. Physical inactivity costs $117 billion annually and accounts for more than 11% of total US health care expenditures.



2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/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



Top 5 States

Colorado	17.9%
Oregon	18.8%
Washington	19.0%
California	20.0%
Utah	20.3%
United States	26.2%

Bottom 5 States

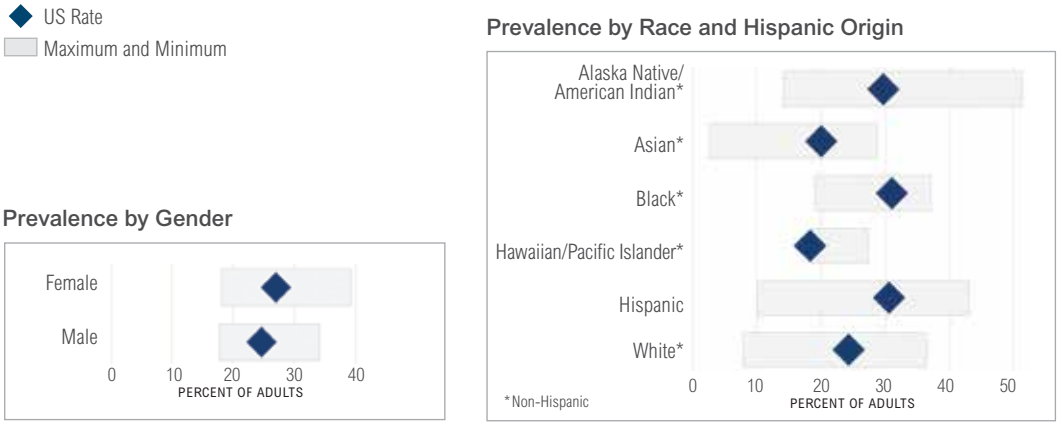
Mississippi	36.8%
Arkansas	34.2%
Oklahoma	33.2%
Kentucky	32.5%
Alabama & Louisiana	31.9%
United States	26.2%

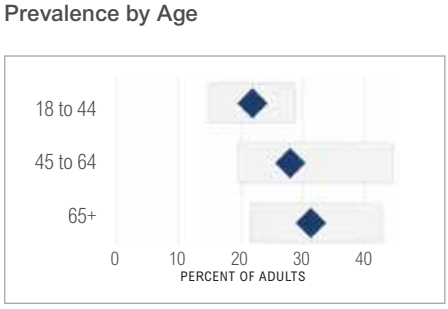
Ranking

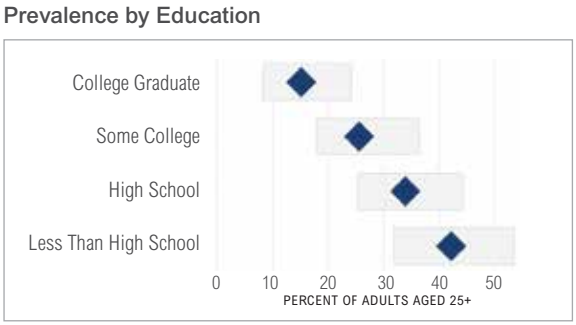
by Physical Inactivity

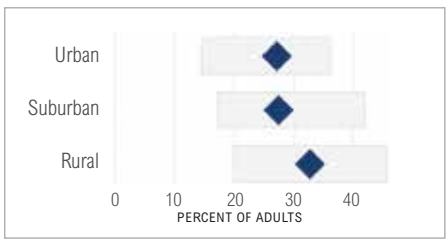
Rank	State	Value (%)
1	Colorado	17.9
2	Oregon	18.8
3	Washington	19.0
4	California	20.0
5	Utah	20.3
6	Idaho	21.2
7	South Dakota	21.5
8	Wisconsin	21.6
9	Minnesota	21.8
10	Alaska	22.0
11	Vermont	22.2
12	Hawaii	22.5
12	Montana	22.5
14	New Hampshire	22.6
14	New Mexico	22.6
16	Connecticut	23.5
17	Maryland	24.1
18	Arizona	24.7
18	Nevada	24.7
20	Illinois	24.8
20	Maine	24.8
22	Virginia	25.1
23	Nebraska	25.3
24	Michigan	25.5
25	Florida	26.2
25	North Carolina	26.2
25	Wyoming	26.2
28	Iowa	26.3
29	Kansas	26.5
29	Massachusetts	26.5
31	South Carolina	26.7
32	North Dakota	26.8
33	Missouri	27.0
33	Ohio	27.0
35	New Jersey	27.2
36	Georgia	27.3
37	Pennsylvania	27.8
38	Rhode Island	28.1
39	New York	29.3
40	Delaware	29.4
40	Indiana	29.4
42	Texas	29.5
43	Tennessee	30.4
44	West Virginia	30.8
45	Alabama	31.9
45	Louisiana	31.9
47	Kentucky	32.5
48	Oklahoma	33.2
49	Arkansas	34.2
50	Mississippi	36.8
	United States	26.2
	District of Columbia	19.4

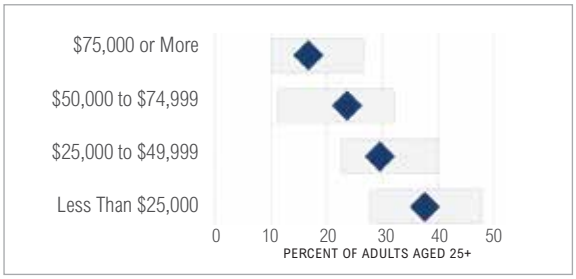
Disparities in Physical Inactivity





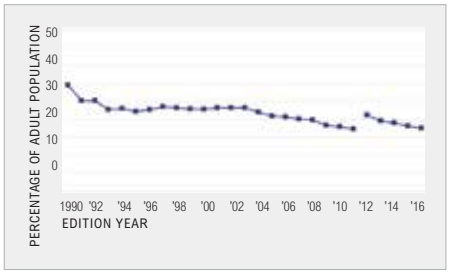






Smoking

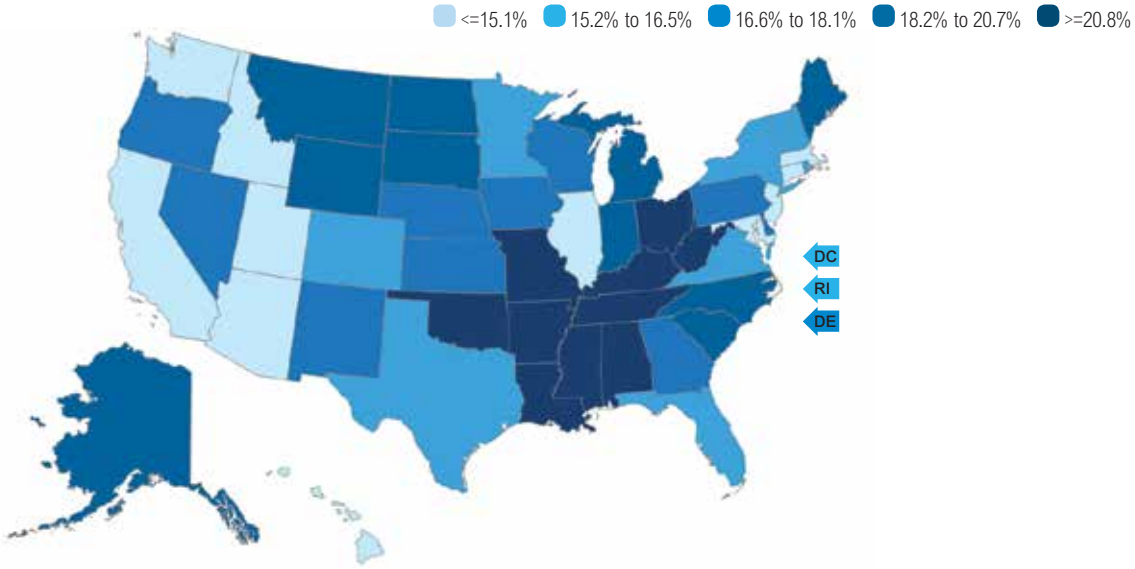
Smoking is the leading cause of preventable death. Annually, more than 480,000 people die from cigarette smoking, including nearly 42,000 deaths from secondhand smoke exposure. More than 16 million Americans are living with a smoking-related disease, which can damage nearly every organ and potentially cause respiratory disease, heart disease, stroke, cancer, preterm birth, low birthweight, and premature death. Smoking prevalence has decreased in all 50 states over the past four years, but in 15 states, it has increased among those with less than a high school education. Direct medical expenditures attributed to smoking exceed $170 billion annually.



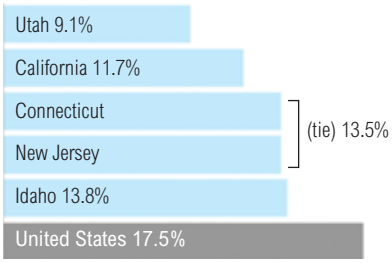
2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/Smoking

Smoking by State

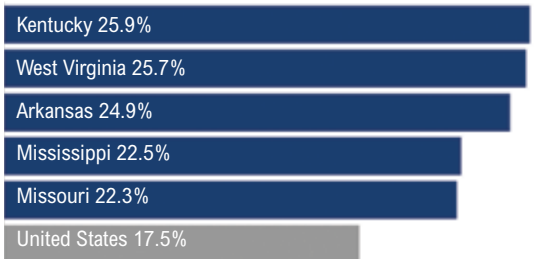
Percentage of adults who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)



Top 5 States



Bottom 5 States

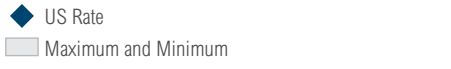


Ranking

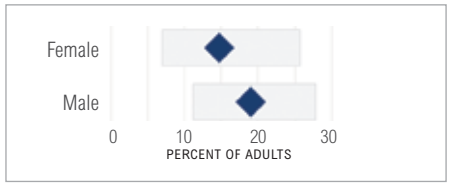
by Smoking

Rank	State	Value (%)
1	Utah	9.1
2	California	11.7
3	Connecticut	13.5
3	New Jersey	13.5
5	Idaho	13.8
6	Arizona	14.0
6	Massachusetts	14.0
8	Hawaii	14.1
9	Washington	15.0
10	Illinois	15.1
10	Maryland	15.1
12	New York	15.2
12	Texas	15.2
14	Rhode Island	15.5
15	Colorado	15.6
16	Florida	15.8
17	New Hampshire	15.9
18	Vermont	16.0
19	Minnesota	16.2
20	Virginia	16.5
21	Nebraska	17.1
21	Oregon	17.1
23	Wisconsin	17.3
24	Delaware	17.4
25	Nevada	17.5
25	New Mexico	17.5
27	Georgia	17.7
27	Kansas	17.7
29	Iowa	18.1
29	Pennsylvania	18.1
31	North Dakota	18.7
32	Montana	18.9
33	North Carolina	19.0
34	Alaska	19.1
34	Wyoming	19.1
36	Maine	19.5
37	South Carolina	19.7
38	South Dakota	20.1
39	Indiana	20.6
40	Michigan	20.7
41	Alabama	21.4
42	Ohio	21.6
43	Louisiana	21.9
43	Tennessee	21.9
45	Oklahoma	22.2
46	Missouri	22.3
47	Mississippi	22.5
48	Arkansas	24.9
49	West Virginia	25.7
50	Kentucky	25.9
	United States	17.5
	District of Columbia	16.0

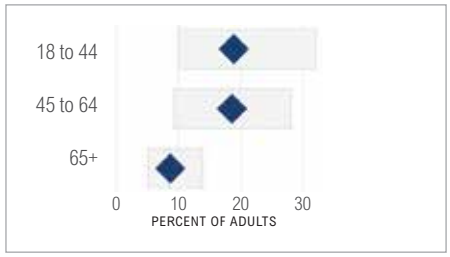
Disparities in Smoking



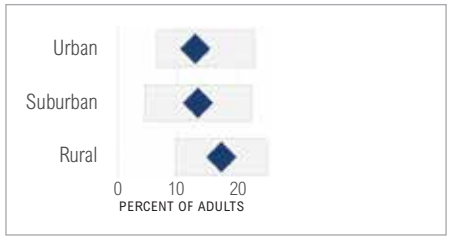
Prevalence by Gender



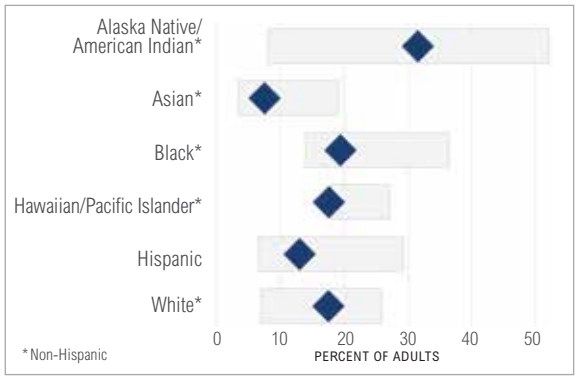
Prevalence by Age



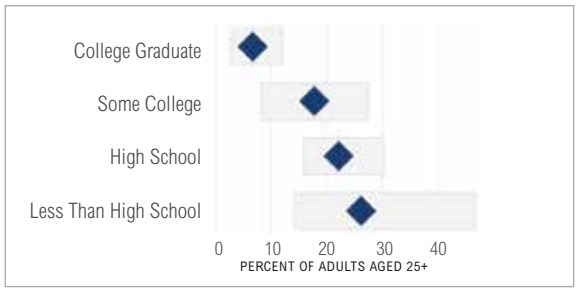
Prevalence by Urbanicity



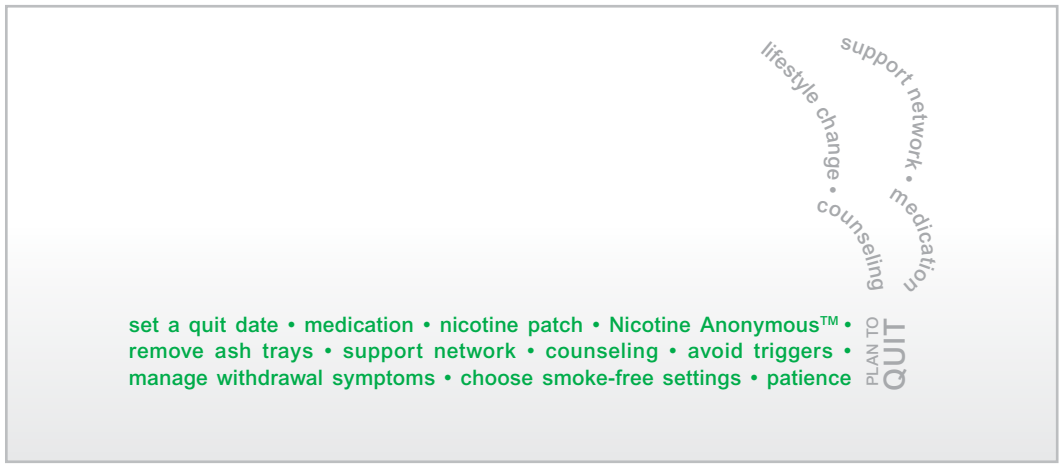
Prevalence by Race and Hispanic Origin



Prevalence by Education

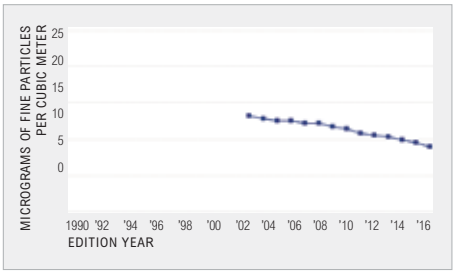


Prevalence by Income



Air Pollution

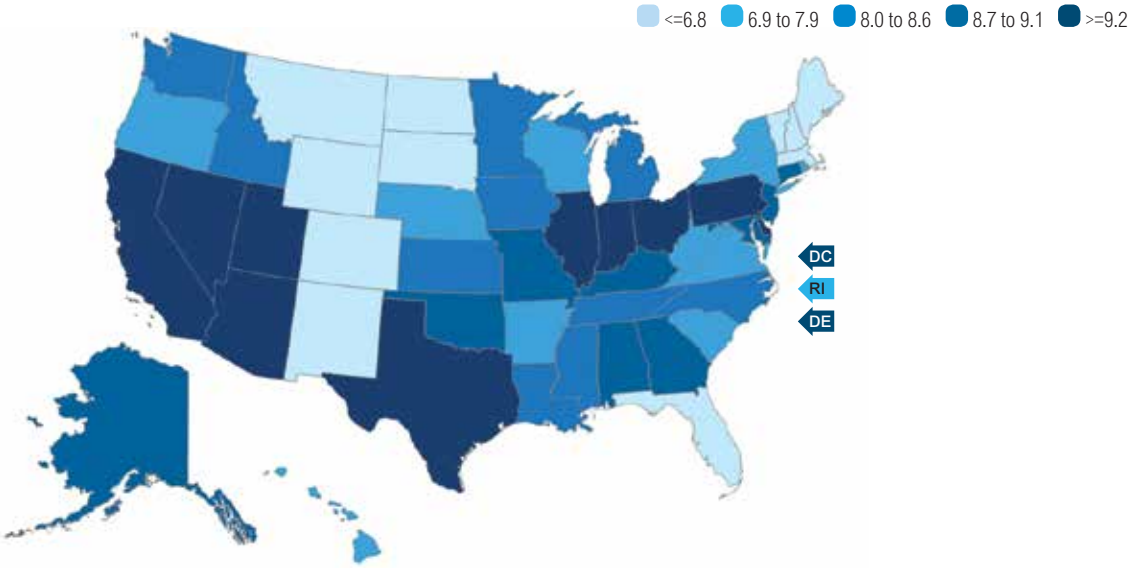
Fine particulates in smoke or haze penetrate lung tissue and contribute to premature death. Air pollution is linked to increased respiratory symptoms, decreased lung function, asthma, chronic bronchitis, irregular heartbeats, and heart attacks. Asthma affects 6.3 million children; its direct medical costs total $50.1 billion annually, while lost productivity adds $6.1 billion. Combustion emissions cause an estimated 200,000 annual premature deaths. The EPA estimates the Clean Air Act prevented 130,000 heart attacks, 1.7 million asthma attacks, and 13 million lost workdays between 1990 and 2010. It is estimated that the Clean Air Act will prevent 230,000 annual cases of premature mortality in 2020.



2016 edition data source: US Environmental Protection Agency, 2013-2015
For details: http://www.americashealthrankings.org/AR16/air

Air Pollution by State

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



Top 5 States

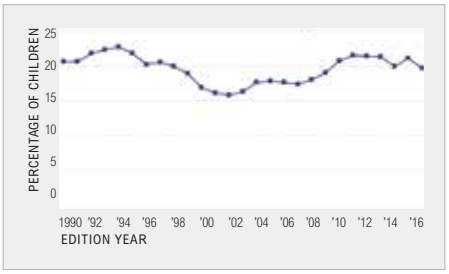
- Wyoming 4.4
- North Dakota 4.9
- Vermont 5.6
- New Mexico 6.0
- Montana & South Dakota 6.3
- United States 8.9

Bottom 5 States

- California 11.4
- Pennsylvania 11.0
- Illinois 10.8
- Indiana 10.5
- Ohio 10.2
- United States 8.9

Children in Poverty

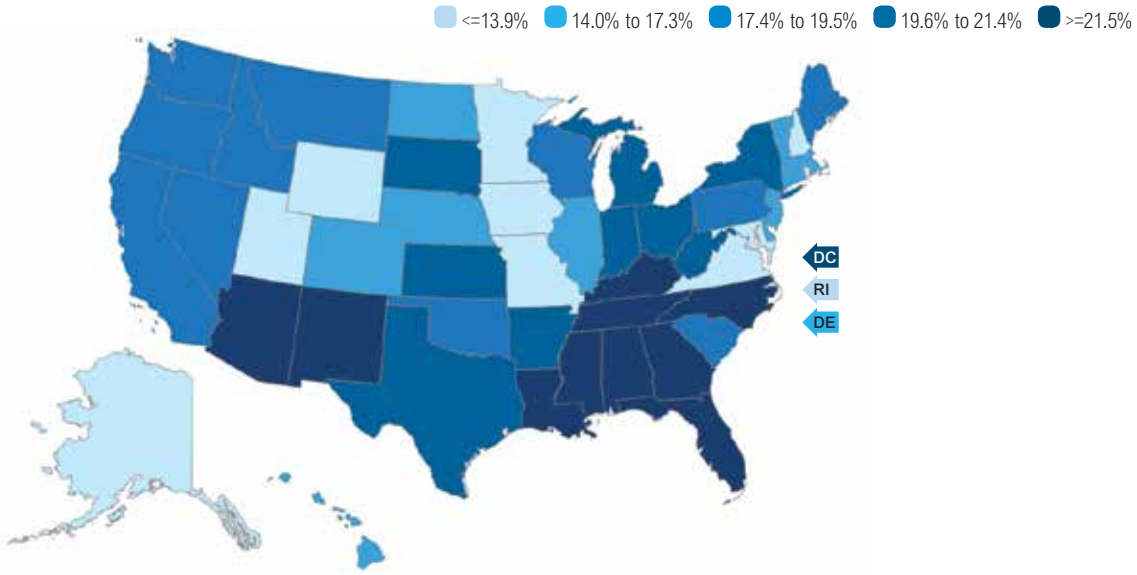
Poverty influences a family's ability to meet children's basic needs and may limit access to health care, healthy foods, educational opportunities, and physical activity choices. Children living in poverty are three times more likely to have unmet health needs than other children. Children born into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



Data source: *Current Population Survey, 2016 Annual Social and Economic Supplement,* 2015
For details: http://www.americashealthrankings.org/AR16/ChildPoverty

Children in Poverty by State

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



Top 5 States

- Minnesota 8.0%
- New Hampshire 8.7%
- Wyoming 12.2%
- Utah 12.3%
- Missouri 12.4%
- United States 19.7%

Bottom 5 States

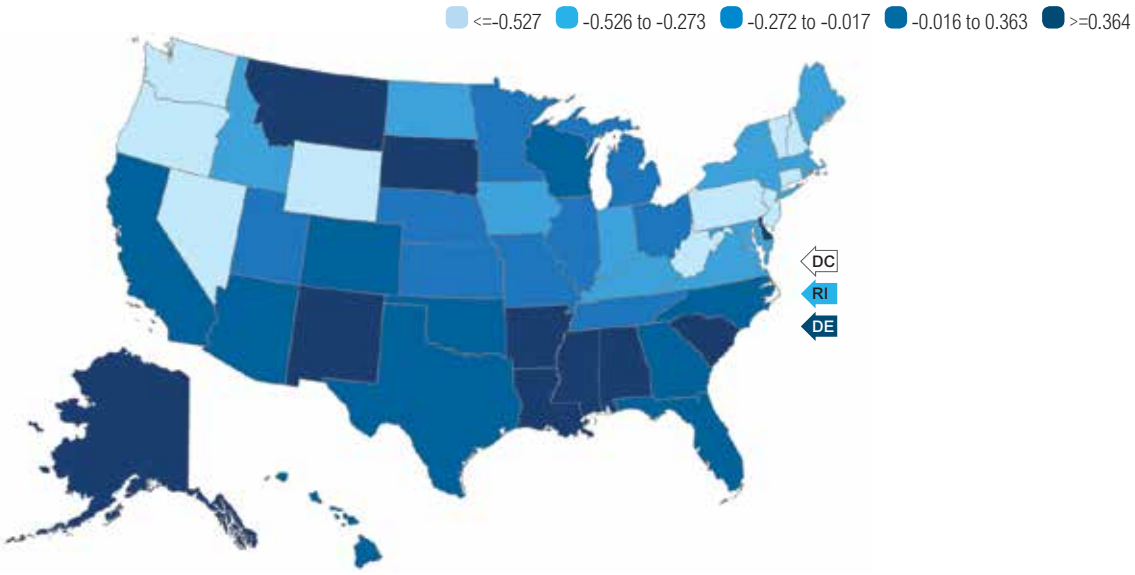
- New Mexico 29.5%
- Georgia 28.7%
- Mississippi 28.4%
- Arizona 25.5%
- Kentucky 25.0%
- United States 19.7%

Infectious Disease

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

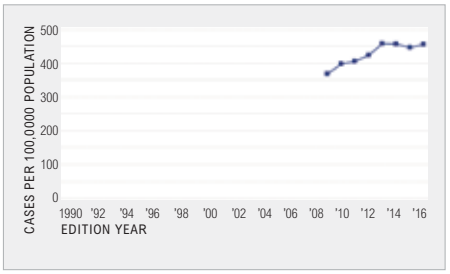
Infectious Disease by State

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



Chlamydia

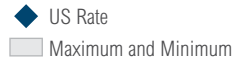
Chlamydia is an asymptomatic sexually transmitted infection caused by the bacterium *Chlamydia trachomatis* that infects both men and women. While easily treated, if left untreated chlamydia can cause permanent damage to a woman's reproductive system. More than 1.4 million chlamydia cases were reported in 2014—making it the most common notifiable disease.



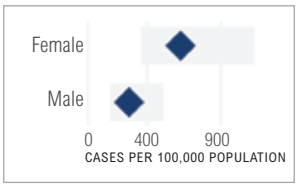
2016 edition data source: *NCHHSTP Atlas*, 2014
For details: http://www.americashealthrankings.org/AR16/chlamydia

Infectious Disease, *continued*

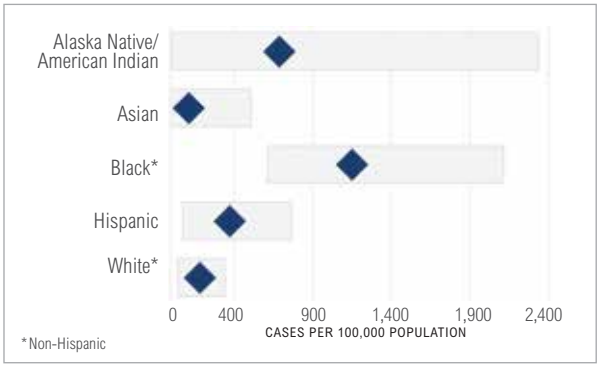
Disparities in Chlamydia



Incidence by Gender

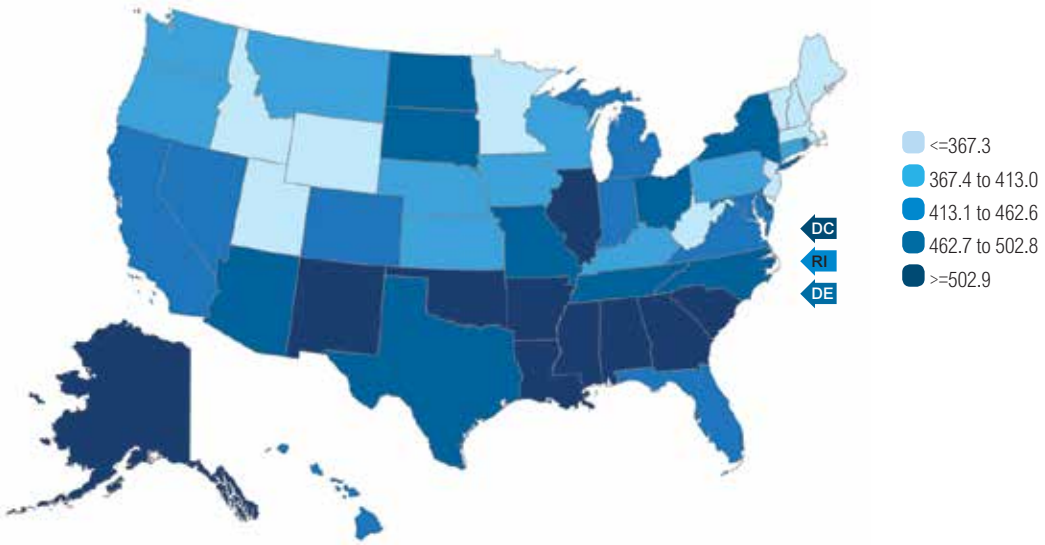


Incidence by Race and Hispanic Origin

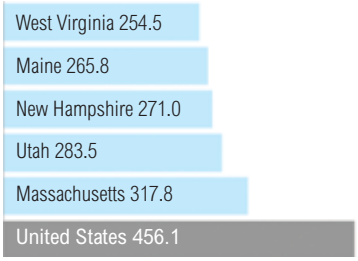


Chlamydia by State

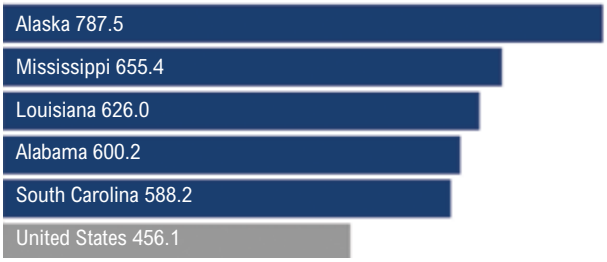
Number of new cases of chlamydia per 100,000 population



Top 5 States



Bottom 5 States



Ranking

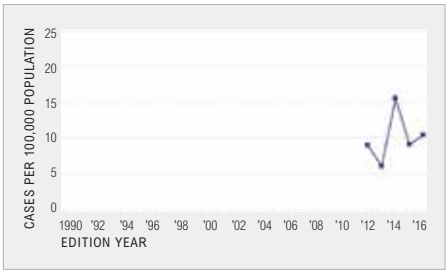
by Chlamydia

Rank	State	Value
1	West Virginia	254.5
2	Maine	265.8
3	New Hampshire	271.0
4	Utah	283.5
5	Massachusetts	317.8
6	New Jersey	336.0
7	Idaho	337.6
8	Wyoming	338.4
9	Vermont	357.0
10	Minnesota	367.3
11	Connecticut	372.1
12	Washington	381.2
13	Iowa	382.0
14	Kansas	384.1
15	Oregon	394.6
16	Pennsylvania	395.6
17	Nebraska	401.3
18	Kentucky	401.9
19	Wisconsin	403.2
20	Montana	413.0
21	Rhode Island	413.6
22	Colorado	415.0
23	Nevada	424.4
24	Florida	430.6
25	Indiana	434.0
26	Virginia	436.4
27	Michigan	447.2
28	Hawaii	457.2
29	California	459.9
30	Maryland	462.6
31	Missouri	462.9
32	Tennessee	474.0
33	Ohio	474.1
34	North Dakota	477.1
35	North Carolina	478.7
36	Delaware	483.2
37	Arizona	488.9
38	South Dakota	493.1
39	Texas	496.1
40	New York	502.8
41	Illinois	516.5
42	Georgia	519.9
43	Arkansas	527.3
44	Oklahoma	536.6
45	New Mexico	554.3
46	South Carolina	588.2
47	Alabama	600.2
48	Louisiana	626.0
49	Mississippi	655.4
50	Alaska	787.5
	United States	456.1
	District of Columbia	818.8

Infectious Disease, *continued*

Pertussis

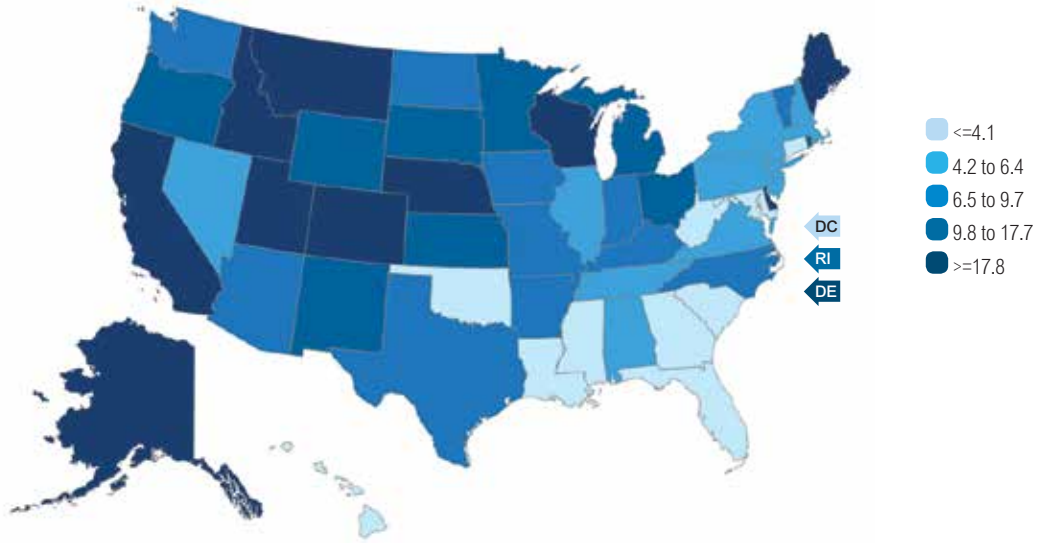
Pertussis (whooping cough) is a contagious respiratory disease that can last 10 weeks and be life-threatening, especially in infants. It is usually spread through coughing or sneezing. Vaccination can reduce transmission. In 2014, 32,971 cases were reported, but many go undiagnosed and unreported.



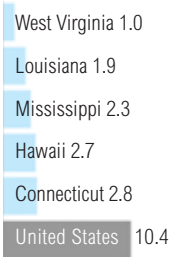
2016 edition data source: *MMWR, Summary of Notifiable Infectious Diseases and Conditions*, 2014
For details: http://www.americashealthrankings.org/AR16/pertussis

Pertussis by State

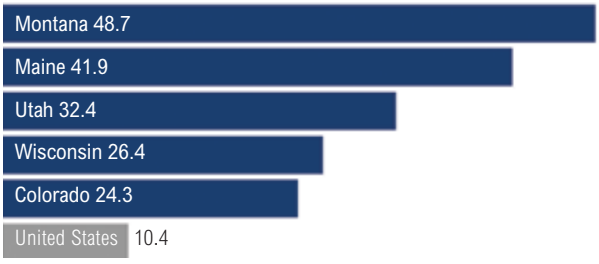
Number of new cases of pertussis per 100,000 population



Top 5 States



Bottom 5 States



Ranking

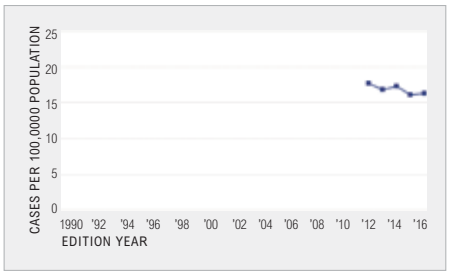
by Pertussis

Rank	State	Value
1	West Virginia	1.0
2	Louisiana	1.9
3	Mississippi	2.3
4	Hawaii	2.7
5	Connecticut	2.8
6	Maryland	3.4
7	South Carolina	3.6
8	Florida	3.7
8	Oklahoma	3.7
10	Georgia	4.1
11	New Jersey	4.3
12	Massachusetts	4.6
13	Tennessee	5.1
14	Nevada	5.2
14	New York	5.2
16	Alabama	5.9
16	Illinois	5.9
18	Virginia	6.1
19	New Hampshire	6.3
20	Pennsylvania	6.4
21	Vermont	6.7
22	Kentucky	6.8
23	Iowa	7.2
23	North Dakota	7.2
25	Indiana	7.5
26	North Carolina	7.6
27	Arizona	7.8
28	Washington	8.6
29	Missouri	9.2
30	Arkansas	9.7
30	Texas	9.7
32	Rhode Island	10.3
33	Oregon	10.6
34	Wyoming	10.8
35	Ohio	12.6
36	South Dakota	13.0
37	Michigan	14.4
38	Kansas	14.9
39	Minnesota	17.5
40	New Mexico	17.7
41	Nebraska	19.6
42	Delaware	22.1
43	California	22.8
43	Idaho	22.8
45	Alaska	23.0
46	Colorado	24.3
47	Wisconsin	26.4
48	Utah	32.4
49	Maine	41.9
50	Montana	48.7
	United States	10.4
	District of Columbia	3.4

Infectious Disease, *continued*

Salmonella

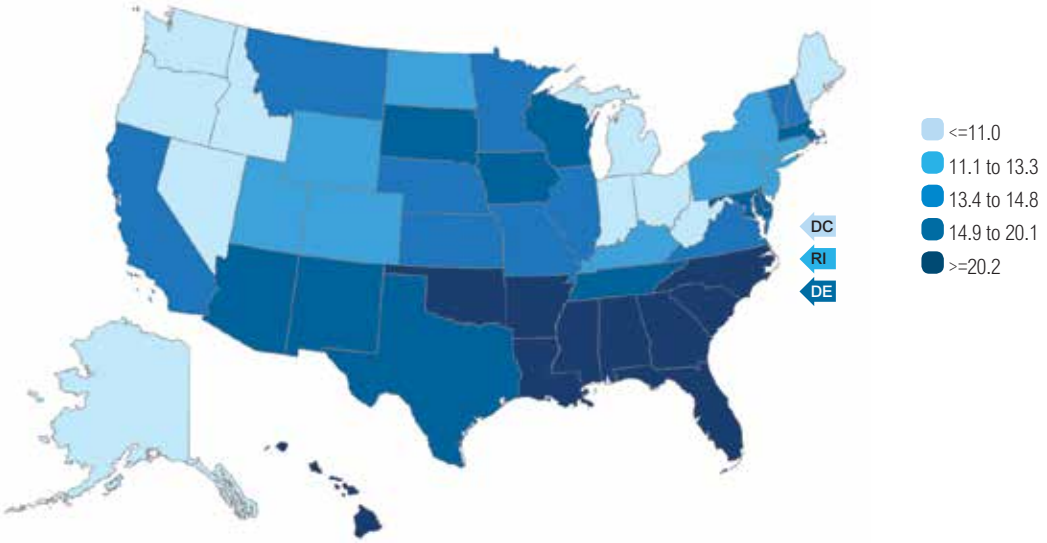
Salmonellosis, caused by the bacterium *Salmonella*, produces diarrhea, fever, and abdominal cramps. Symptoms appear 12 to 72 hours after infection. Approximately 1.2 million US *Salmonella* infections occur annually, with 1 million of them resulting from contaminated food.



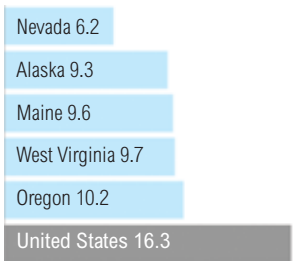
2016 edition data source: *MMWR, Summary of Notifiable Infectious Diseases and Conditions*, 2014
For details: http://www.americashealthrankings.org/AR16/salmonella

Salmonella by State

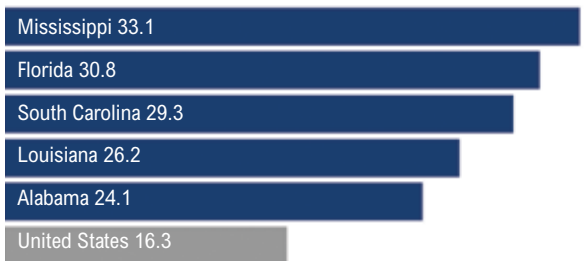
Number of new cases of *Salmonella* per 100,000 population



Top 5 States



Bottom 5 States



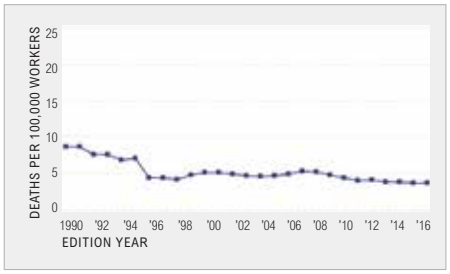
Ranking

by *Salmonella*

Rank	State	Value
1	Nevada	6.2
2	Alaska	9.3
3	Maine	9.6
4	West Virginia	9.7
5	Oregon	10.2
6	Ohio	10.4
7	Washington	10.6
8	Michigan	10.6
9	Idaho	10.8
10	Indiana	11.0
11	Pennsylvania	11.5
12	Colorado	11.7
13	New York	11.8
14	North Dakota	12.2
15	Connecticut	12.7
16	Utah	12.8
17	Wyoming	13.0
18	New Jersey	13.1
19	Kentucky	13.3
20	Rhode Island	13.3
21	Minnesota	13.4
22	Illinois	13.8
23	Nebraska	13.9
24	Missouri	13.9
25	Virginia	13.9
26	California	14.0
27	Montana	14.4
28	New Hampshire	14.4
29	Kansas	14.8
30	Vermont	14.8
31	Maryland	15.1
32	Tennessee	15.4
33	Arizona	15.8
34	Wisconsin	16.0
35	New Mexico	16.0
36	Delaware	17.0
37	Iowa	17.1
38	Massachusetts	18.3
39	Texas	19.5
40	South Dakota	20.1
41	Oklahoma	20.7
42	North Carolina	20.9
43	Georgia	22.4
44	Arkansas	22.6
45	Hawaii	23.0
46	Alabama	24.1
47	Louisiana	26.2
48	South Carolina	29.3
49	Florida	30.8
50	Mississippi	33.1
	United States	16.3
	District of Columbia	9.9

Occupational Fatalities

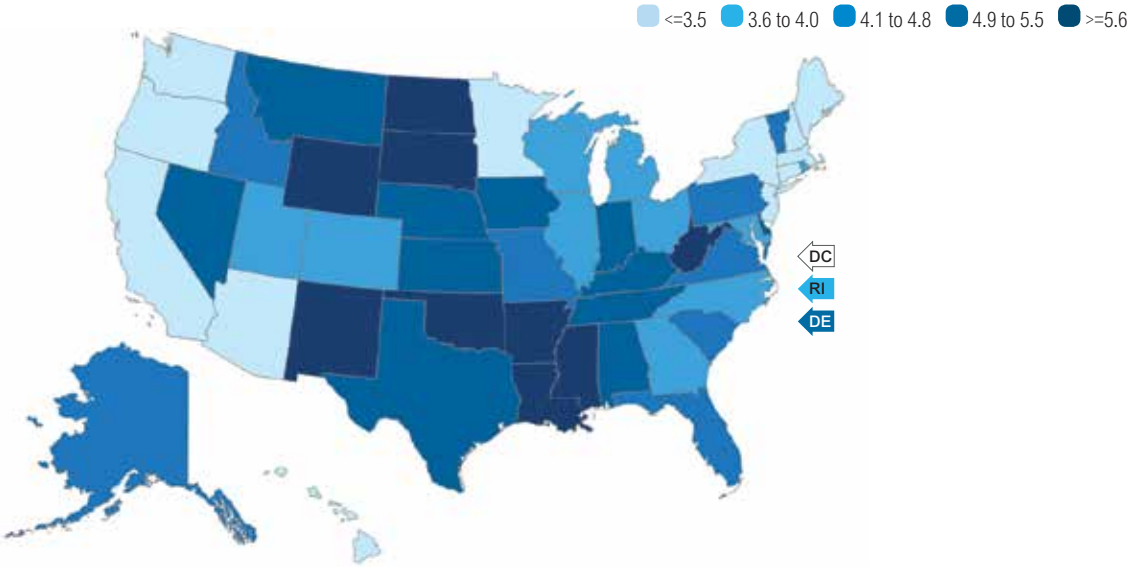
In 2014, 4,821 deaths occurred on the job. The leading causes were transportation incidents, contact with equipment, falls, and violence that includes homicide and suicide. Occupational fatalities are indicative of how high-risk jobs and unsafe working conditions impact the population. Hispanic workers are at higher risk of dying from work-related injuries than non-Hispanic workers. Workplace fatalities are almost always preventable. Increased safety precautions and regulatory oversight have helped to decrease the estimated 8.6 million annual occupational injuries that lead to fatalities. The estimated annual direct and indirect cost of these fatalities is $6 billion.



2016 edition data source: *Census of Fatal Occupational Injuries* & US Bureau of Economic Analysis, 2012-2014
For details: http://www.americashealthrankings.org/AR16/WorkFatalities

Occupational Fatalities by State

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



Top 5 States

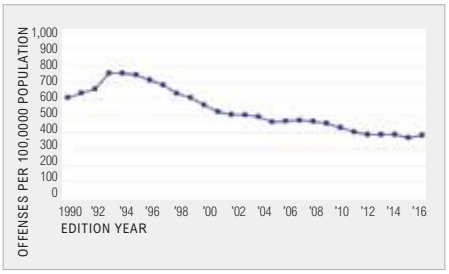
- Massachusetts 2.0
- New York 2.2
- Washington 2.6
- Connecticut 2.9
- California 3.0
- United States 3.7

Bottom 5 States

- Wyoming 12.0
- North Dakota 10.4
- Mississippi 8.0
- Oklahoma 7.8
- Louisiana 7.6
- United States 3.7

Violent Crime

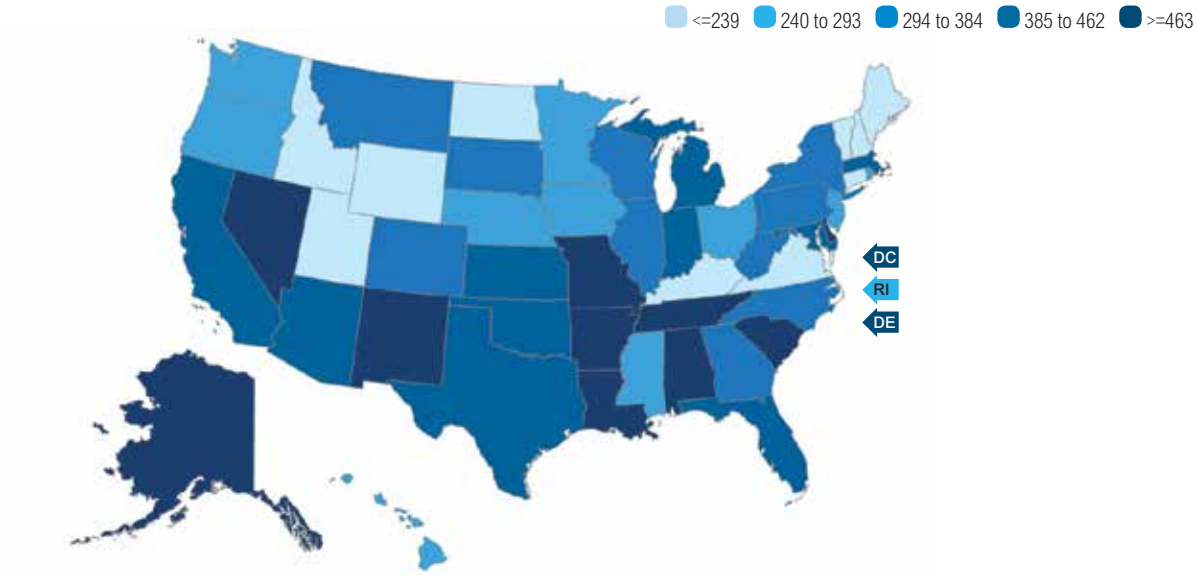
More than 1.1 million violent crimes and 15,000 homicides occurred in the United States in 2015. Homicide is the third-leading cause of death among 15 to 34 year olds. Violent crime can cause injuries, mental health issues, disability, death, and long-term stress in children, families, and neighborhoods. Violent crime interferes with healthy lifestyles by discouraging physical activity. Exposure to violence in childhood is associated with increased risk of chronic diseases in adulthood such as heart disease, diabetes, and stroke. Violent crime carries an annual economic burden estimated at $65 billion in lost productivity and $6 billion in direct medical costs.



2016 edition data source: Federal Bureau of Investigation, 2015
For details: http://www.americashealthrankings.org/AR16/Crime

Violent Crime by State

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



Top 5 States

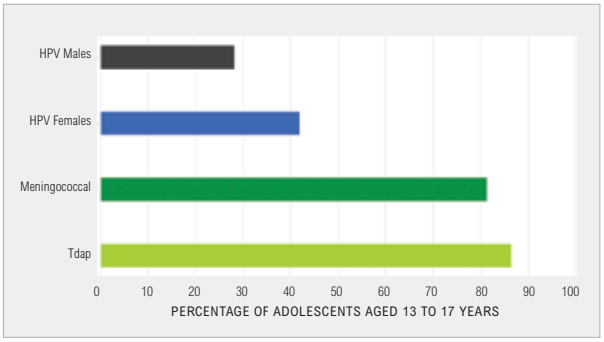
- Vermont 118
- Maine 130
- Virginia 196
- New Hampshire 199
- Idaho 216
- United States 383

Bottom 5 States

- Alaska 730
- Nevada 696
- New Mexico 656
- Tennessee 612
- Louisiana 540
- United States 383

Immunizations—Adolescents

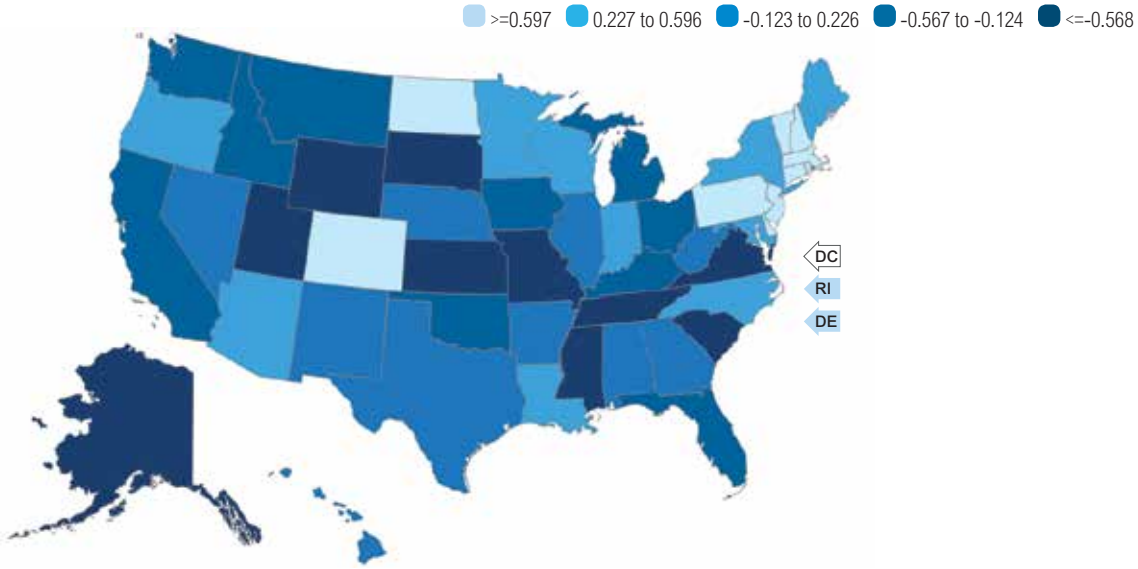
As children age, protection from some childhood vaccines begins to diminish, putting school-aged children at risk for diseases like pertussis. A Tdap booster at age 11 or 12 is recommended to maintain protection against tetanus, diphtheria, and pertussis. The booster also protects those who come in contact with school-aged children, most importantly infants and the elderly. Additional recommended vaccines are the meningococcal conjugate vaccine (MenACWY) that protects against meningococcal disease in teens and young adults and the human papillomavirus (HPV) vaccine that protects against cervical, genital, and oropharyngeal cancers into adulthood. Yearly administration of the flu vaccine is also recommended to protect against seasonal influenza.



2016 edition data source: National Immunization Survey, 2015
For details: http://www.americashealthrankings.org/AR16/immunize_teens_a

Immunizations—Adolescents by State

Mean z score of the percentage of adolescents aged 13 to 17 years who received ≥1 dose of Tdap since age 10 years, ≥1 dose of meningococcal conjugate vaccine, and ≥3 doses of human papillomavirus (HPV) vaccine (females and males)



Top 5 States

Rhode Island	1.783
Connecticut	1.300
Vermont	1.108
New Hampshire	1.057
Pennsylvania	1.013
United States	0.000

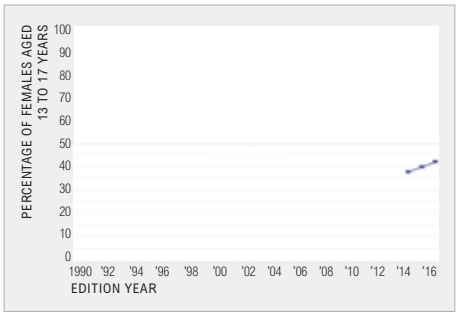
Bottom 5 States

Mississippi	-1.788
South Dakota	-1.625
Alaska	-1.597
South Carolina	-1.147
Wyoming	-1.042
United States	0.000

Immunizations—Adolescents, *continued*

HPV Female—Adolescents

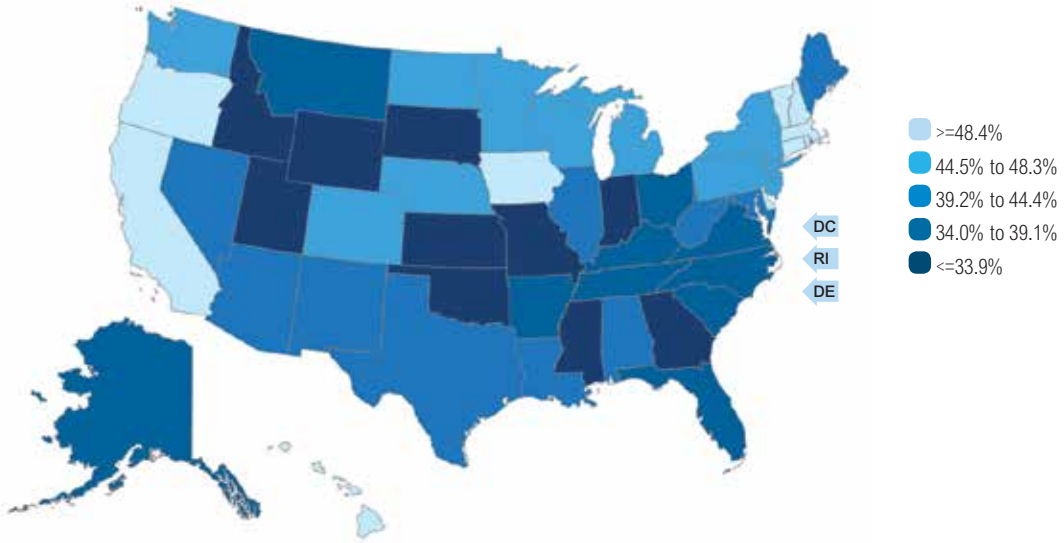
Human papillomavirus (HPV) is the most common sexually transmitted infection, affecting nearly all sexually active people. HPV vaccination can prevent HPV infections that cause cervical, vaginal, and vulvar cancers in women and anal cancer, throat cancer, and genital warts in both men and women.



