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Foundation

Tracking Key Health Indicators

Providing Context for State Health Care Spending

The State Health Care Spending Project, an initiative of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, helps policymakers better understand how much money states spend on health care, how and why that amount has changed over time, and which policies are containing costs while maintaining or improving health outcomes. For additional information, visit pewtrusts.org.

External reviewer

Acknowledgments

Table of Contents

Introduction

State spending for health care services varies widely by state. But the relationship between the services delivered and residents' health status—how "healthy" people are—is complex. The amount a state spends on such services is not necessarily correlated with better or worse health status. A resident's well-being is only partially influenced by the health care services received; behavioral patterns, genetics, social circumstances, and environmental exposures also play a large role.[1]

Determinants of Health

Factors that determine people's health include the following:

- Behavioral patterns: Do you smoke? Do you wear seat belts?

- Genetics: Did you inherit a gene predisposing you to high blood pressure or one for sickle cell anemia?

- Social circumstances: Are you safe in your neighborhood and free from domestic violence in your home? Are you gainfully employed?

- Environmental exposures: Are you breathing clean air? Drinking clean water?

- Health care services: Are you receiving primary care services or taking prescription drugs?

To provide context for each state's spending on health care services, the State Health Care Spending Project, a collaboration of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, examined 20 health indicators. This report will use these indicators to provide a snapshot of each state's population. (See Table 1.) They are categorized into five groups:

- Demographics and the uninsured.

- Health status of residents.

- Vital statistics.

- Prevalence of disease and health risk factors.

- Prevention and treatment.

About this series

The State Health Care Spending Project, a collaboration between The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, is examining seven key areas of state health care spending—Medicaid, the Children's Health Insurance Program, substance abuse treatment, mental health services, prison health care, active state government employee benefits, and retired state government employee benefits. The project will provide a comprehensive examination of each of these health programs that states fund. The programs vary by state in many ways, so the research will highlight those variations and some of the key factors driving them. The project is concurrently releasing state-by-state data on 20 key health indicators to complement the programmatic spending analysis. For more information, see http://www.pewtrusts.org/healthcarespending.

Table 1

20 Indicators of Health

Indicator	State range	U.S. rate
Demographics and the uninsured		
Uninsured rate among adults (2011)	3.6-26.9%	17.7%
Uninsured rate among children (2011)	2.5-21.0%	9.4%
Poverty rate (2010-11)	15.0-36.0%	28.0%
Population over age 65 (2010)	7.7-17.3%	13.0%
Health status of residents		
Overall health status (2010)	10.1-22.9%	14.1%
Serious mental illness (2010-11)	4.1-7.1%	5.0%
Substance abuse (2010-11)	6.3-12.7%	8.4%
Vital statistics		
Life expectancy at birth (2009)	75.0-81.3 years	78.9 years
Infant mortality (2010)	3.75-9.67 per 1,000 live births	6.15 per 1,000 live births
Low birth-weight babies (2010)	5.7-12.1%	8.1%
Prevalence of disease and health risk factors		
Asthma prevalence among children (2010)	5.9-18.0%	8.4%
Smoking prevalence among adults (2010)	8.9-28.1%	17.7%
Obesity prevalence among children (2011-12)	9.9-21.7%	15.7%
Obesity prevalence among adults (2010)	21.0-34.4%	27.2%
Diabetes prevalence among adults (2010)	6.0-11.5%	8.1%
Prevention and treatment		
Childhood immunizations (2011)	62.3-82.8%	73.3%
Diabetes care: Hemoglobin A1c testing (2010)	52.7-75.8%	66.5%
Mammography rates (2010)	67.3-87.8%	78.1%
Appropriate surgical care (2009)	79.3-91.8%	85.8%
Nursing home pressure sores (2009)	1.1-3.1%	1.94%

Note: See Appendix A: Methodology for sources.

Only some health indicators correlate with one another. States with a higher proportion of diabetics, for example, tend to have greater adult obesity, higher rates of people in fair or poor health, and lower life expectancy. But doing well in some indicators generally does not imply that a state will perform well in others. This lack of consistent correlation indicates the intricate relationships among these measures of health and health care spending.

The role of states

States have a large responsibility for services directly affecting the health of their populations, ranging from water fluoridation to substance-abuse treatment. States also contribute to the health insurance of specific groups, such as residents covered under Medicaid, the Children's Health Insurance Program, and state employee and retiree benefits. In addition, states often operate a variety of facilities that directly provide health care, such as community mental health centers, state prisons, and prenatal clinics. Outside of these programs, people are largely covered under employer-sponsored insurance, other types of private insurance, and Medicare—all for which states have little direct responsibility outside of a regulatory role.

Most factors affecting one's health status, particularly in the short term, are outside the direct control of state governments. Older age, for example, is associated with increased rates of chronic illness such as cardiovascular disease and diabetes, which often lead to higher utilization of health care services and overall greater spending.

States do, however, influence some factors that indirectly affect residents' health. For example, states employ multiple strategies to reduce the rate of smoking, including levying excise taxes on cigarettes, banning smoking in public places, covering smoking-cessation aids in Medicaid and state employee health plans, and encouraging young people not to start in the first place. But because there are many factors indirectly related to smoking, such as poverty and substance abuse, no single initiative directly results in proportionate reductions in a state's rate. California's cigarette excise tax is low at 0.87 cents a pack, and its smoke-free laws are limited. Alternatively, New York's policies—including an excise tax of $4.35 a pack and comprehensive smoke-free laws—are more stringent, yet California's smoking rate is 12 percent compared with New York's 15.6 percent. Neither state, regardless of spending levels, seems likely to soon reach Utah's low smoking rate of 8.9 percent ($1.70 excise tax and comprehensive smoke-free laws).[2]

Impact of the Affordable Care Act

The way health care services are utilized will likely change dramatically under the Affordable Care Act. Passed in 2010, the law most notably promotes health insurance coverage by:

- Creating health insurance marketplaces in all states.
- Allowing for the expansion of Medicaid.[*]
- Developing individual and business tax penalties for not having or offering insurance.

These changes will almost certainly result in a decrease in the percent of Americans who are uninsured, but it is unclear how or when expanded coverage will affect other indicators such as obesity and infant mortality.

The Affordable Care Act also created "essential health benefits"[†] that must be covered in most new insurance

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[*]   As of April 2014, 26 states and the District of Columbia had passed legislation to expand their Medicaid programs to all residents who meet the income requirements. According to the Department of Health and Human Services, the 2014 poverty level is $11,670 for one person and $23,850 for a family of four. (Source: Department of Health and Human Services, "Annual Update of the HHS Poverty Guidelines," Federal Register 79 (2014): 3593.)

[†]   Per the Affordable Care Act, 10 categories of "essential health benefits" must be included in the individual and small group marketplaces: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. (Source: Department of Health and Human Services, "Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation," Federal Register 78, no. 37 (2013).)

packages. These will affect many indicators. For example, it is reasonable to expect that the utilization of services to treat mental health and substance use disorders will increase when insurers are required to provide this coverage. Additionally, the removal of copayments for preventive services such as mammograms will likely increase adherence to recommended guidelines.

State health indicators and state health care spending

Given the complexity of achieving and maintaining good health, direct correlations cannot and should not be made between the health status of the population of a state and the level of its health care spending. States need to invest wisely in health care as well as in the other related factors that contribute to health. High-value health care is as much about how dollars are spent as it is about how many dollars are spent.

Health indicators in the states

Demographics and the uninsured

Demographic and socioeconomic measures—such as health insurance status, poverty level, and age—are statistical characteristics of a population.[3] These are measures of basic factors that can influence residents' health status and state spending, both directly and indirectly.

The four indicators examined in this section are:

- Uninsured rate among adults.
- Uninsured rate among children.
- Poverty rate.
- Population over age 65.

Health insurance coverage is an important measure of access to health care, which plays a significant role in overall health.
In 2011, over 41.6 million adults and almost 7 million children were uninsured.

Figure 1

Uninsured Rate Among Adults

Percentage of Americans ages 18–64 without health insurance, 2011

* Expanding Medicaid under the Affordable Care Act as of April 2014.

Source: U.S. Census Bureau

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U.S. rate

3.6%   17.7%   26.9%

17.7 U.S. rate
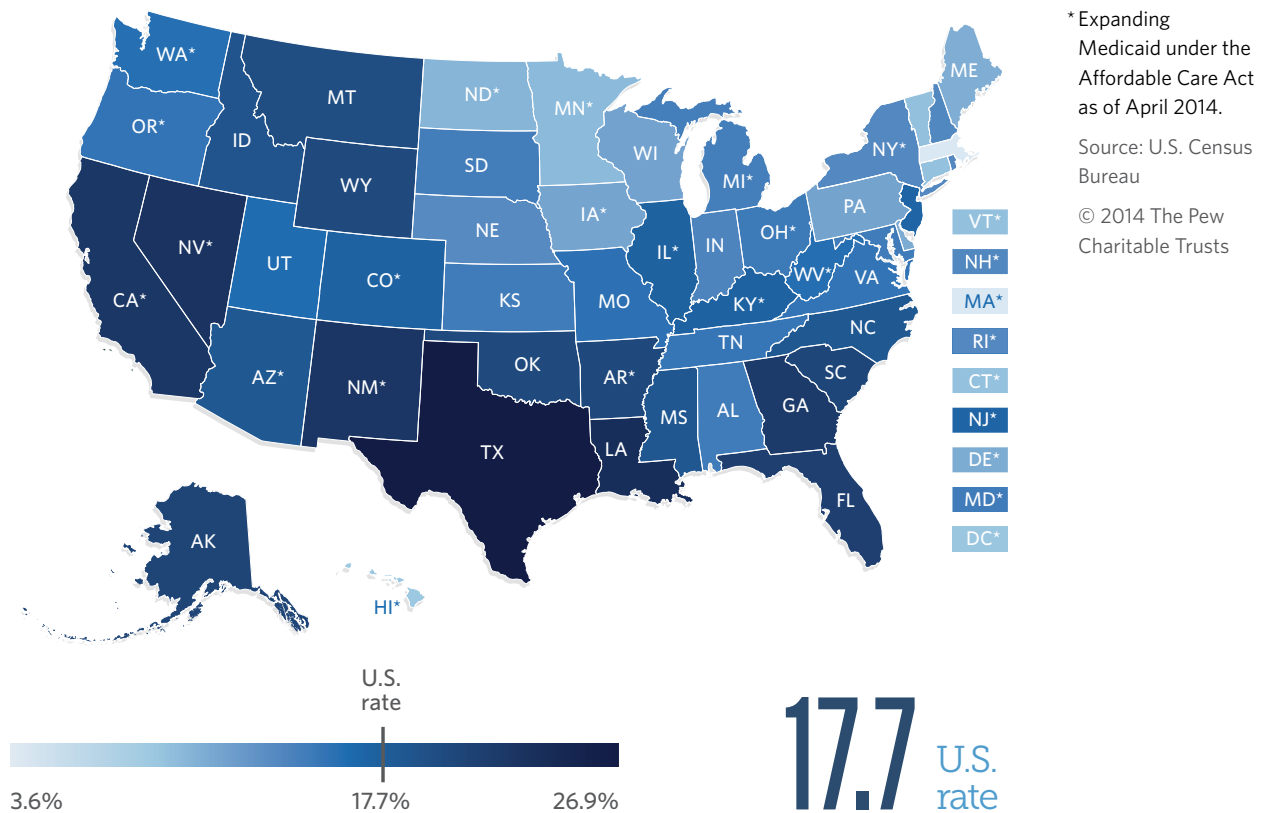
Uninsured rate among adults

Health insurance coverage is an important measure of access to care, which plays a significant role in overall health.

In 2011, over 41.6 million adults were uninsured. Rates of uninsured adults varied greatly across the nation. Massachusetts had the lowest rate (3.6 percent), and Texas had the highest rate (26.9 percent). Texas and California had the largest number of uninsured adults, accounting for a combined 27 percent of the total nationally.[4] (See Figure 1.)

Uninsured rates are highest among blacks and Hispanics, and disproportionately include adults between ages 19 and 34.[5] A high correlation exists between states' rates for uninsured adults and children. States that have low rates of uninsured adults also tend to have high rates of employer-sponsored coverage.

The consequences to an adult of not having insurance can be significant. Uninsured adults are more likely to die or have extremely poor health outcomes than insured adults for many acute conditions, including heart attacks, strokes, and trauma. They also are likely to have less-timely diagnoses and treatments for chronic conditions such as cancer, diabetes, and hypertension.[6]

State policymakers can directly affect their uninsured rates by expanding the eligibility of their Medicaid programs.

