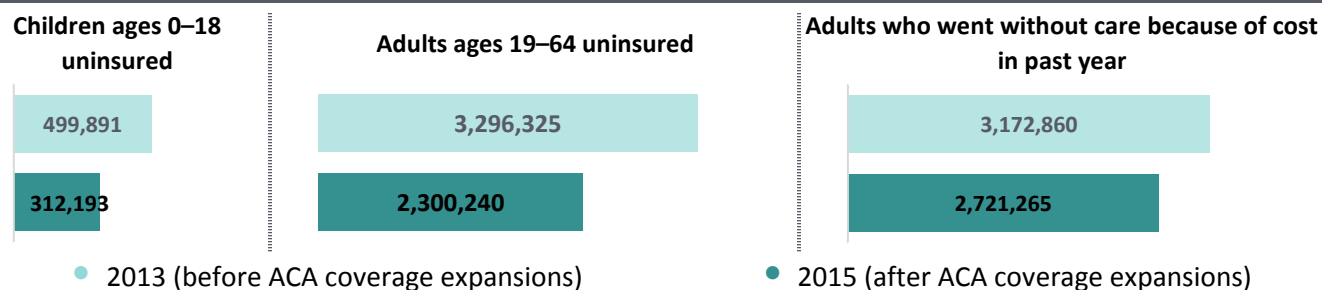


# Florida

Florida's Scorecard rankings (a)		Number of indicators where Florida improved, worsened or stayed the same (b)				
	2017	Baseline	<span style="color: green;">● Improved</span> <span style="color: gray;">● Little/No Change</span> <span style="color: darkgray;">● Worsened</span>			
<b>Overall</b>	<b>39</b>	39	12	23	4	
of 39 Total Indicators						
<b>Access &amp; Affordability</b>	<b>41</b>	45	4	1		
of 5 Access & Affordability Indicators						
<b>Prevention &amp; Treatment</b>	<b>44</b>	41	7	5	3	
of 15 Prevention & Treatment Indicators						
<b>Avoidable Hospital Use &amp; Cost</b>	<b>45</b>	32		8	1	
of 9 Avoidable Hospital Use & Cost Indicators						
<b>Healthy Lives</b>	<b>20</b>	20	1	9		
of 10 Healthy Lives Indicators						
<b>Equity</b>	<b>33</b>	42	<b>Income Equity</b>		<b>Race/Ethnicity Equity</b>	
			6	5	6	9
of 17 Income Equity Indicators      of 14 Race Equity Indicators						

## Before and after implementation of the Affordable Care Act (ACA) coverage expansions



## Estimated impact of state improvement (c)

If Florida improved to the level of the best-performing state for this indicator, then:

<b>1,745,542</b>	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
<b>936,814</b>	more adults would receive age- and gender-appropriate recommended cancer screenings
<b>44,102</b>	more children (ages 19-35 months) would receive all recommended vaccines
<b>76,510</b>	fewer Medicare beneficiaries would receive an unsafe medication
<b>4,840</b>	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
<b>102,982</b>	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**Table 1. State Health System Performance Indicator Data by Dimension**

