

U.S. Variations in Child Health System Performance

A State Scorecard



Katherine K. Shea, Karen Davis, and Edward L. Schor

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Note: Portions of this report were revised as of June 6, 2008.

ABSTRACT: This report examines variations among states' child health care systems, building on the State Scorecard published by The Commonwealth Fund Commission on a High Performance Health System. Focusing on 13 performance indicators of access, quality, costs, equity, and the potential to lead healthy lives, the authors find wide variation among states, including distinct regional patterns. Across states, better access to care is closely associated with better quality of care. Top-performing states, such as Iowa and Vermont, have adopted policies to expand children's access to care and improve the quality of care. While leading states outperform lagging states on multiple indicators, all states have opportunities to improve. National leadership and collaboration across public and private sectors are essential for coherent, strategic reforms to improve child health care in the United States.

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Executive Summary

Investing in child health is a high priority for state officials. More than one-third of children nationally receive health care funded by the federal government as well as the 50 states and the District of Columbia. Twenty-eight million children are covered by Medicaid, and 6 million are covered by the State Children’s Health Insurance Program (SCHIP), which was enacted in 1997 to expand coverage of children in low-income families.¹ Yet, some states do better than others in promoting the health and development of their youngest residents, and in ensuring that all children are on course to lead healthy and productive lives.

The recent State Scorecard on Health System Performance, prepared for The Commonwealth Fund Commission on a High Performance Health System, found that access to health care, as well as health care quality, costs, outcomes, and equity, vary widely across the states.² This report examines performance variations among states’ child health systems, building on many of the State Scorecard indicators as well as other key indicators of children’s health. It finds similar variation in performance among states—and abundant opportunities for all states to improve. With a

goal of focusing on opportunities to improve, this analysis assesses performance relative to what is achievable, based on benchmarks drawn from the range of state health system performance.

The analysis focuses on 13 indicators of child health system performance along the dimensions of access, quality, costs, and the “potential to lead healthy lives.” In addition, for two indicators, gaps in performance by income, race/ethnicity, and insurance are used to gauge equity. Six of the 13 indicators were included in the previously published State Scorecard; others were added from government data sources. All 50 states, plus the District of Columbia, are ranked on each indicator and the five dimensions of performance—access, quality, costs, equity, and potential to lead healthy lives—using the same methodology employed in the State Scorecard. The rankings for each dimension are then summed to derive an overall ranking for child health system performance. Figure ES-1 shows the indicators included, the range in variation across states, and the highest-achieving state on each indicator. (See [“Appendix: Study Methodology”](#) for further details.)

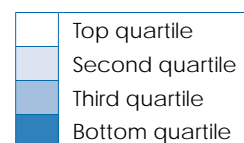
Figure ES-1. Indicators of State Child Health System Performance

Access	Year	All States Median	Range of State Performance (Bottom–Top)	Best State
Children uninsured	2005– 2006	9.1	20.1–4.9	MI
Low-income children uninsured	2005– 2006	16.6	34.5–7.0	DC
Quality				
Children ages 19–35 months received all recommended doses of five key vaccines	2005	81.6	66.7–93.5	MA
Children with both medical and dental preventive care visits	2003	59.2	45.7–74.9	MA
Children with emotional, behavioral, or developmental problems received mental health care	2003	61.9	43.4–77.2	WY
Children with a medical home	2003	47.6	33.8–61.0	NH
Children needing specialty care, those whose personal doctor or nurse follows up after they get specialty care services	2003	57.9	49.8–68.0	WV
Children with special health care needs who needed specialist care with problems getting referrals to specialty care services	2001	22.0	33.5–13.5	SD
Hospital admissions for pediatric asthma per 100,000 children	2002	176.7	314.2–54.9	VT
Costs				
State total personal health spending	2004	\$5,327	\$8,295–3,972	UT
Family premium for employer-based health insurance	2005	\$10,637	\$8,334–11,924	ND
Potential to Lead Healthy Lives				
Young children at moderate/high risk for developmental delay	2003	23.6	32.9–16.4	VT
Infant mortality: deaths per 1,000 live births	2002	7.1	11.0–4.3	ME
Equity				
Income	2003	-11 point gap	-33.7–6.4 gap	VT
Race/Ethnicity	2003	-14.2 point gap	-29.3–13.2 gap	VT
Insurance coverage	2003	-19.2 point gap	-36.2–3.9 gap	MA

Source: State Variations in Child Health System Performance, The Commonwealth Fund, May 2008.

Figure ES-3 Summary of Variations in Child Health System Performance

Overall Rank*	State	Access	Quality	Costs	Equity	Potential to Lead Healthy Lives
1	Iowa	2	2	12	19	17
2	Vermont	6	6	44	1	1
3	Maine	14	5	46	3	2
4	Massachusetts	1	1	47	2	20
5	Ohio	5	8	34	10	31
6	Hawaii	6	26	5	11	41
6	New Hampshire	24	14	40	7	4
8	Rhode Island	3	4	49	5	31
9	Kentucky	13	21	32	12	18
10	Kansas	12	17	16	30	23
10	Wisconsin	9	11	38	14	26
12	Michigan	3	15	28	17	36
13	Nebraska	31	7	22	23	18
14	Connecticut	23	3	49	6	21
15	Alabama	9	10	8	28	48
16	South Dakota	27	16	22	36	11
16	Wyoming	22	27	37	18	8
18	Pennsylvania	17	9	42	8	37
18	Washington	21	34	32	20	6
20	West Virginia	11	19	39	4	43
21	North Dakota	30	25	21	32	9
22	Indiana	17	12	28	30	33
23	Minnesota	19	21	36	38	7
24	Virginia	31	23	8	35	25
25	New York	16	28	45	8	27
26	Tennessee	15	18	26	24	43
27	Utah	44	40	2	39	3
28	Maryland	35	24	31	12	28
29	Missouri	25	33	17	27	29
30	Montana	46	38	12	22	15
31	North Carolina	39	13	11	25	46
32	District of Columbia	8	32	51	15	38
33	Idaho	33	48	7	45	13
34	California	40	41	12	40	15
34	Colorado	48	36	17	42	5
36	South Carolina	20	35	20	33	41
37	Delaware	38	19	40	20	34
38	Georgia	37	29	6	36	47
39	Illinois	36	31	25	26	38
39	New Mexico	44	49	12	41	10
41	New Jersey	42	29	43	16	29
42	Alaska	27	44	47	29	13
42	Oregon	26	39	24	47	24
44	Arkansas	27	42	1	46	48
45	Nevada	48	50	2	51	21
46	Texas	50	42	28	44	12
47	Arizona	46	46	2	49	35
48	Louisiana	40	45	17	33	51
49	Mississippi	43	47	10	48	50
50	Florida	51	37	34	43	38
51	Oklahoma	33	51	26	49	45



*Final rank for overall health system performance across five dimensions.
 Source: The Commonwealth Fund's calculations based on state's rankings on access, quality, cost, healthy lives, and equity dimensions.

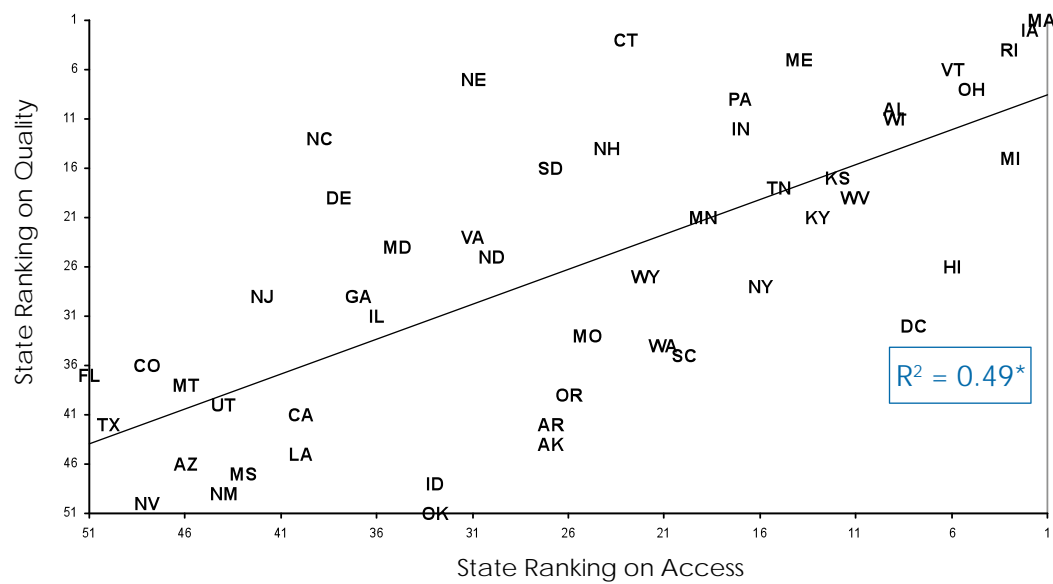
on multiple indicators across dimensions (Figure ES-3). Uninsured rates for children in these states are well above national averages, and more than double those in the quartile of states with the lowest rates. Rates for receipt of recommended preventive care are generally low in these states, while rates of infant mortality and risk of developmental delay are often high.

- **There is wide variation in children’s access to care and health care quality across the United States.** The proportion of children who are uninsured ranges from 5 percent in Michigan to 20 percent in Texas. The proportion of children who have regular medical and dental preventive care ranges from 75 percent in Massachusetts to 46 percent in Idaho. The proportion of children hospitalized for asthma ranges from 55 per 100,000 children in Vermont to 314 per 100,000 in South Carolina (among the 33 states reporting this indicator).
- **Children’s access to medical homes—primary care providers who deliver health care services that are easily accessible, family-centered, continuous, comprehensive, coordinated, and culturally competent—varies widely across states.** Sixty-one percent of children in New Hampshire, and over half of all children in all the New England states, have a medical home, compared with only one-third in Mississippi. Research shows that medical homes are an effective way to improve health care quality and reduce disparities by race, insurance status, and income.³ In this report, having a medical home is defined as having at least one preventive medical care visit in

the past year; being able to access needed specialist care and services; and having a personal doctor/nurse who usually/always spends enough time and communicates clearly, provides telephone advice and urgent care when needed, and follows up after specialist care.

- **Across states, better access to care is closely associated with better quality of care.** Seven states—Massachusetts, Iowa, Rhode Island, Ohio, Vermont, Alabama, and Wisconsin—are national leaders in giving children access to care and ensuring high-quality care (Figure ES-4).
- **There are strong regional patterns in child health system performance.** New England and the North-Central states perform well on indicators of health care access, quality, and equity, while many western and southern states have lower health care costs. New England, Upper Midwest, East North-Central, and West North-Central states perform well on indicators measuring the potential for children to lead healthy lives. Yet, within any region, there are exceptions. Alabama is in the top quartile of states in terms of both access and quality. Texas and New Mexico perform well on child health outcomes, while Kentucky and West Virginia perform well on measures of health system equity. Learning more about such exceptions to regional patterns may provide insights into effective policies to support children’s health. For example, Alabama was an early implementer of SCHIP and provides additional coverage through Alabama Blue Cross Blue Shield for children in families with income just above SCHIP’s eligibility threshold.

Figure ES-4. State Ranking on Access and Quality Dimensions



performance to shape policies that ensure all children are given the opportunity to lead long, healthy lives and realize their potential.

Further, investment in children’s health care measurement and data collection at the state level could enrich understanding of variations in child health system performance. For many dimensions, only a limited set of indicators is available. In the case of costs, measures used in this report are for the total population and not specific to children.

The indicators of child health care quality presented here are largely parent-reported; however, data on clinical quality are necessary to paint a clear picture of state child health quality. Thus, the collection of clinical data for children’s health care quality is integral to future state and federal child health policy reform and could modify the state rankings provided in this report. Work currently under way should lay a firmer foundation for public and private action.

Figure ES-5. National Cumulative Impact if All States Achieved Top-State Rates

Indicator	If all states improved their performance to the level of the best-performing state for this indicator, then:
Children uninsured	4,691,326 more children would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed
Children ages 19–35 months received all recommended doses of five key vaccines	756,942 more children (ages 19 to 35 months) would be up-to-date on all recommended doses of five key vaccines
Children with both medical and dental preventive care visits	11,775,795 more children (ages 0–17) would have both a medical and dental preventive care visit each year
Children with a medical home	10,858,812 more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed
Children with special health care needs who needed specialist care with problems getting referrals to specialty care services	412,895 fewer children with special health care needs (ages 0–17) who needed specialist care would have problems getting referrals to specialty care services
Children at risk for developmental delays	1,613,347 fewer children (ages 1–5) would be at risk for developmental delays

Source: The Commonwealth Fund’s calculations based on summation of differences between highest-achieving state and all other states for each indicator.



Introduction

The early years of a child's life are pivotal to future health and development. Disparities in health and skills emerge during children's first few years and worsen with age.⁴ For these reasons and others, it is critical that the nation's health care system ensures that all children have the opportunity to lead long, healthy, and productive lives. Our current health system, however, underperforms in comparison with other industrialized countries.⁵ Even within the United States, health care access, as well as quality, costs, and equity, vary widely.⁶

This report examines performance variations among states' child health systems, building on the previously published State Scorecard on Health System Performance, prepared for The Commonwealth Fund Commission on a High Performance Health System.⁷ It offers insights into states' experiences and benchmarks against which policymakers and other stakeholders can gauge the success of their efforts to ensure young families have access to high-quality, efficient, and equitable care. With a goal of focusing on opportunities to improve, the analysis assesses performance relative to what is achievable, based on benchmarks drawn from the range of state health system performance.

The report includes 13 key indicators of children's health system performance along the dimensions of access, quality, costs, and the "potential to lead healthy lives." Six of these indicators were included in the previously released State Scorecard, while others were drawn from government sources. The analysis gauges the equity of states' child health care systems by measuring health disparities by insurance status, family income, and race/ethnicity for two of these indicators (receipt of preventive medical and dental visits in past year and percent of children with a medical home).

All 50 states, plus the District of Columbia, are ranked on each indicator and on the five dimensions of performance, using the same methodology employed in the State Scorecard. The rankings for each dimension are then summed to derive an overall ranking for child health system performance. Figure 1 shows the indicators included, their range of variation across states, and the highest-achieving state on each indicator. (See "[Appendix: Study Methodology](#)" for further details.)

Figure 1. Indicators of State Child Health System Performance

Access	Year	All States Median	Range of State Performance (Bottom–Top)	Best State
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Children with both medical and dental preventive care visits	2003	59.2	45.7–74.9	MA
Children with emotional, behavioral, or developmental problems received mental health care	2003	61.9	43.4–77.2	WY
Children with a medical home	2003	47.6	33.8–61.0	NH
Children needing specialty care, those whose personal doctor or nurse follows up after they get specialty care services	2003	57.9	49.8–68.0	WV
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Costs				
State total personal health spending	2004	\$5,327	\$8,295–3,972	UT
Family premium for employer-based health insurance	2005	\$10,637	\$8,334–11,924	ND
Potential to Lead Healthy Lives				
Young children at moderate/high risk for developmental delay	2003	23.6	32.9–16.4	VT
Infant mortality: deaths per 1,000 live births	2002	7.1	11.0–4.3	ME
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Income	2003	-11 point gap	-33.7–6.4 gap	VT
Race/Ethnicity	2003	-14.2 point gap	-29.3–13.2 gap	VT
Insurance coverage	2003	-19.2 point gap	-36.2–3.9 gap	MA

Source: State Variations in Child Health System Performance, The Commonwealth Fund, May 2008.

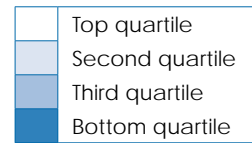
Findings

Leading states consistently outperform lagging states on multiple child health indicators and dimensions. Thirteen states—Iowa, Vermont, Maine, Massachusetts, Ohio, Hawaii, New Hampshire, Rhode Island, Kentucky, Kansas, Wisconsin, Michigan, and Nebraska—emerge at the top quartile of the overall children’s health system performance rankings. These states generally rank high on multiple indicators in each of the five dimensions of performance assessed. Many have among the lowest uninsured rates for children in the nation (Figures 2 and 3).

Conversely, the 13 states at the bottom quartile of the overall performance ranking—Illinois, New Mexico, New Jersey, Alaska, Oregon, Arkansas, Nevada, Texas, Arizona, Louisiana, Mississippi, Florida, and Oklahoma—lag well behind their peers on multiple indicators. Uninsured rates for children in these states are well above national averages, and more than double those in the quartile of states with the lowest rates. In these states, rates for receipt of recommended preventive care are generally low, while infant mortality and risk of developmental delay are often high.

Figure 2. Summary of Variations in Child Health System Performance

Overall Rank*	State	Access	Quality	Costs	Equity	Potential to Lead Healthy Lives
1	Iowa	2	2	12	19	17
2	Vermont	6	6	44	1	1
3	Maine	14	5	46	3	2
4	Massachusetts	1	1	47	2	20
5	Ohio	5	8	34	10	31
6	Hawaii	6	26	5	11	41
6	New Hampshire	24	14	40	7	4
8	Rhode Island	3	4	49	5	31
9	Kentucky	13	21	32	12	18
10	Kansas	12	17	16	30	23
10	Wisconsin	9	11	38	14	26
12	Michigan	3	15	28	17	36
13	Nebraska	31	7	22	23	18
14	Connecticut	23	3	49	6	21
15	Alabama	9	10	8	28	48
16	South Dakota	27	16	22	36	11
16	Wyoming	22	27	37	18	8
18	Pennsylvania	17	9	42	8	37
18	Washington	21	34	32	20	6
20	West Virginia	11	19	39	4	43
21	North Dakota	30	25	21	32	9
22	Indiana	17	12	28	30	33
23	Minnesota	19	21	36	38	7
24	Virginia	31	23	8	35	25
25	New York	16	28	45	8	27
26	Tennessee	15	18	26	24	43
27	Utah	44	40	2	39	3
28	Maryland	35	24	31	12	28
29	Missouri	25	33	17	27	29
30	Montana	46	38	12	22	15
31	North Carolina	39	13	11	25	46
32	District of Columbia	8	32	51	15	38
33	Idaho	33	48	7	45	13
34	California	40	41	12	40	15
34	Colorado	48	36	17	42	5
36	South Carolina	20	35	20	33	41
37	Delaware	38	19	40	20	34
38	Georgia	37	29	6	36	47
39	Illinois	36	31	25	26	38
39	New Mexico	44	49	12	41	10
41	New Jersey	42	29	43	16	29
42	Alaska	27	44	47	29	13
42	Oregon	26	39	24	47	24
44	Arkansas	27	42	1	46	48
45	Nevada	48	50	2	51	21
46	Texas	50	42	28	44	12
47	Arizona	46	46	2	49	35
48	Louisiana	40	45	17	33	51
49	Mississippi	43	47	10	48	50
50	Florida	51	37	34	43	38
51	Oklahoma	33	51	26	49	45



*Final rank for overall health system performance across five dimensions.
Source: The Commonwealth Fund's calculations based on state's rankings on access, quality, cost, healthy lives, and equity dimensions.

Iowa: National Leader in Child Health System Performance

Iowa ranks first overall on children's health system performance and second on the measures of health care access and quality. The state also ranks among the top states in the annual *KIDS COUNT Data Book*.⁸

Iowa has a longstanding commitment to children. In the past decade, the state paid particular attention to the needs of its youngest residents, from birth to age 5. After piloting a variety of early childhood preventive programs in the early 1990s to identify and serve at-risk children and families, the Iowa Legislature established a statewide initiative to fund designated "local empowerment areas" across the state to create local partnerships among clinicians, parents, child care representatives, and educators focused on preventive services. In 2000, Iowa Governor Vilsack formed the Governor's Children's Cabinet, which comprised the directors of the five state departments responsible for children's services, to serve as the leadership body to implement the state's vision.

Additionally, Iowa's Medicaid program has a separate managed care program for mental health services open to all recipients who have a mental health diagnosis, except the elderly. Children with emotional or mental health issues are permitted to have 12 visits a year to their primary care physician before services must be provided by an approved managed behavioral health care provider. In general, primary care providers are not eligible to be paid for providing mental health care when an insurer has carved out a separate mental health/behavioral health managed care contract. However, in

Iowa, since primary care providers are the first point of contact for all child health problems, physical and mental, the state has decided that allowing them to provide some care, presumably short-term care for uncomplicated mental health problems, is a workable strategy that likely increases access.

