

Executive Brief



Health of Women and Children Report 2022



America's women and children face a variety of challenges and barriers to health and well-being

Rates of mental and behavioral health challenges have increased broadly among women and children across the nation in recent years, though they vary by state, race/ethnicity and other factors. Mortality among women spiked amid the COVID-19 pandemic, while maternal mortality remains high — disproportionately burdening women of color — and some measures of the socioeconomic factors and environments that shape health have worsened.

Women of reproductive age and children make up roughly 40% of the nation's population; in 2020, there were 58.4 million women of reproductive age (18-44) and 72.8 million children under the age of 18 in the United States. Understanding the health and well-being of these populations is crucial, especially as we continue to experience the effects of the COVID-19 pandemic that disrupted jobs, schools and child care. What's more, the pandemic disproportionately impacted certain communities — emphasizing the importance of appreciating the experiences of different populations by race and ethnicity as the nation's next generation continues to rapidly diversify, as 2 in 3 children are projected to be a race other than non-Hispanic white by 2060.¹

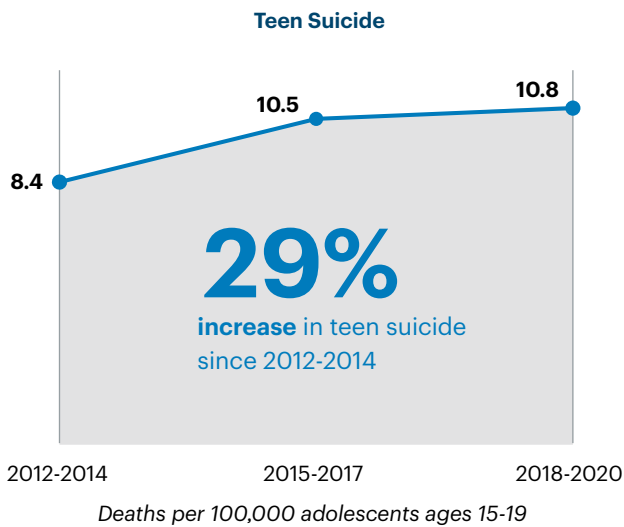
The health of women, infants and children is shaped by a set of complex and interconnected factors. Because healthy women and children are the foundation of healthy, strong communities everywhere, it is critical that we understand the challenges they face. The 6th edition of the *Health of Women and Children Report* highlights the multidimensional nature of the health and well-being of these populations, revealing that America's women and children face a variety of challenges and barriers to well-being. These range from the circumstances that

shape health — including one's employment, education, neighborhood and family situation — to mental and behavioral health, to mortality.

The COVID-19 pandemic may have contributed to or exacerbated many of these factors, and it underscored long-standing disparities and inequities in measures like maternal mortality and morbidity, especially among women of color. Meanwhile, the mortality rate among women increased dramatically in the first year of the pandemic. Additionally, unemployment among women, access to neighborhood amenities and physical activity rates for children worsened during the first years of the pandemic.

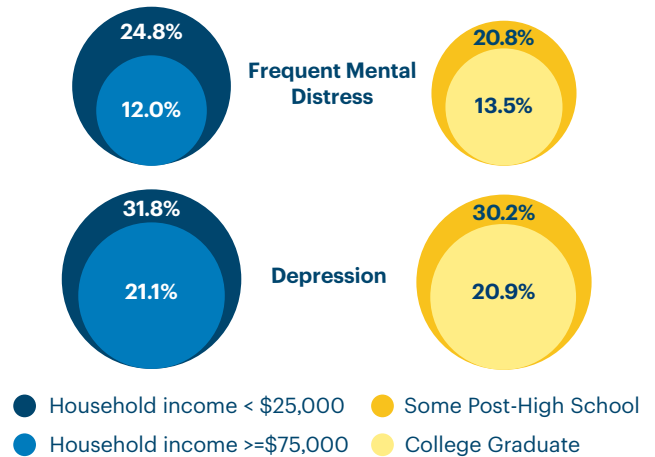
The report features 121 measures of health and well-being from over 30 data sources, including social and economic factors, physical environment, behaviors, clinical care and health outcomes, exploring several topics that provide a broad portrait of how women and children across the nation experience health. For nearly all measures, the report features the most recent publicly available data — in many cases, collected in 2020 and 2021. However, the full impact of the pandemic on the health of the nation's women and children may take many years to be fully realized.