Dimension and indicator	Data year	State rate	U.S. average	Best state rate	State ranking	Data year	State rate	U.S. average	Substantial change over time (a)					
<b>ACCESS &amp; AFFORDABILITY</b>					<b>2017 Scorecard</b>					<b>Baseline</b>				
Adults ages 19–64 uninsured	2015	20	13	4	49	2013	29	20	Improved					
Children ages 0–18 uninsured	2015	7	5	1	36	2013	12	8	Improved					
Adults who went without care because of cost in past year	2015	17	13	7	48	2013	21	16	Improved					
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2014-15	15	14	10	27	--	--	--	--					
At-risk adults without a routine doctor visit in past two years	2015	12	13	6	19	2013	14	14	Improved					
Adults without a dental visit in past year	2014	17	16	11	37	2012	18	15	No Change					
<b>PREVENTION &amp; TREATMENT</b>					<b>2017 Scorecard</b>					<b>Baseline</b>				
Adults with a usual source of care	2015	78	78	89	29	2013	73	76	Improved					
Adults with age- and gender-appropriate cancer screenings	2014	67	68	77	28	2012	68	69	No Change					
Adults with age-appropriate vaccines	2015	29	38	51	51	2013	28	36	No Change					
Children with a medical home	2011/12	50	54	69	45	--	--	--	--					
Children with a medical and dental preventive care visit in the past year	2011/12	60	68	81	45	--	--	--	--					
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	58	61	86	35	--	--	--	--					
Children ages 19–35 months who received all recommended doses of seven key vaccines	2015	67	72	81	46	2013	70	70	Worsened					
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2014	14	13	7	38	2012	16	17	Improved					
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2014	19	18	10	39	2012	21	21	Improved					
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2014	75	76	80	30	2013	76	76	Worsened					
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, pneumonia, or stroke	07/2012 - 06/2015	14.2	14.5	13.1	11	07/2010 - 06/2013	13.1	13.2	Worsened					
Central line-associated bloodstream infections (CLABSI), Standardized Infection Ratio	2014	0.51	0.50	0.23	28	2013	0.59	0.54	Improved					
Hospitalized patients given information about what to do during their recovery at home	2015	85	87	90	41	2013	83	86	Improved					
Patients who reported hospital staff always managed pain well, responded when needed help to get to bathroom or pressed call button, and explained medicines and side effects	2015	64	68	74	45	2013	63	68	No Change					
Home health patients who get better at walking or moving around	2015	69	66	72	8	2013	65	61	Improved					
Home health patients whose wounds improved or healed after an operation	2015	92	90	95	5	2013	92	89	No Change					
High-risk nursing home residents with pressure sores	2015 (Q2-Q4)	6	6	3	26	2013 (Q2-Q4)	6	6	No Change					
Long-stay nursing home residents with an antipsychotic medication	2015 (Q2-Q4)	18	17	8	34	2013 (Q2-Q4)	22	21	Improved					

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**Table 1. State Health System Performance Indicator Data by Dimension (continued)**

Dimension and Indicator	Data year	State rate	U.S. average	Best state rate	State ranking	Data year	State rate	U.S. average	Substantial change over time (a)
	2017 Scorecard					Baseline			
<b>AVOIDABLE HOSPITAL USE &amp; COST</b>									
Hospital admissions for pediatric asthma, per 100,000 children	2013	157	107	27	39	2011	145	107	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65–74, per 1,000 beneficiaries (b)	2014	29	27	12	33	2012	28	29	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, age 75 and older, per 1,000 beneficiaries (b)	2014	72	66	35	34	2012	68	70	No Change
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2014	30	27	10	31	2012	34	34	No Change
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2014	22	19	11	46	2012	22	20	No Change
Long-stay nursing home residents hospitalized within a six-month period	2014	22	16	5	47	2012	23	17	No Change
Home health patients also enrolled in Medicare with a hospital admission	2015	15.9	16.2	13.9	16	2013	15.0	16.0	Worsened
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2014	185	185	129	27	2012	179	188	No Change
Total reimbursements per enrollee (ages 18–64) with employer-sponsored insurance	2014	\$4,523	\$4,569	\$3,217	33	2013	\$4,459	\$4,489	No Change
Total Medicare (Parts A & B) reimbursements per beneficiary	2014	\$10,434	\$8,819	\$5,592	50	2012	\$10,597	\$8,854	No Change
<b>HEALTHY LIVES</b>									
2017 Scorecard									
Baseline									
Mortality amenable to health care, deaths per 100,000 population	2013-14	80.3	84.2	54.3	27	2011-12	80.3	84.0	No Change
Years of potential life lost before age 75	2014	6,575	6,447	4,892	26	2012	6,556	6,412	No Change
Breast cancer deaths per 100,000 female population	2014	19.7	20.6	14.2	19	2012	20.6	21.4	No Change
Colorectal cancer deaths per 100,000 population	2014	13.3	14.3	10.9	14	2012	13.8	14.9	No Change
Suicide deaths per 100,000 population	2014	13.9	13.0	7.8	24	2012	14.3	12.6	No Change
Infant mortality, deaths per 1,000 live births	2013	6.1	6.0	4.2	25	2012	6.1	6.0	No Change
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2015	26	26	20	27	2013	28	26	Improved
Adults who smoke	2015	16	17	9	15	2013	17	18	No Change
Adults ages 18–64 who are obese (BMI >= 30)	2015	27	29	20	15	2013	27	29	No Change
Children ages 10–17 who are overweight or obese (BMI >= 85th percentile)	2011/12	28	31	22	13	--	--	--	--
Adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2014	11	10	6	34	2012	11	10	No Change

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**Table 2. State Equity Indicator Data**

The Equity profile displays gaps in performance for vulnerable populations for selected indicators. An equity gap is defined as the difference between the U.S. national average for a particular indicator and the rate for the state's most vulnerable group by income and race/ethnicity. For all equity indicators, lower rates are better; therefore, a positive or negative gap value indicates that the state's most vulnerable group is better or worse than the U.S. average for a particular indicator.