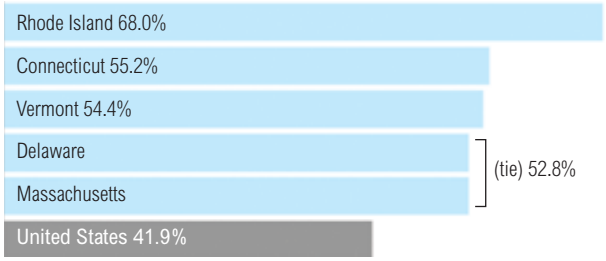
2016 edition data source: *National Immunization Survey,* 2015
For details: http://www.americashealthrankings.org/AR16/immunize_hpv_female

Immunizations, HPV Female—Adolescents by State

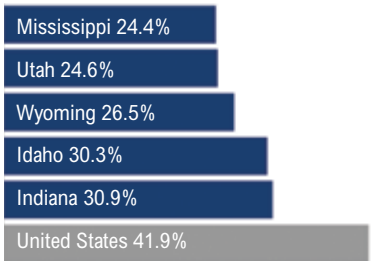
Percentage of females aged 13 to 17 years who received ≥3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent



Top 5 States



Bottom 5 States



Ranking

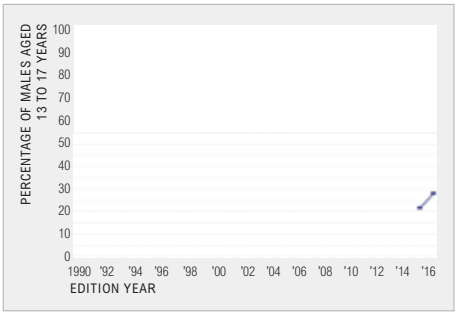
by HPV Female—Adolescents

Rank	State	Value (%)
1	Rhode Island	68.0
2	Connecticut	55.2
3	Vermont	54.4
4	Delaware	52.8
4	Massachusetts	52.8
6	Hawaii	52.4
7	New Hampshire	51.4
8	Iowa	49.8
9	Oregon	48.9
10	California	48.4
11	Nebraska	48.2
12	Pennsylvania	47.8
13	New York	47.3
13	Wisconsin	47.3
15	Michigan	47.2
16	North Dakota	47.1
17	Colorado	46.0
18	Washington	45.1
19	New Jersey	45.0
20	Minnesota	44.5
21	Arizona	44.2
22	Maine	44.1
23	Maryland	43.7
24	Nevada	42.5
25	Texas	40.9
26	Alabama	40.8
27	New Mexico	40.6
28	Illinois	40.2
29	Louisiana	39.3
30	West Virginia	39.2
31	Tennessee	38.9
32	Virginia	38.5
33	North Carolina	37.8
33	Ohio	37.8
35	Alaska	36.9
36	Florida	36.8
37	Kentucky	36.2
38	Montana	34.8
39	South Carolina	34.3
40	Arkansas	34.0
41	South Dakota	32.4
42	Georgia	32.3
43	Oklahoma	32.2
44	Kansas	31.7
45	Missouri	31.5
46	Indiana	30.9
47	Idaho	30.3
48	Wyoming	26.5
49	Utah	24.6
50	Mississippi	24.4
	United States	41.9
	District of Columbia	58.8

Immunizations—Adolescents, *continued*

HPV Male—Adolescents

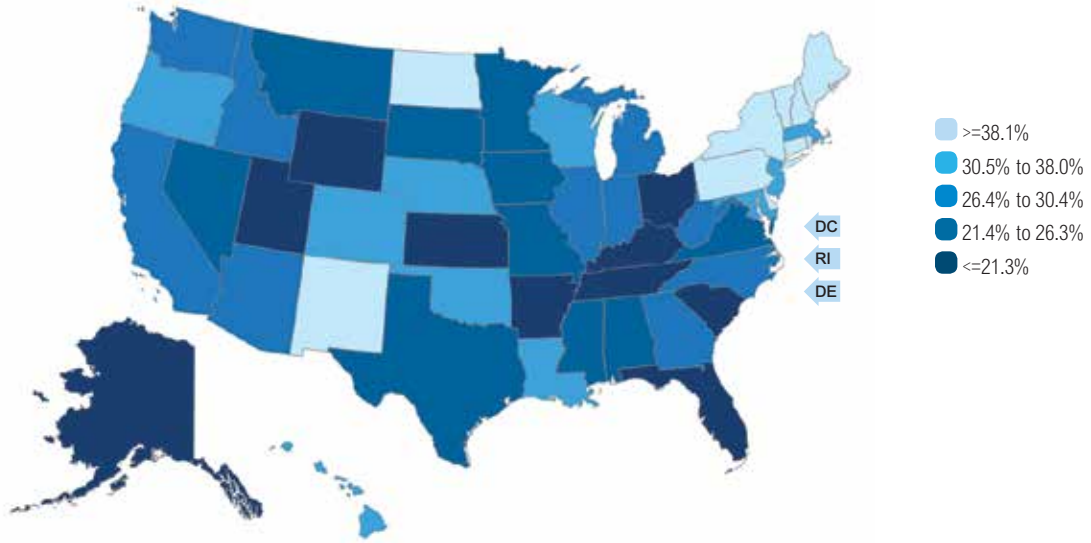
Human papillomavirus (HPV) is the most common sexually transmitted infection, affecting nearly all sexually active people. HPV vaccination can prevent HPV infections that cause penile cancer in men and anal cancer, throat cancer, and genital warts in both men and women.



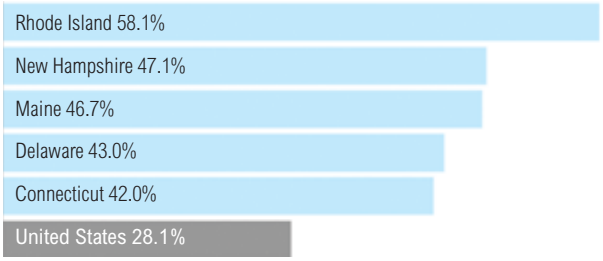
2016 edition data source: *National Immunization Survey*, 2015
For details: http://www.americashealthrankings.org/AR16/immunize_hpv_male

Immunizations, HPV Male—Adolescents by State

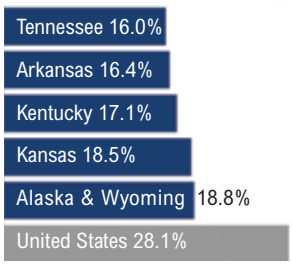
Percentage of males aged 13 to 17 years who received ≥3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent



Top 5 States



Bottom 5 States



Ranking

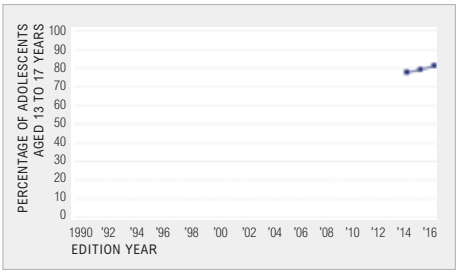
by HPV Male—Adolescents

Rank	State	Value (%)
1	Rhode Island	58.1
2	New Hampshire	47.1
3	Maine	46.7
4	Delaware	43.0
5	Connecticut	42.0
6	Vermont	41.1
7	New Mexico	40.3
8	North Dakota	38.4
9	Pennsylvania	38.3
10	New York	38.1
11	Colorado	37.1
12	Hawaii	36.2
13	Oklahoma	35.7
13	Oregon	35.7
15	Massachusetts	35.2
16	Wisconsin	33.5
17	Nebraska	32.2
18	Maryland	31.3
19	New Jersey	30.9
20	Louisiana	30.5
21	North Carolina	29.8
22	California	29.5
23	Michigan	28.6
24	Washington	28.0
25	Georgia	27.5
25	Indiana	27.5
27	West Virginia	27.1
28	Arizona	27.0
29	Illinois	26.8
30	Idaho	26.4
31	Virginia	25.7
32	Missouri	25.1
33	Texas	24.0
34	Iowa	23.9
35	Nevada	23.7
36	Alabama	22.6
37	Minnesota	22.4
38	South Dakota	22.0
39	Montana	21.7
40	Mississippi	21.4
41	Ohio	21.0
41	South Carolina	21.0
43	Utah	19.9
44	Florida	19.8
45	Alaska	18.8
45	Wyoming	18.8
47	Kansas	18.5
48	Kentucky	17.1
49	Arkansas	16.4
50	Tennessee	16.0
	United States	28.1
	District of Columbia	40.9

Immunizations—Adolescents, *continued*

Meningococcal—Adolescents

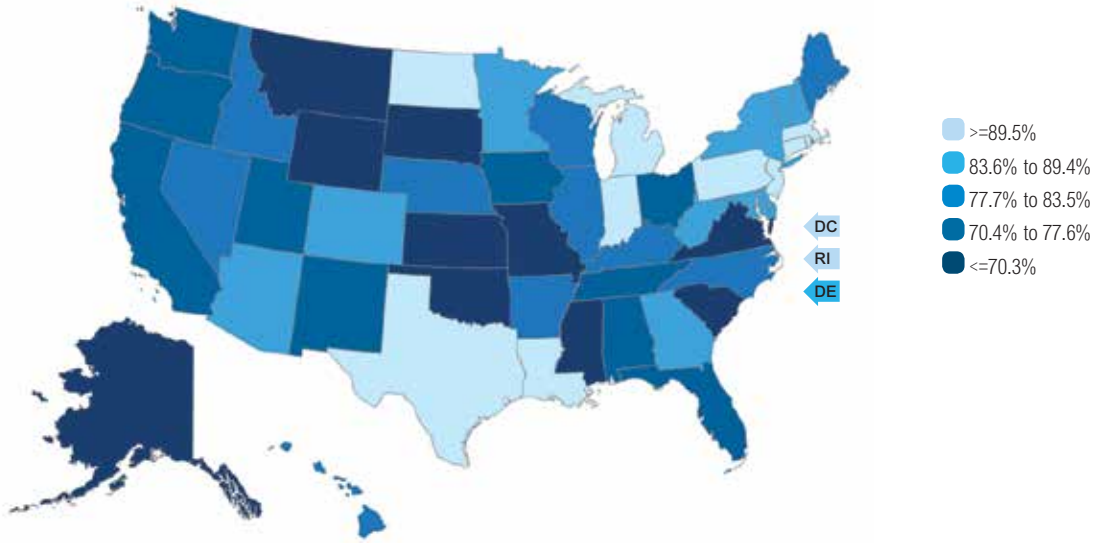
Meningococcal disease is a potentially life-threatening illness caused by the bacterium *Neisseria meningitidis*, a leading cause of bacterial meningitis in US persons aged two to 18 years. The meningococcal vaccine protects against two of the most common forms of meningococcal disease—meningitis and septicemia.



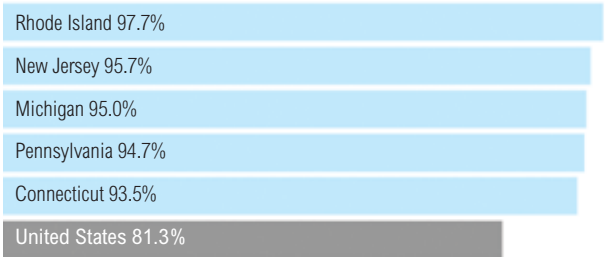
2016 edition data source: *National Immunization Survey*, 2015
For details: http://www.americashealthrankings.org/AR16/Immunize_mcv4

Immunizations, Meningococcal—Adolescents by State

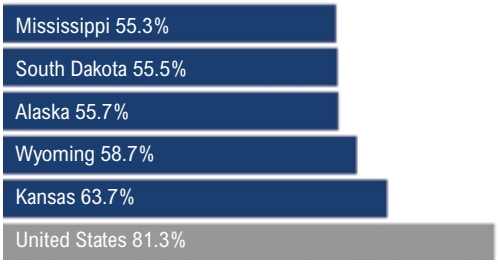
Percentage of adolescents aged 13 to 17 years who received ≥1 dose of meningococcal conjugate vaccine (MenACWY)



Top 5 States



Bottom 5 States



Ranking

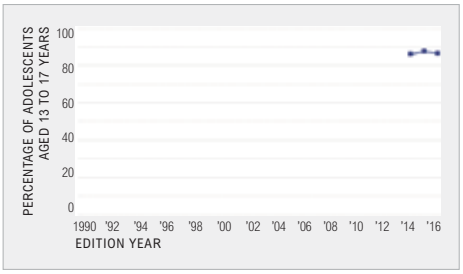
by Meningococcal—Adolescents

Rank	State	Value (%)
1	Rhode Island	97.7
2	New Jersey	95.7
3	Michigan	95.0
4	Pennsylvania	94.7
5	Connecticut	93.5
6	Indiana	92.3
7	North Dakota	91.6
8	Louisiana	90.9
9	Texas	89.6
10	Massachusetts	89.5
11	New Hampshire	87.7
12	Arizona	87.6
13	Delaware	87.5
14	Maryland	87.3
15	Georgia	87.0
16	New York	86.2
17	West Virginia	86.0
18	Colorado	85.6
19	Vermont	84.4
20	Minnesota	83.6
21	Wisconsin	81.6
22	Arkansas	81.5
23	Idaho	81.4
24	Illinois	79.0
24	Kentucky	79.0
26	Hawaii	78.7
27	North Carolina	78.5
28	Nebraska	78.1
29	Nevada	78.0
30	Maine	77.7
31	California	77.2
32	Tennessee	76.7
33	Ohio	76.1
34	Washington	75.4
35	Oregon	75.2
36	Iowa	75.0
37	New Mexico	72.5
38	Alabama	72.1
39	Utah	71.5
40	Florida	70.4
41	Missouri	69.7
42	South Carolina	69.0
43	Oklahoma	68.1
44	Virginia	66.8
45	Montana	65.8
46	Kansas	63.7
47	Wyoming	58.7
48	Alaska	55.7
49	South Dakota	55.5
50	Mississippi	55.3
	United States	81.3
	District of Columbia	90.9

Immunizations—Adolescents, *continued*

Tdap—Adolescents

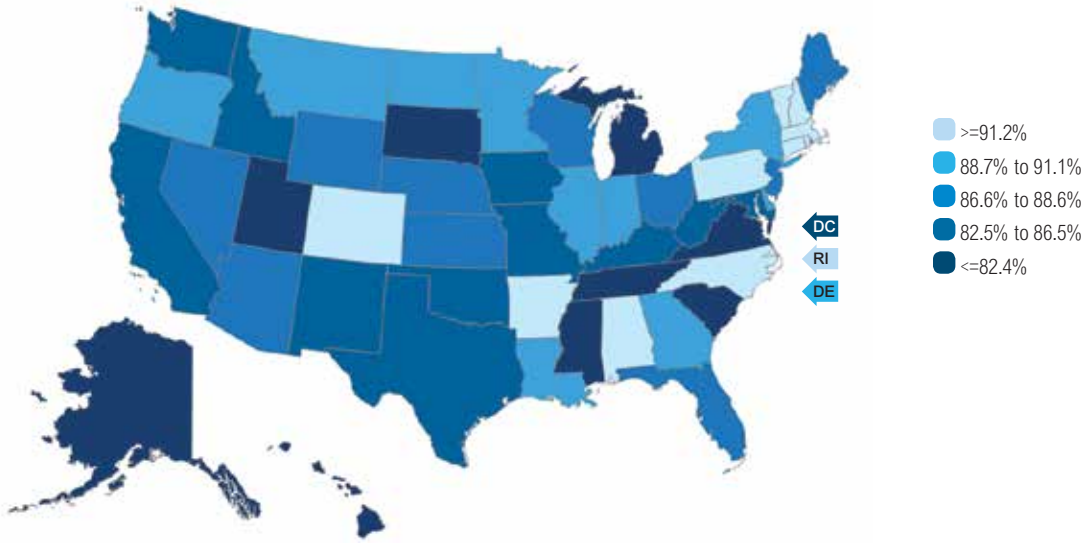
The Tdap (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis) vaccine can provide protection from three serious diseases caused by bacteria, tetanus (lockjaw), diphtheria, and pertussis (whooping cough). Since Tdap vaccination began, reported tetanus and diphtheria cases dropped 99%, and reported pertussis dropped 80%.



2016 edition data source: *National Immunization Survey*, 2015
For details: http://www.americashealthrankings.org/AR16/Immunize_tdap

Immunizations, Tdap—Adolescents by State

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



Top 5 States

- Rhode Island 97.1%
- Vermont 95.8%
- Connecticut 93.7%
- North Carolina 93.4%
- Alabama & Colorado 93.3%
- United States 86.4%

Bottom 5 States

- Alaska 69.7%
- South Dakota 72.4%
- Michigan 74.0%
- Mississippi 74.7%
- South Carolina 77.8%
- United States 86.4%

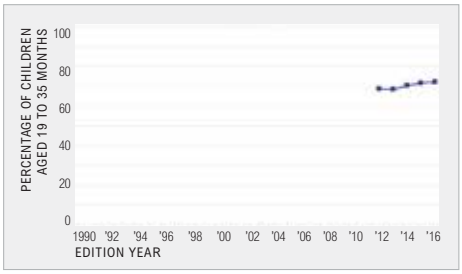
Ranking

by Tdap—Adolescents

Rank	State	Value (%)
1	Rhode Island	97.1
2	Vermont	95.8
3	Connecticut	93.7
4	North Carolina	93.4
5	Alabama	93.3
5	Colorado	93.3
7	New Hampshire	92.4
8	Pennsylvania	91.7
9	Arkansas	91.2
9	Massachusetts	91.2
11	Louisiana	91.0
12	Minnesota	90.4
13	Georgia	90.2
14	Indiana	89.7
15	Montana	89.5
16	Oregon	89.4
17	Illinois	89.1
18	New York	89.0
19	North Dakota	88.9
20	Delaware	88.7
21	Nevada	88.3
22	Wisconsin	88.0
23	Wyoming	87.9
24	Maine	87.7
24	Nebraska	87.7
26	Florida	87.3
26	Kansas	87.3
28	New Jersey	87.2
29	Ohio	86.7
30	Arizona	86.6
31	Maryland	86.5
32	New Mexico	85.9
33	West Virginia	85.8
34	Missouri	85.7
35	Iowa	85.5
36	Washington	85.3
37	Texas	85.1
38	Oklahoma	84.4
39	Kentucky	84.0
40	California	82.5
40	Idaho	82.5
42	Virginia	82.2
43	Utah	82.0
44	Tennessee	79.7
45	Hawaii	79.6
46	South Carolina	77.8
47	Mississippi	74.7
48	Michigan	74.0
49	South Dakota	72.4
50	Alaska	69.7
	United States	86.4
	District of Columbia	81.3

Immunizations—Children

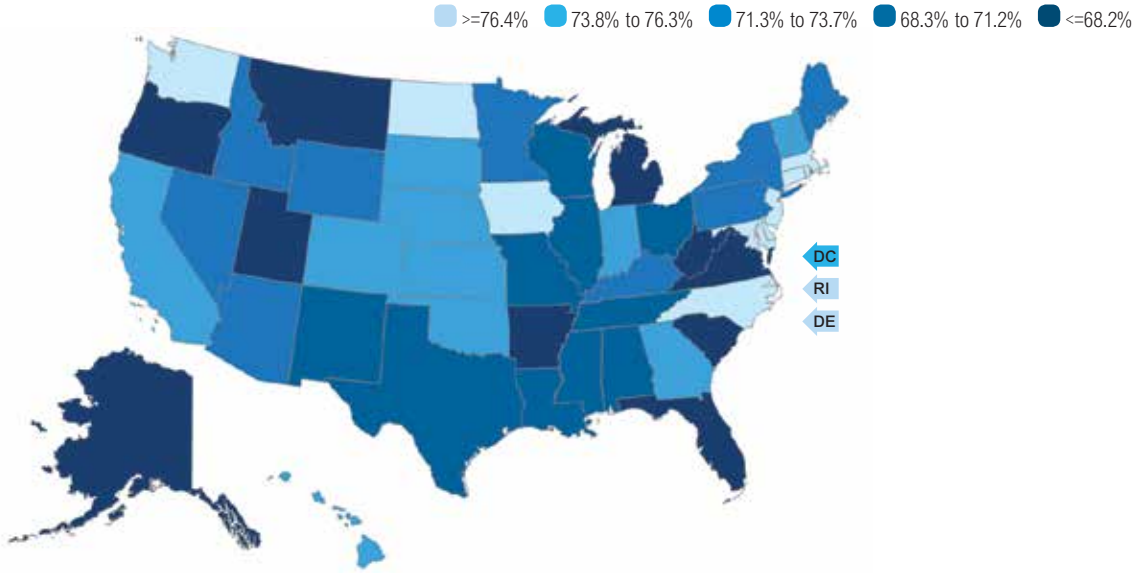
Early childhood immunization is a safe and cost-effective means of protecting infants and children from potentially life-threatening diseases early in life when children are most vulnerable. Infants receiving recommended immunizations by age two are protected from 14 diseases. Among all children born between 1994 and 2013, routine childhood vaccinations will prevent 322 million cases of disease and about 732,000 early deaths, saving society a total of $1.38 trillion. There is significant geographic, racial, and socioeconomic variation in US childhood vaccination coverage levels. Non-Hispanic black children and children from households living below the federal poverty level had the lowest immunization coverage in 2014.



2016 edition data source: *National Immunization Survey,* 2015
For details: http://www.americashealthrankings.org/AR16/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 (Hib), hepatitis B, varicella, and pneumococcal conjugate vaccines



Top 5 States

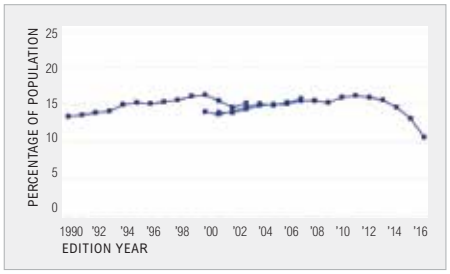
Connecticut	80.6%
North Dakota	80.2%
Delaware	79.3%
Massachusetts	78.5%
Iowa	77.9%
United States	72.2%

Bottom 5 States

Virginia	64.4%
West Virginia	64.9%
Alaska	66.3%
Arkansas	(tie) 66.6%
Florida	(tie) 66.6%
United States	72.2%

Lack of Health Insurance

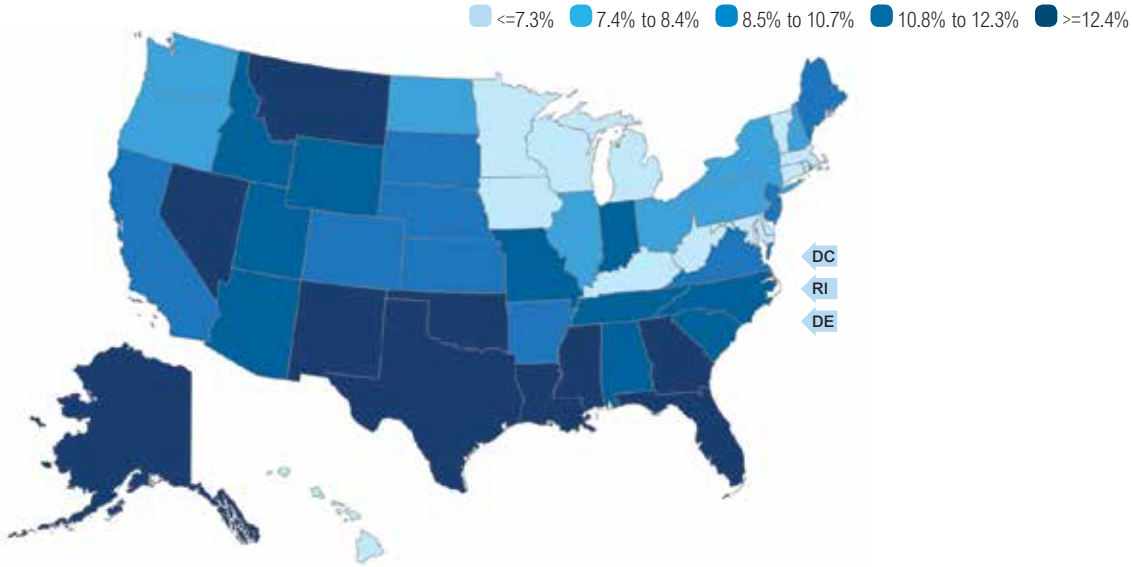
Individuals without health insurance have more difficulty accessing the health care system, are often unable to participate in preventive care programs, and tend to have more unmet health needs than those with health insurance. Unmet health needs may develop into more serious conditions requiring more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



2016 edition data source: *American Community Survey*, 2014-2015
For details: http://www.americashealthrankings.org/AR16/HealthInsurance

Lack of Health Insurance by State

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



Top 5 States

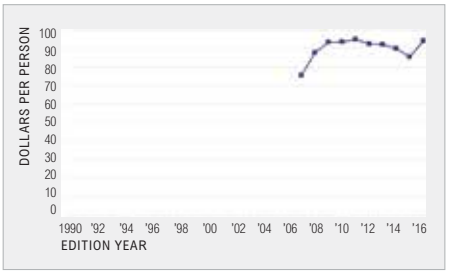
- Massachusetts 3.1%
- Vermont 4.4%
- Hawaii 4.7%
- Minnesota 5.2%
- Iowa 5.6%
- United States 10.6%

Bottom 5 States

- Texas 18.1%
- Alaska 16.1%
- Florida 15.0%
- Georgia 14.9%
- Oklahoma 14.7%
- United States 10.6%

Public Health Funding

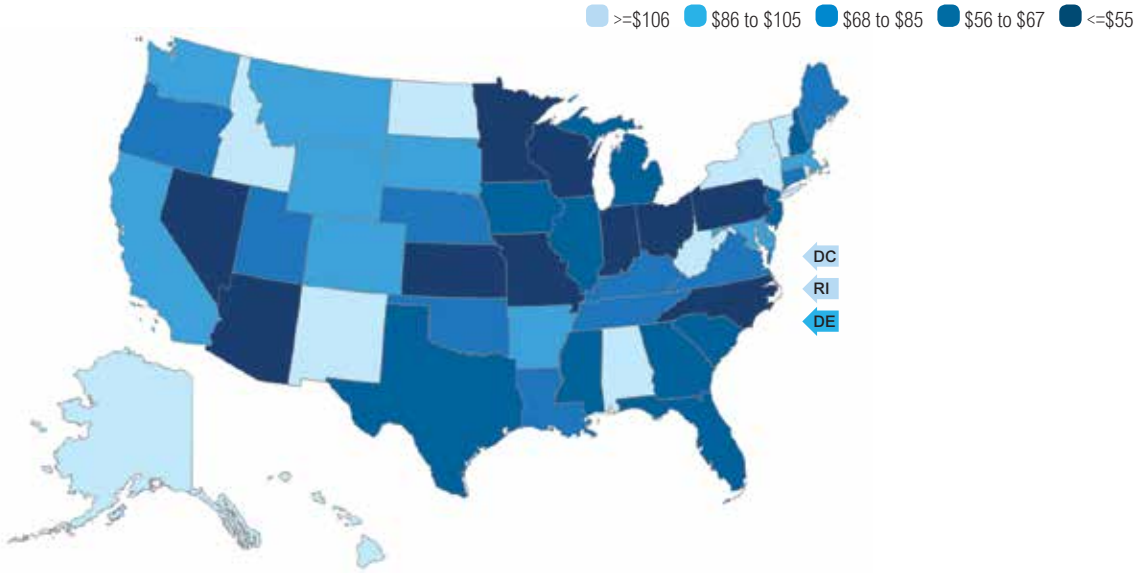
Public health funding allows states to proactively implement preventive and education programs that improve health. Public health program spending represents only a small fraction of all health care spending, yet its impact can be substantial. Increased spending on public health programs is associated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



2016 edition data source: Trust For America's Health, 2014-2015
For details: http://www.americashealthrankings.org/AR16/PH_Spending

Public Health Funding by State

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



Top 5 States

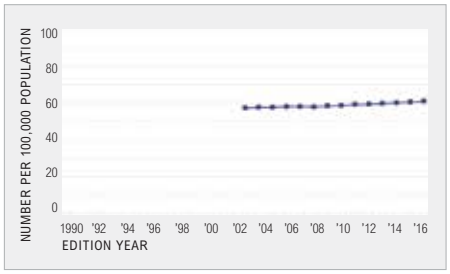
- Alaska $261
- Hawaii $220
- West Virginia $205
- New York $154
- Idaho $142
- United States $94

Bottom 5 States

- Nevada $34
- Indiana $41
- Arizona $42
- Wisconsin $43
- Missouri $45
- United States $94

Dentists

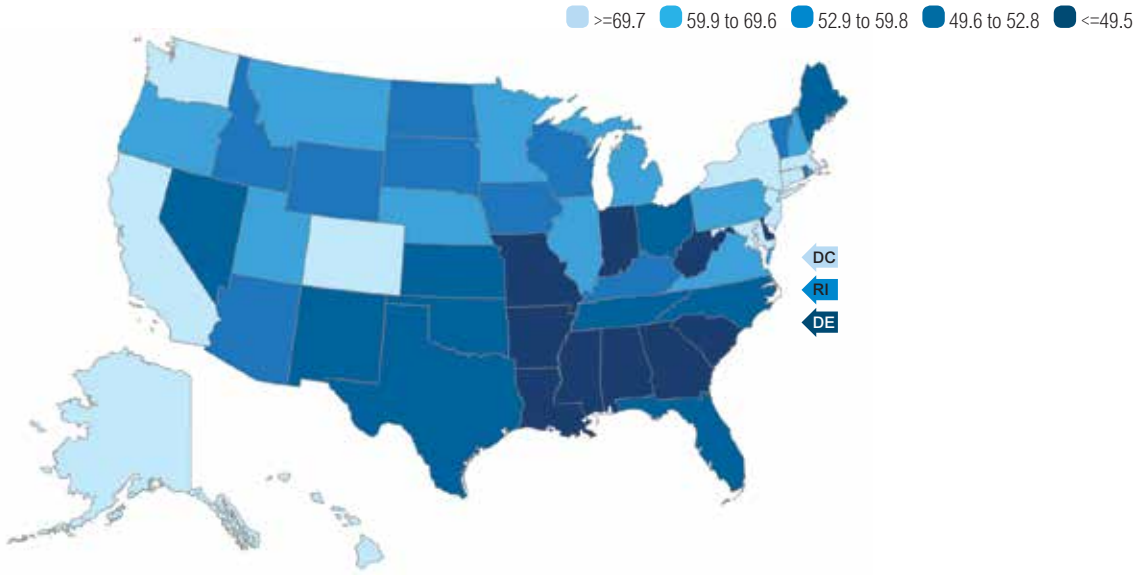
Oral health is a vital part of overall health and a window into an individual's general health. Many underlying conditions such as nutritional deficiencies, microbial infections, and immune disorders have oral manifestations that dentists identify in oral examinations. Periodontal disease is associated with diabetes, cardiovascular disease, and adverse pregnancy outcomes. Nearly one-third of US adults have untreated tooth decay, and despite steady growth in working dentists, the Health Resources and Services Administration has identified many areas and populations that do not have an adequate supply of dentists to meet current needs. The most significant US oral health care disparities exist in rural communities.



2016 edition data source: American Dental Association, 2015
For details: http://www.americashealthrankings.org/AR16/dentists

Dentists by State

Number of practicing dentists per 100,000 population



Top 5 States

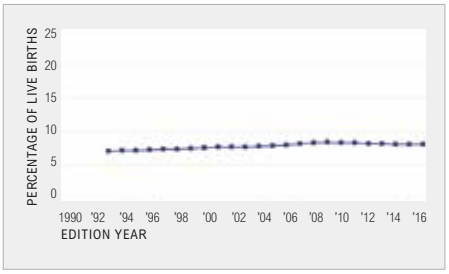
New Jersey	81.5
Alaska	80.8
Massachusetts	78.3
California	77.1
Connecticut	75.8
United States	60.9

Bottom 5 States

Arkansas	40.9
Mississippi	42.9
Alabama	43.8
Delaware	45.6
Georgia	47.0
United States	60.9

Low Birthweight

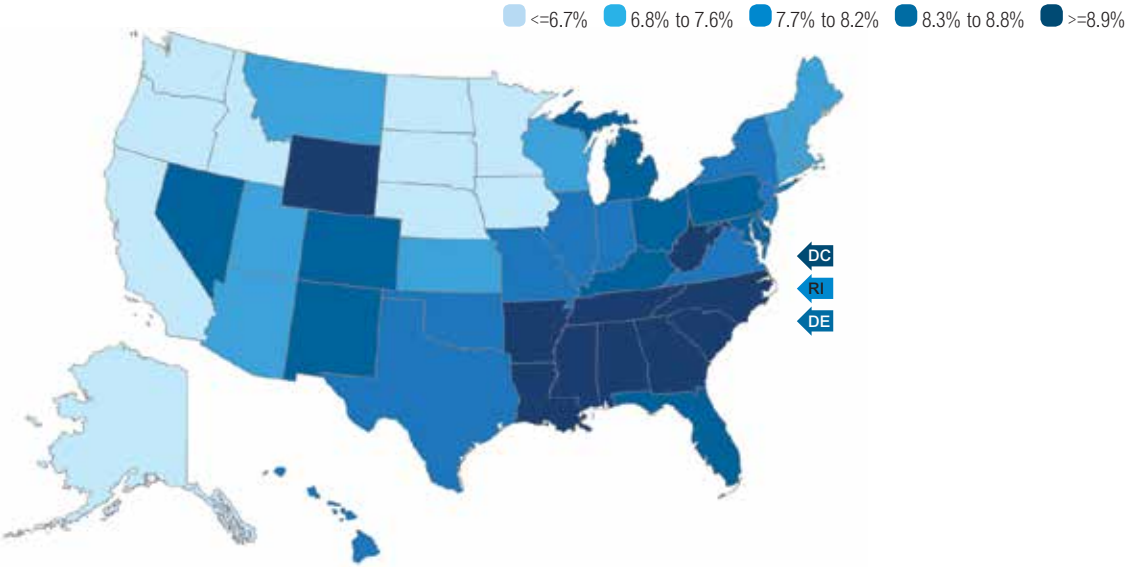
Low birthweight (LBW)—one of the five leading causes of US infant mortality—indicates current and future child health as well as maternal health. Potential medical problems in infants with LBW include respiratory distress syndrome, bleeding in the brain, heart problems, retinopathy, and intestinal disorders. There may be a connection between LBW and chronic adulthood diseases such as type 2 diabetes and coronary heart disease. Pregnant women who smoke are nearly twice as likely to have a LBW baby as women who do not smoke. Other significant maternal risk factors include diabetes, high blood pressure, insufficient weight gain during pregnancy, unemployment, and low education or income level.



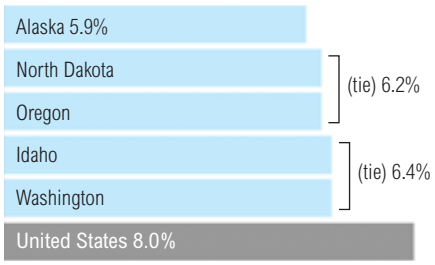
2016 edition data source: *National Vital Statistics System*, 2014
For details: http://www.americashealthrankings.org/AR16/birthweight

Low Birthweight by State

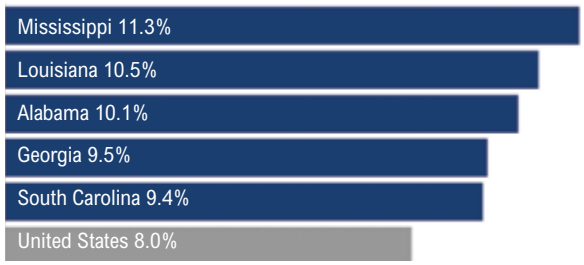
Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth



Top 5 States

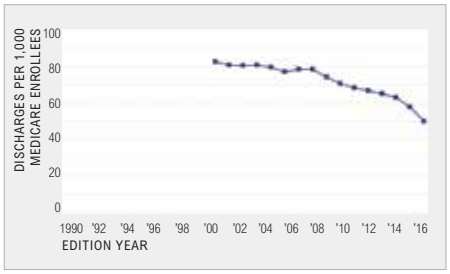


Bottom 5 States



Preventable Hospitalizations

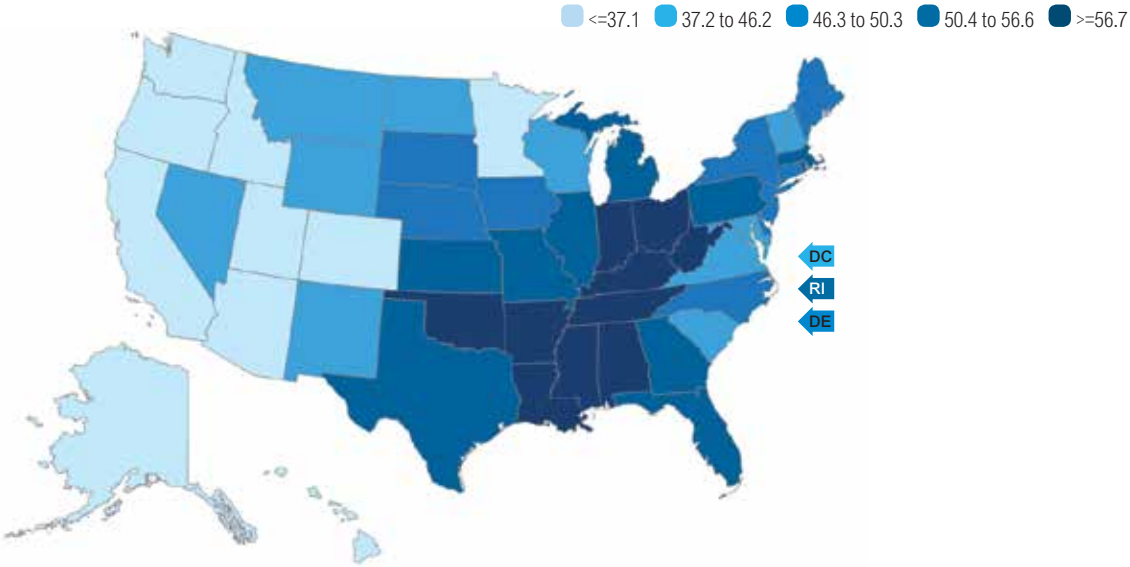
Preventable hospitalizations reflect the efficiency of a population's use of primary care and the quality of the primary health care received. Accessible and effective primary care can reduce hospitalizations for many preventable infectious diseases, asthma attacks, diabetes, and hypertension. Routine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



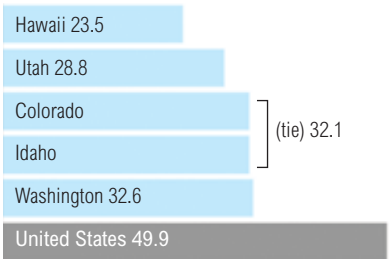
2016 edition data source: The Dartmouth Atlas of Health Care, 2014
For details: http://www.americashealthrankings.org/AR16/preventable

Preventable Hospitalizations by State

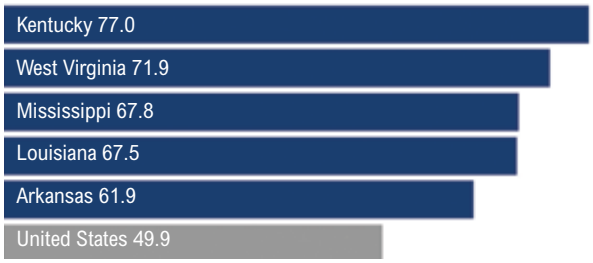
Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees



Top 5 States

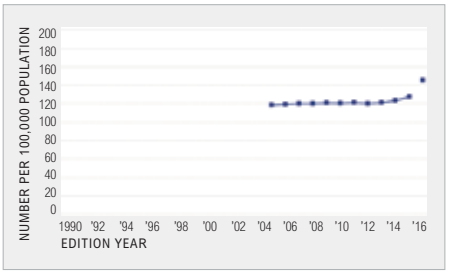


Bottom 5 States



Primary Care Physicians

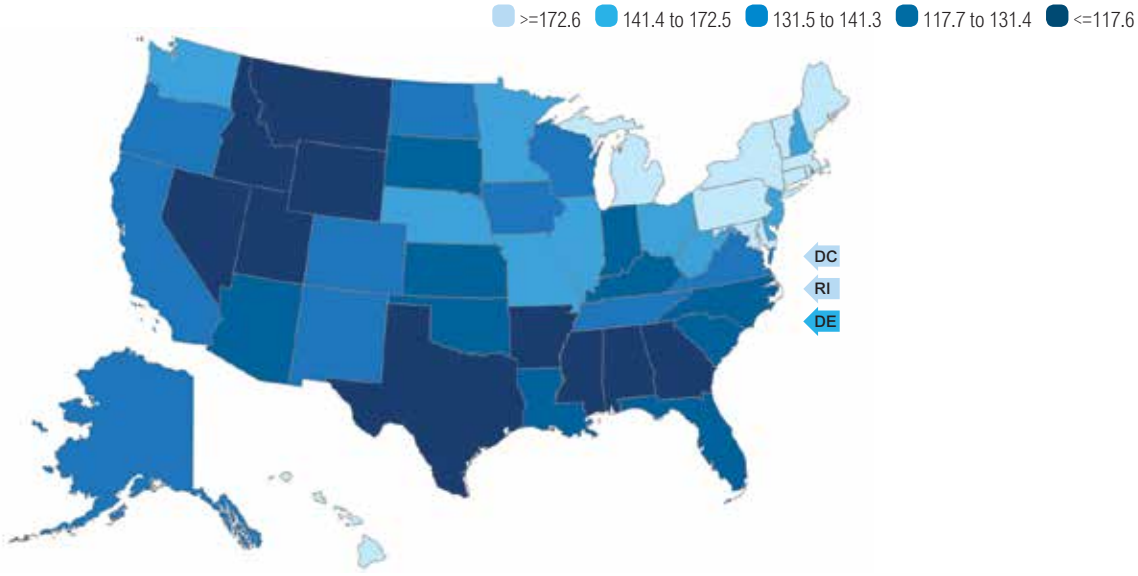
Primary care physicians (PCPs) provide direct patient care and counsel patients on the appropriate use of specialists and advanced treatment options. The Health Services and Resource Administration estimates that an additional 8,200 PCPs are needed to meet unmet needs. PCPs are typically the first point of contact with the health care system for patients and provide critical preventive care, ongoing care, and referrals to specialists. PCP 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, lower all-cause mortality, and longer life spans.



2016 edition data source: American Medical Association, Special data request for information on active state licensed physicians provided by Redi-Data, Inc, Oct 24, 2016
For details: http://www.americashealthrankings.org/AR16/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



Top 5 States

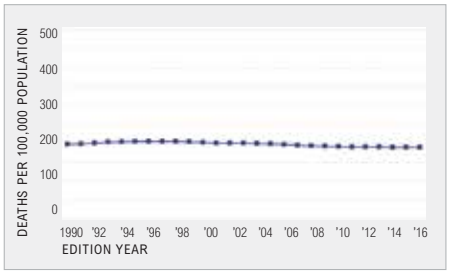
Rhode Island	247.7
Massachusetts	227.5
New York	206.2
Connecticut	197.8
Pennsylvania	192.9
United States	145.3

Bottom 5 States

Idaho	93.7
Utah	96.7
Mississippi	102.3
Wyoming	103.7
Nevada	104.3
United States	145.3

Cancer Deaths

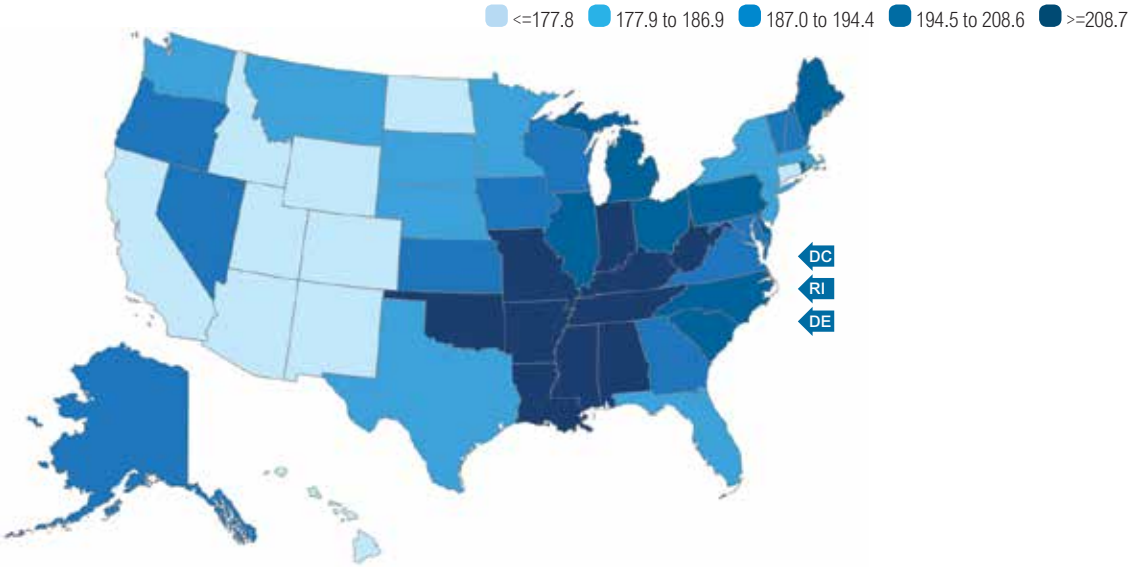
Cancer is the second-leading cause of death. More than 1.6 million new cancer cases and 585,000 cancer deaths occur annually. Lung, prostate, breast, and colorectal cancers contribute substantially to cancer mortality. Quitting smoking at any age lowers the risk of developing lung cancer. However, lung cancer does not only develop in those who smoke; an estimated 7,300 people die from lung cancer caused by secondhand smoke annually. Deaths from breast cancer, colorectal cancer, and cervical cancer may be avoided through screening programs that detect cancer in early stages while it is most susceptible to treatment. The direct medical cost of cancer was $88.7 billion in 2011.



2016 edition data source: *National Vital Statistics System*, 2012-2014
For details: http://www.americashealthrankings.org/AR16/CancerDeaths

Cancer Deaths by State

Number of deaths due to all causes of cancer per 100,000 population



Top 5 States

Utah	149.3
Hawaii	158.4
Colorado	161.8
New Mexico	168.3
California	169.9
United States	189.9

Bottom 5 States

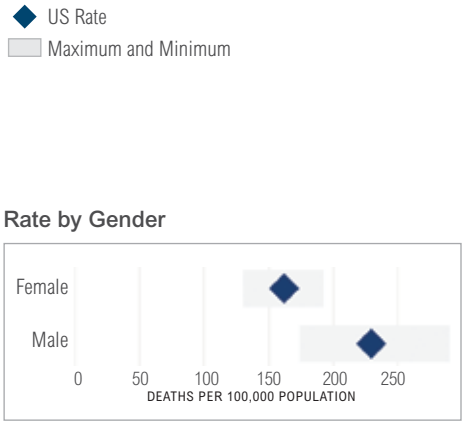
Kentucky	232.2
Mississippi	227.5
West Virginia	223.9
Louisiana	218.7
Arkansas	218.1
United States	189.9

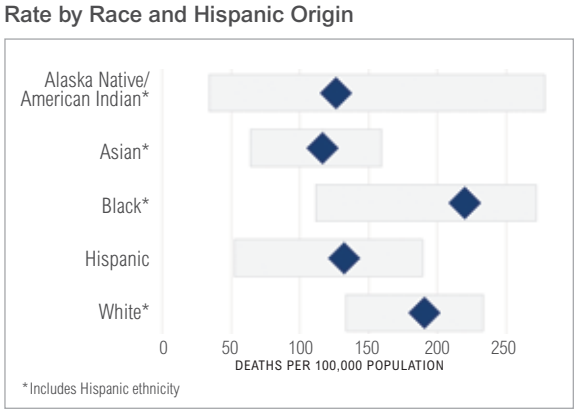
Ranking

by Cancer Deaths

Rank	State	Value
1	Utah	149.3
2	Hawaii	158.4
3	Colorado	161.8
4	New Mexico	168.3
5	California	169.9
6	Arizona	170.0
7	Wyoming	172.0
8	Connecticut	173.2
9	North Dakota	176.2
10	Idaho	177.8
11	Minnesota	179.2
12	New York	179.6
13	Montana	179.8
14	Washington	182.0
15	Florida	182.1
16	Texas	182.2
17	New Jersey	183.0
18	Massachusetts	184.8
19	South Dakota	185.5
20	Nebraska	186.9
21	New Hampshire	188.0
22	Nevada	189.1
23	Maryland	189.2
23	Virginia	189.2
25	Vermont	190.5
26	Oregon	190.9
27	Wisconsin	191.6
28	Kansas	192.6
29	Alaska	193.3
30	Georgia	194.4
30	Iowa	194.4
32	Rhode Island	195.2
33	North Carolina	196.2
34	Delaware	198.5
35	Illinois	199.6
36	Pennsylvania	199.8
37	Michigan	201.0
38	South Carolina	202.7
39	Maine	203.1
40	Ohio	208.6
41	Missouri	209.3
42	Indiana	210.5
43	Alabama	211.1
44	Oklahoma	215.2
45	Tennessee	215.6
46	Arkansas	218.1
47	Louisiana	218.7
48	West Virginia	223.9
49	Mississippi	227.5
50	Kentucky	232.2
	United States	189.9
	District of Columbia	208.5

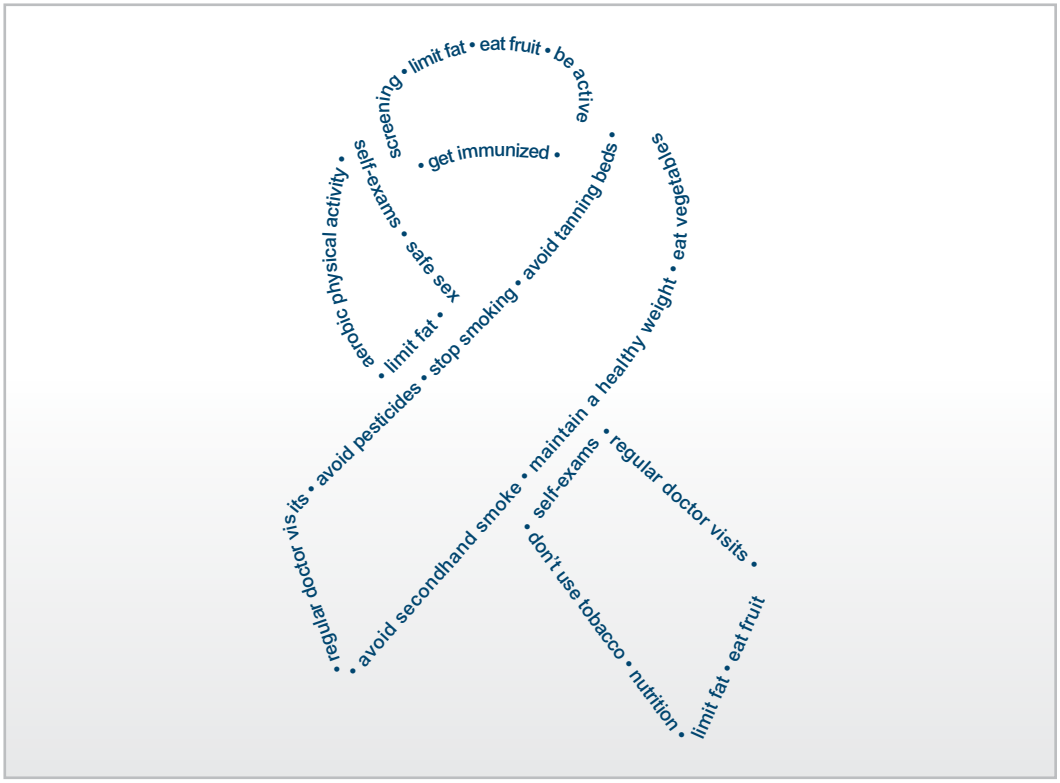
Disparities in Cancer Deaths





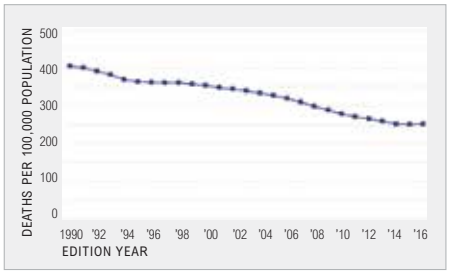
"Getting screening tests regularly may find breast, cervical, and colorectal (colon) cancers early, when treatment is likely to work best."

CENTERS FOR DISEASE CONTROL AND PREVENTION



Cardiovascular Deaths

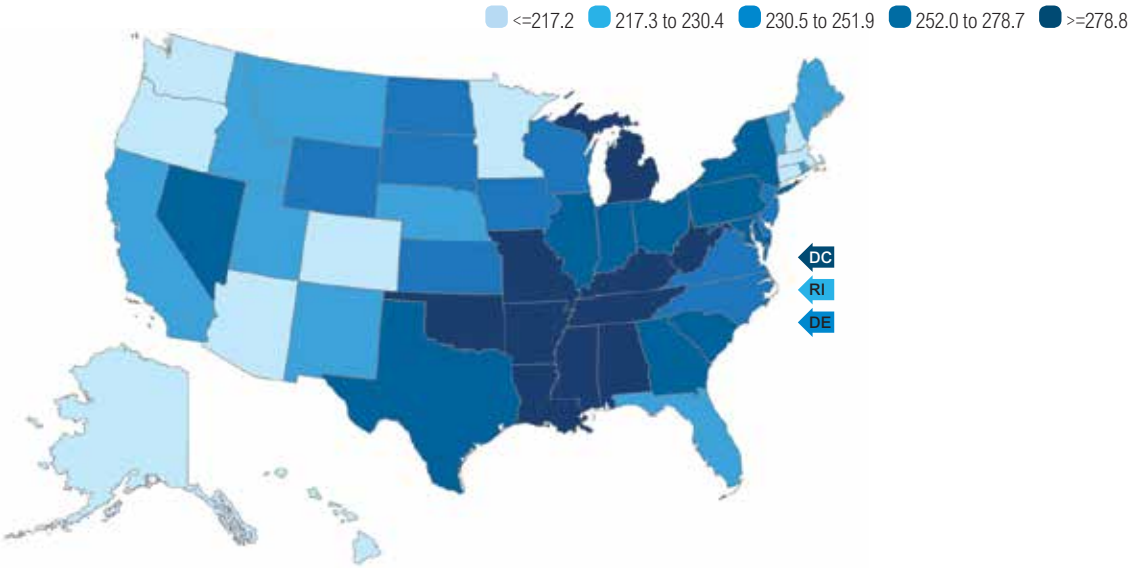
Heart disease and stroke are the US's leading and fifth-leading causes of death, respectively. While heart disease affects US adults of all races, ages, and income levels, disparities exist. Non-Hispanic blacks have nearly twice the rate of avoidable deaths from heart disease, stroke, and hypertensive disease as non-Hispanic whites. Black men are 30% more likely to experience cardiovascular death than white men. Of cardiovascular deaths among American Indian and Alaska Natives, 36% occur before age 65, compared with a rate of 17% in the total population. Cardiovascular disease is responsible for 17% of medical spending and 30% of Medicare spending.