State leaders also have focused on childhood outcomes by promoting the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. In 1993, an EPSDT Interagency Collaborative was formed with a fourfold purpose: to increase the number of Iowa children enrolled in EPSDT; to increase the percentage of children who receive well-child screenings; to ensure effective linkages to diagnostic and treatment services; and to promote the overall quality of services delivered through EPSDT. As a result of these efforts, statewide rates of well-child screenings rose from 9 percent in 1991 to 95 percent in 2005.⁹

Iowa's State Children's Health Insurance Program targets two groups: all children, regardless of age, in families with income levels up to 133 percent of the federal poverty level are covered through an expansion of Medicaid; meanwhile, all children in families with income from 133 percent to 200 percent of the poverty level are covered through private insurance, in a program known as *hawk-i*. Iowa contracts with private health plans to provide covered services to children enrolled in the *hawk-i* program, with little or no cost-sharing for families. Iowa's innovative policies and public-private partnerships to improve children's health care can serve as evidence-based models for other states to move toward a higher-performing child health system.¹⁰

Access: Medicaid and SCHIP Are Critical

Insurance coverage for children varies widely across the states. The proportion of children who are uninsured ranges from 5 percent in Michigan to 20 percent in Texas (Figure 4). Meanwhile, the proportion of children in families with incomes at or below twice the federal poverty level who are uninsured ranges from 7 percent in the District of Columbia to 35 percent in Colorado—a fivefold variation.

The number of uninsured children has declined in most states following enactment of the State Children's Health Insurance Program (SCHIP) in 1997. Since then, the number of states with more than 16 percent of children uninsured has declined from 12 to five.¹¹ Despite its success, the program hit a political stalemate over reauthorization in 2007, with President Bush and the Democratic majority in Congress divided over issues related to the SCHIP income eligibility level and amount of federal funding. Resolution of the controversy

was postponed with an extension of the program to March 2009.¹²

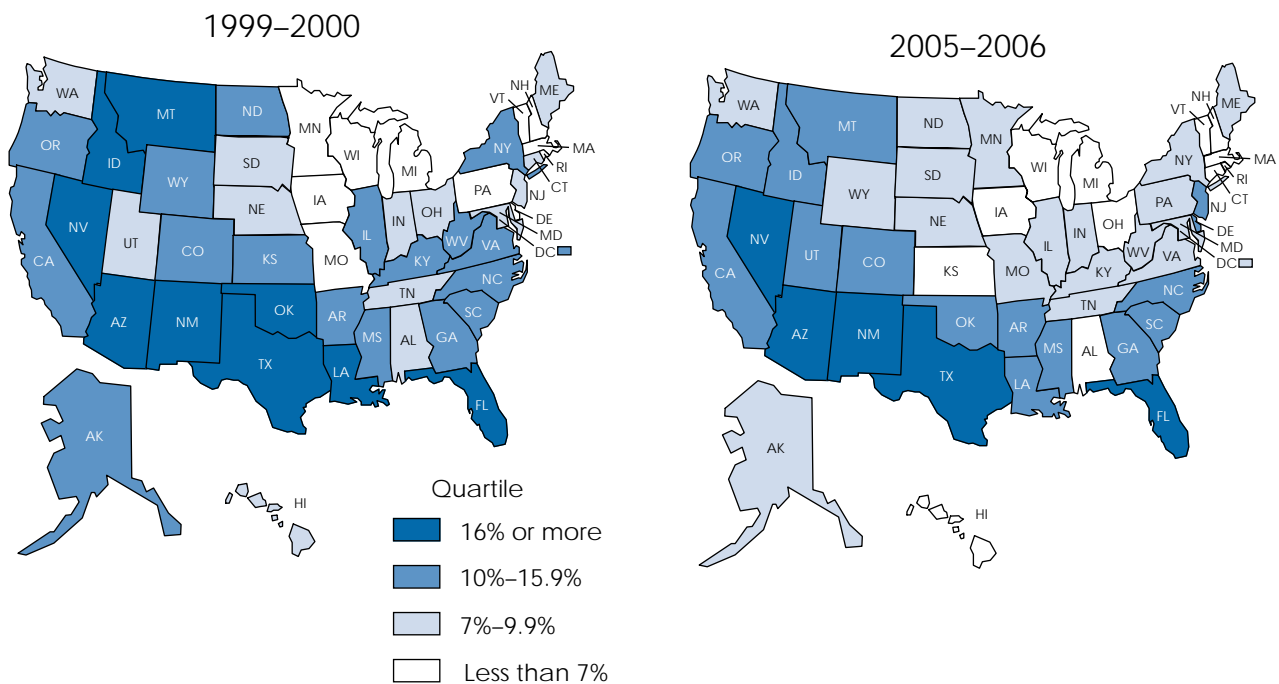
Reaching agreement over the future direction of SCHIP may be essential to continued progress in covering uninsured children. The U.S. Census Bureau reported in August 2007 that 8.7 million children were uninsured in 2006, up from 8.0 million in 2005—an increase of 9 percent in just one year.¹³

Medicaid and SCHIP play crucial roles in providing health insurance for children in low-income families, for whom private plans are often unavailable or unaffordable. States are required to extend Medicaid eligibility to children under 6 years old living in families with incomes at or below 133

percent of the federal poverty level, and to children ages 6 to 18 living in families with incomes at or below 100 percent of poverty. SCHIP gives states flexibility in determining eligibility levels above Medicaid’s mandated income coverage levels, and many states have adopted more generous eligibility criteria. Thus, children’s risk of being uninsured depends in some part on where they live, due to the wide variation across states in coverage of low-income children.

In this analysis, states’ ranking on access to care is based on the uninsured rates among all children, as well as uninsured rates among children in families with incomes at or below twice the federal poverty level. New England and states in the East North-Central and West North-Central regions

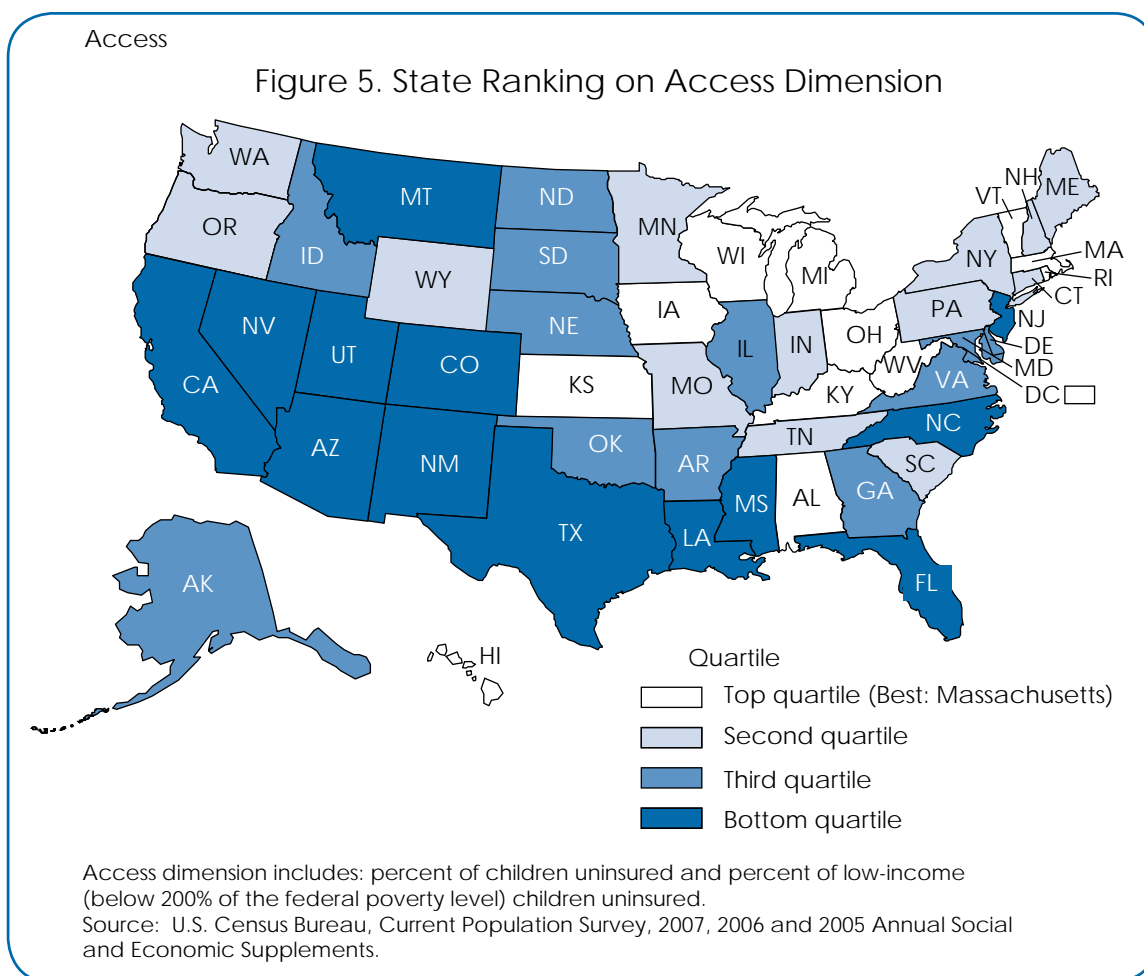
Figure 4. Percent of Uninsured Children Declined Since Enactment of SCHIP in 1997, but Gaps Remain



Source: The Commonwealth Fund’s two-year averages 1999–2000, updated with 2007 CPS correction, and 2005–2006 from the Census Bureau’s March 2000, 2001 and 2006, 2007 Current Population Surveys.

of the U.S. are among the best performers on the dimension of access to care (Figure 5). But there are notable exceptions. For example, Alabama is in the top quartile of states—undoubtedly reflecting that the state was among the first to implement SCHIP and supplement it with additional coverage, provided by Alabama Blue Cross Blue Shield, for children in families just above the SCHIP income eligibility threshold.

More than just insurance status affects children’s access to health care. Variables such as waiting times for appointments when sick or in need of care, average copayments for preventive care, and residence in medically underserved communities also have an impact on families’ access to health care. Better state-level data on these dimensions of care would provide a richer picture of children’s actual access to care.



Vermont's Progressive Approach to Serving Children

Ranked second overall on children's health and first in terms of equity and child health outcomes, Vermont has long placed a high priority on children. In 1989, the state enacted the *Dr. Dinosaur* program, which expanded health insurance coverage to children up to age 17 in families earning less than 225 percent of the federal poverty level, as well as pregnant women in families earning less than 200 percent of poverty. The program operates through the private health insurance market and has a strong emphasis on prenatal and preventive care.

In 2006, Vermont expanded SCHIP income eligibility levels for children in families with incomes up to 300 percent of the federal poverty level. The Vermont Health Care Affordability Act of 2006 introduced reforms through the state's Medicaid program, reducing premiums for children in public programs by half. Individuals and families with incomes above 300 percent of poverty who are not eligible for public

insurance may buy into a private insurance plan called Catamount Health; individuals or families with incomes below 300 percent of poverty may also receive premium assistance to buy this coverage. The Act also increased Medicaid reimbursement rates for preventive care, dental care, and some other developmental services.

Vermont is also home to the Vermont Child Health Improvement Project (VCHIP), a regional partnership of professional society chapters; the Department of Public Health; the state's Medicaid agency; the University of Vermont's Department of Pediatrics faculty; the Banking, Insurance, Securities and Health Care Administration; and three Vermont managed care organizations. These public and private partners use measurement-based efforts and a systems approach to improve the quality of children's health care. VCHIP shares lessons learned and other findings with public health agencies and policymakers to inform decision-making, enhance services, and target resources. Disease management programs are also being introduced into public insurance plans.

Quality: Wide State Variation, with Shortfalls Across Nation

Families expect that their health care providers will recommend and provide effective services, that their care will be well coordinated, and that those delivering services will be responsive to their needs. This report includes seven indicators of health care quality, including four that assess the extent to which children receive the "right care" (preventive care and care delivered according to medical guidelines) and three that assess care coordination (access to a medical home, referrals to specialty care services, and follow-up after specialized care).

As with the other dimensions presented, there are wide variations among states in terms of the quality of children's health care (Figure 6). There are also distinct geographic patterns in states' overall rankings on child health care quality. With some notable exceptions, states in the South, Southwest,

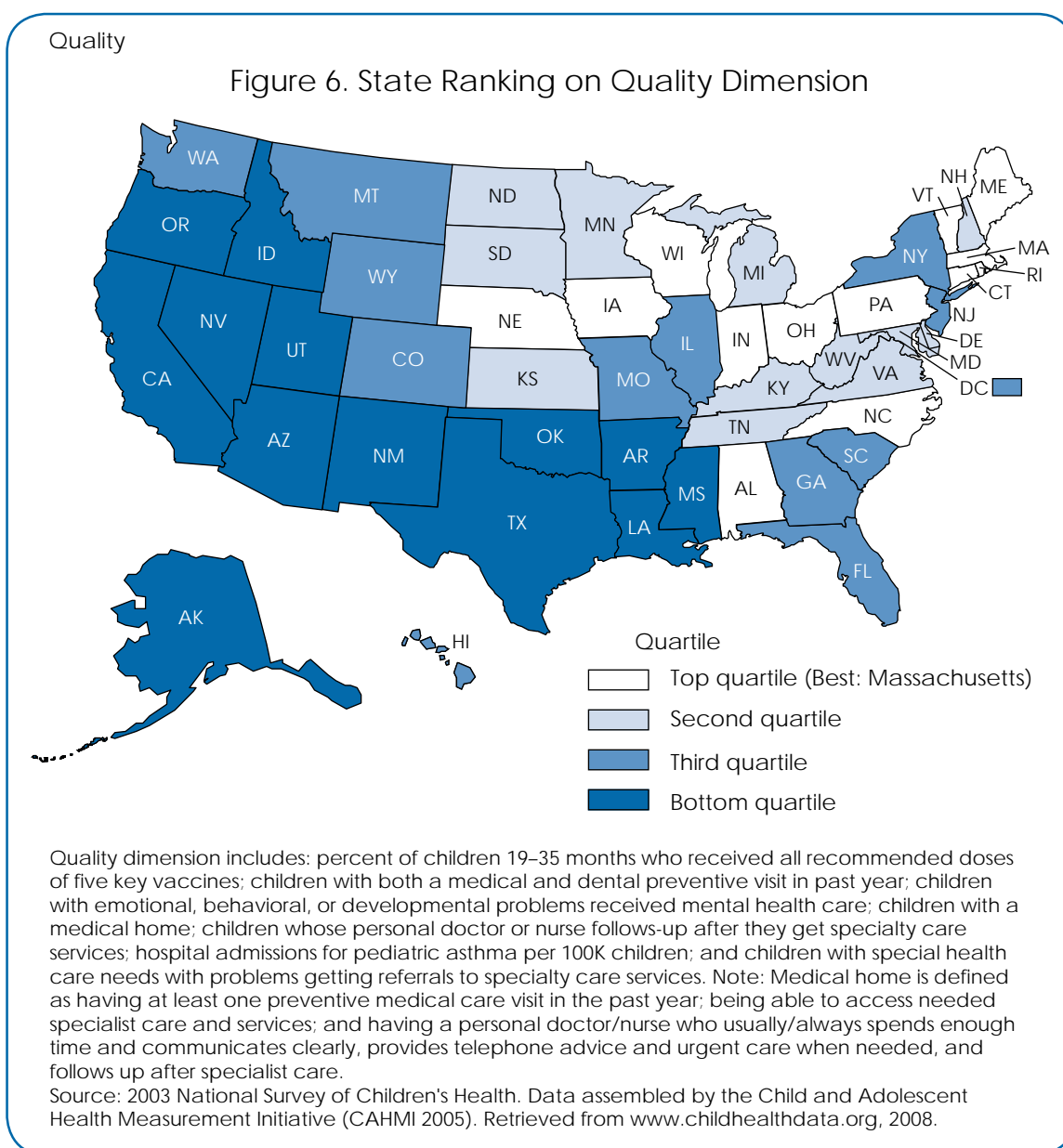
and West rank lowest on this dimension, while states in the Upper Midwest, East North-Central and West North-Central, and Northeast regions rank highest. The five highest-ranking states on quality, in order of their ranking, were Massachusetts, Iowa, Connecticut, Rhode Island, and Maine.

Still, even in the best states, performance falls far short of recommended standards. The share of children receiving at least one dental and medical preventive care visit in the past year ranges from 75 percent in Massachusetts to less than half (46%) in Idaho. Childhood immunization rates range from 94 percent of all children ages 19 to 35 months in Massachusetts to less than 75 percent of children in the bottom five states. The provision of children's mental health care services also varies widely across states. Only 43 percent of children with emotional, behavioral, or developmental problems received some mental health care in Texas, while

77 percent of all children in Wyoming who needed such services received care.

The American Academy of Pediatrics (AAP) recommends that all children and adolescents have a primary care professional (or a multidisciplinary team for children with severe chronic illnesses) whose practice serves as a medical home that provides accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and

culturally sensitive services.¹⁴ Children who have a regular practitioner are more likely to adhere to prescribed medications, receive preventive care, and have care that is well coordinated and family-centered; they are also less likely to visit the emergency department and be hospitalized. In addition, their practitioner is more likely to recognize health problems and track information.¹⁵



A majority of children and adolescents do not receive care that meets all of the elements of a medical home as defined by pediatric experts. Rates of children with a medical home are regionally clustered, ranging from over half of all children in New England states to only a third in Mississippi. Barriers include lack of adequate reimbursement for care coordination services, lack of available community services, and lack of collaboration among different state programs, private health plans, and providers serving children.¹⁶ For the purposes of this report, having a medical home is defined as having at least one preventive medical care visit in the past year; being able to access needed specialist care and services; and having a personal doctor/nurse who usually/always spends enough time and communicates clearly, provides telephone advice and urgent care when needed, and follows up after specialty care.

One component of a medical home is follow-up care after children receive care from a specialist. Across the United States, parents of only 58 percent of children report that their child's personal doctor or nurse provided follow-up services after specialty care. Even among the top five states, parents of only 65 percent of children, on average, reported that their personal doctor or nurse followed up

after specialty care services, with West Virginia topping the charts with 68 percent. In Oregon, parents of only about half of children said their child's personal doctor or nurse followed up after specialty care services.

Care coordination is especially important to children with special health care needs and their families, who often need help in accessing and integrating services from a complex web of providers and programs.¹⁷ According to parents, the proportion of children with special health care needs who experienced problems getting referrals to specialty care services ranged from a high of 34 percent in New Mexico to 14 percent in South Dakota.

In some cases, hospital admissions can be averted through effective management of chronic conditions like asthma, and through timely, preventive well-child care.¹⁸ Access to primary care outside of usual office hours also can help children avoid costly hospitalizations or emergency care. Among the 33 states that collect all-payer hospital data, rates of hospital admissions for childhood asthma range from a low of 55 per 100,000 children in Vermont to 314 per 100,000 in South Carolina—nearly six times higher (Figure 7).

Massachusetts Health Quality Partners: Success Through Collaboration

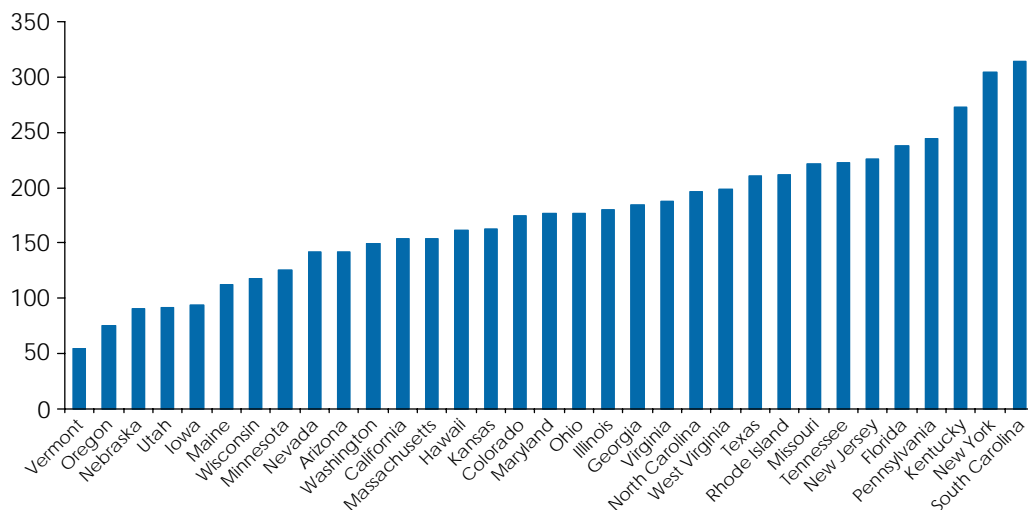
State policies and regional collaborations can make a significant difference in the quality of children's health care. For example, Massachusetts achieved the highest performance in the area of health care quality in part because of the state's many local quality improvement entities, such as Massachusetts Health Quality Partners (MHQP). MHQP is a broad-based coalition

of physicians, hospitals, health plans, purchasers, consumers, and government agencies working together to promote improvement in the quality of health care services. The coalition convened a large number of Massachusetts health care organizations—including the Massachusetts Department of Public Health, the Massachusetts Medical Society, the Massachusetts Hospital Association, physician specialty societies, and several major health plans—to endorse a set of preventive care recommendations and immunization guidelines for children, and then disseminated them to over 7,000 clinicians in the state.

