

Results from the 2024 State Scorecard on Women's Health and Reproductive Care

State-by-State Women's Health: Navigating Shifting Policies and Outcomes
September 18, 2024

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2024 State Scorecard on Women's Health and Reproductive Care

- The Commonwealth Fund's Health System State Scorecards use the latest data available to assess how well the health care system is working in every state.
- This first women's health scorecard is based on 32 measures of how state health systems are performing for women.
- State policy actions before and since the 2022 Supreme Court overturn of Roe v. Wade are changing the way women can access and use health care, raising concerns about the future of their health.
- We ask the question:
 - ***How do health outcomes and access to reproductive care differ across states?***

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Our Scorecard ranks every state's health care system based on how well it provides high-quality, accessible, and equitable health care. Read the report to see [health care rankings by state](#).

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2024 State Scorecard on Women's Health and Reproductive Care

Scorecard Highlights

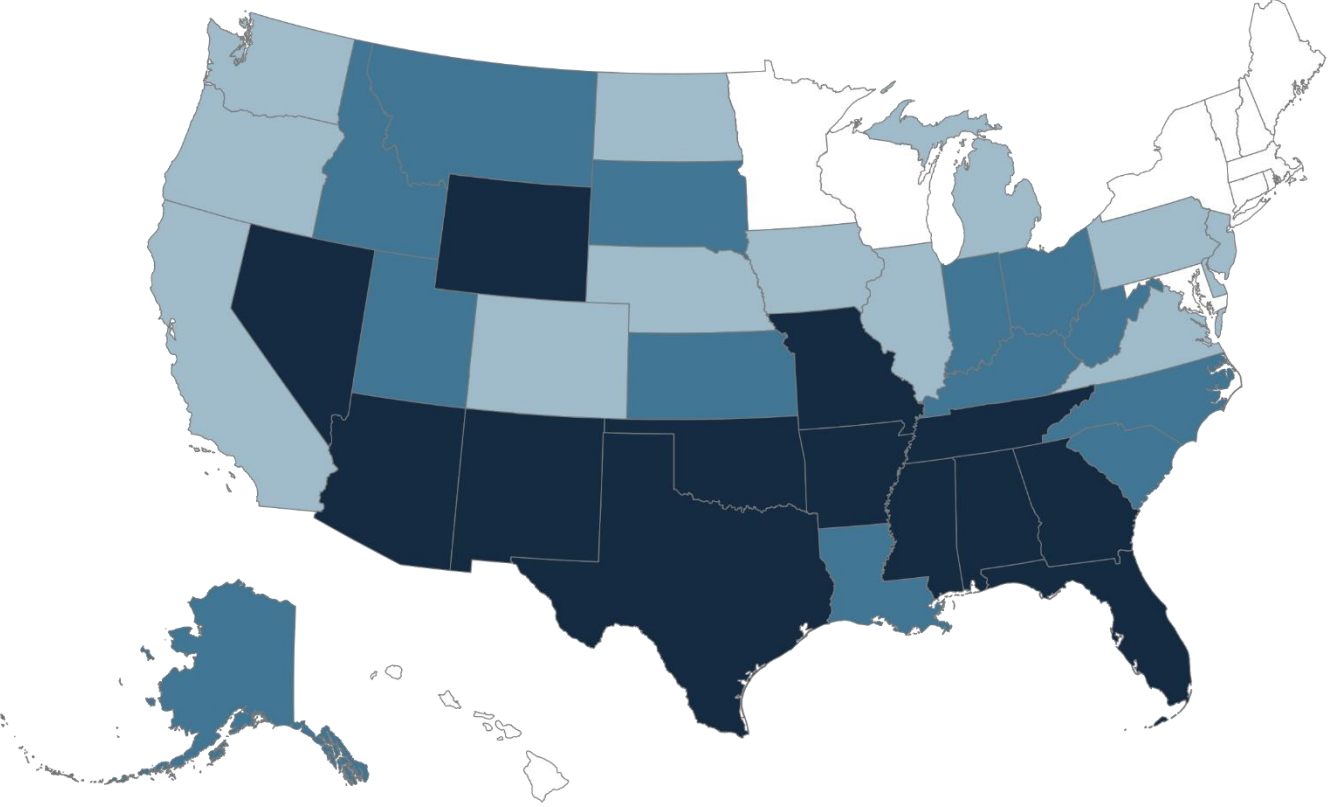
Online report

State Profiles

Massachusetts, Vermont and Rhode Island top the overall rankings of health system performance for women.