Uninsured Rate Among Children
Percentage of children ages 0–17 without health insurance, 2011

Source: U.S. Census Bureau

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U.S. rate

| 2.5% | 9.4% | 21.0% |

9.4 U.S. rate
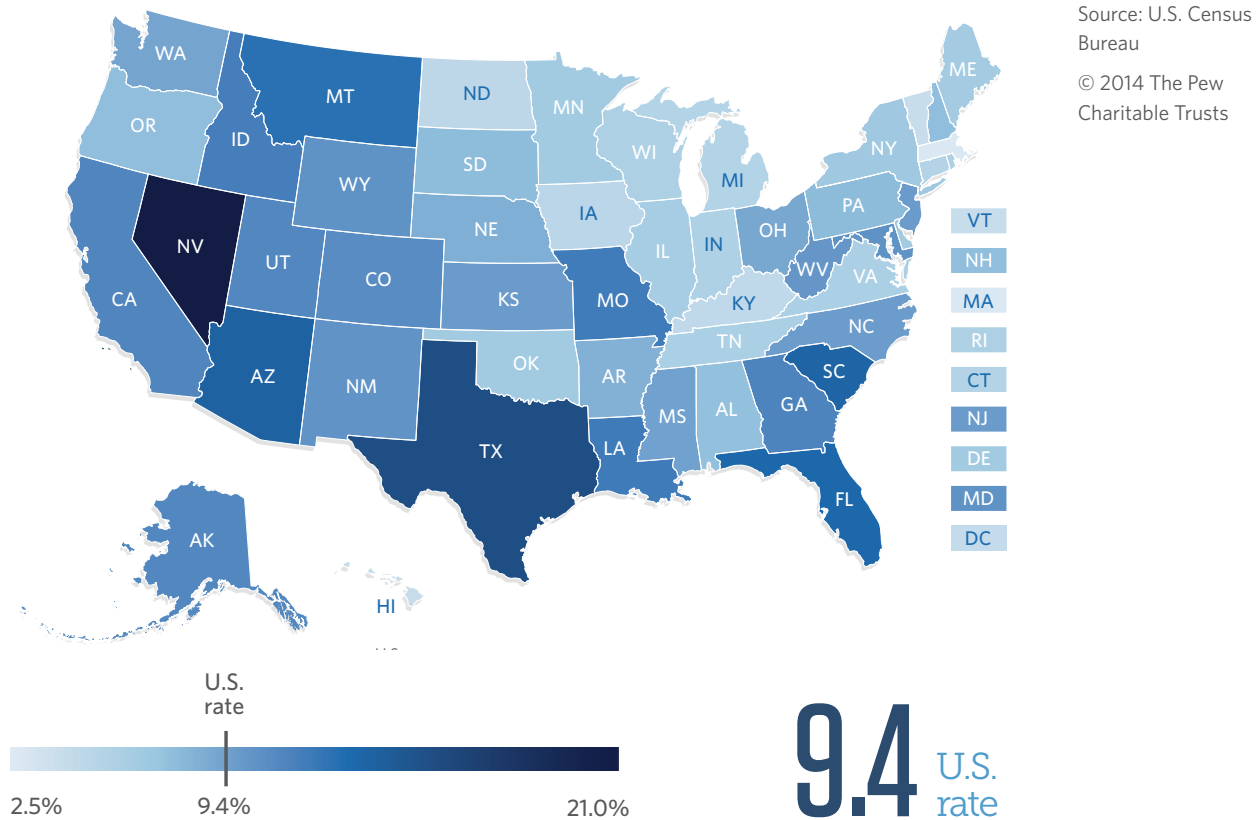
Uninsured rate among children

Health insurance coverage is an important measure of potential access to health care, which plays a significant role in overall health.

Almost 7 million children were uninsured in 2011.[7] Rates varied dramatically among states. Massachusetts had the lowest rate (2.5 percent) and Nevada the highest (21.0 percent). Nationally, Texas and California account for nearly 30 percent of children without health insurance.[8] (See Figure 2.) Uninsured rates among children tend to be highest among Hispanics, American Indians, and those over the age of 6.[9] Kids with health insurance are more likely to receive well-child care, immunizations, and dental care; have fewer avoidable hospitalizations; have better asthma outcomes; and less truancy.[10] A high correlation exists between states' rates for uninsured adults and children.

One way for state policymakers to directly affect their uninsured rate is to expand the eligibility of their Medicaid program and Children's Health Insurance Program to above the federal eligibility minimums.

Figure 3

Rate of Poverty

Percentage of people with incomes of up to 138% of the federal poverty level, 2010-11

*Expanding Medicaid under the Affordable Care Act as of April 2014.

Source: Kaiser Family Foundation

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28.0 U.S. rate
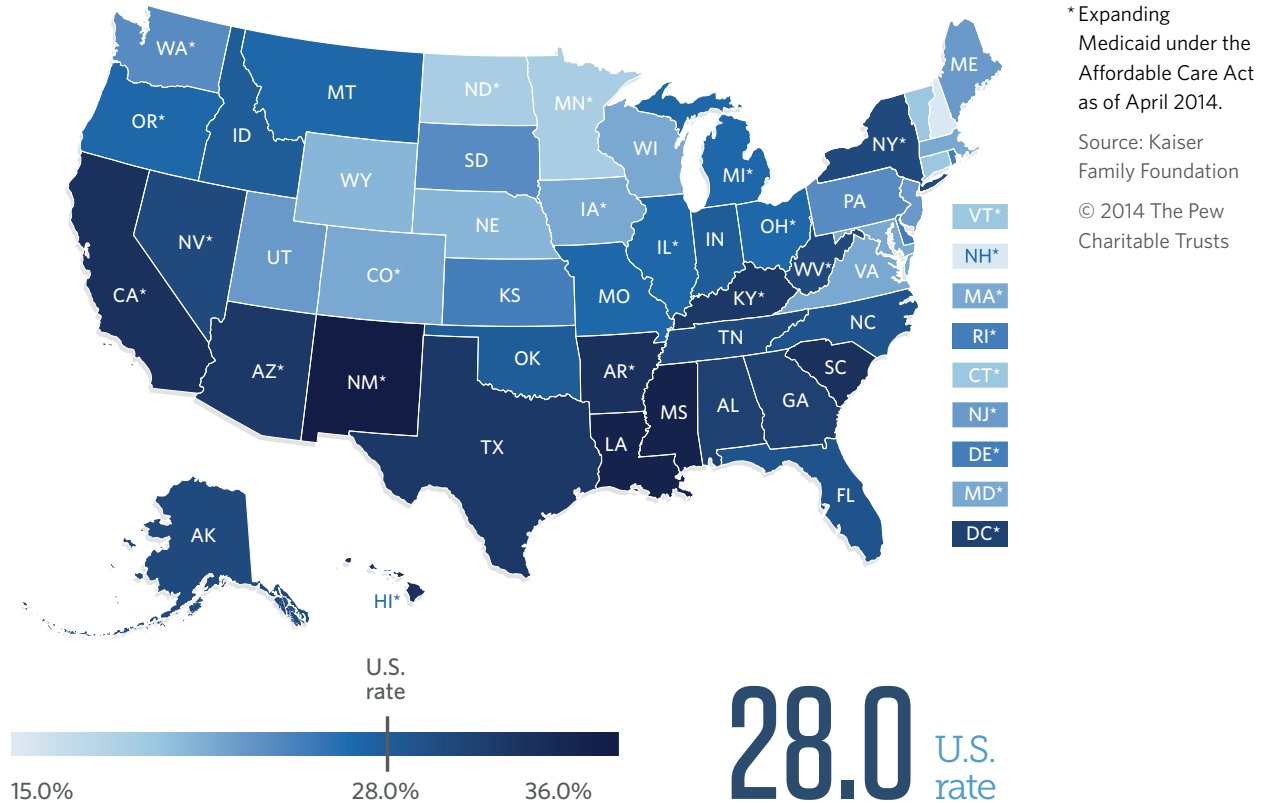
Poverty rate

Living in poverty can significantly influence health by limiting access to safe housing, food and water, and health care services.

Nationally, more than 86 million people live in the range of up to 138 percent of the federal poverty level, the eligibility guidelines for Medicaid established by the Affordable Care Act.[*11] New Hampshire had the lowest poverty rate (15 percent) and New Mexico the highest (36 percent). Poverty rates are highest among blacks and Hispanics.[12] (See Figure 3.)

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*   As of Jan. 1, 2014, the eligibility level for Medicaid was 138 percent of the federal poverty level, or $22,350 for a family of four in 2011, in states that expanded Medicaid.

Figure 4

Rate of Americans Over Age 65, 2010

Source: U.S. Census Bureau

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U.S. rate

7.7%   13.0%   17.3%

13.0 U.S. rate
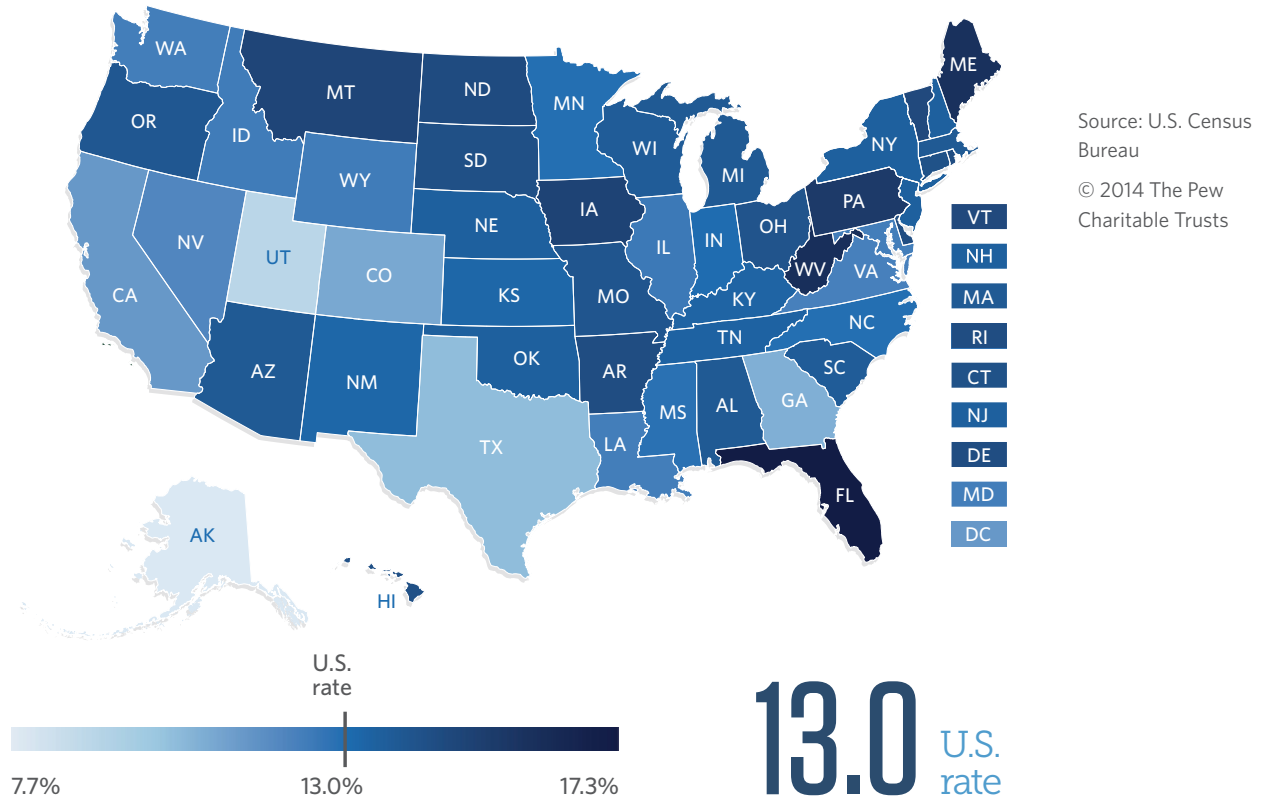
Population over age 65

People 65 years or older tend to use more health care services, compared with younger people.

Older Americans are a quickly growing segment of state populations, with more than 40 million people nationally over the age of 65 in 2010.[13] Alaska had the lowest rate of elderly people (7.7 percent) and Florida the highest (17.3 percent). The health care needs of older Americans are generally more complex than the rest of the population because they tend to live with at least one chronic disease. (See Figure 4.)

Health status of residents

The ways in which people perceive their physical and mental well-being are important indicators of their overall health. In this section, we examine three indicators related to health status:

- Overall health status.

- Serious mental illness.

- Substance abuse.

> State policymakers can influence their residents' self-assessed health status through interventions including oversight of the quality of their Medicaid and state employee health programs, support of public health initiatives, and a variety of other nonhealth strategies.

Figure 5

Overall Health Status of Adults

Percentage of respondents age 18 and older with a self-reported health status of 'fair' or 'poor,' 2010

Note: These data were age-adjusted. (See Appendix A: Methodology.)