Equity Type and Indicator	Data year	Vulnerable				State ranking	Data year	Vulnerable			Change in vulnerable group rate (b)				
		group rate	U.S. average	Gap (a)	group rate			U.S. average	Gap (a)						
<b>LOW-INCOME</b>						<b>2017 Scorecard</b>					<b>Baseline</b>				
Uninsured ages 19–64	2015	33	13	-20	47	2013	46	20	-26	Improved					
Adults who went without care because of cost in past year	2015	29	13	-16	46	2013	34	16	-18	Improved					
At risk adults without a doctor visit	2015	16	13	-3	25	2013	18	14	-4	Improved					
Adults without a dental visit in past year	2014	28	16	-12	44	2012	25	15	-10	Worsened					
Adults without a usual source of care	2015	28	22	-6	34	2013	34	24	-10	Improved					
Adults without age- and gender-appropriate cancer screenings	2014	40	32	-8	40	2012	41	31	-10	Improved					
Adults without age-appropriate vaccines	2015	76	62	-14	51	2013	76	64	-12	No Change					
Children without a medical home	2011/12	62	46	-16	47	--	--	--	--	--					
Children without a medical and dental preventive care visit in the past year	2011/12	48	32	-16	48	--	--	--	--	--					
Children ages 19–35 months without all recommended vaccines (c)	2014	32	28	-4	23	2012	36	32	-4	No Change					
Elderly patients who received a high-risk prescription drug	2014	18	13	-5	38	2012	19	17	-2	No Change					
Hospital admissions for pediatric asthma, per 100,000 children	2013	214	107	-107	29	2012	199	143	-56	Worsened					
Medicare admissions for ambulatory care-sensitive conditions (d)	2014	108	44	-64	43	2012	106	48	-58	Worsened					
Medicare 30-day hospital readmissions, per 1,000 beneficiaries (d)	2014	94	35	-59	51	2012	99	43	-56	No Change					
Potentially avoidable ED visits among Medicare beneficiaries, per 1,000 beneficiaries (d)	2014	345	185	-160	26	2012	328	188	-140	Worsened					
Adults with poor health-related quality of life	2015	41	26	-15	29	2013	39	26	-13	Worsened					
Adults who smoke	2015	22	17	-5	12	2013	20	18	-2	Worsened					
Adults who are obese	2015	32	29	-3	7	2013	33	29	-4	Improved					
Adults who have lost six or more teeth	2014	17	10	-7	23	2012	17	10	-7	No Change					
<b>RACE/ETHNICITY (e)</b>						<b>2017 Scorecard</b>					<b>Baseline</b>				
Uninsured ages 19–64 (Hispanic ethnicity)	2015	28	13	-15	18	2013	43	20	-23	Improved					
Adults who went without care because of cost in past year (other race)	2015	27	13	-14	44	2013	27	16	-11	No Change					
At risk adults without a doctor visit (Hispanic ethnicity)	2015	19	13	-6	21	2013	19	14	-5	No Change					
Adults without a dental visit in past year (black race)	2014	24	16	-8	28	2012	29	15	-14	Improved					
Adults without a usual source of care (Hispanic ethnicity)	2015	32	22	-10	11	2013	40	24	-16	Improved					
Adults without age- and gender-appropriate cancer screenings (other race)	2014	38	32	-6	24	2012	38	31	-7	No Change					
Adults without age-appropriate vaccines (Hispanic ethnicity)	2015	80	62	-18	50	2013	76	64	-12	Worsened					
Children without a medical home (black race)	2011/12	68	46	-22	42	--	--	--	--	--					

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**Table 2. State Equity Indicator Data (continued)**

The Equity profile displays gaps in performance for vulnerable populations for selected indicators. An equity gap is defined as the difference between the U.S. national average for a particular indicator and the rate for the state's most vulnerable group by income and race/ethnicity. For all equity indicators, lower rates are better; therefore, a positive or negative gap value indicates that the state's most vulnerable group is better or worse than the U.S. average for a particular indicator.