Overall Rankings for 2024 State Scorecard on Women's Health and Reproductive Care

↑ Access to Care + Care Quality + Outcomes



Overall Rankings

- Top-performing states (11 + D.C.)
- Better than average (13 states)
- Worse than average (13 states)
- Bottom-performing states (13)

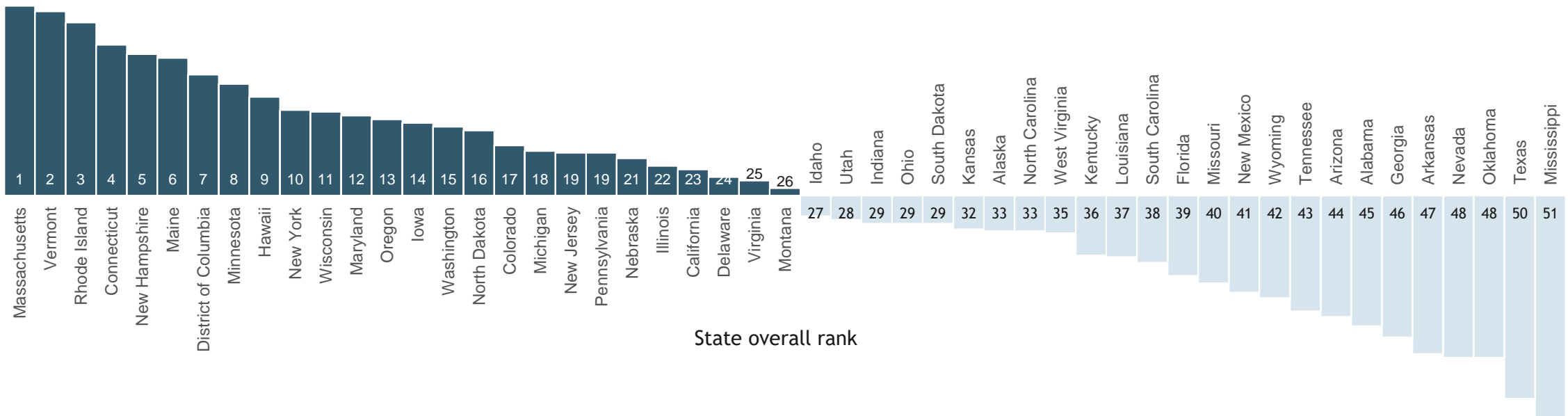
Key Findings from the Scorecard

- Depending on the state they live in, women have widely different health care experiences and health outcomes.
- There are notable regional differences 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.
- Access to health care, especially reproductive services, is tied to insurance coverage and the availability of maternity care providers.
- Coverage among reproductive age women varies across states, with the lowest rates in Medicaid non-expansion states. Due to federal and state eligibility, uninsured rates drop when women become pregnant
- States with abortion restrictions often have fewer maternity care providers, and there is concern that bans & limits may inadvertently further reduce the number of providers offering maternity care.