Quality

Figure 7. State Rates of Hospital Admissions for Pediatric Asthma per 100,000 Children, 2002

Rate for children 0–17 years



Source: 2002 Healthcare Cost and Utilization Project State Inpatient Databases (AHRQ, HCUP-SID 2002).

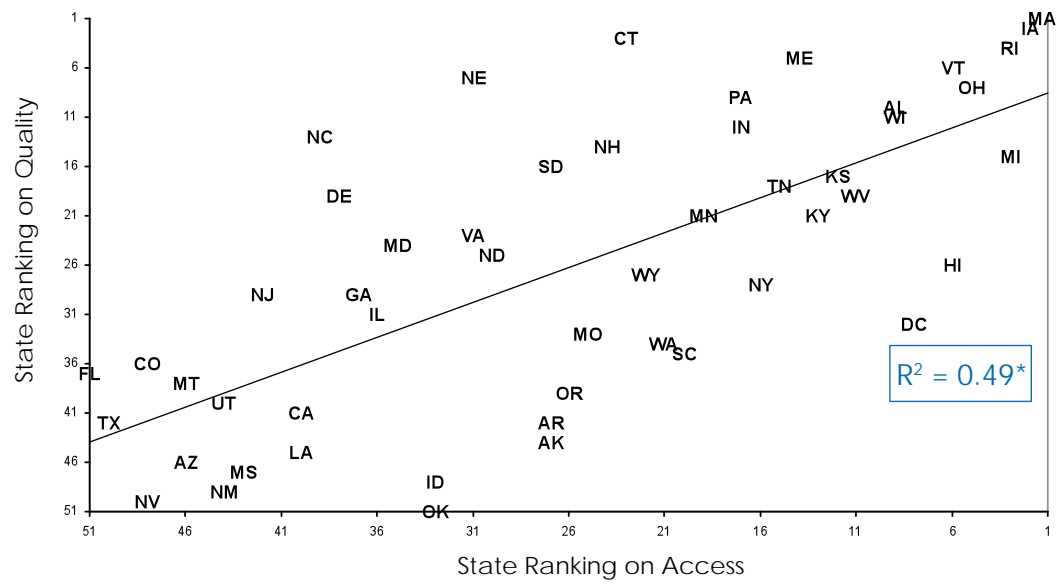
Across states, better access to care and higher rates of insurance are closely associated with better quality. States with the lowest rates of uninsured children tend to score highest on measures of preventive care and coordination of care, as well as other child health quality indicators (Figure 8). Preventive care for children occurs at well-child care visits—which necessitates health coverage and the ability to pay for a primary care visit. Access and quality preventive care for children are intrinsically linked.

States with large Medicaid enrollments and high rates of poverty can leverage federal regulations that encourage state Medicaid agencies to use “external quality review organizations” (EQROs) to help implement strategies for assessing the quality of services provided to Medicaid beneficiaries enrolled in managed care plans. States are required to use an EQRO if their Medicaid program contracts with

comprehensive health plans, which most states do.¹⁹ A recent Commonwealth Fund report found that only a handful of states are now using EQROs to assess children’s preventive and developmental services, but more states could do so if a key stakeholder elects to champion the issue and if state staff and EQROs have the relevant knowledge base.²⁰

Three of the five leading states in the access dimension—Massachusetts, Iowa, and Rhode Island—also rank among the top five states in terms of quality. Moreover, states with low quality rankings tend to have high rates of uninsured children. This cross-state pattern points to the importance of affordable access as a first step for ensuring that families obtain essential care and receive care that is well coordinated and patient-centered. In states where more children are insured, children are more likely to have a medical home and receive recommended preventive care.

Figure 8. State Ranking on Access and Quality Dimensions



* $p < .05$

Source: The Commonwealth Fund's calculations based on state's rankings on access dimension and quality dimension.

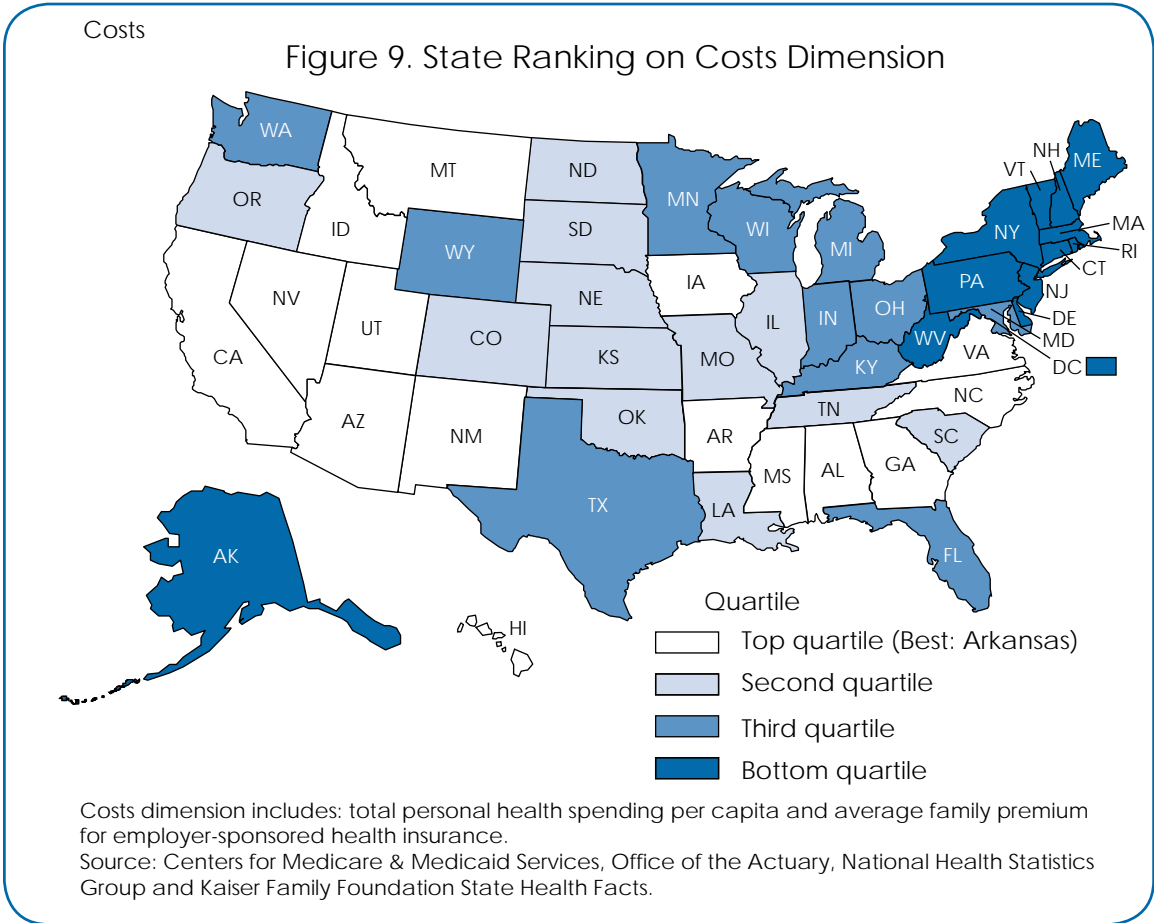
Costs: A Major Concern in All States

While the rising costs of care are of concern to families across the nation, there is wide variation in both per-capita health care costs and insurance premiums. Health systems should ensure that families have access to high-quality care while minimizing the costs of care. The indicators in this area target two important measures of costs: total personal health care spending per capita, and the average family premium for employer-based health coverage. Neither of these indicators is specific to children. A comprehensive evaluation of health system efficiency would compare broader measures of inappropriate care, waste, and administrative overhead—but such measures for child health care are not available at the state level.

Overall, the Southwest and Southeast rank best on these measures—that is, these regions have the lowest costs or premiums—while states

in the Northeast are among the most costly (Figure 9). The five top-performing states are Arkansas, Arizona, Nevada, Utah, and Hawaii. Each of these states has relatively low rates of total personal health care spending per capita and low average family premiums for employer-sponsored health insurance. Notably, of these five, only Hawaii is a top-ranked state overall; the other four fall in the bottom half of states.

Per-capita health care spending can shed light on differences in the organization and delivery of health services, as well as on the demographic and economic factors contributing to health care spending patterns. State spending on health care ranges from a high of \$8,295 per capita in Washington, D.C., to a low of \$3,972 in Utah (Figure 10). Improving care and developing more efficient care systems have the potential to generate major savings.



Employer-based health insurance is becoming less and less affordable for the American family. Health insurance premiums have increased rapidly over the recent past, growing a cumulative 78 percent between 2001 and 2007 and far outpacing cumulative wage growth of 19 percent over the same period.²¹ The mean family premiums for employer-sponsored insurance vary widely among the states, ranging from \$8,334 in North Dakota to \$11,924 a year in Rhode Island (Figure 11).

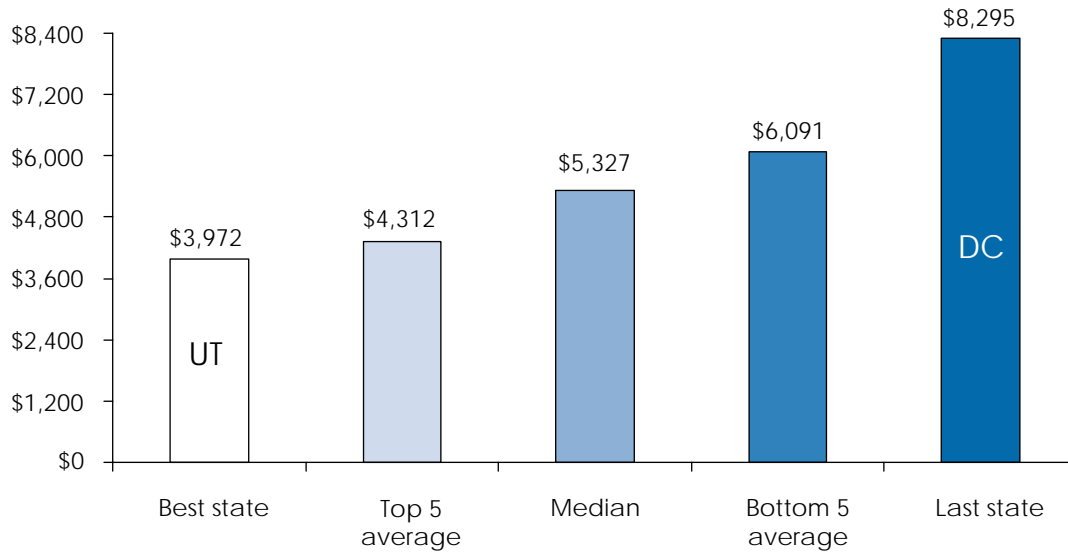
For the most part, variation in insurance premiums reflects differences in the cost of health care and health insurance, rather than benefits

covered under private insurance and public programs.²² Yet, states differ in the extent to which they regulate health insurance markets. North Dakota, which has the lowest average premium for family employer-sponsored insurance, requires insurers in the small group market to cover everyone, regardless of health status. Rhode Island, which has the most costly premiums, strongly regulates the private health insurance market and includes a variety of benefit mandates for women and young children.²³ So some variation in health insurance premiums may reflect states' commitment to sharing risks more broadly or investing in preventive care for children.

Costs

Figure 10. State Variation: Personal Health Care Spending per Capita, 2004

Total personal health care spending in dollars

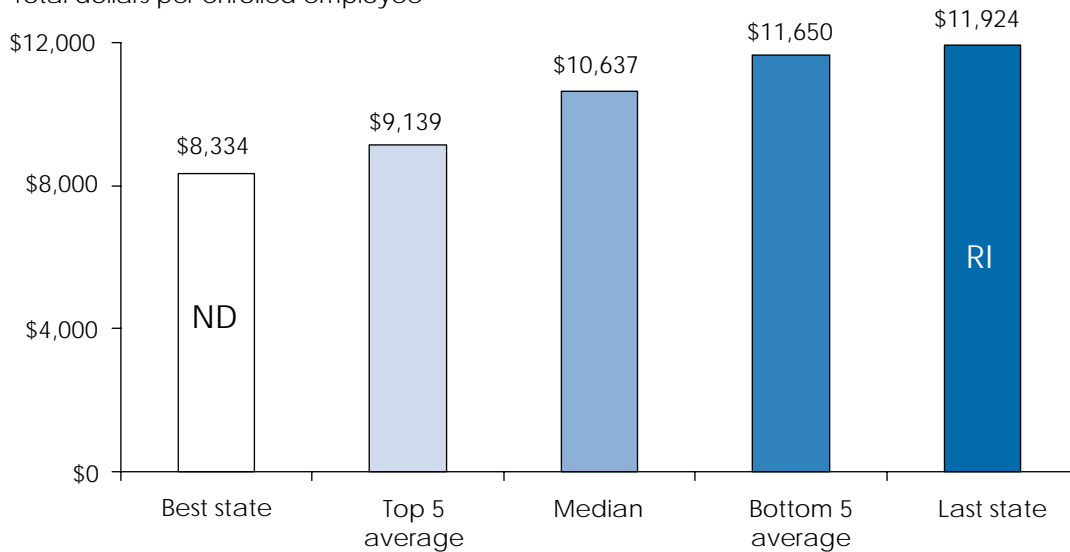


Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

Costs

Figure 11. State Variation: Average Family Premium for Employer-Based Health Insurance, 2005

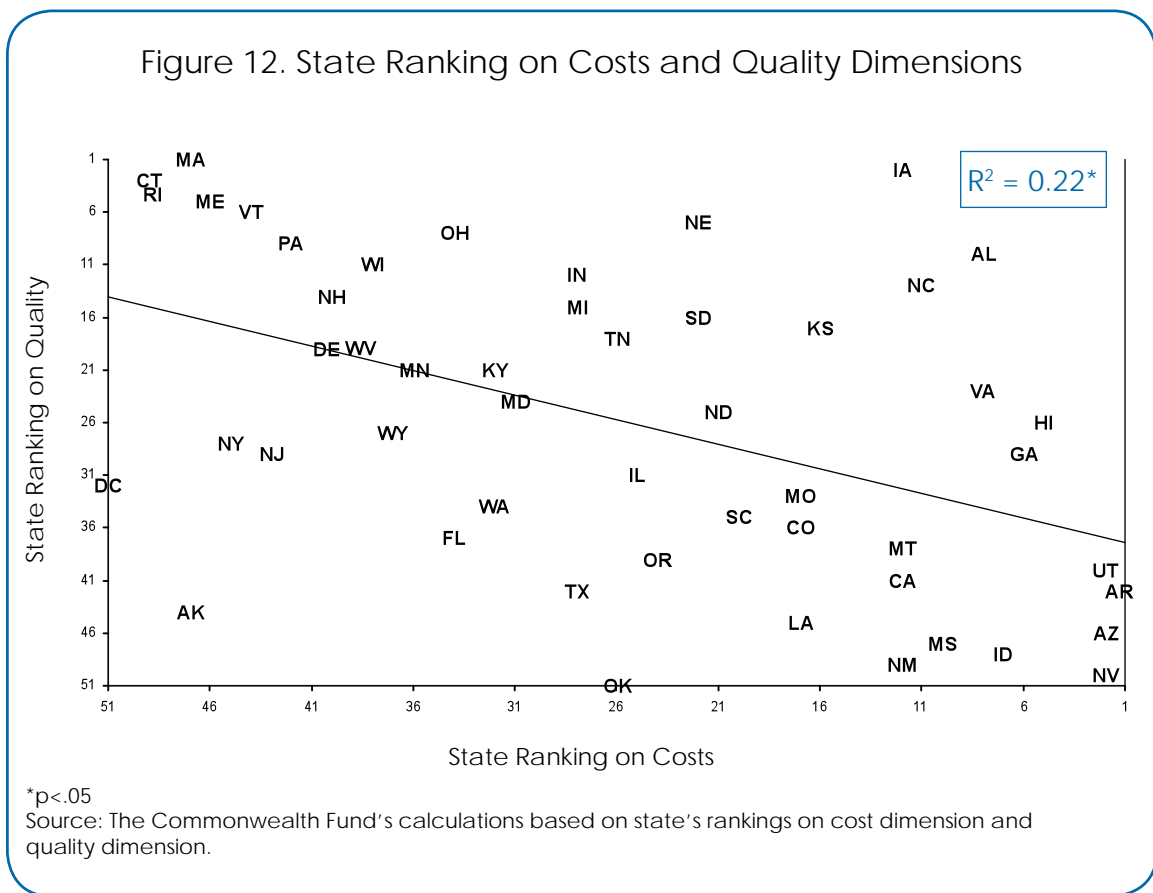
Total dollars per enrolled employee



Source: Kaiser Family Foundation State Health Facts. Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2005 Medical Expenditure Panel Survey (MEPS)-Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: Medical Expenditure Panel Survey (MEPS), accessed August 8, 2007.

Among the five states with the lowest family premiums and per capita personal health spending, only Hawaii is a top-ranked state overall. However, across all states, states with higher spending rank higher on the child quality dimension (Figure 12). By contrast, higher spending is not correlated with higher quality for the overall population. Rising health care costs are a concern for both

federal and state governments alike, and research using Medicare data has demonstrated an inverse relationship between spending and quality among older adults.²⁴ Yet, the results presented here suggest this may not be the case for children. More research is needed to explore the relationship between health care spending and the quality of children’s health care.



Equity: Quality Differs by Race/Ethnicity and by Income and Insurance Status

Through programs such as Medicaid and SCHIP, all states devote considerable resources to the provision of care for children in low-income families. Such children are at increased risk for poor health due to lack of access to timely medical care and greater risk of accidents and illness.²⁵

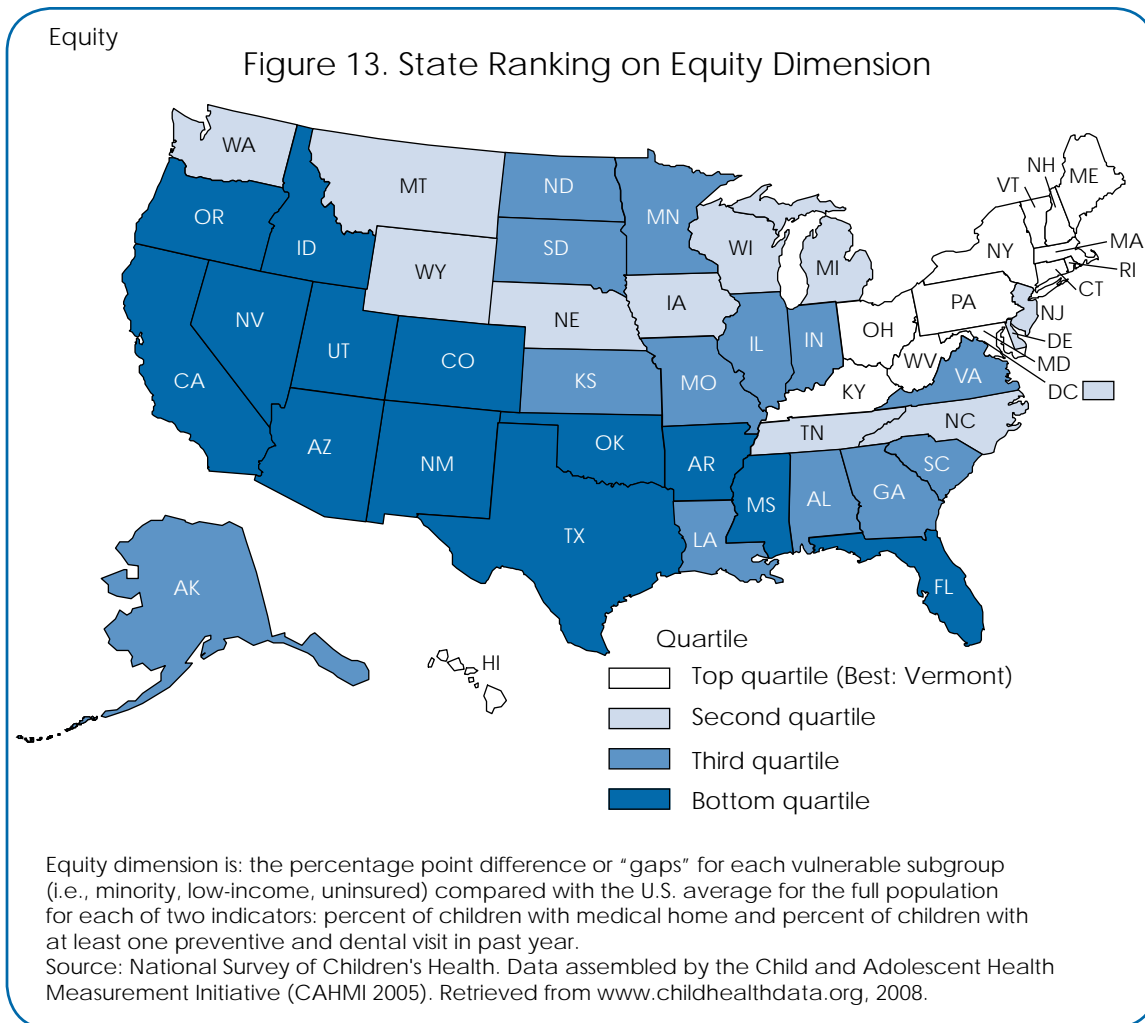
In recognition that good-quality care can help disadvantaged children become contributing members of society, Medicaid's EPSDT program provides comprehensive preventive services to covered children. EPSDT is the only major insurance benefit package designed explicitly to meet the needs of children.²⁶ Along with SCHIP, the standardized benefits of the EPSDT program represent policy strategies that have successfully reduced state variation in access to children's health care, and thus the availability of quality preventive care for vulnerable families across the nation. Other effective policy strategies to ameliorate health disparities among low-income and minority families include increasing eligibility levels for public coverage and eliminating enrollment and retention barriers. In addition, states could mandate minimum benefits for all child health insurance, require child health plans to report on the quality of care, and make quality reports available to families, providers, and purchasers.

