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**NEW COMMONWEALTH FUND SCORECARD FINDS HEALTH CARE IMPROVING IN MANY COMMUNITIES AS AFFORDABLE CARE ACT EXPANDS ACCESS AND PROMOTES QUALITY**

*Despite Progress, Analysis of 306 Local Areas Finds Health Challenges Still Exist; Obesity Rates Rose in More Than 100 Areas and Preventable Death Rates Stagnated Almost Everywhere*

New York, NY, July 14, 2016—Health care in many U.S. communities got better between 2011 and 2014, although persistent wide variation indicates there is room for improvement across the country, according to a Commonwealth Fund report out today. Those areas that improved did so largely because more people had insurance coverage and could afford needed health care, and because health care providers performed better on quality and efficiency measures, such as limiting preventable hospital readmissions.

The latest in The Commonwealth Fund’s health care scorecard series and the second to examine care at the local level, the 2016 *Scorecard on Local Health System Performance* compares health care access, quality, avoidable hospital use, costs of care, and health outcomes for 306 local areas around the country from 2011 through 2014. The scorecard finds that while health care improved more than it worsened in nearly all U.S. communities, improvements were often modest. The report also finds some concerning signs about the nation’s health, as obesity rates rose in about a third (111) of communities and rates of premature deaths from treatable conditions were mostly unchanged in nearly all (298) areas.

“This scorecard provides an in-depth look at how the health care system is working over time in local communities and how that impacts peoples’ health,” said David Radley, researcher for the Commonwealth Fund’s Tracking Health System Performance program and lead author of the report. “There is still a lot of variation, and every community has room to improve. But it is striking to see the early effects of the Affordable Care Act at the local level, as people increasingly get coverage and care and quality improves.”

The scorecard will include several data visualizations, along with an updated online tool that allows users to view their area’s findings and compare them with others. The scorecard and The Commonwealth Fund’s updated [U.S. Health System Data Center](#) will be available when the embargo lifts.

## Scorecard Highlights

- **Where you live matters.** The scorecard finds substantial differences among local health care systems, with those in Hawaii, the Upper Midwest, New England, and the San Francisco area generally performing better than those in the South and West. Big differences also exist within states. For example, in Michigan early deaths from treatable conditions ranged from 64 per 100,000 people in Traverse City to 142 per 100,000 in Dearborn.
- **Federal and state policies are helping local areas.** The Affordable Care Act (ACA), state-level action, and public and private initiatives have had an impact on local health care. Largely because of the ACA's coverage expansions, the percentage of working-age adults without health insurance fell in nearly all local areas—dropping by four percentage points or more in 189 local areas between 2012 and 2014. In addition, 155 local areas saw substantial reductions in 30-day readmission rates for Medicare beneficiaries, coinciding with the ACA's penalties for hospitals that have high readmission rates.
- **Quality improvement efforts are working in communities.** Targeted efforts to improve quality of care are helping health care providers to make strides. For example, more than half of local areas (163) did better on hospital safety measures, and 30-day hospital mortality declined in more than two-thirds of local areas.
- **Poor communities lag behind wealthy ones, but many are making progress.** Overall, health care systems in communities with large low-income populations generally do not perform as well as those in wealthier communities. People in poor communities are more likely to go without needed medical care because of the cost, receive a high-risk prescription drug, and die early from treatable causes. However, the Commonwealth Fund scorecard shows many low-income communities have made progress, including notable gains in health care access and treatment quality.

“Many communities are showing signs of getting healthier, and that is encouraging,” said Commonwealth Fund President David Blumenthal, M.D. “It shows that with the right policies and actions we can make our health care system work for all of us. Moving forward, we hope that local areas will integrate the lessons from this scorecard into their efforts to ensure that everyone has health insurance, can afford the care they need, and can get the right care at the right time.”

## Moving Forward

The scorecard's findings, as well as a recently reported uptick in U.S. mortality, suggest that to ensure a healthy and productive future for all Americans, the nation needs to invest more in efforts to address the social [determinants of health, including](#) economic opportunity, housing, nutrition, and environmental conditions, as well as to meet needs for mental and behavioral health services.

Taking these steps, along with continuing federal, state and local policy changes that will improve health care, could make a substantial difference in health at the local level. If all communities could do as well as those that rank highest on the scorecard, 19 million more children and adults would have health insurance and there would be 100,000 fewer premature deaths from preventable causes.

When the embargo lifts, the study will be available at <http://www.commonwealthfund.org/interactives/2016/jul/local-scorecard/>.

### Methods

The Commonwealth Fund's *Scorecard on Local Health System Performance, 2016 Edition*, evaluates 36 key indicators grouped into four dimensions:

**Access and Affordability** (5 indicators) includes rates of health insurance coverage for children and adults, as well as people's cost-related barriers to receiving care.

**Prevention and Treatment** (13 indicators) includes receipt of preventive care and quality of care in ambulatory, hospital, and long-term care and postacute care settings.

**Potentially Avoidable Hospital Use and Cost** (9 indicators) includes hospital use that might have been reduced with timely and effective care and follow-up care, as well as estimates of per-person spending among Medicare beneficiaries and working-age individuals with employer-sponsored insurance.

**Healthy Lives** (9 indicators) includes premature death rates and behaviors that put health at risk.

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