Women's Health and Reproductive Care – 2024: Overall Rank

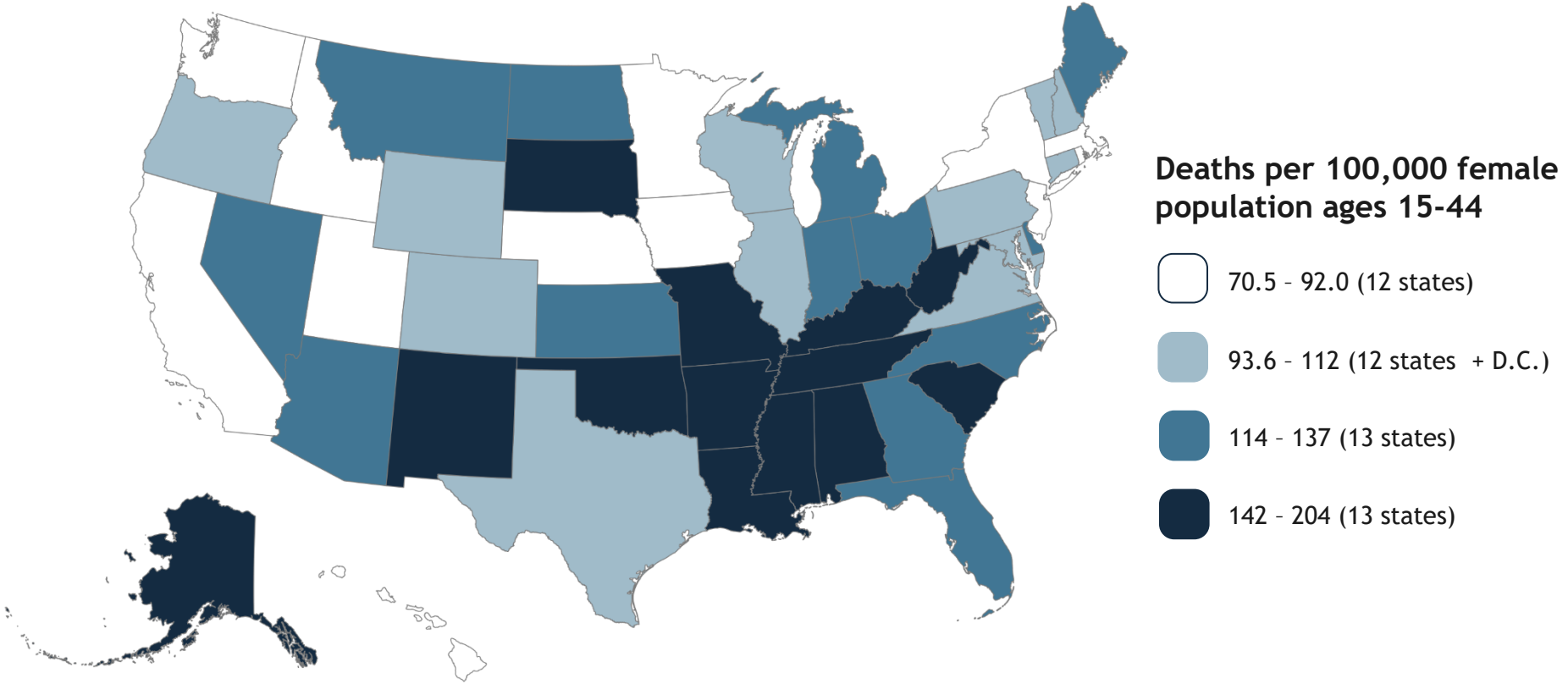
Overall Rankings for 2024 State Scorecard on Women's Health and Reproductive Care

↑ Access to Care + Care Quality + Outcomes



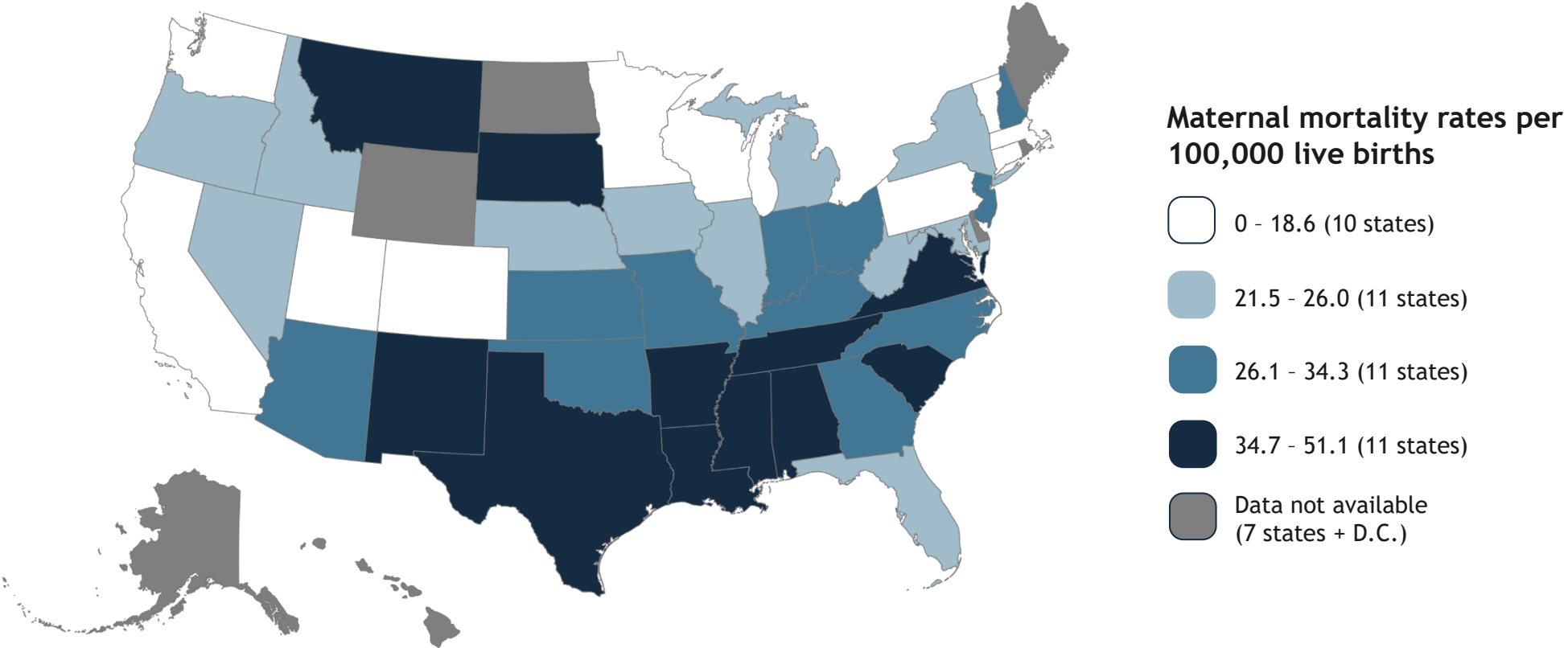
Notes: States arranged in rank order based on Overall ranking. Bar height corresponds to overall performance score, aggregated from performance in each of 3 performance domains. Dark bars indicate better than average performance; light bars indicate lower than average performance.