This analysis gauges the equity of states' child health care systems by measuring differences between low-income, uninsured, and minority populations and national averages. It uses two indicators: percent of children with a medical

home and receipt of at least one preventive medical and dental visit in the past year.

There are disparities by income and insurance status in most states. The gaps are widest in states that perform poorly overall on quality and access indicators (Nevada, Oklahoma, Arizona, and Mississippi). There are also strong regional differences: New England and the Mid-Atlantic region significantly surpass the South and Southwest on all equity indicators. Still, some poorer states, such as Kentucky and West Virginia, rank in the top quartile of the equity ranking (Figures 13 and 14). This suggests that states facing similar demographics and challenges, such as Mississippi and Arkansas, can effectively address disparities and deliver equitable care.

Access to, and quality of, child health care varies by income and insurance: lower-income families and uninsured children face more access problems and thus receive lower-quality care across most states. On average, 65 percent of uninsured and 51 percent of poor children (below 100 percent of the federal poverty level) did not receive recommended preventive services. By comparison, 37 percent of privately insured children and 30 percent of children in families with income exceeding four times the poverty level failed to receive such care. The pattern extends to the second indicator included here, percent of children with a medical home. On average, 77 percent of uninsured children and 70 percent of poor children (those in families with income below 100 percent of poverty) do not have a regular medical home to coordinate their care, compared with 47 percent of privately insured and 42 percent of children in families with higher incomes (more than 400 percent of poverty).



In addition, performance on these indicators varies by minority group across all states. Minority children often have lower incomes and are more likely to be uninsured than whites; thus, the disparities observed among minorities also reflect differences related to income and insurance status. Hispanics tend to have the highest uninsured rates and are the least likely to report a regular source of care among U.S. race/ethnic population groups. Both black and Hispanic children are at high risk of lacking a medical home: rates of children lacking

medical homes were 14 percentage points higher among black children and 23 percentage points higher among Hispanic children than white children.

Across the United States, minority children are also at great risk of missing recommended preventive care. On average, 51 percent of Hispanic children did not receive a preventive medical or dental care visit in the past year. The gaps were generally widest in states with the highest uninsured rates.

Figure 14. Equity Dimension: Disparities by Income, Insurance Status, and Race/Ethnicity

Top quartile
Second quartile
Third quartile
Bottom quartile

Overall Rank on Dimension*	State	Income Equity	Insurance Coverage Equity	Race/Ethnicity Equity
1	Vermont	1	2	1
2	Massachusetts	4	1	5
3	Maine	4	8	3
4	West Virginia	3	12	1
5	Rhode Island	6	4	7
6	Connecticut	8	7	4
7	New Hampshire	2	4	14
8	New York	18	6	5
8	Pennsylvania	9	3	17
10	Ohio	15	9	11
11	Hawaii	12	17	9
12	Kentucky	10	14	15
12	Maryland	21	9	9
14	Wisconsin	15	9	17
15	District of Columbia	11	26	8
16	New Jersey	28	14	11
17	Michigan	24	18	23
18	Wyoming	18	32	16
19	Iowa	26	12	29
20	Delaware	25	22	21
20	Washington	27	30	11
22	Montana	31	23	17
23	Nebraska	7	43	24
24	Tennessee	13	33	33
25	North Carolina	17	29	34
26	Illinois	34	23	27
27	Missouri	42	18	25
28	Alabama	13	35	39
29	Alaska	43	14	32
30	Indiana	20	27	43
30	Kansas	35	21	34
32	North Dakota	33	20	38
33	Louisiana	37	39	17
33	South Carolina	21	25	47
35	Virginia	30	35	31
36	Georgia	21	35	49
36	South Dakota	38	30	37
38	Minnesota	40	27	39
39	Utah	28	45	34
40	California	44	42	22
41	New Mexico	32	40	39
42	Colorado	50	34	28
43	Florida	49	38	26
44	Texas	40	51	29
45	Idaho	38	40	51
46	Arkansas	36	47	48
47	Oregon	47	44	45
48	Mississippi	44	48	45
49	Arizona	47	50	42
49	Oklahoma	44	45	50
51	Nevada	51	49	43

*Equity rank on insurance, income, and race is the average difference between the US average for the indicators (medical home and preventive care) and each state's uninsured group, most vulnerable non-white group, or most vulnerable low-income (0-99% FPL or 100%-199% FPL) group. A positive or negative value indicates that this state's most vulnerable group is that much better or worse than the US average for the indicator.

Source: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

Some states rank low on measures of equitable care for racial/ethnic minorities, as a result of large shortfalls for certain minority groups that comprise relatively small shares of their total populations. For example, Minnesota's scores were often low for a group that included Asian Americans and Native Americans. For these states, improvement efforts focused on these groups could substantially reduce health disparities.

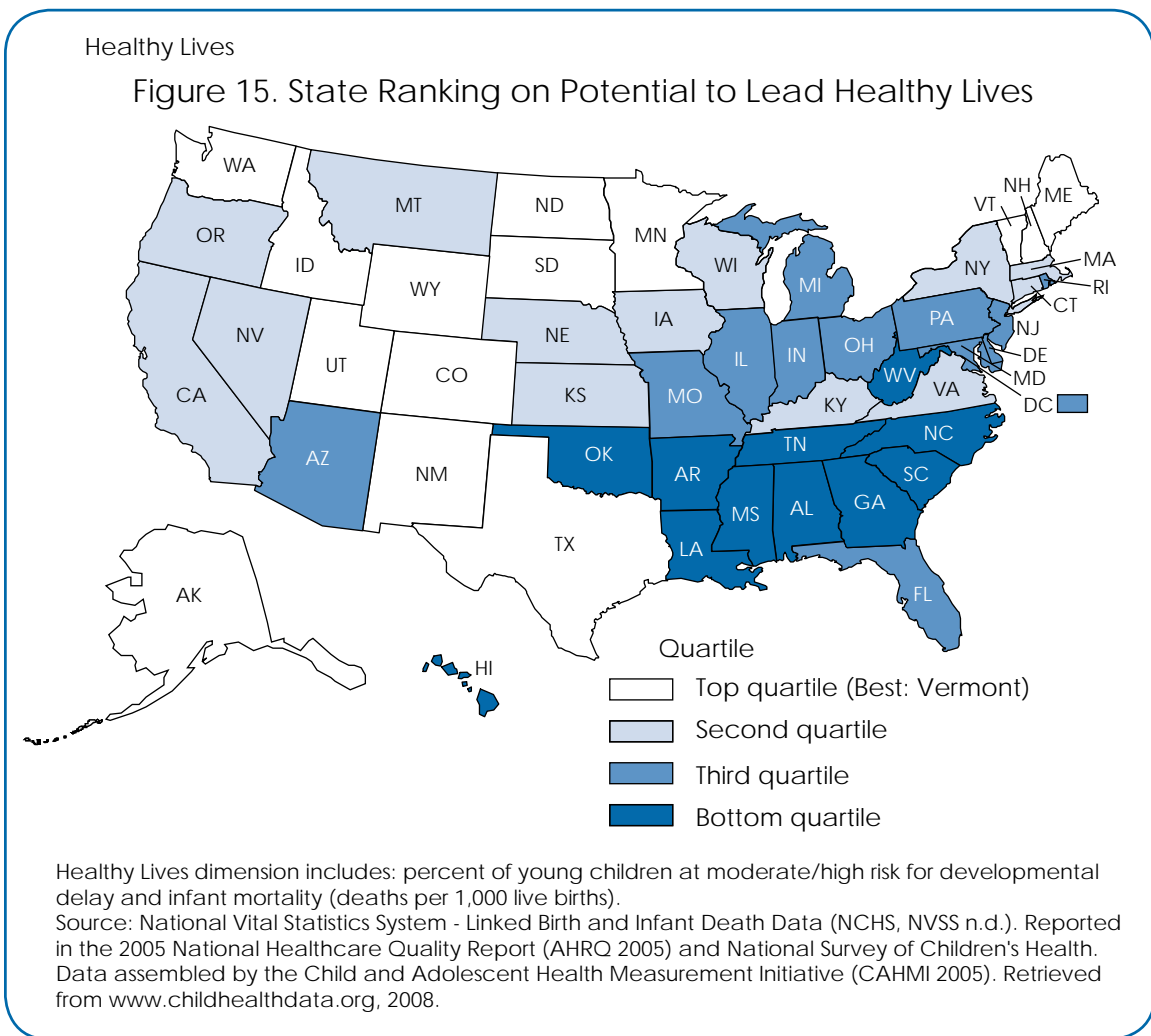
This analysis of racial and ethnic disparities focuses on subgroups for which there were sufficient data for comparisons. As a result, small

states with relatively homogeneous populations, such as Maine, Vermont, and Wyoming, often had few subgroups for ranking. However, the absence of race/ethnicity data for some states appears to have little impact on equity rankings. Overall, the rankings for racial and ethnic disparities closely follow rankings observed in the income and insurance analyses. States in which low-income and uninsured groups fared better tend to have the smallest gaps for minority subgroups. As a result, the equity rankings remain similar, regardless of whether racial and ethnic disparities are considered.

Potential to Lead Healthy Lives: Distinct Regional Patterns

Ensuring that children and families have access to services that can promote early childhood health and development is likely to pay off over a lifetime. This report uses two indicators to assess how well states support their children’s potential to lead healthy lives: rates of infant mortality and risk for developmental delay among young children.

The analysis found a wide range in states’ ability to promote healthy lives for their children, with distinct regional patterns. Southeastern states consistently underperform on this dimension, while states in the West and Northeast do well (Figure 15). Improving health outcomes is a challenge for health care and public health systems as states grapple with underlying population risks, such as rising rates of obesity or high levels of poverty, that put children and families’ health in jeopardy.

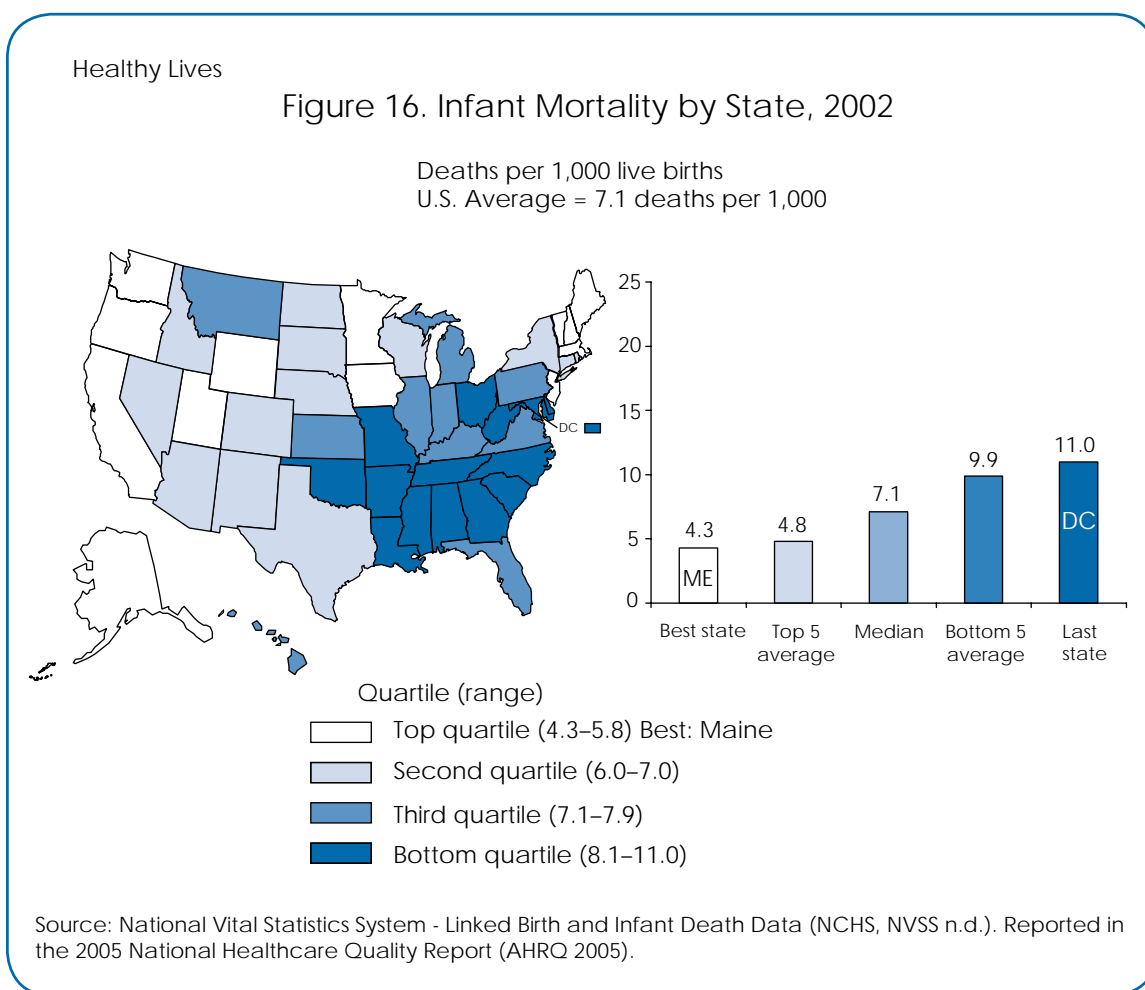


There is a twofold range across states in infant mortality rates (Figure 16). Rates in the states with the lowest mortality rates (Maine, Vermont, Massachusetts, New Hampshire, Iowa, and Minnesota) are 50 percent below those in states with the highest rates (Washington, D.C., Mississippi, Louisiana, Tennessee, and South Carolina). If the latter states could achieve the same infant mortality rates as the top-performing states, many lives could be saved.

The analysis also found a twofold difference in rates of children ages 1 to 5 who are at risk for developmental delay. Thirty-three percent of Louisiana children are at moderate-to-high risk

for a developmental delay, compared with 16 percent of young children in Vermont. If not diagnosed and addressed, developmental delays can lead to serious problems for families, schools, and communities.

Child health system performance is only one of many forces that shape health status and longevity. Family history, immigration status, and environment including risks for obesity and asthma may also affect state-level population health indicators. Public health policies, including mandated screening for developmental delays with a standardized assessment tool, can help promote long, healthy lives.



Cumulative Impact of a Higher-Performing Child Health Care System

All states have substantial room to improve their child health care system. On some indicators, even the best-performing states are performing at levels well below what should be achievable. Fifteen states—Iowa, Vermont, Maine, Massachusetts, New Hampshire, Ohio, Hawaii, Rhode Island, Kentucky, Kansas, Wisconsin, Michigan, Alabama, Connecticut, and Nebraska—emerge at the top quartile of the overall performance rankings. These states generally rank high on multiple indicators along each of the five dimensions assessed.

Conversely, the 12 states at the bottom quartile of the overall performance ranking—Illinois, New Jersey, Alaska, Oregon, Arkansas, Nevada, Texas, Arizona, Louisiana, Mississippi, Florida, and Oklahoma—lag well behind their peers on multiple indicators across dimensions. Understanding how

features of a child health care system and population factors such as socioeconomic demographics contribute to performance variations will inform efforts to improve.

The range of performance is often wide across states, with a twofold to threefold or greater spread from top to bottom. The variability extends to many of the 13 indicators across the five dimensions of health system performance: access, quality, costs, equity, and the potential to live healthy lives. Improving performance across the nation to levels achieved by the leading states could increase the potential for children to lead healthy lives, improve the quality of life for families, and enhance the value gained from our substantial investment in health care (Figure 17).

Figure 17. National Cumulative Impact if All States Achieved Top-State Rates

Indicator	If all states improved their performance to the level of the best-performing state for this indicator, then:
Children uninsured	4,691,326 more children would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed
Children ages 19–35 months received all recommended doses of five key vaccines	756,942 more children (ages 19 to 35 months) would be up-to-date on all recommended doses of five key vaccines
Children with both medical and dental preventive care visits	11,775,795 more children (ages 0–17) would have both a medical and dental preventive care visit each year
Children with a medical home	10,858,812 more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed
Children with special health care needs who needed specialist care with problems getting referrals to specialty care services	412,895 fewer children with special health care needs (ages 0–17) who needed specialist care would have problems getting referrals to specialty care services
Children at risk for developmental delays	1,613,347 fewer children (ages 1–5) would be at risk for developmental delays

Source: The Commonwealth Fund’s calculations based on summation of differences between highest-achieving state and all other states for each indicator.

The United States would cover about 4.7 million additional children through public or private health insurance if all states' coverage rates mirrored those in Massachusetts—cutting the national rate of uninsurance among children in half. If all states reached the level of health care quality achieved in Massachusetts, nearly 12 million additional children would receive at least one medical and dental preventive care visit each year, thus reducing preventable health problems like developmental disability and poorly controlled asthma. Similarly, some 750,000 more children ages 19 to 35 months would be up-to-date on all recommended doses of five key vaccines, and more than 412,000 fewer children with special health

care needs who needed specialist care would have problems getting referrals to specialty care services. About 11 million more children would have a medical home to help coordinate care.

If all states reached the low levels of risk for developmental problems achieved by Vermont, nearly 1.6 million fewer children ages 1 to 5 would be at moderate-to-high risk for developmental delay later in life. While some savings would be offset by the costs of health care interventions and insurance coverage expansions, there would be a net gain in value from having a higher-performing health system.

A Call to Action: Federal and State Collaboration

Benchmarks set by leading states, as well as exemplary models within the United States, show that there are crucial opportunities to ensure that all American families have high-quality, affordable health care. This analysis demonstrates the importance of collecting data on children across all states through use of standard measures and methods.

Variations in state child health system performance point to six important findings:

- **High performance is possible.** States that excel typically have policies and programs in place that are dedicated to improving children's health. Medicaid and SCHIP are critical to achieving high rates of insurance coverage for low-income children.
- **Leading states consistently outperform lagging states on multiple child health indicators and dimensions.** States achieve synergy across dimensions of health system performance. For example, high rates of insurance coverage contribute to improved quality and equity.
- **There is wide variation in child health care access and quality across the United States.** Rates of uninsured children vary fourfold across the states, and hospitalization rates for pediatric asthma vary sixfold.
- **Medical homes—primary care providers that deliver health care services that are accessible, family-centered, continuous, comprehensive, coordinated, and culturally competent—are an efficient way of improving health care quality and reducing disparities.** States can strengthen their health system by ensuring that every child has a medical home.
- **Across states, better access to care is closely associated with better quality of care.** Seven states—Massachusetts, Iowa, Rhode Island, Ohio, Vermont, Alabama, and Wisconsin—are national leaders in giving children access to care and ensuring high-quality care.
- **While there are strong regional patterns in child health system performance, examples of excellence exist within every region.** Even in regions with the most challenging conditions—high poverty rates, a large proportion of minority children, prevalent childhood obesity, or difficult environmental health conditions—there are examples of high performance, such as Alabama and Kentucky. States can learn from best practices around the nation and within their own region.