2016 edition data source: *National Vital Statistics System*, 2012-2014
For details: http://www.americashealthrankings.org/AR16/CVDDeaths

Cardiovascular Deaths by State

Number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population



Top 5 States

Minnesota	188.2
Colorado	199.3
Massachusetts	205.6
Hawaii	206.6
Oregon	212.4
United States	251.7

Bottom 5 States

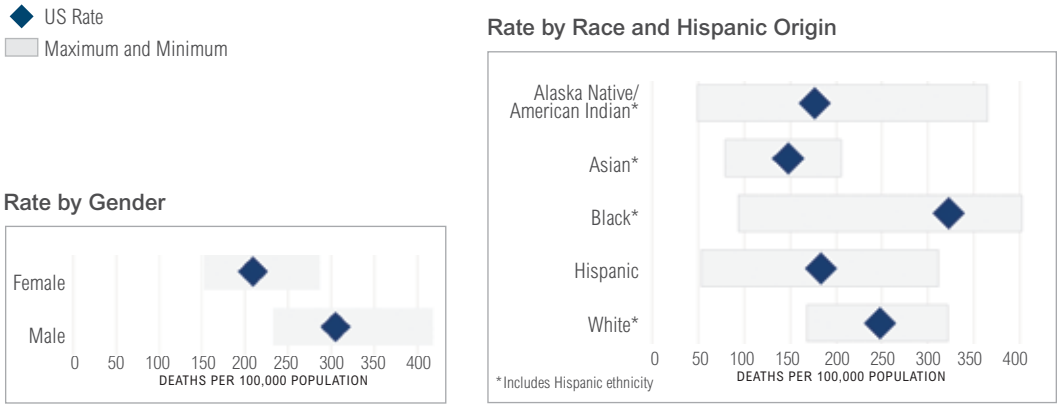
Mississippi	344.8
Alabama	332.9
Oklahoma	325.9
Arkansas	317.3
Louisiana	312.5
United States	251.7

Ranking

by Cardiovascular Deaths

Rank	State	Value
1	Minnesota	188.2
2	Colorado	199.3
3	Massachusetts	205.6
4	Hawaii	206.6
5	Oregon	212.4
6	Washington	213.3
7	Arizona	213.7
8	New Hampshire	213.9
9	Alaska	214.1
10	Connecticut	217.2
11	New Mexico	217.5
12	Maine	220.8
13	Florida	224.8
14	Utah	225.0
15	Vermont	226.9
16	Nebraska	227.0
17	Montana	227.3
18	Idaho	229.2
19	California	229.9
20	Rhode Island	230.4
21	North Dakota	231.4
22	South Dakota	233.8
23	Wyoming	234.4
24	Wisconsin	236.8
25	Virginia	239.0
26	New Jersey	245.4
27	Iowa	245.9
28	Delaware	247.5
29	Kansas	249.6
30	North Carolina	251.9
31	Maryland	252.5
32	Illinois	253.8
33	New York	256.2
34	Texas	256.9
35	Pennsylvania	259.3
36	Georgia	272.9
37	South Carolina	274.1
38	Indiana	277.1
39	Nevada	277.8
40	Ohio	278.7
41	Missouri	283.6
42	Michigan	288.7
43	Kentucky	297.8
44	West Virginia	297.9
45	Tennessee	302.7
46	Louisiana	312.5
47	Arkansas	317.3
48	Oklahoma	325.9
49	Alabama	332.9
50	Mississippi	344.8
	United States	251.7
	District of Columbia	299.4

Disparities in Cardiovascular Deaths



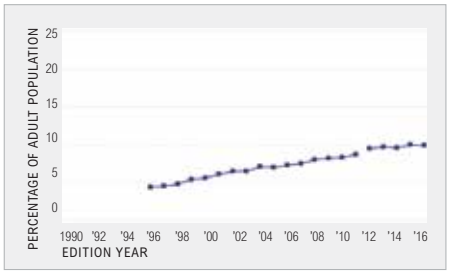
"The majority of cardiovascular disease is caused by risk factors that can be controlled, treated or modified, such as high blood pressure, cholesterol, overweight/ obesity, tobacco use, lack of physical activity and diabetes."

WORLD HEART FEDERATION

avoid bad cholesterol • smoke-free environments • healthy diet • manage diabetes • eat fruits and vegetables • stay active • massage therapy • manage stress • exercise • maintain a healthy weight • maintain your social life • get sleep • manage anxiety and depression • diet low in saturated fat • regular physical activity • quit smoking • be happy •

Diabetes

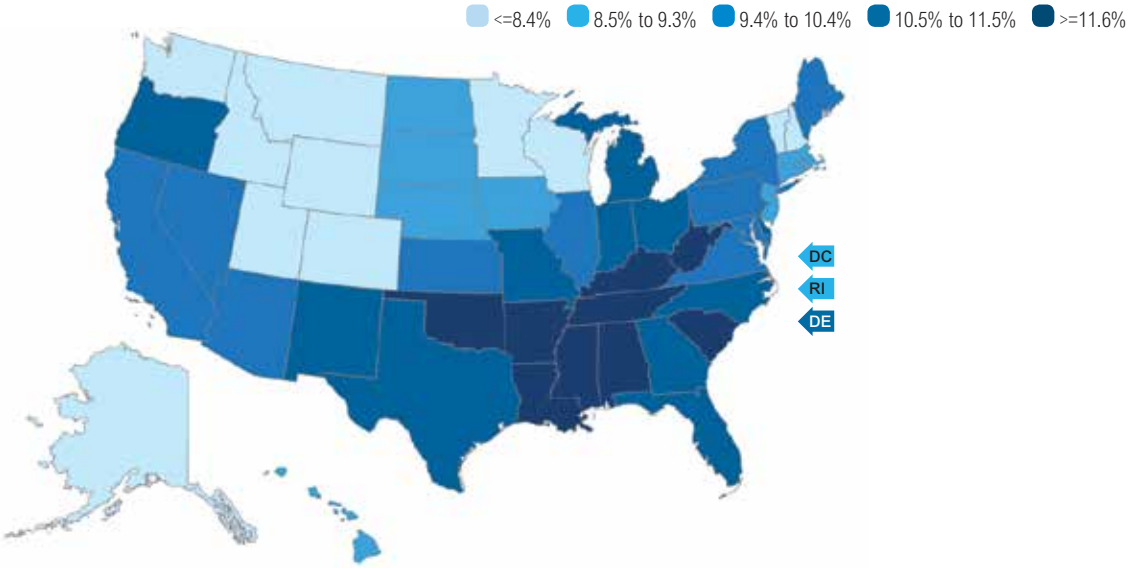
Diabetes, the nation's seventh-leading cause of death, has three major types: type 1, type 2, and gestational. It is a chronic condition that contributes to other leading causes of death, including heart disease and stroke. Diabetes is a leading cause of kidney failure, nontraumatic lower-limb amputations, and blindness in adults. Type 2 diabetes accounts for 90% to 95% of all cases. Onset of type 2 diabetes can be prevented through improving diet, increasing physical activity, and losing weight. Medical expenses for individuals with diabetes are 2.3 times higher than those without diabetes. Costs of type 1, type 2, gestational, undiagnosed diabetes, and prediabetes exceeded $322 billion in 2012.



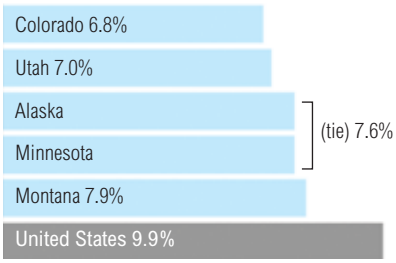
2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/Diabetes

Diabetes by State

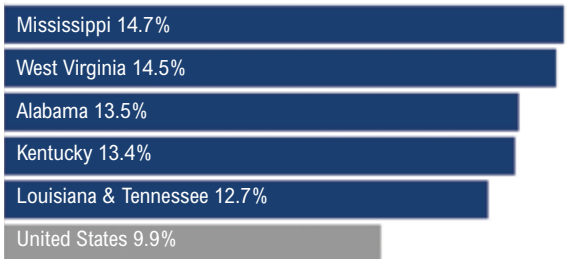
Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)



Top 5 States



Bottom 5 States

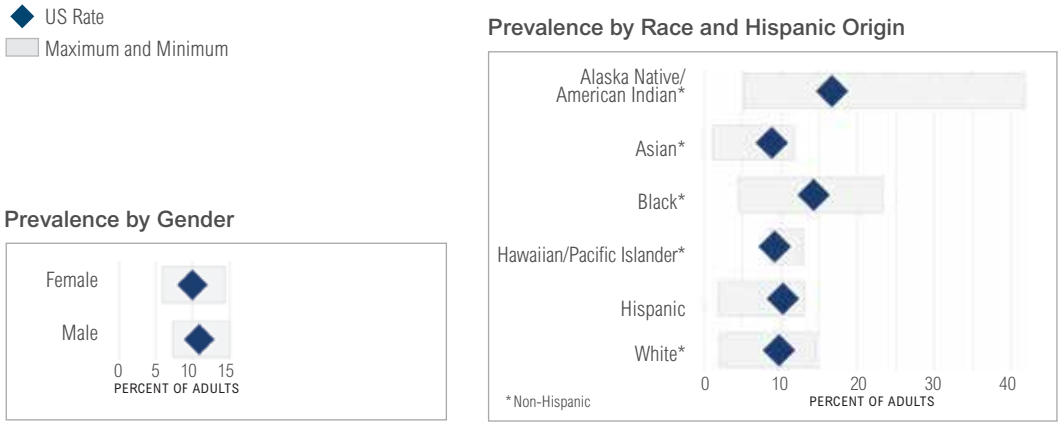


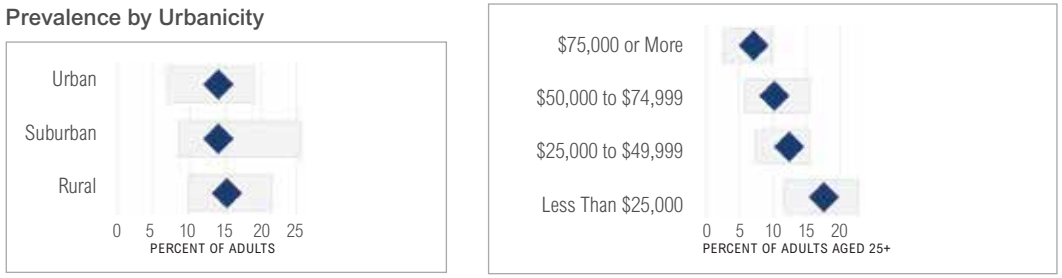
Ranking

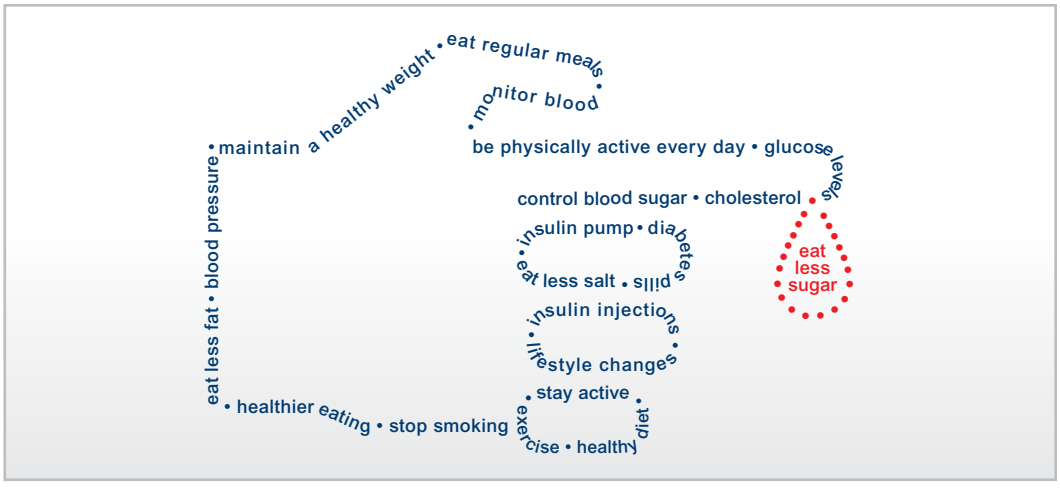
by Diabetes

Rank	State	Value (%)
1	Colorado	6.8
2	Utah	7.0
3	Alaska	7.6
3	Minnesota	7.6
5	Montana	7.9
6	Idaho	8.1
6	New Hampshire	8.1
8	Vermont	8.2
9	Washington	8.4
9	Wisconsin	8.4
9	Wyoming	8.4
12	Hawaii	8.5
13	North Dakota	8.7
14	Iowa	8.8
14	Nebraska	8.8
16	Massachusetts	8.9
17	New Jersey	9.0
17	Rhode Island	9.0
19	Connecticut	9.3
19	South Dakota	9.3
21	Kansas	9.7
21	Nevada	9.7
23	New York	9.8
24	Illinois	9.9
24	Maine	9.9
26	California	10.0
27	Arizona	10.1
28	Maryland	10.3
28	Virginia	10.3
30	Pennsylvania	10.4
31	Michigan	10.7
31	North Carolina	10.7
31	Oregon	10.7
34	Ohio	11.0
35	Florida	11.3
35	Georgia	11.3
37	Indiana	11.4
37	Texas	11.4
39	Delaware	11.5
39	Missouri	11.5
39	New Mexico	11.5
42	Oklahoma	11.7
43	South Carolina	11.8
44	Arkansas	12.6
45	Louisiana	12.7
45	Tennessee	12.7
47	Kentucky	13.4
48	Alabama	13.5
49	West Virginia	14.5
50	Mississippi	14.7
	United States	9.9
	District of Columbia	8.5

Disparities in Diabetes

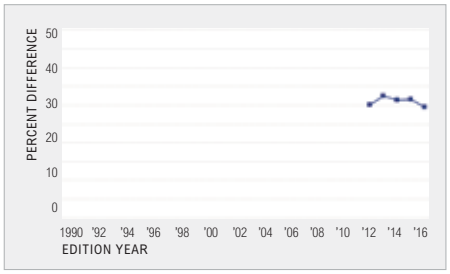






Disparity in Health Status

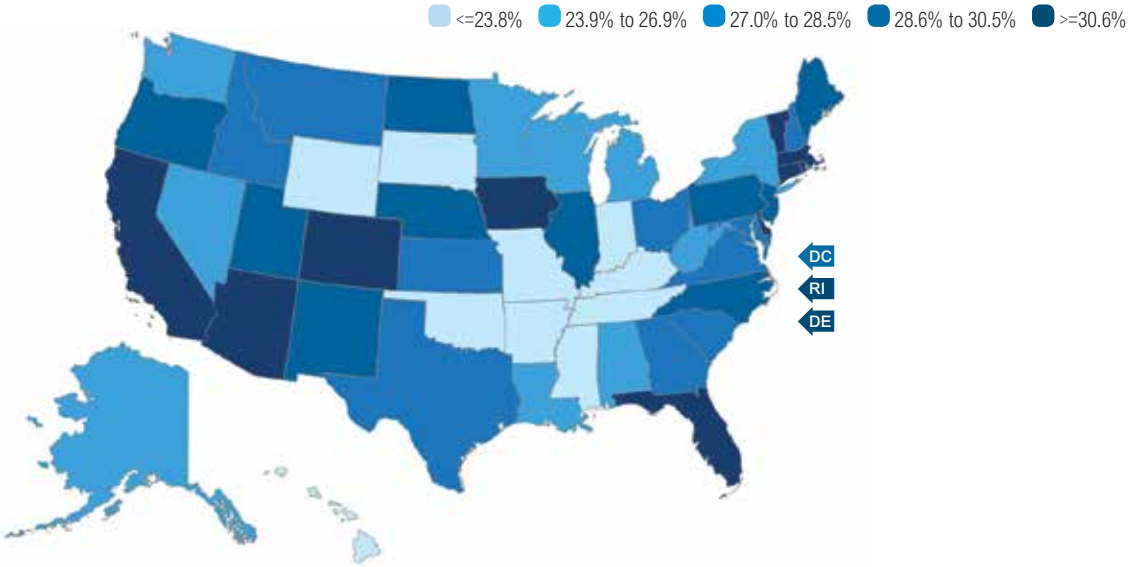
Education improves health, and this disparity measure showcases the importance of keeping students in school through high school and beyond. Education is a socioeconomic indicator associated with longer life regardless of age, gender, or race. It may improve health directly (healthier lifestyles, better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



2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/healthstatus_disparity

Disparity in Health Status by State

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



Top 5 States

Hawaii	14.8%
Oklahoma	19.9%
Tennessee	20.5%
Wyoming	20.9%
Kentucky	21.9%
United States	29.5%

Bottom 5 States

California	38.0%
Vermont	35.6%
Colorado	33.9%
Rhode Island	33.7%
Massachusetts	33.1%
United States	29.5%

Ranking

by Disparity in Health Status

Rank	State	Value (%)
1	Hawaii	14.8
2	Oklahoma	19.9
3	Tennessee	20.5
4	Wyoming	20.9
5	Kentucky	21.9
6	Missouri	22.0
7	Indiana	22.4
8	South Dakota	22.5
9	Mississippi	22.6
10	Arkansas	23.8
11	West Virginia	24.6
12	Louisiana	24.8
13	Alaska	25.1
14	Minnesota	25.7
14	New York	25.7
16	Nevada	25.8
16	Wisconsin	25.8
18	Michigan	26.3
19	Washington	26.7
20	Alabama	26.9
21	South Carolina	27.2
22	Kansas	27.3
23	Idaho	27.4
23	New Hampshire	27.4
25	Montana	27.5
26	Maryland	27.7
26	Ohio	27.7
28	Texas	28.4
29	Georgia	28.5
29	Virginia	28.5
31	North Carolina	28.6
32	Nebraska	29.0
33	Illinois	29.1
34	Maine	29.2
34	North Dakota	29.2
36	New Jersey	29.4
37	Pennsylvania	29.8
38	Oregon	30.3
38	Utah	30.3
40	New Mexico	30.5
41	Iowa	30.8
42	Connecticut	31.3
43	Arizona	31.4
44	Florida	31.6
45	Delaware	32.4
46	Massachusetts	33.1
47	Rhode Island	33.7
48	Colorado	33.9
49	Vermont	35.6
50	California	38.0
	United States	29.5
	District of Columbia	29.0

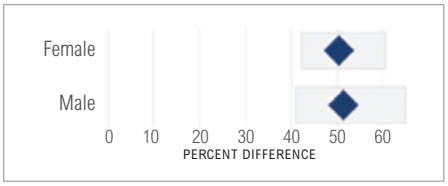
Disparities in Disparity in Health Status

◆ US Rate

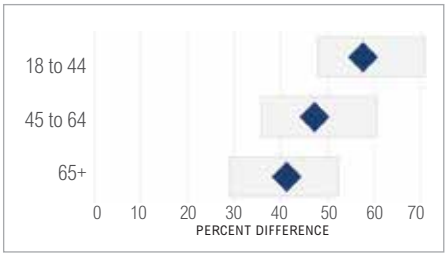
Maximum and Minimum

(Adults aged <25 years excluded)

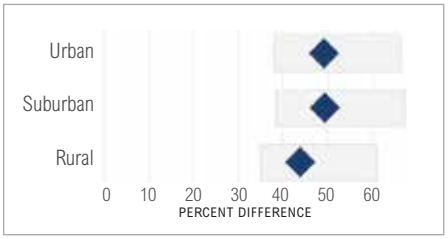
Percent Difference by Gender



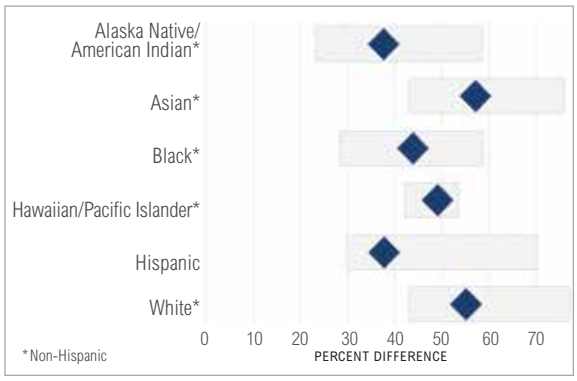
Percent Difference by Age



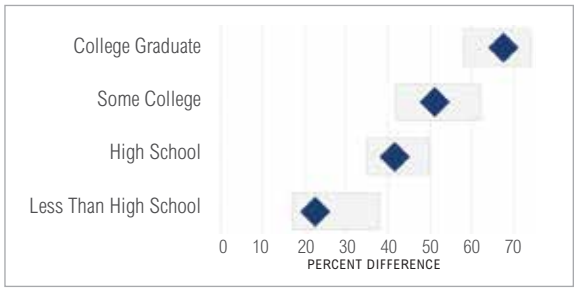
Percent Difference by Urbanicity



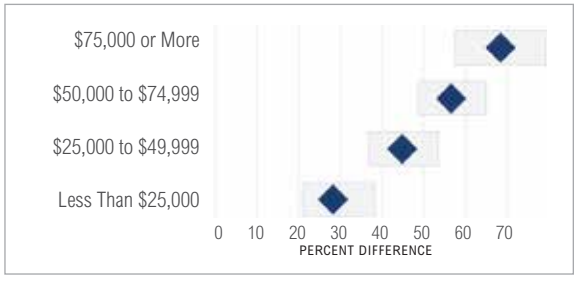
Percent Difference by Race and Hispanic Origin

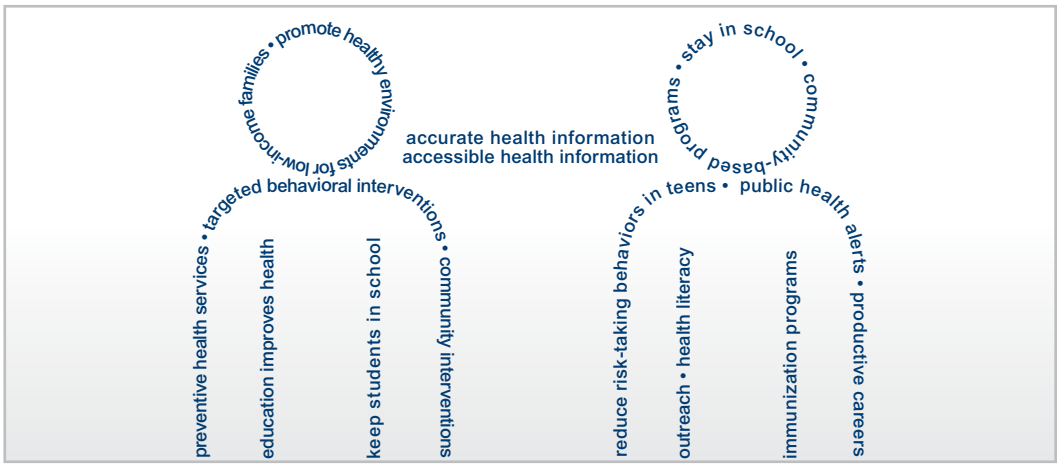


Percent Difference by Education



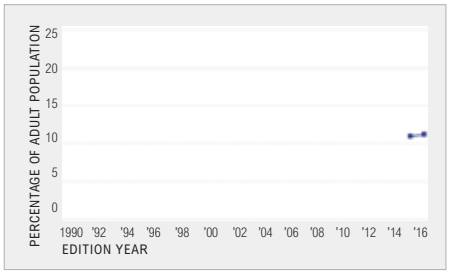
Percent Difference by Income





Frequent Mental Distress

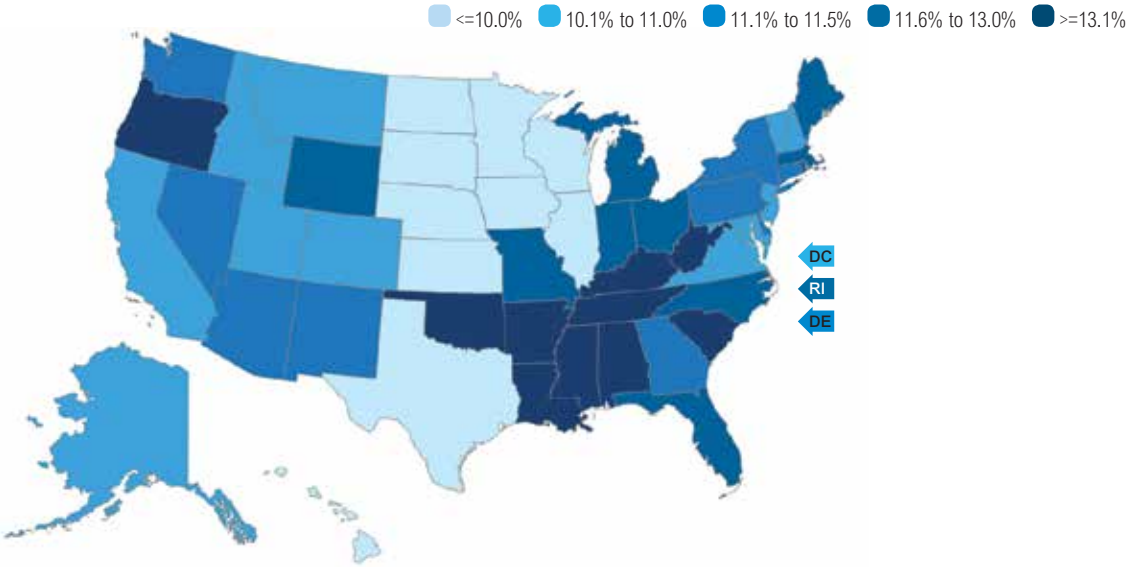
Frequent mental distress (FMD), a measure of health-related quality of life, captures the segment of the population experiencing persistent and likely severe mental health issues. FMD is associated with housing and food insecurity, and insufficient sleep. The number of poor mental health days a person experiences is a significant predictor of future adverse health events resulting in a health provider visit, hospitalization, or mortality within 30 days and within one year. Although occasional short periods of mental distress may be unavoidable, more prolonged and serious episodes are treatable and preventable through early intervention. Estimates put the economic burden of serious mental illness at $317 billion, excluding incarceration, homelessness, comorbid conditions, and early mortality.



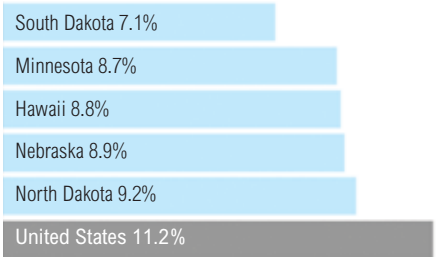
2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/mental_distress

Frequent Mental Distress by State

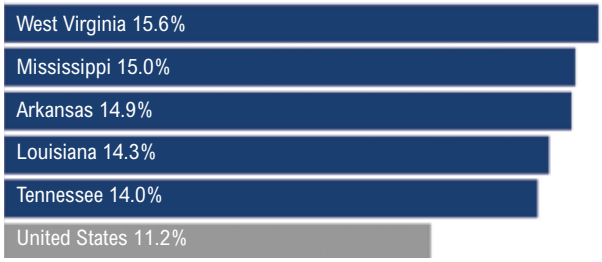
Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days



Top 5 States



Bottom 5 States



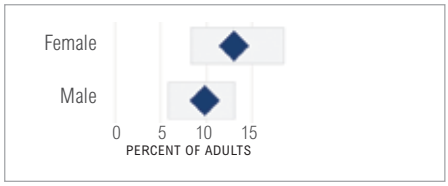
Ranking

by Frequent Mental Distress

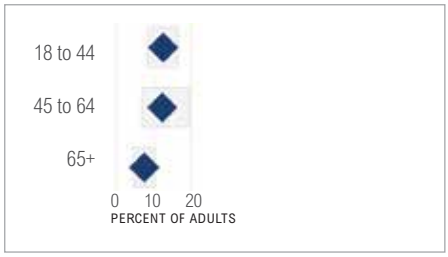
Rank	State	Value (%)
1	South Dakota	7.1
2	Minnesota	8.7
3	Hawaii	8.8
4	Nebraska	8.9
5	North Dakota	9.2
6	Iowa	9.5
7	Illinois	9.7
7	Kansas	9.7
9	Texas	10.0
9	Wisconsin	10.0
11	Idaho	10.3
11	Virginia	10.3
13	Colorado	10.4
14	Maryland	10.5
15	Montana	10.6
15	Utah	10.6
15	Vermont	10.6
18	New Jersey	10.7
19	New Hampshire	10.9
20	Alaska	11.0
20	California	11.0
22	Connecticut	11.1
22	Delaware	11.1
24	Arizona	11.2
24	Georgia	11.2
24	Washington	11.2
27	New Mexico	11.3
28	Pennsylvania	11.4
29	Nevada	11.5
29	New York	11.5
31	Maine	11.6
31	Massachusetts	11.6
31	Wyoming	11.6
34	North Carolina	11.7
35	Michigan	11.9
36	Ohio	12.0
37	Indiana	12.4
37	Rhode Island	12.4
39	Missouri	12.9
40	Florida	13.0
41	Oklahoma	13.1
42	Oregon	13.6
43	South Carolina	13.7
44	Kentucky	13.8
45	Alabama	13.9
46	Tennessee	14.0
47	Louisiana	14.3
48	Arkansas	14.9
49	Mississippi	15.0
50	West Virginia	15.6
	United States	11.2
	District of Columbia	10.2

Disparities in Frequent Mental Distress

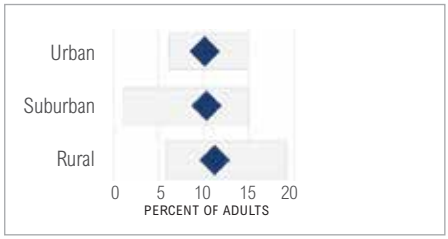
Prevalence by Gender



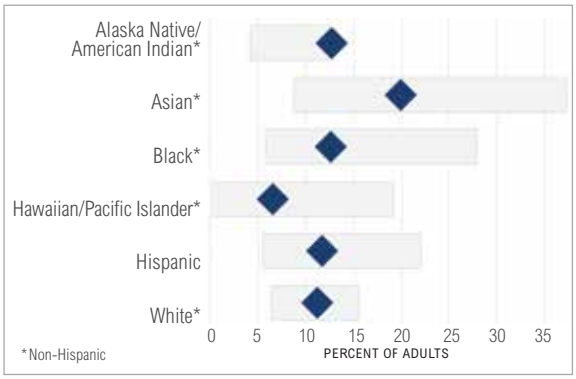
Prevalence by Age



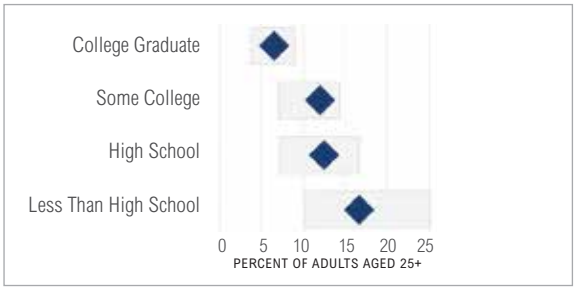
Prevalence by Urbanicity



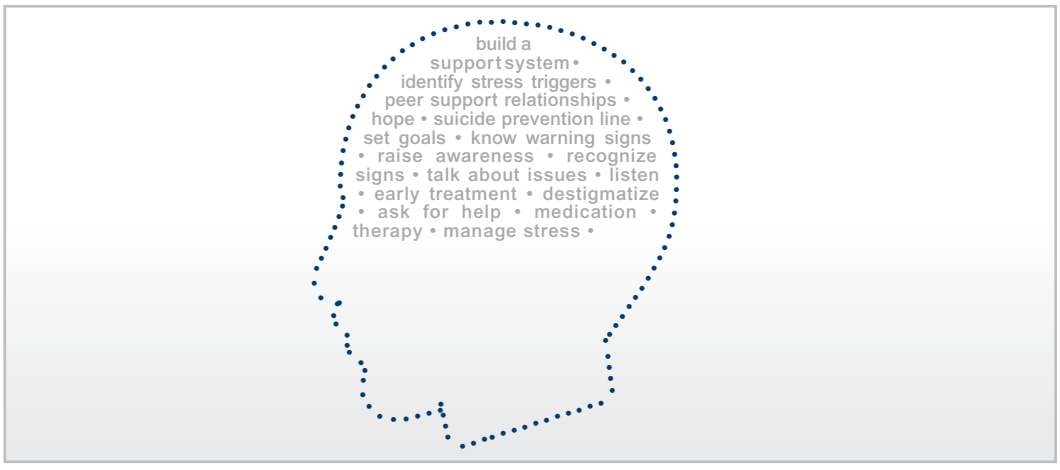
Prevalence by Race and Hispanic Origin



Prevalence by Education

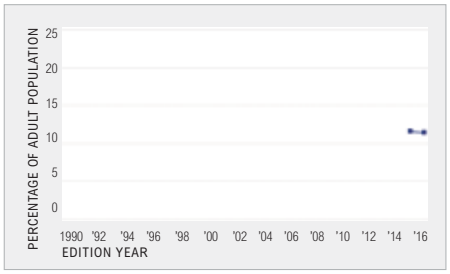


Prevalence by Income



Frequent Physical Distress

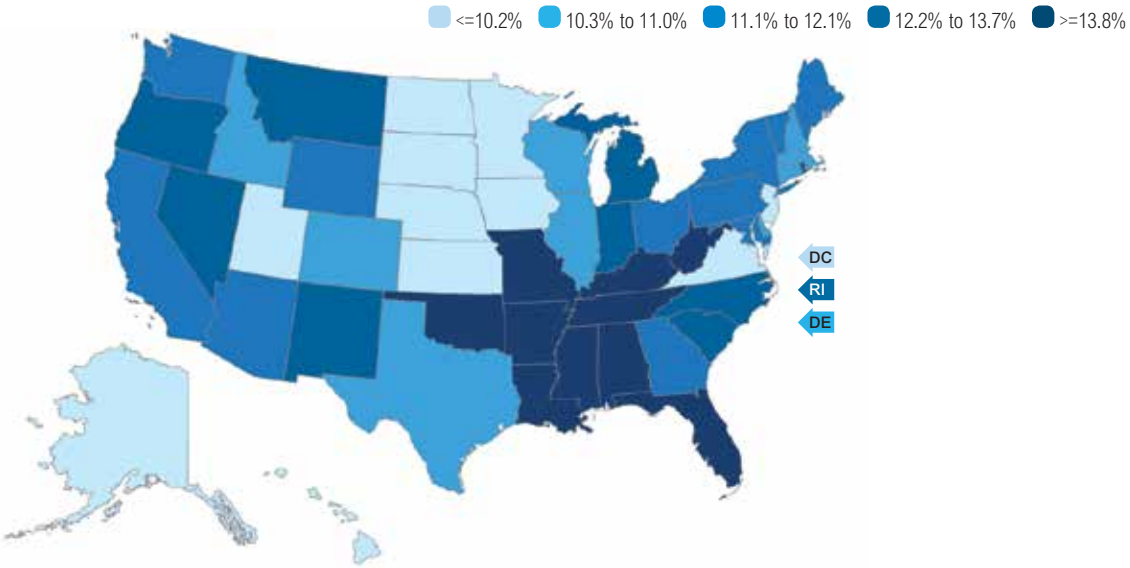
Frequent physical distress (FPD) is a measure of health-related quality of life and captures the population experiencing persistent and likely severe physical health problems. The prevalence of FPD is higher among adults with a greater number of chronic illnesses. Among adults with chronic conditions, prevalence of FPD is highest among those with cardiovascular disease, including myocardial infarction, angina, and stroke. Research shows that poor physical health days, along with other self-reported measures of health-related quality of life, are significant predictors of future adverse health events resulting in a provider visit, hospitalization, or mortality within 30 days and within one year among older adults.



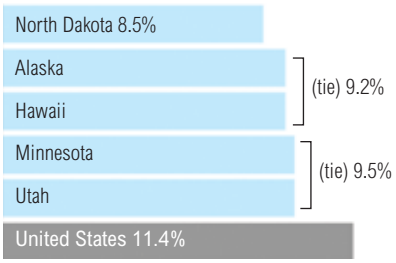
2016 edition data source: *Behavioral Risk Factor Surveillance System*, 2015
For details: http://www.americashealthrankings.org/AR16/Physical_distress

Frequent Physical Distress by State

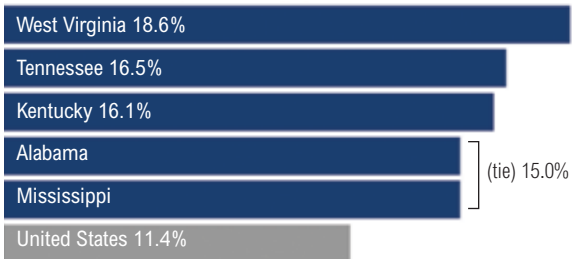
Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days



Top 5 States



Bottom 5 States



Ranking

by Frequent Physical Distress

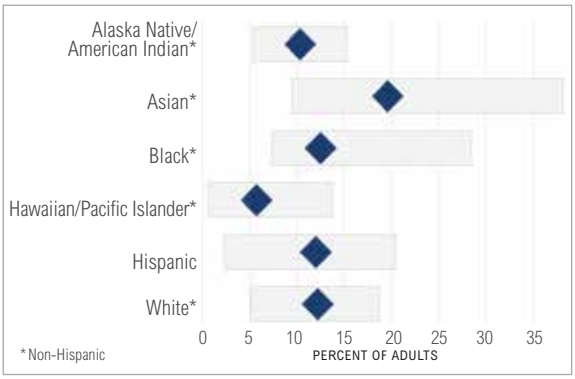
Rank	State	Value (%)
1	North Dakota	8.5
2	Alaska	9.2
2	Hawaii	9.2
4	Minnesota	9.5
4	Utah	9.5
6	Nebraska	9.6
7	Iowa	9.8
7	South Dakota	9.8
9	Kansas	10.0
10	New Jersey	10.2
10	Virginia	10.2
12	Illinois	10.4
13	New Hampshire	10.6
14	Colorado	10.7
14	Wisconsin	10.7
16	Connecticut	10.9
16	Delaware	10.9
16	Idaho	10.9
16	Massachusetts	10.9
20	Texas	11.0
21	Vermont	11.1
22	California	11.2
22	Maryland	11.2
24	Washington	11.3
25	Pennsylvania	11.4
26	Maine	11.9
27	Arizona	12.1
27	Georgia	12.1
27	New York	12.1
27	Ohio	12.1
27	Wyoming	12.1
32	Montana	12.3
32	Nevada	12.3
34	Rhode Island	12.8
35	Michigan	13.0
36	North Carolina	13.2
36	South Carolina	13.2
38	Indiana	13.5
39	Oregon	13.6
40	New Mexico	13.7
41	Missouri	13.9
42	Florida	14.0
43	Louisiana	14.4
44	Oklahoma	14.8
45	Arkansas	14.9
46	Alabama	15.0
46	Mississippi	15.0
48	Kentucky	16.1
49	Tennessee	16.5
50	West Virginia	18.6
	United States	11.4
	District of Columbia	9.5

Disparities in Frequent Physical Distress

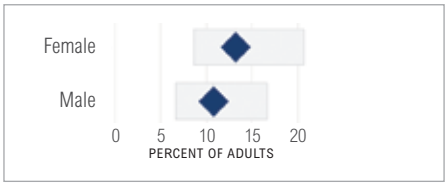
◆ US Rate

Maximum and Minimum

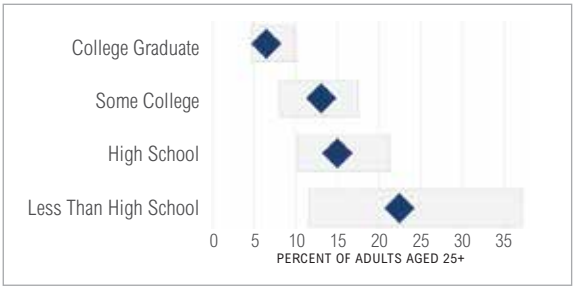
Prevalence by Race and Hispanic Origin



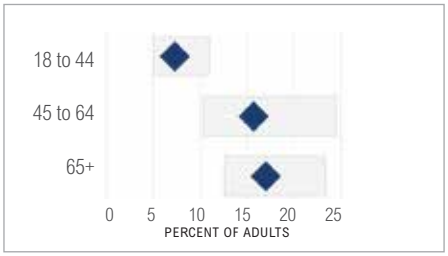
Prevalence by Gender



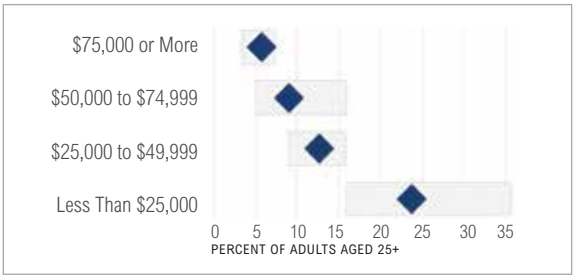
Prevalence by Education



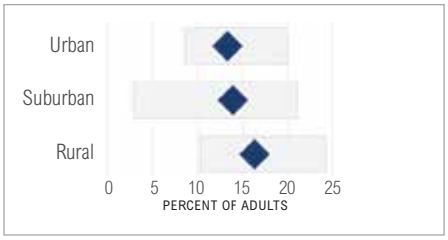
Prevalence by Age

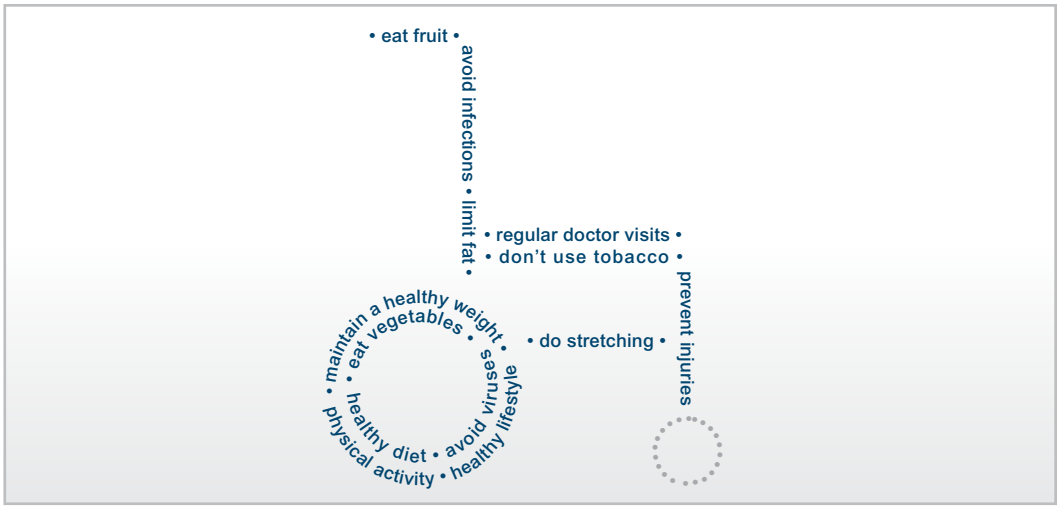


Prevalence by Income



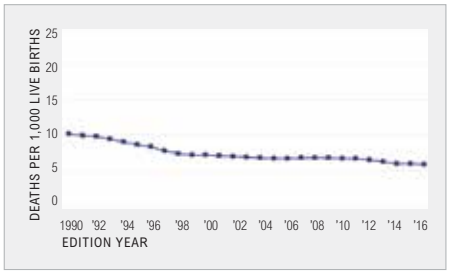
Prevalence by Urbanicity





Infant Mortality

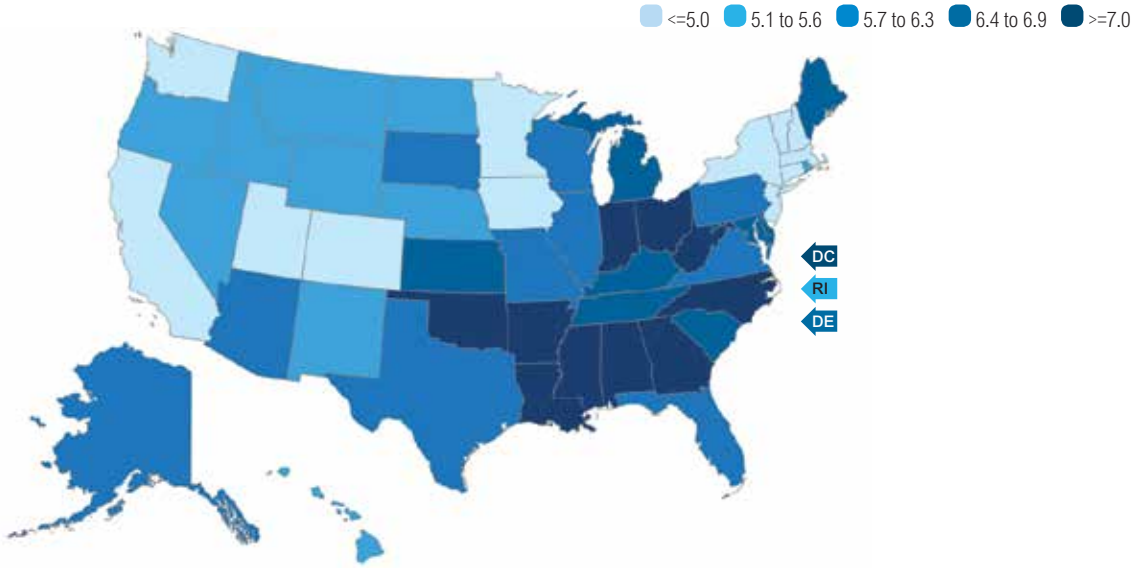
More than 23,000 US infants died in 2014. Significant progress has been made in the past 50 years to reduce infant mortality, but the US rate remains consistently higher than other developed countries. The top five causes of infant death are birth defects, preterm birth and low birthweight, maternal complications of pregnancy, sudden infant death syndrome, and injuries. These causes account for 57% of infant deaths. The infant mortality rate is significantly higher for non-Hispanic blacks, unmarried mothers, and mothers younger than 15 years. Differences in infant mortality rates across the United States are largely driven by socioeconomic status.



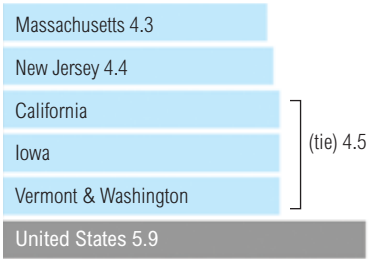
2016 edition data source: *National Vital Statistics System*, 2013-2014
For details: http://www.americashealthrankings.org/AR16/IMR

Infant Mortality by State

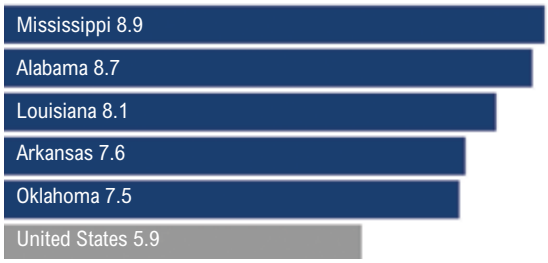
Number of infant deaths (before age 1 year) per 1,000 live births



Top 5 States

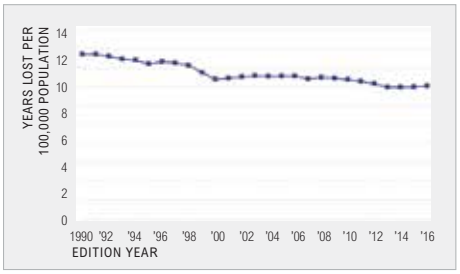


Bottom 5 States



Premature Death

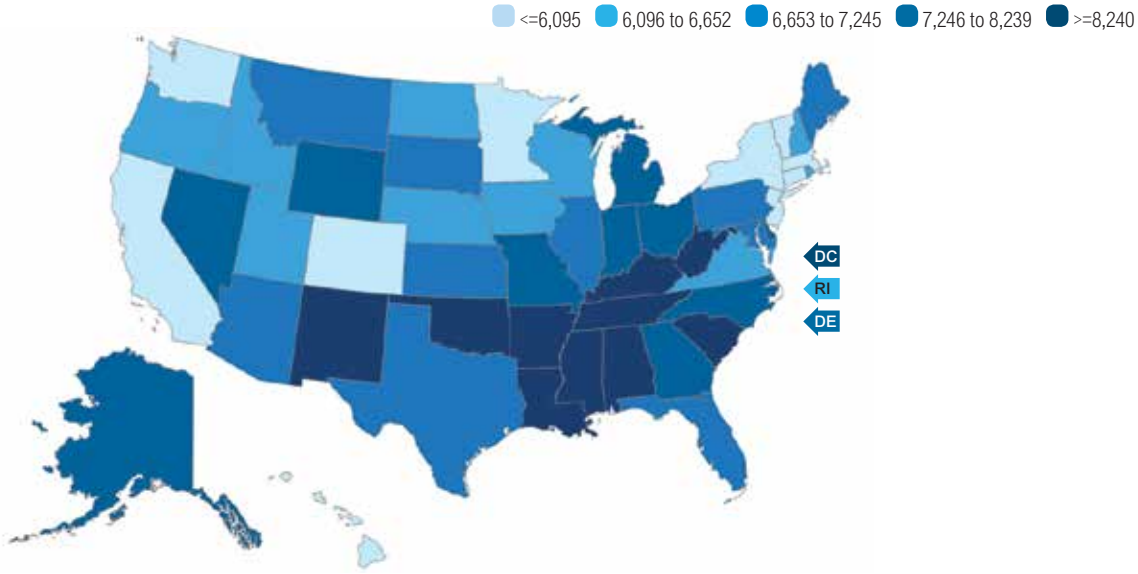
Premature death captures the years of potential life lost before age 75 (YPLL-75). Deaths occurring in youth cause the measure's value to increase more than a death in someone closer to age 75. Deaths among youth are more likely to be preventable than deaths in seniors and often indicate health care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



2016 edition data source: CDC, *National Vital Statistics System*, 2014
For details: http://www.americashealthrankings.org/AR16/YPLL

Premature Death by State

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



Top 5 States

Minnesota	5,369
Connecticut	5,451
California	5,528
New York	5,658
Massachusetts	5,755
United States	7,054

Bottom 5 States

Mississippi	10,804
West Virginia	10,245
Alabama	10,097
Louisiana	9,958
Oklahoma	9,895
United States	7,054

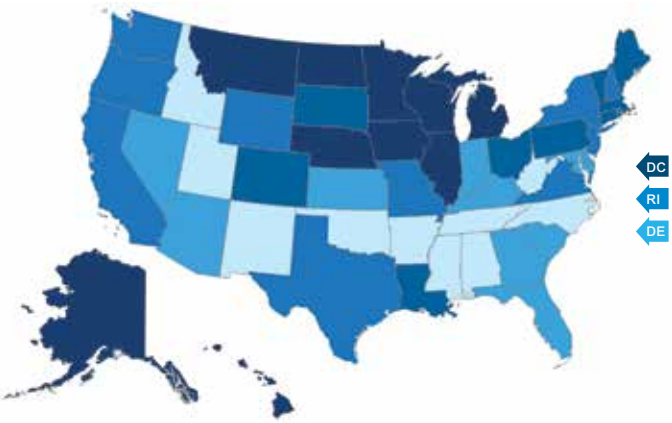
Supplemental Measures

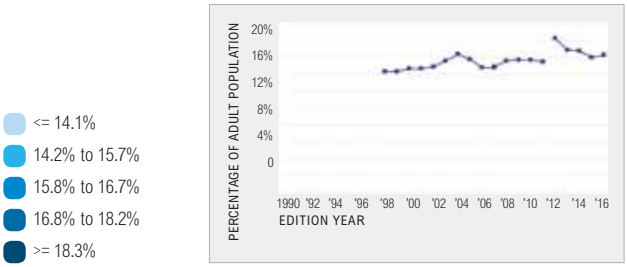
Binge Drinking

Behaviors

Excessive alcohol use caused 1 in 10 deaths among adults aged 20 to 64 years from 2006 to 2010; more than half were from binge drinking. Roughly 38 million US adults report binge drinking an average of four times per month. While binge drinking accounts for more than half of all alcohol consumed by adults, most binge drinkers are not considered alcohol-dependent. Binge drinking contributes to motor vehicle injuries and deaths, increased aggression, and risky sexual behavior. In 2010 excessive drinking cost the United States $249 billion due to missed work, additional health care expenses, and increased crime. Binge drinking was responsible for 77% of these costs.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

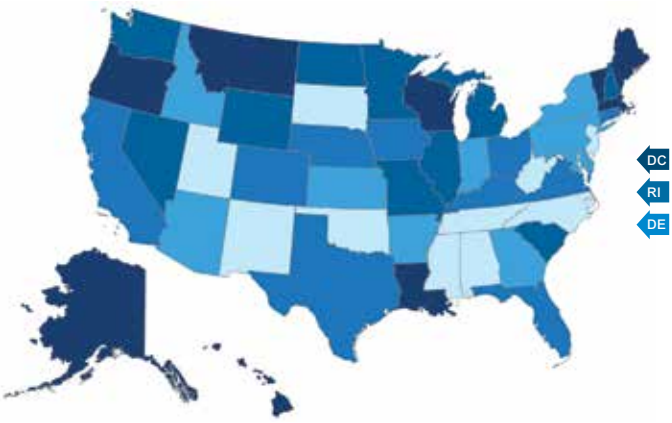
For details: http://www.americashealthrankings.org/AR16/Binge

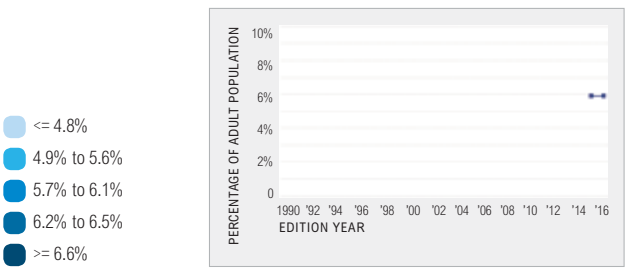
Chronic Drinking

Behaviors

Chronic drinking is a symptom of alcohol addiction or alcoholism but is not an exclusive behavior of alcohol dependence. Drinking in excess for prolonged periods of time increases the risk of developing health problems such as liver disease, high blood pressure, heart disease, stroke, some cancers, and unintentional injuries. On average, 30 years of life are lost to those who die from excessive alcohol consumption. The US Preventive Services Task Force recommends clinicians screen adults aged 18 years and older for alcohol misuse. A variety of evidence-based strategies have been shown to be effective in preventing excessive drinking and reducing alcohol-related health and social costs.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

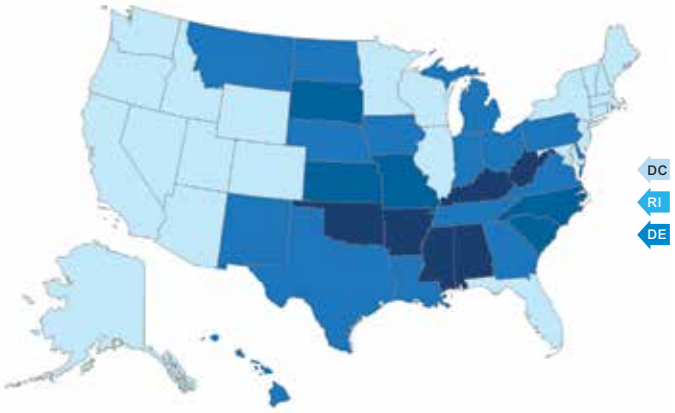
For details: http://www.americashealthrankings.org/AR16/chronic_drinking

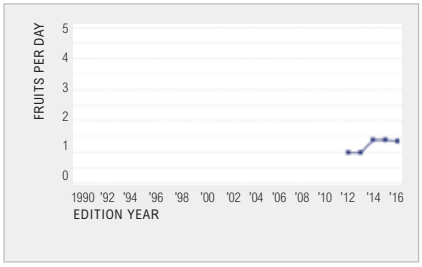
Fruit

Behaviors

Roughly half of US adults suffer from one or more preventable chronic diseases related to poor diet and physical inactivity. Diets high in fruit and vegetables reduce the risk of chronic diseases and assist with weight management. The first National Health and Nutrition Examination Survey Epidemiologic Follow-up Study showed a 27% reduction in cardiovascular disease mortality and a 15% decrease in all-cause mortality in those consuming fruits and vegetables three or more times daily compared with those eating them less than once daily. Unfortunately, US adults only consume 1.4 fruits daily on average, and less than 18% consume the recommended daily amount of fruit.

