2015 Scorecard on state health system performance

PEQUITY

When health care is inequitable, there are disparities in access and availability of care (e.g., the number of people who have insurance or who visit a dentist regularly) and health status (e.g., the number of people who are obese or smokers) between various groups based on different factors, like their income level. Across the nation, health care equity remains an unfulfilled goal. However, the health insurance expansions of the Affordable Care Act offer the opportunity to close these gaps. The Equity dimension looks at two vulnerable populations-low-income people and those who belong to racial and ethnic minorities. States' performance is based on gaps in equity-that is, the difference between the state's vulnerable population and the U.S. average for any given indicator. Improvement is defined as a decline in the states' vulnerable group rate and a narrowing in the performance gap between the vulnerable group and the U.S. average.

S INCOME DISPARITIES

THE GREATEST IMPROVEMENT:

Widespread reductions in the percentage of low-income elderly adults who received a high-risk prescription medication



IN 37 STATES,

the percentage of low-income elderly adults receiving a high-risk prescription medication declined and the equity gap narrowed.

Rhode Island IMPROVED ON THE GREATEST NUMBER OF INDICATORS

rowed.

12 OF 15



 Every state improved on at least five equity indicators.



- ▶ For most equity indicators, however, there were states for which **the gap** widened, meaning performance worsened for the most vulnerable group and the gap grew between that group and the U.S. average.
- For the equity gaps based on income, more states improved than worsened. At least half the states improved on six indicators: rates of nonelderly uninsured, elderly patients who received a high-risk prescription medication, three measures of avoidable hospital use among Medicare beneficiaries who also receive Medicaid, and nonelderly adults who have lost six or more teeth due to gum disease. The majority of states worsened on only one indicator: rates of obesity among adults.

RACIAL/ETHNIC DISPARITIES

THE GREATEST IMPROVEMENT:

Premature death rates among states' racial and ethnic minority populations declined in most states



IN 34 STATES, death rates from conditions amenable to health care interventions declined and

For the equity gaps based on race or ethnicity, more states worsened than improved. At least half the states improved on three indicators: rates of nonelderly uninsured, mortality amenable to health care, and infant mortality, but at least half worsened on six others.

Arizona, Illinois, North Carolina, New York, Oklahoma, California, and Florida



2015 RANKING 1 Hawaii

1	Hawaii
2	Massachusetts
3	Connecticut
3	Vermont
5	New Hampshire
5	New York
7	Rhode Island
8	Washington
9	District of Columbia
9	Minnesota
11	Colorado
11	Oregon
13	Maryland
14	Delaware
15	lowa
15	Maine
17	New Jersey
17	South Dakota
19	Pennsylvania
20	Nebraska
20	New Mexico
22	California
22	Idaho
24	Arizona
24	Illinois
24	Utah
24	Virginia
28	Missouri
29	Alaska
29	Wisconsin
31	Florida
31	Michigan
31	Texas
31	West Virginia
35	Wyoming
36	Kansas
36	Montana
36	North Dakota
39	Nevada
39	Tennessee
41	Ohio
42	Alabama
43	North Carolina
44	Louisiana
45	Georgia
45	Kentucky
47	Indiana
48	South Carolina
49	Mississippi
49	Oklahoma
51	Arkansas
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the equity gap narrowed.



CHANGE IN STATE HEALTH SYSTEM PERFORMANCE BY INDICATOR

Income	Number of states where	Improved	No change	Worsened		
Uninsured ages 0-64	28			23		
Adults who went without care because of cost in past year	19		25	5 7		
At-risk adults without a doctor visit	11 21		21		19	
Adults without a dental visit in past year	16	12		23		
Adults without a usual source of care	16	12		23	23	
Older adults without recommended preventive care	18		19		14	
hildren ages 19–35 months without all recommended vaccines	21		13		17	
Elderly patients who received a high-risk prescription drug	37				14	
Medicare admissions for ambulatory care-sensitive conditions			15	2		
Medicare 30-day hospital readmissions, per 1,000 beneficiaries			12			
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	35 27			14	10	
Adults with poor health-related quality of life	17		15	19	19	
Adults who smoke	12 17		22			
Adults who are obese	14	7		30		
Adults who have lost six or more teeth	25	8 1		8		
	20		Ū			

Race/Ethnicity

Uninsured ages 0-64	26			23 2		
Adults who went without care because of cost in past year	vent without care because of cost in past year 22			12		17
At risk adults without a doctor visit	13	6			32	
Adults without a dental visit in past year	11	11			29	
Adults without a usual source of care	14	5			32	
Older adults without recommended preventive care	17		6		28	
Children ages 19-35 months without all recommended vaccines	9		27			15
Mortality amenable to health care	34				7	10
Infant mortality, deaths per 1,000 live births	30				12	9
Adults with poor health-related quality of life	16		10	25		
Adults who smoke	18		6	27		
Adults who are obese	13	5			33	
Adults who have lost six or more teeth	24		11		16	

Notes: This exhibit measures indicator change over the two most recent years of data available. See Appendix A1 for baseline and current data years for each indicator. Trend data are not available for all indicators. Improvement indicates that the equity gap between states' vulnerable population and the U.S. average narrowed and that the rate among the states' vulnerable population improved. Worsening indicates that the equity gap between states' vulnerable population and the U.S. average narrowed and that the rate among the states' vulnerable population improved. Worsening indicates that the equity gap between states' vulnerable population and the U.S. average narrowed and that the rate among the states' vulnerable population got worse. The "no change" category includes the number of states where the vulnerable group rate remained the same or changed but without a narrowing or widening in the gap with the U.S. average rate. It also includes the number of states without sufficient data for the vulnerable population to assess change over time.