Further, investment in children's health care measurement and data collection at the state level could enrich understanding of variations in child health system performance. For many dimensions, only a limited set of indicators is available. In the case of costs, measures used in this report are for the total population and not specific to children. The indicators of child health care quality presented here are largely parent-reported; however, clinical quality data are necessary to paint a clear picture of state child health quality. Thus, the collection of clinical data for children's health care quality is integral to future state and federal child health policy reform and could modify the state rankings based here on a limited set of indicators. Work currently under way should lay a firmer foundation for public and private action.

National leadership and collaboration across public and private sectors are essential for coherent, strategic reforms to improve the child health

system. Adequate funding of SCHIP can help all states expand insurance coverage for children. National policies can foster more efficient insurance arrangements by reducing complexity for families and providers, making premiums, deductibles, and out-of-pocket costs more affordable relative to family income, and ensuring coverage of essential health care services in the private market. National policies also can ensure that states have the resources and leverage they need to provide developmental screening to all their families. Quality standards, such as the qualifications for a medical home for children, can set a performance target across all states and narrow variation.

Investing in children's health yields long-term payoffs. Healthy children are more able to learn in school and more likely to become healthy, productive adults. And society as a whole benefits—from reduced dependency and disability, a healthier future workforce, and a stronger economy.

Appendix: Study Methodology

This report applies the methodology used in the State Scorecard on Health System Performance, prepared for The Commonwealth Fund Commission on a High Performance Health System, to measure child health care systems in all 50 states and the District of Columbia. The 13 key indicators used are organized into five dimensions that capture critical aspects of child health system performance: access, quality, costs, equity, and the potential to lead healthy lives.

- 1. Access** includes rates of insurance coverage for all children and for children at or below 200 percent of the federal poverty level. Data are two-year averages from the U.S. Census Bureau Current Population Surveys, from 2007 and 2006.
- 2. Quality** includes indicators that measure three related components: receipt of the “right care,” coordinated care, and patient-centered care. Four of the seven quality indicators are taken from the State Scorecard and the remaining three are from the National Survey of Children’s Health, 2003, and the National Survey of Children with Special Health Care Needs, 2001. Data for both surveys were assembled and analyzed by the Child and Adolescent Health Measurement Initiative and are available at <http://www.childhealthdata.org/content/Default.aspx>.
- 3. Costs** includes annual per capita personal health spending and annual private health insurance premiums. Data are taken from the Centers for Medicare and Medicaid Services National Health Statistics Group and the Kaiser Family Foundation’s State Health Facts, available at <http://www.statehealthfacts.org/>.
- 4. Equity** includes differences in performance associated with family income level, type of insurance, or race or ethnicity. The two outcome measures used were percent of children with a medical home and percent of children with at least one preventive medical and dental visit in the past year. Data are taken from the State Scorecard.
- 5. Potential to Lead Healthy Lives** includes indicators that measure the degree to which a state supports children’s potential to live long and healthy lives. The two indicators include infant mortality rates and rates of young children at risk for developmental delays. The mortality data are from the State Scorecard and developmental delay risk data are from the National Survey of Children’s Health, 2003.

Indicators

For each indicator, the Appendix tables rank the best-performing state to the worst-performing. Indicator tables include actual data and ranks. Indicators were selected to be consistent with measures of health system performance as laid out by The Commonwealth Fund Commission on a High Performance Health System. However, state-level indicators to measure health care safety, duplicative services, receipt of inappropriate care, insurance administration overhead, and information system capacity are lacking for children’s care. Further, many quality metrics for child health care are still in development and are not available at the state level. Thus, these quality indicators are merely a subset to be expanded over time.

Dimensions

States are ranked on each indicator and then on the average of their ranking across indicators within each dimension. States are then sorted by this average rank to determine the final state rank for each dimension. The tables below display the state rankings for each dimension.

Table 1.1 State Ranking on Health System Performance by Dimension

Table 2.1 Access: Adequate Health Coverage for Children

Table 3.1 Quality: Getting Right Care, Coordinated Care, and Family-Centered Care

Table 4.1 Family Costs of Health Care

Table 5.1 Equitable Care: Disparities by Income, Insurance Status, and Race/Ethnicity

Table 6.1 Potential to Lead Healthy Lives

Overall Rankings

The final state rankings for each dimension are averaged and then sorted to determine final overall rankings. See Appendix Table 1.1 for the overall state rankings. This approach gives each dimension equal weight and, within dimensions, weights all indicators equally. We use average rankings for this report because we believe that this approach is easily understandable. This method has been established to assess quality of care at the state level across multiple indicators (e.g., National Scorecard, State Scorecard, Jencks et al., *Journal of the American Medical Association*, 2003).²⁷

Equity Scores

Equity scores examine the percentage-point difference, or “gaps,” for each vulnerable subgroup (e.g., minority, low-income, uninsured) compared with the U.S. average for the full population for two indicators: percent of children with a medical home and percent of children with at least one preventive medical and dental visit in the past year. States are ranked by the gap on each indicator and then the average of the rankings on each indicator determines a state’s ranking across all indicators separately for race/ethnicity equity, income equity, and insurance equity. The average of state rankings across the equity groups is sorted to determine the overall equity ranking.

Table 1.1 State Ranking on Health System Performance by Dimension

		Overall	Access	Quality	Cost	Equity	Potential to Lead Healthy Lives	Rank Order		
Overall Rank*	State	Average Rank	Rank	Rank	Rank	Rank	Rank	Overall Rank*	State	Average Rank
15	Alabama	20.6	9	10	8	28	48	1	Iowa	10.4
42	Alaska	32.0	27	44	47	29	13	2	Vermont	11.6
47	Arizona	35.6	46	46	2	49	35	3	Maine	14
44	Arkansas	32.8	27	42	1	46	48	4	Massachusetts	14.2
34	California	29.6	40	41	12	40	15	5	Ohio	17.6
34	Colorado	29.6	48	36	17	42	5	6	Hawaii	17.8
14	Connecticut	20.4	23	3	49	6	21	6	New Hampshire	17.8
37	Delaware	30.2	38	19	40	20	34	8	Rhode Island	18.4
32	District of Columbia	28.8	8	32	51	15	38	9	Kentucky	19.2
50	Florida	40.6	51	37	34	43	38	10	Kansas	19.6
38	Georgia	31.0	37	29	6	36	47	10	Wisconsin	19.6
6	Hawaii	17.8	6	26	5	11	41	12	Michigan	19.8
33	Idaho	29.2	33	48	7	45	13	13	Nebraska	20.2
39	Illinois	31.2	36	31	25	26	38	14	Connecticut	20.4
22	Indiana	24.0	17	12	28	30	33	15	Alabama	20.6
1	Iowa	10.4	2	2	12	19	17	16	South Dakota	22.4
10	Kansas	19.6	12	17	16	30	23	16	Wyoming	22.4
9	Kentucky	19.2	13	21	32	12	18	18	Pennsylvania	22.6
48	Louisiana	37.2	40	45	17	33	51	18	Washington	22.6
3	Maine	14.0	14	5	46	3	2	20	West Virginia	23.2
28	Maryland	26.0	35	24	31	12	28	21	North Dakota	23.4
4	Massachusetts	14.2	1	1	47	2	20	22	Indiana	24
12	Michigan	19.8	3	15	28	17	36	23	Minnesota	24.2
23	Minnesota	24.2	19	21	36	38	7	24	Virginia	24.4
49	Mississippi	39.6	43	47	10	48	50	25	New York	24.8
29	Missouri	26.2	25	33	17	27	29	26	Tennessee	25.2
30	Montana	26.6	46	38	12	22	15	27	Utah	25.6
13	Nebraska	20.2	31	7	22	23	18	28	Maryland	26
45	Nevada	34.4	48	50	2	51	21	29	Missouri	26.2
6	New Hampshire	17.8	24	14	40	7	4	30	Montana	26.6
41	New Jersey	31.8	42	29	43	16	29	31	North Carolina	26.8
39	New Mexico	31.2	44	49	12	41	10	31	District of Columbia	28.8
25	New York	24.8	16	28	45	8	27	33	Idaho	29.2
31	North Carolina	26.8	39	13	11	25	46	34	California	29.6
21	North Dakota	23.4	30	25	21	32	9	34	Colorado	29.6
5	Ohio	17.6	5	8	34	10	31	36	South Carolina	29.8
51	Oklahoma	40.8	33	51	26	49	45	37	Delaware	30.2
42	Oregon	32.0	26	39	24	47	24	38	Georgia	31
18	Pennsylvania	22.6	17	9	42	8	37	39	Illinois	31.2
8	Rhode Island	18.4	3	4	49	5	31	39	New Mexico	31.2
36	South Carolina	29.8	20	35	20	33	41	41	New Jersey	31.8
16	South Dakota	22.4	27	16	22	36	11	42	Alaska	32
26	Tennessee	25.2	15	18	26	24	43	43	Oregon	32
46	Texas	35.2	50	42	28	44	12	44	Arkansas	32.8
27	Utah	25.6	44	40	2	39	3	45	Nevada	34.4
2	Vermont	11.6	6	6	44	1	1	46	Texas	35.2
24	Virginia	24.4	31	23	8	35	25	47	Arizona	35.6
18	Washington	22.6	21	34	32	20	6	48	Louisiana	37.2
20	West Virginia	23.2	11	19	39	4	43	49	Mississippi	39.6
10	Wisconsin	19.6	9	11	38	14	26	50	Florida	40.6
16	Wyoming	22.4	22	27	37	18	8	51	Oklahoma	40.8

* Final rank for overall health system performance across five dimensions.

Source: The Commonwealth Fund's calculations based on state's rankings on access, quality, cost, healthy lives, and equity dimensions.

Table 2.1 Access: Adequate Health Coverage for Children

State Variation	2005-2006
Top 5 States Average	4.1
All States Average	25.9
All States Median	27.0
Bottom 5 States Average	47.7

Alphabetical Order			Rank Order		
Rank	State	Average Rank	Rank	State	Average Rank
9	Alabama	10	1	Massachusetts	1.5
27	Alaska	27.5	2	Iowa	2.5
46	Arizona	46	3	Michigan	5
27	Arkansas	27.5	3	Rhode Island	5
40	California	39	5	Ohio	6.5
48	Colorado	47.5	6	Hawaii	7.5
23	Connecticut	23.5	6	Vermont	7.5
38	Delaware	34.5	8	District of Columbia	8.5
8	District of Columbia	8.5	9	Alabama	10
51	Florida	49.5	9	Wisconsin	10
37	Georgia	33.5	11	West Virginia	13.5
6	Hawaii	7.5	12	Kansas	14.5
33	Idaho	31.5	13	Kentucky	15
36	Illinois	33	14	Maine	16
17	Indiana	18	15	Tennessee	16.5
2	Iowa	2.5	16	New York	17.5
12	Kansas	14.5	17	Indiana	18
13	Kentucky	15	17	Pennsylvania	18
40	Louisiana	39	19	Minnesota	19.5
14	Maine	16	20	South Carolina	20
35	Maryland	32	21	Washington	21
1	Massachusetts	1.5	22	Wyoming	23
3	Michigan	5	23	Connecticut	23.5
19	Minnesota	19.5	24	New Hampshire	24
43	Mississippi	44	25	Missouri	25
25	Missouri	25	26	Oregon	27
46	Montana	46	27	Alaska	27.5
31	Nebraska	30.5	27	Arkansas	27.5
48	Nevada	47.5	27	South Dakota	27.5
24	New Hampshire	24	30	North Dakota	28
42	New Jersey	41.5	31	Nebraska	30.5
44	New Mexico	45.5	31	Virginia	30.5
16	New York	17.5	33	Idaho	31.5
39	North Carolina	36	33	Oklahoma	31.5
30	North Dakota	28	35	Maryland	32
5	Ohio	6.5	36	Illinois	33
33	Oklahoma	31.5	37	Georgia	33.5
26	Oregon	27	38	Delaware	34.5
17	Pennsylvania	18	39	North Carolina	36
3	Rhode Island	5	40	California	39
20	South Carolina	20	40	Louisiana	39
27	South Dakota	27.5	42	New Jersey	41.5
15	Tennessee	16.5	43	Mississippi	44
50	Texas	48	44	New Mexico	45.5
44	Utah	45.5	44	Utah	45.5
6	Vermont	7.5	46	Arizona	46
31	Virginia	30.5	46	Montana	46
21	Washington	21	48	Colorado	47.5
11	West Virginia	13.5	48	Nevada	47.5
9	Wisconsin	10	50	Texas	48
22	Wyoming	23	51	Florida	49.5

* Average Rank is the average of the state's rank across all indicators in the dimension. Access domain includes: percent of children uninsured and percent of low-income (below 200% of the federal poverty level) children uninsured.
Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006 through 2007.

Table 2.2 Percent of Children at or Below 200% Poverty Who Are Uninsured, Two Year Average, Ages 0–17

Alphabetical Order			Rank Order		
Rank	State	2005-2006	Rank	State	2005-2006
13	Alabama	12.5	1	District of Columbia	7.0
28	Alaska	17.4	1	Massachusetts	7.0
44	Arizona	26.0	3	Iowa	7.4
23	Arkansas	15.8	4	Ohio	8.2
36	California	20.1	5	Rhode Island	8.9
51	Colorado	34.5	5	Vermont	8.9
36	Connecticut	20.1	7	South Carolina	9.6
33	Delaware	18.8	8	Kentucky	10.2
1	District of Columbia	7.0	9	Michigan	10.3
50	Florida	33.5	10	West Virginia	10.4
30	Georgia	18.1	11	Hawaii	12.4
11	Hawaii	12.4	11	Indiana	12.4
24	Idaho	16.3	13	Alabama	12.5
35	Illinois	19.9	14	New York	12.7
11	Indiana	12.4	15	Tennessee	12.9
3	Iowa	7.4	15	Wisconsin	12.9
18	Kansas	13.7	17	Wyoming	13.6
8	Kentucky	10.2	18	Kansas	13.7
39	Louisiana	20.5	19	Maine	13.9
19	Maine	13.9	20	Oregon	14.4
38	Maryland	20.3	21	Pennsylvania	14.5
1	Massachusetts	7.0	22	Washington	14.9
9	Michigan	10.3	23	Arkansas	15.8
25	Minnesota	16.4	24	Idaho	16.3
42	Mississippi	22.6	25	Minnesota	16.4
27	Missouri	16.7	26	North Dakota	16.6
47	Montana	30.8	27	Missouri	16.7
43	Nebraska	24.1	28	Alaska	17.4
48	Nevada	31.1	29	Oklahoma	17.5
40	New Hampshire	20.6	30	Georgia	18.1
46	New Jersey	30.6	31	North Carolina	18.6
41	New Mexico	21.9	31	South Dakota	18.6
14	New York	12.7	33	Delaware	18.8
31	North Carolina	18.6	34	Virginia	18.9
26	North Dakota	16.6	35	Illinois	19.9
4	Ohio	8.2	36	California	20.1
29	Oklahoma	17.5	36	Connecticut	20.1
20	Oregon	14.4	38	Maryland	20.3
21	Pennsylvania	14.5	39	Louisiana	20.5
5	Rhode Island	8.9	40	New Hampshire	20.6
7	South Carolina	9.6	41	New Mexico	21.9
31	South Dakota	18.6	42	Mississippi	22.6
15	Tennessee	12.9	43	Nebraska	24.1
45	Texas	28.0	44	Arizona	26.0
48	Utah	31.1	45	Texas	28.0
5	Vermont	8.9	46	New Jersey	30.6
34	Virginia	18.9	47	Montana	30.8
22	Washington	14.9	48	Nevada	31.1
10	West Virginia	10.4	48	Utah	31.1
15	Wisconsin	12.9	50	Florida	33.5
17	Wyoming	13.6	51	Colorado	34.5
	United States	19.0			

State Variation	2005-2006
Top 5 States Average	7.7
All States Average	17.5
All States Median	16.6
Bottom 5 States Average	32.2

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006 through 2007.

Table 2.3 Percent of Children Who Are Uninsured,
Two Year Average, Ages 0-17

State Variation	2005-2006
Top 5 States Average	5.6%
All States Average	9.8%
All States Median	9.1%
Bottom 5 States Average	18.2%

Alphabetical Order			Rank Order		
Rank	State	2005-2006	Rank	State	2005-2006
7	Alabama	6.0%	1	Michigan	4.9%
27	Alaska	9.3%	2	Iowa	5.6%
48	Arizona	16.7%	2	Massachusetts	5.6%
32	Arkansas	10.0%	4	Hawaii	5.8%
42	California	13.1%	5	Rhode Island	5.9%
44	Colorado	14.1%	5	Wisconsin	5.9%
11	Connecticut	6.8%	7	Alabama	6.0%
36	Delaware	11.8%	8	New Hampshire	6.4%
16	District of Columbia	7.5%	9	Ohio	6.6%
49	Florida	18.5%	10	Vermont	6.7%
37	Georgia	11.9%	11	Connecticut	6.8%
4	Hawaii	5.8%	11	Kansas	6.8%
39	Idaho	12.2%	13	Maine	7.0%
31	Illinois	9.8%	14	Minnesota	7.1%
25	Indiana	8.8%	15	Pennsylvania	7.3%
2	Iowa	5.6%	16	District of Columbia	7.5%
11	Kansas	6.8%	17	West Virginia	7.6%
22	Kentucky	8.2%	18	Nebraska	7.7%
39	Louisiana	12.2%	18	Tennessee	7.7%
13	Maine	7.0%	20	Washington	7.8%
26	Maryland	9.1%	21	New York	8.0%
2	Massachusetts	5.6%	22	Kentucky	8.2%
1	Michigan	4.9%	23	Missouri	8.3%
14	Minnesota	7.1%	24	South Dakota	8.6%
46	Mississippi	15.1%	25	Indiana	8.8%
23	Missouri	8.3%	26	Maryland	9.1%
45	Montana	14.3%	27	Alaska	9.3%
18	Nebraska	7.7%	27	Virginia	9.3%
47	Nevada	16.6%	29	Wyoming	9.5%
8	New Hampshire	6.4%	30	North Dakota	9.6%
37	New Jersey	11.9%	31	Illinois	9.8%
50	New Mexico	18.9%	32	Arkansas	10.0%
21	New York	8.0%	33	South Carolina	10.5%
41	North Carolina	12.8%	34	Oklahoma	11.7%
30	North Dakota	9.6%	34	Oregon	11.7%
9	Ohio	6.6%	36	Delaware	11.8%
34	Oklahoma	11.7%	37	Georgia	11.9%
34	Oregon	11.7%	37	New Jersey	11.9%
15	Pennsylvania	7.3%	39	Idaho	12.2%
5	Rhode Island	5.9%	39	Louisiana	12.2%
33	South Carolina	10.5%	41	North Carolina	12.8%
24	South Dakota	8.6%	42	California	13.1%
18	Tennessee	7.7%	43	Utah	13.7%
51	Texas	20.1%	44	Colorado	14.1%
43	Utah	13.7%	45	Montana	14.3%
10	Vermont	6.7%	46	Mississippi	15.1%
27	Virginia	9.3%	47	Nevada	16.6%
20	Washington	7.8%	48	Arizona	16.7%
17	West Virginia	7.6%	49	Florida	18.5%
5	Wisconsin	5.9%	50	New Mexico	18.9%
29	Wyoming	9.5%	51	Texas	20.1%
	United States	11.3			

Data: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006 through 2007.