¹ Colby, S. and Ortman, J. "Projections of the Size and Composition of the U.S. Population: 2014 to 2060." *U.S. Census Bureau*. Report Number P25-1143. March 03, 2015. <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>



Source: CDC WONDER, Multiple Cause of Death Files.

Disparities in Mental Health by Income and Education Among Women Ages 25-44 in 2019-2020



Source: CDC, Behavioral Risk Factor Surveillance System, 2019-2020.

Mental and Behavioral Health Challenges Increasing in Children

The nation has seen continued increases in rates of mental and behavioral health challenges among children, although some groups were affected more than others according to geography and race/ethnicity.

First, teen suicide has risen dramatically over the past decade. The teen suicide rate increased 29% at the national level between 2012-2014 and 2018-2020, from 8.4 to 10.8 deaths per 100,000 adolescents ages 15-19. In that time period, it increased in 10 states, led by: 82% in Nevada (8.3 to 15.1), 67% in Colorado (12.9 to 21.5) and 55% in South Carolina (8.7 to 13.5).

Anxiety and depression among children rose steadily in recent years. Anxiety among children ages 3-17 increased 23% between 2017-2018 and 2020-2021, from 7.5% to 9.2%, while depression increased 27%, from 3.3% to 4.2%. In 2020-2021, anxiety affected roughly 5.6 million children ages 3-17 — an increase of more than 1 million children since 2017-2018. In the same time period, about 2.5 million children ages 3-17 had depression, 555,700 more children than in 2017-2018.

Frequent Mental Distress and Depression Rising Among Women

Women of reproductive age also experienced rising mental and behavioral health challenges, reflected in increases in frequent mental distress, depression

and postpartum depression. Frequent mental distress increased 14% between 2017-2018 and 2019-2020, from 17.0% to 19.4% — affecting roughly 10.9 million women ages 18-44, an increase of more than 1.2 million women. In the same time period, depression increased 5%, from 24.8% to 26.1%, affecting roughly 624,000 more women ages 18-44, or nearly 14.9 million in total. Postpartum depression also increased 14%, from 11.9% to 13.6%, between 2014 and 2020.

Teen Suicide, Other Mental Health Measures Higher Among Various Subpopulations

Mental and behavioral health challenges among women and children are more prevalent in certain states and racial/ethnic and socioeconomic groups compared to others. In 2018-2020, teen suicide was 8.1 times higher in Alaska (40.4 deaths per 100,000 adolescents ages 15-19) than in Massachusetts (5.0). Meanwhile, the teen suicide rate was nearly 5 times higher among American Indian/Alaska Native teens (38.9) than among Black teens (8.0), the population with the lowest rate.

In 2019-2020, frequent mental distress was 2.1 times higher among women ages 25-44 with annual household incomes less than \$25,000 (24.8%) compared with those with incomes of \$75,000 or more (12.0%) and 1.5 times higher among women with some post-high school education (20.8%) compared with college graduates (13.5%).

Nationwide Spike in Mortality Among Women Amid COVID-19 Pandemic

In the first year of the COVID-19 pandemic, the mortality rate among women increased dramatically. There was a 21% increase in the mortality rate between 2019 and 2020, from 97.2 to 117.3 deaths per 100,000 women ages 20-44. This increase was primarily driven by deaths from COVID-19, which became the fifth-leading cause of death nationwide among women ages 20-44. In addition to COVID-19, deaths from liver disease, unintentional injury, diabetes, homicide, pregnancy complications and heart disease all increased 14% or more in 2020 among this population.