All-cause mortality for women of reproductive age is highest in southeastern states



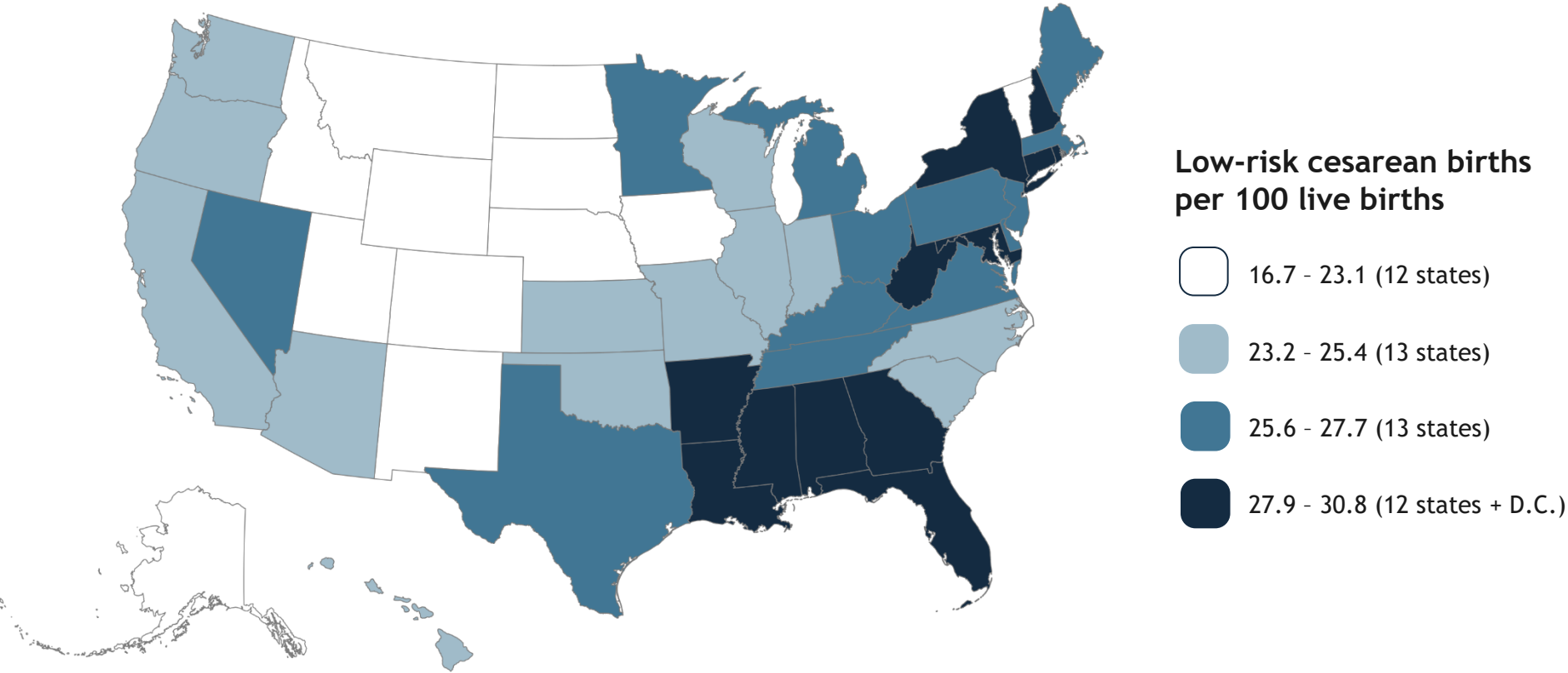
Data: CDC National Vital Statistics System (NVSS): WONDER, 2020-2022