Source: Centers for Disease Control and Prevention

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U.S. median

10.1%   14.1%   22.9%

14.1 U.S. median
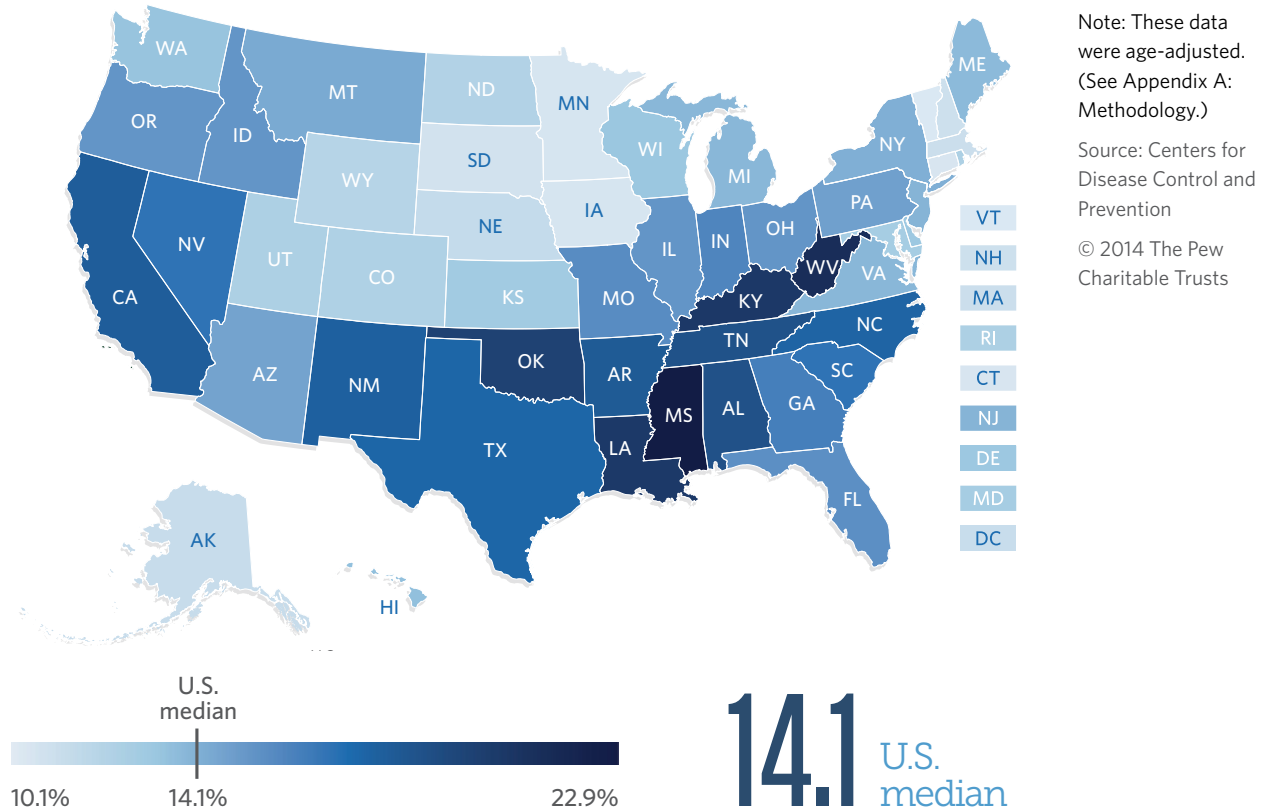
Overall health status

How people describe their health status, or how well they feel, is a highly validated indicator of their overall health.[14]

In 2010, 14.1 percent of Americans reported being in fair or poor health, ranging from 10.1 percent in Vermont to 22.9 percent in Mississippi. (See Figure 5.) In general, people who described themselves as being in fair or poor health are more likely to be black, American Indian/Alaska Native, or Hispanic, and below 200 percent of the federal poverty level.[15]

State policymakers can influence their residents' self-assessed health status through interventions including oversight of the quality of their Medicaid and state employee health programs, support of public health initiatives, and a variety of other nonhealth strategies.

Figure 6

Rate of Serious Mental Illness*

Percentage of sample respondents in the past year with a self-reported mental illness verified by a clinical interview, 2010-11

* Self-reports of a serious mental illness include feeling nervous, hopeless, restless/ fidgety, sad/ depressed, everything an effort, or worthless.

Source: Substance Abuse and Mental Health Services Administration

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U.S. rate

4.1%   5.0%   7.1%

5.0 U.S. rate
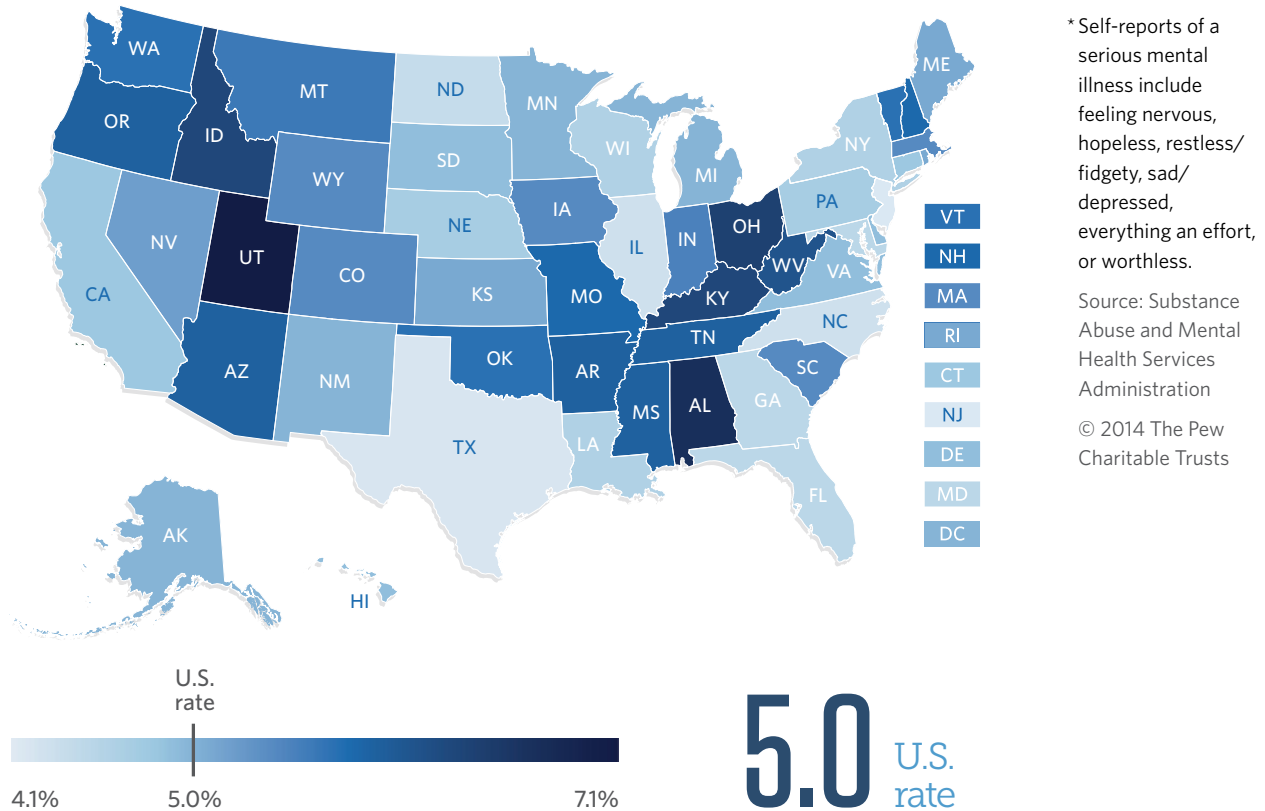
Serious mental illness

Mental health is an important component of overall health. The seriously mentally ill die on average 25 years earlier than the rest of the population, and they often have physical health problems such as cardiovascular disease and diabetes.[16]

Sample respondents age 18 and older were asked if they had a serious mental illness in the past year, which was verified by a clinical interview. Nationally, 5 percent of adults live with a serious mental illness. States did not vary widely in their percentage of populations with serious mental illness: New Jersey reported the lowest rate at 4.1 percent and Utah the highest at 7.1 percent. (See Figure 6.)

Women and people whose income is below 100 percent of the federal poverty level have the highest rate of serious mental illness. Other populations with relatively high rates of serious mental illness include American Indians/Alaska Natives, unemployed persons, people convicted of a crime, and enrollees in Medicaid and the Children's Health Insurance Program.[17]

State policymakers can influence mental health rates by supporting mental health services and state-funded treatment and screening programs and by encouraging the availability of an adequate number of professionals to deliver treatment.

Rate of Substance Abuse

Percentage of respondents with self-reported dependence on or abuse of illicit drugs or alcohol in the preceding year, 2010-11

Source: Substance Abuse and Mental Health Services Administration

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U.S. rate

6.3%   8.4%   12.7%

8.4 U.S. rate
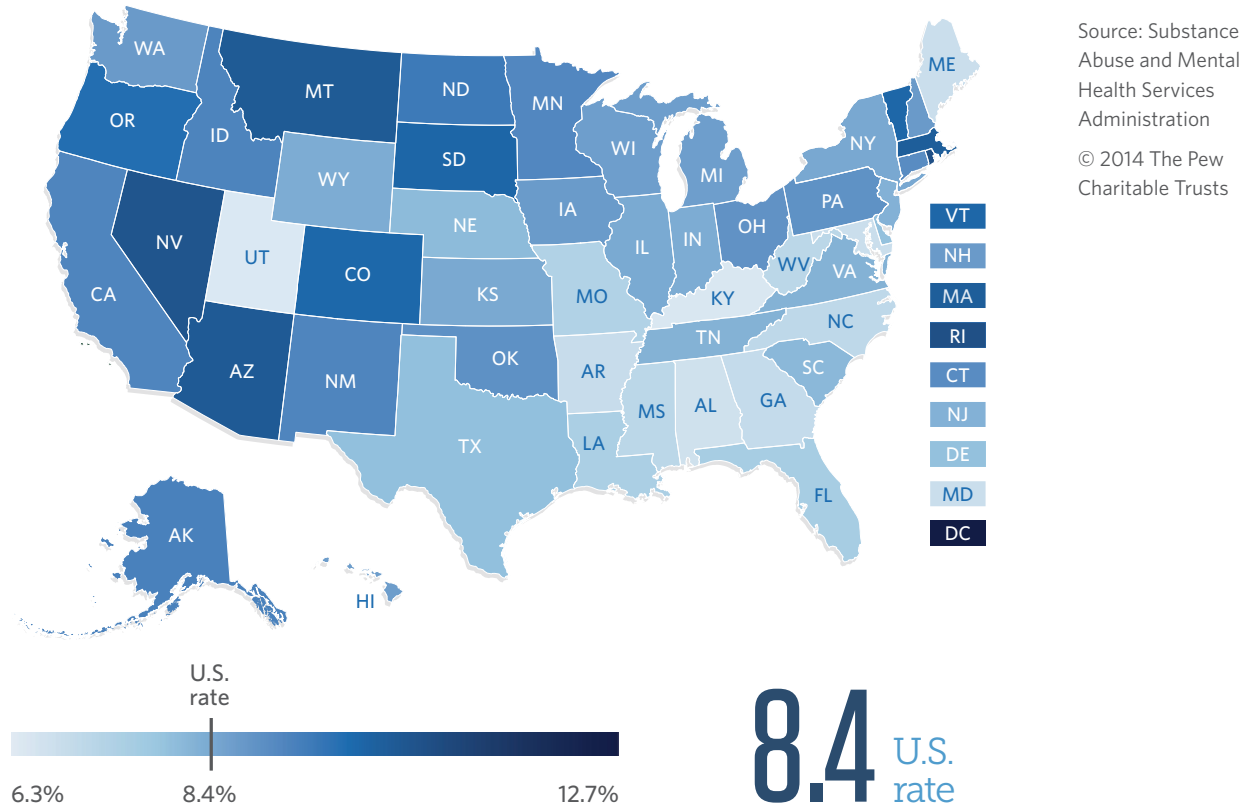
Substance abuse

Substance abuse can have significant consequences on overall health.

In 2010 and 2011, an average of 22.2 million, or 8.4 percent, of Americans ages 12 and older depended on or abused illicit drugs[*] or alcohol. Utah had the lowest rate of substance abuse at 6.3 percent, and the District of Columbia had the highest at 12.7 percent. (See Figure 7.) People ages 18 to 25 had the highest rate of substance dependence or abuse of any age group. Substance abusers also tended to be male and white. Those in the "American Indian" or "Alaska Native and Native Hawaiian or Other Pacific Islander" categories had higher rates of substance abuse than other racial and ethnic groups.[18]

State policymakers can influence substance abuse rates by supporting prevention and treatment programs, ensuring accessibility to treatment, and by implementing effective law enforcement.

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[*]   "Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics ... used nonmedically." (Source: Substance Abuse and Mental Health Services Administration, *Results From the 2011 National Survey on Drug Use and Health: Mental Health Findings* (Rockville, MD: 2012), accessed Jan. 13, 2014.)

Vital statistics

Vital statistics about major life events, such as births, deaths, and marriage, can reflect the health of a population. This section examines three vital statistics:

- Life expectancy at birth.
- Infant mortality.
- Low birth-weight babies.

Many factors not specifically related to health contribute to life expectancy, such as race and ethnicity, education, environment, personal safety, and social supports. Although policies can help extend the average person's life, changes would be seen over decades instead of years.