This spike disproportionately impacted American Indian/Alaska Native, Black and Hispanic women, widening existing gaps in the mortality rate. It increased 41% among American Indian/Alaska Native women (252.9 to 357.6), 31% among Black women (145.5 to 189.9), 28% among Hispanic women (62.9 to 80.5), 17% among multiracial women (58.3 to 68.2), 15% among white women (105.0 to 120.9) and 15% among Asian women (32.7 to 37.6). In 2020, the mortality rate was higher among American Indian/Alaska Native women (357.6) than among all other racial/ethnic groups, nearly 10 times higher than among Asian women (37.6), the population with the lowest rate — and nearly 2 times higher than among Black women (189.9), the population with the next-highest rate.

The drug death rate was nearly **16 times higher among American Indian/Alaska Native women than among Asian women.**

Drug Death Rate Highest Among American Indian/Alaska Native Women

Drug deaths rose 19% nationwide among women ages 20-44 between 2015-2017 and 2018-2020, from 18.9 to 22.4 deaths per 100,000. During 2018-2020, 36,358 women in the U.S. died from drug injury — an increase of 6,031 women since 2015-2017.

The drug death rate was nearly 16 times higher among American Indian/Alaska Native women (42.9) than among Asian women (2.7), the group with the lowest rate. Drug deaths among women also varied by state, and were 7.8 times higher in West Virginia (72.2) than in Hawaii (9.3).

Maternal Mortality Continues to Rise; Highest Among Black and American Indian/Alaska Native Women

The maternal mortality rate in the U.S. has been rising since 1990 and is higher than those of many other developed countries.² Between April and December 2020, a substantial increase in maternal deaths was reported, coinciding with the COVID-19 pandemic.³

Large disparities in maternal mortality continue to be a major factor in the nation's high rate. In 2016-2020, maternal mortality was 3.9 times higher among Black mothers (52.0 deaths per 100,000 live births) compared with Hispanic mothers (13.4), the groups with the highest and lowest rates, respectively. It was also 2.9 times higher among American Indian/Alaska Native mothers (39.4) than among Hispanic mothers, 2.6 times higher among Black mothers compared with white mothers (20.1), and 2.0 times higher among American Indian/Alaska Native mothers compared with white mothers.

Socioeconomic disparities persisted as well; maternal mortality was 2.8 times higher among high school graduates (29.7) compared with college graduates (10.5) and 2.5 times higher among those with less than a high school education (26.7) compared with college graduates.