Table 3.1 Quality: Getting Right Care, Coordinated Care, and Family-Centered Care

Alphabetical Order			Rank Order												
Rank	State	Average Rank*	Rank	State	Rank A	Rank B	Rank C	Rank D	Rank E	Rank F	Rank G	Rank H	Rank I	Rank J	Average Rank*
10	Alabama	15.2	1	Massachusetts	1	1	8	3	26	2	12				7.6
44	Alaska	37.2	2	Iowa	9	15	8	13	3	3	5				8.0
46	Arizona	38.1	3	Connecticut	4	4	3	4	29	17	*				10.2
42	Arkansas	37.0	4	Rhode Island	20	2	11	2	16	8	25				12.0
41	California	36.7	5	Maine	17	9	8	6	9	33	6				12.6
36	Colorado	32.0	6	Vermont	27	5	6	5	24	26	1				13.4
3	Connecticut	10.2	7	Nebraska	2	27	4	20	31	13	3				14.3
19	Delaware	20.3	8	Ohio	12	17	29	12	5	12	18				15.0
32	District of Columbia	27.5	10	Alabama	17	26	12	20	7	9	*				15.2
37	Florida	33.6	9	Pennsylvania	19	8	2	10	27	10	30				15.1
29	Georgia	26.4	11	Wisconsin	25	16	13	15	22	14	7				16.0
26	Hawaii	23.3	12	Indiana	39	17	14	16	12	4	*				17.0
48	Idaho	39.3	13	North Carolina	6	25	20	27	8	19	22				18.1
31	Illinois	26.6	14	New Hampshire	22	3	21	1	36	28	*				18.5
12	Indiana	17.0	15	Michigan	23	19	19	23	20	10	*				19.0
2	Iowa	8.0	17	Kansas	13	21	28	18	23	22	15				20.0
17	Kansas	20.0	16	South Dakota	3	45	5	45	20	1	*				19.8
21	Kentucky	20.6	19	Delaware	11	14	40	14	19	24	*				20.3
45	Louisiana	37.8	18	Tennessee	21	27	26	19	6	15	27				20.1
5	Maine	12.6	19	West Virginia	46	12	22	8	1	30	23				20.3
24	Maryland	22.0	21	Kentucky	29	23	25	17	4	15	31				20.6
1	Massachusetts	7.6	21	Minnesota	6	35	18	32	12	33	8				20.6
15	Michigan	19.0	24	Maryland	24	11	34	7	18	43	17				22.0
21	Minnesota	20.6	23	Virginia	5	20	27	26	33	21	21				21.9
47	Mississippi	38.7	25	North Dakota	8	46	14	37	10	18	*				22.2
33	Missouri	28.3	26	Hawaii	28	12	14	29	29	37	14				23.3
38	Montana	33.8	27	Wyoming	34	31	1	41	42	5	*				25.7
7	Nebraska	14.3	28	New York	26	6	37	9	35	38	32				26.1
50	Nevada	41.7	29	Georgia	10	29	30	35	33	28	20				26.4
14	New Hampshire	18.5	29	New Jersey	38	7	35	11	46	20	28				26.4
29	New Jersey	26.4	31	Illinois	15	22	23	24	39	44	19				26.6

49	New Mexico	41.5	32	District of Columbia	48	10	14	30	15	48	*	27.5
28	New York	26.1	33	Missouri	31	33	31	25	45	7	26	28.3
13	North Carolina	18.1	35	South Carolina	35	32	32	31	2	39	33	29.1
25	North Dakota	22.2	34	Washington	42	23	41	22	41	22	11	28.9
8	Ohio	15.0	36	Colorado	16	30	38	28	47	49	16	32.0
51	Oklahoma	42.3	37	Florida	31	38	43	36	11	47	29	33.6
39	Oregon	34.0	38	Montana	30	48	7	39	44	35	*	33.8
9	Pennsylvania	15.1	39	Oregon	49	40	24	34	50	39	2	34.0
4	Rhode Island	12.0	40	Utah	47	42	33	33	49	31	4	34.1
35	South Carolina	29.1	41	California	41	39	44	48	28	45	12	36.7
16	South Dakota	19.8	44	Alaska	45	36	46	47	17	32	*	37.2
18	Tennessee	20.1	42	Arkansas	50	46	49	40	31	6	*	37.0
42	Texas	37.0	42	Texas	36	37	51	42	42	27	24	37.0
40	Utah	34.1	45	Louisiana	43	43	50	43	12	36	*	37.8
6	Vermont	13.4	46	Arizona	33	41	42	49	50	42	10	38.1
23	Virginia	21.9	47	Mississippi	14	49	47	51	25	46	*	38.7
34	Washington	28.9	48	Idaho	39	51	38	46	37	25	*	39.3
19	West Virginia	20.3	49	New Mexico	36	34	36	44	48	51	*	41.5
11	Wisconsin	16.0	50	Nevada	51	50	45	50	37	50	9	41.7
27	Wyoming	25.7	51	Oklahoma	44	44	48	38	39	41	*	42.3

* Average Rank is the average of the state's rank across all indicators in the dimension.

Quality domain includes: percent of children 19–35 months who received all recommended doses of five key vaccines; children with both a medical and dental preventive visit in past year; children with emotional, behavioral, or developmental problems received mental health care; children with a medical home; children whose personal doctor or nurse follows-up after they get specialty care services; hospital admissions for pediatric asthma per 100K children; and children with special health care needs with problems getting referrals to specialty care services. Note: Medical home is defined as having at least one preventive medical care visit in the past year; being able to access needed specialist care and services; and having a personal doctor/nurse who usually/always spends enough time and communicates clearly, provides telephone advice and urgent care when needed, and follows up after specialist care.

Source: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

State Variation	Average Rank
Top 5 States Average	10.1
All States Average	25.2
All States Median	23.3
Bottom 5 States Average	40.7

Table 3.2 Percent of Children Ages 19–35 Months Receiving All Recommended Doses of Five Key Vaccines

Alphabetical Order			Rank Order		
Rank	State	2005	Rank	State	2005
17	Alabama	83.3	1	Massachusetts	93.5
45	Alaska	75.4	2	Nebraska	89.1
33	Arizona	79.2	3	South Dakota	86.9
50	Arkansas	67.8	4	Connecticut	86.1
41	California	77.9	5	Virginia	85.8
16	Colorado	83.4	6	Minnesota	85.2
4	Connecticut	86.1	6	North Carolina	85.2
11	Delaware	84.2	8	North Dakota	85.0
48	District of Columbia	73.5	9	Iowa	84.9
31	Florida	79.3	10	Georgia	84.7
10	Georgia	84.7	11	Delaware	84.2
28	Hawaii	80.1	12	Ohio	84.1
39	Idaho	78.1	13	Kansas	83.8
15	Illinois	83.5	14	Mississippi	83.6
39	Indiana	78.1	15	Illinois	83.5
9	Iowa	84.9	16	Colorado	83.4
13	Kansas	83.8	17	Alabama	83.3
29	Kentucky	79.7	17	Maine	83.3
43	Louisiana	76.0	19	Pennsylvania	83.2
17	Maine	83.3	20	Rhode Island	83.1
24	Maryland	82.3	21	Tennessee	82.9
1	Massachusetts	93.5	22	New Hampshire	82.8
23	Michigan	82.7	23	Michigan	82.7
6	Minnesota	85.2	24	Maryland	82.3
14	Mississippi	83.6	25	Wisconsin	82.2
31	Missouri	79.3	26	New York	81.6
30	Montana	79.6	27	Vermont	81.5
2	Nebraska	89.1	28	Hawaii	80.1
51	Nevada	66.7	29	Kentucky	79.7
22	New Hampshire	82.8	30	Montana	79.6
38	New Jersey	78.2	31	Florida	79.3
36	New Mexico	78.4	31	Missouri	79.3

Table 3.3 Percent of Children Ages 0–17 with Both a Medical and Dental Preventive Care Visit in the Past Year

Alphabetical Order			Rank Order		
Rank	State	2003	Rank	State	2003
26	Alabama	59.2	1	Massachusetts	74.9
36	Alaska	54.5	2	Rhode Island	73.9
41	Arizona	51.9	3	New Hampshire	71.8
46	Arkansas	49.0	4	Connecticut	71.6
39	California	53.2	5	Vermont	70.7
30	Colorado	57.7	6	New York	68.6
4	Connecticut	71.6	7	New Jersey	68.3
14	Delaware	63.2	8	Pennsylvania	66.6
10	District of Columbia	65.7	9	Maine	66.4
38	Florida	54.2	10	District of Columbia	65.7
29	Georgia	57.9	11	Maryland	65.5
12	Hawaii	63.7	12	Hawaii	63.7
51	Idaho	45.7	12	West Virginia	63.7
22	Illinois	60.6	14	Delaware	63.2
17	Indiana	61.2	15	Iowa	61.6
15	Iowa	61.6	16	Wisconsin	61.3
21	Kansas	60.7	17	Indiana	61.2
23	Kentucky	60.5	17	Ohio	61.2
43	Louisiana	51.3	19	Michigan	61.0
9	Maine	66.4	20	Virginia	60.8
11	Maryland	65.5	21	Kansas	60.7
1	Massachusetts	74.9	22	Illinois	60.6
19	Michigan	61.0	23	Kentucky	60.5
35	Minnesota	55.0	23	Washington	60.5
49	Mississippi	47.2	25	North Carolina	59.3
33	Missouri	56.1	26	Alabama	59.2
48	Montana	48.9	27	Nebraska	58.5
27	Nebraska	58.5	27	Tennessee	58.5
50	Nevada	46.8	29	Georgia	57.9
3	New Hampshire	71.8	30	Colorado	57.7
7	New Jersey	68.3	31	Wyoming	56.9
34	New Mexico	55.3	32	South Carolina	56.8

26	New York	81.6	33	Arizona	79.2
6	North Carolina	85.2	34	Wyoming	78.6
8	North Dakota	85.0	35	South Carolina	78.5
12	Ohio	84.1	36	New Mexico	78.4
44	Oklahoma	75.7	36	Texas	78.4
49	Oregon	72.9	38	New Jersey	78.2
19	Pennsylvania	83.2	39	Idaho	78.1
20	Rhode Island	83.1	39	Indiana	78.1
35	South Carolina	78.5	41	California	77.9
3	South Dakota	86.9	42	Washington	77.8
21	Tennessee	82.9	43	Louisiana	76.0
36	Texas	78.4	44	Oklahoma	75.7
47	Utah	74.1	45	Alaska	75.4
27	Vermont	81.5	46	West Virginia	74.9
5	Virginia	85.8	47	Utah	74.1
42	Washington	77.8	48	District of Columbia	73.5
46	West Virginia	74.9	49	Oregon	72.9
25	Wisconsin	82.2	50	Arkansas	67.8
34	Wyoming	78.6	51	Nevada	66.7
United States		80.8			

Note: Children ages 19–35 months who have received: 4+ doses of diphtheria-tetanus-acellular pertussis (DTaP), 3+ doses of polio, 1+ dose of measles-mumps-rubella (MMR), 3+ doses of Haemophilus influenzae B (Hib), and 3+ doses of hepatitis B antigens.
Data: National Immunization Survey (NCHS, NIS 2005).

State Variation		2005
Top 5 States Average		88.3
All States Average		80.7
All States Median		81.6
Bottom 5 States Average		71.0

6	New York	68.6	33	Missouri	56.1
25	North Carolina	59.3	34	New Mexico	55.3
46	North Dakota	49.0	35	Minnesota	55.0
17	Ohio	61.2	36	Alaska	54.5
44	Oklahoma	49.2	37	Texas	54.4
40	Oregon	52.2	38	Florida	54.2
8	Pennsylvania	66.6	39	California	53.2
2	Rhode Island	73.9	40	Oregon	52.2
32	South Carolina	56.8	41	Arizona	51.9
45	South Dakota	49.1	42	Utah	51.8
27	Tennessee	58.5	43	Louisiana	51.3
37	Texas	54.4	44	Oklahoma	49.2
42	Utah	51.8	45	South Dakota	49.1
5	Vermont	70.7	46	Arkansas	49.0
20	Virginia	60.8	46	North Dakota	49.0
23	Washington	60.5	48	Montana	48.9
12	West Virginia	63.7	49	Mississippi	47.2
16	Wisconsin	61.3	50	Nevada	46.8
31	Wyoming	56.9	51	Idaho	45.7
United States		58.8			

Data: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

State Variation		2003
Top 5 States Average		72.6
All States Average		58.9
All States Median		59.2
Bottom 5 States Average		47.5

Table 3.4 Percent of Children Ages 1–17 with Emotional, Behavioral, or Developmental Problems Receiving Some Mental Health Care in the Past Year

Alphabetical Order			Rank Order	
Rank	State	2003	Rank	State
12	Alabama	67.0	1	Wyoming
46	Alaska	52.2	2	Pennsylvania
42	Arizona	55.0	3	Connecticut
49	Arkansas	47.7	4	Nebraska
44	California	54.0	5	South Dakota
38	Colorado	56.9	6	Vermont
3	Connecticut	74.1	7	Montana
40	Delaware	56.7	8	Iowa
14	District of Columbia	66.1	8	Maine
43	Florida	54.7	8	Massachusetts
30	Georgia	60.8	11	Rhode Island
14	Hawaii	66.1	12	Alabama
38	Idaho	56.9	13	Wisconsin
23	Illinois	63.0	14	District of Columbia
14	Indiana	66.1	14	Hawaii
8	Iowa	67.6	14	Indiana
28	Kansas	61.3	14	North Dakota
25	Kentucky	62.5	18	Minnesota
50	Louisiana	44.2	19	Michigan
8	Maine	67.6	20	North Carolina
34	Maryland	58.9	21	New Hampshire
8	Massachusetts	67.6	22	West Virginia
19	Michigan	63.8	23	Illinois
18	Minnesota	64.6	24	Oregon
47	Mississippi	50.1	25	Kentucky
31	Missouri	60.2	26	Tennessee
7	Montana	68.4	27	Virginia
4	Nebraska	72.8	28	Kansas
45	Nevada	53.2	29	Ohio
21	New Hampshire	63.5	30	Georgia
35	New Jersey	58.7	31	Missouri
36	New Mexico	58.3	32	South Carolina

Table 3.5 Percent of Children Ages 0–17 with a Medical Home

Alphabetical Order			Rank Order	
Rank	State	2003	Rank	State
20	Alabama	49.0	1	New Hampshire
47	Alaska	37.7	2	Rhode Island
49	Arizona	36.2	3	Massachusetts
40	Arkansas	40.8	4	Connecticut
48	California	37.5	5	Vermont
28	Colorado	45.8	6	Maine
4	Connecticut	59.1	7	Maryland
14	Delaware	51.7	8	West Virginia
30	District of Columbia	45.2	9	New York
36	Florida	43.0	10	Pennsylvania
35	Georgia	43.1	11	New Jersey
29	Hawaii	45.3	12	Ohio
46	Idaho	37.9	13	Iowa
24	Illinois	48.2	14	Delaware
16	Indiana	51.0	15	Wisconsin
13	Iowa	52.1	16	Indiana
18	Kansas	49.8	17	Kentucky
17	Kentucky	50.5	18	Kansas
43	Louisiana	39.2	19	Tennessee
6	Maine	56.6	20	Alabama
7	Maryland	55.0	20	Nebraska
3	Massachusetts	60.3	22	Washington
23	Michigan	48.4	23	Michigan
32	Minnesota	44.1	24	Illinois
51	Mississippi	33.8	25	Missouri
25	Missouri	47.7	26	Virginia
39	Montana	40.9	27	North Carolina
20	Nebraska	49.0	28	Colorado
50	Nevada	34.5	29	Hawaii
1	New Hampshire	61.0	30	District of Columbia
11	New Jersey	52.7	31	South Carolina
44	New Mexico	39.0	32	Minnesota

37	New York	57.1	33	Utah	59.2
20	North Carolina	63.6	34	Maryland	58.9
14	North Dakota	66.1	35	New Jersey	58.7
29	Ohio	61.2	36	New Mexico	58.3
48	Oklahoma	48.2	37	New York	57.1
24	Oregon	62.7	38	Colorado	56.9
2	Pennsylvania	75.8	38	Idaho	56.9
11	Rhode Island	67.5	40	Delaware	56.7
32	South Carolina	59.8	41	Washington	56.4
5	South Dakota	71.0	42	Arizona	55.0
26	Tennessee	61.9	43	Florida	54.7
51	Texas	43.4	44	California	54.0
33	Utah	59.2	45	Nevada	53.2
6	Vermont	70.0	46	Alaska	52.2
27	Virginia	61.8	47	Mississippi	50.1
41	Washington	56.4	48	Oklahoma	48.2
22	West Virginia	63.3	49	Arkansas	47.7
13	Wisconsin	66.8	50	Louisiana	44.2
1	Wyoming	77.2	51	Texas	43.4
United States		58.7			

Data: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

State Variation		2003
Top 5 States Average		74.2
All States Average		61.4
All States Median		61.9
Bottom 5 States Average		46.7

9	New York	54.2	33	Utah	43.7
27	North Carolina	46.5	34	Oregon	43.4
37	North Dakota	41.7	35	Georgia	43.1
12	Ohio	52.3	36	Florida	43.0
38	Oklahoma	41.5	37	North Dakota	41.7
34	Oregon	43.4	38	Oklahoma	41.5
10	Pennsylvania	54.0	39	Montana	40.9
2	Rhode Island	60.4	40	Arkansas	40.8
31	South Carolina	44.5	41	Wyoming	40.5
45	South Dakota	38.8	42	Texas	39.9
19	Tennessee	49.7	43	Louisiana	39.2
42	Texas	39.9	44	New Mexico	39.0
33	Utah	43.7	45	South Dakota	38.8
5	Vermont	57.8	46	Idaho	37.9
26	Virginia	47.6	47	Alaska	37.7
22	Washington	48.5	48	California	37.5
8	West Virginia	54.3	49	Arizona	36.2
15	Wisconsin	51.2	50	Nevada	34.5
41	Wyoming	40.5	51	Mississippi	33.8
United States		46.1			

Note: Medical home is defined as having at least one preventive medical care visit in the past year; being able to access needed specialist care and services; and having a personal doctor/nurse who usually/always spends enough time and communicates clearly, provides telephone advice and urgent care when needed, and follows up after specialist care.
Data: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

State Variation		2003
Top 5 States Average		59.7
All States Average		47.0
All States Median		47.6
Bottom 5 States Average		35.9

Table 3.6 Percent of Children Ages 0–17 Whose Personal Doctor or Nurse Follows up After They Get Specialty Care Services

Alphabetical Order			Rank Order		
Rank	State	2003	Rank	State	2003
7	Alabama	62.7	1	West Virginia	68.0
17	Alaska	60.4	2	South Carolina	65.0
50	Arizona	49.8	3	Iowa	64.8
31	Arkansas	56.9	4	Kentucky	64.0
28	California	57.7	5	Ohio	63.5
47	Colorado	52.2	6	Tennessee	62.9
29	Connecticut	57.5	7	Alabama	62.7
19	Delaware	60.0	8	North Carolina	62.2
15	District of Columbia	61.2	9	Maine	61.8
11	Florida	61.5	10	North Dakota	61.6
33	Georgia	56.4	11	Florida	61.5
29	Hawaii	57.5	12	Indiana	61.3
37	Idaho	55.0	12	Louisiana	61.3
39	Illinois	54.6	12	Minnesota	61.3
12	Indiana	61.3	15	District of Columbia	61.2
3	Iowa	64.8	16	Rhode Island	60.9
23	Kansas	59.3	17	Alaska	60.4
4	Kentucky	64.0	18	Maryland	60.2
12	Louisiana	61.3	19	Delaware	60.0
9	Maine	61.8	20	Michigan	59.6
18	Maryland	60.2	20	South Dakota	59.6
26	Massachusetts	57.9	22	Wisconsin	59.5
20	Michigan	59.6	23	Kansas	59.3
12	Minnesota	61.3	24	Vermont	58.6
25	Mississippi	58.2	25	Mississippi	58.2
45	Missouri	53.1	26	Massachusetts	57.9
44	Montana	53.7	27	Pennsylvania	57.8
31	Nebraska	56.8	28	California	57.7
37	Nevada	55.0	29	Connecticut	57.5

Table 3.7 Percent of Children Ages 0–17 with Special Health Care Needs Who Have Problems Getting Referrals to Specialty Care Services, 2001

Alphabetical Order			Rank Order		
Rank	State	2001	Rank	State	2001
9	Alabama	17.0	1	South Dakota	13.5
32	Alaska	23.3	2	Massachusetts	13.7
42	Arizona	25.6	3	Iowa	14.0
6	Arkansas	16.0	4	Indiana	15.0
45	California	27.3	5	Wyoming	15.1
49	Colorado	28.4	6	Arkansas	16.0
17	Connecticut	18.8	7	Missouri	16.4
24	Delaware	21.2	8	Rhode Island	16.8
48	District of Columbia	27.9	9	Alabama	17.0
47	Florida	27.7	10	Michigan	17.3
28	Georgia	23.0	10	Pennsylvania	17.3
37	Hawaii	23.9	12	Ohio	17.5
25	Idaho	21.6	13	Nebraska	18.1
44	Illinois	26.7	14	Wisconsin	18.4
4	Indiana	15.0	15	Kentucky	18.7
3	Iowa	14.0	15	Tennessee	18.7
22	Kansas	20.5	17	Connecticut	18.8
15	Kentucky	18.7	18	North Dakota	19.1
36	Louisiana	23.7	19	North Carolina	19.2
33	Maine	23.5	20	New Jersey	19.7
43	Maryland	26.6	21	Virginia	20.1
2	Massachusetts	13.7	22	Kansas	20.5
10	Michigan	17.3	22	Washington	20.5
33	Minnesota	23.5	24	Delaware	21.2
46	Mississippi	27.5	25	Idaho	21.6
7	Missouri	16.4	26	Vermont	22.0
35	Montana	23.6	27	Texas	22.5
13	Nebraska	18.1	28	Georgia	23.0
50	Nevada	29.5	28	New Hampshire	23.0

36	New Hampshire	56.1	29	Hawaii	57.5
46	New Jersey	52.6	31	Arkansas	56.9
48	New Mexico	52.1	31	Nebraska	56.8
35	New York	56.2	33	Georgia	56.4
8	North Carolina	62.2	33	Virginia	56.4
10	North Dakota	61.6	35	New York	56.2
5	Ohio	63.5	36	New Hampshire	56.1
39	Oklahoma	54.9	37	Idaho	55.0
50	Oregon	49.8	37	Nevada	55.0
27	Pennsylvania	57.8	39	Oklahoma	54.9
16	Rhode Island	60.9	39	Illinois	54.6
2	South Carolina	65.0	41	Washington	54.4
20	South Dakota	59.6	42	Texas	54.0
6	Tennessee	62.9	42	Wyoming	54.0
42	Texas	54.0	44	Montana	53.7
49	Utah	51.8	45	Missouri	53.1
24	Vermont	58.6	46	New Jersey	52.6
33	Virginia	56.4	47	Colorado	52.2
41	Washington	54.4	48	New Mexico	52.1
1	West Virginia	68.0	49	Utah	51.8
22	Wisconsin	59.5	50	Arizona	49.8
42	Wyoming	54.0	50	Oregon	49.8
United States		57.8			

Note: Children ages 0-17 who have a PDN and needed specialist care or specialized health services/equipment during the past 12 months
 Data: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005).