Figure 8
Life Expectancy at Birth, 2009

Source: Measure of America

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U.S. average

75.0   78.9   81.3

Years

78.9 U.S. average
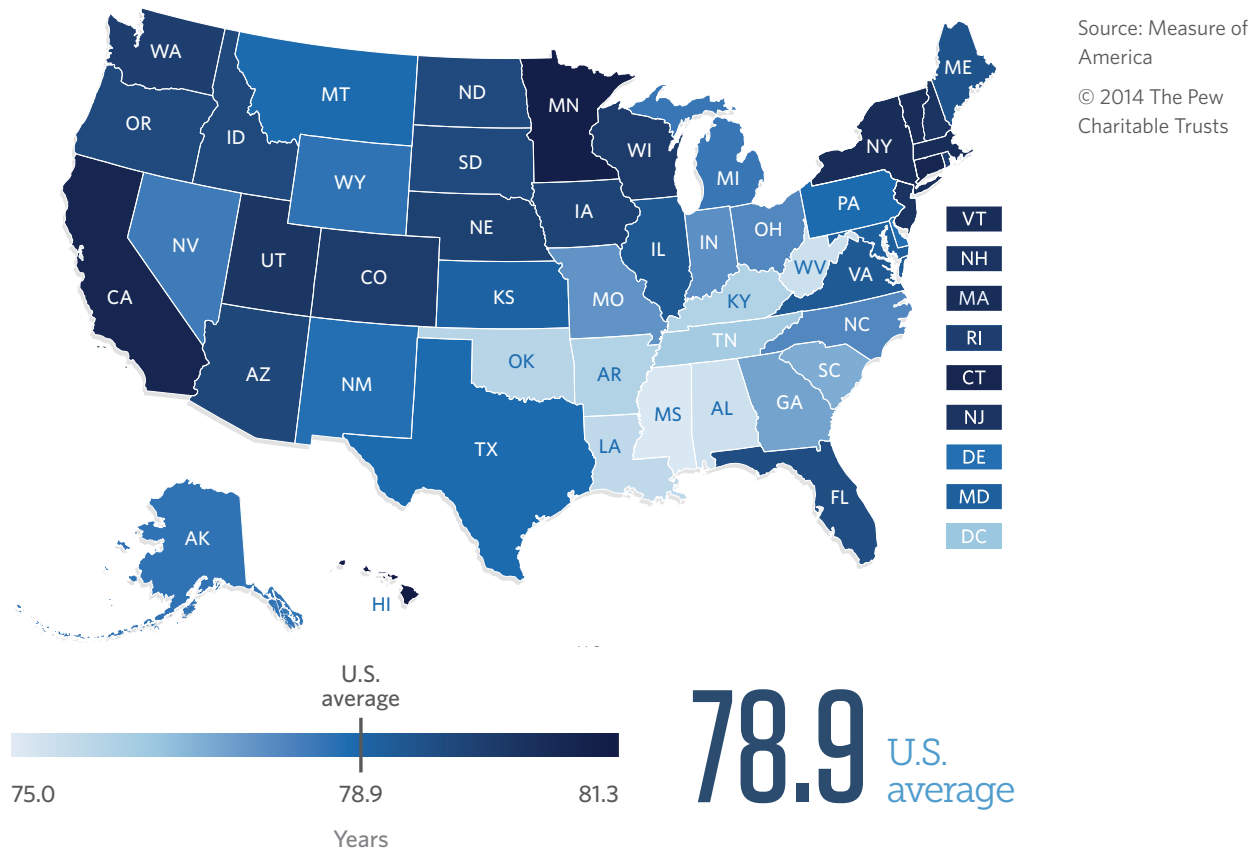
Life expectancy at birth

Life expectancy at birth is an all-encompassing measure of the health of a population. Americans live an average of 78.9 years.

Life expectancy at birth ranged from 75.0 years in Mississippi to 81.3 years in Hawaii. (See Figure 8.) Women lived 4.9 more years than men, and whites lived 4.1 more years than blacks.[19] Improved treatment and reduced incidence of heart disease, cancers, diabetes, and unintentional injury all contribute to how long people live. Behavioral and lifestyle choices also greatly influence life expectancy.

Many factors not specifically related to health also contribute to life expectancy, such as race and ethnicity, education, environment, personal safety, and social supports. Life expectancy at birth is an indicator over which government at any level does not have a significant immediate impact. Although policies can help extend the average person's life, changes would be seen over decades instead of years.

Figure 9
Rate of Infant Mortality
Number of infants who died in their first year per 1,000 live births, 2010

U.S.
rate

3.75   6.15   9.67

Per 1,000 live births

6.15 U.S. rate
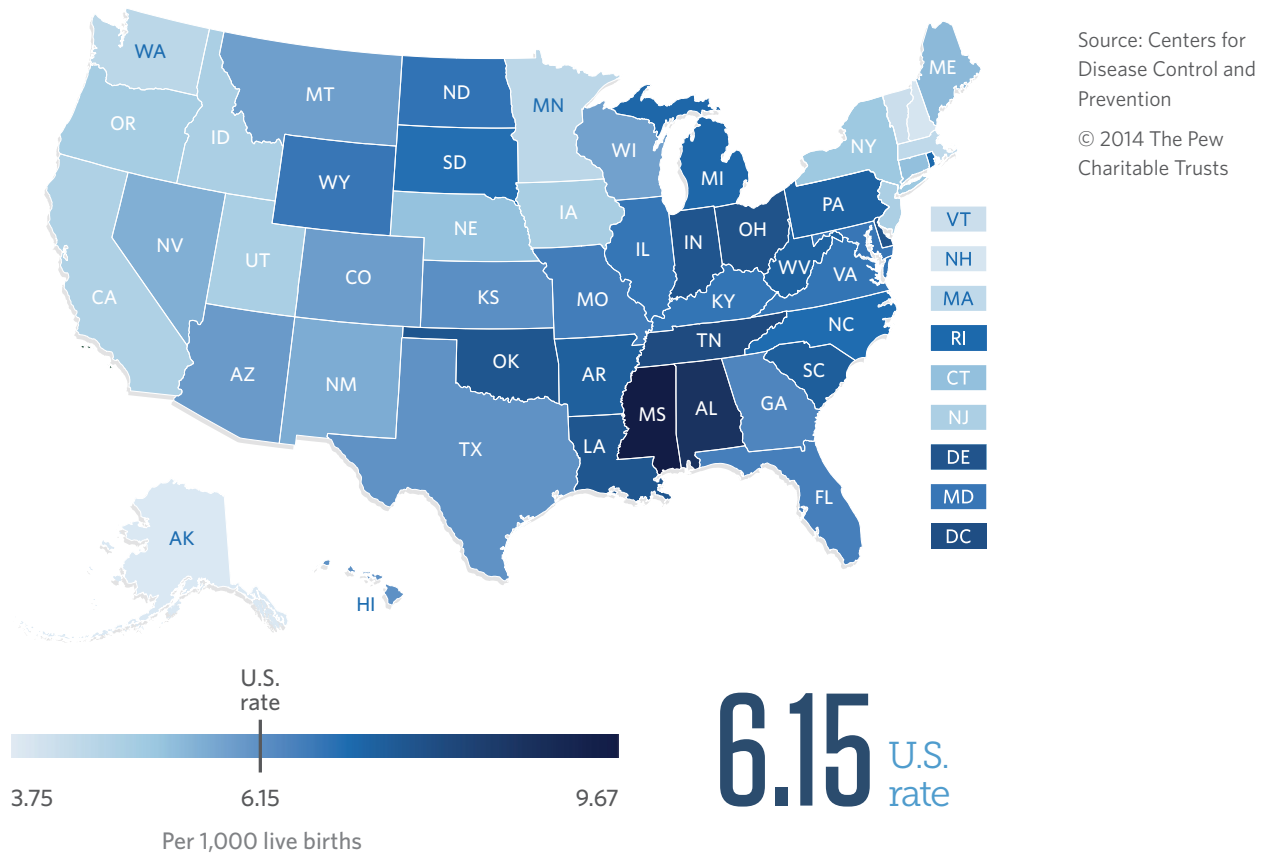
Infant mortality

The death rate of infants before their first birthday is an accepted measure of a population's health and well-being.

Approximately 25,000 infants under the age of 1 died in the United States in 2010. Alaska had the lowest infant mortality rate at 3.75 deaths per 1,000 live births, and Mississippi had the highest at 9.67. (See Figure 9.) Blacks had a higher rate of infant deaths than whites (11.6, compared with 5.2).[20]

Infant mortality is influenced by the age of the mother and family income, among other factors. The leading causes of infant death include birth defects, preterm birth, sudden infant death syndrome, maternal complications from pregnancy, and injuries.

Women's health is a large contributor to the vitality of infants through avoiding tobacco, alcohol, and illicit drugs; maintaining a healthy weight; being physically active; and obtaining prenatal care.[21] State policymakers can influence infant mortality rates by promoting women's health programs and other family support systems, but many nonhealth factors, such as adequate housing, also play a role.

Figure 10

Rate of Low Birth-Weight Babies

Percentage of live births with weight below 2,500 grams (5 lbs., 8 oz.), 2010

Source: Centers for Disease Control and Prevention

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U.S. rate

5.7%   8.1%   12.1%

8.1 U.S. rate
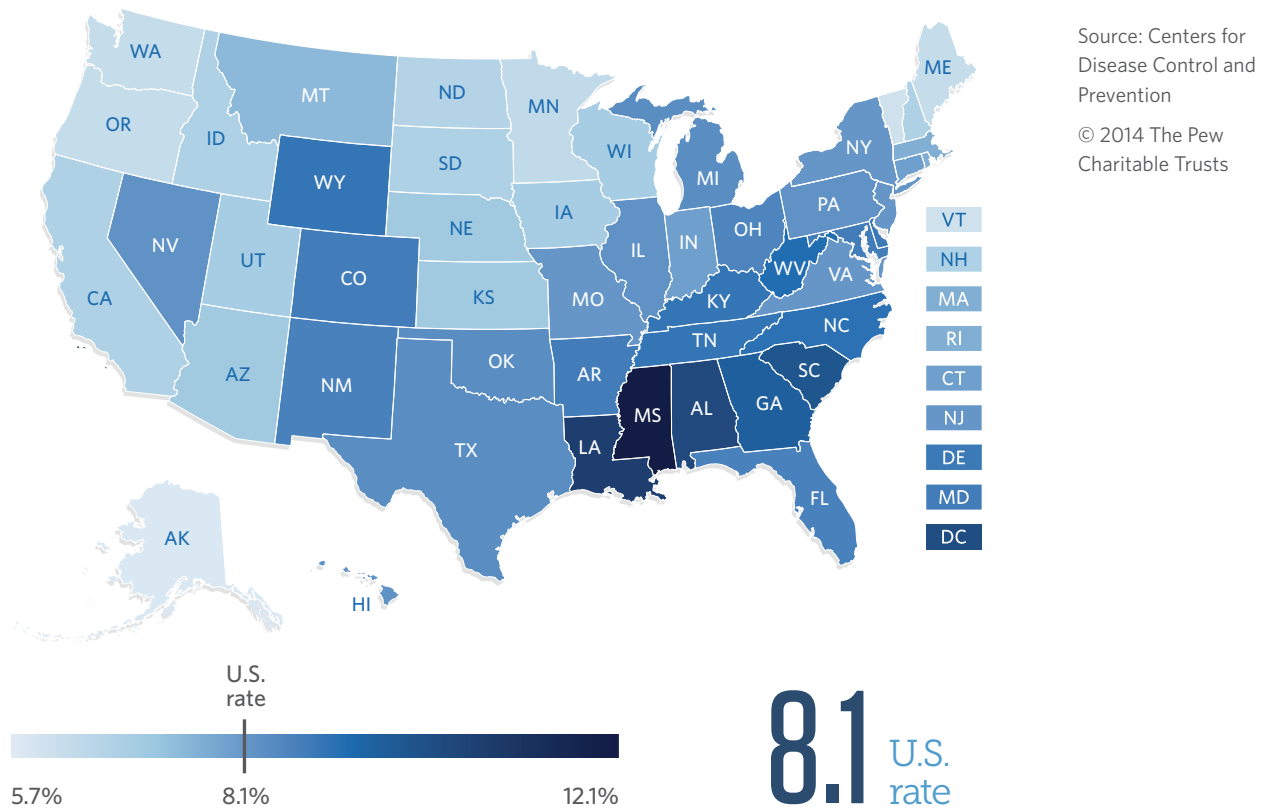
Low birth-weight babies

Birth weight is a strong indicator of infant survival and health. Low birth-weight babies weigh less than 2,500 grams (5 pounds, 8 ounces) at birth. They are more likely to die or be chronically ill or disabled than those born at a normal birth weight.

In 2010, over 325,000 American babies weighed less than 2,500 grams at birth. Low birth-weight babies were the least prevalent in Alaskan newborns at 5.7 percent, and most prevalent in Mississippi at 12.1 percent. (See Figure 10.) These babies were disproportionately black.[22]

Other factors influencing the rates of low birth-weight babies included preterm birth and multiple births.[23] Health care providers can help reduce the rate of these babies by encouraging patients to deliver at full term and to practice good maternal health. From a policy perspective, states can help improve infant health by supporting maternal health initiatives and encouraging pregnant women to obtain comprehensive prenatal care.

> States can influence the prevalence of many diseases through policies that discourage smoking and that encourage healthy, well-balanced diets; exercise; and access to good-quality health care.

Prevalence of disease and health risk factors

Estimates of prevalence—how frequently a disease or risk factor occurs—indicate the health of a population at a given time. The five indicators examined are:

- Asthma prevalence among children.
- Smoking prevalence among adults.
- Obesity prevalence among children.
- Obesity prevalence among adults.
- Diabetes prevalence among adults.

Figure 11
Rate of Asthma Among Children
Percentage of children ages 0–17 reported to have asthma, 2010

* 2010 data were only available for 38 states and the District of Columbia.