Maternal Morbidity Rates Also Remain a Challenge for Black Women

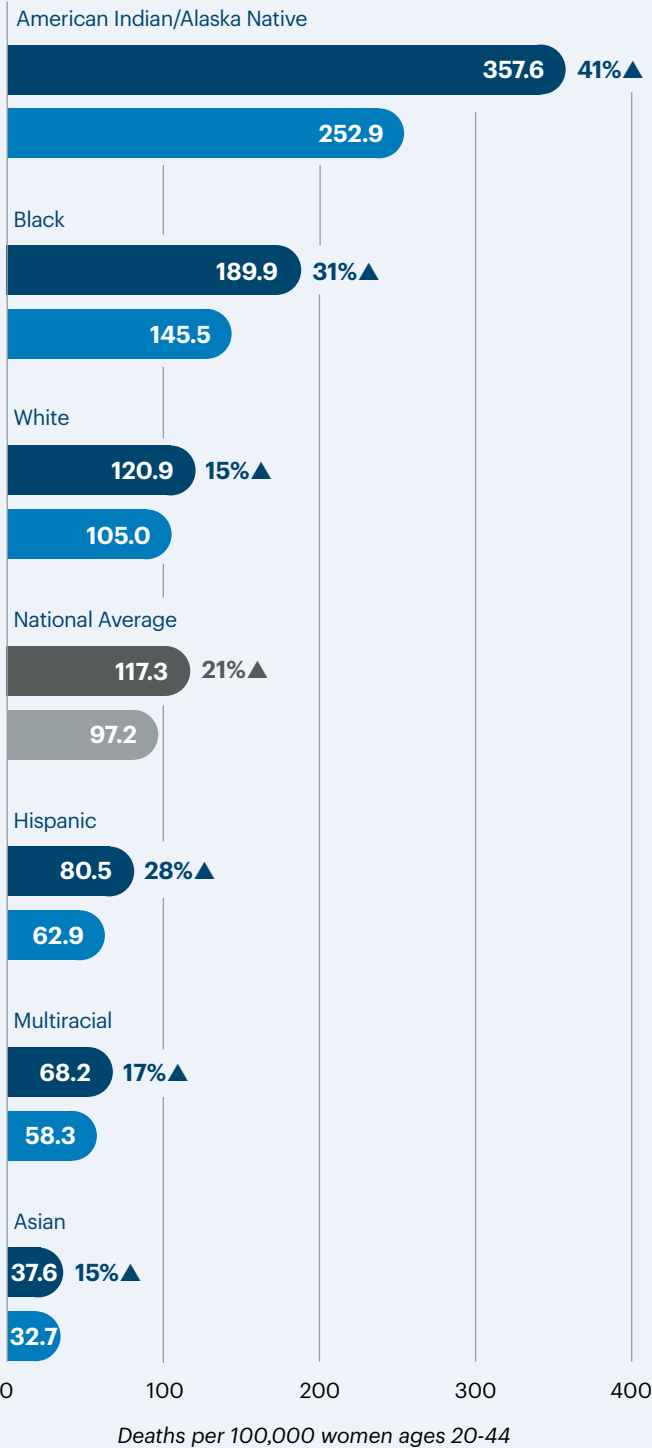
Severe maternal morbidity also remains a challenge and continues to rise. Women of color and those with lower educational attainment are disproportionately impacted. In 2019, severe maternal morbidity was 1.9 times higher among Black mothers (126.1 complications per 10,000 delivery hospitalizations) compared with white mothers (66.2). Between 2018 and 2019, severe maternal morbidity increased 5% nationally, from 77.5 to 81.0, and in four states the increase was much higher: 29% in Nevada (65.2 to 84.4), 14% in Pennsylvania (77.0 to 87.8), 11% in Florida (73.4 to 81.8) and 9% in Texas (66.2 to 72.4).

2 GBD 2015 Maternal Mortality Collaborators. "Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015." *The Lancet* 388, no. 10053 (2016): P1775-1812. [https://doi.org/10.1016/S0140-6736\(16\)31470-2](https://doi.org/10.1016/S0140-6736(16)31470-2)

3 Thoma, M. and Declercq, E. "All-Cause Maternal Mortality in the US Before vs During the COVID-19 Pandemic." *JAMA Network Open* 5, no. 6 (2022): e2219133. <https://doi.org/10.1001/jamanetworkopen.2022.19133>

Mortality Rate, Maternal Mortality and Morbidity Rising Among Women, with Impact Varying by Race/Ethnicity

21% Increase in Mortality Rate Among Women, with Significant Disparities by Race/Ethnicity



● 2019 ● 2020

Source: CDC WONDER, Multiple Cause of Death Files, 2019, 2020.

Maternal Mortality Higher Among Black and American Indian/Alaska Native Mothers than Hispanic Mothers in 2016-2020

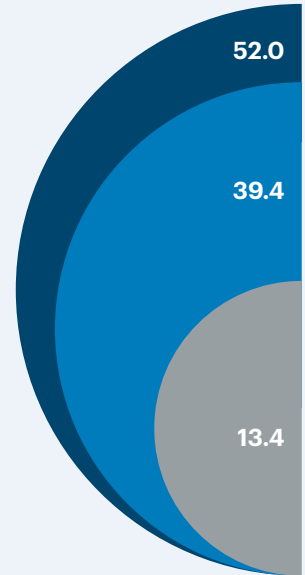
3.9x

higher among **Black mothers** compared with Hispanic mothers

2.9x

higher among **American Indian/Alaska Native mothers** compared with Hispanic mothers

Hispanic mothers had the lowest rate



Deaths per 100,000 live births

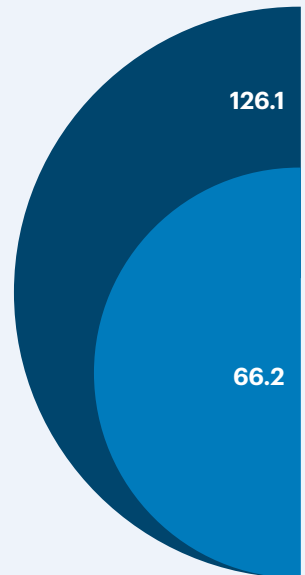
Source: HHS, HRSA, MCHB, Federally Available Data, 2016-2020.

