

New report ranks children's health care by state

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<?xml version="1.0"?> New report ranks children's health care by state Queenie Wong McClatchy Newspapers
McClatchy-Tribune Information Services Formerly Knight Ridder/Tribune Information Services WASHINGTON

WASHINGTON _ Children who live in the Northeast and Upper Midwest get better health care, on average, than those in the South and Southwest, according to a study by a private foundation released Wednesday.

Iowa had the highest combined score, followed by Vermont, Maine and Massachusetts. Oklahoma ranked last overall, preceded by Florida, which ranked 50th, and Mississippi, 49th.

The Commonwealth Fund, a non-profit that specializes in health care policy, ranked all 50 states and Washington, D.C., overall and in five subcategories: healthcare access, quality, costs, equity and health outcomes.

Better access to health care and higher insurance coverage rates translate to better quality, the study said. Children from bottom-ranked states were less likely to get vaccines, dental care and regular check-ups, and they had higher infant mortality rates, the study found.

The Commonwealth Fund considered 13 health care indicators such as these in coming up with its subcategory and overall scores. Among the others were infant mortality, developmental delays, preventive care, unmet mental health needs, follow-up after specialty care and referral rates for children with special needs.

Top scorers Iowa and Vermont expanded their insurance coverage for low-income families. They also require that local and regional children's health care systems publicly report data on their quality of care.

Expanded insurance coverage such as Medicaid and the State Children's Health Insurance Program is "critical" to improving the quality of healthcare of every state, the study said.

It found that if all states achieved top-state coverage rates, 4.7 million more children would be insured and 11.8 million more would get their recommended yearly check-ups.

According to the U.S. Census Bureau, 8.7 million children were uninsured in 2006.

(EDITORS: STORY CAN END HERE)

Even the top ranking states fell short of recommended standards, however, the study said. Researchers found that 25 percent of children in Massachusetts don't get annual preventive medical and dental care.

"No state was number one in all of our measures," Edward Schor, vice president of the foundation's Child Development and Preventive Care program, said.

There also were exceptions to the regional patterns of healthcare quality. Alabama, a southern state, performed well on both access and quality.

The report, which used the latest available government data for its 13 indicators, is titled "U.S. Variations in Child Health System Performance: A State Scorecard."

HOW STATES FARED

Alaska ranks 41st; this reflects subcategory rankings as follows:

_27th in access, which is based on insurance coverage;

_42nd in quality, which is based on vaccination rates, unmet needs and preventive care;

_47th in costs;

_29th in equity, which is the income-related gap in quality of care;

_13th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

California ranks 34th; this reflects subcategory rankings as follows:

- _40th in access, which is based on insurance coverage;
- _41st in quality, which is based on vaccination rates, unmet needs and preventive care;
- _12th in costs;
- _40th in equity, which is the income-related gap in quality of care;
- _15th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Florida's rank of 50th reflects rankings as follows:

- _51st in access, which is based on insurance coverage;
- _37th in quality, which is based on vaccination rates, unmet needs and preventive care;
- _34th in costs;
- _43rd in equity, which is the income-related gap in quality of care;
- _38th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Georgia ranks 38th; this reflects subcategory rankings as follows:

- _37th in access, which is based on insurance coverage;
- _29th in quality, which is based on vaccination rates, unmet needs and preventive care;
- _6th in costs;
- _36th in equity, which is the income-related gap in quality of care;
- _47th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Idaho ranks 33rd; this reflects subcategory rankings as follows:

- _33rd in access, which is based on insurance coverage;
- _48th in quality, which is based on vaccination rates, unmet needs and preventive care;
- _7th in costs;
- _45th in equity, which is the income-related gap in quality of care;
- _13th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Illinois ranks 38th; this reflects subcategory rankings as follows:

- _35th in access, which is based on insurance coverage;
- _31st in quality, which is based on vaccination rates, unmet needs and preventive care;
- _25th in costs;
- _26th in equity, which is the income-related gap in quality of care;
- _38th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Kansas ranks 10th; this reflects subcategory rankings as follows:

- _12th in access, which is based on insurance coverage;
- _16th in quality, which is based on vaccination rates, unmet needs and preventive care;
- _16th in costs;

_30th in equity, which is the income-related gap in quality of care;

_23rd in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Kentucky ranks 9th; this reflects subcategory rankings as follows:

_13th in access, which is based on insurance coverage;

_21st in quality, which is based on vaccination rates, unmet needs and preventive care;

_32nd in costs;

_12th in equity, which is the income-related gap in quality of care;

_18th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Mississippi's rank of 49th reflects rankings as follows:

_43rd in access, which is based on insurance coverage;

_47th in quality, which is based on vaccination rates, unmet needs and preventive care;

_10th in costs;

_48th in equity, which is the income-related gap in quality of care;

_50th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Missouri ranks 28th; this reflects subcategory rankings as follows:

_25th in access, which is based on insurance coverage;

_33rd in quality, which is based on vaccination rates, unmet needs and preventive care;

_17th in costs;

_27th in equity, which is the income-related gap in quality of care;

_29th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

North Carolina ranks 31st; this reflects subcategory rankings as follows:

_39th in access, which is based on insurance coverage;

_13th in quality, which is based on vaccination rates, unmet needs and preventive care;

_11th in costs;

_35th in equity, which is the income-related gap in quality of care;

_46th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Pennsylvania ranks 19th; this reflects subcategory rankings as follows:

_17th in access, which is based on insurance coverage;

_10th in quality, which is based on vaccination rates, unmet needs and preventive care;

_42nd in costs;

_8th in equity, which is the income-related gap in quality of care;

_37th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

South Carolina ranks 36th; this reflects subcategory rankings as follows:

_20th in access, which is based on insurance coverage;

_34th in quality, which is based on vaccination rates, unmet needs and preventive care;

_20th in costs;

_34th in equity, which is the income-related gap in quality of care;

_41st in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Texas ranks 46th; this reflects subcategory rankings as follows:

_50th in access, which is based on insurance coverage;

_42nd in quality, which is based on vaccination rates, unmet needs and preventive care;

_28th in costs;

_44th in equity, which is the income-related gap in quality of care;

_12th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

Washington ranks 18th; this reflects subcategory rankings as follows:

_21st in access, which is based on insurance coverage;

_34th in quality, which is based on vaccination rates, unmet needs and preventive care;

_32nd in costs;

_20th in equity, which is the income-related gap in quality of care;

_6th in potential to lead healthy lives, which is based on infant mortality rates and risks of developmental delays.

ON THE WEB

For comparable data on other states _ embargoed until 12:01 am EDT Wednesday _ go to:
http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=687113. Click on INTERACTIVE U.S. MAP then click on your state.

To read the Commonwealth Fund study, go to: http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=687113

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