Source: Centers for Disease Control and Prevention

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Data not available*

U.S. rate

5.9%   8.4%   18.0%

8.4 U.S. rate
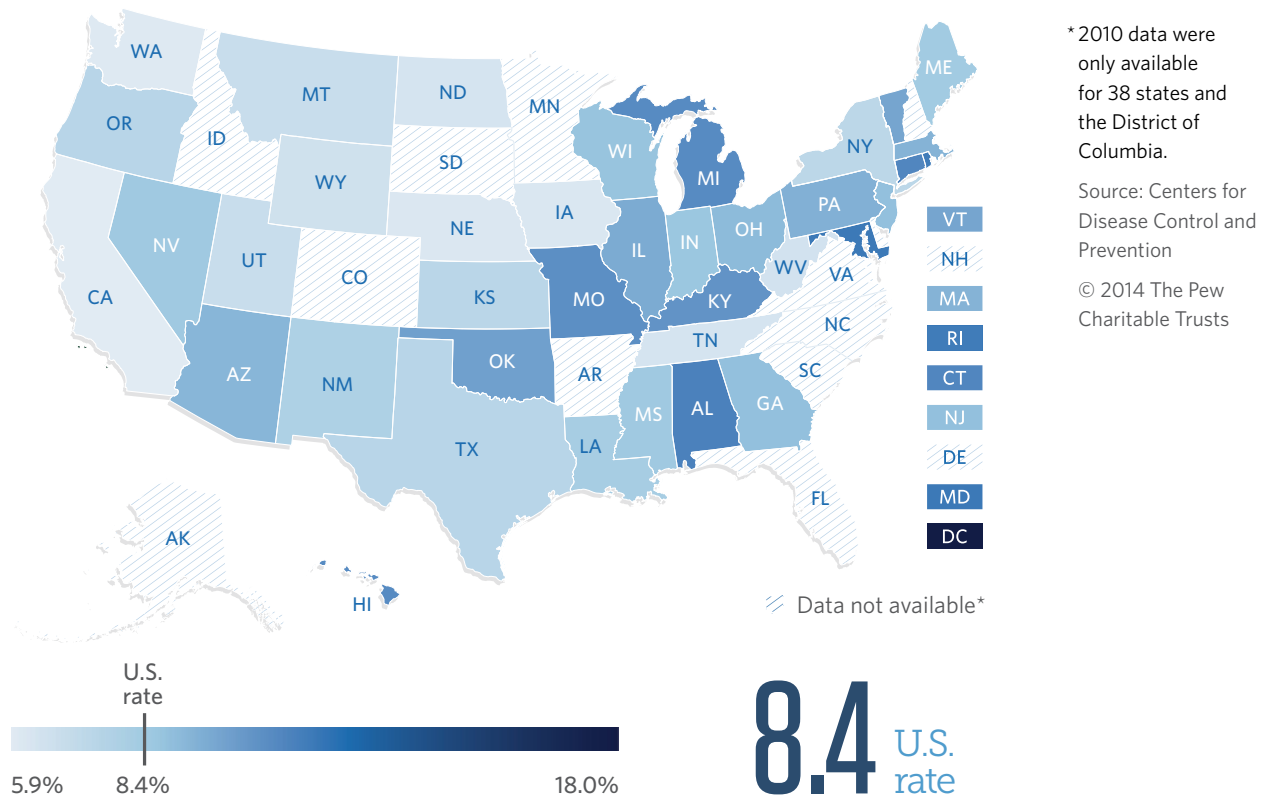
Asthma prevalence among children

Asthma is one of the leading chronic diseases in American children and is among the leading causes of hospitalization for kids under 15.[24]

Approximately 7 million children are estimated to live with asthma.[25] Thirty-eight states and the District of Columbia reported childhood asthma rates in 2010, with California having the lowest at 5.9 percent and the nation's capital having the highest at 18.0 percent. (See Figure 11.) Children living with asthma are more likely to be male, black, in low-income families, and between the ages of 5 and 17.[26]

Asthma is most often exacerbated by colds or allergens, and can be an important indicator of environmental health, such as exposure to high levels of mold. State policymakers can help promote effective asthma management tactics by ensuring that treatments and medications are covered under the state's Medicaid program and the Children's Health Insurance Program; requiring school personnel to be trained to treat acute episodes; and encouraging the reduction of household environmental triggers such as secondhand smoke.

Figure 12

Rate of Smoking Among Adults

Percentage of respondents age 18 and older who reported smoking cigarettes, 2010

Note: These data were age-adjusted.

Source: Centers for Disease Control and Prevention

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U.S. median

8.9%   17.7%   28.1%

17.7 U.S. median
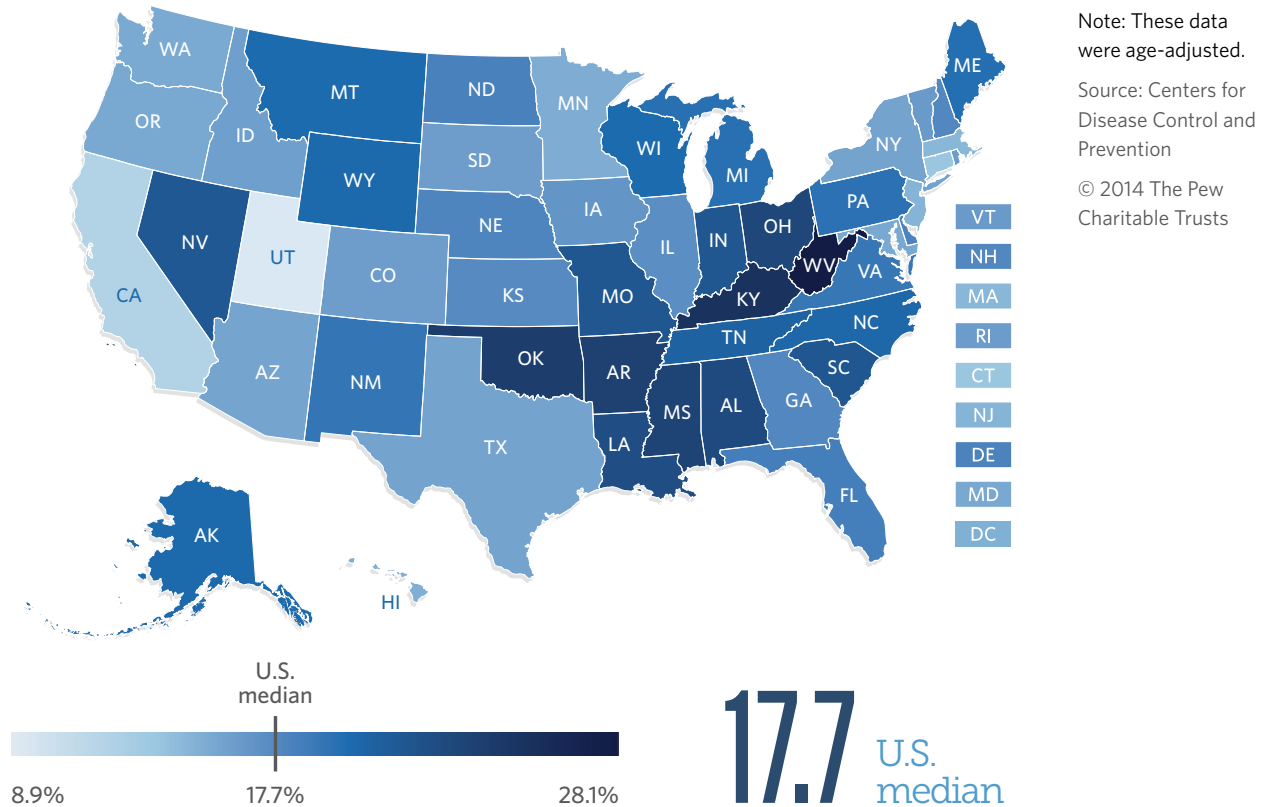
Smoking prevalence among adults

The most preventable cause of morbidity and mortality in the United States is tobacco use. Across the United States, 43.8 million people smoke cigarettes.[27]

For adults over the age of 18, Utah had the lowest rate of cigarette smokers at 8.9 percent, and West Virginia had the highest at 28.1 percent. (See Figure 12.) Smoking rates are greatly influenced by culture and demographics. Among racial and ethnic groups, American Indians/Alaska Natives had the highest rate of smoking, followed by non-Hispanic whites. Adult smokers also tended to be men, live below the poverty level, and have less education than nonsmokers.[28]

From a policy perspective, states can influence smoking rates through adopting and implementing comprehensive tobacco-control programs. These include enacting smoke-free laws, raising taxes on tobacco products, and funding anti-smoking advertising campaigns.[29]

Figure 13

Rate of Obesity Among Children

Percentage of children ages 10-17 with a body mass index at or above obesity levels, 2011-12

Source: Child and Adolescent Health Measurement Initiative

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15.7 U.S. rate

9.9%   15.7%   21.7%
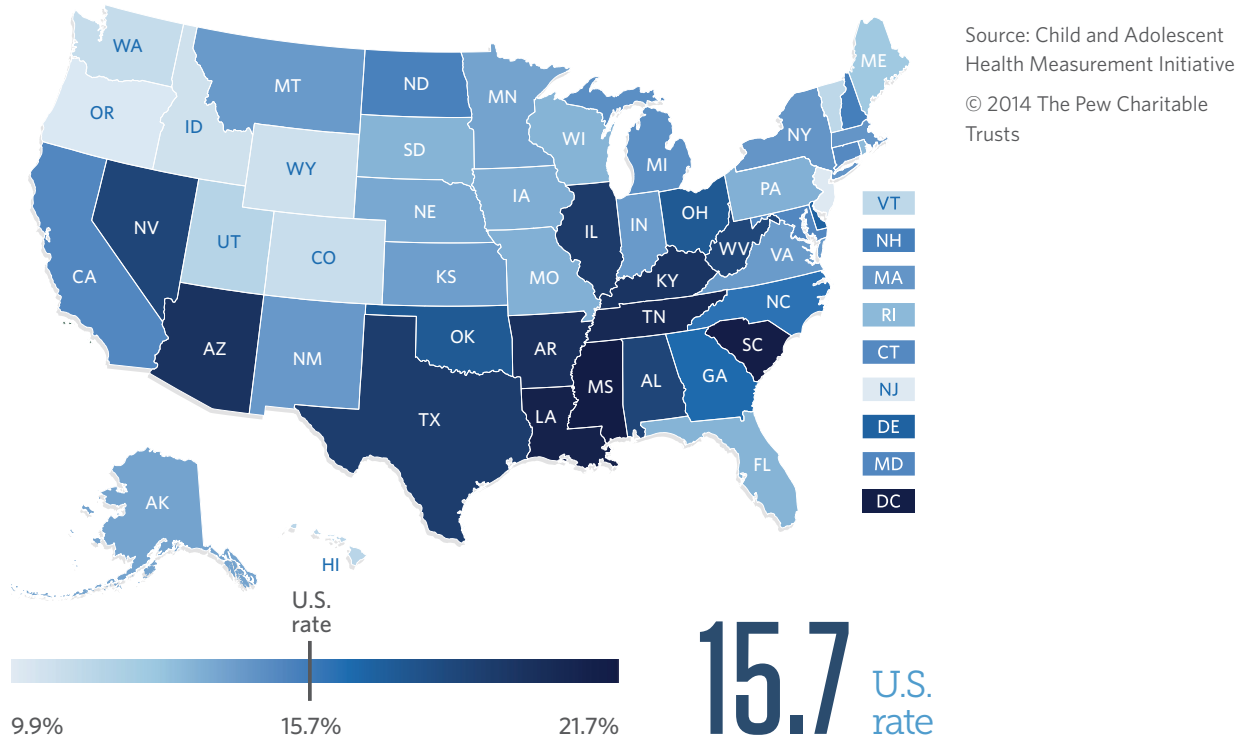
Obesity prevalence among children

Obesity is a risk factor for chronic diseases such as cardiovascular disease and diabetes. Children with obesity[*] are more likely than those of normal weight to be obese as adults.

Approximately 16 percent of children ages 10 to 17 in the nation were reported to be obese in 2011 to 2012. Oregon has the lowest proportion of obese children at 9.9 percent, and Mississippi has the highest at 21.7 percent. (See Figure 13.) Boys were more likely to be obese than girls, and specific minority groups, including blacks and Mexican-Americans,[†] and low-income groups were at higher risk.[30] Biological, behavioral, social, environmental, and economic factors—and how they affect one another—all contributed to obesity.[31]

Policymakers can influence childhood obesity rates through strategies that target kids, their families, schools and communities, and health professionals. Approaches to reducing childhood obesity are multifaceted and include tracking weight and height from birth, increasing physical activity while reducing sedentary behavior, making it easier and more affordable to eat healthful foods, and limiting the marketing of unhealthful foods to children.[32] Nonhealth-specific policy areas—transportation and zoning, for example—also affect health and influence obesity rates.

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* Obesity in children is defined as having a body mass index at or above the 95th percentile. Reports of height and weight of children under 10 are not reliable and are not included.

† The survey cited for racial and ethnic disparities provided estimates only for Mexican-Americans. The results are not representative of all U.S. Hispanics.

Figure 14

Rate of Obesity Among Adults

Percentage of respondents age 18 and older with a body mass index at or above obesity levels (≥30.0 kg/m^2), 2010

Note: These data were age-adjusted.

Source: Centers for Disease Control and Prevention

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U.S. median

21.0%   27.2%   34.4%

27.2 U.S. median
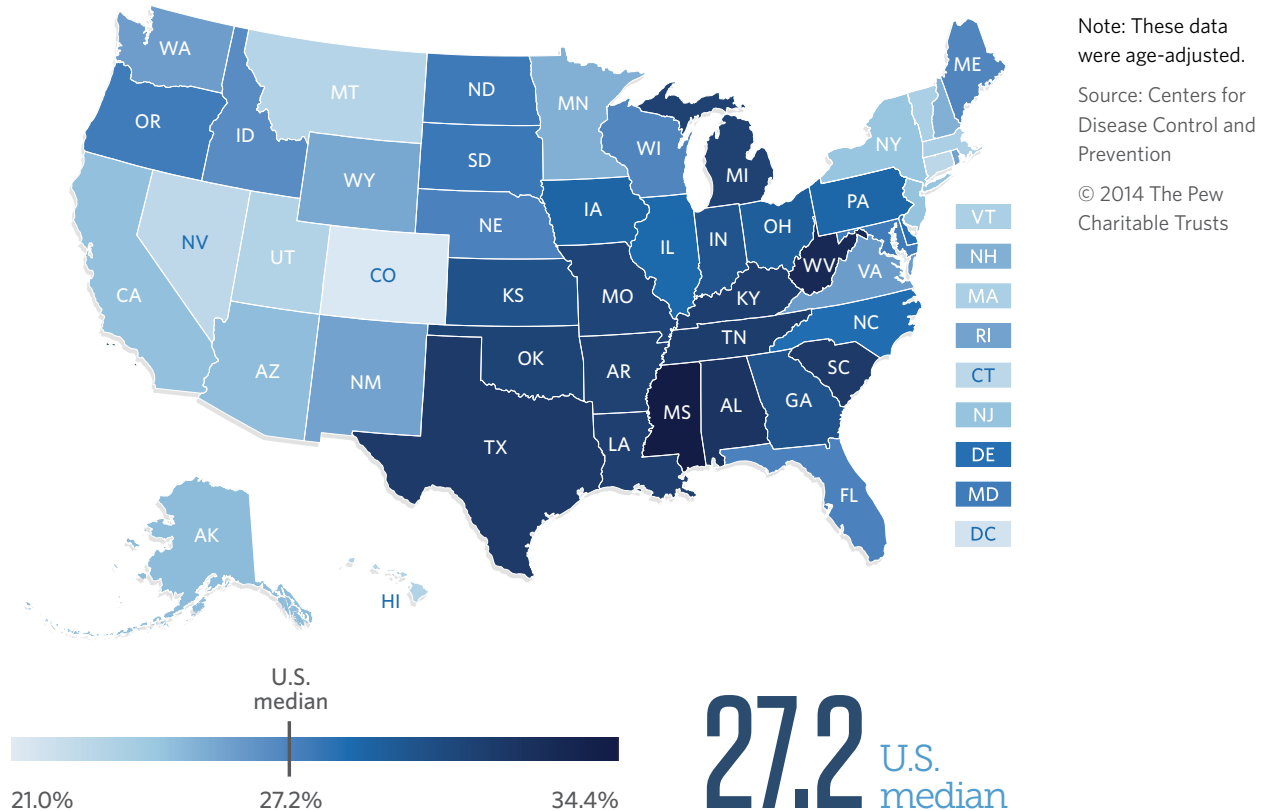
Obesity prevalence among adults

Obesity is a risk factor for chronic diseases, including cardiovascular disease and diabetes.