Racial and Ethnic Disparities in Severe Maternal Morbidity in 2019

1.9x

higher among **Black mothers** compared with white mothers

White mothers had the lowest rate



Complications per 10,000 delivery hospitalizations

Source: HHS, HRSA, MCHB, Federally Available Data, 2019.

Neighborhood Amenities



8%▼

decrease in neighborhood amenities

Access to neighborhood amenities **decreased nationally from 38.7% to 35.5%** between 2018-2019 and 2020-2021. Amenities include at least one of each of the following: a park or playground; recreation center, community center or boys' and girls' club; library or bookmobile; and sidewalks or walking paths.

Source: HHS, HRSA, MCHB, National Survey of Children's Health, 2018-2019, 2020-2021.

Physical Activity



8%▼

decrease in physical activity

Among children ages 6-17, physical activity **decreased nationally from 22.3% to 20.5%** between 2018-2019 and 2020-2021.

Source: HHS, HRSA, MCHB, National Survey of Children's Health, 2018-2019, 2020-2021.

Unemployment Among Women Worsened in the First Year of the Pandemic

Rates of unemployment among women worsened during the first year of the pandemic. Most notably, unemployment among the female civilian workforce increased 131% between 2019 and 2020, from 3.6% to 8.3%. It peaked at 15.4% in April 2020, higher than the overall national unemployment rate of 14.7%.⁴ Working women composed the majority of the 4.2 million Americans who left the labor force in 2020 — with Hispanic and Black women experiencing a sharper decline in employment.⁵ As of August 2022, the unemployment rate among women had declined to 3.3%.⁴

In addition, gaps in educational attainment can compound existing disparities in economic factors that influence health, like unemployment. For example, women of certain racial/ethnic groups had lower percentages of college graduates than others: In 2019-2020, the percentage of college graduates was lowest among Hispanic (18.2%), American Indian/Alaska Native (20.2%) and Hawaiian/Pacific Islander (25.1%) women ages 25-44 and highest among Asian (63.2%) women, a difference of more than 35 percentage points.

Neighborhood Amenities Decreased; Large Gaps Exist Between States

Access to neighborhood amenities — measuring children's access to parks, community centers, libraries, sidewalks and other resources — is critical for maintaining social networks among children. Close proximity to amenities can decrease feelings of social isolation and foster trust and safety among local communities.⁶ Between 2018-2019 and 2020-2021, neighborhood amenities decreased 8% nationally among children ages 0-17 from 38.7% to 35.5%. During 2020-2021, it was 4.1 times higher in Colorado and Illinois (53.4%) than in Mississippi (12.9%) and 5.2 times higher in the District of Columbia (67.0%) than in Mississippi. Research suggests that health is linked to one's built environment, and that community engagement contributes to physical health.⁷

Physical Activity Decreased Over the Same Time Frame

Meanwhile, physical activity among children ages 6-17 decreased 8% nationally from 22.3% to 20.5% between 2018-2019 and 2020-2021, equating to nearly 1 million fewer children who were physically active at least 60 minutes every day in the past week.

4 U.S. Bureau of Labor Statistics. "Graphics for Economic News Releases," Civilian Unemployment Rate (2002-2022), Women, 20 years and over. <https://www.bls.gov/charts/employment-situation/civilian-unemployment-rate.htm>

5 Kochhar, R. and Bennet, J. "U.S. labor market inches back from the COVID-19 shock, but recovery is far from complete." *Pew Research Center* (2021). <https://www.pewresearch.org/fact-tank/2021/04/14/u-s-labor-market-inches-back-from-the-covid-19-shock-but-recovery-is-far-from-complete/>