The highest rates of maternal mortality are in the Mississippi Delta region



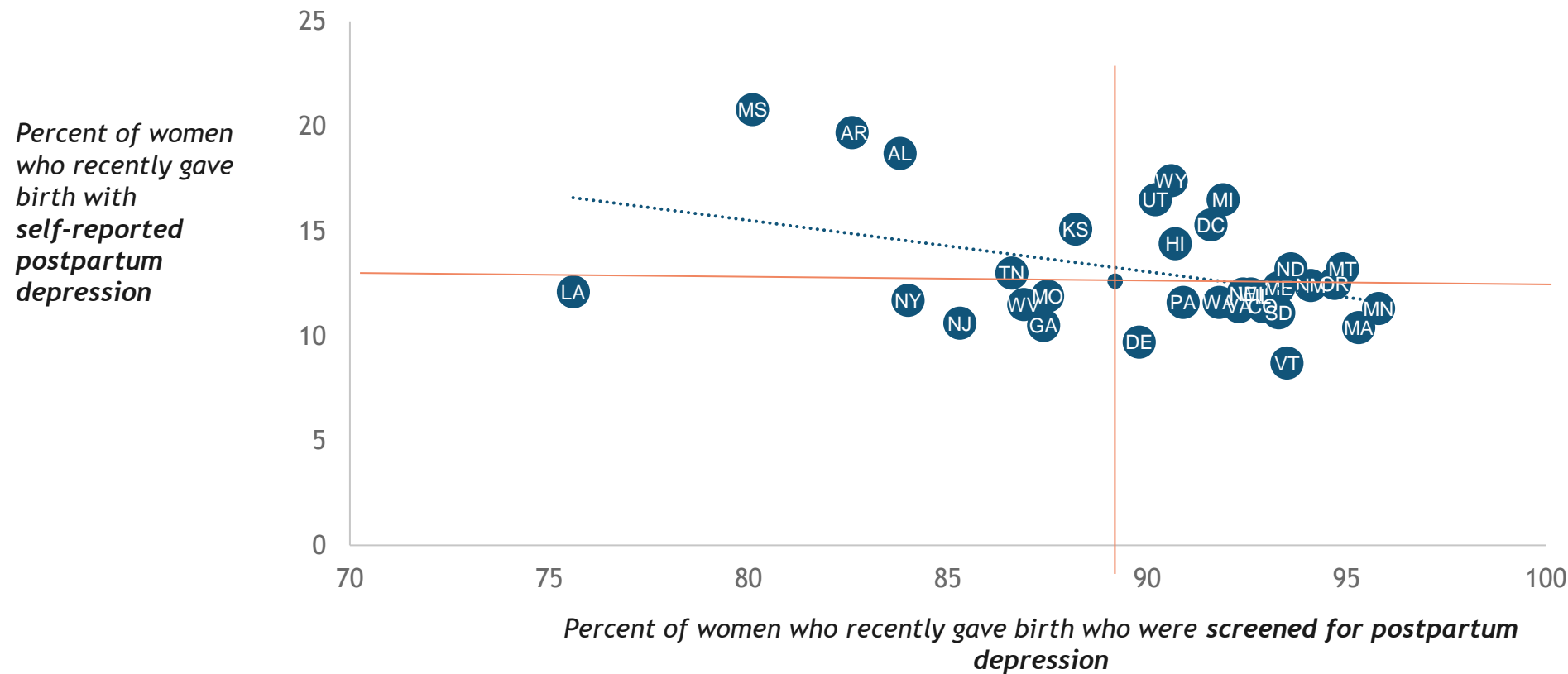
Data: CDC National Vital Statistics System (NVSS): WONDER, 2020-2022

Low-risk cesarean births – a key indicator of lower quality maternal health care – is more common on the East Coast and in the southern U.S.