In 2010, more than 1 in 4 Americans age 18 and older were obese.[*] Colorado had the lowest proportion of obese adults at 21 percent and Mississippi the greatest at 34.4 percent. (See Figure 14.) Obesity rates were highest among black and Mexican-American women.[†33]

State policymakers can combat obesity through multifaceted approaches that include efforts to improve overall health, such as encouraging people to become more active by providing bike lanes, bike parking, and sidewalks, and by supplying more information to make healthy dietary choices. These strategies require states to collaborate with a diverse set of private partners and local communities, and to measure and evaluate progress.

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[*]   Obesity in adults age 18 and older is defined as having a body mass index greater than or equal to 30.0 kg/m^2 from self-reported weight and height.

[†]   The survey cited for racial and ethnic disparities provided estimates only for Mexican-Americans. The results are not representative of all U.S. Hispanics.

Figure 15

Diabetes Rate Among Adults

Percentage of respondents age 18 and older who report being told they have diabetes, 2010

Note: These data were age-adjusted.

Source: Centers for Disease Control and Prevention

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U.S. median

6.0%   8.1%   11.5%

8.1 U.S. median
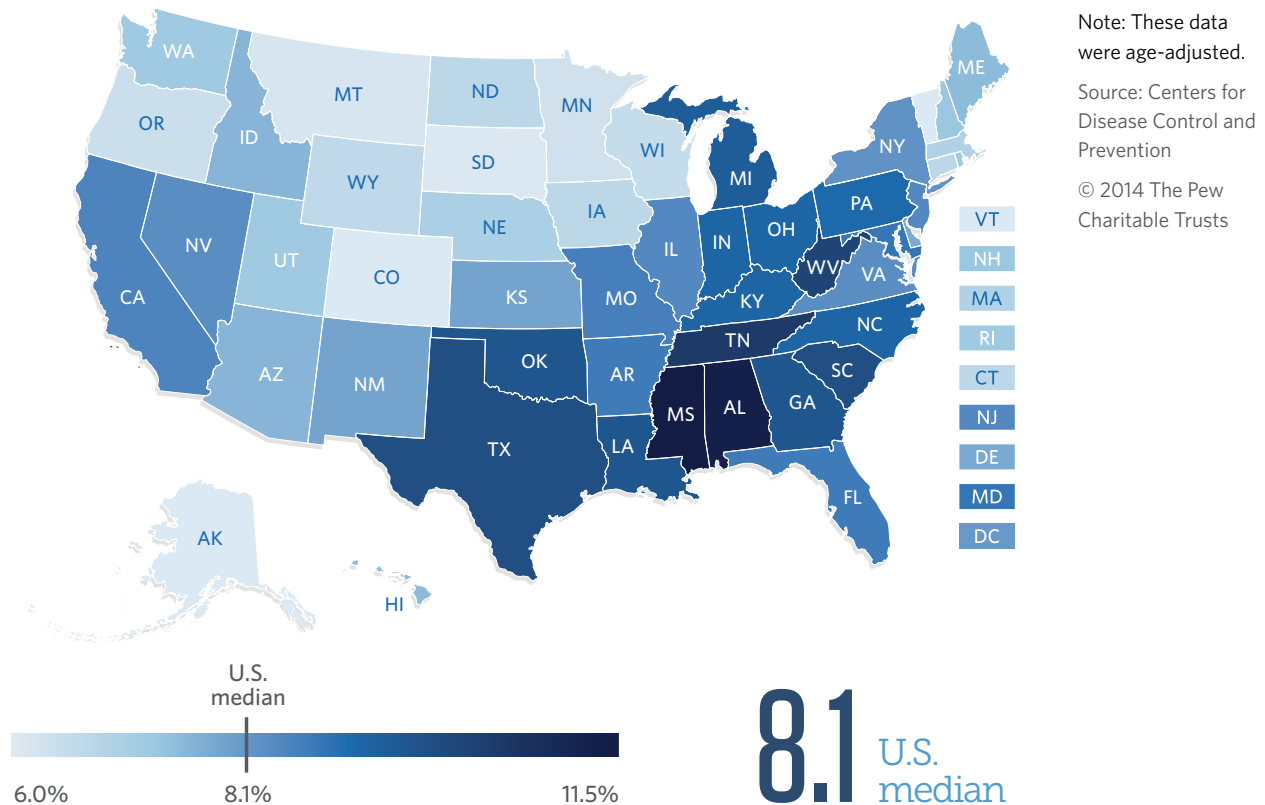
Diabetes prevalence among adults

Diabetes is a leading cause of death and disability in the United States and is a risk factor for heart disease, stroke, and other chronic diseases.

Over 25 million Americans age 18 and older reported living with diabetes in 2010.[34] The rate of diabetes ranged from 6.0 to 11.5 percent across the United States. Alaska, Colorado, and Vermont had the lowest prevalence, and Mississippi had the highest. (See Figure 15.) Diabetes tended to affect men more than women, and more people over 65 had the disease than any other age group. Blacks and Mexican-Americans[*] were more likely than whites to live with diabetes. Rates did not change significantly by income level.[35]

State policymakers can adopt policies to control diabetes, including monitoring the disease's prevalence, supporting community-based prevention and management programs, increasing access to quality health care, and educating and informing the public about its prevention and control.

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[*]   The survey cited for racial and ethnic disparities provided estimates only for Mexican-Americans. The results are not representative of all U.S. Hispanics.

Prevention and treatment

Health care services usually consist of preventive care (immunizations, cancer screenings), diagnostic care (MRIs, blood panels), and treatment (casting a broken leg, performing an appendectomy). These measures point to the rates at which people are receiving recommended care. They indicate the process of delivering health care—was a mammogram performed?—rather than its outcome—did the mammogram accurately reveal the presence or absence of breast cancer? The five indicators in this category are:

- Childhood immunizations.
- Diabetes care: hemoglobin A1c testing.
- Mammography rate.
- Appropriate surgical care.
- Nursing home pressure sores.

Figure 16

Rate of Childhood Immunizations

Percentage of children ages 19-35 months who received recommended vaccines, 2011

* 2011 data were only available for 49 states and the District of Columbia.

Source: Centers for Disease Control and Prevention

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Data not available*

U.S. rate

62.3%   73.3%   82.8%

73.3 U.S. rate
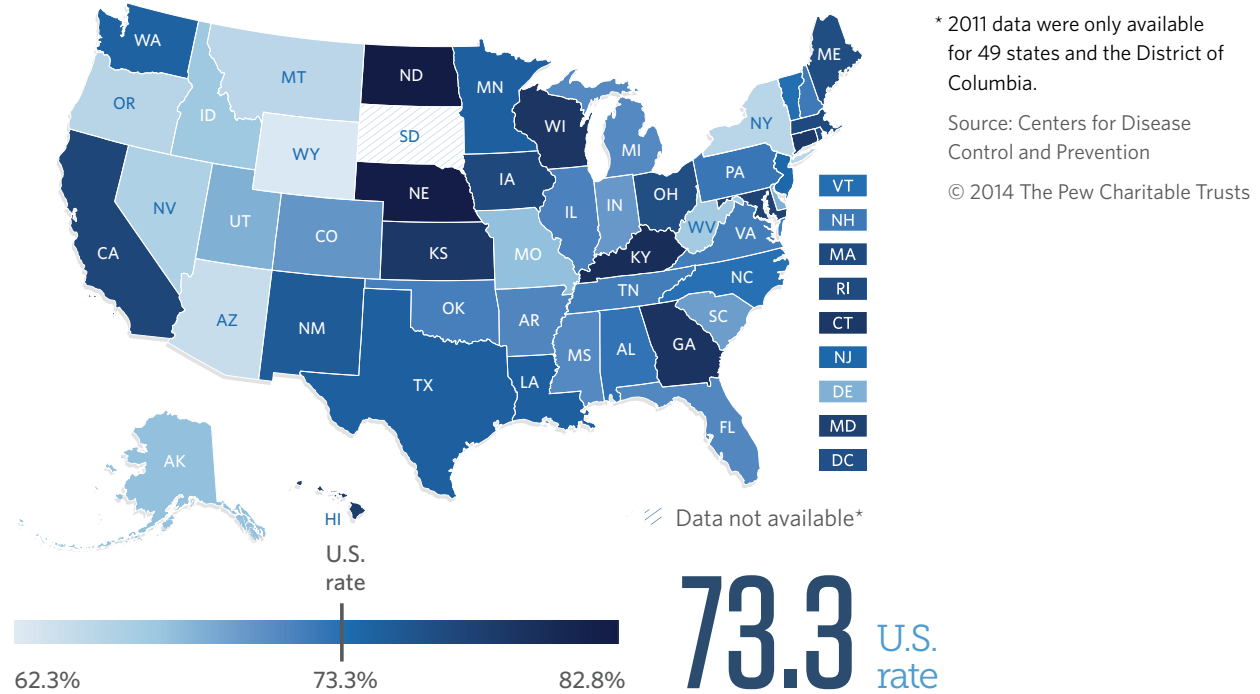
Childhood immunizations

Immunizations are critical to keeping people safe from a number of infectious diseases. Because vaccinations are routinely administered during well-child visits at no cost (subsidized by federal or state governments or private organizations), the immunization rate is a good proxy for looking at whether children 19 to 35 months of age are generally receiving the recommended level of health care.

Nationally, 73.3 percent of children received the recommended vaccines per the U.S. Department of Health and Human Services' effort, Healthy People 2020.* Those least likely to have received the full schedule of recommended vaccines lived in Wyoming (at a rate of 62.3 percent), and those most likely lived in North Dakota (at 82.8 percent). (See Figure 16.) Immunization rates were similar among racial and ethnic groups, as well as among rural and urban areas. But children below the poverty level were less likely to have received the full vaccine schedule, compared with those at or above the poverty level.[36]

State policymakers can use a number of strategies to improve childhood vaccination rates, including providing free vaccines, adopting initiatives that support better access to vaccines, requiring immunizations for admission to schools and day care centers, encouraging health professionals to educate parents about the safety and benefits of vaccinations, and providing financial incentives to health professionals who improve immunization rates.

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* Recommended vaccinations are defined here as the 4:3:1:3:3:1:4 schedule: 4 doses DTaP (diphtheria, tetanus, and pertussis), 3 polio, 1 MMR (measles, mumps, and rubella), 3 Hib (*Haemophilus influenzae* type b), 3 hepatitis B, 1 varicella, and 4 pneumococcal conjugate vaccine.

Rate of Testing for Hemoglobin A1c*

Percentage of adults age 18 and older with diagnosed diabetes who reported receiving 2 or more hemoglobin A1c tests in the past year, 2010

* Hemoglobin A1c is a common test that gauges how well a diabetic's blood sugar is being managed.

† 2010 data were only available for 35 states and the District of Columbia.