Mean number of fruits consumed per day by adults





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

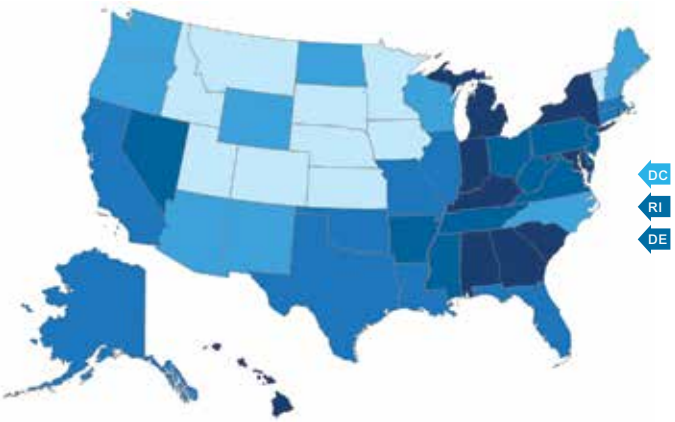
For details: http://www.americashealthrankings.org/AR16/Fruit

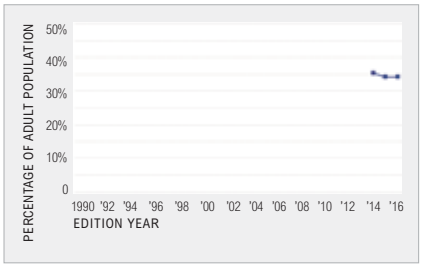
Insufficient Sleep

Behaviors

Insufficient sleep has become a public health epidemic. About 70 million US adults suffer from chronic sleep and wakefulness disorders. Adults averaging fewer than seven hours of sleep per night are more likely to have obesity, diabetes, cancer, hypertension, and depression. An estimated $15.9 billion of health care costs are attributable to sleep disorders, sleep deprivation, and sleepiness, not including the costs of accidents, lost productivity, and sleep-related health problems. The National Sleep Foundation recommends adults sleep seven to eight hours and school-aged children sleep at least 10 hours nightly.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2014

For details: http://www.americashealthrankings.org/AR16/sleep

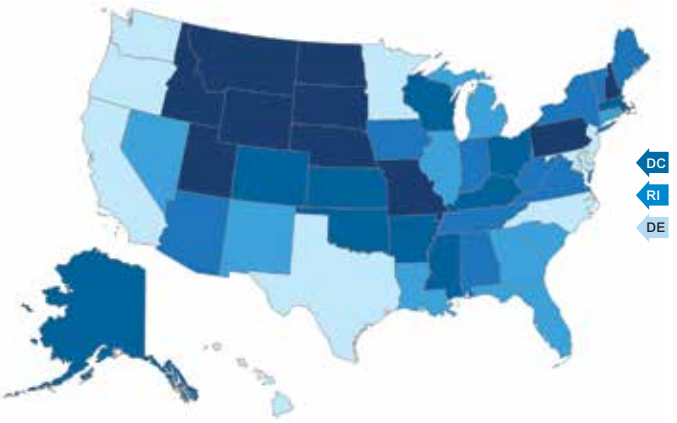
Seat Belt Use

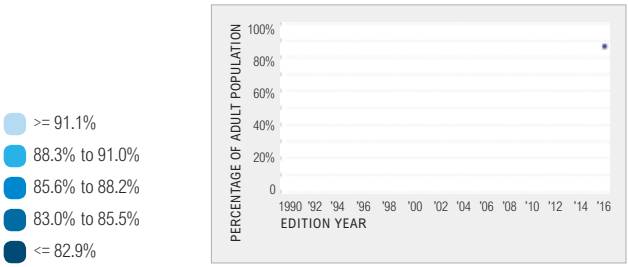
Behaviors

Motor vehicle accidents (MVA) are the leading cause of death among those aged 1 to 54 years in the United States. Wearing a seat belt—the most effective way to prevent deaths and injuries in MVAs—reduces injuries and deaths approximately 50%. More than half of teens and adults who died in MVAs in 2014 were not wearing their seat belts.

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

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

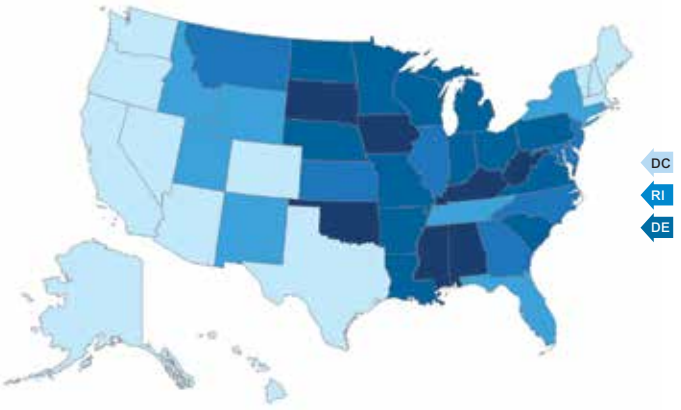
For details: http://www.americashealthrankings.org/AR16/seatbelt_use

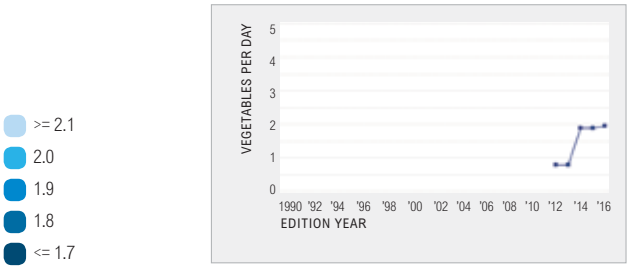
Vegetables

Behaviors

Epidemiological data show quantity, not variety, of fruit and vegetable intake is associated with lower cardiovascular disease risk. Higher fruit and vegetable intake is also associated with a lower risk of myocardial infarction, ischemic heart disease, and ischemic stroke. Unfortunately, US adults only consume 2.0 servings of vegetables on average per day, and less than 14% consume the daily recommended amount of vegetables. States with a higher density of healthy food retailers, farmers markets, and nutrition-assistance program benefits accepted by farmers markets show a higher consumption of fruit and vegetables than other states.

Mean number of vegetables consumed per day by adults





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

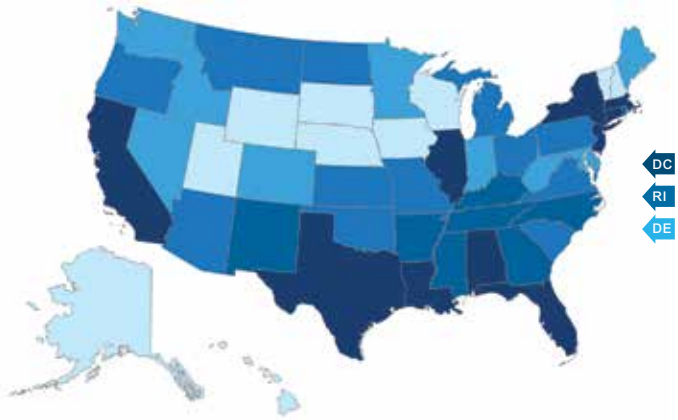
For details: http://www.americashealthrankings.org/AR16/Veggie

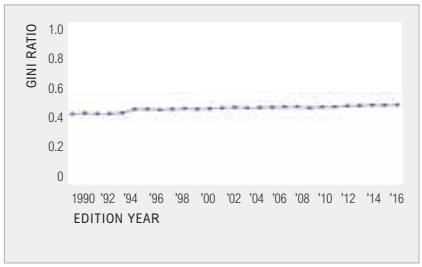
Income Disparity

Community & Environment

Over the past 45 years median family income has decreased while the top tier of income distribution experienced growth, widening the US income disparity. Countries with greater income disparity have higher rates of obesity, imprisonment, violence, and chronic stress, as well as lower levels of social cohesion and trust. Individuals in states with the largest income disparity are more likely to self-report poor health compared with individuals in states with the smallest income disparity. Most developed European nations and Canada have Gini indices between 0.22 and 0.38, while the United States Gini index has stayed between 0.45 and 0.48 since the mid-1990s.

A coefficient representing income distribution; zero indicates total income equality and one indicates complete income inequality (Gini coefficient)





2016 edition data source: *American Community Survey,* 2015

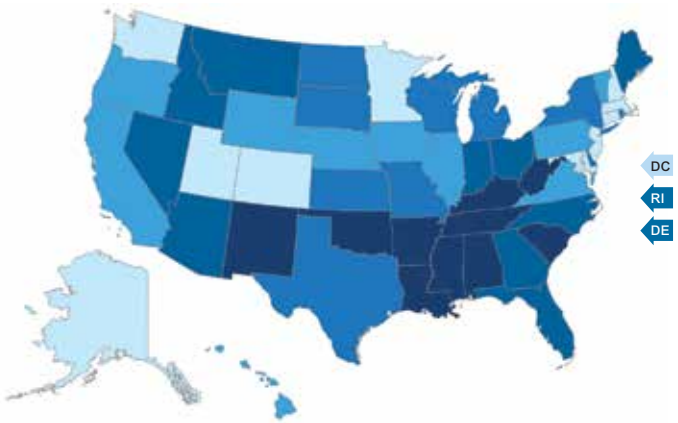
For details: http://www.americashealthrankings.org/AR16/gini

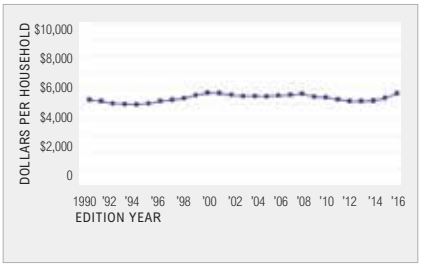
Median Household Income

Community & Environment

Median household income (MHI) reflects a household's ability to afford a healthy diet, preventive medicine, and curative care. MHI tends to more accurately reflect the "typical" household than average household income does, which is based on a mean that can be distorted by a few extremely wealthy households. The 2015 US MHI was $56,516, up 5.2% from 2014—the first annual increase in MHI since 2007. The largest difference in health is between those with the highest and lowest incomes, and there are health differences at every income level between those with lower versus those with higher income.

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





2016 edition data source: *Current Population Survey, Annual Social and Economic Supplement,* 2015

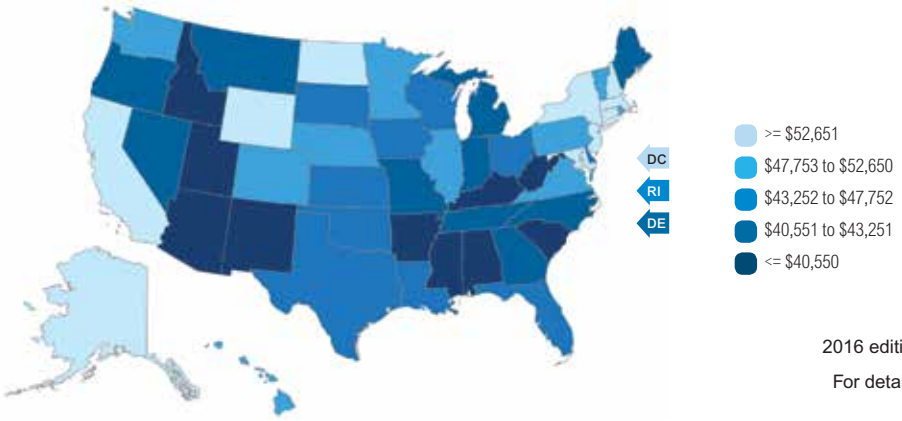
For details: http://www.americashealthrankings.org/AR16/Medianincome

Personal Income

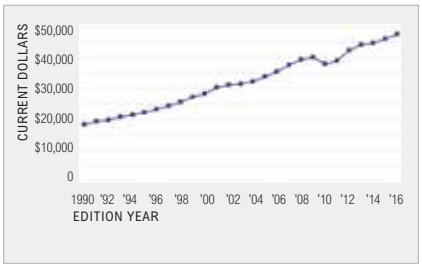
Community & Environment

Personal income reflects a person's ability to make purchases supporting a healthy lifestyle including preventive medicine and curative care. National Longitudinal Mortality Survey data indicate the relative risk of premature death decreases with increasing family income, adjusted for sex and age. The most significant mortality increase occurs at incomes below $30,000; this increase flattens above $35,000. This relationship is independent of the classification of poverty, meaning people with low personal income—regardless of whether they are classified as living in poverty—are more likely to have poorer health than higher income people.

Per capita personal income in dollars



>= $52,651
$47,753 to $52,650
$43,252 to $47,752
$40,551 to $43,251
<= $40,550



2016 edition data source: US Bureau of Economic Analysis, 2015

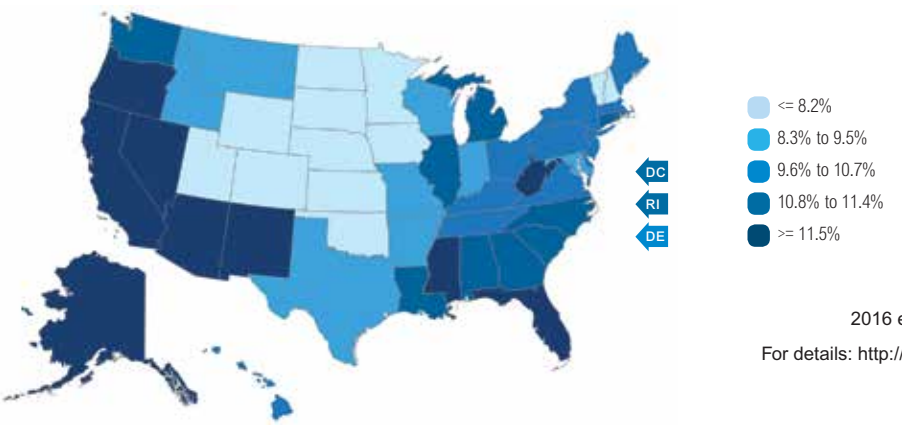
For details: http://www.americashealthrankings.org/AR16/income

Underemployment Rate

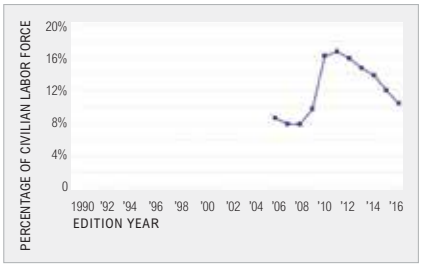
Community & Environment

Underemployment is associated with a lack of health insurance and potentially leads to heightened stress, depression, and decreased earnings—all of which contribute to poor health. The underemployed are more likely than others to report lower levels of general well-being, and those who are underemployed based solely on income report more depression and alcohol abuse. Racial and ethnic minorities have significantly higher underemployment rates than white Americans. Underemployment is also inversely associated with educational attainment—rates among those with less than a high school degree are nearly four times higher than among those with a bachelor's degree or higher.

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



<= 8.2%
8.3% to 9.5%
9.6% to 10.7%
10.8% to 11.4%
>= 11.5%



2016 edition data source: US Bureau of Labor Statistics, 2015

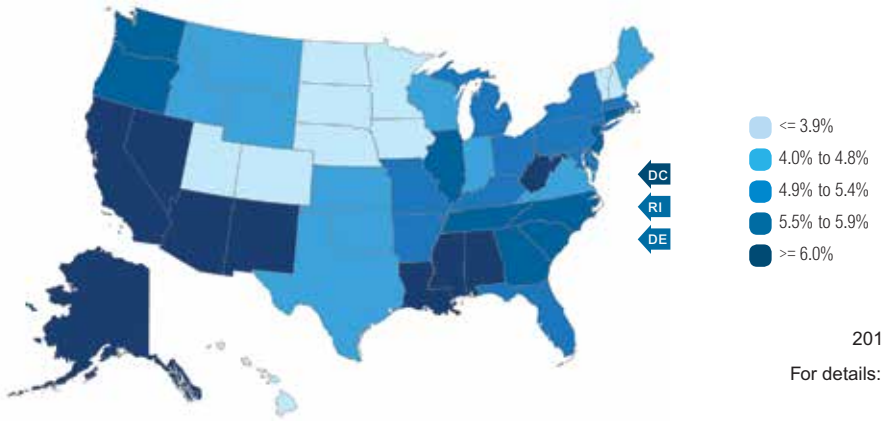
For details: http://www.americashealthrankings.org/AR16/Underemployed

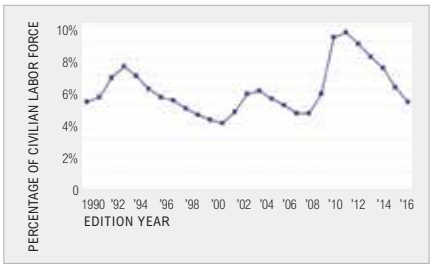
Unemployment Rate

Community & Environment

Unemployed adults are more burdened by medical care costs, more likely to experience delays in treatment, and report more chronic disease and poorer physical and mental health compared with those who are employed. Unemployment is also associated with an increase in unhealthy behaviors such as poor diet, lack of exercise, tobacco use, and excessive alcohol consumption. High unemployment rates increase the economic burden on states due to decreased revenue from income taxes and increased demand for unemployment insurance and social welfare programs.

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





2016 edition data source: US Bureau of Labor Statistics, 2015

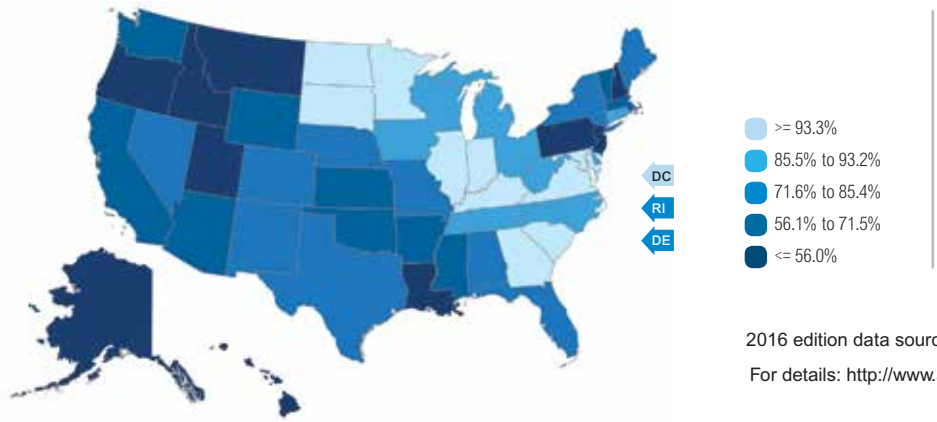
For details: http://www.americashealthrankings.org/AR16/Unemployed

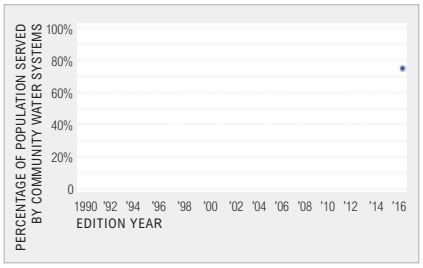
Water Fluoridation

Policy

Community water fluoridation is an effective way of preventing dental caries—an infectious disease in which bacteria dissolve the enamel of a tooth. Dental caries can lead to pain, bacterial infections, and tooth extraction. Fluoride enhances remineralization and inhibits demineralization in tooth enamel and inhibits bacterial activity in dental plaque. Community water fluoridation is a safe and cost-effective intervention to widely deliver fluoride to all members of a community, regardless of age, education, and income. It was named one of 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention.

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





2016 edition data source: CDC, *Water Fluoridation Reporting System,* 2014

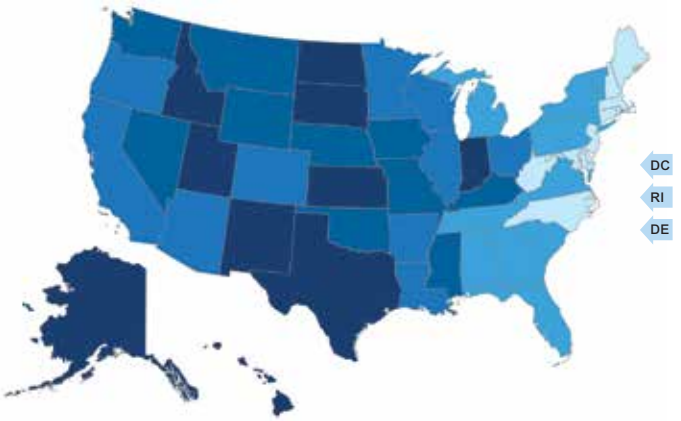
For details: http://www.americashealthrankings.org/AR16/water_fluoridation

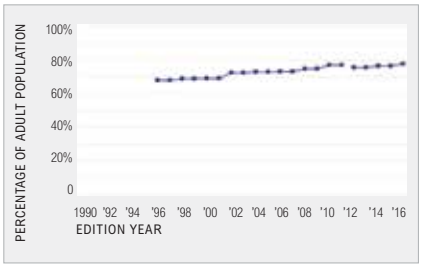
Cholesterol Check

Clinical Care

Elevated total serum cholesterol is a major and modifiable risk factor for heart disease, the United States' leading cause of death. Approximately one in six people have high cholesterol, which increases risk of stroke, cardiovascular disease, and premature death. Because high cholesterol has no symptoms, a blood test is needed to measure total cholesterol, LDL (low-density lipoprotein, "bad") cholesterol, HDL (high- density lipoprotein, "good") cholesterol, and triglycerides. The US Preventive Services Task Force recommends that all men aged 35 years and older be screened for lipid disorders, as well as both men and women aged 20 years or older who are at increased risk for coronary heart disease.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

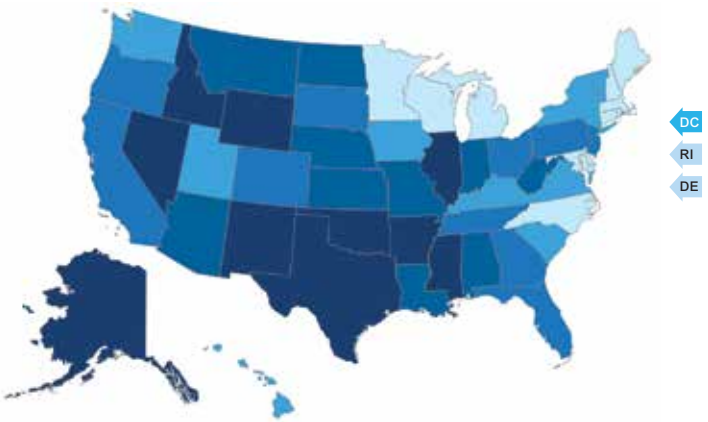
For details: http://www.americashealthrankings.org/AR16/cholesteroltest

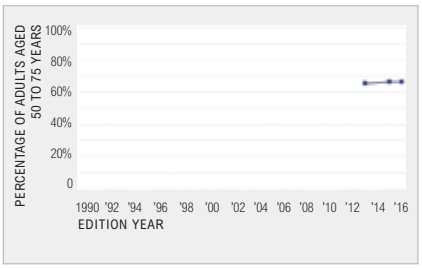
Colorectal Cancer Screening

Clinical Care

Colorectal cancer is the second-leading cause of cancer death and the third most common cancer among men and women in the United States. Screening for colorectal cancer, which may include fecal sample testing, colonoscopy, and/or sigmoidoscopy, is recommended for all adults aged 50 to 74 years, according to the US Preventive Services Task Force. Earlier screening is recommended for those with particular risk factors or a family history of colorectal cancer. Black adults are at higher risk for colorectal cancer but are less likely to be screened. Screening can save lives—an estimated 20 to 24 colorectal cancer deaths can be averted for every 1,000 adults screened.

Percentage of adults aged 50 to 75 years 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 the past five years and a home FOBT within the past three years)





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2014

For details: http://www.americashealthrankings.org/AR16/cancer_screening

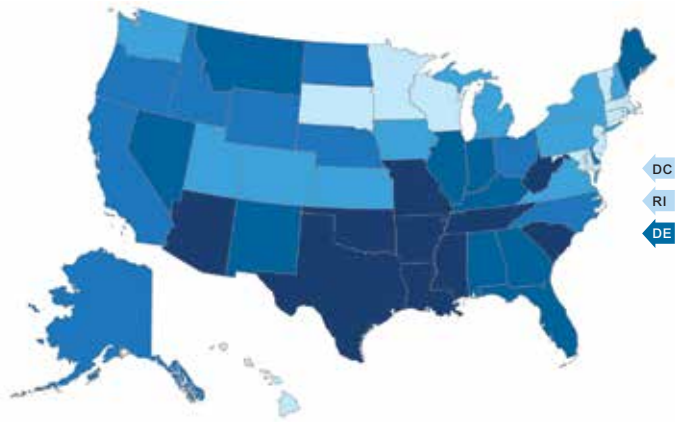
Dental Visit, Annual

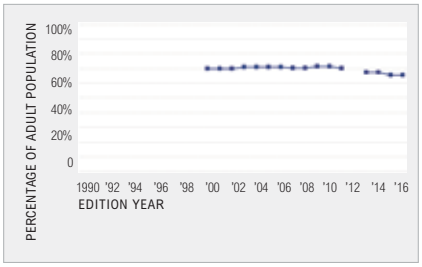
Clinical Care

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

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

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2014

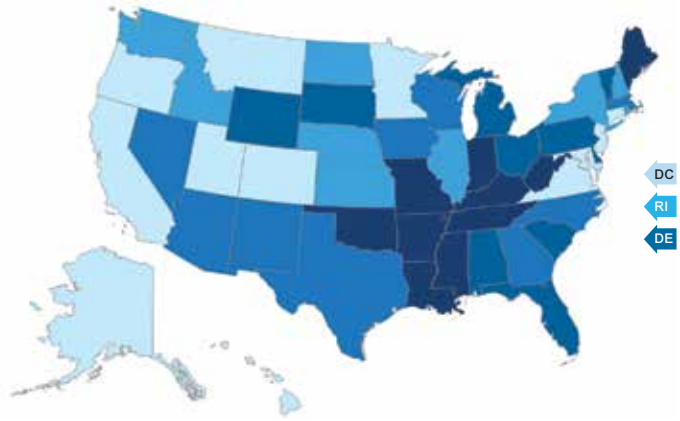
For details: http://www.americashealthrankings.org/AR16/dental

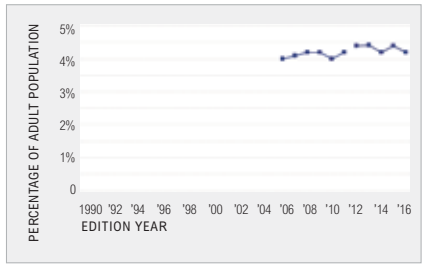
Heart Attack

Outcomes

An estimated 550,000 heart attacks and 200,000 recurrent heart attacks occur yearly in US adults aged 35 years and older. Roughly 15% of those who have a heart attack die as a result. The average age at first heart attack, or myocardial infarction (MI), is 65 years for men and 71.8 years for women. Adjusting for age, patient, and hospital characteristics, black men, white men, and white women have similar in-hospital mortality rates. Black women have the highest in-hospital mortality rate and the lowest rate of in-hospital interventions for acute MI treatment. MI's estimated direct and indirect costs were $11.5 billion in 2010.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

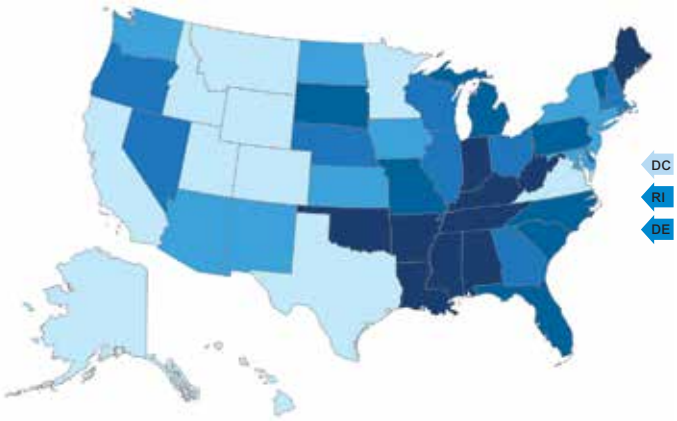
For details: http://www.americashealthrankings.org/AR16/heart_attack

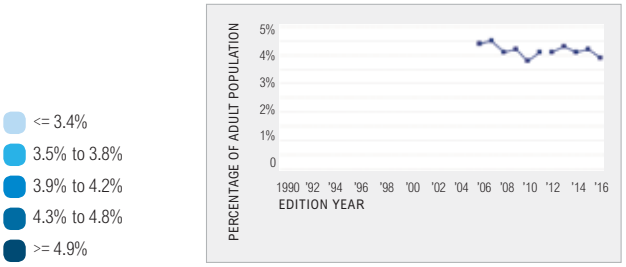
Heart Disease

Outcomes

Coronary heart disease (CHD) prevalence is projected to increase 16.6% between 2010 and 2030, affecting 9.3% of the US population. CHD deaths decreased 44% from 1980 to 2000, largely due to lowering total cholesterol, systolic blood pressure, and smoking prevalence, as well as increasing physical activity. Yet more than 365,000 deaths were attributable to CHD in 2014. For men with two or more risk factors, the lifetime risk of CHD is 37.5%; for women, it is 18.3%. Costs associated with CHD are projected to exceed $218 billion annually by 2030.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

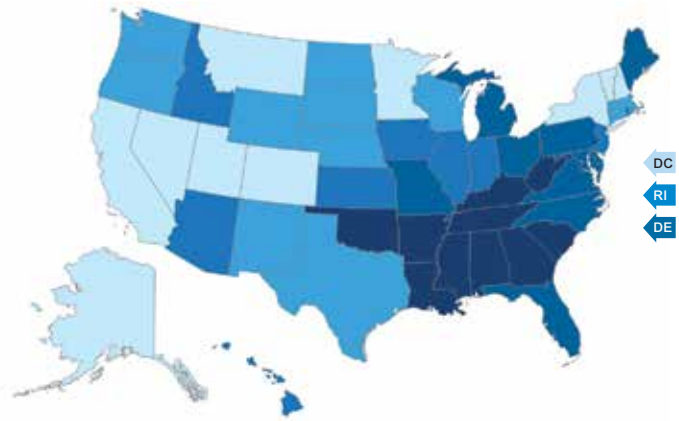
For details: http://www.americashealthrankings.org/AR16/CHD

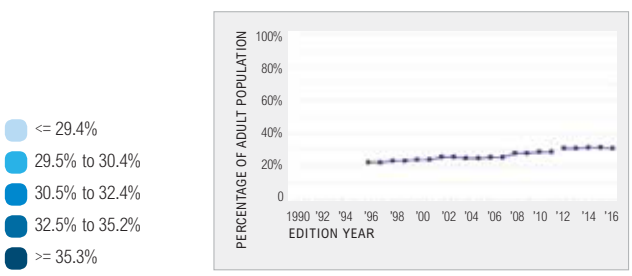
High Blood Pressure

Outcomes

High blood pressure is a modifiable risk factor for heart disease and stroke, two of the five US leading causes of death. Hypertension often has no symptoms and is estimated to afflict one in three—or 70 million—Americans. Only 52% of individuals with hypertension have it controlled, and many do not know they have it. Hypertension expenses—medical, medication, and lost productivity costs—are an estimated $46 billion annually. Blacks are more likely to develop high blood pressure than whites and Hispanics, and blacks are more likely to develop it at a younger age. Reducing sodium intake could prevent 11 million hypertension cases annually.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

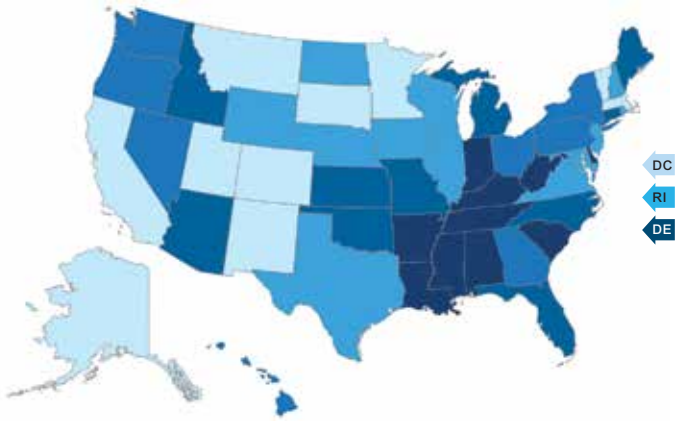
For details: http://www.americashealthrankings.org/AR16/Hypertension

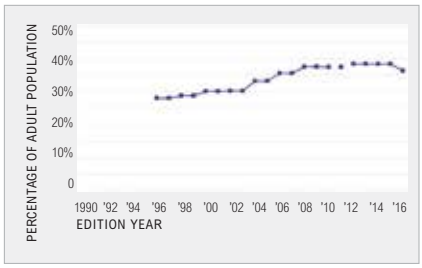
High Cholesterol

Outcomes

Total blood cholesterol higher than 240 mg/dL is unhealthy, especially when maintained for long periods of time. Of an estimated 73.5 million US adults who have high cholesterol, only 48.1% of them receive treatment and less than a third manage their condition. High cholesterol doubles the risk of heart attack and is a risk factor for cardiovascular diseases, including stroke. High cholesterol can be managed through medication and/or lifestyle modifications such as diet and physical activity. To lower cholesterol, the 2010 Dietary Guidelines suggest eating vegetables, beans, whole grains, nuts, and seafood and limiting solid fats, added sugars, refined grains, and red meat.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

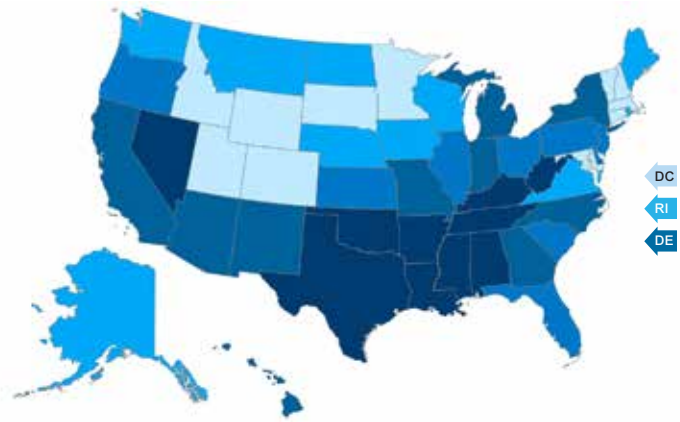
For details: http://www.americashealthrankings.org/AR16/High_Chol

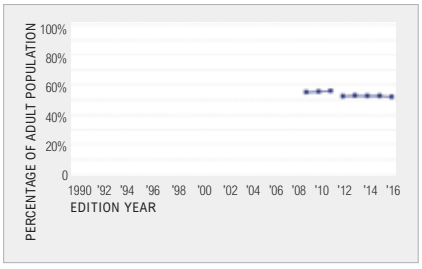
High Health Status

Outcomes

Research shows that adults with a higher self-reported health status have lower rates of all-cause mortality, compared with those with lower self-reported health status. The subpopulation with the highest proportion reporting "very good" or "excellent" health is white adults without disabilities. A greater proportion of women report "fair" or "poor" health compared with men. Adults aged 18 to 44 years have a higher self-reported health status than adults aged 65 years and older. Adults with high annual household incomes, who are employed by others or self, and who are married have a higher self-reported health status than those near or in poverty, unemployed, and single, widowed, or divorced.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

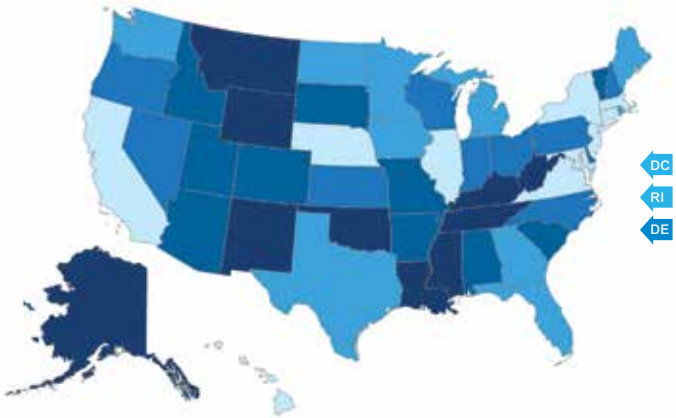
For details: http://www.americashealthrankings.org/AR16/Health_Status

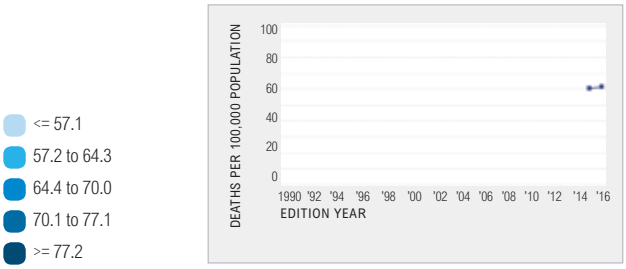
Injury Deaths

Outcomes

Injuries are a leading cause of morbidity and mortality in the United States. Accidental poisonings, motor vehicle accidents, and falls are the top three causes of unintentional injury deaths—the fourth leading cause of US deaths. Drugs cause the majority of poisonings, and 81% of drug poisoning deaths are unintentional. Intentional injury fatalities mainly occur via suicide by firearm, suffocation, poisoning, and homicide by firearm. Firearm discharge causes more than half of suicides, and 2.5 times as many deaths annually are from suicide as homicide. Unintentional and intentional injury fatalities cost nearly $214 billion in 2013 due to work loss and medical costs.

Number of deaths due to injury per 100,000 population





2016 edition data source: N*ational Vital Statistics System,* 2012-2014

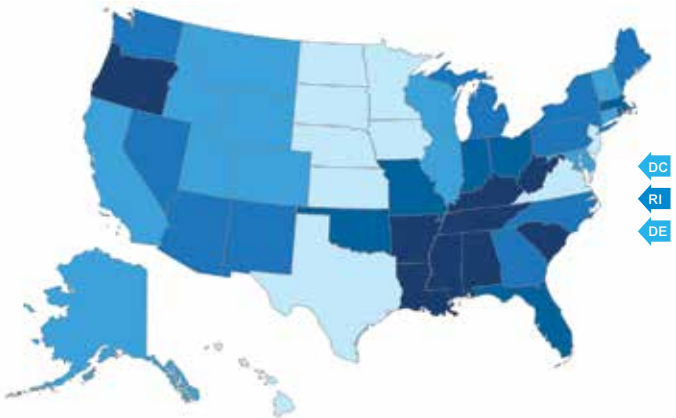
For details: http://www.americashealthrankings.org/AR16/injury_deaths

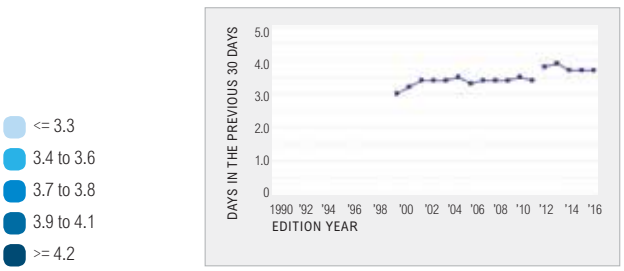
Poor Mental Health Days

Outcomes

The number of poor mental health days a person experiences is a predictor of future health, forecasting one-month and 12-month office visits and hospitalizations. Poor mental health in extreme cases can lead to suicide, the 10th-leading cause of death for all ages and the second-leading cause of death for adults aged 25 to 34 years. Medical costs of mental illness are not far behind those of heart disease and traumatic injury in the United States. The 2013 annual direct and indirect costs of untreated serious mental illness were estimated to be $300 billion, an increase of $200 billion from 2003 estimates.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

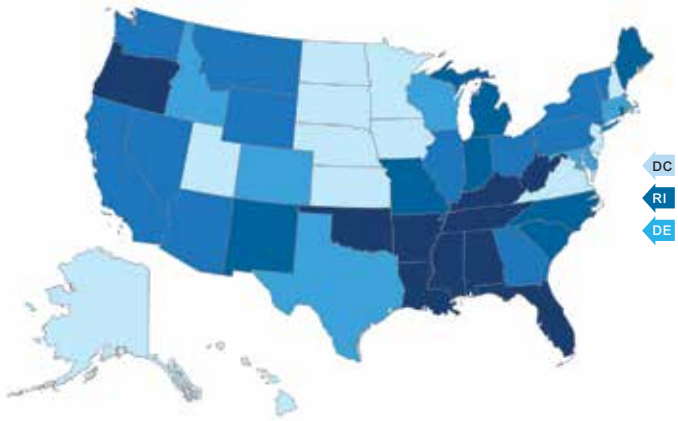
For details: http://www.americashealthrankings.org/AR16/MentalHealth

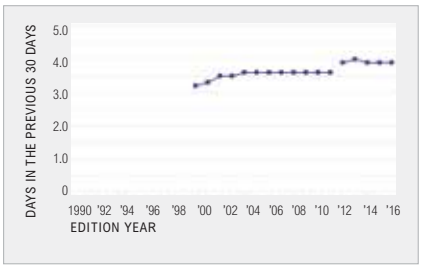
Poor Physical Health Days

Outcomes

Poor physical health days are an indicator of the population's health-related quality of life. The number of poor physical health days a person experiences reveals information about all-cause morbidity within the population, regardless of disease or health condition. Poor physical health days also predict future health and future medical care, such as adverse health events resulting in a provider visit, hospitalization, or mortality within 30 days or one year among older adults. The number of physically unhealthy days tend to increase with age.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

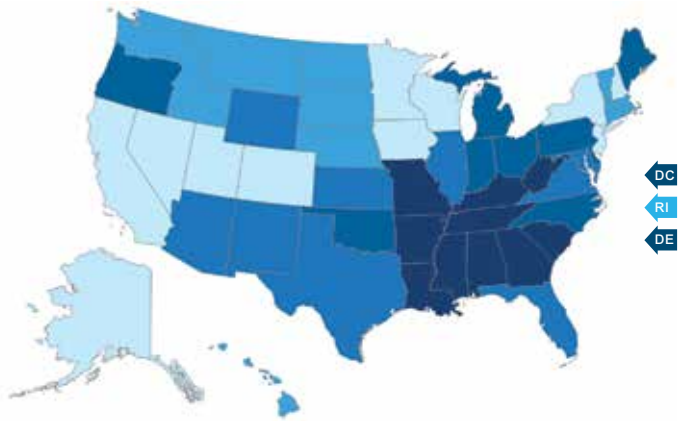
For details: http://www.americashealthrankings.org/AR16/PhysicalHealth

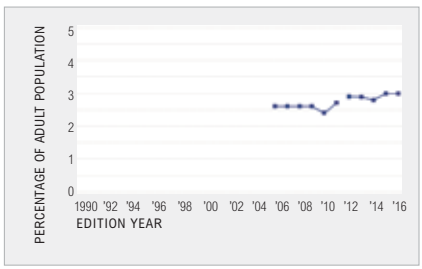
Stroke

Outcomes

Roughly 795,000 people yearly experience a new or recurrent stroke, which is among the five leading causes of US deaths. The incidence of stroke is higher among white women aged 85 years and older, compared with men of the same age, and in blacks versus whites. The prevalence is greater in people with lower income levels and educational attainment, and in those in the southeastern United States. Stroke prevalence is estimated to increase 22% by 2030, with the greatest increase in Hispanic men (29%). The total cost of stroke—health care services, treatment medications, and missed days of work—in the US is roughly $34 billion each year.

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





2016 edition data source: *Behavioral Risk Factor Surveillance System,* 2015

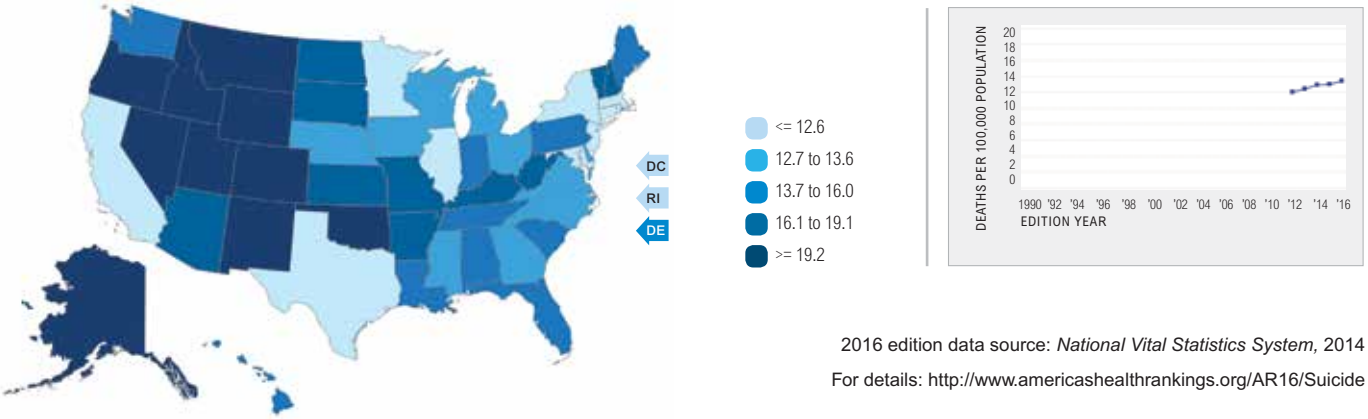
For details: http://www.americashealthrankings.org/AR16/Stroke

Suicide

Outcomes

More than 42,700 suicides occurred in 2014, making it the 10th-leading cause of death. Firearms account for half of these deaths. Each year 2.5 times more deaths occur from suicide than from homicide. For each successful suicide, 25 attempts are made. While the highest rates occur in adults aged 85 years and older, suicide is of great concern in young adults. The suicide rate in 2012 to 2013 among American Indian/Alaska Native men aged 18 to 24 years was higher than any other racial or ethnic subgroups at 34.3 per 100,000 population, much higher than the rate of 20.4 for all males in this age group.

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



2016 edition data source: *National Vital Statistics System,* 2014

For details: http://www.americashealthrankings.org/AR16/Suicide

State Summaries

State Summaries

The following pages describe the overall rank, strengths, challenges, and highlights—including notable changes in measures—for each state. The table outlines the values and ranks for all core measures. Each state summary also contains trend graphs of smoking and obesity allowing states to compare their prevalence with the US prevalence.

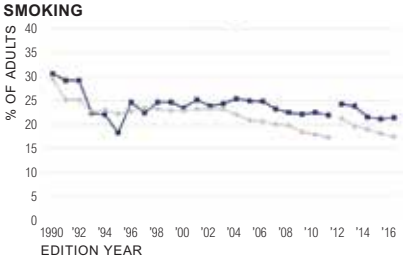
Alabama

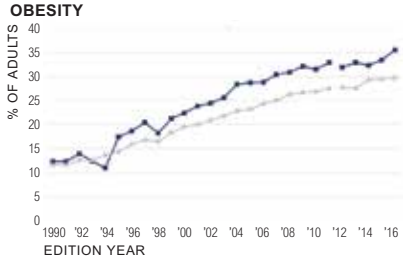
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	13.1	18	4.0
Excessive Drinking (% of adults)	★★★★★	13.0	4	11.2
High School Graduation (% of students)	★★★★★	89.3	3	90.8
Obesity (% of adults)	★	35.6	47	20.2
Physical Inactivity (% of adults)	★	31.9	45	17.9
Smoking (% of adults)	★	21.4	41	9.1
Behaviors Total*	★★	-0.091	39	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	9.1	36	4.4
Children in Poverty (% of children)	★	22.3	42	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.777	47	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★	600.2	47	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★	5.9	16	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★	24.1	46	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.5	38	2.0
Violent Crime (offenses per 100,000 population)	★	472	41	118
Community & Environment Total*	★	-0.128	48	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	-0.005	26	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★	40.8	26	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★	22.6	36	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★	72.1	38	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★★	93.3	5	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	70.6	35	80.6
Lack of Health Insurance (% of population)	★★	11.1	33	3.1
Public Health Funding (dollars per person)	★★★★★	$106	10	$261
Policy Total*	★★★	-0.011	27	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	43.8	48	81.5
Low Birthweight (% of live births)	★	10.1	48	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	61.1	45	23.5
Primary Care Physicians (number per 100,000 population)	★	116.4	42	247.7
Clinical Care Total*	★	-0.197	48	0.170
ALL DETERMINANTS*	★	-0.427	46	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	211.1	43	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	332.9	49	188.2
Diabetes (% of adults)	★	13.5	48	6.8
Disparity in Health Status (% difference by high school education)	★★★★	26.9	20	14.8
Frequent Mental Distress (% of adults)	★	13.9	45	7.1
Frequent Physical Distress (% of adults)	★	15.0	46	8.5
Infant Mortality (deaths per 1,000 live births)	★	8.7	49	4.3
Premature Death (years lost per 100,000 population)	★	10,097	48	5,369
ALL OUTCOMES*	★	-0.366	49	0.289
OVERALL*	★	-0.793	47	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



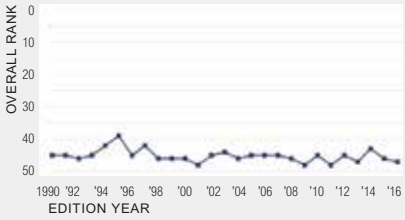


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 47

Change: ▼ 1
Determinants Rank: 46
Outcomes Rank: 49



Strengths:
- Low prevalence of excessive drinking
- High percentage of high school graduation
- High Tdap immunization coverage among adolescents

Challenges:
- High prevalence of smoking
- High prevalence of low birthweight
- High infant mortality rate

Ranking:
Alabama is 47th this year; it was 46th in 2015. The state ranks 44th for senior health and 44th for the health of women and children.

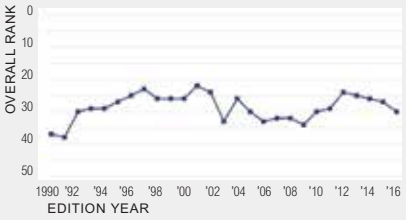
Highlights:
- In the past two years, drug deaths increased 12% from 11.7 to 13.1 deaths per 100,000 population.
- In the past year, physical inactivity increased 16% from 27.6% to 31.9% of adults.
- In the past year, children in poverty decreased 12% from 25.2% to 22.3% of children.
- In the past year, HPV immunization among males aged 13 to 17 years increased 151% from 9.0% to 22.6%.
- In the past year, immunizations among children aged 19 to 35 months decreased 8% from 76.9% to 70.6%.

State Health Department Website:
www.adph.org

Alaska

Overall Rank: 30

Change: ▼ 3
Determinants Rank: 33
Outcomes Rank: 15



Strengths:
- Low percentage of children in poverty
- Low prevalence of low birthweight
- Low prevalence of diabetes

Challenges:
- Low percentage of high school graduation
- High violent crime rate
- High percentage of population without insurance

Ranking:
Alaska is 30th this year; it was 27th in 2015. The state ranks 21st for senior health and 28th for the health of women and children.

Highlights:
- In the past year, children in poverty decreased 20% from 15.6% to 12.5% of children.
- In the past year, *Salmonella* incidence decreased 22% from 11.9 to 9.3 cases per 100,000 population.
- In the past two years, violent crime increased 21% from 603 to 730 offenses per 100,000 population.
- In the past seven years, preventable hospitalizations decreased 42% from 62.4 to 36.0 discharges per 1,000 Medicare enrollees.
- In the past year, infant mortality increased 13% from 5.4 to 6.1 deaths per 1,000 live births.