Equity Type and Indicator	Data year	Vulnerable			State ranking	Data year	Vulnerable			Change in vulnerable group rate (b)
		group rate	U.S. average	Gap (a)			group rate	U.S. average	Gap (a)	
<b>RACE/ETHNICITY (continued)</b>		2017 Scorecard				Baseline				
Children without a medical and dental preventive care visit in the past year (other race)	2011/12	44	32	-12	38	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines (Hispanic ethnicity) (c)	2014	21	28	7	2	2012	41	32	-9	Improved
Mortality amenable to health care (black race)	2013-14	138	84.2	-53.4	17	2011-12	138.6	84.0	-54.60	Improved
Infant mortality, deaths per 1,000 live births (black race)	2012-13	10.5	6.0	-4.5	19	2010-11	12.6	6.5	-6.1	Improved
Adults with poor health-related quality of life (Hispanic ethnicity)	2015	27	26	-1	4	2013	30	26	-4	Improved
Adults who smoke (other race)	2015	16	17	1	5	2013	15	18	3	No Change
Adults who are obese (black race)	2015	34	29	-5	13	2013	35	29	-6	Improved
Adults who have lost six or more teeth (black race)	2014	10	10	0	8	2012	12	10	-2	Improved

**Table 3. Summary of Equity Indicator Change**

Equity Dimension	CHANGE IN EQUITY GAP				
	2017 Scorecard rankings	Indicators with trends	No change in gap	Gap narrowed/ vulnerable group improved	Gap widened/ vulnerable group worsened
<b>Equity Dimension</b>	33	31	9	15	7
Low Income	49	17	5	6	6
Race/Ethnicity	19	14	4	9	1

**Notes:**

**Cover Page.** (a) The 2017 Scorecard rankings generally reflect 2014 or 2015 data; Baseline rankings generally reflect 2012 or 2013 data. The Baseline rankings generally align with Baseline rankings reported in the December 2015 State Scorecard report. The 2017 State Scorecard added or revised several performance measures relative to what was reported in the December 2015 Scorecard report; overall and dimension rankings are not strictly comparable between these reports. (b) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all states over the two time points. No change denotes no change in rate or a change of less than one-half of a standard deviation. The Equity dimension is separated into two subdimensions, Income and Race/Ethnicity. For interpretation of changes in the Equity dimension, see Table 2, note (b) below. (c) The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for selected Scorecard indicators. Benchmark states, those with the best rate, have an estimated impact of zero (0).

**Table 1.** (\*) Data not available for this state. (--) Historical data not available or not comparable over time. (a) Substantial change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations. (b) Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions are displayed here separately for two age ranges, but counted as a single indicator in tallies of improvement.

**Table 2.** (\*) Data not available for this state. (--) Historic data not available or not comparable over time. (a) Gaps measure the difference between the most vulnerable group in this state, by income or race/ethnicity, and the U.S. national average for each indicator. (b) Improvement indicates that the gap between this state's vulnerable population and the U.S. average has narrowed AND that the vulnerable group rate in this state has improved. Worsening indicates that the gap between this state's vulnerable population and the U.S. average has widened AND that the vulnerable group rate in this state has worsened. No change indicates that either the gap narrowed but the vulnerable group rate worsened, or the vulnerable group rate improved but the gap widened. (c) Different data years were used in the equity analysis than were reported for the entire state population rate. (d) Measures constructed from 20% Medicare sample for the equity analysis. Data for equity analysis provided by A. Jha, Harvard School of Public health. Refer to the 2017 State Scorecard report appendix for source information for entire state population rate. (e) Gaps are based on the state's nonwhite population with the largest observed difference from the U.S. average. The racial/ethnic minority with the largest gap is noted for each indicator. Race/ethnicity is generally defined as white race (non-Hispanic), black race (non-Hispanic), Hispanic ethnicity (can include individuals of any race), and other race (non-Hispanic) which includes individuals who self-identify as being some race/ethnicity not otherwise categorized.