Source: Centers for Disease Control and Prevention

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Data not available†

U.S. rate

52.7%   66.5%   75.8%

66.5 U.S. rate
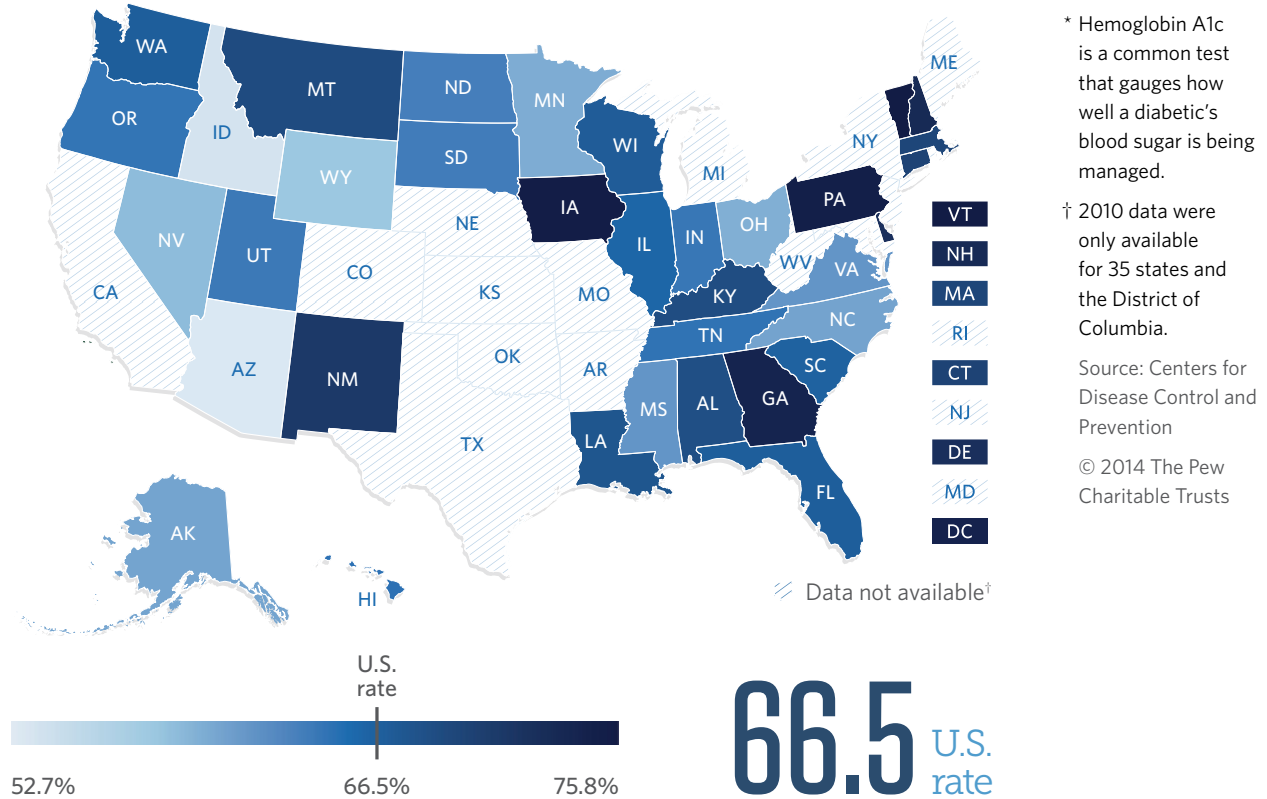
Diabetes care: Hemoglobin A1c testing

Diabetes is a leading chronic disease among Americans, and hemoglobin A1c tests are one of the best ways to monitor how well it is being managed. The American Diabetes Association recommends that people with diabetes regularly assess blood sugar levels by having at least two HbA1c tests per year and get treatment based on those results.[37] This basic test signifies whether health professionals are following recommended practices and could also suggest how well patients are educated about controlling their blood sugar and whether they access health care services, but it does not reflect diabetes outcomes.

In 2010, 35 states and the District of Columbia reported on the number of diabetics who had received the recommended two or more tests in the past year. The national rate of testing was 66.5 percent among diabetics, ranging from 52.7 percent in Arizona to 75.8 percent in Vermont. (See Figure 17.) Hispanics were less likely to have at least two HbA1c tests a year than non-Hispanic whites.[38]

Private and public insurers can incentivize health professionals to provide recommended care through a variety of payment models—for example, paying a bonus when more than 90 percent of their diabetic patients receive two or more HbA1c tests.

Figure 18

Rate of Mammography

Percentage of women over age 50 who reported having a mammogram in the past 2 years, 2010

U.S. median

67.3%   78.1%   87.8%

78.1 U.S. median
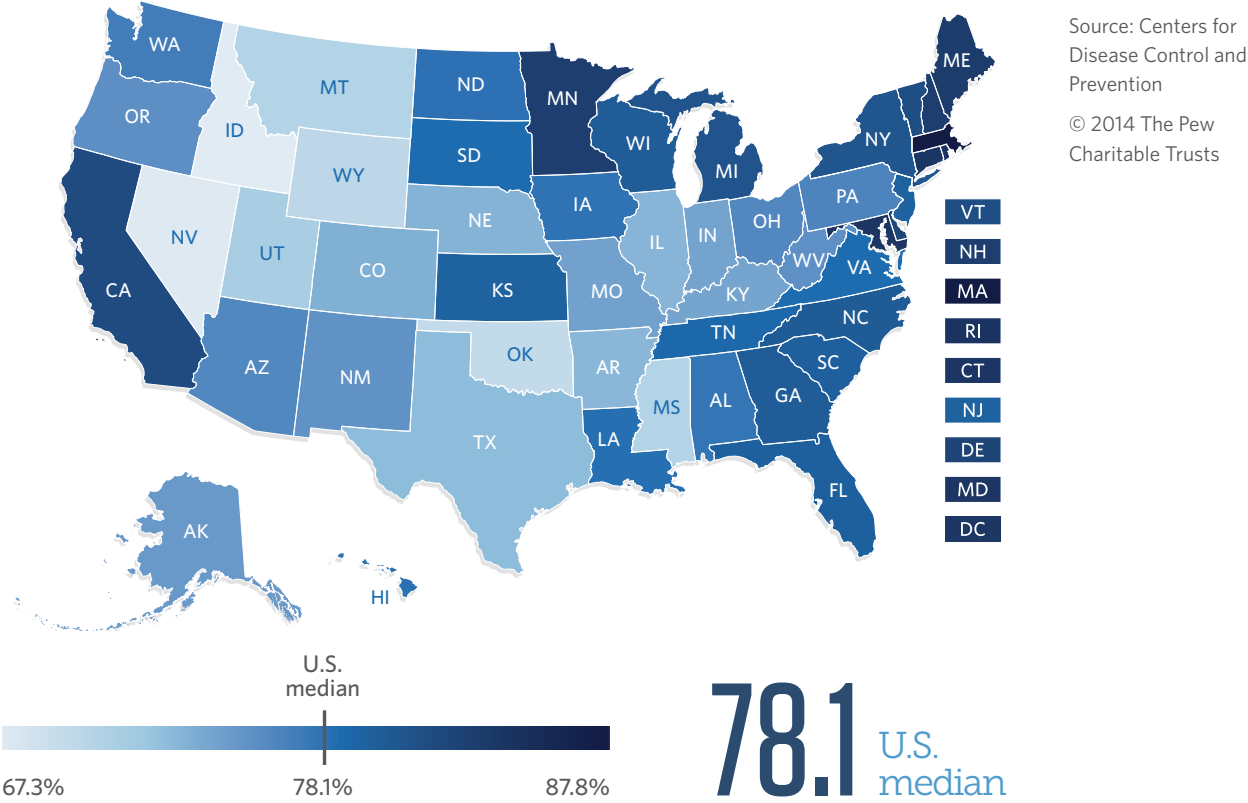
Mammography rate

Mammograms are noninvasive preventive tests to detect breast cancer, the second-leading cause of cancer death among women.[39] Over 230,000 men and women are diagnosed each year.[40] The U.S. Preventive Services Task Force recommends that women age 50 and older have a mammogram every two years.

Mammography rates indicate how often women in a given population receive the recommended test. Across the United States, Massachusetts had the highest mammography rate at 87.8 percent, and Idaho had the lowest at 67.3 percent. (See Figure 18.) Receiving mammograms at the recommended intervals tended to be associated with women with higher incomes.[41] Hispanic women disproportionately received fewer mammograms than women of non-Hispanic origin.[42]

Most states have already mandated insurance coverage of mammograms.[43] State policymakers can further promote increases in mammography rates by enhancing prevention programs and educating women over age 50 about the risks of breast cancer and the importance of early detection. Health care providers can also be encouraged to improve the percentage of people receiving mammograms by, for example, being paid bonuses from insurance plans.

Figure 19

Rate of Appropriate Care Among Adult Surgical Patients*

Percentage of adult surgery patients who received such treatment, 2009

* The appropriate care of surgical patients is an indicator of overall hospital care and patient safety.

Source: Agency for Healthcare Research and Quality

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85.8 U.S. median

U.S. median

79.3%   85.8%   91.8%
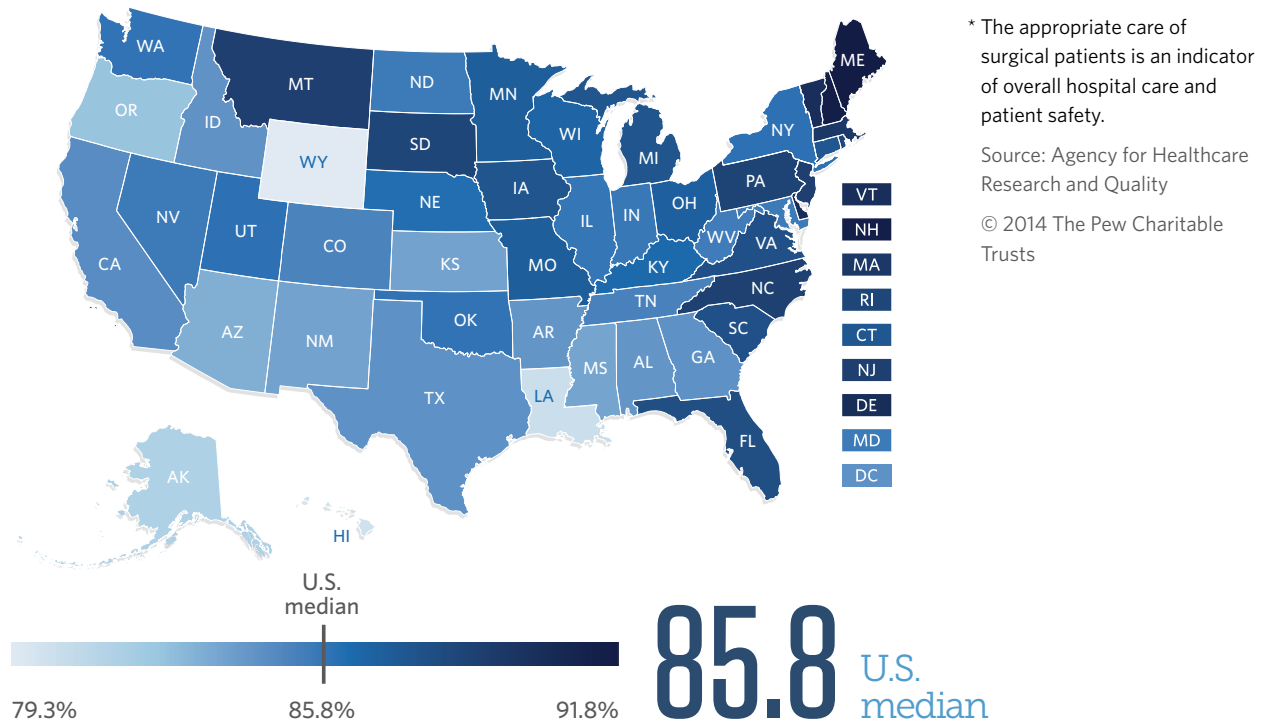
Appropriate surgical care

Surgery is a leading source of health care-associated infections—those that patients acquire while receiving treatment for other conditions. These infections can be devastating or even deadly. Therefore, it is critical that health care professionals practice the recommended safe and appropriate surgical protocols at medical facilities. This indicator identified eight practices to prevent surgery-related complications.*

Appropriate care among surgical patients is an indicator of overall hospital care, and specifically patient safety. In 2009, 85.8 percent of adults received appropriate surgical care. Wyoming had the lowest proportion of surgical patients receiving appropriate care at 79.3 percent, and Maine had the highest at 91.8. (See Figure 19.) The rate was fairly similar among the states and among people regardless of race, ethnicity, and gender.[44]

The rates of appropriate care for surgical patients can be influenced by private and public insurance programs that pay health professionals more for either improving their performance (such as a 10 percent improvement from the prior year) or reaching a goal (95 percent of surgical patients received appropriate care). After numerous such interventions, the national average exceeded 95 percent in 2012; state-level data are not yet available for 2012.

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* Appropriate surgical care measures include: (1) prophylactic antibiotic received within one hour before surgical incision, (2) recommended prophylactic antibiotic used for surgical patients, (3) prophylactic antibiotics discontinued within 24 hours after the surgery end time, (4) cardiac patients had controlled postoperative blood glucose, (5) surgery patients received appropriate hair removal, (6) surgery patients on beta-blocker therapy before arrival received a beta-blocker during the perioperative period, (7) surgery patients received recommended venous thromboembolism prophylaxis, and (8) surgery patients received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery.

Figure 20

Rate of Nursing Home Residents With Pressure Sores

Percentage of low-risk* nursing home residents with pressure sores, 2009

* "Low risk" is determined by the Braden Scale for Predicting Pressure Ulcer Risk, a tool that helps health professionals assess the probability of a patient developing a pressure sore.

† 2009 data were only available for 49 states.