6 Cox, D., Streeter, R., Abrams, S., Lee, B. and Popky, D. "Public Places and Commercial Spaces: How Neighborhood Amenities Foster Trust and Connection in American Communities." *Survey Center on American Life* (2021). <https://www.aei.org/research-products/report/public-places-and-commercial-spaces-how-neighborhood-amenities-foster-trust-and-connection-in-american-communities/>

7 Gelermino, E., Melis, G., Marietta, C. and Costa, G. "From built environment to health inequalities: An explanatory framework based on evidence." *Preventive Medicine Reports* (2015): 737-745. <https://doi.org/10.1016/j.pmedr.2015.08.019>

Almost 10 Million Children Have Faced Adverse Experiences

In 2020-2021, nearly 10 million children had ever experienced two or more adverse childhood experiences (ACEs) as reported by a caregiver. These are stressful or traumatic events that can impact children's health and well-being throughout their lifespan and have a broad and profound impact on an individual's development and emotional, cognitive, social and biological functioning later in life.⁸

Between 2018-2019 and 2020-2021, one subcomponent of ACEs, the rate of being treated unfairly due to race or ethnicity, increased 19%, from 4.3% to 5.1% of children under 18. Another, having a parent or guardian serve time in jail, decreased 13%, from 7.5% to 6.5%.

Firearm Deaths Among Children Continued to Increase

Between 2012-2014 and 2018-2020, firearm deaths increased 42% from 3.3 to 4.7 deaths per 100,000 children ages 1-19 — becoming the leading cause of death for children in 2020.⁹ The prevalence of firearm deaths varied widely by age in 2018-2020; it was 24.5 times higher among children ages 15-19 (14.7) compared with children ages 1-4 (0.6). It also varied by racial/ethnic group. Firearm deaths were 12.4 times higher among Black children (14.9) compared with Asian children, 4.7 times higher compared with Hispanic and white children (both 3.2) and nearly twice as high compared with American Indian/Alaska Native children (7.7).

Minnesota was the healthiest state for both women and children, while **Louisiana had the greatest opportunity to improve.**

State Rankings

The COVID-19 pandemic has emphasized the wide range of challenges experienced by individuals in different states. This report's rankings, the first that include

data from during the pandemic, paint a broad picture of the health of states and reflect a holistic model that considers the influence of social, economic and environmental factors on overall health. Based on these factors, Minnesota was the healthiest state for women and children, followed by Massachusetts, Vermont, New Jersey and Utah. Louisiana had the most opportunity to improve, followed by Arkansas, Mississippi, Oklahoma and Alabama.



Take Action

The data show that America's women and children face a variety of challenges and barriers to well-being, across socioeconomic factors, mental and behavioral health outcomes, mortality and other measures. As we continue to navigate the COVID-19 pandemic and its impact, we must leverage the power of public health data to address disparities that affect women and children across the nation. We urge leaders to use the report's data to inform solutions to narrow these gaps and ensure that children, families and communities can thrive.

The United Health Foundation encourages communities and leaders to utilize this report's findings and the full array of data available at AmericasHealthRankings.org to drive solutions that can improve the health of women and children across the nation.

⁸ Centers for Disease Control and Prevention. "Fast Facts: Preventing Adverse Childhood Experiences."

<https://www.cdc.gov/violenceprevention/aces/fastfact.html>

⁹ McGough, M., Amin, K., Panchal, N. and Cox, C. "Child and Teen Firearm Mortality in the U.S. and Peer Countries," *Kaiser Family Foundation* (2022).

<https://www.kff.org/global-health-policy/issue-brief/child-and-teen-firearm-mortality-in-the-u-s-and-peer-countries/>

UNITED HEALTH FOUNDATION®

About the United Health Foundation

Through collaboration with community partners, grants and outreach efforts, the United Health Foundation works to improve our health system, build a diverse and dynamic health workforce and enhance the well-being of local communities. The United Health Foundation was established by UnitedHealth Group (NYSE: UNH) in 1999 as a not-for-profit, private foundation dedicated to improving health and health care. To date, the United Health Foundation has committed more than \$700 million to programs and communities around the world. To learn more, visit UnitedHealthFoundation.org.



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