State Health Department Website:
dhss.alaska.gov/Pages/default.aspx

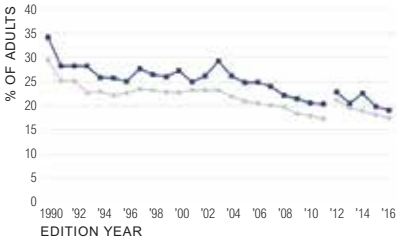
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

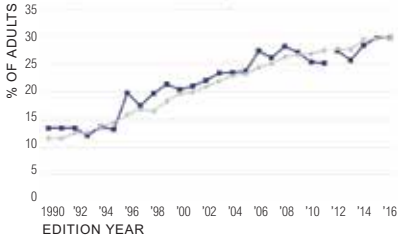
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	16.0	34	4.0
Excessive Drinking (% of adults)	★	22.1	48	11.2
High School Graduation (% of students)	★	75.6	46	90.8
Obesity (% of adults)	★★★	29.8	24	20.2
Physical Inactivity (% of adults)	★★★★★	22.0	10	17.9
Smoking (% of adults)	★★	19.1	34	9.1
Behaviors Total*	★	-0.130	42	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	8.8	33	4.4
Children in Poverty (% of children)	★★★★★	12.5	6	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.673	46	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★	787.5	50	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★	23.0	45	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★★★	9.3	2	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.7	29	2.0
Violent Crime (offenses per 100,000 population)	★	730	50	118
Community & Environment Total*	★★	-0.069	39	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-1.597	48	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★	36.9	35	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★	18.8	45	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★	55.7	48	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★	69.7	50	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	66.3	48	80.6
Lack of Health Insurance (% of population)	★	16.1	49	3.1
Public Health Funding (dollars per person)	★★★★★	$261	1	$261
Policy Total*	★	-0.111	47	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	80.8	2	81.5
Low Birthweight (% of live births)	★★★★★	5.9	1	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	36.0	8	23.5
Primary Care Physicians (number per 100,000 population)	★★★	134.1	28	247.7
Clinical Care Total*	★★★★★	0.170	1	0.170
ALL DETERMINANTS*	★★	-0.139	33	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	193.3	29	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	214.1	9	188.2
Diabetes (% of adults)	★★★★★	7.6	3	6.8
Disparity in Health Status (% difference by high school education)	★★★★	25.1	13	14.8
Frequent Mental Distress (% of adults)	★★★★	11.0	20	7.1
Frequent Physical Distress (% of adults)	★★★★★	9.2	2	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.1	27	4.3
Premature Death (years lost per 100,000 population)	★★	7,857	35	5,369
ALL OUTCOMES*	★★★★	0.108	15	0.289
OVERALL*	★★★	-0.031	30	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

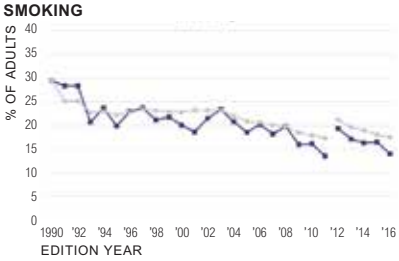
Arizona

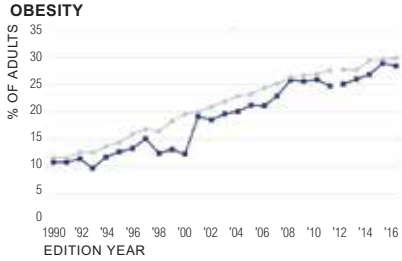
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	18.6	41	4.0
Excessive Drinking (% of adults)	★★★★	16.0	13	11.2
High School Graduation (% of students)	★	77.4	44	90.8
Obesity (% of adults)	★★★★	28.4	17	20.2
Physical Inactivity (% of adults)	★★★★	24.7	18	17.9
Smoking (% of adults)	★★★★★	14.0	6	9.1
Behaviors Total*	★★★	0.038	21	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	9.3	43	4.4
Children in Poverty (% of children)	★	25.5	47	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	-0.010	31	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★	488.9	37	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★	7.8	27	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★	15.8	33	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.4	8	2.0
Violent Crime (offenses per 100,000 population)	★★	410	34	118
Community & Environment Total*	★★	-0.079	40	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.227	20	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★	44.2	21	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★	27.0	28	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	87.6	12	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★	86.6	30	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	72.3	26	80.6
Lack of Health Insurance (% of population)	★★	12.2	37	3.1
Public Health Funding (dollars per person)	★	$42	48	$261
Policy Total*	★★	-0.047	36	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	53.9	28	81.5
Low Birthweight (% of live births)	★★★★	7.0	12	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	37.0	9	23.5
Primary Care Physicians (number per 100,000 population)	★★	123.3	37	247.7
Clinical Care Total*	★★★	0.026	22	0.170
ALL DETERMINANTS*	★★★	-0.062	30	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	170.0	6	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	213.7	7	188.2
Diabetes (% of adults)	★★★	10.1	27	6.8
Disparity in Health Status (% difference by high school education)	★	31.4	43	14.8
Frequent Mental Distress (% of adults)	★★★	11.2	24	7.1
Frequent Physical Distress (% of adults)	★★★	12.1	27	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	5.7	23	4.3
Premature Death (years lost per 100,000 population)	★★★	7,148	24	5,369
ALL OUTCOMES*	★★★	0.042	24	0.289
OVERALL*	★★★	-0.020	29	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



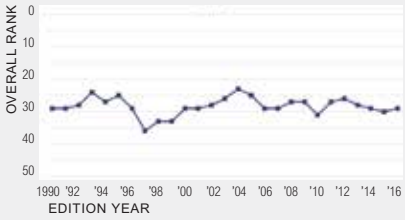


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 29

Change: ▲ 1
Determinants Rank: 30
Outcomes Rank: 24



Strengths:
- Low prevalence of smoking
- Low rate of preventable hospitalizations
- Low rate of cancer deaths

Challenges:
- Low percentage of high school graduation
- High percentage of children in poverty
- Large disparity in health status by educational attainment

Ranking:
Arizona is 29th this year; it was 30th in 2015. The state ranks 27th for senior health and 43rd for the health of women and children.

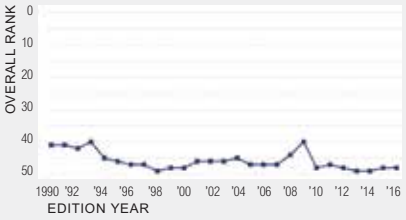
Highlights:
- In the past year, smoking decreased 15% from 16.5% to 14.0% of adults.
- In the past six years, chlamydia incidence increased 79% from 273.5 to 488.9 cases per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years increased 23% from 35.8% to 44.2%.
- Since the 1990 edition, cardiovascular deaths decreased 36% from 332.5 to 213.7 deaths per 100,000 population.
- In the past year, infant mortality increased 4% from 5.5 to 5.7 deaths per 1,000 live births.

State Health Department Website:
www.azdhs.gov

Arkansas

Overall Rank: 48

Change: no change
Determinants Rank: 48
Outcomes Rank: 46



Strengths:
- Low prevalence of excessive drinking
- High Tdap immunization coverage among adolescents
- Small disparity in health status by educational attainment

Challenges:
- High prevalence of obesity
- High prevalence of smoking
- High prevalence of frequent mental distress

Ranking:
Arkansas is 48th this year; it was 48th in 2015. The state ranks 47th for senior health and 49th for the health of women and children.

Highlights:
- In the past two years, excessive drinking increased 12% from 13.7% to 15.3% of adults.
- In the past year, children in poverty decreased 30% from 29.7% to 20.8% of children.
- From the previous edition, violent crime increased 13% from 460 to 521 offenses per 100,000 population.
- In the past year, meningococcal immunization among adolescents aged 13 to 17 years increased 26% from 64.8% to 81.5%.
- In the past five years, the percentage of the population without health insurance decreased 43% from 18.9% to 10.7%.

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

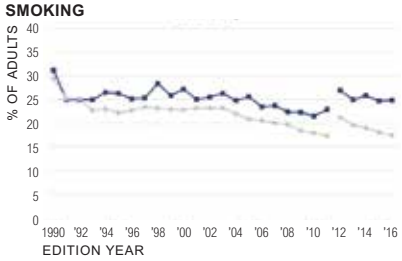
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

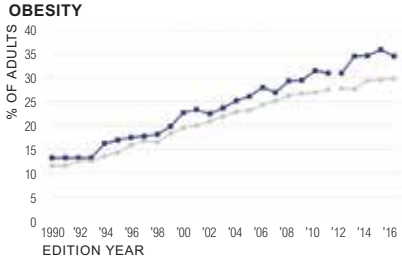
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	12.1	14	4.0
Excessive Drinking (% of adults)	★★★★★	15.3	9	11.2
High School Graduation (% of students)	★★★	84.9	25	90.8
Obesity (% of adults)	★	34.5	45	20.2
Physical Inactivity (% of adults)	★	34.2	49	17.9
Smoking (% of adults)	★	24.9	48	9.1
Behaviors Total*	★	-0.214	46	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.5	15	4.4
Children in Poverty (% of children)	★★	20.8	35	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.573	45	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★	527.3	43	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★	9.7	30	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★	22.6	44	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	6.7	43	2.0
Violent Crime (offenses per 100,000 population)	★	521	45	118
Community & Environment Total*	★	-0.082	42	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	-0.080	28	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★	34.0	40	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★	16.4	49	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★	81.5	22	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★★	91.2	9	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	66.6	46	80.6
Lack of Health Insurance (% of population)	★★★	10.7	30	3.1
Public Health Funding (dollars per person)	★★★★	$96	16	$261
Policy Total*	★★	-0.037	34	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	40.9	50	81.5
Low Birthweight (% of live births)	★	8.9	41	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	61.9	46	23.5
Primary Care Physicians (number per 100,000 population)	★	114.7	43	247.7
Clinical Care Total*	★	-0.173	47	0.170
ALL DETERMINANTS*	★	-0.506	48	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	218.1	46	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	317.3	47	188.2
Diabetes (% of adults)	★	12.6	44	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	23.8	10	14.8
Frequent Mental Distress (% of adults)	★	14.9	48	7.1
Frequent Physical Distress (% of adults)	★	14.9	45	8.5
Infant Mortality (deaths per 1,000 live births)	★	7.6	47	4.3
Premature Death (years lost per 100,000 population)	★	9,762	45	5,369
ALL OUTCOMES*	★	-0.328	46	0.289
OVERALL*	★	-0.834	48	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

California

	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	11.4	12	4.0
Excessive Drinking (% of adults)	★★★	18.0	29	11.2
High School Graduation (% of students)	★★	82.0	31	90.8
Obesity (% of adults)	★★★★★	24.2	4	20.2
Physical Inactivity (% of adults)	★★★★★	20.0	4	17.9
Smoking (% of adults)	★★★★★	11.7	2	9.1
Behaviors Total*	★★★★★	0.234	2	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	11.4	50	4.4
Children in Poverty (% of children)	★★★	19.5	30	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.287	35	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★	459.9	29	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★	22.8	43	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★	14.0	26	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.0	5	2.0
Violent Crime (offenses per 100,000 population)	★★	426	38	118
Community & Environment Total*	★	-0.103	44	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.202	34	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★★	48.4	10	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★	29.5	22	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★	77.2	31	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	82.5	40	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	75.0	17	80.6
Lack of Health Insurance (% of population)	★★★	10.5	29	3.1
Public Health Funding (dollars per person)	★★★★	$98	15	$261
Policy Total*	★★★	0.016	22	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	77.1	4	81.5
Low Birthweight (% of live births)	★★★★★	6.7	9	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	35.7	7	23.5
Primary Care Physicians (number per 100,000 population)	★★★	131.5	30	247.7
Clinical Care Total*	★★★★★	0.130	7	0.170
ALL DETERMINANTS*	★★★★	0.277	16	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	169.9	5	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	229.9	19	188.2
Diabetes (% of adults)	★★★	10.0	26	6.8
Disparity in Health Status (% difference by high school education)	★	38.0	50	14.8
Frequent Mental Distress (% of adults)	★★★★	11.0	20	7.1
Frequent Physical Distress (% of adults)	★★★	11.2	22	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.5	3	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,528	3	5,369
ALL OUTCOMES*	★★★	0.069	21	0.289
OVERALL*	★★★★	0.346	16	0.905

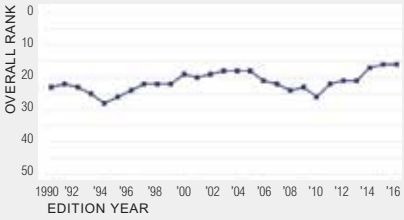
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

Overall Rank: 16

Change: no change
Determinants Rank: 16
Outcomes Rank: 21



Strengths:
- Low prevalence of smoking
- Low rate of preventable hospitalizations
- Low infant mortality rate

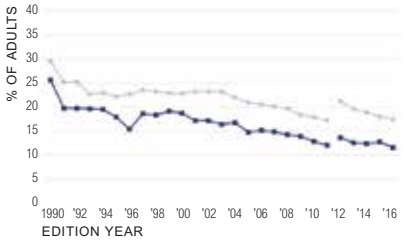
Challenges:
- High levels of air pollution
- High incidence of pertussis
- Large disparity in health status by educational attainment

Ranking:
California is 16th this year; it was 16th in 2015. The state ranks 28th for senior health and 10th for the health of women and children.

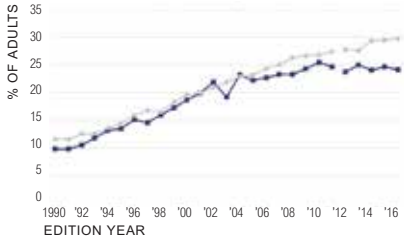
Highlights:
- In the past year, physical inactivity decreased 8% from 21.7% to 20.0% of adults.
- Pertussis incidence is now 22.8 cases per 100,000 population.
- From the previous edition, violent crime increased 6% from 402 to 426 offenses per 100,000 population.
- In the past year, Tdap immunization among adolescents aged 13 to 17 years decreased 6% from 87.7% to 82.5%.
- Since the 1990 edition, premature death decreased 35% from 8,453 to 5,528 years lost per 100,000 population.

State Health Department Website:
www.cdph.ca.gov

SMOKING



OBESITY



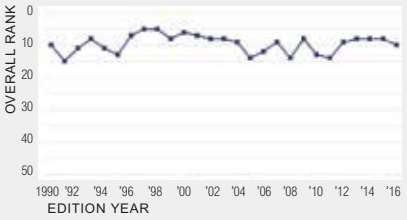
State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Colorado

Overall Rank: 10

Change: ▼ 2
Determinants Rank: 10
Outcomes Rank: 4



Strengths:
- Low prevalence of obesity
- Low prevalence of physical inactivity
- Low prevalence of diabetes

Challenges:
- Low percentage of high school graduation
- High incidence of pertussis
- Large disparity in health status by educational attainment

Ranking:
Colorado is 10th this year; it was 8th in 2015. The state ranks 7th for senior health and 14th for the health of women and children.

Highlights:
- In the past year, children in poverty decreased 16% from 17.2% to 14.5% of children.
- In the past year, chlamydia incidence increased 6% from 393.0 to 415.0 cases per 100,000 population.
- In the past year, HPV immunization among males aged 13 to 17 years increased 69% from 21.9% to 37.1%.
- In the past 15 years, preventable hospitalizations decreased 49% from 63.0 to 32.1 discharges per 1,000 Medicare enrollees.
- In the past year, cardiovascular deaths increased 2% from 196.2 to 199.3 deaths per 100,000 population.

State Health Department Website:
www.cdphe.state.co.us

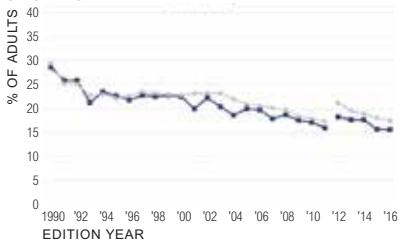
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

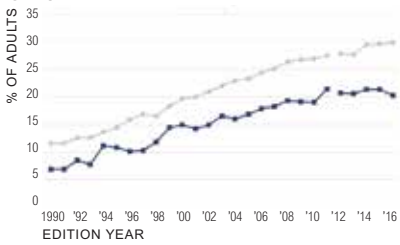
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	15.9	33	4.0
Excessive Drinking (% of adults)	★★	19.1	36	11.2
High School Graduation (% of students)	★	77.3	45	90.8
Obesity (% of adults)	★★★★★	20.2	1	20.2
Physical Inactivity (% of adults)	★★★★★	17.9	1	17.9
Smoking (% of adults)	★★★★	15.6	15	9.1
Behaviors Total*	★★★★★	0.112	10	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.6	8	4.4
Children in Poverty (% of children)	★★★★	14.5	11	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.057	32	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★	415.0	22	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★	24.3	46	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★	11.7	12	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	3.9	18	2.0
Violent Crime (offenses per 100,000 population)	★★★	321	23	118
Community & Environment Total*	★★★★	0.149	12	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	0.768	8	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	46.0	17	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★	37.1	11	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	85.6	18	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★★	93.3	5	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	75.4	14	80.6
Lack of Health Insurance (% of population)	★★★	9.2	23	3.1
Public Health Funding (dollars per person)	★★★★	$90	18	$261
Policy Total*	★★★★	0.058	14	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	69.7	10	81.5
Low Birthweight (% of live births)	★★	8.8	38	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	32.1	3	23.5
Primary Care Physicians (number per 100,000 population)	★★★	136.3	25	247.7
Clinical Care Total*	★★★★	0.054	17	0.170
ALL DETERMINANTS*	★★★★★	0.373	10	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	161.8	3	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	199.3	2	188.2
Diabetes (% of adults)	★★★★★	6.8	1	6.8
Disparity in Health Status (% difference by high school education)	★	33.9	48	14.8
Frequent Mental Distress (% of adults)	★★★★	10.4	13	7.1
Frequent Physical Distress (% of adults)	★★★★	10.7	14	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.9	9	4.3
Premature Death (years lost per 100,000 population)	★★★★★	6,095	10	5,369
ALL OUTCOMES*	★★★★★	0.186	4	0.289
OVERALL*	★★★★★	0.559	10	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Connecticut

	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	15.1	28	4.0
Excessive Drinking (% of adults)	★★	18.6	33	11.2
High School Graduation (% of students)	★★★★	87.2	14	90.8
Obesity (% of adults)	★★★★★	25.3	9	20.2
Physical Inactivity (% of adults)	★★★★	23.5	16	17.9
Smoking (% of adults)	★★★★★	13.5	3	9.1
Behaviors Total*	★★★★★	0.186	4	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	8.8	33	4.4
Children in Poverty (% of children)	★★★★	14.8	13	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.730	5	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★	372.1	11	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★★	2.8	5	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★★	12.7	15	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	2.9	4	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	219	6	118
Community & Environment Total*	★★★★★	0.160	9	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	1.300	2	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★★	55.2	2	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★★	42.0	5	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	93.5	5	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★★	93.7	3	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	80.6	1	80.6
Lack of Health Insurance (% of population)	★★★★★	6.5	6	3.1
Public Health Funding (dollars per person)	★★★	$76	25	$261
Policy Total*	★★★★★	0.135	5	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	75.8	5	81.5
Low Birthweight (% of live births)	★★★★	7.6	20	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	46.3	22	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	197.8	4	247.7
Clinical Care Total*	★★★★★	0.136	5	0.170
ALL DETERMINANTS*	★★★★★	0.618	3	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	173.2	8	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	217.2	10	188.2
Diabetes (% of adults)	★★★★	9.3	19	6.8
Disparity in Health Status (% difference by high school education)	★	31.3	42	14.8
Frequent Mental Distress (% of adults)	★★★	11.1	22	7.1
Frequent Physical Distress (% of adults)	★★★★	10.9	16	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.8	7	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,451	2	5,369
ALL OUTCOMES*	★★★★★	0.130	10	0.289
OVERALL*	★★★★★	0.747	3	0.905

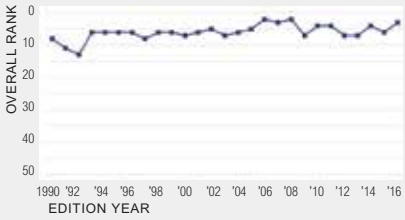
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

Overall Rank: 3

Change: ▲3
Determinants Rank: 3
Outcomes Rank: 10



Strengths:
- Low prevalence of smoking
- Low incidence of infectious disease
- High immunization coverage among children

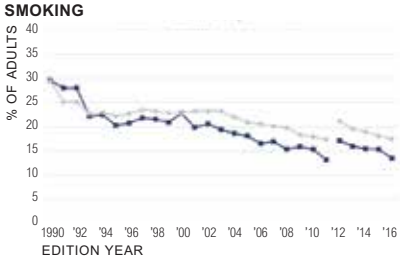
Challenges:
- High prevalence of excessive drinking
- High levels of air pollution
- Large disparity in health status by educational attainment

Ranking:
Connecticut is 3rd this year; it was 6th in 2015. The state ranks 9th for senior health and 4th for the health of women and children.

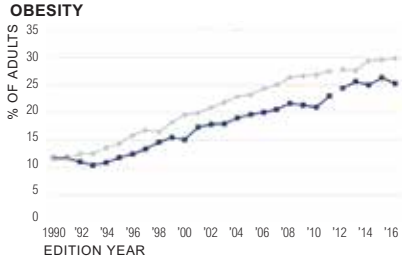
Highlights:
- In the past three years, drug deaths increased 44% from 10.5 to 15.1 deaths per 100,000 population.
- In the past year, physical inactivity increased 14% from 20.6% to 23.5% of adults.
- In the past year, children in poverty increased 20% from 12.3% to 14.8% of children.
- In the past year, HPV immunization among males aged 13 to 17 years increased 56% from 27.0% to 42.0%.
- In the past nine years, cancer deaths decreased 9% from 191.2 to 173.2 deaths per 100,000 population.

State Health Department Website:
www.dph.state.ct.us

SMOKING



OBESITY



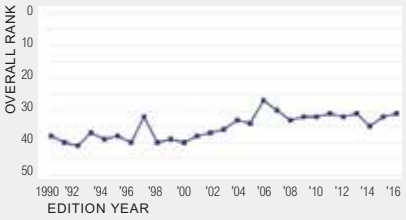
State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Delaware

Overall Rank: 31

Change: ▲ 1
Determinants Rank: 28
Outcomes Rank: 34



Strengths:
- High immunization coverage among adolescents
- High immunization coverage among children
- Low percentage of population without insurance

Challenges:
- High violent crime rate
- Lower number of dentists
- Large disparity in health status by educational attainment

Ranking:
Delaware is 31st this year; it was 32nd in 2015. The state ranks 22nd for senior health and 22nd for the health of women and children.

Highlights:
- In the past five years, drug deaths increased 37% from 13.2 to 18.1 deaths per 100,000 population.
- In the past year, physical inactivity increased 18% from 24.9% to 29.4% of adults.
- In the past year, HPV immunization among females aged 13 to 17 years increased 25% from 42.3% to 52.8%.
- In the past year, immunizations among children aged 19 to 35 months increased 6% from 74.5% to 79.3%.
- Since the 1990 edition, cardiovascular deaths decreased 41% from 422.4 to 247.5 deaths per 100,000 population.

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

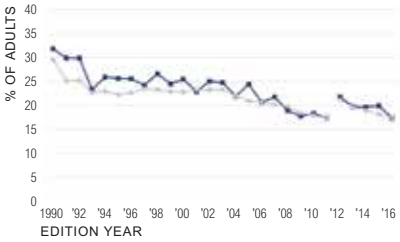
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

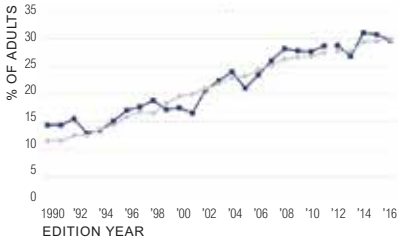
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	18.1	39	4.0
Excessive Drinking (% of adults)	★★★★	16.6	15	11.2
High School Graduation (% of students)	★★★	85.6	22	90.8
Obesity (% of adults)	★★★	29.7	23	20.2
Physical Inactivity (% of adults)	★★	29.4	40	17.9
Smoking (% of adults)	★★★	17.4	24	9.1
Behaviors Total*	★★★	-0.003	27	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	9.5	45	4.4
Children in Poverty (% of children)	★★★★	16.3	18	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.510	43	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★	483.2	36	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★	22.1	42	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★	17.0	36	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	4.9	31	2.0
Violent Crime (offenses per 100,000 population)	★	499	43	118
Community & Environment Total*	★★	-0.068	38	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	0.800	7	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★★	52.8	4	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★★	43.0	4	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	87.5	13	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★	88.7	20	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	79.3	3	80.6
Lack of Health Insurance (% of population)	★★★★★	6.9	9	3.1
Public Health Funding (dollars per person)	★★★★	$102	12	$261
Policy Total*	★★★★★	0.125	7	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	45.6	47	81.5
Low Birthweight (% of live births)	★★	8.3	31	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	50.2	29	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	151.4	17	247.7
Clinical Care Total*	★★	-0.057	32	0.170
ALL DETERMINANTS*	★★★	-0.003	28	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	198.5	34	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	247.5	28	188.2
Diabetes (% of adults)	★★	11.5	39	6.8
Disparity in Health Status (% difference by high school education)	★	32.4	45	14.8
Frequent Mental Distress (% of adults)	★★★	11.1	22	7.1
Frequent Physical Distress (% of adults)	★★★★	10.9	16	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.5	34	4.3
Premature Death (years lost per 100,000 population)	★★	7,372	31	5,369
ALL OUTCOMES*	★★	-0.074	34	0.289
OVERALL*	★★	-0.077	31	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

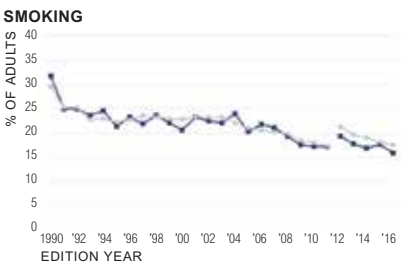
Florida

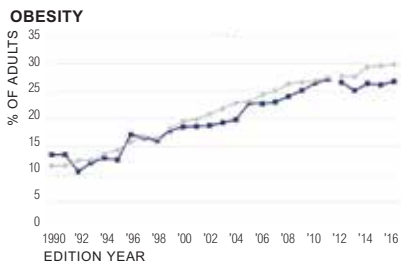
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	13.2	21	4.0
Excessive Drinking (% of adults)	★★★	17.4	21	11.2
High School Graduation (% of students)	★	77.9	42	90.8
Obesity (% of adults)	★★★★	26.8	16	20.2
Physical Inactivity (% of adults)	★★★	26.2	25	17.9
Smoking (% of adults)	★★★★	15.8	16	9.1
Behaviors Total*	★★★	0.031	22	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.8	10	4.4
Children in Poverty (% of children)	★	24.4	44	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.363	40	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★	430.6	24	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★★	3.7	8	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★	30.8	49	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.3	24	2.0
Violent Crime (offenses per 100,000 population)	★★	462	40	118
Community & Environment Total*	★★	-0.032	34	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.527	38	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★	36.8	36	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★	19.8	44	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★	70.4	40	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★	87.3	26	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	66.6	46	80.6
Lack of Health Insurance (% of population)	★	15.0	48	3.1
Public Health Funding (dollars per person)	★★	$57	39	$261
Policy Total*	★	-0.136	50	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	52.0	33	81.5
Low Birthweight (% of live births)	★★	8.7	37	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	55.1	36	23.5
Primary Care Physicians (number per 100,000 population)	★★	128.0	33	247.7
Clinical Care Total*	★★	-0.090	37	0.170
ALL DETERMINANTS*	★★	-0.227	36	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	182.1	15	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	224.8	13	188.2
Diabetes (% of adults)	★★	11.3	35	6.8
Disparity in Health Status (% difference by high school education)	★	31.6	44	14.8
Frequent Mental Distress (% of adults)	★★	13.0	40	7.1
Frequent Physical Distress (% of adults)	★	14.0	42	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.1	27	4.3
Premature Death (years lost per 100,000 population)	★★★	7,179	25	5,369
ALL OUTCOMES*	★★	-0.081	35	0.289
OVERALL*	★★	-0.307	36	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



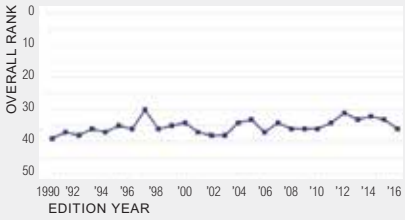


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 36

Change: ▼ 3
Determinants Rank: 36
Outcomes Rank: 35



Strengths:
- Low levels of air pollution
- Low incidence of pertussis
- Low rate of cardiovascular deaths

Challenges:
- Low percentage of high school graduation
- High percentage of children in poverty
- High percentage of population without insurance

Ranking:
Florida is 36th this year; it was 33rd in 2015. The state ranks 24th for senior health and 40th for the health of women and children.

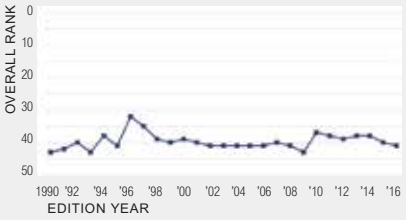
Highlights:
- In the past four years, drug deaths decreased 24% from 17.4 to 13.2 deaths per 100,000 population.
- In the past year, smoking decreased 10% from 17.6% to 15.8% of adults.
- In the past year, HPV immunization among females aged 13 to 17 years increased 29% from 28.5% to 36.8%.
- In the past year, immunizations among children aged 19 to 35 months decreased 8% from 72.7% to 66.6%.
- In the past four years, preventable hospitalizations decreased 16% from 65.3 to 55.1 discharges per 1,000 Medicare enrollees.

State Health Department Website:
www.floridahealth.gov

Georgia

Overall Rank: 41

Change: ▼ 1
Determinants Rank: 43
Outcomes Rank: 37



Strengths:
- Low rate of drug deaths
- Low incidence of pertussis
- High immunization coverage among children

Challenges:
- High percentage of children in poverty
- High percentage of population without insurance
- High prevalence of low birthweight

Ranking:
Georgia is 41st this year; it was 40th in 2015. The state ranks 39th for senior health and 45th for the health of women and children.

Highlights:
- In the past year, physical inactivity increased 16% from 23.6% to 27.3% of adults.
- In the past 15 years, children in poverty increased 75% from 16.4% to 28.7% of children.
- In the past year, meningococcal immunization among adolescents aged 13 to 17 years increased 16% from 74.9% to 87.0%.
- In the past year, HPV immunization among males aged 13 to 17 years increased 31% from 21.0% to 27.5%.
- In the past year, infant mortality increased 9% from 6.6 to 7.2 deaths per 1,000 live births.

State Health Department Website:
dph.georgia.gov

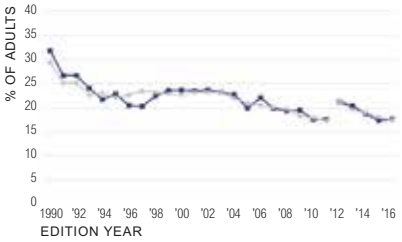
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

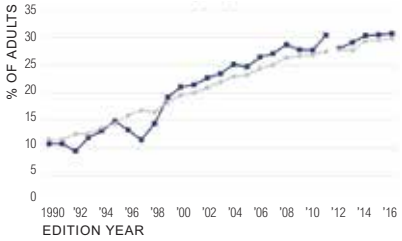
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	11.2	10	4.0
Excessive Drinking (% of adults)	★★★★	16.8	17	11.2
High School Graduation (% of students)	★★	78.8	40	90.8
Obesity (% of adults)	★★	30.7	31	20.2
Physical Inactivity (% of adults)	★★	27.3	36	17.9
Smoking (% of adults)	★★★	17.7	27	9.1
Behaviors Total*	★★	-0.044	32	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	9.1	36	4.4
Children in Poverty (% of children)	★	28.7	49	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.357	39	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★	519.9	42	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★★	4.1	10	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★	22.4	43	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	4.0	20	2.0
Violent Crime (offenses per 100,000 population)	★★★	378	27	118
Community & Environment Total*	★	-0.119	46	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	0.198	21	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★	32.3	42	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★	27.5	25	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	87.0	15	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★	90.2	13	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	75.6	11	80.6
Lack of Health Insurance (% of population)	★	14.9	47	3.1
Public Health Funding (dollars per person)	★★	$62	36	$261
Policy Total*	★★	-0.058	40	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	47.0	46	81.5
Low Birthweight (% of live births)	★	9.5	47	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	51.8	32	23.5
Primary Care Physicians (number per 100,000 population)	★	117.2	41	247.7
Clinical Care Total*	★	-0.134	44	0.170
ALL DETERMINANTS*	★	-0.355	43	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	194.4	30	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	272.9	36	188.2
Diabetes (% of adults)	★★	11.3	35	6.8
Disparity in Health Status (% difference by high school education)	★★★	28.5	29	14.8
Frequent Mental Distress (% of adults)	★★★	11.2	24	7.1
Frequent Physical Distress (% of adults)	★★★	12.1	27	8.5
Infant Mortality (deaths per 1,000 live births)	★	7.2	43	4.3
Premature Death (years lost per 100,000 population)	★★	7,980	37	5,369
ALL OUTCOMES*	★★	-0.109	37	0.289
OVERALL*	★	-0.464	41	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

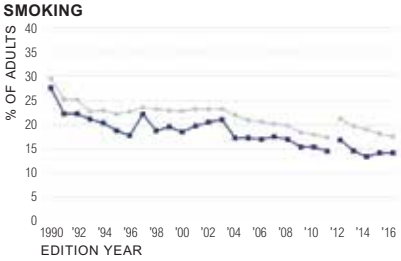
Hawaii

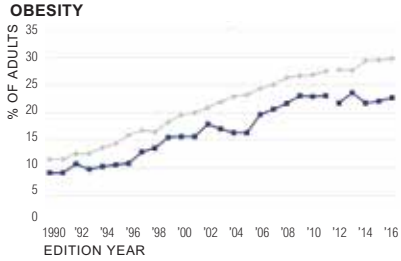
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	11.2	10	4.0
Excessive Drinking (% of adults)	★	20.5	43	11.2
High School Graduation (% of students)	★★	81.6	33	90.8
Obesity (% of adults)	★★★★★	22.7	2	20.2
Physical Inactivity (% of adults)	★★★★	22.5	12	17.9
Smoking (% of adults)	★★★★★	14.1	8	9.1
Behaviors Total*	★★★★★	0.163	5	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.0	12	4.4
Children in Poverty (% of children)	★★★★	14.6	12	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.140	33	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★	457.2	28	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★★	2.7	4	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★	23.0	45	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.5	10	2.0
Violent Crime (offenses per 100,000 population)	★★★★	293	20	118
Community & Environment Total*	★★★★	0.145	13	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	-0.123	30	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★★	52.4	6	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★	36.2	12	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★	78.7	26	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★	79.6	45	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	73.8	20	80.6
Lack of Health Insurance (% of population)	★★★★★	4.7	3	3.1
Public Health Funding (dollars per person)	★★★★★	$220	2	$261
Policy Total*	★★★★★	0.147	4	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	75.6	6	81.5
Low Birthweight (% of live births)	★★★	7.9	22	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	23.5	1	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	172.6	10	247.7
Clinical Care Total*	★★★★★	0.160	2	0.170
ALL DETERMINANTS*	★★★★★	0.616	4	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	158.4	2	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	206.6	4	188.2
Diabetes (% of adults)	★★★★	8.5	12	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	14.8	1	14.8
Frequent Mental Distress (% of adults)	★★★★★	8.8	3	7.1
Frequent Physical Distress (% of adults)	★★★★★	9.2	2	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.5	16	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,898	7	5,369
ALL OUTCOMES*	★★★★★	0.289	1	0.289
OVERALL*	★★★★★	0.905	1	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



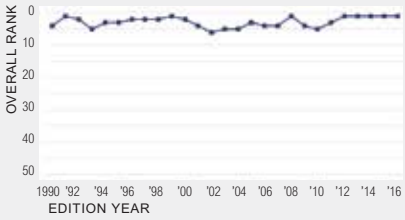


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 1

Change: no change
Determinants Rank: 4
Outcomes Rank: 1



Strengths:
- Low prevalence of obesity
- Low percentage of population without insurance
- Low rate of preventable hospitalizations

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

Ranking:
Hawaii is 1st this year; it was 1st in 2015. The state ranks 5th for senior health and 7th for the health of women and children.

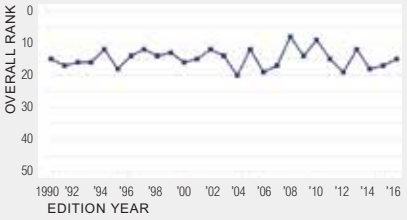
Highlights:
- In the past two years, drug deaths decreased 4% from 11.7 to 11.2 deaths per 100,000 population.
- In the past year, physical inactivity increased 15% from 19.6% to 22.5% of adults.
- In the past two years, violent crime increased 23% from 239 to 293 offenses per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years increased 38% from 38.0% to 52.4%.
- In the past year, diabetes decreased 13% from 9.8% to 8.5% of adults.

State Health Department Website:
health.hawaii.gov

Idaho

Overall Rank: 15

Change: ▲ 2
Determinants Rank: 18
Outcomes Rank: 12



Strengths:
- Low prevalence of smoking
- Low violent crime rate
- Low prevalence of low birthweight

Challenges:
- Low percentage of high school graduation
- High incidence of pertussis
- Lower number of primary care physicians

Ranking:
Idaho is 15th this year; it was 17th in 2015. The state ranks 15th for senior health and 26th for the health of women and children.

Highlights:
- In the past five years, drug deaths increased 31% from 10.0 to 13.1 deaths per 100,000 population.
- In the past year, children in poverty increased 21% from 14.6% to 17.7% of children.
- In the past year, Tdap immunization among adolescents aged 13 to 17 years increased 17% from 70.8% to 82.5%.
- In the past year, disparity in health status by education decreased 5% from 28.7% to 27.4%.
- In the past three years, infant mortality increased 10% from 5.1 to 5.6 deaths per 1,000 live births.

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

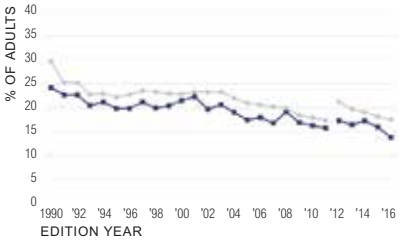
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

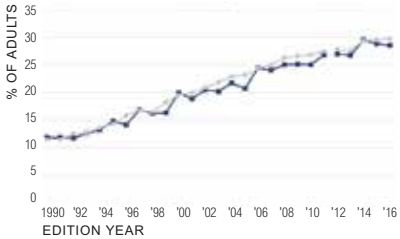
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	13.1	18	4.0
Excessive Drinking (% of adults)	★★★★★	15.4	10	11.2
High School Graduation (% of students)	★★	78.9	39	90.8
Obesity (% of adults)	★★★★	28.6	18	20.2
Physical Inactivity (% of adults)	★★★★★	21.2	6	17.9
Smoking (% of adults)	★★★★★	13.8	5	9.1
Behaviors Total*	★★★★	0.107	11	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.5	28	4.4
Children in Poverty (% of children)	★★★	17.7	22	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.297	18	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★★	337.6	7	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★	22.8	43	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★★	10.8	9	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.3	24	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	216	5	118
Community & Environment Total*	★★★★	0.101	18	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.472	36	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★	30.3	47	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★	26.4	30	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★	81.4	23	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	82.5	40	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	71.6	29	80.6
Lack of Health Insurance (% of population)	★★	12.3	39	3.1
Public Health Funding (dollars per person)	★★★★★	$142	5	$261
Policy Total*	★★	-0.016	31	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	56.7	21	81.5
Low Birthweight (% of live births)	★★★★★	6.4	4	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	32.1	3	23.5
Primary Care Physicians (number per 100,000 population)	★	93.7	50	247.7
Clinical Care Total*	★★★★	0.038	19	0.170
ALL DETERMINANTS*	★★★★	0.231	18	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	177.8	10	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	229.2	18	188.2
Diabetes (% of adults)	★★★★★	8.1	6	6.8
Disparity in Health Status (% difference by high school education)	★★★	27.4	23	14.8
Frequent Mental Distress (% of adults)	★★★★	10.3	11	7.1
Frequent Physical Distress (% of adults)	★★★★	10.9	16	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.6	20	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,652	20	5,369
ALL OUTCOMES*	★★★★	0.125	12	0.289
OVERALL*	★★★★	0.356	15	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Illinois

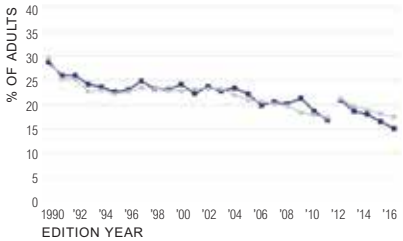
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	12.6	16	4.0
Excessive Drinking (% of adults)	★	21.2	46	11.2
High School Graduation (% of students)	★★★	85.6	22	90.8
Obesity (% of adults)	★★	30.8	33	20.2
Physical Inactivity (% of adults)	★★★★	24.8	20	17.9
Smoking (% of adults)	★★★★★	15.1	10	9.1
Behaviors Total*	★★★★	0.046	19	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	10.8	48	4.4
Children in Poverty (% of children)	★★★★	15.6	16	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.093	29	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★	516.5	41	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★	5.9	16	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	13.8	22	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	3.7	13	2.0
Violent Crime (offenses per 100,000 population)	★★★	384	30	118
Community & Environment Total*	★★	-0.017	33	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	0.032	25	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★	40.2	28	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★	26.8	29	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★	79.0	24	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★	89.1	17	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	70.8	33	80.6
Lack of Health Insurance (% of population)	★★★★	8.4	20	3.1
Public Health Funding (dollars per person)	★★	$65	34	$261
Policy Total*	★★★	0.010	23	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	67.6	12	81.5
Low Birthweight (% of live births)	★★★	8.2	28	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	55.8	38	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	169.5	11	247.7
Clinical Care Total*	★★★	0.024	24	0.170
ALL DETERMINANTS*	★★★	0.063	24	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	199.6	35	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	253.8	32	188.2
Diabetes (% of adults)	★★★	9.9	24	6.8
Disparity in Health Status (% difference by high school education)	★★	29.1	33	14.8
Frequent Mental Distress (% of adults)	★★★★★	9.7	7	7.1
Frequent Physical Distress (% of adults)	★★★★	10.4	12	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.3	30	4.3
Premature Death (years lost per 100,000 population)	★★★	6,743	21	5,369
ALL OUTCOMES*	★★★	0.021	25	0.289
OVERALL*	★★★	0.084	26	0.905

STAR RATING

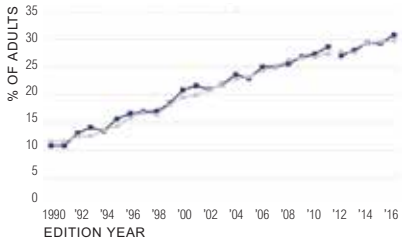
Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

SMOKING



OBESITY

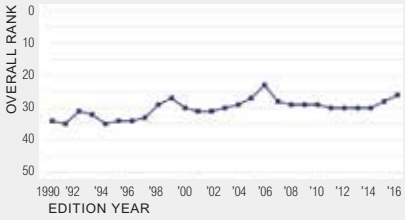


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 26

Change: ▲2
Determinants Rank: 24
Outcomes Rank: 25



Strengths:
- Low prevalence of smoking
- Higher number of primary care physicians
- Low prevalence of frequent mental distress

Challenges:
- High prevalence of excessive drinking
- High levels of air pollution
- High rate of cancer deaths

Ranking:
Illinois is 26th this year; it was 28th in 2015. The state ranks 36th for senior health and 21st for the health of women and children.

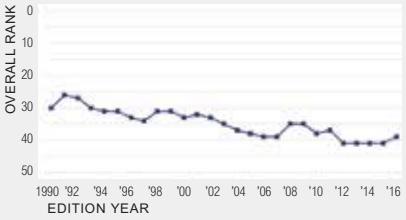
Highlights:
- In the past three years, drug deaths increased 21% from 10.4 to 12.6 deaths per 100,000 population.
- In the past year, children in poverty decreased 24% from 20.5% to 15.6% of children.
- In the past year, HPV immunization among females aged 13 to 17 years decreased 16% from 47.7% to 40.2%.
- In the past year, the percentage of the population without health insurance decreased 25% from 11.2% to 8.4%.
- In the past 10 years, preventable hospitalizations decreased 35% from 86.4 to 55.8 discharges per 1,000 Medicare enrollees.

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

Indiana

Overall Rank: 39

Change: ▲ 2
Determinants Rank: 37
Outcomes Rank: 41



Strengths:
- High percentage of high school graduation
- Low incidence of *Salmonella*
- Small disparity in health status by educational attainment

Challenges:
- High levels of air pollution
- Lower number of dentists
- High infant mortality rate

Ranking:
Indiana is 39th this year; it was 41st in 2015. The state ranks 37th for senior health and 36th for the health of women and children.

Highlights:
- In the past five years, drug deaths increased 27% from 13.1 to 16.7 deaths per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years decreased 30% from 44.4% to 30.9%.
- In the past year, HPV immunization among males aged 13 to 17 years increased 115% from 12.8% to 27.5%.
- In the past three years, preventable hospitalizations decreased 25% from 76.0 to 57.0 discharges per 1,000 Medicare enrollees.
- In the past year, disparity in health status by education decreased 17% from 27.0% to 22.4%.

State Health Department Website:
www.in.gov/isdh

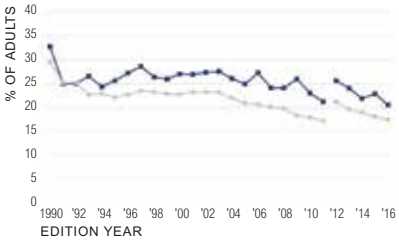
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

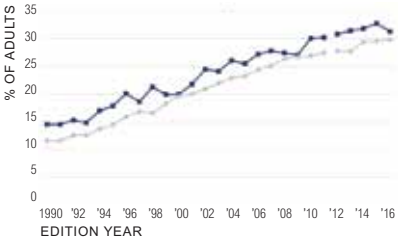
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	16.7	35	4.0
Excessive Drinking (% of adults)	★★★★	16.8	17	11.2
High School Graduation (% of students)	★★★★	87.1	15	90.8
Obesity (% of adults)	★★	31.3	36	20.2
Physical Inactivity (% of adults)	★★	29.4	40	17.9
Smoking (% of adults)	★★	20.6	39	9.1
Behaviors Total*	★★	-0.073	35	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	10.5	47	4.4
Children in Poverty (% of children)	★★	19.7	32	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.473	12	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★	434.0	25	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★	7.5	25	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★★★	11.0	10	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.0	33	2.0
Violent Crime (offenses per 100,000 population)	★★	388	31	118
Community & Environment Total*	★★	-0.049	35	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.305	14	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★	30.9	46	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★	27.5	25	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	92.3	6	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★	89.7	14	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	74.7	18	80.6
Lack of Health Insurance (% of population)	★★	10.8	31	3.1
Public Health Funding (dollars per person)	★	$41	49	$261
Policy Total*	★★★	-0.009	26	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	47.7	45	81.5
Low Birthweight (% of live births)	★★★	8.0	25	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	57.0	41	23.5
Primary Care Physicians (number per 100,000 population)	★★	121.3	38	247.7
Clinical Care Total*	★★	-0.096	40	0.170
ALL DETERMINANTS*	★★	-0.228	37	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	210.5	42	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	277.1	38	188.2
Diabetes (% of adults)	★★	11.4	37	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	22.4	7	14.8
Frequent Mental Distress (% of adults)	★★	12.4	37	7.1
Frequent Physical Distress (% of adults)	★★	13.5	38	8.5
Infant Mortality (deaths per 1,000 live births)	★	7.2	43	4.3
Premature Death (years lost per 100,000 population)	★★	8,208	39	5,369
ALL OUTCOMES*	★	-0.144	41	0.289
OVERALL*	★★	-0.372	39	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

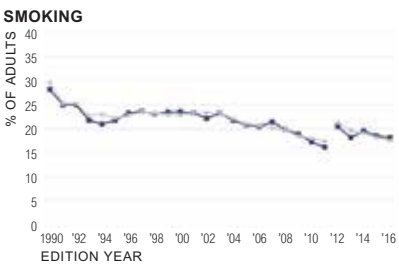
Iowa

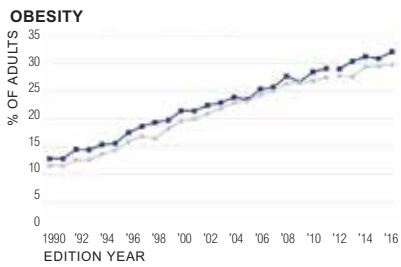
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	8.9	4	4.0
Excessive Drinking (% of adults)	★	21.0	44	11.2
High School Graduation (% of students)	★★★★★	90.8	1	90.8
Obesity (% of adults)	★★	32.1	39	20.2
Physical Inactivity (% of adults)	★★★	26.3	28	17.9
Smoking (% of adults)	★★★	18.1	29	9.1
Behaviors Total*	★★★	0.027	23	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.6	29	4.4
Children in Poverty (% of children)	★★★★★	13.9	10	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.303	17	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★	382.0	13	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★	7.2	23	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★	17.1	37	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.5	38	2.0
Violent Crime (offenses per 100,000 population)	★★★★	286	18	118
Community & Environment Total*	★★★★	0.097	19	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.173	32	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★★	49.8	8	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★	23.9	34	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★	75.0	36	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	85.5	35	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	77.9	5	80.6
Lack of Health Insurance (% of population)	★★★★★	5.6	5	3.1
Public Health Funding (dollars per person)	★★	$67	31	$261
Policy Total*	★★★★★	0.093	8	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	52.9	30	81.5
Low Birthweight (% of live births)	★★★★★	6.7	9	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	48.2	27	23.5
Primary Care Physicians (number per 100,000 population)	★★★	139.1	23	247.7
Clinical Care Total*	★★★	0.012	27	0.170
ALL DETERMINANTS*	★★★★	0.229	19	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	194.4	30	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	245.9	27	188.2
Diabetes (% of adults)	★★★★	8.8	14	6.8
Disparity in Health Status (% difference by high school education)	★	30.8	41	14.8
Frequent Mental Distress (% of adults)	★★★★★	9.5	6	7.1
Frequent Physical Distress (% of adults)	★★★★★	9.8	7	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.5	3	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,328	15	5,369
ALL OUTCOMES*	★★★★	0.114	13	0.289
OVERALL*	★★★★	0.343	17	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



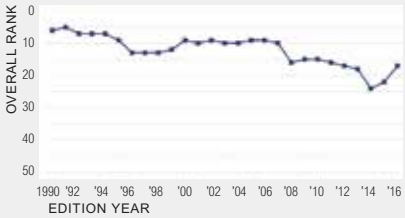


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 17

Change: ▲ 5
Determinants Rank: 19
Outcomes Rank: 13



Strengths:
- High percentage of high school graduation
- Low percentage of population without insurance
- Low prevalence of low birthweight

Challenges:
- High prevalence of excessive drinking
- High prevalence of obesity
- Large disparity in health status by educational attainment

Ranking:
Iowa is 17th this year; it was 22nd in 2015. The state ranks 19th for senior health and 8th for the health of women and children.

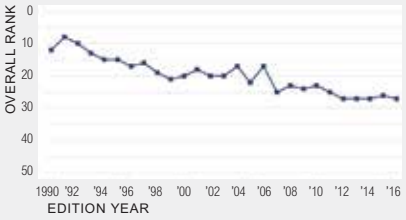
Highlights:
- In the past year, physical inactivity increased 16% from 22.6% to 26.3% of adults.
- In the past year, HPV immunization among females aged 13 to 17 years increased 32% from 37.6% to 49.8%.
- Since the 1990 edition, cardiovascular deaths decreased 34% from 374.6 to 245.9 deaths per 100,000 population.
- In the past year, disparity in health status by education increased 8% from 28.6% to 30.8%.
- In the past four years, infant mortality decreased 12% from 5.1 to 4.5 deaths per 1,000 live births.

State Health Department Website:
idph.iowa.gov

Kansas

Overall Rank: 27

Change: ▼ 1
Determinants Rank: 29
Outcomes Rank: 23



Strengths:
- Low prevalence of low birthweight
- Low prevalence of frequent mental distress
- Low prevalence of frequent physical distress

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

Ranking:
Kansas is 27th this year; it was 26th in 2015. The state ranks 32nd for senior health and 25th for the health of women and children.

Highlights:
- In the past three years, drug deaths increased 22% from 9.6 to 11.7 deaths per 100,000 population.
- In the past year, obesity increased 9% from 31.3% to 34.2% of adults.
- In the past year, children in poverty increased 23% from 16.6% to 20.4% of children.
- In the past two years, HPV immunization among females aged 13 to 17 years increased 51% from 21.0% to 31.7%.
- In the past year, disparity in health status by education decreased 6% from 29.1% to 27.3%.

State Health Department Website:
www.kdheks.gov

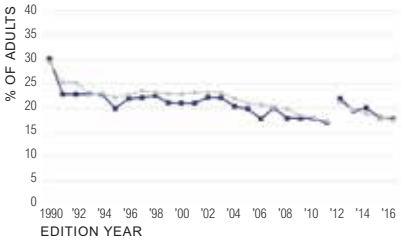
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

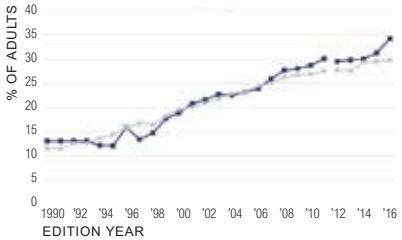
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	11.7	13	4.0
Excessive Drinking (% of adults)	★★★★	16.9	19	11.2
High School Graduation (% of students)	★★★★	85.7	20	90.8
Obesity (% of adults)	★	34.2	44	20.2
Physical Inactivity (% of adults)	★★★	26.5	29	17.9
Smoking (% of adults)	★★★	17.7	27	9.1
Behaviors Total*	★★★	-0.023	30	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.0	22	4.4
Children in Poverty (% of children)	★★	20.4	33	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.173	25	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★	384.1	14	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★	14.9	38	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	14.8	29	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.5	38	2.0
Violent Crime (offenses per 100,000 population)	★★	390	32	118
Community & Environment Total*	★★★	0.006	27	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-0.852	44	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★	31.7	44	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★	18.5	47	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★	63.7	46	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★	87.3	26	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	75.2	16	80.6
Lack of Health Insurance (% of population)	★★★	9.7	25	3.1
Public Health Funding (dollars per person)	★	$49	42	$261
Policy Total*	★★★	-0.014	30	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	50.9	35	81.5
Low Birthweight (% of live births)	★★★★	7.0	12	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	51.9	33	23.5
Primary Care Physicians (number per 100,000 population)	★★	129.0	31	247.7
Clinical Care Total*	★★★	-0.028	30	0.170
ALL DETERMINANTS*	★★★	-0.058	29	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	192.6	28	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	249.6	29	188.2
Diabetes (% of adults)	★★★	9.7	21	6.8
Disparity in Health Status (% difference by high school education)	★★★	27.3	22	14.8
Frequent Mental Distress (% of adults)	★★★★★	9.7	7	7.1
Frequent Physical Distress (% of adults)	★★★★★	10.0	9	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.4	33	4.3
Premature Death (years lost per 100,000 population)	★★★	7,180	26	5,369
ALL OUTCOMES*	★★★	0.047	23	0.289
OVERALL*	★★★	-0.012	27	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

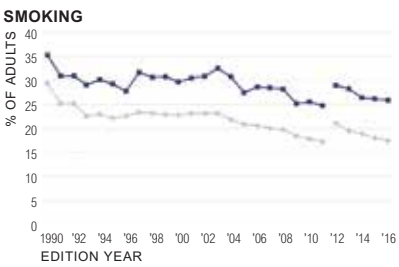
Kentucky

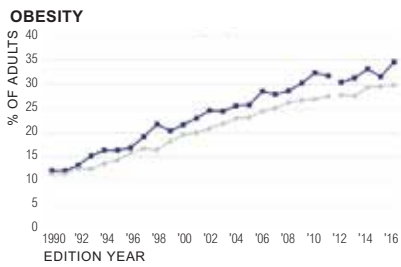
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	24.1	48	4.0
Excessive Drinking (% of adults)	★★★★	16.3	14	11.2
High School Graduation (% of students)	★★★★★	88.0	8	90.8
Obesity (% of adults)	★	34.6	46	20.2
Physical Inactivity (% of adults)	★	32.5	47	17.9
Smoking (% of adults)	★	25.9	50	9.1
Behaviors Total*	★	-0.242	48	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	9.1	36	4.4
Children in Poverty (% of children)	★	25.0	46	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.463	13	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★	401.9	18	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★	6.8	22	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★	13.3	19	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.1	35	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	219	7	118
Community & Environment Total*	★★★	0.003	28	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.515	37	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★	36.2	37	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★	17.1	48	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★	79.0	24	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	84.0	39	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	73.0	24	80.6
Lack of Health Insurance (% of population)	★★★★★	7.3	10	3.1
Public Health Funding (dollars per person)	★★★	$71	27	$261
Policy Total*	★★★★	0.030	19	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	55.3	25	81.5
Low Birthweight (% of live births)	★★	8.8	38	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	77.0	50	23.5
Primary Care Physicians (number per 100,000 population)	★★	117.7	40	247.7
Clinical Care Total*	★	-0.151	46	0.170
ALL DETERMINANTS*	★	-0.360	44	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	232.2	50	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	297.8	43	188.2
Diabetes (% of adults)	★	13.4	47	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	21.9	5	14.8
Frequent Mental Distress (% of adults)	★	13.8	44	7.1
Frequent Physical Distress (% of adults)	★	16.1	48	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.7	36	4.3
Premature Death (years lost per 100,000 population)	★	9,626	44	5,369
ALL OUTCOMES*	★	-0.291	45	0.289
OVERALL*	★	-0.651	45	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



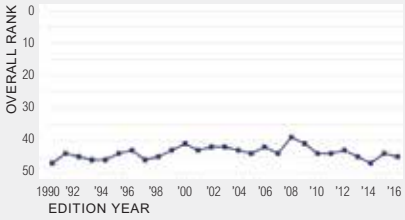


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 45

Change: ▼ 1
Determinants Rank: 44
Outcomes Rank: 45



Strengths:
- High percentage of high school graduation
- Low violent crime rate
- Small disparity in health status by educational attainment

Challenges:
- High prevalence of smoking
- High rate of cancer deaths
- High prevalence of frequent physical distress

Ranking:
Kentucky is 45th this year; it was 44th in 2015. The state ranks 45th for senior health and 34th for the health of women and children.