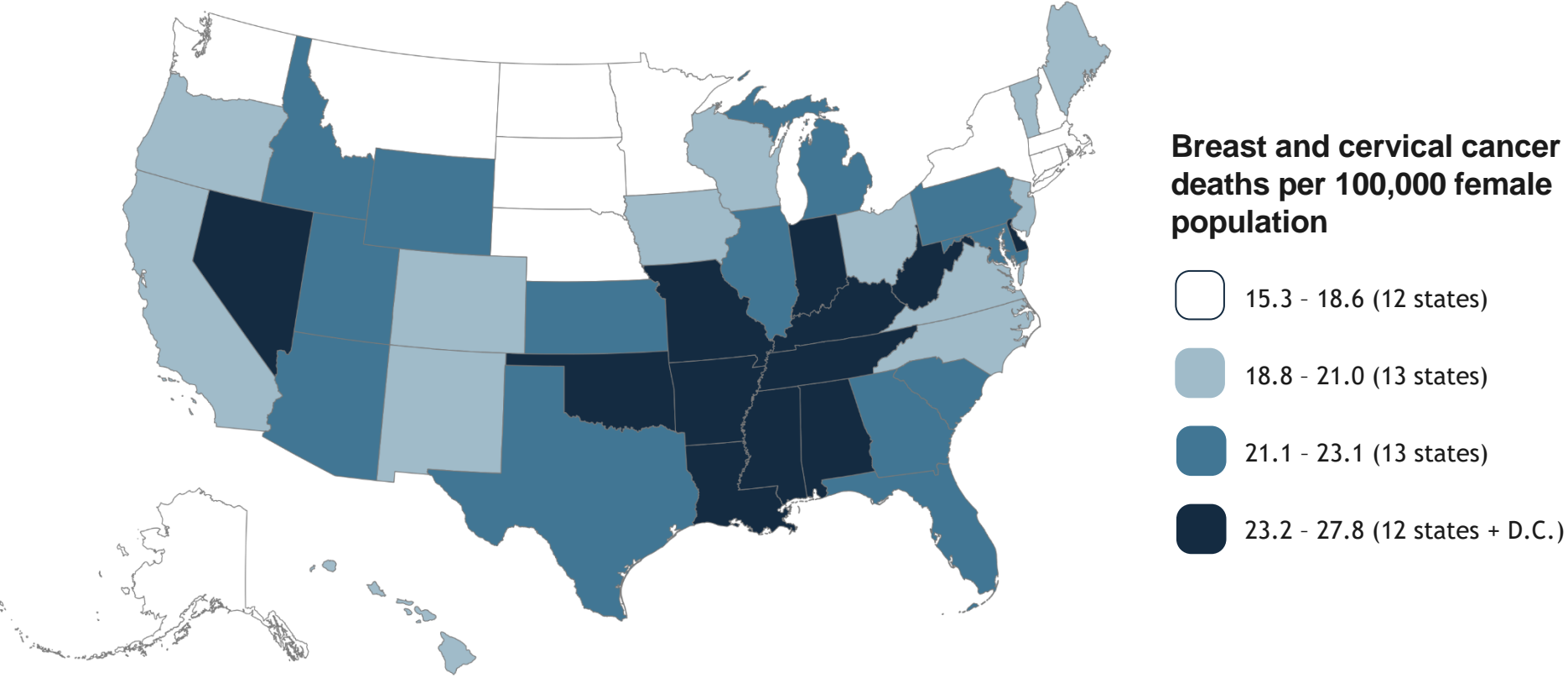
Note: Includes singleton, full term (37 completed weeks or more of gestation based on the obstetric estimate), vertex (not breech), cesarean deliveries to women having a first birth.
Data: Hamilton BE, Martin JA, Osterman MJK. Births: Provisional data for 2022. Vital Statistics Rapid Release; no 28. Hyattsville, MD: National Center for Health Statistics. June 2023.

