NEWS RELEASE

The Commonwealth Fund

New Scorecard Offers State-by-State Ranking of Women's Health and Reproductive Care

Findings Point to Bleak Prognosis for Women's Health, Highlighting Growing Disparities in Access to Vital Health Services

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A new state-by-state women's health scorecard released today by the Commonwealth Fund reveals mounting disparities in women's health and reproductive care across the United States. The findings raise concerns over the state of women's health care and the ripple effects of the Supreme Court's 2022 decision to overturn *Roe v. Wade*, which has significantly altered access to critical reproductive health care services. The scorecard ranks Mississippi, Texas, Nevada, and Oklahoma among the poorest-performing states overall for women's health care access, quality, and outcomes; Massachusetts, Vermont, and Rhode Island rank at the top.

The *2024 State Scorecard on Women's Health and Reproductive Care* is the Fund's first comprehensive examination of women's health care in all 50 states and the District of Columbia. The report, part of the Commonwealth Fund's ongoing series on state health system performance, uses 32 measures to evaluate each state on health care access, affordability, quality of care, and health outcomes for U.S. women.

Using the latest available data, the scorecard findings show significant disparities between states in reproductive care and women's health, as well as deepening racial and ethnic gaps in health outcomes, with stark inequities in avoidable deaths and access to essential health services. The findings suggest these gaps could widen further, especially for women of color and those with low incomes in states with restricted access to comprehensive reproductive health care.

Highlights from the report include:

- **The five lowest-ranked states for health system performance for women overall are Mississippi, Texas, Nevada, Oklahoma, and Arkansas.** Massachusetts, Vermont, Rhode Island, Connecticut, and New Hampshire are the highest-ranked states.
- **States with abortion restrictions often have fewer maternity care providers.** Arkansas, Oklahoma, Alabama, and Idaho had the fewest maternity care providers per 100,000 women of

The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

reproductive age, ranging from 52 to 56 providers. The District of Columbia, Vermont, and Connecticut had more than double that amount, ranging from 128 to 160 providers.

- **Among women of reproductive age, those in Texas, Georgia, and Oklahoma had the highest uninsured rates.** Women in Massachusetts, D.C., and Vermont had the lowest. Women of reproductive age in states that had not expanded Medicaid eligibility were most at risk of going without coverage, as well as skipping needed care because of cost.
- **Rising syphilis infections across states.** Nearly all states have witnessed an upward trend in syphilis among women of reproductive age since 2019, with the highest rates in South Dakota, New Mexico, Mississippi, Arkansas, and Oklahoma. Infection rates are highest among American Indian and Alaska Native women.
- **Rates of maternal deaths are highest in the Mississippi Delta region, which includes Arkansas, Louisiana, Mississippi, and Tennessee.** All four states had abortion restrictions prior to the Supreme Court overturning the constitutional right to an abortion, and they all now have full abortion bans. Conversely, Vermont, California, and Connecticut had the lowest rates of maternal deaths.
- **Deepening regional disparities in deaths among women of reproductive age.** Deaths among women ages 15 to 44 were highest in southeastern states. Top causes of death included preventable factors such as pregnancy complications, substance use, COVID-19, and breast or cervical cancer. Death rates from all causes per 100,000 women of reproductive age ranged from 70.5 in Hawaii to 203.6 in West Virginia.

The women's health scorecard allows users to explore key findings, access data on individual states and topics, and view customized data in tables, graphs, and maps.

The full report will be available after the embargo lifts at: https://www.commonwealthfund.org/publications/scorecard/2024/jul/2024-state-scorecard-womens-health-and-reproductive-care

FROM THE EXPERTS:

Sara R. Collins, study lead author and Commonwealth Fund Senior Scholar and Vice President for Health Care Coverage and Access

"Looking across states and comparing their health care systems is an important way of telling us what is and isn't working in American health care. The scorecard's findings are deeply concerning and underscore the urgent need for federal and state policies to expand women's access to affordable, timely reproductive care and other essential health services, regardless of who they are, what they earn, or where they live."

Joseph R. Betancourt, M.D., Commonwealth Fund President

"This scorecard yet again reminds us that where you live matters to your health and health care. While some states are championing women's continued access to vital health and reproductive services, many others are failing to ensure women can get and afford the health care they need. And this failure is having a disproportionate impact on women of color and women with low incomes."

Laurie C. Zephyrin, M.D., study coauthor and Commonwealth Fund Senior Vice President for Advancing Health Equity

"It is disheartening to see the rising disparities in women's health across the nation. Our country's fractured landscape of reproductive health access will make it even more difficult to close these widening gaps, especially for women with low incomes and women of color in states with restricted access to reproductive care. Instead of limiting care, federal and state policymakers should work to ensure that women have access to the full continuum of care throughout their lives."

HOW WE CONDUCTED THIS STUDY

The Commonwealth Fund's *2024 State Scorecard on Women's Health and Reproductive Care* evaluates states on 32 performance indicators grouped into three dimensions. The report generally reflects data from 2021 and 2022.

Health Outcomes (12 indicators): includes indicators of all-cause, maternal, and infant mortality, breast and cervical cancer deaths, preterm births, mental health conditions, syphilis infections, and intimate partner violence.

Coverage, Access, and Affordability (8 indicators): includes rates of uninsurance for women, indicators of forgone care due to cost, usual source of care, maternity care workforce, and abortion access.

Health Care Quality and Prevention (12 indicators): includes measures of receipt of preventive care (flu shot, breast and cervical cancer screenings, postpartum depression screening, dental cleaning), and some measures of quality such as prenatal care and low-risk cesarean births.

The following principles guided the development of the scorecard report:

Performance Metrics. The 32 metrics selected for this report span health care system performance, representing important dimensions and measurable aspects of care delivery and population health. Where possible, indicators align with those used in previous scorecards.

Data Sources. Indicators generally draw from publicly available data sources, including government-sponsored surveys, registries, publicly reported quality indicators, vital statistics, and mortality data. Data on abortion clinics was obtained upon request from the Advancing New Standards in Reproductive Health Abortion Facility Database at the University of California, San Francisco. The most current data available were used in this report whenever possible. Report appendix A1 provides detail on the data sources and time frames.

Scoring and Ranking Methodology. For each indicator, a state's standardized z-score is calculated by subtracting the 51-state average (including the District of Columbia as if it were a state) from the state's observed rate, and then dividing by the standard deviation of all observed state rates. States' standardized z-scores are averaged across all indicators within the performance dimension, and dimension scores are averaged into an overall score. Ranks are assigned based on the overall score. This approach gives each dimension equal weight and, within each dimension, it weights all indicators equally. This method accommodates the different scales used across the scorecard indicators (for example, percentages and population-based rates).

ADDITIONAL PERTINENT RESEARCH

Insights into the U.S. Maternal Mortality Crisis: An International Comparison

A Community-Led Approach to Transforming Maternity Care

Stressors Stack Up on Essential Maternity Providers — Community Health Centers Need Support in a Post-Dobbs World