State Variation		2003
Top 5 States Average		65.1
All States Average		58.1
All States Median		57.9
Bottom 5 States Average		51.1

28	New Hampshire	23.0	30	West Virginia	23.1
20	New Jersey	19.7	31	Utah	23.2
51	New Mexico	33.5	32	Alaska	23.3
38	New York	24.0	33	Maine	23.5
19	North Carolina	19.2	33	Minnesota	23.5
18	North Dakota	19.1	35	Montana	23.6
12	Ohio	17.5	36	Louisiana	23.7
41	Oklahoma	24.3	37	Hawaii	23.9
39	Oregon	24.1	38	New York	24.0
10	Pennsylvania	17.3	39	Oregon	24.1
8	Rhode Island	16.8	39	South Carolina	24.1
39	South Carolina	24.1	41	Oklahoma	24.3
1	South Dakota	13.5	42	Arizona	25.6
15	Tennessee	18.7	43	Maryland	26.6
27	Texas	22.5	44	Illinois	26.7
31	Utah	23.2	45	California	27.3
26	Vermont	22.0	46	Mississippi	27.5
21	Virginia	20.1	47	Florida	27.7
22	Washington	20.5	48	District of Columbia	27.9
30	West Virginia	23.1	49	Colorado	28.4
14	Wisconsin	18.4	50	Nevada	29.5
5	Wyoming	15.1	51	New Mexico	33.5
United States		21.9			

Note: Children with Special Health Care Needs Ages 0 -17 who needed care from a specialty doctor during the past 12 months Data: 2001 National Survey of Children with Special Health Care Needs. Prepared by Child and Adolescent Health Measurement Initiative (CAHMI) Data Resource Center for Child and Adolescent Health. www.childhealthdata.org. Retrieved from www.childhealthdata.org, 2008.

State Variation		2001
Top 5 States Average		14.3
All States Average		21.6
All States Median		22.0
Bottom 5 States Average		29.4

Table 3.8 Hospital Admissions for Pediatric Asthma per 100,000 Children Ages 0–17

Rank	Alphabetical Order		Rank Order	
	State	2002	Rank	State
* 1	Alabama	*	1	Vermont
* 2	Alaska	*	2	Oregon
10	Arizona	141.9	3	Nebraska
* 3	Arkansas	*	4	Utah
12	California	154.4	5	Iowa
16	Colorado	174.9	6	Maine
* 4	Connecticut	*	7	Wisconsin
* 5	Delaware	*	8	Minnesota
* 6	District of Columbia	*	9	Nevada
29	Florida	238.5	10	Arizona
20	Georgia	184.2	11	Washington
14	Hawaii	160.7	12	California
* 7	Idaho	*	12	Massachusetts
19	Illinois	179.5	14	Hawaii
* 8	Indiana	*	15	Kansas
5	Iowa	93.8	16	Colorado
15	Kansas	162.8	17	Maryland
31	Kentucky	273.3	18	Ohio
* 9	Louisiana	*	19	Illinois
6	Maine	111.5	20	Georgia
17	Maryland	176.7	21	Virginia
12	Massachusetts	154.4	22	North Carolina
* 10	Michigan	*	23	West Virginia
8	Minnesota	125.3	24	Texas
* 11	Mississippi	*	25	Rhode Island
26	Missouri	220.7	26	Missouri
* 12	Montana	*	27	Tennessee
3	Nebraska	91.0	28	New Jersey
9	Nevada	141.7	29	Florida
* 13	New Hampshire	*	30	Pennsylvania
28	New Jersey	225.6	31	Kentucky
* 14	New Mexico	*	32	New York
32	New York	303.9	33	South Carolina
22	North Carolina	196.1	*	Alabama

Table 4.1 Family Costs of Health Care

Rank	Alphabetical Order		Rank Order	
	State	Average Rank*	Rank	State
8	Alabama	13	1	Arkansas
47	Alaska	47	2	Arizona
2	Arizona	8	2	Nevada
1	Arkansas	6.5	2	Utah
12	California	15	5	Hawaii
17	Colorado	19.5	6	Georgia
49	Connecticut	47.5	7	Idaho
40	Delaware	39.5	8	Alabama
51	District of Columbia	49.5	8	Virginia
34	Florida	32	10	Mississippi
6	Georgia	9.5	11	North Carolina
5	Hawaii	9	12	California
7	Idaho	11	12	Iowa
25	Illinois	23.5	12	Montana
28	Indiana	26.5	12	New Mexico
12	Iowa	15	16	Kansas
16	Kansas	17.5	17	Colorado
32	Kentucky	28.5	17	Louisiana
17	Louisiana	19.5	17	Missouri
46	Maine	45	20	South Carolina
31	Maryland	27.5	21	North Dakota
47	Massachusetts	47	22	Nebraska
28	Michigan	26.5	22	South Dakota
36	Minnesota	33.5	24	Oregon
10	Mississippi	13.5	25	Illinois
17	Missouri	19.5	26	Oklahoma
12	Montana	15	26	Tennessee
22	Nebraska	21.5	28	Indiana
2	Nevada	8	28	Michigan
40	New Hampshire	39.5	28	Texas
43	New Jersey	40.5	31	Maryland
12	New Mexico	15	32	Kentucky
45	New York	44	32	Washington
11	North Carolina	14	34	Florida

* North Dakota	*	* Alaska	*
18 Ohio	177.3	* Arkansas	*
* Oklahoma	*	* Connecticut	*
2 Oregon	75.2	* Delaware	*
30 Pennsylvania	244.3	* District of Columbia	*
25 Rhode Island	212.4	* Idaho	*
33 South Carolina	314.2	* Indiana	*
* South Dakota	*	* Louisiana	*
27 Tennessee	221.6	* Michigan	*
24 Texas	210.4	* Mississippi	*
4 Utah	91.8	* Montana	*
1 Vermont	54.9	* New Hampshire	*
21 Virginia	187.2	* New Mexico	*
11 Washington	149.2	* North Dakota	*
23 West Virginia	197.8	* Oklahoma	*
7 Wisconsin	118.0	* South Dakota	*
* Wyoming	*	* Wyoming	*
United States	187.6		

* Indicates data value is missing.
 Note: Excludes obstetric and neonatal admissions and transfers from other institutions.
 Data: Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases; not all States participate in HCUP. Estimates for the total U.S. are from the Nationwide Inpatient Sample (AHRO, HCUP-SID 2002). Reported in the 2005 National Healthcare Quality Report (AHRQ 2005).

State Variation	2002
Top 5 States Average	81.3
All States Average	174.7
All States Median	176.7
Bottom 5 States Average	274.8

21 North Dakota	20.5	34 Ohio	32
34 Ohio	32	36 Minnesota	33.5
26 Oklahoma	24.5	37 Wyoming	34
24 Oregon	22	38 Wisconsin	35.5
42 Pennsylvania	40	39 West Virginia	37.5
49 Rhode Island	47.5	40 Delaware	39.5
20 South Carolina	20	40 New Hampshire	39.5
22 South Dakota	21.5	42 Pennsylvania	40
26 Tennessee	24.5	43 New Jersey	40.5
28 Texas	26.5	44 Vermont	43
2 Utah	8	45 New York	44
44 Vermont	43	46 Maine	45
8 Virginia	13	47 Alaska	47
32 Washington	28.5	47 Massachusetts	47
39 West Virginia	37.5	49 Connecticut	47.5
38 Wisconsin	35.5	49 Rhode Island	47.5
37 Wyoming	34	51 District of Columbia	49.5

* Average Rank is the average of the state's rank across all indicators in the dimension.
 Costs dimension includes: total personal health spending per capita and average family premium for employer-sponsored health insurance.
 Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group and KFF State Health Facts.

State Variation	Average Rank
Top 5 States Average	7.9
All States Average	26.0
All States Median	24.5
Bottom 5 States Average	47.7

Table 4.2 Personal Health Care Spending per Capita, 2004

State Variation	2005
Top 5 States Average	4311.7
All States Average	5399.3
All States Median	5327.2
Bottom 5 States Average	6091.1

Alphabetical Order			Rank Order		
Rank	State	2004	Rank	State	2004
21	Alabama	5,135	1	Utah	3,972
47	Alaska	6,450	2	Arizona	4,103
2	Arizona	4,103	3	Idaho	4,444
11	Arkansas	4,863	4	New Mexico	4,471
8	California	4,638	5	Nevada	4,569
9	Colorado	4,717	6	Georgia	4,600
46	Connecticut	6,344	7	Texas	4,601
45	Delaware	6,306	8	California	4,638
51	District of Columbia	8,295	9	Colorado	4,717
33	Florida	5,483	10	Virginia	4,822
6	Georgia	4,600	11	Arkansas	4,863
14	Hawaii	4,941	12	Oregon	4,880
3	Idaho	4,444	13	Oklahoma	4,917
24	Illinois	5,293	14	Hawaii	4,941
25	Indiana	5,295	15	Louisiana	5,040
27	Iowa	5,380	16	Michigan	5,058
28	Kansas	5,382	17	Mississippi	5,059
32	Kentucky	5,473	18	Montana	5,080
15	Louisiana	5,040	19	Washington	5,092
49	Maine	6,540	20	South Carolina	5,114
34	Maryland	5,590	21	Alabama	5,135
50	Massachusetts	6,683	22	North Carolina	5,191
16	Michigan	5,058	23	Wyoming	5,265
38	Minnesota	5,795	24	Illinois	5,293
17	Mississippi	5,059	25	Indiana	5,295
30	Missouri	5,444	26	South Dakota	5,327
18	Montana	5,080	27	Iowa	5,380
35	Nebraska	5,599	28	Kansas	5,382
5	Nevada	4,569	29	New Hampshire	5,432
29	New Hampshire	5,432	30	Missouri	5,444
39	New Jersey	5,807	31	Tennessee	5,464
4	New Mexico	4,471	32	Kentucky	5,473
48	New York	6,535	33	Florida	5,483
22	North Carolina	5,191	34	Maryland	5,590
40	North Dakota	5,808	35	Nebraska	5,599
37	Ohio	5,725	36	Wisconsin	5,670
13	Oklahoma	4,917	37	Ohio	5,725
12	Oregon	4,880	38	Minnesota	5,795
41	Pennsylvania	5,933	39	New Jersey	5,807
44	Rhode Island	6,193	40	North Dakota	5,808
20	South Carolina	5,114	41	Pennsylvania	5,933
26	South Dakota	5,327	42	West Virginia	5,954
31	Tennessee	5,464	43	Vermont	6,069
7	Texas	4,601	44	Rhode Island	6,193
1	Utah	3,972	45	Delaware	6,306
43	Vermont	6,069	46	Connecticut	6,344
10	Virginia	4,822	47	Alaska	6,450
19	Washington	5,092	48	New York	6,535
42	West Virginia	5,954	49	Maine	6,540
36	Wisconsin	5,670	50	Massachusetts	6,683
23	Wyoming	5,265	51	District of Columbia	8,295
	United States	\$5,283			

Note: For Medicare, enrollees are the number of persons enrolled in the hospital and/or supplementary medical insurance programs.
Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

Table 4.3 Average Family Premium per Enrolled Employee for Employer-Based Health Insurance, FY 2005

Alphabetical Order			Rank Order		
Rank	State	2005	Rank	State	2005
5	Alabama	\$9,420	1	North Dakota	\$8,334
47	Alaska	\$11,542	2	Arkansas	\$9,190
14	Arizona	\$10,268	3	Iowa	\$9,359
2	Arkansas	\$9,190	4	Hawaii	\$9,392
22	California	\$10,551	5	Alabama	\$9,420
30	Colorado	\$10,850	6	North Carolina	\$9,657
49	Connecticut	\$11,717	7	Kansas	\$9,734
34	Delaware	\$10,964	8	Nebraska	\$9,805
48	District of Columbia	\$11,623	9	Missouri	\$9,948
31	Florida	\$10,852	10	Mississippi	\$9,987
13	Georgia	\$10,262	11	Nevada	\$10,011
4	Hawaii	\$9,392	12	Montana	\$10,058
19	Idaho	\$10,398	13	Georgia	\$10,262
23	Illinois	\$10,574	14	Arizona	\$10,268
28	Indiana	\$10,678	15	Utah	\$10,282
3	Iowa	\$9,359	16	Virginia	\$10,292
7	Kansas	\$9,734	17	South Dakota	\$10,312
25	Kentucky	\$10,617	18	Tennessee	\$10,361
24	Louisiana	\$10,602	19	Idaho	\$10,398
41	Maine	\$11,289	20	South Carolina	\$10,436
21	Maryland	\$10,528	21	Maryland	\$10,528
44	Massachusetts	\$11,435	22	California	\$10,551
37	Michigan	\$11,005	23	Illinois	\$10,574
29	Minnesota	\$10,846	24	Louisiana	\$10,602
10	Mississippi	\$9,987	25	Kentucky	\$10,617
9	Missouri	\$9,948	26	New Mexico	\$10,637
12	Montana	\$10,058	27	Ohio	\$10,662
8	Nebraska	\$9,805	28	Indiana	\$10,678
11	Nevada	\$10,011	29	Minnesota	\$10,846
50	New Hampshire	\$11,835	30	Colorado	\$10,850
42	New Jersey	\$11,403	31	Florida	\$10,852
26	New Mexico	\$10,637	32	Oregon	\$10,898
40	New York	\$11,280	33	West Virginia	\$10,900
6	North Carolina	\$9,657	34	Delaware	\$10,964
1	North Dakota	\$8,334	35	Wisconsin	\$10,983
27	Ohio	\$10,662	36	Oklahoma	\$10,985
36	Oklahoma	\$10,985	37	Michigan	\$11,005
32	Oregon	\$10,898	38	Washington	\$11,018
39	Pennsylvania	\$11,108	39	Pennsylvania	\$11,108
51	Rhode Island	\$11,924	40	New York	\$11,280
20	South Carolina	\$10,436	41	Maine	\$11,289
17	South Dakota	\$10,312	42	New Jersey	\$11,403
18	Tennessee	\$10,361	43	Vermont	\$11,420
46	Texas	\$11,533	44	Massachusetts	\$11,435
15	Utah	\$10,282	45	Wyoming	\$11,467
43	Vermont	\$11,420	46	Texas	\$11,533
16	Virginia	\$10,292	47	Alaska	\$11,542
38	Washington	\$11,018	48	District of Columbia	\$11,623
33	West Virginia	\$10,900	49	Connecticut	\$11,717
35	Wisconsin	\$10,983	50	New Hampshire	\$11,835
45	Wyoming	\$11,467	51	Rhode Island	\$11,924
	United States	\$10,728			

State Variation	2005
Top 5 States Average	9139.0
All States Average	10612.4
All States Median	10637.0
Bottom 5 States Average	11650.0

Source: KFF State Health Facts. Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2005 Medical Expenditure Panel Survey (MEPS) -Insurance Component. Tables II.D.1, II.D.2, II.D.3 available at: Medical Expenditure Panel survey (MEPS), accessed August 8, 2007.

Table 5.1 Equitable Care: Disparities by Income, Insurance Status, and Race/Ethnicity

Rank	Alphabetical Order					Rank Order				
	State	Income Equity	Insurance Coverage Equity	Race/Ethnicity Equity	Average Rank*	Rank	State	Average Rank*	Rank*	
28	Alabama	13	35	39	29.0	1	Vermont	1.3		
29	Alaska	43	14	32	29.7	2	Massachusetts	3.3		
49	Arizona	47	50	42	46.3	3	Maine	5.0		
46	Arkansas	36	47	48	43.7	4	West Virginia	5.3		
40	California	44	42	22	36.0	5	Rhode Island	5.7		
42	Colorado	50	34	28	37.3	6	Connecticut	6.3		
6	Connecticut	8	7	4	6.3	7	New Hampshire	6.7		
20	Delaware	25	22	21	22.7	8	New York	9.7		
15	District of Columbia	11	26	8	15.0	8	Pennsylvania	9.7		
43	Florida	49	38	26	37.7	10	Ohio	11.7		
36	Georgia	21	35	49	35.0	11	Hawaii	12.7		
11	Hawaii	12	17	9	12.7	12	Kentucky	13.0		
45	Idaho	38	40	51	43.0	12	Maryland	13.0		
26	Illinois	34	23	27	28.0	14	Wisconsin	13.7		
30	Indiana	20	27	43	30.0	15	District of Columbia	15.0		
19	Iowa	26	12	29	22.3	16	New Jersey	17.7		
30	Kansas	35	21	34	30.0	17	Michigan	21.7		
12	Kentucky	10	14	15	13.0	18	Wyoming	22.0		
33	Louisiana	37	39	17	31.0	19	Iowa	22.3		
3	Maine	4	8	3	5.0	20	Delaware	22.7		
12	Maryland	21	9	9	13.0	20	Washington	22.7		
2	Massachusetts	4	1	5	3.3	22	Montana	23.7		
17	Michigan	24	18	23	21.7	23	Nebraska	24.7		
38	Minnesota	40	27	39	35.3	24	Tennessee	26.3		
48	Mississippi	44	48	45	45.7	25	North Carolina	26.7		
27	Missouri	42	18	25	28.3	26	Illinois	28.0		
22	Montana	31	23	17	23.7	27	Missouri	28.3		
23	Nebraska	7	43	24	24.7	28	Alabama	29.0		
51	Nevada	51	49	43	47.7	29	Alaska	29.7		
7	New Hampshire	2	4	14	6.7	30	Indiana	30.0		
16	New Jersey	28	14	11	17.7	30	Kansas	30.0		
41	New Mexico	32	40	39	37.0	32	North Dakota	30.3		
8	New York	18	6	5	9.7	33	Louisiana	31.0		

25	North Carolina	17	29	34	26.7	33	South Carolina	31.0
32	North Dakota	33	20	38	30.3	35	Virginia	32.0
10	Ohio	15	9	11	11.7	36	Georgia	35.0
49	Oklahoma	44	45	50	46.3	36	South Dakota	35.0
47	Oregon	47	44	45	45.3	38	Minnesota	35.3
8	Pennsylvania	9	3	17	9.7	39	Utah	35.7
5	Rhode Island	6	4	7	5.7	40	California	36.0
33	South Carolina	21	25	47	31.0	41	New Mexico	37.0
36	South Dakota	38	30	37	35.0	42	Colorado	37.3
24	Tennessee	13	33	33	26.3	43	Florida	37.7
44	Texas	40	51	29	40.0	44	Texas	40.0
39	Utah	28	45	34	35.7	45	Idaho	43.0
1	Vermont	1	2	1	1.3	46	Arkansas	43.7
35	Virginia	30	35	31	32.0	47	Oregon	45.3
20	Washington	27	30	11	22.7	48	Mississippi	45.7
4	West Virginia	3	12	1	5.3	49	Arizona	46.3
14	Wisconsin	15	9	17	13.7	49	Oklahoma	46.3
18	Wyoming	18	32	16	22.0	51	Nevada	47.7

* Average Rank is the average of the state's rank across all indicators in the equity type. Equity domain is: the percentage point difference or "gaps" for each vulnerable subgroup (i.e., minority, low-income, uninsured) compared with the U.S. average for the full population for each of two indicators: percent of children with medical home and percent of children with at least one preventive and dental visit in past year.
Source: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

State Variation	Average Rank
Top 5 States Average	4.1
All States Average	25.7
All States Median	28.0
Bottom 5 States Average	46.3

Table 5.2 Equity: Insurance
Percent of Children Ages 0–17 Without a Medical Home
Percent of Children Ages 0–17 Without Both a Medical and Dental Preventive Care Visit in the Past Year

Alphabetical Order		Rank Order				
Overall Rank	State	Overall Rank	State	Rank on Medical Home Equity	Rank on Preventive Care Equity	Average Insurance Equity
35	Alabama	1	Massachusetts	5	1	3
14	Alaska	2	Vermont	3	4	3.5
50	Arizona	3	Pennsylvania	6	5	5.5
47	Arkansas	4	New Hampshire	2	10	6
42	California	4	Rhode Island	10	2	6
34	Colorado	6	New York	11	3	7
7	Connecticut	7	Connecticut	4	11	7.5
22	Delaware	8	Maine	1	16	8.5
26	District of Columbia	9	Maryland	12	8	10
38	Florida	9	Ohio	8	12	10
35	Georgia	9	Wisconsin	13	7	10
17	Hawaii	12	Iowa	6	19	12.5
40	Idaho	12	West Virginia	9	16	12.5
23	Illinois	14	Alaska	18	15	16.5
27	Indiana	14	Kentucky	15	18	16.5
12	Iowa	14	New Jersey	20	13	16.5
21	Kansas	17	Hawaii	28	6	17
14	Kentucky	18	Michigan	22	13	17.5
39	Louisiana	18	Missouri	14	21	17.5
8	Maine	20	North Dakota	17	23	20
9	Maryland	21	Kansas	24	20	22
1	Massachusetts	22	Delaware	25	22	23.5
18	Michigan	23	Illinois	26	26	26
27	Minnesota	23	Montana	19	33	26
48	Mississippi	25	South Carolina	23	30	26.5
18	Missouri	26	District of Columbia	46	9	27.5
23	Montana	27	Indiana	21	35	28
43	Nebraska	27	Minnesota	16	40	28
49	Nevada	29	North Carolina	33	25	29
4	New Hampshire	30	South Dakota	38	24	31
14	New Jersey	30	Washington	28	34	31
40	New Mexico	32	Wyoming	31	36	33.5
6	New York	33	Tennessee	40	28	34
29	North Carolina	34	Colorado	30	39	34.5
20	North Dakota	35	Alabama	27	43	35
9	Ohio	35	Georgia	41	29	35
45	Oklahoma	35	Virginia	43	27	35
44	Oregon	38	Florida	34	37	35.5
3	Pennsylvania	39	Louisiana	35	38	36.5
4	Rhode Island	40	Idaho	32	42	37
25	South Carolina	40	New Mexico	44	30	37
30	South Dakota	42	California	48	30	39
33	Tennessee	43	Nebraska	35	44	39.5
51	Texas	44	Oregon	39	46	42.5
45	Utah	45	Oklahoma	37	49	43
2	Vermont	45	Utah	45	41	43
35	Virginia	47	Arkansas	42	48	45
30	Washington	48	Mississippi	47	45	46
12	West Virginia	49	Nevada	50	47	48.5
9	Wisconsin	50	Arizona	49	51	50
32	Wyoming	51	Texas	51	50	50.5

A Gap is the difference between the US average for this each indicator and each state's uninsured group.