States with higher rates of postpartum depression tend to also have lower rates of postpartum depression screening



Note: Crossbars set at the observed U.S. rate. Dotted line is the correlation between the two indicators; the Spearman correlation coefficient ($r_s = -0.29$) suggests a weak to moderate correlation. Data not available in all states. Data: Pregnancy Risk Assessment Monitoring System (PRAMS) Analytic File, 2021

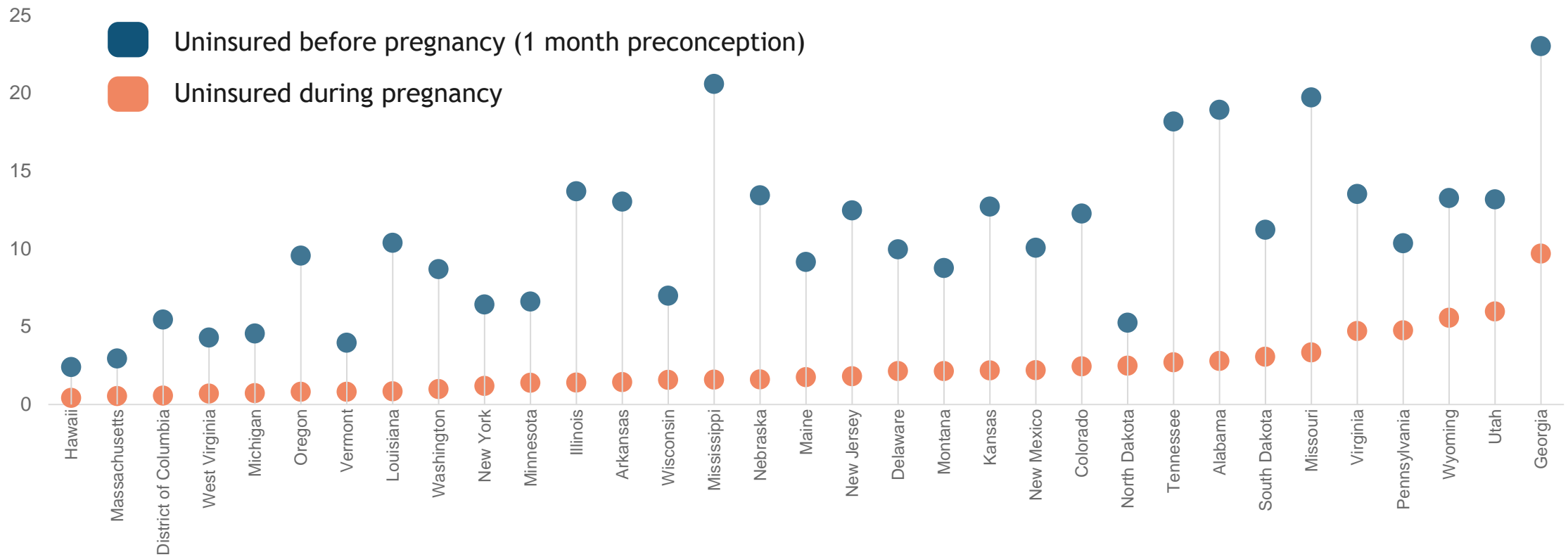
Breast and cervical cancer deaths are highest in southern states



Data: CDC WONDER, 2022

Women giving birth are more likely to have health insurance coverage during pregnancy than before