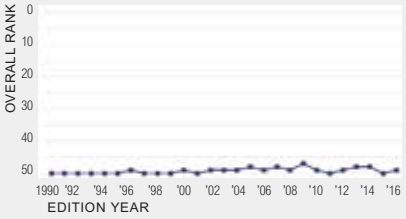
Highlights:
- In the past five years, drug deaths increased 33% from 18.1 to 24.1 deaths per 100,000 population.
- In the past year, obesity increased 9% from 31.6% to 34.6% of adults.
- In the past seven years, violent crime decreased 26% from 296 to 219 offenses per 100,000 population.
- In the past two years, diabetes increased 26% from 10.6% to 13.4% of adults.
- In the past year, disparity in health status by education decreased 20% from 27.5% to 21.9%.

State Health Department Website:
chfs.ky.gov/dph/

Louisiana

Overall Rank: 49

Change: ▲ 1
Determinants Rank: 49
Outcomes Rank: 47



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

Challenges:
- High prevalence of obesity
- High prevalence of low birthweight
- High infant mortality rate

Ranking:
Louisiana is 49th this year; it was 50th in 2015. The state ranks 50th for senior health and 48th for the health of women and children.

Highlights:
- In the past year, children in poverty decreased 27% from 33.7% to 24.7% of children.
- In the past year, HPV immunization among males aged 13 to 17 years increased 42% from 21.5% to 30.5%.
- In the past four years, public health funding decreased 28% from $102 to $73 per person.
- In the past eight years, preventable hospitalizations decreased 40% from 111.9 to 67.5 discharges per 1,000 Medicare enrollees.
- In the past year, diabetes increased 12% from 11.3% to 12.7% of adults.

State Health Department Website:
dhh.louisiana.gov

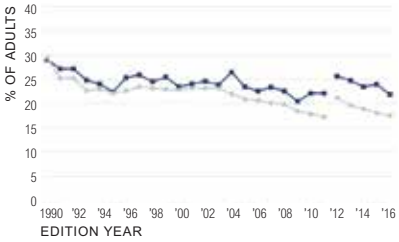
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

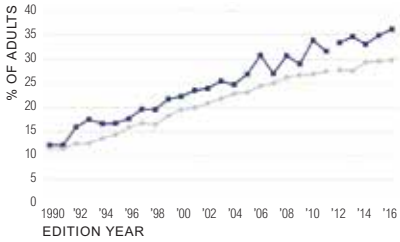
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	15.6	30	4.0
Excessive Drinking (% of adults)	★★	18.8	34	11.2
High School Graduation (% of students)	★	77.5	43	90.8
Obesity (% of adults)	★	36.2	50	20.2
Physical Inactivity (% of adults)	★	31.9	45	17.9
Smoking (% of adults)	★	21.9	43	9.1
Behaviors Total*	★	-0.285	50	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.1	25	4.4
Children in Poverty (% of children)	★	24.7	45	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.843	48	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★	626.0	48	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★★	1.9	2	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★	26.2	47	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	7.6	46	2.0
Violent Crime (offenses per 100,000 population)	★	540	46	118
Community & Environment Total*	★	-0.174	50	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.550	12	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★	39.3	29	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★	30.5	20	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	90.9	8	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★	91.0	11	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	70.8	33	80.6
Lack of Health Insurance (% of population)	★	13.4	43	3.1
Public Health Funding (dollars per person)	★★★	$73	26	$261
Policy Total*	★★	-0.050	38	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	48.4	42	81.5
Low Birthweight (% of live births)	★	10.5	49	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	67.5	47	23.5
Primary Care Physicians (number per 100,000 population)	★★	125.7	34	247.7
Clinical Care Total*	★	-0.199	49	0.170
ALL DETERMINANTS*	★	-0.707	49	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	218.7	47	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	312.5	46	188.2
Diabetes (% of adults)	★	12.7	45	6.8
Disparity in Health Status (% difference by high school education)	★★★★	24.8	12	14.8
Frequent Mental Distress (% of adults)	★	14.3	47	7.1
Frequent Physical Distress (% of adults)	★	14.4	43	8.5
Infant Mortality (deaths per 1,000 live births)	★	8.1	48	4.3
Premature Death (years lost per 100,000 population)	★	9,958	47	5,369
ALL OUTCOMES*	★	-0.335	47	0.289
OVERALL*	★	-1.043	49	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

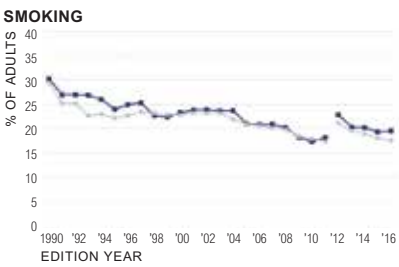
Maine

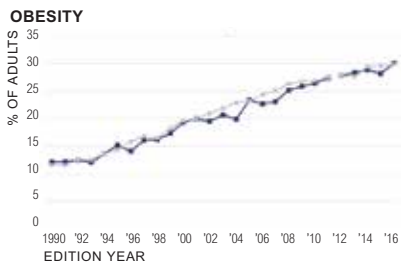
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	13.6	24	4.0
Excessive Drinking (% of adults)	★★	19.6	39	11.2
High School Graduation (% of students)	★★★★	87.5	12	90.8
Obesity (% of adults)	★★★	30.0	26	20.2
Physical Inactivity (% of adults)	★★★★	24.8	20	17.9
Smoking (% of adults)	★★	19.5	36	9.1
Behaviors Total*	★★★	-0.010	28	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.8	10	4.4
Children in Poverty (% of children)	★★★	19.5	30	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.340	14	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★★	265.8	2	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★	41.9	49	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★★★	9.6	3	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.5	10	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	130	2	118
Community & Environment Total*	★★★★★	0.184	5	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.338	13	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★	44.1	22	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★★	46.7	3	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★	77.7	30	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★	87.7	24	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	71.8	28	80.6
Lack of Health Insurance (% of population)	★★★	9.3	24	3.1
Public Health Funding (dollars per person)	★★★	$85	21	$261
Policy Total*	★★★★	0.021	20	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	50.7	37	81.5
Low Birthweight (% of live births)	★★★★	7.6	20	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	47.5	25	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	183.7	7	247.7
Clinical Care Total*	★★★	0.029	21	0.170
ALL DETERMINANTS*	★★★★	0.224	20	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	203.1	39	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	220.8	12	188.2
Diabetes (% of adults)	★★★	9.9	24	6.8
Disparity in Health Status (% difference by high school education)	★★	29.2	34	14.8
Frequent Mental Distress (% of adults)	★★	11.6	31	7.1
Frequent Physical Distress (% of adults)	★★★	11.9	26	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.9	39	4.3
Premature Death (years lost per 100,000 population)	★★★	6,812	22	5,369
ALL OUTCOMES*	★★	-0.032	32	0.289
OVERALL*	★★★	0.192	22	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



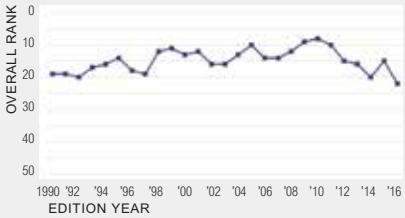


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 22

Change: ▼ 7
Determinants Rank: 20
Outcomes Rank: 32



Strengths:
- Low levels of air pollution
- Low violent crime rate
- Higher number of primary care physicians

Challenges:
- High prevalence of smoking
- High incidence of pertussis
- High infant mortality rate

Ranking:
Maine is 22nd this year; it was 15th in 2015. The state ranks 8th for senior health and 11th for the health of women and children.

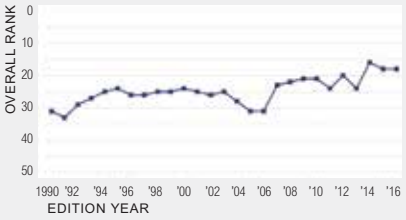
Highlights:
- In the past two years, drug deaths increased 24% from 11.0 to 13.6 deaths per 100,000 population.
- In the past year, HPV immunization among males aged 13 to 17 years increased 70% from 27.5% to 46.7%.
- In the past year, immunizations among children aged 19 to 35 months decreased 15% from 84.7% to 71.8%.
- In the past two years, low birthweight increased 15% from 6.6% to 7.6% of live births.
- In the past year, disparity in health status by education increased 10% from 26.6% to 29.2%.

State Health Department Website:
www.maine.gov/dhhs

Maryland

Overall Rank: 18

Change: no change
Determinants Rank: 13
Outcomes Rank: 27



Strengths:
- Low prevalence of smoking
- Low percentage of children in poverty
- Higher number of dentists

Challenges:
- High violent crime rate
- High prevalence of low birthweight
- High infant mortality rate

Ranking:
Maryland is 18th this year; it was 18th in 2015. The state ranks 14th for senior health and 23rd for the health of women and children.

Highlights:
- In the past three years, drug deaths increased 30% from 11.8 to 15.3 deaths per 100,000 population.
- In the past year, excessive drinking decreased 8% from 16.8% to 15.5% of adults.
- In the past two years, HPV immunization among females aged 13 to 17 years increased 31% from 33.4% to 43.7%.
- In the past eight years, preventable hospitalizations decreased 39% from 75.1 to 46.1 discharges per 1,000 Medicare enrollees.
- In the past year, disparity in health status by education decreased 17% from 33.2% to 27.7%.

State Health Department Website:
dhmh.maryland.gov

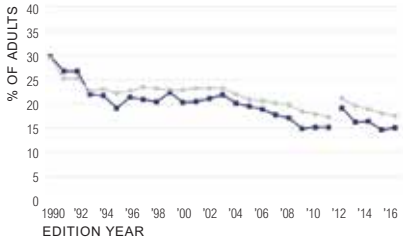
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

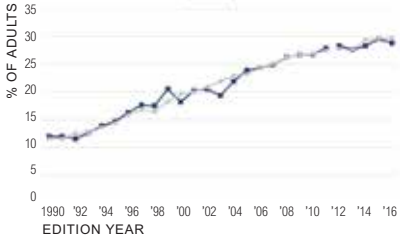
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	15.3	29	4.0
Excessive Drinking (% of adults)	★★★★	15.5	11	11.2
High School Graduation (% of students)	★★★★	87.0	16	90.8
Obesity (% of adults)	★★★★	28.9	20	20.2
Physical Inactivity (% of adults)	★★★★	24.1	17	17.9
Smoking (% of adults)	★★★★★	15.1	10	9.1
Behaviors Total*	★★★★★	0.125	8	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	9.1	36	4.4
Children in Poverty (% of children)	★★★★★	13.8	9	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.280	19	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★	462.6	30	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★★	3.4	6	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★	15.1	31	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	4.0	20	2.0
Violent Crime (offenses per 100,000 population)	★★	457	39	118
Community & Environment Total*	★★★	0.038	24	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.283	16	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★	43.7	23	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★	31.3	18	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	87.3	14	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★	86.5	31	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	76.8	8	80.6
Lack of Health Insurance (% of population)	★★★★★	7.3	10	3.1
Public Health Funding (dollars per person)	★★★★	$88	19	$261
Policy Total*	★★★★★	0.082	10	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	72.0	9	81.5
Low Birthweight (% of live births)	★★	8.6	36	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	46.1	18	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	179.2	8	247.7
Clinical Care Total*	★★★★	0.070	14	0.170
ALL DETERMINANTS*	★★★★	0.315	13	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	189.2	23	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	252.5	31	188.2
Diabetes (% of adults)	★★★	10.3	28	6.8
Disparity in Health Status (% difference by high school education)	★★★	27.7	26	14.8
Frequent Mental Distress (% of adults)	★★★★	10.5	14	7.1
Frequent Physical Distress (% of adults)	★★★	11.2	22	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.6	35	4.3
Premature Death (years lost per 100,000 population)	★★★	6,836	23	5,369
ALL OUTCOMES*	★★★	0.007	27	0.289
OVERALL*	★★★★	0.322	18	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Massachusetts

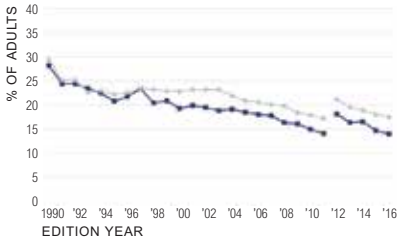
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	15.7	31	4.0
Excessive Drinking (% of adults)	★★	19.5	38	11.2
High School Graduation (% of students)	★★★★	87.3	13	90.8
Obesity (% of adults)	★★★★★	24.3	5	20.2
Physical Inactivity (% of adults)	★★★	26.5	29	17.9
Smoking (% of adults)	★★★★★	14.0	6	9.1
Behaviors Total*	★★★★★	0.162	6	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.4	7	4.4
Children in Poverty (% of children)	★★★★	14.8	13	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.523	11	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★★	317.8	5	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★	4.6	12	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★	18.3	38	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	2.0	1	2.0
Violent Crime (offenses per 100,000 population)	★★	391	33	118
Community & Environment Total*	★★★★★	0.180	6	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	0.862	6	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★★	52.8	4	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★	35.2	15	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	89.5	10	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★★	91.2	9	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	78.5	4	80.6
Lack of Health Insurance (% of population)	★★★★★	3.1	1	3.1
Public Health Funding (dollars per person)	★★★★	$102	13	$261
Policy Total*	★★★★★	0.165	1	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	78.3	3	81.5
Low Birthweight (% of live births)	★★★★	7.5	19	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	52.8	34	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	227.5	2	247.7
Clinical Care Total*	★★★★★	0.142	4	0.170
ALL DETERMINANTS*	★★★★★	0.648	1	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	184.8	18	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	205.6	3	188.2
Diabetes (% of adults)	★★★★	8.9	16	6.8
Disparity in Health Status (% difference by high school education)	★	33.1	46	14.8
Frequent Mental Distress (% of adults)	★★	11.6	31	7.1
Frequent Physical Distress (% of adults)	★★★★	10.9	16	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.3	1	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,755	5	5,369
ALL OUTCOMES*	★★★★	0.112	14	0.289
OVERALL*	★★★★★	0.760	2	0.905

STAR RATING

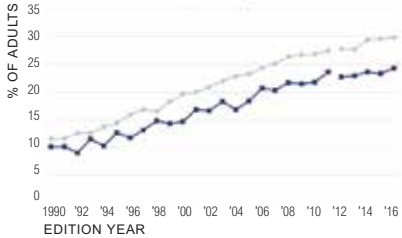
Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

SMOKING



OBESITY

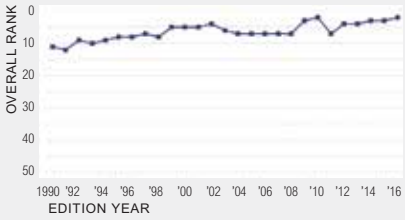


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 2

Change: ▲ 1
Determinants Rank: 1
Outcomes Rank: 14



Strengths:

- Low prevalence of obesity
- Low percentage of population without insurance
- Higher number of primary care physicians

Challenges:

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

Ranking:

Massachusetts is 2nd this year; it was 3rd in 2015. The state ranks 1st for senior health and 1st for the health of women and children.

Highlights:

- In the past three years, drug deaths increased 34% from 11.7 to 15.7 deaths per 100,000 population.
- In the past two years, smoking decreased 16% from 16.6% to 14.0% of adults.
- In the past year, children in poverty decreased 16% from 17.6% to 14.8% of children.
- In the past 10 years, the percentage of the population without health insurance decreased 70% from 10.3% to 3.1%.
- In the past year, premature death increased 5% from 5,468 to 5,755 years lost per 100,000 population.

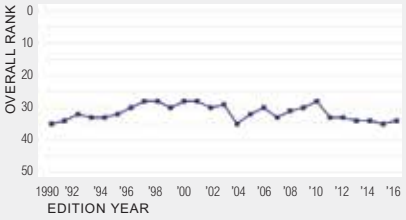
State Health Department Website:

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

Michigan

Overall Rank: 34

Change: ▲ 1
Determinants Rank: 32
Outcomes Rank: 38



Strengths:
- Low incidence of *Salmonella*
- Low percentage of population without insurance
- Higher number of primary care physicians

Challenges:
- High prevalence of smoking
- Low immunization coverage among children
- High rate of cardiovascular deaths

Ranking:
Michigan is 34th this year; it was 35th in 2015. The state ranks 26th for senior health and 32nd for the health of women and children.

Highlights:
- In the past five years, drug deaths increased 21% from 13.0 to 15.7 deaths per 100,000 population.
- In the past two years, violent crime decreased 9% from 455 to 416 offenses per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years increased 15% from 40.9% to 47.2%.
- In the past year, Tdap immunization among adolescents aged 13 to 17 years decreased 7% from 79.3% to 74.0%.
- In the past two years, disparity in health status by education decreased 11% from 29.7% to 26.3%.

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

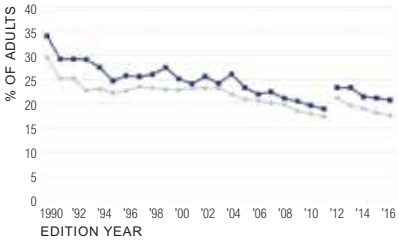
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

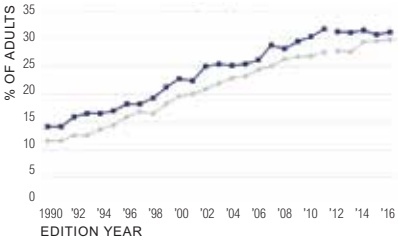
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	15.7	31	4.0
Excessive Drinking (% of adults)	★	20.0	41	11.2
High School Graduation (% of students)	★★	79.8	36	90.8
Obesity (% of adults)	★★	31.2	35	20.2
Physical Inactivity (% of adults)	★★★	25.5	24	17.9
Smoking (% of adults)	★★	20.7	40	9.1
Behaviors Total*	★	-0.143	43	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.6	29	4.4
Children in Poverty (% of children)	★★	21.1	38	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.227	22	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★	447.2	27	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★	14.4	37	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★★	10.6	8	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	3.8	16	2.0
Violent Crime (offenses per 100,000 population)	★★	416	36	118
Community & Environment Total*	★★★	-0.006	29	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.138	31	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	47.2	15	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★	28.6	23	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	95.0	3	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★	74.0	48	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	67.6	44	80.6
Lack of Health Insurance (% of population)	★★★★★	7.3	10	3.1
Public Health Funding (dollars per person)	★★	$58	38	$261
Policy Total*	★★★	-0.001	24	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	61.0	17	81.5
Low Birthweight (% of live births)	★★	8.4	34	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	56.1	39	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	187.5	6	247.7
Clinical Care Total*	★★★	0.015	25	0.170
ALL DETERMINANTS*	★★	-0.136	32	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	201.0	37	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	288.7	42	188.2
Diabetes (% of adults)	★★	10.7	31	6.8
Disparity in Health Status (% difference by high school education)	★★★★	26.3	18	14.8
Frequent Mental Distress (% of adults)	★★	11.9	35	7.1
Frequent Physical Distress (% of adults)	★★	13.0	35	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.8	38	4.3
Premature Death (years lost per 100,000 population)	★★	7,689	33	5,369
ALL OUTCOMES*	★★	-0.115	38	0.289
OVERALL*	★★	-0.251	34	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

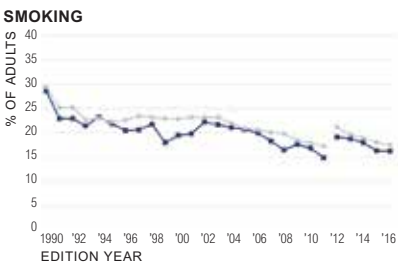
Minnesota

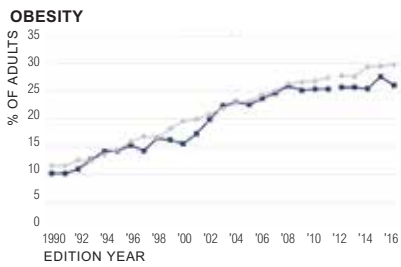
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	9.3	5	4.0
Excessive Drinking (% of adults)	★	21.1	45	11.2
High School Graduation (% of students)	★★	81.9	32	90.8
Obesity (% of adults)	★★★★	26.1	12	20.2
Physical Inactivity (% of adults)	★★★★★	21.8	9	17.9
Smoking (% of adults)	★★★★	16.2	19	9.1
Behaviors Total*	★★★★	0.085	13	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.0	22	4.4
Children in Poverty (% of children)	★★★★★	8.0	1	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.223	23	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★★	367.3	10	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★	17.5	39	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	13.4	21	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.1	6	2.0
Violent Crime (offenses per 100,000 population)	★★★★	243	12	118
Community & Environment Total*	★★★★★	0.201	4	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.247	19	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★	44.5	20	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★	22.4	37	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	83.6	20	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★	90.4	12	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	73.2	23	80.6
Lack of Health Insurance (% of population)	★★★★★	5.2	4	3.1
Public Health Funding (dollars per person)	★	$47	44	$261
Policy Total*	★★★★	0.070	11	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	60.3	19	81.5
Low Birthweight (% of live births)	★★★★★	6.6	7	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	37.1	10	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	159.3	14	247.7
Clinical Care Total*	★★★★★	0.101	9	0.170
ALL DETERMINANTS*	★★★★★	0.456	6	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	179.2	11	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	188.2	1	188.2
Diabetes (% of adults)	★★★★★	7.6	3	6.8
Disparity in Health Status (% difference by high school education)	★★★★	25.7	14	14.8
Frequent Mental Distress (% of adults)	★★★★★	8.7	2	7.1
Frequent Physical Distress (% of adults)	★★★★★	9.5	4	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	5.0	10	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,369	1	5,369
ALL OUTCOMES*	★★★★★	0.271	2	0.289
OVERALL*	★★★★★	0.727	4	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



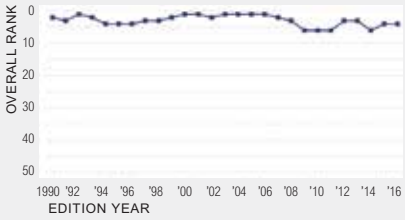


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 4

Change: no change
Determinants Rank: 6
Outcomes Rank: 2



Strengths:
- Low rate of drug deaths
- Low percentage of children in poverty
- Low percentage of population without insurance

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

Ranking:
Minnesota is 4th this year; it was 4th in 2015. The state ranks 4th for senior health and 5th for the health of women and children.

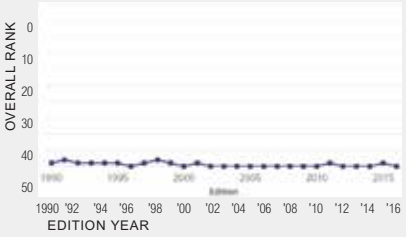
Highlights:
- In the past five years, drug deaths increased 31% from 7.1 to 9.3 deaths per 100,000 population.
- In the past year, children in poverty decreased 33% from 11.9% to 8.0% of children.
- In the past year, meningococcal immunization among adolescents aged 13 to 17 years increased 11% from 75.5% to 83.6%.
- In the past eight years, preventable hospitalizations decreased 43% from 65.6 to 37.1 discharges per 1,000 Medicare enrollees.
- In the past year, disparity in health status by education increased 4% from 24.6% to 25.7%.

State Health Department Website:
www.health.state.mn.us

Mississippi

Overall Rank: 50

Change: ▼ 1
Determinants Rank: 50
Outcomes Rank: 50



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

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

Ranking:
Mississippi is 50th this year; it was 49th in 2015. The state ranks 48th for senior health and 50th for the health of women and children.

Highlights:
- In the past year, excessive drinking decreased 4% from 13.8% to 13.3% of adults.
- In the past year, physical inactivity increased 16% from 31.6% to 36.8% of adults.
- In the past year, meningococcal immunization among adolescents aged 13 to 17 years increased 20% from 46.0% to 55.3%.
- In the past eight years, preventable hospitalizations decreased 38% from 109.8 to 67.8 discharges per 1,000 Medicare enrollees.
- In the past four years, diabetes increased 19% from 12.4% to 14.7% of adults.

State Health Department Website:
www.msdh.state.ms.us

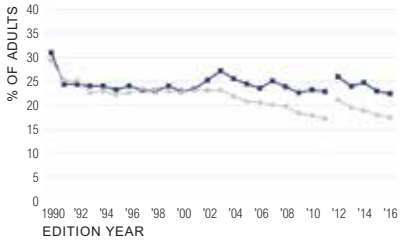
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

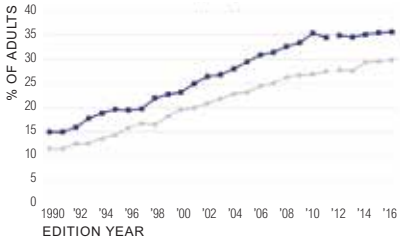
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	11.0	8	4.0
Excessive Drinking (% of adults)	★★★★★	13.3	5	11.2
High School Graduation (% of students)	★	75.4	47	90.8
Obesity (% of adults)	★	35.6	47	20.2
Physical Inactivity (% of adults)	★	36.8	50	17.9
Smoking (% of adults)	★	22.5	47	9.1
Behaviors Total*	★	-0.257	49	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.1	25	4.4
Children in Poverty (% of children)	★	28.4	48	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	1.050	50	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★	655.4	49	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★★	2.3	3	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★	33.1	50	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	8.0	48	2.0
Violent Crime (offenses per 100,000 population)	★★★★	276	16	118
Community & Environment Total*	★	-0.127	47	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-1.788	50	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★	24.4	50	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★	21.4	40	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★	55.3	50	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★	74.7	47	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	70.6	35	80.6
Lack of Health Insurance (% of population)	★	13.6	44	3.1
Public Health Funding (dollars per person)	★★	$66	32	$261
Policy Total*	★	-0.116	48	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	42.9	49	81.5
Low Birthweight (% of live births)	★	11.3	50	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	67.8	48	23.5
Primary Care Physicians (number per 100,000 population)	★	102.3	48	247.7
Clinical Care Total*	★	-0.246	50	0.170
ALL DETERMINANTS*	★	-0.745	50	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	227.5	49	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	344.8	50	188.2
Diabetes (% of adults)	★	14.7	50	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	22.6	9	14.8
Frequent Mental Distress (% of adults)	★	15.0	49	7.1
Frequent Physical Distress (% of adults)	★	15.0	46	8.5
Infant Mortality (deaths per 1,000 live births)	★	8.9	50	4.3
Premature Death (years lost per 100,000 population)	★	10,804	50	5,369
ALL OUTCOMES*	★	-0.378	50	0.289
OVERALL*	★	-1.123	50	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

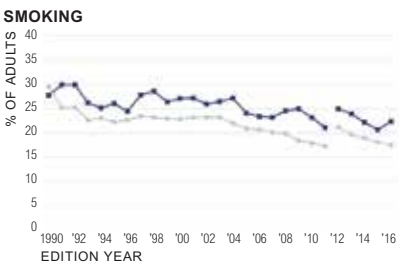
Missouri

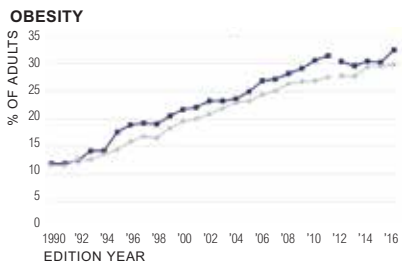
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	17.0	36	4.0
Excessive Drinking (% of adults)	★★★	17.7	25	11.2
High School Graduation (% of students)	★★★★★	87.8	10	90.8
Obesity (% of adults)	★★	32.4	40	20.2
Physical Inactivity (% of adults)	★★	27.0	33	17.9
Smoking (% of adults)	★	22.3	46	9.1
Behaviors Total*	★	-0.112	41	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	9.1	36	4.4
Children in Poverty (% of children)	★★★★★	12.4	5	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.157	27	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★	462.9	31	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★	9.2	29	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	13.9	24	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.6	28	2.0
Violent Crime (offenses per 100,000 population)	★	497	42	118
Community & Environment Total*	★★★	0.024	25	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-0.647	41	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★	31.5	45	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★	25.1	32	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★	69.7	41	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★	85.7	34	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	71.0	32	80.6
Lack of Health Insurance (% of population)	★★	10.8	31	3.1
Public Health Funding (dollars per person)	★	$45	46	$261
Policy Total*	★★	-0.054	39	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	48.4	43	81.5
Low Birthweight (% of live births)	★★★	8.2	28	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	56.6	40	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	155.9	16	247.7
Clinical Care Total*	★★	-0.060	34	0.170
ALL DETERMINANTS*	★★	-0.202	34	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	209.3	41	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	283.6	41	188.2
Diabetes (% of adults)	★★	11.5	39	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	22.0	6	14.8
Frequent Mental Distress (% of adults)	★★	12.9	39	7.1
Frequent Physical Distress (% of adults)	★	13.9	41	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.3	30	4.3
Premature Death (years lost per 100,000 population)	★★	8,239	40	5,369
ALL OUTCOMES*	★★	-0.136	39	0.289
OVERALL*	★★	-0.338	37	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



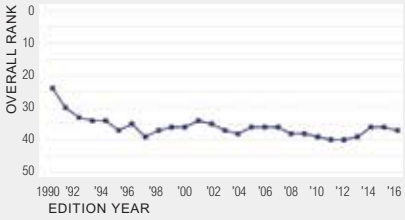


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 37

Change: ▼ 1
Determinants Rank: 34
Outcomes Rank: 39



Strengths:
- High percentage of high school graduation
- Low percentage of children in poverty
- Small disparity in health status by educational attainment

Challenges:
- High prevalence of smoking
- Lower number of dentists
- High prevalence of frequent physical distress

Ranking:
Missouri is 37th this year; it was 36th in 2015. The state ranks 40th for senior health and 35th for the health of women and children.

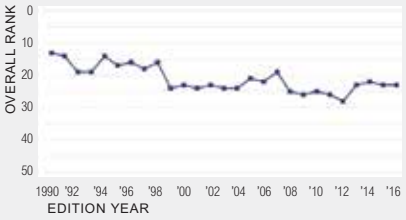
Highlights:
- In the past year, excessive drinking increased 10% from 16.1% to 17.7% of adults.
- In the past year, obesity increased 7% from 30.2% to 32.4% of adults.
- In the past year, HPV immunization among males aged 13 to 17 years increased 122% from 11.3% to 25.1%.
- In the past eight years, preventable hospitalizations decreased 36% from 88.6 to 56.6 discharges per 1,000 Medicare enrollees.
- In the past two years, diabetes increased 20% from 9.6% to 11.5% of adults.

State Health Department Website:
www.dhss.mo.gov

Montana

Overall Rank: 23

Change: no change
Determinants Rank: 23
Outcomes Rank: 19



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

Challenges:
- High prevalence of excessive drinking
- High percentage of population without insurance
- Lower number of primary care physicians

Ranking:
Montana is 23rd this year; it was 23rd in 2015. The state ranks 31st for senior health and 31st for the health of women and children.

Highlights:
- In the past year, chlamydia incidence increased 9% from 379.8 to 413.0 cases per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years decreased 19% from 42.9% to 34.8%.
- In the past year, HPV immunization among males aged 13 to 17 years increased 67% from 13.0% to 21.7%.
- In the past six years, preventable hospitalizations decreased 41% from 67.0 to 39.8 discharges per 1,000 Medicare enrollees.
- In the past five years, infant mortality decreased 15% from 6.6 to 5.6 deaths per 1,000 live births.

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

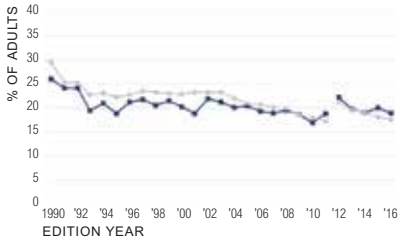
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

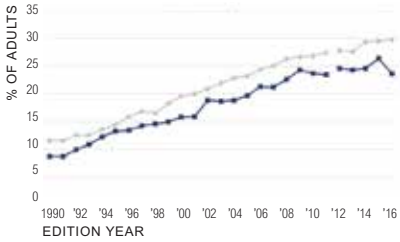
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	12.8	17	4.0
Excessive Drinking (% of adults)	★	21.8	47	11.2
High School Graduation (% of students)	★★★★	86.0	19	90.8
Obesity (% of adults)	★★★★★	23.6	3	20.2
Physical Inactivity (% of adults)	★★★★	22.5	12	17.9
Smoking (% of adults)	★★	18.9	32	9.1
Behaviors Total*	★★★★	0.072	16	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.3	5	4.4
Children in Poverty (% of children)	★★★	17.8	24	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.417	41	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★	413.0	20	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★	48.7	50	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	14.4	27	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.2	36	2.0
Violent Crime (offenses per 100,000 population)	★★★	350	26	118
Community & Environment Total*	★★★★	0.079	20	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.545	39	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★	34.8	38	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★	21.7	39	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★	65.8	45	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★	89.5	15	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	68.1	42	80.6
Lack of Health Insurance (% of population)	★	12.9	42	3.1
Public Health Funding (dollars per person)	★★★★	$101	14	$261
Policy Total*	★	-0.071	42	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	59.9	20	81.5
Low Birthweight (% of live births)	★★★★	7.4	18	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	39.8	12	23.5
Primary Care Physicians (number per 100,000 population)	★	110.8	44	247.7
Clinical Care Total*	★★★	0.011	28	0.170
ALL DETERMINANTS*	★★★	0.090	23	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	179.8	13	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	227.3	17	188.2
Diabetes (% of adults)	★★★★★	7.9	5	6.8
Disparity in Health Status (% difference by high school education)	★★★	27.5	25	14.8
Frequent Mental Distress (% of adults)	★★★★	10.6	15	7.1
Frequent Physical Distress (% of adults)	★★	12.3	32	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.6	20	4.3
Premature Death (years lost per 100,000 population)	★★★	7,213	29	5,369
ALL OUTCOMES*	★★★★	0.088	19	0.289
OVERALL*	★★★	0.178	23	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Nebraska

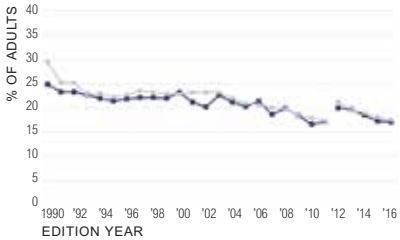
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	7.1	3	4.0
Excessive Drinking (% of adults)	★	20.4	42	11.2
High School Graduation (% of students)	★★★★★	88.9	5	90.8
Obesity (% of adults)	★★	31.4	37	20.2
Physical Inactivity (% of adults)	★★★	25.3	23	17.9
Smoking (% of adults)	★★★	17.1	21	9.1
Behaviors Total*	★★★★	0.058	18	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.3	13	4.4
Children in Poverty (% of children)	★★★★	15.0	15	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.017	30	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★	401.3	17	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★	19.6	41	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★	13.9	23	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.4	37	2.0
Violent Crime (offenses per 100,000 population)	★★★★	275	15	118
Community & Environment Total*	★★★★	0.120	16	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	0.172	22	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	48.2	11	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★	32.2	17	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★	78.1	28	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★	87.7	24	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	73.8	20	80.6
Lack of Health Insurance (% of population)	★★★	9.0	22	3.1
Public Health Funding (dollars per person)	★★★	$84	23	$261
Policy Total*	★★★★	0.033	18	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	65.9	13	81.5
Low Birthweight (% of live births)	★★★★★	6.6	7	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	46.9	23	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	148.0	19	247.7
Clinical Care Total*	★★★★	0.075	13	0.170
ALL DETERMINANTS*	★★★★	0.286	15	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	186.9	20	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	227.0	16	188.2
Diabetes (% of adults)	★★★★	8.8	14	6.8
Disparity in Health Status (% difference by high school education)	★★	29.0	32	14.8
Frequent Mental Distress (% of adults)	★★★★★	8.9	4	7.1
Frequent Physical Distress (% of adults)	★★★★★	9.6	6	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.2	14	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,529	18	5,369
ALL OUTCOMES*	★★★★★	0.146	8	0.289
OVERALL*	★★★★	0.432	12	0.905

STAR RATING

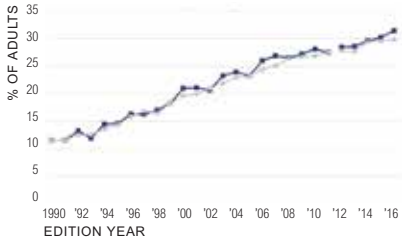
Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

SMOKING



OBESITY

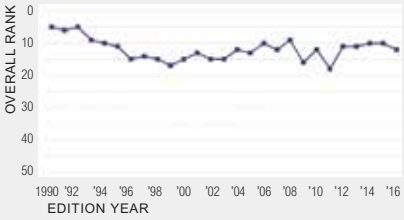


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 12

Change: ▼2
Determinants Rank: 15
Outcomes Rank: 8



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

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

Ranking:
Nebraska is 12th this year; it was 10th in 2015. The state ranks 20th for senior health and 17th for the health of women and children.

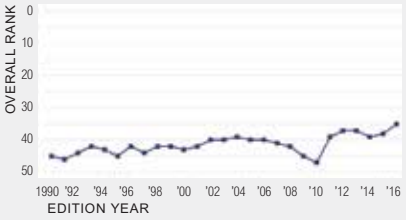
Highlights:
- In the past year, children in poverty decreased 18% from 18.3% to 15.0% of children.
- In the past year, immunizations among children aged 19 to 35 months decreased 8% from 80.2% to 73.8%.
- In the past four years, the percentage of the population without health insurance decreased 30% from 12.8% to 9.0%.
- In the past five years, preventable hospitalizations decreased 29% from 65.7 to 46.9 discharges per 1,000 Medicare enrollees.
- In the past year, premature death increased 7% from 6,125 to 6,529 years lost per 100,000 population.

State Health Department Website:
www.dhhs.ne.gov/

Nevada

Overall Rank: 35

Change: ▲ 3
Determinants Rank: 40
Outcomes Rank: 28



Strengths:
- Low prevalence of obesity
- Low incidence of *Salmonella*
- Low rate of preventable hospitalizations

Challenges:
- Low percentage of high school graduation
- High violent crime rate
- High percentage of population without insurance

Ranking:
Nevada is 35th this year; it was 38th in 2015. The state ranks 42nd for senior health and 47th for the health of women and children.

Highlights:
- In the past year, drug deaths decreased 7% from 22.4 to 20.9 deaths per 100,000 population.
- In the past two years, children in poverty decreased 24% from 25.3% to 19.3% of children.
- In the past two years, meningococcal immunization among adolescents aged 13 to 17 years increased 22% from 64.0% to 78.0%.
- In the past two years, immunizations among children aged 19 to 35 months increased 18% from 60.6% to 71.3%.
- In the past year, low birthweight increased 4% from 8.0% to 8.3% of live births.

State Health Department Website:
dhhs.nv.gov/

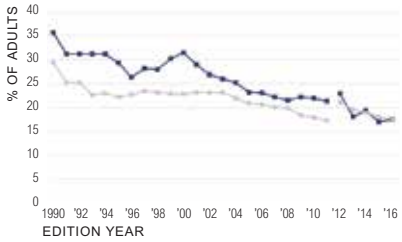
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

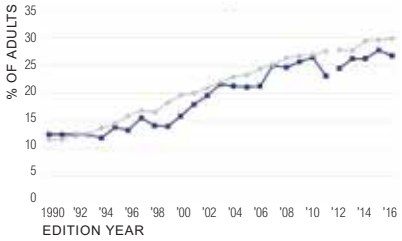
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	20.9	43	4.0
Excessive Drinking (% of adults)	★★★★	15.8	12	11.2
High School Graduation (% of students)	★	71.3	49	90.8
Obesity (% of adults)	★★★★	26.7	15	20.2
Physical Inactivity (% of adults)	★★★★	24.7	18	17.9
Smoking (% of adults)	★★★	17.5	25	9.1
Behaviors Total*	★★	-0.068	34	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	9.2	41	4.4
Children in Poverty (% of children)	★★★	19.3	29	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.857	2	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★	424.4	23	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★	5.2	14	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★★	6.2	1	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.0	33	2.0
Violent Crime (offenses per 100,000 population)	★	696	49	118
Community & Environment Total*	★	-0.080	41	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	-0.058	27	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★	42.5	24	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★	23.7	35	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★	78.0	29	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★	88.3	21	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	71.3	30	80.6
Lack of Health Insurance (% of population)	★	13.8	45	3.1
Public Health Funding (dollars per person)	★	$34	50	$261
Policy Total*	★	-0.089	45	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	52.8	31	81.5
Low Birthweight (% of live births)	★★	8.3	31	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	42.4	13	23.5
Primary Care Physicians (number per 100,000 population)	★	104.3	46	247.7
Clinical Care Total*	★★	-0.059	33	0.170
ALL DETERMINANTS*	★★	-0.295	40	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	189.1	22	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	277.8	39	188.2
Diabetes (% of adults)	★★★	9.7	21	6.8
Disparity in Health Status (% difference by high school education)	★★★★	25.8	16	14.8
Frequent Mental Distress (% of adults)	★★★	11.5	29	7.1
Frequent Physical Distress (% of adults)	★★	12.3	32	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.5	16	4.3
Premature Death (years lost per 100,000 population)	★★	7,533	32	5,369
ALL OUTCOMES*	★★★	-0.008	28	0.289
OVERALL*	★★	-0.304	35	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

New Hampshire

	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	17.9	38	4.0
Excessive Drinking (% of adults)	★★	18.4	32	11.2
High School Graduation (% of students)	★★★★★	88.1	7	90.8
Obesity (% of adults)	★★★★	26.3	13	20.2
Physical Inactivity (% of adults)	★★★★	22.6	14	17.9
Smoking (% of adults)	★★★★	15.9	17	9.1
Behaviors Total*	★★★★★	0.124	9	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.6	8	4.4
Children in Poverty (% of children)	★★★★★	8.7	2	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.843	3	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★★	271.0	3	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★	6.3	19	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	14.4	28	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.4	8	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	199	4	118
Community & Environment Total*	★★★★★	0.290	1	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	1.057	4	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★★	51.4	7	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★★	47.1	2	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	87.7	11	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★★	92.4	7	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	74.1	19	80.6
Lack of Health Insurance (% of population)	★★★★	7.8	16	3.1
Public Health Funding (dollars per person)	★★	$66	33	$261
Policy Total*	★★★★	0.066	12	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	64.0	14	81.5
Low Birthweight (% of live births)	★★★★	6.9	11	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	44.8	16	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	157.4	15	247.7
Clinical Care Total*	★★★★	0.076	12	0.170
ALL DETERMINANTS*	★★★★★	0.556	5	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	188.0	21	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	213.9	8	188.2
Diabetes (% of adults)	★★★★★	8.1	6	6.8
Disparity in Health Status (% difference by high school education)	★★★	27.4	23	14.8
Frequent Mental Distress (% of adults)	★★★★	10.9	19	7.1
Frequent Physical Distress (% of adults)	★★★★	10.6	13	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	5.0	10	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,277	12	5,369
ALL OUTCOMES*	★★★★★	0.139	9	0.289
OVERALL*	★★★★★	0.696	6	0.905

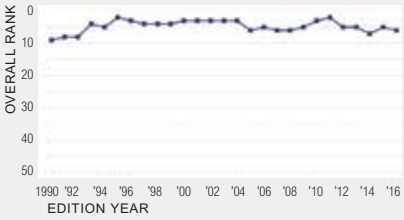
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

Overall Rank: 6

Change: ▼ 1
Determinants Rank: 5
Outcomes Rank: 9



Strengths:
- Low percentage of children in poverty
- High immunization coverage among adolescents
- Low prevalence of diabetes

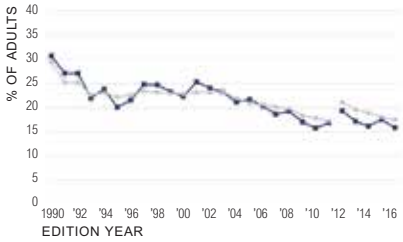
Challenges:
- High rate of drug deaths
- High prevalence of excessive drinking
- Low per capita public health funding

Ranking:
New Hampshire is 6th this year; it was 5th in 2015. The state ranks 3rd for senior health and 3rd for the health of women and children.

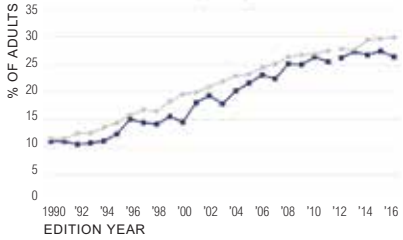
Highlights:
- In the past three years, drug deaths increased 60% from 11.2 to 17.9 deaths per 100,000 population.
- In the past year, HPV immunization among males aged 13 to 17 years increased 43% from 33.0% to 47.1%.
- In the past four years, the percentage of the population without health insurance decreased 31% from 11.3% to 7.8%.
- In the past three years, preventable hospitalizations decreased 23% from 58.2 to 44.8 discharges per 1,000 Medicare enrollees.
- In the past two years, premature death increased 12% from 5,580 to 6,277 years lost per 100,000 population.

State Health Department Website:
www.dhhs.state.nh.us

SMOKING



OBESITY



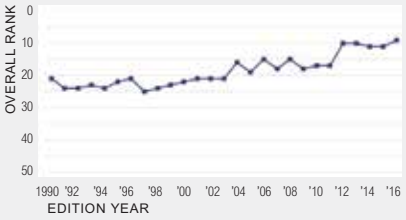
State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

New Jersey

Overall Rank: 9

Change: ▲ 2
Determinants Rank: 7
Outcomes Rank: 11



Strengths:
- Low prevalence of smoking
- Low incidence of chlamydia
- Low infant mortality rate

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

Ranking:
New Jersey is 9th this year; it was 11th in 2015. The state ranks 16th for senior health and 19th for the health of women and children.

Highlights:
- In the past three years, drug deaths increased 103% from 6.9 to 14.0 deaths per 100,000 population.
- In the past three years, smoking decreased 22% from 17.3% to 13.5% of adults.
- In the past five years, chlamydia incidence increased 22% from 275.3 to 336.0 cases per 100,000 population.
- In the past year, immunizations among children aged 19 to 35 months increased 14% from 67.2% to 76.5%.
- In the past five years, infant mortality decreased 19% from 5.4 to 4.4 deaths per 1,000 live births.

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

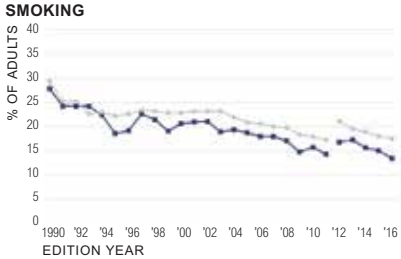
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

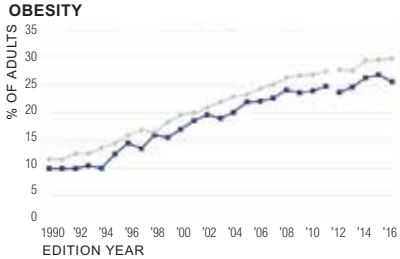
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	14.0	26	4.0
Excessive Drinking (% of adults)	★★★	17.6	24	11.2
High School Graduation (% of students)	★★★★★	89.7	2	90.8
Obesity (% of adults)	★★★★★	25.6	10	20.2
Physical Inactivity (% of adults)	★★	27.2	35	17.9
Smoking (% of adults)	★★★★★	13.5	3	9.1
Behaviors Total*	★★★★★	0.199	3	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	8.8	33	4.4
Children in Poverty (% of children)	★★★★	16.9	19	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.770	4	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★★	336.0	6	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★	4.3	11	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★	13.1	18	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.5	10	2.0
Violent Crime (offenses per 100,000 population)	★★★★	255	13	118
Community & Environment Total*	★★★★	0.120	16	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	0.597	10	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	45.0	19	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★	30.9	19	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	95.7	2	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★	87.2	28	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	76.5	9	80.6
Lack of Health Insurance (% of population)	★★★	9.8	26	3.1
Public Health Funding (dollars per person)	★★	$60	37	$261
Policy Total*	★★★★	0.035	17	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	81.5	1	81.5
Low Birthweight (% of live births)	★★★	8.1	27	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	50.3	30	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	165.2	12	247.7
Clinical Care Total*	★★★★★	0.089	10	0.170
ALL DETERMINANTS*	★★★★★	0.443	7	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	183.0	17	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	245.4	26	188.2
Diabetes (% of adults)	★★★★	9.0	17	6.8
Disparity in Health Status (% difference by high school education)	★★	29.4	36	14.8
Frequent Mental Distress (% of adults)	★★★★	10.7	18	7.1
Frequent Physical Distress (% of adults)	★★★★★	10.2	10	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.4	2	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,820	6	5,369
ALL OUTCOMES*	★★★★	0.128	11	0.289
OVERALL*	★★★★★	0.571	9	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

New Mexico

	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	24.7	49	4.0
Excessive Drinking (% of adults)	★★★★★	13.8	6	11.2
High School Graduation (% of students)	★	68.6	50	90.8
Obesity (% of adults)	★★★★	28.8	19	20.2
Physical Inactivity (% of adults)	★★★★	22.6	14	17.9
Smoking (% of adults)	★★★	17.5	25	9.1
Behaviors Total*	★★	-0.082	37	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.0	4	4.4
Children in Poverty (% of children)	★	29.5	50	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.543	44	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★	554.3	45	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★	17.7	40	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★	16.0	35	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	6.5	42	2.0
Violent Crime (offenses per 100,000 population)	★	656	48	118
Community & Environment Total*	★	-0.164	49	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	-0.103	29	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★	40.6	27	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★★	40.3	7	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★	72.5	37	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	85.9	32	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	70.1	37	80.6
Lack of Health Insurance (% of population)	★	12.7	41	3.1
Public Health Funding (dollars per person)	★★★★★	$114	9	$261
Policy Total*	★★	-0.037	34	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	50.8	36	81.5
Low Birthweight (% of live births)	★★	8.8	38	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	43.1	14	23.5
Primary Care Physicians (number per 100,000 population)	★★★	133.4	29	247.7
Clinical Care Total*	★★	-0.051	31	0.170
ALL DETERMINANTS*	★	-0.334	41	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	168.3	4	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	217.5	11	188.2
Diabetes (% of adults)	★★	11.5	39	6.8
Disparity in Health Status (% difference by high school education)	★★	30.5	40	14.8
Frequent Mental Distress (% of adults)	★★★	11.3	27	7.1
Frequent Physical Distress (% of adults)	★★	13.7	40	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.4	15	4.3
Premature Death (years lost per 100,000 population)	★	8,887	42	5,369
ALL OUTCOMES*	★★	-0.029	31	0.289
OVERALL*	★★	-0.363	38	0.905

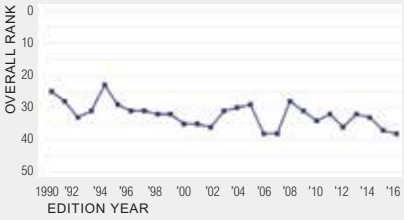
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

Overall Rank: 38

Change: ▼ 1
Determinants Rank: 41
Outcomes Rank: 31



Strengths:
- Low prevalence of excessive drinking
- Low levels of air pollution
- Low rate of cancer deaths

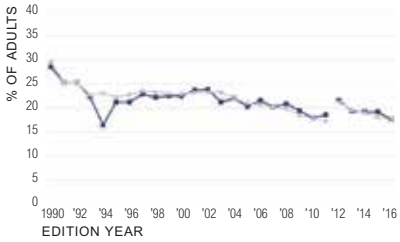
Challenges:
- High rate of drug deaths
- Low percentage of high school graduation
- High percentage of children in poverty

Ranking:
New Mexico is 38th this year; it was 37th in 2015. The state ranks 33rd for senior health and 37th for the health of women and children.

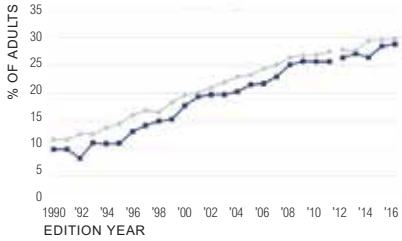
Highlights:
- In the past year, smoking decreased 8% from 19.1% to 17.5% of adults.
- In the past year, HPV immunization among males aged 13 to 17 years increased 73% from 23.3% to 40.3%.
- In the past year, immunizations among children aged 19 to 35 months decreased 8% from 75.9% to 70.1%.
- In the past eight years, preventable hospitalizations decreased 36% from 67.0 to 43.1 discharges per 1,000 Medicare enrollees.
- In the past year, premature death increased 9% from 8,190 to 8,887 years lost per 100,000 population.