Note: Medical home is defined as having at least one preventive medical care visit in the past year; being able to access needed specialist care and services; and having a personal doctor/nurse who usually/always spends enough time and communicates clearly, provides telephone advice and urgent care when needed, and follows up after specialist care.

Data: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

5.3 Equity: Income
Percent of Children Ages 0–17 Without a Medical Home
Percent of Children Ages 0–17 Without Both a Medical and Dental Preventive Care Visit in the Past Year

Alphabetical Order		Rank Order				
Overall Rank	State	Overall Rank	State	Rank	Rank	Average Income Equity
13	Alabama	1	Vermont	2	1	1.5
43	Alaska	2	New Hampshire	1	4	2.5
47	Arizona	3	West Virginia	4	2	3
36	Arkansas	4	Maine	7	5	6
44	California	4	Massachusetts	9	3	6
50	Colorado	6	Rhode Island	3	11	7
8	Connecticut	7	Nebraska	8	9	8.5
25	Delaware	8	Connecticut	5	13	9
11	District of Columbia	9	Pennsylvania	13	6	9.5
49	Florida	10	Kentucky	11	12	11.5
21	Georgia	11	District of Columbia	17	7	12
12	Hawaii	12	Hawaii	17	10	13.5
38	Idaho	13	Alabama	16	14	15
34	Illinois	13	Tennessee	14	16	15
20	Indiana	15	Ohio	12	24	18
26	Iowa	15	Wisconsin	6	30	18
35	Kansas	17	North Carolina	33	8	20.5
10	Kentucky	18	New York	28	15	21.5
37	Louisiana	18	Wyoming	25	18	21.5
4	Maine	20	Indiana	25	21	23
21	Maryland	21	Georgia	20	27	23.5
4	Massachusetts	21	Maryland	24	23	23.5
24	Michigan	21	South Carolina	28	19	23.5
40	Minnesota	24	Michigan	22	26	24
44	Mississippi	25	Delaware	32	17	24.5
42	Missouri	26	Iowa	22	29	25.5
31	Montana	27	Washington	10	44	27
7	Nebraska	28	New Jersey	36	20	28
51	Nevada	28	Utah	14	42	28
2	New Hampshire	30	Virginia	25	32	28.5
28	New Jersey	31	Montana	21	38	29.5
32	New Mexico	32	New Mexico	40	22	31
18	New York	33	North Dakota	19	45	32
17	North Carolina	34	Illinois	37	28	32.5
33	North Dakota	35	Kansas	41	25	33
15	Ohio	36	Arkansas	34	40	37
44	Oklahoma	37	Louisiana	42	33	37.5
47	Oregon	38	Idaho	28	48	38
9	Pennsylvania	38	South Dakota	35	41	38
6	Rhode Island	40	Minnesota	46	31	38.5
21	South Carolina	40	Texas	43	34	38.5
38	South Dakota	42	Missouri	31	47	39
13	Tennessee	43	Alaska	45	35	40
40	Texas	44	California	49	35	42
28	Utah	44	Mississippi	47	37	42
1	Vermont	44	Oklahoma	38	46	42
30	Virginia	47	Arizona	48	39	43.5
27	Washington	47	Oregon	44	43	43.5
3	West Virginia	49	Florida	39	49	44
15	Wisconsin	50	Colorado	50	50	50
18	Wyoming	51	Nevada	51	51	51

A Gap is the difference between the US average for this indicator (53.9) and each state's most vulnerable low-income (0-99% FPL or 100-199% FPL) group. A positive or negative value indicates that this state's most vulnerable group is that much better or worse than the US average for the indicator.
Data: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

Table 5.4 Equity: Race/Ethnicity
Percent of Children Ages 0–17 Without a Medical Home
Percent of Children Ages 0–17 Without Both a Medical and Dental Preventive Care Visit in the Past Year

Alphabetical Order					Rank Order				
Rank	State	Rank Med Home	Rank Prev Care	Average Rank*	Rank	State	Rank Med Home	Rank Prev Care	Average Rank*
39	Alabama	45	30	37.5	1	Vermont	1	2	1.5
32	Alaska	41	21	31.0	1	West Virginia	2	1	1.5
42	Arizona	50	31	40.5	3	Maine	3	3	3.0
48	Arkansas	47	45	46.0	4	Connecticut	7	6	6.5
22	California	31	14	22.5	5	Massachusetts	10	4	7.0
28	Colorado	24	29	26.5	5	New York	9	5	7.0
4	Connecticut	7	6	6.5	7	Rhode Island	6	9	7.5
21	Delaware	25	18	21.5	8	District of Columbia	15	6	10.5
8	District of Columbia	15	6	10.5	9	Hawaii	16	8	12.0
26	Florida	22	28	25.0	9	Maryland	12	12	12.0
49	Georgia	49	47	48.0	11	New Jersey	14	11	12.5
9	Hawaii	16	8	12.0	11	Ohio	8	17	12.5
51	Idaho	51	49	50.0	11	Washington	11	14	12.5
27	Illinois	20	31	25.5	14	New Hampshire	4	23	13.5
43	Indiana	43	41	42.0	15	Kentucky	19	13	16.0
29	Iowa	18	39	28.5	16	Wyoming	25	10	17.5
34	Kansas	29	42	35.5	17	Louisiana	23	19	21.0
15	Kentucky	19	13	16.0	17	Montana	21	21	21.0
17	Louisiana	23	19	21.0	17	Pennsylvania	17	25	21.0
3	Maine	3	3	3.0	17	Wisconsin	5	37	21.0
9	Maryland	12	12	12.0	21	Delaware	25	18	21.5
5	Massachusetts	10	4	7.0	22	California	31	14	22.5
23	Michigan	30	16	23.0	23	Michigan	30	16	23.0
39	Minnesota	35	40	37.5	24	Nebraska	27	20	23.5
45	Mississippi	44	43	43.5	25	Missouri	12	36	24.0
25	Missouri	12	36	24.0	26	Florida	22	28	25.0
17	Montana	21	21	21.0	27	Illinois	20	31	25.5
24	Nebraska	27	20	23.5	28	Colorado	24	29	26.5
43	Nevada	40	44	42.0	29	Iowa	18	39	28.5
14	New Hampshire	4	23	13.5	29	Texas	34	23	28.5
11	New Jersey	14	11	12.5	31	Virginia	33	27	30.0
39	New Mexico	42	33	37.5	32	Alaska	41	21	31.0
5	New York	9	5	7.0	33	Tennessee	32	38	35.0
34	North Carolina	37	34	35.5	34	Kansas	29	42	35.5
38	North Dakota	28	46	37.0	34	North Carolina	37	34	35.5
11	Ohio	8	17	12.5	34	Utah	36	35	35.5
50	Oklahoma	46	51	48.5	37	South Dakota	47	26	36.5
45	Oregon	39	48	43.5	38	North Dakota	28	46	37.0
17	Pennsylvania	17	25	21.0	39	Alabama	45	30	37.5
7	Rhode Island	6	9	7.5	39	Minnesota	35	40	37.5
47	South Carolina	38	50	44.0	39	New Mexico	42	33	37.5
37	South Dakota	47	26	36.5	42	Arizona	50	31	40.5
33	Tennessee	32	38	35.0	43	Indiana	43	41	42.0
29	Texas	34	23	28.5	43	Nevada	40	44	42.0
34	Utah	36	35	35.5	45	Mississippi	44	43	43.5
1	Vermont	1	2	1.5	45	Oregon	39	48	43.5
31	Virginia	33	27	30.0	47	South Carolina	38	50	44.0
11	Washington	11	14	12.5	48	Arkansas	47	45	46.0
1	West Virginia	2	1	1.5	49	Georgia	49	47	48.0
17	Wisconsin	5	37	21.0	50	Oklahoma	46	51	48.5
16	Wyoming	25	10	17.5	51	Idaho	51	49	50.0

A Gap is the difference between the US average for this indicator and each state's most vulnerable non-white group. A positive or negative value indicates that this state's most vulnerable group is that much better or worse than the US average for the indicator. Healthy Lives domain includes: percent of young children at moderate/high risk for developmental delay and infant mortality (deaths per 1,000 live births).
Source: National Vital Statistics System - Linked Birth and Infant Death Data (NCHS, NVSS n.d.). Reported in the 2005 National Healthcare Quality Report (AHRQ 2005) and National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

Table 6.1 Potential to Lead Healthy Lives

Alphabetical Order			Rank Order		
Rank	State	Average Rank	Rank	State	Average Rank
48	Alabama	45.5	1	Vermont	1.5
13	Alaska	15.0	2	Maine	4.0
35	Arizona	33.0	3	Utah	6.0
48	Arkansas	45.5	4	New Hampshire	7.0
15	California	18.5	5	Colorado	7.5
5	Colorado	7.5	6	Washington	10.0
21	Connecticut	21.5	7	Minnesota	11.5
34	Delaware	32.5	8	Wyoming	12.5
38	District of Columbia	36.0	9	North Dakota	13.0
38	Florida	36.0	10	New Mexico	13.5
47	Georgia	43.0	11	South Dakota	14.0
41	Hawaii	36.5	12	Texas	14.5
13	Idaho	15.0	13	Alaska	15.0
38	Illinois	36.0	13	Idaho	15.0
33	Indiana	32.0	15	California	18.5
17	Iowa	19.0	15	Montana	18.5
23	Kansas	22.0	17	Iowa	19.0
18	Kentucky	19.5	18	Kentucky	19.5
51	Louisiana	50.0	18	Nebraska	19.5
2	Maine	4.0	20	Massachusetts	20.5
28	Maryland	27.0	21	Connecticut	21.5
20	Massachusetts	20.5	21	Nevada	21.5
36	Michigan	35.0	23	Kansas	22.0
7	Minnesota	11.5	24	Oregon	22.5
50	Mississippi	49.0	25	Virginia	23.5
29	Missouri	29.0	26	Wisconsin	25.0
15	Montana	18.5	27	New York	26.0
18	Nebraska	19.5	28	Maryland	27.0
21	Nevada	21.5	29	Missouri	29.0
4	New Hampshire	7.0	29	New Jersey	29.0
29	New Jersey	29.0	31	Ohio	31.0
10	New Mexico	13.5	31	Rhode Island	31.0
27	New York	26.0	33	Indiana	32.0
46	North Carolina	42.5	34	Delaware	32.5
9	North Dakota	13.0	35	Arizona	33.0
31	Ohio	31.0	36	Michigan	35.0
45	Oklahoma	40.5	37	Pennsylvania	35.5
24	Oregon	22.5	38	District of Columbia	36.0
37	Pennsylvania	35.5	38	Florida	36.0
31	Rhode Island	31.0	38	Illinois	36.0
41	South Carolina	36.5	41	Hawaii	36.5
11	South Dakota	14.0	41	South Carolina	36.5
43	Tennessee	39.0	43	Tennessee	39.0
12	Texas	14.5	43	West Virginia	39.0
3	Utah	6.0	45	Oklahoma	40.5
1	Vermont	1.5	46	North Carolina	42.5
25	Virginia	23.5	47	Georgia	43.0
6	Washington	10.0	48	Alabama	45.5
43	West Virginia	39.0	48	Arkansas	45.5
26	Wisconsin	25.0	50	Mississippi	49.0
8	Wyoming	12.5	51	Louisiana	50.0
	United States	7.0			

State Variation	2002
Top 5 States Average	5.2
All States Average	25.7
All States Median	25.0
Bottom 5 States Average	46.6

Healthy Lives domain includes: percent of young children at moderate/high risk for developmental delay and infant mortality (deaths per 1,000 live births).

Source: National Vital Statistics System - Linked Birth and Infant Death Data (NCHS, NVSS n.d.). Reported in the 2005 National Healthcare Quality Report (AHRQ 2005) and National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005).

Table 6.2 Infant Mortality, Deaths per 1,000 Live Births

Rank	Alphabetical Order		Rank Order	
	State	2002	Rank	State
46	Alabama	9.1	1	Maine
8	Alaska	5.6	2	Vermont
20	Arizona	6.4	3	Massachusetts
41	Arkansas	8.4	4	New Hampshire
7	California	5.4	5	Iowa
13	Colorado	6.0	5	Minnesota
21	Connecticut	6.5	7	California
43	Delaware	8.6	8	Alaska
51	District of Columbia	11.0	8	Utah
32	Florida	7.5	10	New Jersey
45	Georgia	9.0	10	Oregon
29	Hawaii	7.4	12	Washington
15	Idaho	6.1	13	Colorado
29	Illinois	7.4	13	New York
36	Indiana	7.8	15	Idaho
5	Iowa	5.3	15	Nevada
27	Kansas	7.2	15	New Mexico
27	Kentucky	7.2	18	North Dakota
49	Louisiana	10.0	18	Texas
1	Maine	4.3	20	Arizona
34	Maryland	7.6	21	Connecticut
3	Massachusetts	4.8	22	South Dakota
38	Michigan	8.1	22	Wyoming
5	Minnesota	5.3	24	Wisconsin
49	Mississippi	10.0	25	Nebraska
42	Missouri	8.5	26	Rhode Island
32	Montana	7.5	27	Kansas
25	Nebraska	7.0	27	Kentucky
15	Nevada	6.1	29	Hawaii
4	New Hampshire	5.0	29	Illinois

Table 6.3 Percent of Children Ages 1–5 Years at Moderate/High Risk for Developmental Delay

Rank	Alphabetical Order		Rank Order	
	State	2003	Rank	State
45	Alabama	27.2	1	Vermont
22	Alaska	23.4	2	Colorado
46	Arizona	27.6	3	Wyoming
50	Arkansas	32.8	4	Utah
30	California	23.9	5	Montana
2	Colorado	16.6	6	South Dakota
22	Connecticut	23.4	7	Maine
22	Delaware	23.4	8	North Dakota
21	District of Columbia	23.2	8	Washington
40	Florida	26.3	10	New Hampshire
41	Georgia	26.5	11	Texas
44	Hawaii	27.1	12	Kentucky
15	Idaho	22.3	12	New Mexico
43	Illinois	26.6	14	Nebraska
28	Indiana	23.7	15	Idaho
33	Iowa	24.8	16	Missouri
17	Kansas	22.5	17	Kansas
12	Kentucky	22.1	18	Minnesota
51	Louisiana	32.9	18	Virginia
7	Maine	20.7	20	Maryland
20	Maryland	23.0	21	District of Columbia
38	Massachusetts	25.7	22	Alaska
32	Michigan	24.4	22	Connecticut
18	Minnesota	22.6	22	Delaware
49	Mississippi	31.5	25	Ohio
16	Missouri	22.4	26	South Carolina
5	Montana	19.4	26	Wisconsin
14	Nebraska	22.2	28	Indiana
28	Nevada	23.7	28	Nevada
10	New Hampshire	21.1	30	California

10	New Jersey	5.7	29	Virginia	7.4
15	New Mexico	6.1	32	Florida	7.5
13	New York	6.0	32	Montana	7.5
38	North Carolina	8.1	34	Maryland	7.6
18	North Dakota	6.3	34	Pennsylvania	7.6
37	Ohio	7.9	36	Indiana	7.8
40	Oklahoma	8.2	37	Ohio	7.9
10	Oregon	5.7	38	Michigan	8.1
34	Pennsylvania	7.6	38	North Carolina	8.1
26	Rhode Island	7.1	40	Oklahoma	8.2
47	South Carolina	9.3	41	Arkansas	8.4
22	South Dakota	6.7	42	Missouri	8.5
47	Tennessee	9.3	43	Delaware	8.6
18	Texas	6.3	44	West Virginia	8.9
8	Utah	5.6	45	Georgia	9.0
2	Vermont	4.4	46	Alabama	9.1
29	Virginia	7.4	47	South Carolina	9.3
12	Washington	5.8	47	Tennessee	9.3
44	West Virginia	8.9	49	Louisiana	10.0
24	Wisconsin	6.8	49	Mississippi	10.0
22	Wyoming	6.7	51	District of Columbia	11.0
United States				7.0	

Data: National Vital Statistics System - Linked Birth and Infant Death Data (NCHS, NVSS n.d.). Reported in the 2005 National Healthcare Quality Report (AHRQ 2005).

State Variation		2002
Top 5 States Average		4.8
All States Average		7.1
All States Median		7.1
Bottom 5 States Average		9.9

48	New Jersey	29.7	31	Tennessee	24.0
12	New Mexico	22.1	32	Michigan	24.4
39	New York	26.2	33	Iowa	24.8
47	North Carolina	28.0	34	West Virginia	25.0
8	North Dakota	21.0	35	Oregon	25.2
25	Ohio	23.5	36	Rhode Island	25.5
41	Oklahoma	26.5	37	Pennsylvania	25.6
35	Oregon	25.2	38	Massachusetts	25.7
37	Pennsylvania	25.6	39	New York	26.2
36	Rhode Island	25.5	40	Florida	26.3
26	South Carolina	23.6	41	Georgia	26.5
6	South Dakota	20.4	41	Oklahoma	26.5
31	Tennessee	24.0	43	Illinois	26.6
11	Texas	21.3	44	Hawaii	27.1
4	Utah	19.3	45	Alabama	27.2
1	Vermont	16.4	46	Arizona	27.6
18	Virginia	22.6	47	North Carolina	28.0
8	Washington	21.0	48	New Jersey	29.7
34	West Virginia	25.0	49	Mississippi	31.5
26	Wisconsin	23.6	50	Arkansas	32.8
3	Wyoming	19.1	51	Louisiana	32.9
United States				24.5	

Note: Children with 1 or more parent-reported concerns indicative of developmental risk. Data: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

State Variation		2003
Top 5 States Average		18.2
All States Average		24.0
All States Median		23.6
Bottom 5 States Average		31.0

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