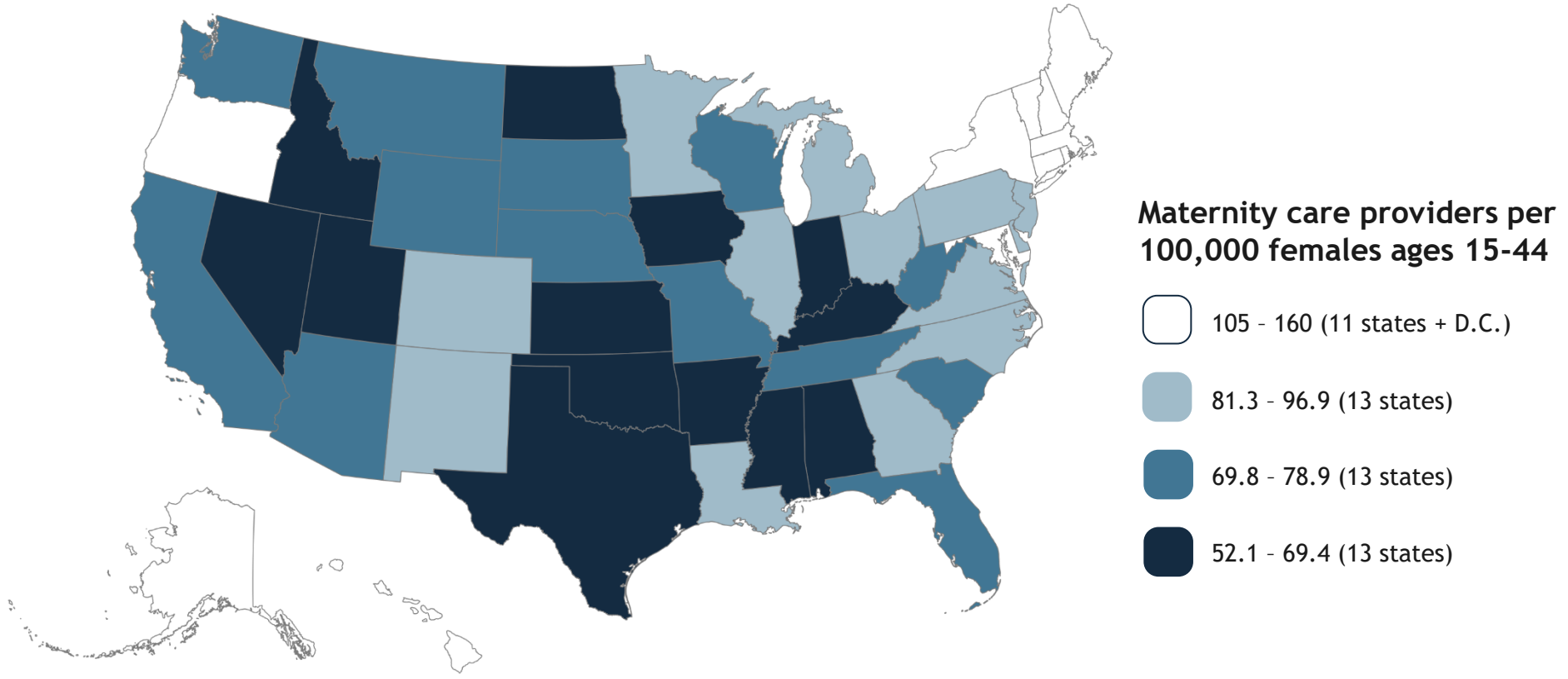
Percent uninsured (%)



Note: Preconception refers to 1 month before pregnancy. Data not available in all states.

Data: Pregnancy Risk Assessment Monitoring System (PRAMS) Analytic File 2021

States with abortion restrictions tend to have the fewest number of maternity care providers.



Note: Maternity care workforce includes M.D. + D.O. (obstetrics and gynecology), nurse midwives, and Certified Nurse Midwives. As of July 15, there are abortion bans in Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, and West Virginia. There are gestational limits of six weeks in Florida, Georgia, and South Carolina; 12 weeks in Nebraska and North Carolina; and 15 to 18 weeks in Arizona and Utah.

Data: Area Health Resource File, 2022-2023; New York Times. [Tracking Abortion Bans Across the Country](https://www.nytimes.com/interactive/2023/07/15/us/politics/abortion-bans.html). (Accessed July 15, 2024).



Summary and Policy Considerations

- Women's health is a fragile place with health care systems in many states struggling to provide comprehensive health care to women across the life span.
- We are seeing a deep geographic divide in U.S. women's ability to access vital health services and maintain their health, particularly among women of reproductive age:
 - Deaths among women of reproductive age are highest in southeastern states. Causes of death include pregnancy and other preventable causes such as substance use, COVID-19, and treatable chronic conditions.
 - 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 2022 Supreme Court decision overturning *Roe v. Wade*, and they all now have full abortion bans.
 - Women's inability to afford needed care is most pronounced in states that have not expanded their Medicaid programs.

Summary and Policy Considerations (cont.)

- There are clear distinctions between states and delivery systems that perform well for women and those that perform less well. Higher performing states have:
 - Invested in health insurance coverage for nearly all residents;
 - Made reproductive health care legal and accessible;
 - Achieved lower maternal mortality rates with more maternal health workers, more prenatal and post-partum checkups, higher rates of post-partum depression screening.
- The deep regional differences identified in our study are likely to be further compounded by the ripple effects of the Supreme Court's 2022 decision to overturn *Roe v. Wade*.
- Our hope is that these in-depth, state-by-state findings will help inform federal and state policy makers and health care delivery system leaders in their efforts to strengthen women's health and ensure all women can get the health care they need, when they need it

Thank You



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