State Health Department Website:
www.health.state.nm.us

SMOKING



OBESITY



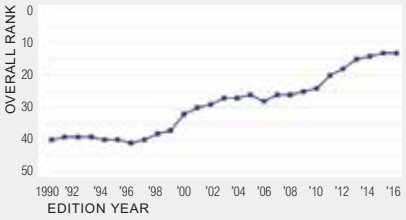
State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

New York

Overall Rank: 13

Change: no change
Determinants Rank: 12
Outcomes Rank: 18



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

Challenges:
- Low percentage of high school graduation
- High prevalence of physical inactivity
- High percentage of children in poverty

Ranking:
New York is 13th this year; it was 13th in 2015. The state ranks 23rd for senior health and 20th for the health of women and children.

Highlights:
- IIn the past three years, drug deaths increased 35% from 8.2 to 11.1 deaths per 100,000 population.
- In the past year, smoking increased 6% from 14.4% to 15.2% of adults.
- In the past year, HPV immunization among females aged 13 to 17 years increased 18% from 40.1% to 47.3%.
- In the past five years, the percentage of the population without health insurance decreased 46% from 14.5% to 7.9%.
- In the past two years, disparity in health status by education decreased 27% from 35.3% to 25.7%.

State Health Department Website:
www.health.state.ny.us

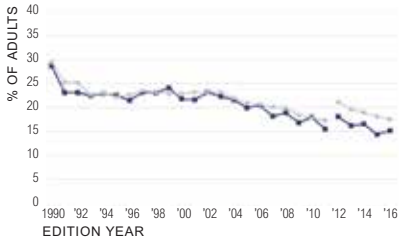
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

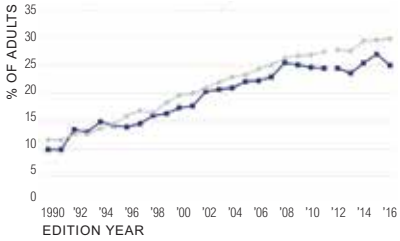
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	11.1	9	4.0
Excessive Drinking (% of adults)	★★	18.2	31	11.2
High School Graduation (% of students)	★★	79.2	38	90.8
Obesity (% of adults)	★★★★★	25.0	7	20.2
Physical Inactivity (% of adults)	★★	29.3	39	17.9
Smoking (% of adults)	★★★★	15.2	12	9.1
Behaviors Total*	★★★★	0.065	17	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.5	15	4.4
Children in Poverty (% of children)	★★	21.3	39	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.273	20	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★	502.8	40	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★	5.2	14	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★	11.8	13	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	2.2	2	2.0
Violent Crime (offenses per 100,000 population)	★★★	380	28	118
Community & Environment Total*	★★★	0.065	22	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.585	11	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	47.3	13	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★★	38.1	10	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	86.2	16	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★	89.0	18	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	71.9	27	80.6
Lack of Health Insurance (% of population)	★★★★	7.9	17	3.1
Public Health Funding (dollars per person)	★★★★★	$154	4	$261
Policy Total*	★★★★★	0.087	9	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	73.6	7	81.5
Low Birthweight (% of live births)	★★★	7.9	22	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	47.6	26	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	206.2	3	247.7
Clinical Care Total*	★★★★★	0.124	8	0.170
ALL DETERMINANTS*	★★★★	0.341	12	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	179.6	12	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	256.2	33	188.2
Diabetes (% of adults)	★★★	9.8	23	6.8
Disparity in Health Status (% difference by high school education)	★★★★	25.7	14	14.8
Frequent Mental Distress (% of adults)	★★★	11.5	29	7.1
Frequent Physical Distress (% of adults)	★★★	12.1	27	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.8	7	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,658	4	5,369
ALL OUTCOMES*	★★★★	0.089	18	0.289
OVERALL*	★★★★	0.430	13	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

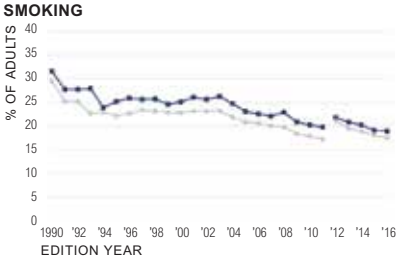
North Carolina

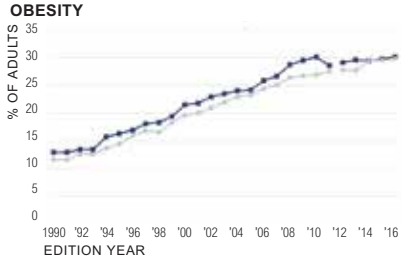
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	13.3	22	4.0
Excessive Drinking (% of adults)	★★★★★	14.9	8	11.2
High School Graduation (% of students)	★★★	85.6	22	90.8
Obesity (% of adults)	★★★	30.1	28	20.2
Physical Inactivity (% of adults)	★★★	26.2	25	17.9
Smoking (% of adults)	★★	19.0	33	9.1
Behaviors Total*	★★★	0.014	25	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.0	22	4.4
Children in Poverty (% of children)	★	23.7	43	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.247	34	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★	478.7	35	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★	7.6	26	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★	20.9	42	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	3.7	13	2.0
Violent Crime (offenses per 100,000 population)	★★★	347	25	118
Community & Environment Total*	★★★	-0.010	30	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.270	17	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★	37.8	33	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★	29.8	21	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★	78.5	27	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★★	93.4	4	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	76.4	10	80.6
Lack of Health Insurance (% of population)	★★	12.2	37	3.1
Public Health Funding (dollars per person)	★	$48	43	$261
Policy Total*	★★	-0.017	32	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	50.2	39	81.5
Low Birthweight (% of live births)	★	8.9	41	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	49.0	28	23.5
Primary Care Physicians (number per 100,000 population)	★★	128.3	32	247.7
Clinical Care Total*	★★	-0.082	36	0.170
ALL DETERMINANTS*	★★	-0.096	31	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	196.2	33	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	251.9	30	188.2
Diabetes (% of adults)	★★	10.7	31	6.8
Disparity in Health Status (% difference by high school education)	★★	28.6	31	14.8
Frequent Mental Distress (% of adults)	★★	11.7	34	7.1
Frequent Physical Distress (% of adults)	★★	13.2	36	8.5
Infant Mortality (deaths per 1,000 live births)	★	7.0	41	4.3
Premature Death (years lost per 100,000 population)	★★	7,746	34	5,369
ALL OUTCOMES*	★★	-0.099	36	0.289
OVERALL*	★★	-0.194	32	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



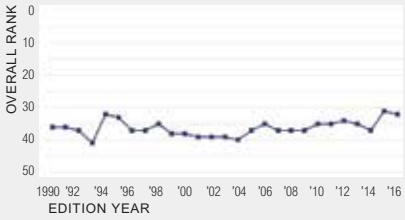


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 32

Change: ▼ 1
Determinants Rank: 31
Outcomes Rank: 36



Strengths:
- Low prevalence of excessive drinking
- High Tdap immunization coverage among adolescents
- High immunization coverage among children

Challenges:
- High percentage of children in poverty
- High prevalence of low birthweight
- High infant mortality rate

Ranking:
North Carolina is 32nd this year; it was 31st in 2015. The state ranks 30th for senior health and 30th for the health of women and children.

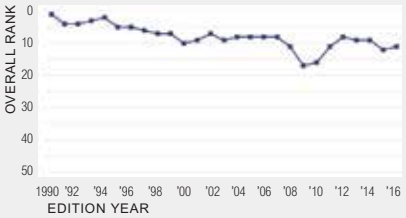
Highlights:
- In the past seven years, violent crime decreased 26% from 467 to 347 offenses per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years decreased 30% from 54.0% to 37.8%.
- In the past year, HPV immunization among males aged 13 to 17 years increased 43% from 20.9% to 29.8%.
- In the past five years, preventable hospitalizations decreased 23% from 63.7 to 49.0 discharges per 1,000 Medicare enrollees.
- In the past year, disparity in health status by education decreased 21% from 36.4% to 28.6%.

State Health Department Website:
www.dhhs.state.nc.us

North Dakota

Overall Rank: 11

Change: ▲ 1
Determinants Rank: 13
Outcomes Rank: 5



Strengths:
- Low rate of drug deaths
- High immunization coverage among children
- Low prevalence of low birthweight

Challenges:
- High prevalence of excessive drinking
- High prevalence of obesity
- Large disparity in health status by educational attainment

Ranking:
North Dakota is 11th this year; it was 12th in 2015. The state ranks 17th for senior health and 13th for the health of women and children.

Highlights:
- In the past year, children in poverty increased 31% from 12.0% to 15.7% of children.
- In the past year, HPV immunization among males aged 13 to 17 years increased 52% from 25.3% to 38.4%.
- In the past four years, public health funding increased 68% from $78 to $131 per person.
- In the past two years, disparity in health status by education increased 47% from 19.9% to 29.2%.
- In the past three years, infant mortality decreased 14% from 6.5 to 5.6 deaths per 1,000 live births.

State Health Department Website:
www.ndhealth.gov

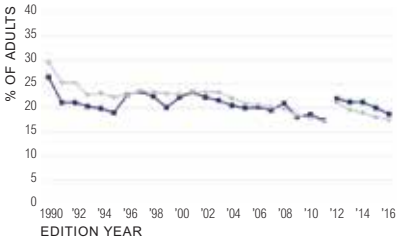
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

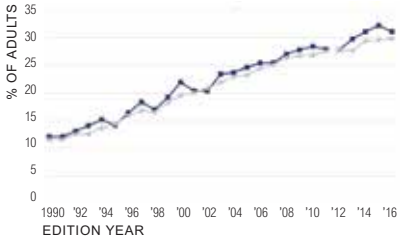
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	4.0	1	4.0
Excessive Drinking (% of adults)	★	24.7	50	11.2
High School Graduation (% of students)	★★★★	86.6	17	90.8
Obesity (% of adults)	★★	31.0	34	20.2
Physical Inactivity (% of adults)	★★	26.8	32	17.9
Smoking (% of adults)	★★	18.7	31	9.1
Behaviors Total*	★★★	-0.013	29	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	4.9	2	4.4
Children in Poverty (% of children)	★★★★	15.7	17	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.273	20	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★	477.1	34	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★	7.2	23	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★	12.2	14	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	10.4	49	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	239	10	118
Community & Environment Total*	★★★★★	0.157	10	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	0.742	9	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	47.1	16	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★★	38.4	8	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	91.6	7	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★	88.9	19	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	80.2	2	80.6
Lack of Health Insurance (% of population)	★★★★	7.9	17	3.1
Public Health Funding (dollars per person)	★★★★★	$131	6	$261
Policy Total*	★★★★★	0.130	6	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	55.4	23	81.5
Low Birthweight (% of live births)	★★★★★	6.2	2	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	46.2	20	23.5
Primary Care Physicians (number per 100,000 population)	★★★	136.3	25	247.7
Clinical Care Total*	★★★★	0.041	18	0.170
ALL DETERMINANTS*	★★★★	0.315	13	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	176.2	9	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	231.4	21	188.2
Diabetes (% of adults)	★★★★	8.7	13	6.8
Disparity in Health Status (% difference by high school education)	★★	29.2	34	14.8
Frequent Mental Distress (% of adults)	★★★★★	9.2	5	7.1
Frequent Physical Distress (% of adults)	★★★★★	8.5	1	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.6	20	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,637	19	5,369
ALL OUTCOMES*	★★★★★	0.158	5	0.289
OVERALL*	★★★★	0.473	11	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

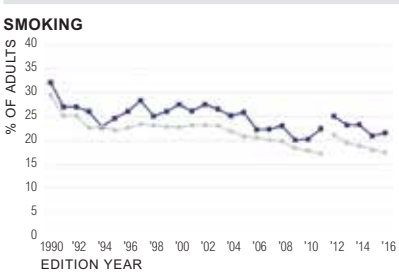
Ohio

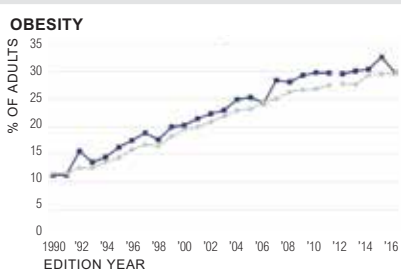
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	21.1	45	4.0
Excessive Drinking (% of adults)	★★	19.2	37	11.2
High School Graduation (% of students)	★★	80.7	34	90.8
Obesity (% of adults)	★★★	29.8	24	20.2
Physical Inactivity (% of adults)	★★	27.0	33	17.9
Smoking (% of adults)	★	21.6	42	9.1
Behaviors Total*	★	-0.163	44	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	10.2	46	4.4
Children in Poverty (% of children)	★★	20.9	37	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.210	24	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★	474.1	33	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★	12.6	35	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★★★	10.4	6	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	3.9	18	2.0
Violent Crime (offenses per 100,000 population)	★★★★	292	19	118
Community & Environment Total*	★★	-0.016	32	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.350	35	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★	37.8	33	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★	21.0	41	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★	76.1	33	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★	86.7	29	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	68.3	40	80.6
Lack of Health Insurance (% of population)	★★★★	7.5	14	3.1
Public Health Funding (dollars per person)	★	$46	45	$261
Policy Total*	★★★	-0.012	29	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	52.3	32	81.5
Low Birthweight (% of live births)	★★	8.5	35	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	59.8	43	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	162.0	13	247.7
Clinical Care Total*	★★	-0.060	34	0.170
ALL DETERMINANTS*	★★	-0.251	39	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	208.6	40	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	278.7	40	188.2
Diabetes (% of adults)	★★	11.0	34	6.8
Disparity in Health Status (% difference by high school education)	★★★	27.7	26	14.8
Frequent Mental Distress (% of adults)	★★	12.0	36	7.1
Frequent Physical Distress (% of adults)	★★★	12.1	27	8.5
Infant Mortality (deaths per 1,000 live births)	★	7.1	42	4.3
Premature Death (years lost per 100,000 population)	★★	8,063	38	5,369
ALL OUTCOMES*	★★	-0.140	40	0.289
OVERALL*	★★	-0.391	40	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



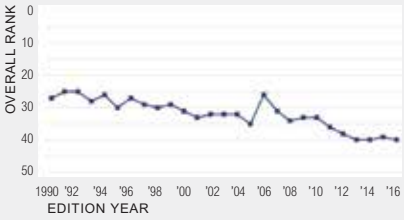


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 40

Change: ▼ 1
Determinants Rank: 39
Outcomes Rank: 40



Strengths:
- Low incidence of *Salmonella*
- Low percentage of population without insurance
- Higher number of primary care physicians

Challenges:
- High prevalence of smoking
- High levels of air pollution
- High infant mortality rate

Ranking:
Ohio is 40th this year; it was 39th in 2015. The state ranks 38th for senior health and 33rd for the health of women and children.

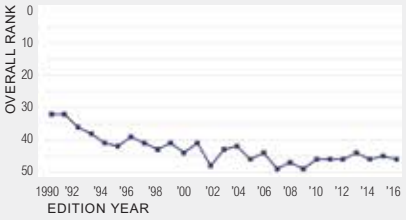
Highlights:
- In the past three years, drug deaths increased 51% from 14.0 to 21.1 deaths per 100,000 population.
- In the past year, obesity decreased 9% from 32.6% to 29.8% of adults.
- In the past year, HPV immunization among males aged 13 to 17 years decreased 10% from 23.3% to 21.0%.
- In the past three years, preventable hospitalizations decreased 24% from 78.5 to 59.8 discharges per 1,000 Medicare enrollees.
- In the past two years, infant mortality decreased 8% from 7.7 to 7.1 deaths per 1,000 live births.

State Health Department Website:
www.odh.ohio.gov

Oklahoma

Overall Rank: 46

Change: ▼ 1
Determinants Rank: 47
Outcomes Rank: 44



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

Challenges:
- High prevalence of smoking
- High percentage of population without insurance
- High premature death rate

Ranking:
Oklahoma is 46th this year; it was 45th in 2015. The state ranks 49th for senior health and 46th for the health of women and children.

Highlights:
- In the past three years, drug deaths increased 11% from 18.8 to 20.9 deaths per 100,000 population.
- In the past three years, immunizations among children aged 19 to 35 months increased 24% from 61.0% to 75.4%.
- In the past three years, chlamydia incidence increased 42% from 377.9 to 536.6 cases per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years decreased 12% from 36.4% to 32.2%.
- In the past year, HPV immunization among males aged 13 to 17 years increased 79% from 19.9% to 35.7%.

State Health Department Website:
www.ok.gov/health

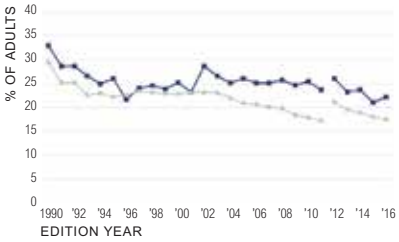
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

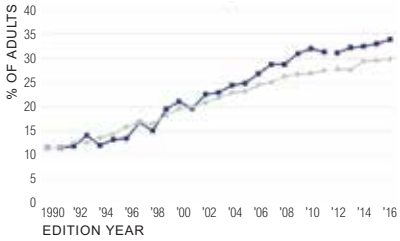
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	20.9	43	4.0
Excessive Drinking (% of adults)	★★★★★	13.9	7	11.2
High School Graduation (% of students)	★★★	82.5	30	90.8
Obesity (% of adults)	★	33.9	43	20.2
Physical Inactivity (% of adults)	★	33.2	48	17.9
Smoking (% of adults)	★	22.2	45	9.1
Behaviors Total*	★	-0.205	45	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★	8.7	32	4.4
Children in Poverty (% of children)	★★★	19.0	27	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.300	37	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★	536.6	44	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★★	3.7	8	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★	20.7	41	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	7.8	47	2.0
Violent Crime (offenses per 100,000 population)	★★	422	37	118
Community & Environment Total*	★★	-0.066	37	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.567	40	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★	32.2	43	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★	35.7	13	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★	68.1	43	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	84.4	38	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	75.4	14	80.6
Lack of Health Insurance (% of population)	★	14.7	46	3.1
Public Health Funding (dollars per person)	★★★	$80	24	$261
Policy Total*	★	-0.065	41	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	50.3	38	81.5
Low Birthweight (% of live births)	★★★	8.0	25	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	59.2	42	23.5
Primary Care Physicians (number per 100,000 population)	★★	123.7	36	247.7
Clinical Care Total*	★★	-0.092	38	0.170
ALL DETERMINANTS*	★	-0.428	47	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	215.2	44	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	325.9	48	188.2
Diabetes (% of adults)	★	11.7	42	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	19.9	2	14.8
Frequent Mental Distress (% of adults)	★	13.1	41	7.1
Frequent Physical Distress (% of adults)	★	14.8	44	8.5
Infant Mortality (deaths per 1,000 live births)	★	7.5	46	4.3
Premature Death (years lost per 100,000 population)	★	9,895	46	5,369
ALL OUTCOMES*	★	-0.264	44	0.289
OVERALL*	★	-0.691	46	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

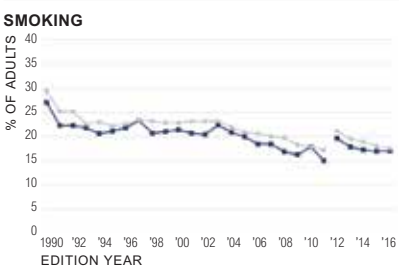
Oregon

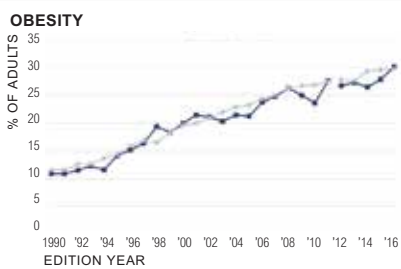
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	12.3	15	4.0
Excessive Drinking (% of adults)	★★	18.8	34	11.2
High School Graduation (% of students)	★	73.8	48	90.8
Obesity (% of adults)	★★★	30.1	28	20.2
Physical Inactivity (% of adults)	★★★★★	18.8	2	17.9
Smoking (% of adults)	★★★	17.1	21	9.1
Behaviors Total*	★★	-0.044	32	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.3	13	4.4
Children in Poverty (% of children)	★★★	17.7	22	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.543	9	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★	394.6	15	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★	10.6	33	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★★	10.2	5	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	3.3	7	2.0
Violent Crime (offenses per 100,000 population)	★★★★	260	14	118
Community & Environment Total*	★★★★	0.151	11	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.258	18	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★★	48.9	9	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★	35.7	13	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★	75.2	35	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★	89.4	16	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	67.4	45	80.6
Lack of Health Insurance (% of population)	★★★★	8.4	20	3.1
Public Health Funding (dollars per person)	★★★	$68	29	$261
Policy Total*	★★★	-0.004	25	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	69.1	11	81.5
Low Birthweight (% of live births)	★★★★★	6.2	2	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	33.4	6	23.5
Primary Care Physicians (number per 100,000 population)	★★★	139.6	22	247.7
Clinical Care Total*	★★★★★	0.135	6	0.170
ALL DETERMINANTS*	★★★★	0.239	17	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	190.9	26	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	212.4	5	188.2
Diabetes (% of adults)	★★	10.7	31	6.8
Disparity in Health Status (% difference by high school education)	★★	30.3	38	14.8
Frequent Mental Distress (% of adults)	★	13.6	42	7.1
Frequent Physical Distress (% of adults)	★★	13.6	39	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.1	13	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,523	17	5,369
ALL OUTCOMES*	★★★	-0.028	30	0.289
OVERALL*	★★★	0.211	21	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



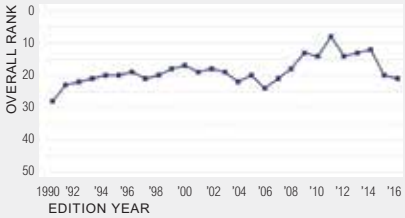


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 21

Change: ▼ 1
Determinants Rank: 17
Outcomes Rank: 30



Strengths:
- Low prevalence of physical inactivity
- Low prevalence of low birthweight
- Low rate of cardiovascular deaths

Challenges:
- Low percentage of high school graduation
- Low immunization coverage among children
- High prevalence of frequent mental distress

Ranking:
Oregon is 21st this year; it was 20th in 2015. The state ranks 12th for senior health and 27th for the health of women and children.

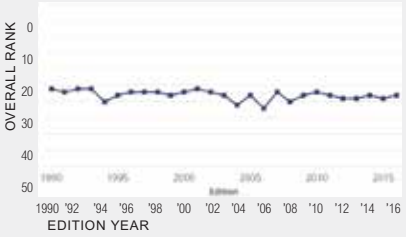
Highlights:
- In the past year, obesity increased 8% from 27.9% to 30.1% of adults.
- In the past year, HPV immunization among males aged 13 to 17 years increased 190% from 12.3% to 35.7%.
- In the past five years, the percentage of the population without health insurance decreased 50% from 16.8% to 8.4%.
- In the past 10 years, preventable hospitalizations decreased 35% from 51.2 to 33.4 discharges per 1,000 Medicare enrollees.
- In the past year, diabetes increased 19% from 9.0% to 10.7% of adults.

State Health Department Website:
public.health.oregon.gov/

Pennsylvania

Overall Rank: 28

Change: ▲ 1
Determinants Rank: 25
Outcomes Rank: 33



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

Challenges:
- High rate of drug deaths
- High levels of air pollution
- Low per capita public health funding

Ranking:
Pennsylvania is 28th this year; it was 29th in 2015. The state ranks 18th for senior health and 24th for the health of women and children.

Highlights:
- In the past five years, drug deaths increased 36% from 14.6 to 19.8 deaths per 100,000 population.
- In the past year, physical inactivity increased 19% from 23.3% to 27.8% of adults.
- In the past four years, smoking decreased 19% from 22.4% to 18.1% of adults.
- In the past year, HPV immunization among males aged 13 to 17 years increased 47% from 26.0% to 38.3%.
- In the past year, diabetes decreased 7% from 11.2% to 10.4% of adults.

State Health Department Website:
www.health.state.pa.us

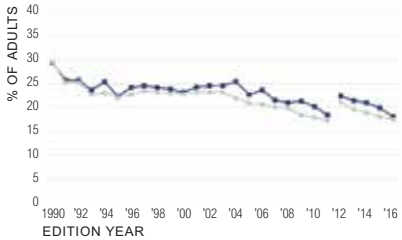
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

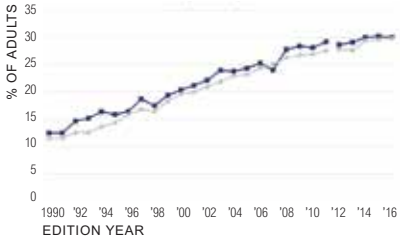
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	19.8	42	4.0
Excessive Drinking (% of adults)	★★★	18.1	30	11.2
High School Graduation (% of students)	★★★	84.8	26	90.8
Obesity (% of adults)	★★★	30.0	26	20.2
Physical Inactivity (% of adults)	★★	27.8	37	17.9
Smoking (% of adults)	★★★	18.1	29	9.1
Behaviors Total*	★★	-0.041	31	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	11.0	49	4.4
Children in Poverty (% of children)	★★★	19.0	27	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.603	7	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★	395.6	16	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★	6.4	20	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★	11.5	11	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.1	23	2.0
Violent Crime (offenses per 100,000 population)	★★★	315	22	118
Community & Environment Total*	★★	-0.015	31	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	1.013	5	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	47.8	12	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★★★	38.3	9	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	94.7	4	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★★★	91.7	8	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	72.8	25	80.6
Lack of Health Insurance (% of population)	★★★★	7.5	14	3.1
Public Health Funding (dollars per person)	★	$51	41	$261
Policy Total*	★★★★	0.053	16	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	60.7	18	81.5
Low Birthweight (% of live births)	★★	8.3	31	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	51.5	31	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	192.9	5	247.7
Clinical Care Total*	★★★★	0.038	19	0.170
ALL DETERMINANTS*	★★★	0.035	25	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	199.8	36	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	259.3	35	188.2
Diabetes (% of adults)	★★★	10.4	30	6.8
Disparity in Health Status (% difference by high school education)	★★	29.8	37	14.8
Frequent Mental Distress (% of adults)	★★★	11.4	28	7.1
Frequent Physical Distress (% of adults)	★★★	11.4	25	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.3	30	4.3
Premature Death (years lost per 100,000 population)	★★★	7,189	28	5,369
ALL OUTCOMES*	★★	-0.052	33	0.289
OVERALL*	★★★	-0.016	28	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Rhode Island

	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	21.4	46	4.0
Excessive Drinking (% of adults)	★★★	17.9	28	11.2
High School Graduation (% of students)	★★★	83.2	29	90.8
Obesity (% of adults)	★★★★	26.0	11	20.2
Physical Inactivity (% of adults)	★★	28.1	38	17.9
Smoking (% of adults)	★★★★	15.5	14	9.1
Behaviors Total*	★★★★	0.044	20	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.5	15	4.4
Children in Poverty (% of children)	★★★★★	13.4	7	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.310	16	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★	413.6	21	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★	10.3	32	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★★	13.3	20	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	3.7	13	2.0
Violent Crime (offenses per 100,000 population)	★★★★	243	11	118
Community & Environment Total*	★★★★★	0.179	7	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	1.783	1	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★★	68.0	1	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★★	58.1	1	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	97.7	1	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★★	97.1	1	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	77.2	6	80.6
Lack of Health Insurance (% of population)	★★★★★	6.6	8	3.1
Public Health Funding (dollars per person)	★★★★★	$124	7	$261
Policy Total*	★★★★★	0.153	3	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	54.2	26	81.5
Low Birthweight (% of live births)	★★★★	7.1	15	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	55.3	37	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	247.7	1	247.7
Clinical Care Total*	★★★★	0.063	15	0.170
ALL DETERMINANTS*	★★★★★	0.438	8	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	195.2	32	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	230.4	20	188.2
Diabetes (% of adults)	★★★★	9.0	17	6.8
Disparity in Health Status (% difference by high school education)	★	33.7	47	14.8
Frequent Mental Distress (% of adults)	★★	12.4	37	7.1
Frequent Physical Distress (% of adults)	★★	12.8	34	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.5	16	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,129	11	5,369
ALL OUTCOMES*	★★★	-0.017	29	0.289
OVERALL*	★★★★	0.422	14	0.905

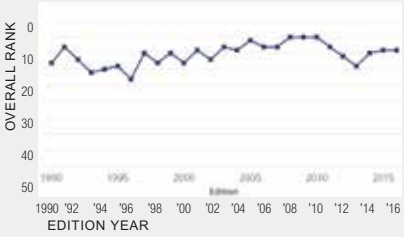
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

Overall Rank: 14

Change: no change
Determinants Rank: 8
Outcomes Rank: 29



Strengths:
- Low percentage of children in poverty
- High immunization coverage among adolescents
- Higher number of primary care physicians

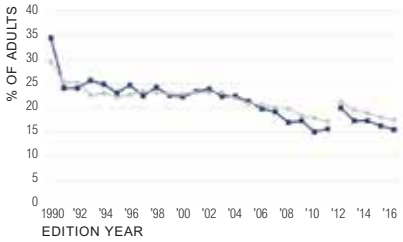
Challenges:
- High rate of drug deaths
- Large disparity in health status by educational attainment
- High prevalence of frequent mental distress

Ranking:
Rhode Island is 14th this year; it was 14th in 2015. The state ranks 11th for senior health and 9th for the health of women and children.

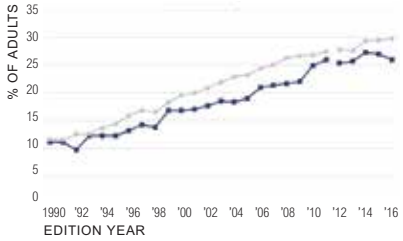
Highlights:
- In the past four years, drug deaths increased 39% from 15.4 to 21.4 deaths per 100,000 population.
- In the past year, physical inactivity increased 25% from 22.5% to 28.1% of adults.
- In the past two years, children in poverty decreased 42% from 23.2% to 13.4% of children.
- In the past year, the percentage of the population without health insurance decreased 31% from 9.5% to 6.6%.
- In the past year, infant mortality decreased 15% from 6.5 to 5.5 deaths per 1,000 live births.

State Health Department Website:
www.health.state.ri.us

SMOKING



OBESITY



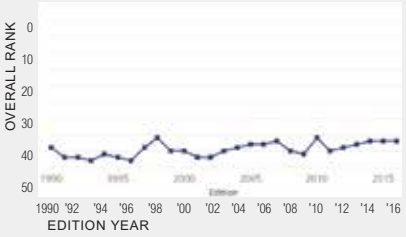
State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

South Carolina

Overall Rank: 42

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



Strengths:
- Low prevalence of excessive drinking
- Low incidence of pertussis
- Low rate of preventable hospitalizations

Challenges:
- High incidence of infectious disease
- Low immunization coverage among adolescents
- High prevalence of low birthweight

Ranking:
South Carolina is 42nd this year; it was 42nd in 2015. The state ranks 34th for senior health and 39th for the health of women and children.

Highlights:
- In the past year, smoking decreased 8% from 21.5% to 19.7% of adults.
- In the past year, *Salmonella* incidence increased 22% from 24.1 to 29.3 cases per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years decreased 4% from 35.9% to 34.3%.
- In the past year, immunizations among children aged 19 to 35 months decreased 6% from 72.6% to 68.2%.
- In the past 10 years, infant mortality decreased 23% from 8.7 to 6.7 deaths per 1,000 live births.

State Health Department Website:
www.scdhec.gov

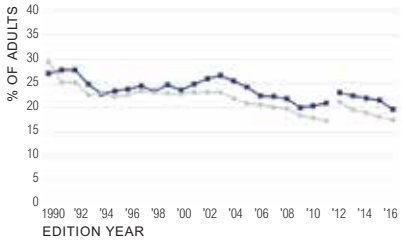
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

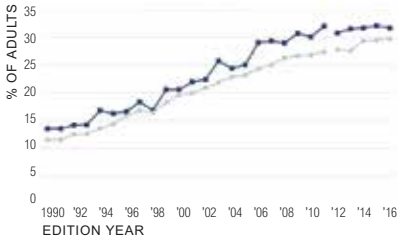
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	13.4	23	4.0
Excessive Drinking (% of adults)	★★★★	16.6	15	11.2
High School Graduation (% of students)	★★	80.3	35	90.8
Obesity (% of adults)	★★	31.7	38	20.2
Physical Inactivity (% of adults)	★★	26.7	31	17.9
Smoking (% of adults)	★★	19.7	37	9.1
Behaviors Total*	★★	-0.090	38	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.9	19	4.4
Children in Poverty (% of children)	★★★	18.8	26	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.873	49	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★	588.2	46	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★★	3.6	7	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★	29.3	48	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.8	30	2.0
Violent Crime (offenses per 100,000 population)	★	505	44	118
Community & Environment Total*	★★	-0.059	36	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-1.147	47	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★	34.3	39	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★	21.0	41	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★	69.0	42	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★	77.8	46	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	68.2	41	80.6
Lack of Health Insurance (% of population)	★★	12.3	39	3.1
Public Health Funding (dollars per person)	★★	$65	35	$261
Policy Total*	★	-0.095	46	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	48.0	44	81.5
Low Birthweight (% of live births)	★	9.4	46	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	46.2	20	23.5
Primary Care Physicians (number per 100,000 population)	★★	124.3	35	247.7
Clinical Care Total*	★	-0.101	42	0.170
ALL DETERMINANTS*	★	-0.345	42	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★	202.7	38	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	274.1	37	188.2
Diabetes (% of adults)	★	11.8	43	6.8
Disparity in Health Status (% difference by high school education)	★★★	27.2	21	14.8
Frequent Mental Distress (% of adults)	★	13.7	43	7.1
Frequent Physical Distress (% of adults)	★★	13.2	36	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.7	36	4.3
Premature Death (years lost per 100,000 population)	★	8,796	41	5,369
ALL OUTCOMES*	★	-0.187	42	0.289
OVERALL*	★	-0.532	42	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

South Dakota

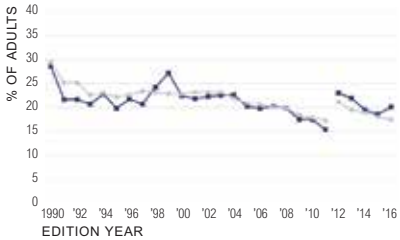
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	6.6	2	4.0
Excessive Drinking (% of adults)	★★★	17.7	25	11.2
High School Graduation (% of students)	★★★	83.9	28	90.8
Obesity (% of adults)	★★★	30.4	30	20.2
Physical Inactivity (% of adults)	★★★★★	21.5	7	17.9
Smoking (% of adults)	★★	20.1	38	9.1
Behaviors Total*	★★★	0.008	26	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	6.3	5	4.4
Children in Poverty (% of children)	★★	20.8	35	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★	0.430	42	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★	493.1	38	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★	13.0	36	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★	20.1	40	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	7.0	45	2.0
Violent Crime (offenses per 100,000 population)	★★★	383	29	118
Community & Environment Total*	★★★	0.011	26	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-1.625	49	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★	32.4	41	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★	22.0	38	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★	55.5	49	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★	72.4	49	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	75.6	11	80.6
Lack of Health Insurance (% of population)	★★★	10.0	27	3.1
Public Health Funding (dollars per person)	★★★★	$94	17	$261
Policy Total*	★★★	-0.011	27	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	53.6	29	81.5
Low Birthweight (% of live births)	★★★★★	6.5	6	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★	47.0	24	23.5
Primary Care Physicians (number per 100,000 population)	★★	120.2	39	247.7
Clinical Care Total*	★★★	0.004	29	0.170
ALL DETERMINANTS*	★★★	0.012	26	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	185.5	19	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	233.8	22	188.2
Diabetes (% of adults)	★★★★	9.3	19	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	22.5	8	14.8
Frequent Mental Distress (% of adults)	★★★★★	7.1	1	7.1
Frequent Physical Distress (% of adults)	★★★★★	9.8	7	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.2	29	4.3
Premature Death (years lost per 100,000 population)	★★★	7,245	30	5,369
ALL OUTCOMES*	★★★★★	0.157	6	0.289
OVERALL*	★★★	0.169	24	0.905

STAR RATING

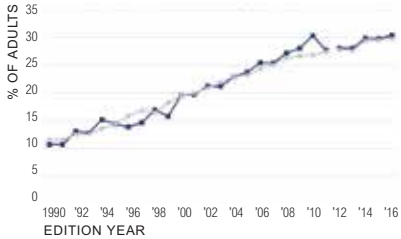
Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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

SMOKING



OBESITY

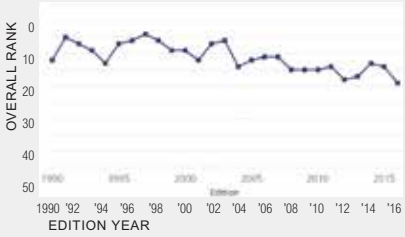


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 24

Change: ▼ 5
Determinants Rank: 26
Outcomes Rank: 6



Strengths:
- Low rate of drug deaths
- Low levels of air pollution
- Low prevalence of frequent mental distress

Challenges:
- High incidence of infectious disease
- Low immunization coverage among adolescents
- Lower number of primary care physicians

Ranking:
South Dakota is 24th this year; it was 19th in 2015. The state ranks 25th for senior health and 18th for the health of women and children.

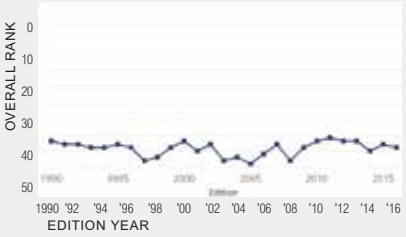
Highlights:
- In the past two years, drug deaths increased 8% from 6.1 to 6.6 deaths per 100,000 population.
- In the past 10 years, violent crime increased 114% from 179 to 383 offenses per 100,000 population.
- In the past year, HPV immunization among males aged 13 to 17 years decreased 6% from 23.5% to 22.0%.
- In the past year, preventable hospitalizations decreased 9% from 51.8 to 47.0 discharges per 1,000 Medicare enrollees.
- In the past year, infant mortality decreased 16% from 7.4 to 6.2 deaths per 1,000 live births.

State Health Department Website:
doh.sd.gov

Tennessee

Overall Rank: 44

Change: ▼ 1
Determinants Rank: 45
Outcomes Rank: 43



Strengths:
- Low prevalence of excessive drinking
- High percentage of high school graduation
- Small disparity in health status by educational attainment

Challenges:
- High prevalence of smoking
- High violent crime rate
- High prevalence of frequent physical distress

Ranking:
Tennessee is 44th this year; it was 43rd in 2015. The state ranks 43rd for senior health and 42nd for the health of women and children.

Highlights:
- In the past three years, drug deaths increased 17% from 15.7 to 18.3 deaths per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years increased 94% from 20.1% to 38.9%.
- In the past year, Tdap immunization among adolescents aged 13 to 17 years decreased 7% from 86.0% to 79.7%.
- In the past eight years, preventable hospitalizations decreased 39% from 97.8 to 59.9 discharges per 1,000 Medicare enrollees.
- In the past two years, disparity in health status by education decreased 36% from 32.1% to 20.5%.

State Health Department Website:
health.state.tn.us

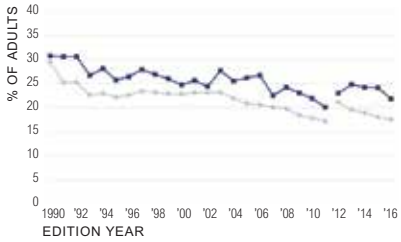
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

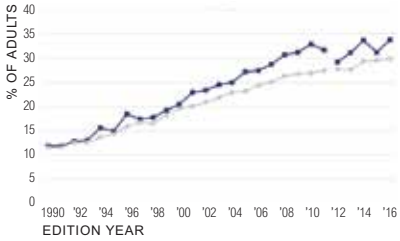
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	18.3	40	4.0
Excessive Drinking (% of adults)	★★★★★	11.2	1	11.2
High School Graduation (% of students)	★★★★★	87.9	9	90.8
Obesity (% of adults)	★	33.8	42	20.2
Physical Inactivity (% of adults)	★	30.4	43	17.9
Smoking (% of adults)	★	21.9	43	9.1
Behaviors Total*	★★	-0.097	40	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.6	29	4.4
Children in Poverty (% of children)	★	22.0	41	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.170	26	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★	474.0	32	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★	5.1	13	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★	15.4	32	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	4.9	31	2.0
Violent Crime (offenses per 100,000 population)	★	612	47	118
Community & Environment Total*	★	-0.104	45	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-0.803	43	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★	38.9	31	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★	16.0	50	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★	76.7	32	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★	79.7	44	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	70.1	37	80.6
Lack of Health Insurance (% of population)	★★	11.2	34	3.1
Public Health Funding (dollars per person)	★★★	$84	22	$261
Policy Total*	★★	-0.048	37	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	49.6	40	81.5
Low Birthweight (% of live births)	★	9.0	43	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	59.9	44	23.5
Primary Care Physicians (number per 100,000 population)	★★★	135.1	27	247.7
Clinical Care Total*	★	-0.116	43	0.170
ALL DETERMINANTS*	★	-0.365	45	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	215.6	45	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	302.7	45	188.2
Diabetes (% of adults)	★	12.7	45	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	20.5	3	14.8
Frequent Mental Distress (% of adults)	★	14.0	46	7.1
Frequent Physical Distress (% of adults)	★	16.5	49	8.5
Infant Mortality (deaths per 1,000 live births)	★★	6.9	39	4.3
Premature Death (years lost per 100,000 population)	★	9,369	43	5,369
ALL OUTCOMES*	★	-0.262	43	0.289
OVERALL*	★	-0.626	44	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

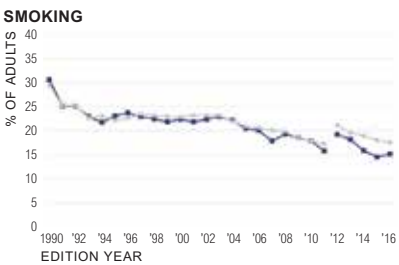
Texas

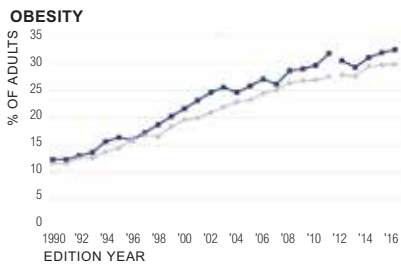
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	9.6	6	4.0
Excessive Drinking (% of adults)	★★★★	17.3	20	11.2
High School Graduation (% of students)	★★★★★	89.0	4	90.8
Obesity (% of adults)	★★	32.4	40	20.2
Physical Inactivity (% of adults)	★	29.5	42	17.9
Smoking (% of adults)	★★★★	15.2	12	9.1
Behaviors Total*	★★★★	0.076	15	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	9.4	44	4.4
Children in Poverty (% of children)	★★	21.4	40	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.290	36	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★	496.1	39	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★	9.7	30	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★	19.5	39	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★	5.5	38	2.0
Violent Crime (offenses per 100,000 population)	★★	412	35	118
Community & Environment Total*	★	-0.083	43	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	0.087	23	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★	40.9	25	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★	24.0	33	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★★	89.6	9	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★	85.1	37	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	71.2	31	80.6
Lack of Health Insurance (% of population)	★	18.1	50	3.1
Public Health Funding (dollars per person)	★★	$56	40	$261
Policy Total*	★	-0.125	49	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★	51.9	34	81.5
Low Birthweight (% of live births)	★★★	8.2	28	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★	54.3	35	23.5
Primary Care Physicians (number per 100,000 population)	★	110.3	45	247.7
Clinical Care Total*	★★	-0.092	38	0.170
ALL DETERMINANTS*	★★	-0.224	35	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	182.2	16	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★	256.9	34	188.2
Diabetes (% of adults)	★★	11.4	37	6.8
Disparity in Health Status (% difference by high school education)	★★★	28.4	28	14.8
Frequent Mental Distress (% of adults)	★★★★★	10.0	9	7.1
Frequent Physical Distress (% of adults)	★★★★	11.0	20	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	5.9	24	4.3
Premature Death (years lost per 100,000 population)	★★★	7,183	27	5,369
ALL OUTCOMES*	★★★	0.016	26	0.289
OVERALL*	★★	-0.208	33	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



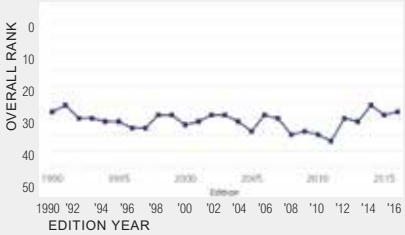


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 33

Change: ▲ 1
Determinants Rank: 35
Outcomes Rank: 26



Strengths:
- Low rate of drug deaths
- High percentage of high school graduation
- Low prevalence of frequent mental distress

Challenges:
- High percentage of population without insurance
- Lower number of primary care physicians
- High prevalence of diabetes

Ranking:
Texas is 33rd this year; it was 34th in 2015. The state ranks 41st for senior health and 41st for the health of women and children.

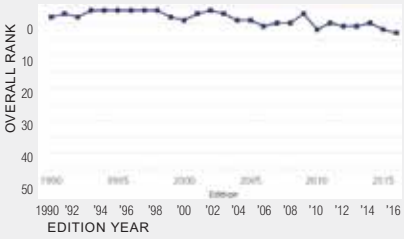
Highlights:
- In the past year, smoking increased 5% from 14.5% to 15.2% of adults.
- In the past five years, chlamydia incidence increased 16% from 427.4 to 496.1 cases per 100,000 population.
- In the past year, HPV immunization among females aged 13 to 17 years increased 21% from 33.9% to 40.9%.
- In the past 10 years, preventable hospitalizations decreased 38% from 87.5 to 54.3 discharges per 1,000 Medicare enrollees.
- In the past year, disparity in health status by education decreased 16% from 34.0% to 28.4%.

State Health Department Website:
www.dshs.state.tx.us

Utah

Overall Rank: 8

Change: ▼ 1
Determinants Rank: 11
Outcomes Rank: 3



Strengths:
- Low prevalence of smoking
- Low percentage of children in poverty
- Low rate of cancer deaths

Challenges:
- High rate of drug deaths
- Low immunization coverage among adolescents
- Lower number of primary care physicians

Ranking:
Utah is 8th this year; it was 7th in 2015. The state ranks 6th for senior health and 6th for the health of women and children.

Highlights:
- In the past year, physical inactivity increased 21% from 16.8% to 20.3% of adults.
- In the past year, *Salmonella* incidence increased 13% from 11.3 to 12.8 cases per 100,000 population.
- In the past year, HPV immunization among males aged 13 to 17 years increased 60% from 12.4% to 19.9%.
- In the past five years, preventable hospitalizations decreased 22% from 36.7 to 28.8 discharges per 1,000 Medicare enrollees.
- In the past two years, disparity in health status by education increased 14% from 26.5% to 30.3%.

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

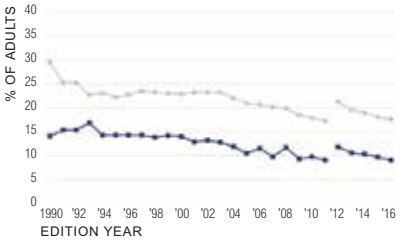
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

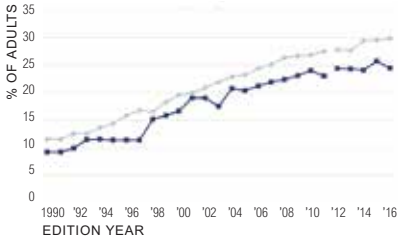
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	22.8	47	4.0
Excessive Drinking (% of adults)	★★★★★	12.4	3	11.2
High School Graduation (% of students)	★★★	84.8	26	90.8
Obesity (% of adults)	★★★★★	24.5	6	20.2
Physical Inactivity (% of adults)	★★★★★	20.3	5	17.9
Smoking (% of adults)	★★★★★	9.1	1	9.1
Behaviors Total*	★★★★★	0.273	1	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★	9.2	41	4.4
Children in Poverty (% of children)	★★★★★	12.3	4	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★	-0.100	28	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★★	283.5	4	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★	32.4	48	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★★	12.8	16	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	4.0	20	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	236	9	118
Community & Environment Total*	★★★★	0.121	15	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-1.030	45	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★	24.6	49	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★	19.9	43	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★	71.5	39	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★	82.0	43	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	68.1	42	80.6
Lack of Health Insurance (% of population)	★★	11.5	35	3.1
Public Health Funding (dollars per person)	★★★	$69	28	$261
Policy Total*	★	-0.079	44	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	62.9	16	81.5
Low Birthweight (% of live births)	★★★★	7.0	12	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	28.8	2	23.5
Primary Care Physicians (number per 100,000 population)	★	96.7	49	247.7
Clinical Care Total*	★★★★	0.055	16	0.170
ALL DETERMINANTS*	★★★★	0.370	11	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	149.3	1	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	225.0	14	188.2
Diabetes (% of adults)	★★★★★	7.0	2	6.8
Disparity in Health Status (% difference by high school education)	★★	30.3	38	14.8
Frequent Mental Distress (% of adults)	★★★★	10.6	15	7.1
Frequent Physical Distress (% of adults)	★★★★★	9.5	4	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	5.0	10	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,279	13	5,369
ALL OUTCOMES*	★★★★★	0.208	3	0.289
OVERALL*	★★★★★	0.578	8	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

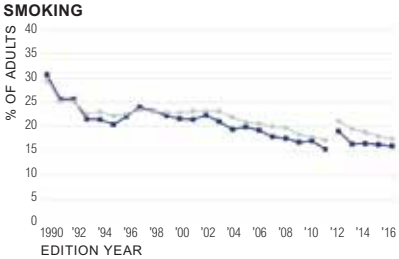
Vermont

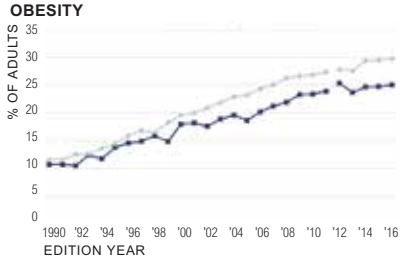
	Star Rating	2016 Value	Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★	13.1	18	4.0
Excessive Drinking (% of adults)	★★	19.6	39	11.2
High School Graduation (% of students)	★★★★	87.7	11	90.8
Obesity (% of adults)	★★★★★	25.1	8	20.2
Physical Inactivity (% of adults)	★★★★	22.2	11	17.9
Smoking (% of adults)	★★★★	16.0	18	9.1
Behaviors Total*	★★★★★	0.150	7	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	5.6	3	4.4
Children in Poverty (% of children)	★★★★	17.3	20	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.527	10	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★★	357.0	9	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★	6.7	21	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	14.8	30	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.3	24	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	118	1	118
Community & Environment Total*	★★★★★	0.239	2	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★★	1.108	3	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★★	54.4	3	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★★	41.1	6	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	84.4	19	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★★★	95.8	2	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★	75.6	11	80.6
Lack of Health Insurance (% of population)	★★★★★	4.4	2	3.1
Public Health Funding (dollars per person)	★★★★★	$115	8	$261
Policy Total*	★★★★★	0.155	2	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	56.7	22	81.5
Low Birthweight (% of live births)	★★★★	7.1	15	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	38.8	11	23.5
Primary Care Physicians (number per 100,000 population)	★★★★★	173.0	9	247.7
Clinical Care Total*	★★★★	0.083	11	0.170
ALL DETERMINANTS*	★★★★★	0.627	2	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	190.5	25	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★	226.9	15	188.2
Diabetes (% of adults)	★★★★★	8.2	8	6.8
Disparity in Health Status (% difference by high school education)	★	35.6	49	14.8
Frequent Mental Distress (% of adults)	★★★★	10.6	15	7.1
Frequent Physical Distress (% of adults)	★★★	11.1	21	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.5	3	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,980	9	5,369
ALL OUTCOMES*	★★★★	0.082	20	0.289
OVERALL*	★★★★★	0.709	5	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



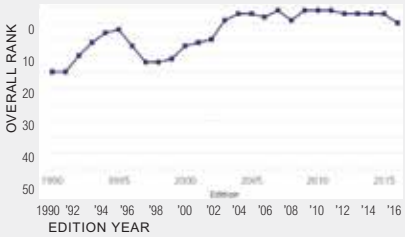


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 5

Change: ▼ 3
Determinants Rank: 2
Outcomes Rank: 20



Strengths:
- Low prevalence of obesity
- Low violent crime rate
- Low percentage of population without insurance

Challenges:
- High prevalence of excessive drinking
- High rate of cancer deaths
- Large disparity in health status by educational attainment

Ranking:
Vermont is 5th this year; it was 2nd in 2015. The state ranks 2nd for senior health and 2nd for the health of women and children.

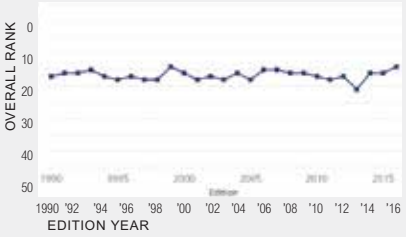
Highlights:
- In the past year, physical inactivity increased 17% from 19.0% to 22.2% of adults.
- In the past year, children in poverty increased 50% from 11.5% to 17.3% of children.
- In the past 10 years, the percentage of the population without health insurance decreased 60% from 11.1% to 4.4%.
- In the past two years, low birthweight increased 15% from 6.2% to 7.1% of live births.
- In the past year, preventable hospitalizations decreased 10% from 43.2 to 38.8 discharges per 1,000 Medicare enrollees.

State Health Department Website:
www.healthvermont.gov

Virginia

Overall Rank: 19

Change: ▲ 2
Determinants Rank: 21
Outcomes Rank: 22



Strengths:
- Low rate of drug deaths
- Low percentage of children in poverty
- Low prevalence of frequent physical distress

Challenges:
- Low immunization coverage among adolescents
- Low immunization coverage among children
- Large disparity in health status by educational attainment

Ranking:
Virginia is 19th this year; it was 21st in 2015. The state ranks 29th for senior health and 12th for the health of women and children.

Highlights:
- In the past year, smoking decreased 15% from 19.5% to 16.5% of adults.
- In the past year, immunizations among children aged 19 to 35 months decreased 13% from 73.7% to 64.4%.
- In the past 10 years, preventable hospitalizations decreased 37% from 69.3 to 43.6 discharges per 1,000 Medicare enrollees.
- In the past year, diabetes increased 6% from 9.7% to 10.3% of adults.
- In the past five years, infant mortality decreased 18% from 7.3 to 6.0 deaths per 1,000 live births.

State Health Department Website:
www.vdh.state.va.us

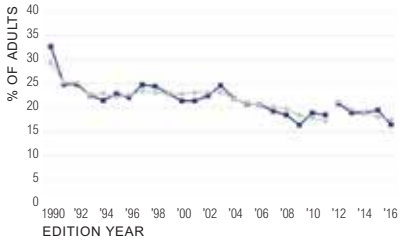
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

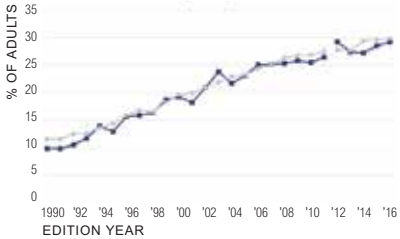
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★★★	10.1	7	4.0
Excessive Drinking (% of adults)	★★★	17.4	21	11.2
High School Graduation (% of students)	★★★★	85.7	20	90.8
Obesity (% of adults)	★★★	29.2	22	20.2
Physical Inactivity (% of adults)	★★★	25.1	22	17.9
Smoking (% of adults)	★★★★	16.5	20	9.1
Behaviors Total*	★★★★	0.081	14	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.8	18	4.4
Children in Poverty (% of children)	★★★★★	13.6	8	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★	-0.340	14	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★	436.4	26	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★★★★	6.1	18	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★★	13.9	25	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★	4.4	27	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	196	3	118
Community & Environment Total*	★★★★★	0.176	8	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-0.795	42	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★	38.5	32	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★	25.7	31	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★	66.8	44	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★	82.2	42	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	64.4	50	80.6
Lack of Health Insurance (% of population)	★★★	10.0	27	3.1
Public Health Funding (dollars per person)	★★★	$68	30	$261
Policy Total*	★	-0.074	43	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★	63.6	15	81.5
Low Birthweight (% of live births)	★★★	7.9	22	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	43.6	15	23.5
Primary Care Physicians (number per 100,000 population)	★★★	138.1	24	247.7
Clinical Care Total*	★★★	0.026	22	0.170
ALL DETERMINANTS*	★★★	0.209	21	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	189.2	23	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	239.0	25	188.2
Diabetes (% of adults)	★★★	10.3	28	6.8
Disparity in Health Status (% difference by high school education)	★★★	28.5	29	14.8
Frequent Mental Distress (% of adults)	★★★★	10.3	11	7.1
Frequent Physical Distress (% of adults)	★★★★★	10.2	10	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.0	25	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,508	16	5,369
ALL OUTCOMES*	★★★	0.055	22	0.289
OVERALL*	★★★★	0.264	19	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

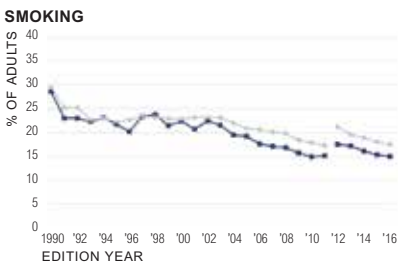
Washington

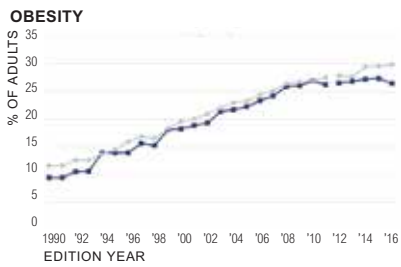
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	13.8	25	4.0
Excessive Drinking (% of adults)	★★★	17.8	27	11.2
High School Graduation (% of students)	★	78.2	41	90.8
Obesity (% of adults)	★★★★	26.4	14	20.2
Physical Inactivity (% of adults)	★★★★★	19.0	3	17.9
Smoking (% of adults)	★★★★★	15.0	9	9.1
Behaviors Total*	★★★★	0.093	12	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★	8.3	27	4.4
Children in Poverty (% of children)	★★★	17.4	21	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.630	6	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★	381.2	12	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★	8.6	28	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★★	10.6	7	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★★	2.6	3	2.0
Violent Crime (offenses per 100,000 population)	★★★★	284	17	118
Community & Environment Total*	★★★★	0.125	14	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★	-0.183	33	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★★	45.1	18	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★	28.0	24	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★	75.4	34	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	85.3	36	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★★★	77.1	7	80.6
Lack of Health Insurance (% of population)	★★★★	7.9	17	3.1
Public Health Funding (dollars per person)	★★★★	$86	20	$261
Policy Total*	★★★★	0.063	13	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★★★	72.8	8	81.5
Low Birthweight (% of live births)	★★★★★	6.4	4	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★★	32.6	5	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	141.4	20	247.7
Clinical Care Total*	★★★★★	0.146	3	0.170
ALL DETERMINANTS*	★★★★★	0.427	9	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★	182.0	14	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★★★	213.3	6	188.2
Diabetes (% of adults)	★★★★★	8.4	9	6.8
Disparity in Health Status (% difference by high school education)	★★★★	26.7	19	14.8
Frequent Mental Distress (% of adults)	★★★	11.2	24	7.1
Frequent Physical Distress (% of adults)	★★★	11.3	24	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★★	4.5	3	4.3
Premature Death (years lost per 100,000 population)	★★★★★	5,973	8	5,369
ALL OUTCOMES*	★★★★★	0.156	7	0.289
OVERALL*	★★★★★	0.582	7	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



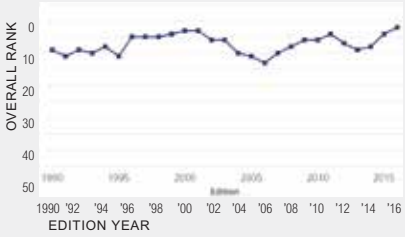


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 7

Change: ▲2
Determinants Rank: 9
Outcomes Rank: 7



Strengths:
- Low prevalence of smoking
- High immunization coverage among children
- Low prevalence of low birthweight

Challenges:
- High prevalence of excessive drinking
- Low percentage of high school graduation
- Low immunization coverage among adolescents

Ranking:
Washington is 7th this year; it was 9th in 2015. The state ranks 10th for senior health and 16th for the health of women and children.

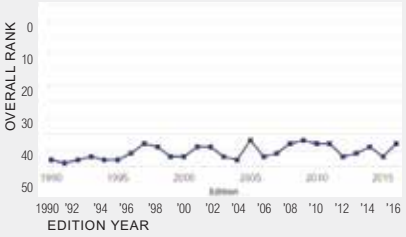
Highlights:
- In the past four years, drug deaths decreased 13% from 15.9 to 13.8 deaths per 100,000 population.
- In the past year, meningococcal immunization among adolescents aged 13 to 17 years decreased 8% from 82.1% to 75.4%.
- In the past year, immunizations among children aged 19 to 35 months increased 14% from 67.4% to 77.1%.
- In the past two years, the percentage of the population without health insurance decreased 43% from 13.9% to 7.9%.
- In the past year, diabetes decreased 6% from 8.9% to 8.4% of adults.

State Health Department Website:
www.doh.wa.gov

West Virginia

Overall Rank: 43

Change: ▲ 4
Determinants Rank: 38
Outcomes Rank: 48



Strengths:
- Low prevalence of excessive drinking
- Low incidence of infectious disease
- Low percentage of population without insurance

Challenges:
- High rate of drug deaths
- High prevalence of smoking
- Low immunization coverage among children

Ranking:
West Virginia is 43rd this year; it was 47th in 2015. The state ranks 46th for senior health and 38th for the health of women and children.

Highlights:
- In the past three years, drug deaths increased 46% from 22.0 to 32.2 deaths per 100,000 population.
- In the past year, high school graduation increased 6% from 81.4% to 86.5% of students.
- In the past year, the percentage of the population without health insurance decreased 35% from 11.3% to 7.3%.
- In the past year, public health funding increased 71% from $120 to $205 per person.
- In the past 10 years, premature death increased 9% from 9,384 to 10,245 years lost per 100,000 population.

State Health Department Website:
www.dhhr.wv.gov

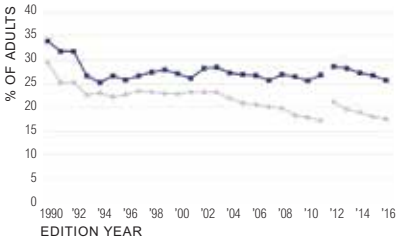
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

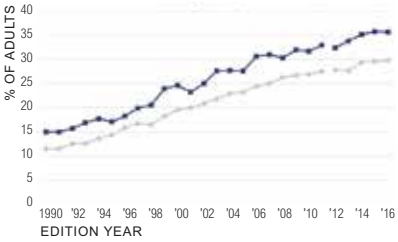
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★	32.2	50	4.0
Excessive Drinking (% of adults)	★★★★★	11.4	2	11.2
High School Graduation (% of students)	★★★★	86.5	18	90.8
Obesity (% of adults)	★	35.6	47	20.2
Physical Inactivity (% of adults)	★	30.8	44	17.9
Smoking (% of adults)	★	25.7	49	9.1
Behaviors Total*	★	-0.223	47	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.9	19	4.4
Children in Poverty (% of children)	★★	20.6	34	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-1.347	1	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★★	254.5	1	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★★★★	1.0	1	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★★	9.7	4	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	6.8	44	2.0
Violent Crime (offenses per 100,000 population)	★★★	338	24	118
Community & Environment Total*	★★★	0.067	21	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★	0.040	24	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★★★	39.2	30	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★★★	27.1	27	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★★★★	86.0	17	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★	85.8	33	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★	64.9	49	80.6
Lack of Health Insurance (% of population)	★★★★★	7.3	10	3.1
Public Health Funding (dollars per person)	★★★★★	$205	3	$261
Policy Total*	★★★★	0.057	15	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★	48.6	41	81.5
Low Birthweight (% of live births)	★	9.1	44	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★	71.9	49	23.5
Primary Care Physicians (number per 100,000 population)	★★★★	151.2	18	247.7
Clinical Care Total*	★	-0.144	45	0.170
ALL DETERMINANTS*	★★	-0.243	38	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★	223.9	48	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★	297.9	44	188.2
Diabetes (% of adults)	★	14.5	49	6.8
Disparity in Health Status (% difference by high school education)	★★★★	24.6	11	14.8
Frequent Mental Distress (% of adults)	★	15.6	50	7.1
Frequent Physical Distress (% of adults)	★	18.6	50	8.5
Infant Mortality (deaths per 1,000 live births)	★	7.3	45	4.3
Premature Death (years lost per 100,000 population)	★	10,245	49	5,369
ALL OUTCOMES*	★	-0.352	48	0.289
OVERALL*	★	-0.595	43	0.905

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

SMOKING



OBESITY



State ◆—— Nation ●——

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

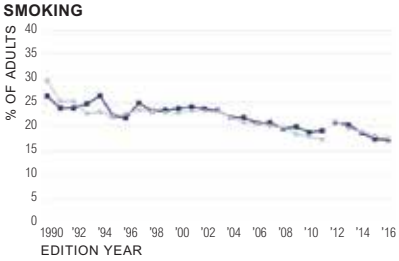
Wisconsin

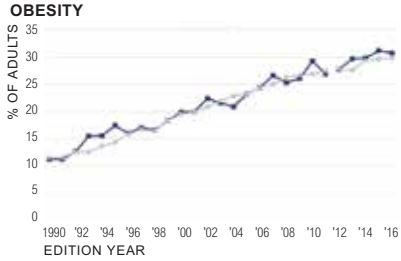
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★★	14.0	26	4.0
Excessive Drinking (% of adults)	★	24.5	49	11.2
High School Graduation (% of students)	★★★★★	88.4	6	90.8
Obesity (% of adults)	★★	30.7	31	20.2
Physical Inactivity (% of adults)	★★★★★	21.6	8	17.9
Smoking (% of adults)	★★★	17.3	23	9.1
Behaviors Total*	★★★	0.021	24	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★	7.9	19	4.4
Children in Poverty (% of children)	★★★	18.3	25	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★	0.337	38	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	★★★★	403.2	19	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	★	26.4	47	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	★★	16.0	34	6.2
Occupational Fatalities (deaths per 100,000 workers)	★★★★	3.8	16	2.0
Violent Crime (offenses per 100,000 population)	★★★	306	21	118
Community & Environment Total*	★★★	0.058	23	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★★★★	0.305	14	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	★★★★	47.3	13	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	★★★★	33.5	16	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	★★★	81.6	21	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	★★★	88.0	22	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★	68.8	39	80.6
Lack of Health Insurance (% of population)	★★★★★	6.5	6	3.1
Public Health Funding (dollars per person)	★	$43	47	$261
Policy Total*	★★★★	0.021	20	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	55.3	24	81.5
Low Birthweight (% of live births)	★★★★	7.3	17	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	45.1	17	23.5
Primary Care Physicians (number per 100,000 population)	★★★	140.3	21	247.7
Clinical Care Total*	★★★	0.014	26	0.170
ALL DETERMINANTS*	★★★	0.114	22	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★	191.6	27	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	236.8	24	188.2
Diabetes (% of adults)	★★★★★	8.4	9	6.8
Disparity in Health Status (% difference by high school education)	★★★★	25.8	16	14.8
Frequent Mental Distress (% of adults)	★★★★★	10.0	9	7.1
Frequent Physical Distress (% of adults)	★★★★	10.7	14	8.5
Infant Mortality (deaths per 1,000 live births)	★★★	6.0	25	4.3
Premature Death (years lost per 100,000 population)	★★★★	6,324	14	5,369
ALL OUTCOMES*	★★★★	0.106	17	0.289
OVERALL*	★★★★	0.220	20	0.905

STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

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



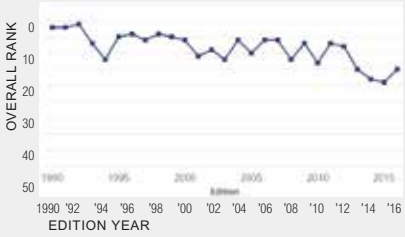


State ◆—◆ Nation ●—●

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Overall Rank: 20

Change: ▲4
Determinants Rank: 22
Outcomes Rank: 17



Strengths:
- High percentage of high school graduation
- Low percentage of population without insurance
- Low prevalence of diabetes

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

Ranking:
Wisconsin is 20th this year; it was 24th in 2015. The state ranks 13th for senior health and 15th for the health of women and children.

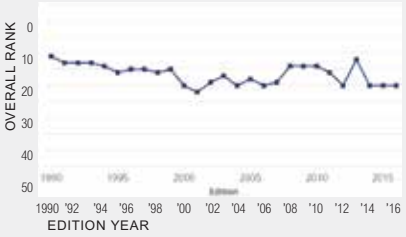
Highlights:
- In the past five years, drug deaths increased 23% from 11.4 to 14.0 deaths per 100,000 population.
- In the past year, children in poverty increased 13% from 16.2% to 18.3% of children.
- In the past two years, HPV immunization among females aged 13 to 17 years increased 29% from 36.8% to 47.3%.
- In the past year, meningococcal immunization among children aged 13 to 17 years increased 11% from 73.8% to 81.6%.
- In the past year, disparity in health status by education decreased 20% from 32.2% to 25.8%.

State Health Department Website:
www.dhs.wisconsin.gov

Wyoming

Overall Rank: 25

Change: no change
Determinants Rank: 27
Outcomes Rank: 15



Strengths:
- Low levels of air pollution
- Low percentage of children in poverty
- Small disparity in health status by educational attainment

Challenges:
- Low immunization coverage among adolescents
- High prevalence of low birthweight
- Lower number of primary care physicians

Ranking:
Wyoming is 25th this year; it was 25th in 2015. The state ranks 35th for senior health and 29th for the health of women and children.

Highlights:
- In the past three years, drug deaths increased 34% from 13.2 to 17.7 deaths per 100,000 population.
- In the past year, physical inactivity increased 19% from 22.1% to 26.2% of adults.
- In the past year, HPV immunization among females aged 13 to 17 years decreased 21% from 33.6% to 26.5%.
- In the past year, HPV immunization among males aged 13 to 17 years increased 54% from 12.2% to 18.8%.
- In the past five years, infant mortality decreased 24% from 7.2 to 5.5 deaths per 1,000 live births.

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

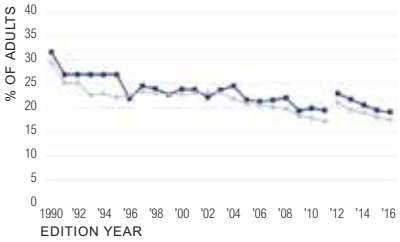
STAR RATING

Stars	Rank
★★★★★	1–10
★★★★	11–20
★★★	21–30
★★	31–40
★	41–50

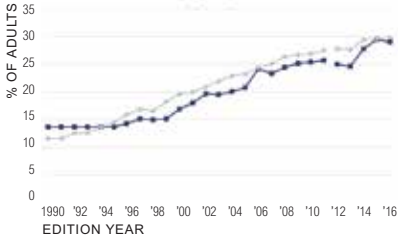
	Star Rating	2016 Value	2016 Rank	No. 1 State
BEHAVIORS				
Drug Deaths (deaths per 100,000 population)	★★	17.7	37	4.0
Excessive Drinking (% of adults)	★★★	17.5	23	11.2
High School Graduation (% of students)	★★	79.3	37	90.8
Obesity (% of adults)	★★★	29.0	21	20.2
Physical Inactivity (% of adults)	★★★	26.2	25	17.9
Smoking (% of adults)	★★	19.1	34	9.1
Behaviors Total*	★★	-0.077	36	0.273
COMMUNITY & ENVIRONMENT				
Air Pollution (micrograms of fine particles per cubic meter)	★★★★★	4.4	1	4.4
Children in Poverty (% of children)	★★★★★	12.2	3	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	★★★★★	-0.560	8	-1.347
Infectious Disease—Chlamydia (cases per 100,000 population)	★★★★★	338.4	8	254.5
Infectious Disease—Pertussis (cases per 100,000 population)	★★	10.8	34	1.0
Infectious Disease—*Salmonella* (cases per 100,000 population)	★★★★	13.0	17	6.2
Occupational Fatalities (deaths per 100,000 workers)	★	12.0	50	2.0
Violent Crime (offenses per 100,000 population)	★★★★★	222	8	118
Community & Environment Total*	★★★★★	0.214	3	0.290
POLICY				
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	★	-1.042	46	1.783
Immunizations—Adolescents—HPV Females (% of females aged 13 to 17 years)	★	26.5	48	68.0
Immunizations—Adolescents—HPV Males (% of males aged 13 to 17 years)	★	18.8	45	58.1
Immunizations—Adolescents—Meningococcal (% of adolescents aged 13 to 17 years)	★	58.7	47	97.7
Immunizations—Adolescents—Tdap (% of adolescents aged 13 to 17 years)	★★★	87.9	23	97.1
Immunizations—Children (% of children aged 19 to 35 months)	★★★	73.3	22	80.6
Lack of Health Insurance (% of population)	★★	11.8	36	3.1
Public Health Funding (dollars per person)	★★★★	$103	11	$261
Policy Total*	★★	-0.033	33	0.165
CLINICAL CARE				
Dentists (number per 100,000 population)	★★★	54.1	27	81.5
Low Birthweight (% of live births)	★	9.2	45	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	★★★★	46.1	18	23.5
Primary Care Physicians (number per 100,000 population)	★	103.7	47	247.7
Clinical Care Total*	★★	-0.096	40	0.170
ALL DETERMINANTS*	★★★	0.008	27	0.648
OUTCOMES				
Cancer Deaths (deaths per 100,000 population)	★★★★★	172.0	7	149.3
Cardiovascular Deaths (deaths per 100,000 population)	★★★	234.4	23	188.2
Diabetes (% of adults)	★★★★★	8.4	9	6.8
Disparity in Health Status (% difference by high school education)	★★★★★	20.9	4	14.8
Frequent Mental Distress (% of adults)	★★	11.6	31	7.1
Frequent Physical Distress (% of adults)	★★★	12.1	27	8.5
Infant Mortality (deaths per 1,000 live births)	★★★★	5.5	16	4.3
Premature Death (years lost per 100,000 population)	★★	7,916	36	5,369
ALL OUTCOMES*	★★★★	0.108	15	0.289
OVERALL*	★★★	0.116	25	0.905

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

SMOKING



OBESITY



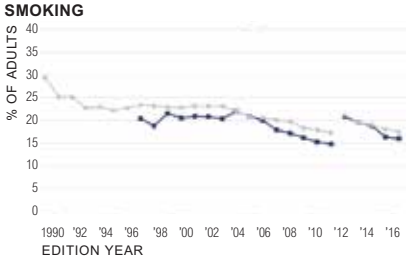
State ◆—— Nation ●——

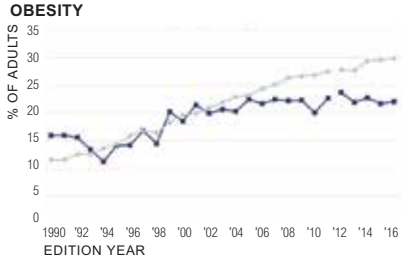
The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

District of Columbia

	2016 Value	No. 1 State
BEHAVIORS		
Drug Deaths (deaths per 100,000 population)	15.3	4.0
Excessive Drinking (% of adults)	30.0	11.2
High School Graduation (% of students)	68.5	90.8
Obesity (% of adults)	22.1	20.2
Physical Inactivity (% of adults)	19.4	17.9
Smoking (% of adults)	16.0	9.1
Behaviors Total*	—	0.273
COMMUNITY & ENVIRONMENT		
Air Pollution (micrograms of fine particles per cubic meter)	11.0	4.4
Children in Poverty (% of children)	26.9	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	N/A	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	818.8	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	3.4	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	9.9	6.2
Occupational Fatalities (deaths per 100,000 workers)	N/A	2.0
Violent Crime (offenses per 100,000 population)	1,269	118
Community & Environment Total*	—	0.290
POLICY		
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	N/A	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	58.8	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	40.9	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	90.9	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	81.3	97.1
Immunizations — Children (% of children aged 19 to 35 months)	76.3	80.6
Lack of Health Insurance (% of population)	4.6	3.1
Public Health Funding (dollars per person)	$452	$261
Policy Total*	—	0.165
CLINICAL CARE		
Dentists (number per 100,000 population)	89.9	81.5
Low Birthweight (% of live births)	9.8	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	39.1	23.5
Primary Care Physicians (number per 100,000 population)	431.6	247.7
Clinical Care Total*	—	0.170
ALL DETERMINANTS*	—	0.648
OUTCOMES		
Cancer Deaths (deaths per 100,000 population)	208.5	149.3
Cardiovascular Deaths (deaths per 100,000 population)	299.4	188.2
Diabetes (% of adults)	8.5	6.8
Disparity in Health Status (% difference by high school education)	29.0	14.8
Frequent Mental Distress (% of adults)	10.2	7.1
Frequent Physical Distress (% of adults)	9.5	8.5
Infant Mortality (deaths per 1,000 live births)	7.0	4.3
Premature Death (years lost per 100,000 population)	8,415	5,369
ALL OUTCOMES*	—	0.289
OVERALL*	—	0.905

* Value indicates z score. Negative scores are below US value; positive scores are above US value.
For complete definitions of measures including data sources and years, see Table 5. N/A = Data not available





DC Nation

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Rank: not ranked

Strengths:
- Low prevalence of obesity
- Low percentage of population without insurance
- Higher number of primary care physicians

Challenges:
- Low percentage of high school graduation
- High violent crime rate
- High prevalence of low birthweight

Highlights:
- In the past three years, drug deaths increased 61% from 9.5 to 15.3 deaths per 100,000 population.
- In the past four years, smoking decreased 23% from 20.8% to 16.0% of adults.
- In the past five years, the percentage of the population without health insurance decreased 63% from 12.4% to 4.6%.
- In the past two years, cardiovascular deaths increased 4% from 288.2 to 299.4 deaths per 100,000 population.
- In the past five years, infant mortality decreased 41% from 11.9 to 7.0 deaths per 1,000 live births.

State Health Department Website:
doh.dc.gov

United States

Highlights:

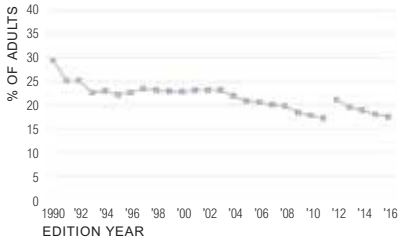
- In the past three years, drug deaths increased 15% from 12.2 to 14.0 deaths per 100,000 population.
- In the past three years, high school graduation increased 6% from 78.2% to 83.2% of students.
- In the past four years, obesity increased 7% from 27.8% to 29.8% of adults.
- In the past four years, smoking decreased 17% from 21.2% to 17.5% of adults.
- In the past year, children in poverty decreased 7% from 21.1% to 19.7% of children.
- In the past two years, HPV immunization among females aged 13 to 17 years increased 11% from 37.6% to 41.9%.
- In the past year, HPV immunization among males aged 13 to 17 years increased 30% from 21.6% to 28.1%.
- In the past year, the percentage of the population without health insurance decreased 19% from 13.1% to 10.6% of population.
- In the past year, public health funding increased 9% from $86 to $94 per person.
- In the past year, preventable hospitalizations decreased 13% from 57.6 to 49.9 discharges per 1,000 Medicare enrollees.
- In the past year, cardiovascular deaths increased for the first time in America's Health Rankings history from 250.8 to 251.7 deaths per 100,000 population.
- In the past year, premature death increased for the second consecutive year from 6,997 to 7,054 years lost per 100,000 population.

State Health Department Website:
www.hhs.gov

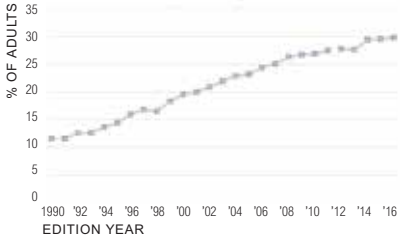
	2016 Value	No. 1 State
Drug Deaths (deaths per 100,000 population)	14.0	4.0
Excessive Drinking (% of adults)	17.7	11.2
High School Graduation (% of students)	83.2	90.8
Obesity (% of adults)	29.8	20.2
Physical Inactivity (% of adults)	26.2	17.9
Smoking (% of adults)	17.5	9.1
Behaviors Total*	—	0.273
Air Pollution (micrograms of fine particles per cubic meter)	8.9	4.4
Children in Poverty (% of children)	19.7	8.0
Infectious Disease (mean z score of chlamydia, pertussis, and *Salmonella*)*	0.000	-1.347
Infectious Disease — Chlamydia (cases per 100,000 population)	456.1	254.5
Infectious Disease — Pertussis (cases per 100,000 population)	10.4	1.0
Infectious Disease — *Salmonella* (cases per 100,000 population)	16.3	6.2
Occupational Fatalities (deaths per 100,000 workers)	3.7	2.0
Violent Crime (offenses per 100,000 population)	383	118
Community & Environment Total*	—	0.290
Immunizations—Adolescents (mean z score of HPV, meningococcal, and Tdap)*	0.000	1.783
Immunizations—Adolescents — HPV Females (% of females aged 13 to 17 years)	41.9	68.0
Immunizations—Adolescents — HPV Males (% of males aged 13 to 17 years)	28.1	58.1
Immunizations—Adolescents — Meningococcal (% of adolescents aged 13 to 17 years)	81.3	97.7
Immunizations—Adolescents — Tdap (% of adolescents aged 13 to 17 years)	86.4	97.1
Immunizations — Children (% of children aged 19 to 35 months)	72.2	80.6
Lack of Health Insurance (% of population)	10.6	3.1
Public Health Funding (dollars per person)	$94	$261
Policy Total*	—	0.165
Dentists (number per 100,000 population)	60.9	81.5
Low Birthweight (% of live births)	8.0	5.9
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	49.9	23.5
Primary Care Physicians (number per 100,000 population)	145.3	247.7
Clinical Care Total*	—	0.170
ALL DETERMINANTS*	—	0.648
Cancer Deaths (deaths per 100,000 population)	189.9	149.3
Cardiovascular Deaths (deaths per 100,000 population)	251.7	188.2
Diabetes (% of adults)	9.9	6.8
Disparity in Health Status (% difference by high school education)	29.5	14.8
Frequent Mental Distress (% of adults)	11.2	7.1
Frequent Physical Distress (% of adults)	11.4	8.5
Infant Mortality (deaths per 1,000 live births)	5.9	4.3
Premature Death (years lost per 100,000 population)	7,054	5,369
ALL OUTCOMES*	—	0.289
OVERALL*	—	0.905

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

SMOKING



OBESITY



Nation

The 2012–2016 data in the above graphs are not directly comparable with prior years. See Methodology (page 150) for additional information.

Appendix

Appendix

TABLE 5

Core Measures

Behaviors

Measure	Description	Source, Data Year(s)
Drug Deaths	Number of deaths due to drug injury of any intent (unintentional, suicide, homicide, or undetermined) per 100,000 population	Centers for Disease Control and Prevention (CDC), *National Vital Statistics System,* 2012-2014
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 month) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week)	CDC, *Behavioral Risk Factor Surveillance System,* 2015
High School Graduation*	Percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade (ACGR)	US Department of Education, National Center for Education Statistics, 2014-2015
Obesity	Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight	CDC, *Behavioral Risk Factor Surveillance System,* 2015
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,* 2015
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,* 2015

Community & Environment

Measure	Description	Source, Data Year(s)
Air Pollution	Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5)	US Environmental Protection Agency, 2013-2015
Children in Poverty	Percentage of children younger than 18 years who live in households at or below the poverty threshold	US Census Bureau, *Current Population Survey, 2016 Annual Social and Economic Supplement,* 2015
Infectious Disease	Mean z score of the incidence of chlamydia, pertussis, and *Salmonella* per 100,000 population	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas, 2014 and *Morbidity and Mortality Weekly Report (MMWR), Summary of Notifiable Infectious Diseases and Conditions,* 2014
—Chlamydia	Number of new cases of chlamydia per 100,000 population	CDC, *NCHHSTP Atlas,* 2014
—Pertussis	Number of new cases of pertussis per 100,000 population	CDC, *MMWR, Summary of Notifiable Infectious Diseases and Conditions,* 2014
—Salmonella	Number of new cases of *Salmonella* per 100,000 population	CDC, *MMWR, Summary of Notifiable Infectious Diseases and Conditions,* 2014
Occupational Fatalities**	Number of fatal occupational injuries in construction, manufacturing, trade, transportation, utilities, and professional and business services per 100,000 workers	US Bureau of Labor Statistics, *Census of Fatal Occupational Injuries* & US Bureau of Economic Analysis, 2012-2014
Violent Crime*	Number of murders, rapes, robberies, and aggravated assaults per 100,000 population	Federal Bureau of Investigation, 2015

*Since the release of the 2015 edition, the data source has published two updates. This edition contains the most recent data, which might cause a jump between 2015 and 2016 edition values.

**The data appearing in this edition are the same that appeared in the 2015 edition. An update was not available at the time of this publication.

Policy

Measure	Description	Source, Data Year(s)
Immunizations —Adolescents	Mean z score of the percentage of adolescents aged 13 to 17 years who received ≥1 dose of Tdap since age 10 years, ≥1 dose of meningococcal conjugate vaccine, and ≥3 doses of human papillomavirus (HPV) vaccine (females and males)	Centers for Disease Control and Prevention (CDC), *National Immunization Survey,* 2015
—HPV Females	Percentage of females aged 13 to 17 years who received ≥3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent	CDC, *National Immunization Survey,* 2015
—HPV Males	Percentage of males aged 13 to 17 years who received ≥3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent	CDC, *National Immunization Survey,* 2015
—Meningococcal	Percentage of adolescents aged 13 to 17 years who received ≥1 dose of meningococcal conjugate vaccine (MenACWY)	CDC, *National Immunization Survey,* 2015
—Tdap	Percentage of adolescents aged 13 to 17 years who received ≥1 dose of tetanus-diphtheria-acellular pertussis (Tdap) vaccine since age 10 years	CDC, *National Immunization Survey,* 2015
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 (Hib), hepatitis B, varicella, and pneumococcal conjugate vaccines	CDC, *National Immunization Survey,* 2015
Lack of Health Insurance	Percentage of the population that does not have health insurance privately, through their employer, or through the government	US Census Bureau, *American Community Survey,* 2014-2015
Public Health Funding	State dollars dedicated to public health and federal dollars directed to states by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) per person	Trust For America's Health, 2014-2015

Clinical Care

Measure	Description	Source, Data Year(s)
Dentists*	Number of practicing dentists per 100,000 population	American Dental Association, 2015
Low Birthweight	Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth	CDC, *National Vital Statistics System,* 2014
Preventable Hospitalizations	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	The Dartmouth Atlas of Health Care, 2014
Primary Care Physicians	Number of active primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics, and internal medicine) per 100,000 population	American Medical Association, Special data request for information on active state licensed physicians provided by Redi-Data, Inc, Oct 24, 2016

Health Outcomes

Measure	Description	Source, Data Year(s)
Cancer Deaths	Number of deaths due to all causes of cancer per 100,000 population	CDC, *National Vital Statistics System,* 2012-2014
Cardiovascular Deaths	Number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population	CDC, *National Vital Statistics System,* 2012-2014
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,* 2015
Disparity in Health Status	Difference between the percentage of adults with a high school education compared with those without who reported their health is very good or excellent (adults aged <25 years excluded)	CDC, *Behavioral Risk Factor Surveillance System,* 2015
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,* 2015
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,* 2015
Infant Mortality	Number of infant deaths (before age 1 year) per 1,000 live births	CDC, *National Vital Statistics System,* 2013-2014
Premature Death	Number of years of potential life lost before age 75 years per 100,000 population	CDC, *National Vital Statistics System,* 2014

TABLE 6

Supplemental Measures

Behaviors

Measure	Description	Source, Data Year(s)
Binge Drinking	Percentage of adults who reported having four or more (women) or five or more (men) drinks on one occasion in the past month	Centers for Disease Control and Prevention (CDC), *Behavioral Risk Factor Surveillance System,* 2015
Chronic Drinking	Percentage of adults who reported having eight or more (women) or 15 or more (men) drinks per week	CDC, *Behavioral Risk Factor Surveillance System,* 2015
Fruits	Mean number of fruits consumed per day by adults	CDC, *Behavioral Risk Factor Surveillance System,* 2015
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,* 2014
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,* 2015
Vegetables	Mean number of vegetables consumed per day by adults	CDC, *Behavioral Risk Factor Surveillance System,* 2015

Community & Environment

Measure	Description	Source, Data Year(s)
Income Disparity	A coefficient representing income distribution; zero indicates total income equality and one indicates complete income inequality (Gini coefficient)	US Census Bureau, *American Community Survey,* 2015
Median Household Income	Dollar amount that divides the household income distribution into two equal groups	US Census Bureau, *Current Population Survey, Annual Social and Economic Supplement,* 2015
Personal Income	Per capita personal income in dollars	US Bureau of Economic Analysis, 2015
Underemployment Rate	Percentage of the civilian labor force that is unemployed, plus all marginally attached workers, plus the total employed part-time for economic reasons (U-6 definition)	US Bureau of Labor Statistics, 2015
Unemployment Rate	Percentage of the civilian labor force that is unemployed (U-3 definition)	US Bureau of Labor Statistics, 2015

Policy

Measure	Description	Source, Data Year(s)
Water Fluoridation	Percentage of population served by community water systems who receive fluoridated water	CDC, *Water Fluoridation Reporting System,* 2014

*The data appearing in this edition are the same that appeared in the 2015 edition. An update was not available at the time of this publication.

Clinical Care

Measure	Description	Source, Data Year(s)
Cholesterol Check	Percentage of adults who reported having their blood cholesterol checked within the past five years	Centers for Disease Control and Prevention (CDC), *Behavioral Risk Factor Surveillance System,* 2015
Colorectal Cancer Screening	Percentage of adults aged 50 to 75 years who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (fecal occult blood test (FOBT) within the past year, colonoscopy within the past 10 years, or a sigmoidoscopy within the past five years and a home FOBT within the past three years)	CDC, *Behavioral Risk Factor Surveillance System,* 2014
Dental Visit, Annual*	Percentage of adults who reported visiting the dentist or dental clinic within the past year for any reason	CDC, *Behavioral Risk Factor Surveillance System,* 2014

Health 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,* 2015
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,* 2015
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,* 2015
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,* 2015
High Health Status	Percentage of adults who reported that their health is very good or excellent	CDC, *Behavioral Risk Factor Surveillance System,* 2015
Injury Deaths	Number of deaths due to injury per 100,000 population	CDC, *National Vital Statistics System,* 2012-2014
Poor Mental Health Days	Number of days in the past 30 days adults reported their mental health was not good	CDC, *Behavioral Risk Factor Surveillance System,* 2015
Poor Physical Health Days	Number of days in the past 30 days adults reported their physical health was not good	CDC, *Behavioral Risk Factor Surveillance System,* 2015
Stroke	Percentage of adults who reported being told by a health professional that they had a stroke	CDC, *Behavioral Risk Factor Surveillance System,* 2015
Suicide	Number of deaths due to intentional self-harm per 100,000 population	CDC, *National Vital Statistics System,* 2014

* The data appearing in this edition are the same that appeared in the 2015 edition. An update was not available at the time of this publication.

Methodology

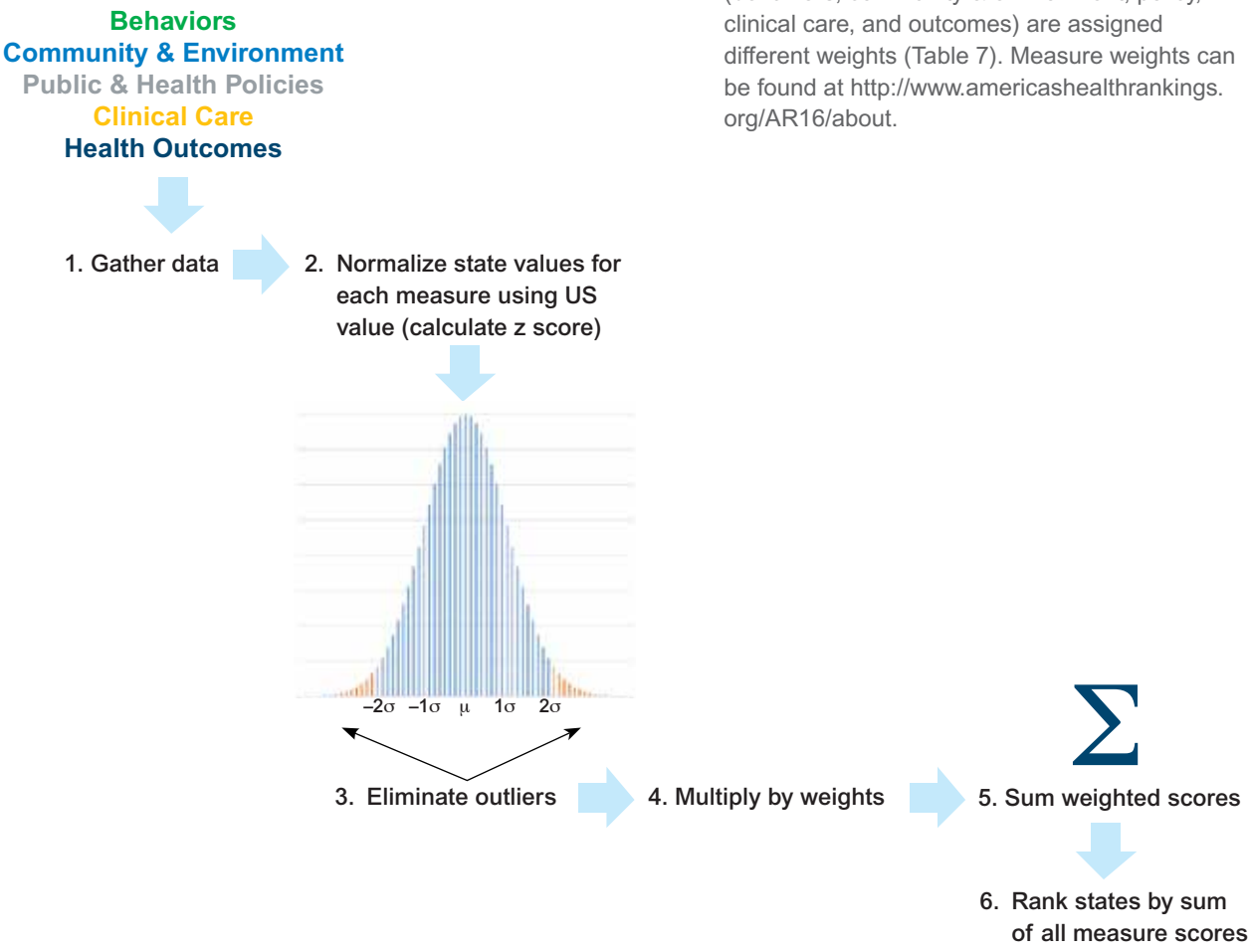
Rankings Calculation

For each measure, the raw state-level data are obtained from secondary sources (Table 5) and presented as a "value." The most current data available as of October 2016 were included in the analysis. The score for each state is based on the following formula:

$$\text{Score} = \frac{\text{State value} - \text{national value}}{\text{Standard deviation of all state values}}$$

This "z score" indicates the number of standard deviations a state value is above or below the national value. A 0.00 indicates a state has the same value as the nation. States with higher values than the national value have a positive score; states below the national 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 US value is not available from the original data source for a measure, the mean of all state values is used with the exception of measures from the Behavioral Risk Factor Surveillance System (BRFSS). For BRFSS measures, the median of the state values is used for the US value to conform to the Centers for Disease Control and Prevention methodology. Overall score is calculated by adding the scores of each measure multiplied by its assigned weight (the percentage of the total overall ranking).

Each of the five major categories of the *America's Health Rankings* model of health (behaviors, community & environment, policy, clinical care, and outcomes) are assigned different weights (Table 7). Measure weights can be found at http://www.americashealthrankings.org/AR16/about.



The overall ranking is the ordering of each state according to the overall score. The ranking of individual measures is the ordering of each state according to the measure's value, with the exception of immunizations—adolescents and infectious disease, which are ranked according to score. Ties in values are assigned equal ranks. Not all changes in rank are statistically significant.

BRFSS data were analyzed using Stata v14.1 to account for the complex survey design. Responses of "refused", "don't know," or "not sure" were excluded from the analysis, but are reflected in standard error and confidence interval estimates. For subpopulation measures, "refused", "don't know," or "not sure" responses were coded as missing. For calculating subpopulation estimates, the population of interest is specified in a manner that avoids deletion of cases. This ensures an accurate variance estimation.

Population estimates for measures from BRFSS were calculated using the specified survey weights and represent the non-institutionalized adult population. Discrepancies between prevalence estimates and population estimates are likely due to random sampling error and nonrandom response biases.

BRFSS made two changes in 2011 to improve their survey methodology. Due to these changes, 2011 to 2015 BRFSS data is not comparable to previous years.

TABLE 7

Weights by Model Category

	Weight
Behaviors	0.250
Community & Environment	0.225
Policy	0.125
Clinical Care	0.150
Outcomes	0.250

Trends in Smoking and Obesity Prevalence, 2012 to 2016

Five-year trends in smoking and obesity prevalence in the United States were examined to highlight differences across states and levels of education. Using 2011 to 2015 BRFSS data, state and national prevalence estimates of smoking and obesity among adults aged 18 years and older were calculated for each edition year from 2012 to 2016. State and national prevalence estimates of smoking and obesity among adults aged 25 years and older were also calculated for each of four self-reported education levels (less than high school education, high school graduate, some college, and college graduate). Statistically significant differences between groups were determined by non-overlapping 95% confidence intervals. Because of changes in BRFSS methodology prior to 2011 (2012 edition), data was limited to 2011 to 2015 (2012 to 2016 editions) to allow comparability.

Average rate of change per year (slope of a least-squares fitted line) in prevalence over the five-year period (2012 to 2016) was calculated for the analysis. The average prevalence over the same five-year period was calculated for comparison with average annual rate of change by state and education level. Using rate of change per year better accounts for expected year-to-year variation in the measures compared with reporting relative or absolute differences between editions 2012 and 2016.

Model Development

Each year the *America's Health Rankings* model is evaluated to reflect the evolving understanding of population health, to improve existing data sources, to integrate new data sources, and to adjust to changing availability of information. All proposed changes are explored using modeling to clarify the impact of any change. Final recommendations are made to the Scientific Advisory Committee in early spring. If you wish to receive this information or if you have measure or data source suggestions for *America's Health Rankings*, please contact us at www.americashealthrankings.org/about/page/submit-an-inquiry. In addition to the proposed changes, we continue to explore other indicators that reflect health, with special attention to climate change, built environment, diet, health equity, and socioeconomic status indicators.

Changes Implemented in 2016

The following core measures were replaced or amended:

- The outcome measures poor mental health days and poor physical health days were replaced by **frequent mental distress** (page 68) and **frequent physical distress** (page 70), respectively. The new measures capture the percentage of adults with severe and/or chronic mental and physical health issues and align with *County Health Rankings*. The frequent distress measures gauge the percentage of adults in frequent poor health (14 or more days in the past 30 days), whereas the poor health days measures reflect the average number of poor health days in the past 30 days. Poor mental health days and poor physical health days have been shifted to supplemental measures to provide continuity of data.

- The definition of **primary care physicians** (page 59) has been amended. The new definition is limited to active physicians, and includes those in general practice, family practice, obstetrics and gynecology (OB-GYN), pediatrics, geriatrics, and internal medicine. The previous definition included total physicians in general practice, family practice, OB-GYN, pediatrics, and internal medicine. The measure now aligns with *County Health Rankings.* Data were obtained from Redi-Data, Inc, a licensed provider of American Medical Association (AMA) data. In prior years, data were obtained from the annually printed AMA publication *Physician Characteristics and Distribution in the US,* which has been discontinued.

- The calculation for **air pollution** (page 40) was amended to correct an error for estimating average emissions in counties without monitors. The previous measure overstated air pollution in each state by 0.1 to 0.2 micrograms of fine particles per cubic meter.

These substitutions and adjustments do not have an appreciable effect on a state's score or rank.

The following supplemental measures were added:

- **Colorectal Cancer Screening** (page 82). Colorectal cancer is the third most commonly diagnosed cancer and the third-leading cause of cancer mortality in the United States. Colorectal cancer is easier to treat when detected early through screening. Screening also allows for removal of colorectal polyps before they become cancerous. Colorectal cancer screening is an indicator of preventive care and is an important part of clinical care targeted at early diagnosis and treatment of disease.

- **Seat Belt Use** (page 78). Seat belt use reduces the severity of injuries from motor vehicle accidents and reduces motor vehicle deaths. Young adults, adults living in rural areas, and men are less likely to wear seat belts. Seat belt use varies greatly by state.

- **Water Fluoridation** (page 81). Community water fluoridation is an effective way of preventing dental caries—an infectious disease in which bacteria dissolve tooth enamel. Water fluoridation is considered a top 10 achievement in public health in the last century.[1] The percentage of the population served by community water systems who receive fluoridated water from the Centers for Disease Control and Prevention Water Fluoridation System has been added as an indicator for implementation of proven public health policy.

See Tables 5 and 6 for the full definitions, data sources, and data years.

2017 Exploration

The following areas are being explored and will be discussed at the spring Scientific Advisory Committee meeting:

- **Premature Death Excluding Infant Deaths.** Currently, the model includes infant mortality in the premature death rate. The exclusion of infant deaths from premature death will reduce the double counting of deaths for those younger than 1 year.

- **Injury Deaths.** Injury deaths is currently a supplemental measure. Expanding this measure to include injury from specific causes would shed light on many causes of death, especially among those younger than 65 years. Drug deaths is currently included in the model as one specific cause of injury death, and suicide is included as a supplemental measure.

- **Preventive Clinical Care.** Developing a composite measure that includes multiple aspects of preventive care, as recommended by the US Preventive Services Task Force (USPSTF), will allow a broader assessment of the utilization of these services to improve health.

- **Distracted Driving.** An emerging issue in public health is the role distracted and/or inattentive driving has on mortality and morbidity. A measure in this area would help describe the role distracted driving has on population health and highlight interventions aimed at reducing the amount of distracted or inattentive driving in a state.

- **Exercise.** Currently this is measured in the model with physical inactivity and it only captures lack of physical activity outside of work. The objective of a measure in this area would be to better capture exercise or the lack thereof across different populations. This could include physical activity outside of work, job-related physical activity, prolonged sitting, and/or screen time. This exploration will look at factors including job-related physical activity, screen time, and strenuous exercise.

- **Mental Health Providers.** Professional care for mental health is vital. Currently the model contains measures for primary care physicians and dentists, but it lacks an indicator of capacity or availability of mental health providers.

- **Environment.** Our home, work, and community environments affect our health. Exploring other environmental measures, such as water quality in recreational lakes, rivers, and/or streams, will provide more depth to the rankings.

- **Dental Health.** Extraction of teeth due to disease is both an indicator of adverse current health and a potential determinant of continued adverse health in the future. Full extraction, limited extraction (six or more teeth), and extractions occurring before 65 years will be considered as indicators of oral health.

1 Ten great public health achievements in the 20th century. Centers for Disease Control and Prevention website. http://www.cdc.gov/about/history/tengpha.htm Accessed October 21, 2016.

Scientific Advisory Committee

The Scientific Advisory Committee, led by Anna Schenck, PhD, MSPH, at the University of North Carolina Gillings School of Global Public Health, meets annually to review *America's Health Rankings.* The committee assesses the report for potential improvements that maintain the value of the comparative, longitudinal information; uses new or improved health measures as they become available; and incorporates new methods when feasible. The committee reflects the evolving role and science of public health, and it emphasizes the importance of *America's Health Rankings* as a vehicle to promote and improve the general discussion of public health. Finally, the committee encourages balance among public health efforts to benefit the entire community.

The Scientific Advisory Committee represents a variety of stakeholders including representatives from local health departments, members of the Association of State and Territorial Health Officials, and the American Public Health Association, as well as experts from many academic disciplines. Scientific Advisory Committee members include:

Anna Schenck, PhD, MSPH, Chair
Director, Public Health Leadership Program
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

Dennis P Andrulis, PhD, MPH
Senior Research Scientist
Texas Health Institute

Jamie Bartram, PhD
Director
The Water Institute at UNC
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

Bridget Booske Catlin, PhD, MHSA
Senior Scientist and MATCH Group Director
University of Wisconsin Population Health Institute
Director, *County Health Rankings & Roadmaps*

Andrew Coburn, PhD
Professor and Associate Dean
Muskie School of Public Service
University of Southern Maine

Leah Devlin, DDS, MPH
Professor of the Practice, Health Policy and Management
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

Marisa Domino, PhD
Professor, Health Policy and Management
UNC Gillings School of Global Public Health
University of North Carolina at Chapel Hill

John Dreyzehner, MD, MPH, FACOEM
Commissioner of Health
Tennessee Department of Health

Tom Eckstein, MBA
Principal
Arundel Metrics, Inc

Jonathan E Fielding, MD, MPH, MBA, MA
Professor of Health Services and Pediatrics
UCLA School of Public Health
Former Director of Public Health and Health Officer, Los Angeles County Department of Public Health

Marthe Gold, MD
Logan Professor and Chair
Department of Community Health
CUNY Medical School

Glen P Mays, PhD, MPH
F Douglas Scutchfield Endowed Professor
Health Services and Systems Research
University of Kentucky College of Public Health

Matthew T McKenna, MD, MPH
Medical Director
Fulton County Department of Health and Wellness

Anne-Marie Meyer, PhD
Faculty Director
Integrated Cancer Information and Surveillance System
UNC Lineberger Comprehensive Cancer Center

Sarah Milder, MPH
Principal and Epidemiologist
Arundel Metrics, Inc

Rhonda Randall, DO
Chief Medical Officer
UnitedHealthcare Retiree Solutions

Patrick Remington, MD, MPH
Associate Dean for Public Health
University of Wisconsin School of Medicine and Public Health

Thomas C Ricketts, PhD, MPH
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
Washington State Secretary of Health (retired)

Katie Sellers, DrPH
Chief Program Officer, Science and Strategy
Association of State and Territorial Health Officials

Leiyu Shi, PhD
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, MD, MPH
Chief Science Officer
Los Angeles County Department of Public Health
Director and Health Officer

The Team

America's Health Rankings is a team effort in which all contribute a vital part to the creation and dissemination of this report. Members of this team, listed alphabetically by organization, follow:

Aldrich Design
Emily Aldrich
Jenna Brouse
Andrea Egbert

Arundel Metrics, Inc.
Melanie Buhl
Tom Eckstein
Dr Mary Ann Honors
Laura Houghtaling
Jamie Kenealy
Alexia Malaga
Sarah Milder
Kristin Shaw

The Glover Park Group
Kate Ackerman
Jane Beilenson
Sara Bonn
Tulani Elisa
Irene Moskowitz
Craig James
Lee Jenkins
Amanda Keating
Rachel Millard
Andy Oare

Reservoir Communications Group
Christine Harrison
David Lumbert
Grace Montgomery
Robert Schooling

Tuckson Health Connections
Dr Reed Tuckson

United Health Foundation
Scott Adams
Michael Birnbaum
Alyssa Erickson
Jane Pennington
LD Platt
Dr Rhonda Randall
Kara Smith
Tina Stow
Jodie Tierney
Danielle Varallo
Anne Yau
Angela Zirkelbach

Appendix

The 2016 edition of *America's Health Rankings Annual Report* is available in its entirety at www.americashealthrankings.org. Visit the site to request or download the report. *America's Health Rankings Annual Report* is a joint effort of United Health Foundation (www.unitedhealthfoundation.org) and the American Public Health Association (www.apha.org). It is funded by United Health Foundation, a 501(c)(3) organization.

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Design by Aldrich Design, Saint Paul, Minnesota.
Please direct questions and comments on the report to United Health Foundation at unitedhealthfoundationinfo@uhg.org.

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America's Health Rankings Expansion

The expansion of *America's Health Rankings* in 2016 was two-fold, with two new major population-level reports introduced to accompany *America's Health Rankings Annual Report* and *America's Health Rankings Senior Report*, along with two Spotlight reports.

America's Health Rankings Health of Women and Children Report was the first new population-level report to be introduced. In this report, *America's Health Rankings* provides a holistic scorecard of more than 60 measures of the health of women of reproductive age, infants, and children. Like *America's Health Rankings Senior Report,* it focuses on behaviors, community & environment, policy, clinical care, and outcomes for each state.

America's Health Rankings Health of Those Who Have Served Report debuted in November. In partnership with Military Officers Association of America (MOAA), *America's Health Rankings* collaborated with an advisory group of leading military and veterans organizations to develop a study of the health of those who have served in the United States military compared with the health of civilians. The report analyzed 24 health measures that compares these two groups as a whole as well as by age, sex, race/ethnicity, and income.

Two Spotlights were also released. *Spotlight: Prevention* focuses on the variation of clinical prevention measures across the states, and *Spotlight: Impact of Unhealthy Behaviors* quantifies the impact of multiple unhealthy behaviors on the population's overall health status. The Spotlights complement, leverage, and amplify the information contained in the larger population reports.

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United Health Foundation
9900 Bren Road East
Minnetonka, MN 55343

www.unitedhealthfoundation.org

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