Source: Agency for Healthcare Research and Quality

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Data not available†

U.S. median

1.1%   1.9%   3.1%

1.9 U.S. median
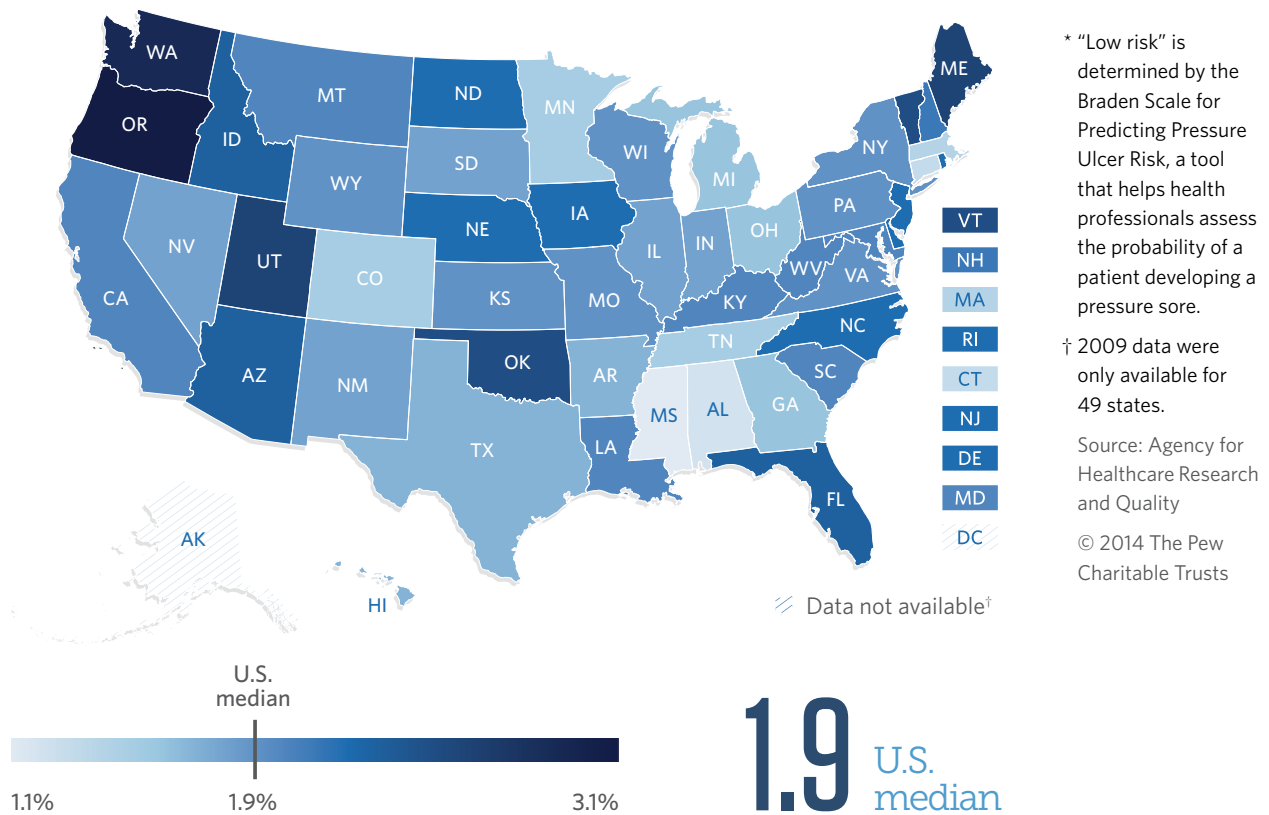
Nursing home pressure sores

Pressure sores are ulcers or open blisters on the skin that occur after long episodes of pressure. Most commonly, they result from lying in bed or sitting in a chair for prolonged periods without changing position. Pressure sores, also known as bedsores or decubitus ulcers, are potentially preventable if patients are tended to regularly. They can cause pain and infection, contribute to lengthened hospital stays, and place patients at greater risk of death. Pressure sores are generally treatable, but the cost of treating them is high. Elevated rates of pressure sores can indicate poor attention to patients, although some are not preventable or treatable.

Of the 49 states reporting on the percent of low-risk* nursing home residents with pressure sores, Mississippi had the lowest rate at 1.1 percent, and Oregon had the highest at 3.1 percent. The U.S. median was 1.9 percent. (See Figure 20.) Rates were highest among black and Hispanic nursing home residents.[45]

The prevalence of pressure sores has dropped as a result of programs that increase education and prevention efforts by health professionals. Policy strategies to reduce rates for pressure sores include public reporting of a facility's rate of such sores, bonus payments for decreasing or attaining a specified rate, and employing multi-facility and statewide networks for quality improvement.

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*   Risk is determined by the Braden Scale for Predicting Pressure Ulcer Risk, a tool that helps health professionals assess the probability of a patient developing a pressure sore.

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Appendix A: Methodology

To evaluate care for individuals and the health of populations, the project identified 20 indicators. Measures were selected to represent a variety of populations and health care settings. Criteria included:

- Data available for a minimum of 36 states.
- Variability within the measure across states.
- From a national source.

Data limitations require that direct comparisons—both among states and between indicators—be made carefully.

Sources for each indicator are listed in Table A.1. Data are presented as reported by the source, with two exceptions: adult uninsured rates and low birth-weight babies. Descriptions of how data were calculated are in Table A.1.

Data represent the population of the entire state and data are current as of November 2013.

Table A.1
Data Sources, by Indicator

Indicator (year)	Description	Source
Demographics and the uninsured		
Uninsured rates among adults (2011)	Percentage of people ages 18-64 without health insurance coverage during the last calendar year. Raw data were collected from the U.S. Census Bureau. Rates were calculated by dividing the difference between the "not covered" numbers in the "all people" and the "children under 18" files, by the difference between the "all people" number of people from the "all people" and "children under 18" files, then multiplying the remainder by 100.	U.S. Census Bureau, "Health Insurance Coverage Status and Type of Coverage by State—All People: 1999 to 2012," Current Population Survey, Annual Social and Economic Supplements, Health Insurance Historical Tables, table HIB-4, accessed Jan. 9, 2013, http://www.census.gov/hhes/www/hlthins/data/historical/HIB_tables.html.
Uninsured rates among children (2011)	Percentage of children ages 0-17 without health insurance coverage during the last calendar year.	U.S. Census Bureau, "Health Insurance Coverage Status and Type of Coverage by State—Children Under 18: 1999 to 2012," Current Population Survey, Annual Social and Economic Supplements, Health Insurance Historical Tables, table HIB-5, accessed Jan. 9, 2013, http://www.census.gov/hhes/www/hlthins/data/historical/HIB_tables.html.
Poverty rate (2010-11)	Percentage of people with incomes up to 138% of the federal poverty level (the eligibility level for Medicaid as of Jan. 1, 2014, in states that chose to expand their Medicaid programs as allowed by the Affordable Care Act).	Kaiser Family Foundation's State Health Facts, "Distribution of Total Population by Federal Poverty Level," Data source: Census Bureau's March 2012 and 2013 Current Population Survey, accessed Nov. 8, 2013, http://kff.org/other/state-indicator/distribution-by-fpl/.
Population over age 65 (2010)	Percentage of people over age 65.	U.S. Census Bureau, "Age and Sex Composition in the United States: 2010 Census Brief," http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf.

Indicator (year)	Description	Source
Health status of residents		
Overall health status (2010)	Percentage of sample respondents age 18 and older who reported "fair" or "poor" health status in response to the question, "Would you say that in general your health is—Excellent, Very good, Good, Fair, or Poor?"	Centers for Disease Control and Prevention, National Center for Health Statistics, "Health Indicators Warehouse: Self-Assessed Health Status," Behavioral Risk Factor Surveillance System, accessed Nov. 19, 2013, http://www.healthindicators.gov/Indicators/ Fair-or-poor-health-adults-percent-Source-BRFSS_5/ Profile.
Serious mental illness (2010-11)	Percentage of sample respondents in the past year with self-reported mental illness (weighted: nervous, hopeless, restless/fidgety, sad/depressed, everything an effort, worthless) that was verified by a clinical interview.	Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, "State Estimates of Substance Use and Mental Disorders From the 2010-2011 National Survey on Drug Use and Health: 12 or Older," accessed Nov. 14, 2013, http://www.samhsa.gov/data/ NSDUH/2k11State/NSDUHsaeTOC2011.htm.
Substance abuse (2010-11)	Percentage of sample respondents who self-reported dependence or abuse of illicit drugs (marijuana/ hashish, cocaine, heroin, hallucinogens, inhalants, prescription-type psychotherapeutics used nonmedically) or alcohol in the past year.	Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, "State Estimates of Substance Use and Mental Disorders From the 2010-2011 National Survey on Drug Use and Health: 12 or Older," accessed Nov. 14, 2013, http://www.samhsa.gov/data/ NSDUH/2k11State/NSDUHsaeTOC2011.htm.
Vital statistics		
Life expectancy at birth (2009)	Years of life expected at birth. Data are calculated by Measure of America using CDC Mortality—All County Micro-Data File.	Measure of America, "Life Expectancy at Birth (Years)," accessed Nov. 6, 2013, http://measureofamerica. org/maps/?area=States&race=All&sex=All&year =Year2012&index=Life%20Expectancy%20at%20 Birth%20%28years%29.
Infant mortality (2010)	The number of infants who die within the first year of life per 1,000 live births.	Sherry L. Murphy, Jiaquan Xu, and Kenneth D. Kochanek, "Deaths: Final Data for 2010, Detailed Tables (2012)," accessed Jan. 10, 2014, http://www. cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf.
Low birth-weight babies (2010)	Percentage of live births with birth weight of less than 2,500 grams (5 pounds, 8 ounces). Raw data were collected from the CDC WONDER database. Rates were calculated by dividing the number of low birth-weight births by the number of total births for each state and multiplying the remainder by 100.	Centers for Disease Control and Prevention, National Center for Health Statistics, "Natality Public-Use Data on CDC Wonder Online Database," accessed Jan. 24, 2014, http://wonder.cdc.gov/natality.html.
Prevalence of disease and health risk factors		
Asthma prevalence in children (2010)	Percentage of children ages 0-17 reported in interviews to have asthma.	Centers for Disease Control and Prevention, National Center for Environmental Health, "2010 Child Asthma Data: Prevalence Tables," accessed Jan. 10, 2014, http://www.cdc.gov/asthma/brfss/2010/child/ current/tableC1.htm.

Indicator (year)	Description	Source
Smoking prevalence among adults (2010)	Percentage of respondents age 18 and older who report smoking cigarettes "every day" or "some days" in response to the question, "Do you now smoke cigarettes every day, some days, or not at all?"	Centers for Disease Control and Prevention, National Center for Health Statistics, "Health Indicators Warehouse: Cigarette Smoking: Adults," Behavioral Risk Factor Surveillance System, accessed Nov. 19, 2013, http://www.healthindicators.gov/Indicators/Cigarette-smoking-adults-percent-Source-BRFSS_13/Profile.
Obesity prevalence among children (2011-12)	Percentage of children (ages 10 to 17) with a body mass index at or above obese levels based on parent-reported height and weight of their children. Those under 10 are not included in the survey because of reporting error—for this age group, parents tend to overestimate height and underestimate weight.	Child and Adolescent Health Measurement Initiative, "Indicator 1.4: Childhood Weight Status in 4 Categories, Age 10-17 Years," 2011 National Survey of Children's Health, http://www.childhealthdata.org/browse/allstates?q=2462#.
Obesity prevalence among adults (2010)	Percentage of respondents age 18 and older with a body mass index at or above obese levels (≥30.0 kg/m^2) based on survey questions "About how much do you weigh without shoes?" and "About how tall are you without shoes?"	Centers for Disease Control and Prevention, National Center for Health Statistics, "Health Indicators Warehouse: Obesity: Adults," Behavioral Risk Factor Surveillance System, accessed Nov. 19, 2013, http://www.healthindicators.gov/Indicators/Obesity-adult-percent_15/Profile/Data.
Diabetes prevalence among adults (2010)	Percentage of respondents age 18 and older who report being told they have diabetes, based on the question: "Have you ever been told by a doctor that you have diabetes?" This did not include gestational diabetes.	Centers for Disease Control and Prevention, National Center for Health Statistics, "Health Indicators Warehouse: Diabetes: Adults," Behavioral Risk Factor Surveillance System, accessed Nov. 19, 2013, http://www.healthindicators.gov/Indicators/Diabetes-adults-percent_125/Profile/Data.
Prevention and treatment		
Childhood immunizations (2011)	Percentage of children 19-35 months old who received vaccines according to the 4:3:1:3:3:1:4 schedule, which includes 4 doses each of diphtheria, typhoid, and pertussis; 3 doses of polio; 1 dose each of measles, mumps, and rubella; 3 doses of *Haemophilus influenzae* type b; 3 doses of Hepatitis B; 1 dose of varicella; and 4 doses of pneumococcal conjugate vaccine.	Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, "Estimated Vaccination Coverage With Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area," National Immunization Survey, Q1/2011-Q4/2011, http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/data/tables-2011.html.
Diabetes care: Hemoglobin A1c testing (2010)	Percentage of adults age 18 and older with diagnosed diabetes who reported receiving 2 or more hemoglobin A1c tests in the previous year, based on the question: "A test for 'A one C' measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin 'A one C'?"	Centers for Disease Control and Prevention, National Center for Health Statistics, "Health Indicators Warehouse: Glucose A1c Test, Biannual: Adults With Diabetes," Behavioral Risk Factor Surveillance System, accessed Nov. 19, 2013, http://www.healthindicators.gov/Indicators/Glucose-A1c-test-biannual-adults-with-diabetes-percent_550/Profile/Data.
Mammography rates (2010)	Percentage of women over age 50 who report having had a mammogram in the previous 2 years, based on the questions: "A mammogram is an X-ray of each breast to look for breast cancer. Have you ever had a mammogram?" and "How long has it been since you had your last mammogram?"	Centers for Disease Control and Prevention, National Center for Health Statistics, "Health Indicators Warehouse: Mammogram: Women 50+," Behavioral Risk Factor Surveillance System, accessed Nov. 19, 2013, http://www.healthindicators.gov/Indicators/Mammogram-women-50-percent_116/Profile/Data.

Indicator (year)	Description	Source
Appropriate surgical care (2009)	Percentage of adult surgery patients who received appropriate care (prophylactic antibiotic received within 1 hour before surgical incision, recommended prophylactic antibiotic for surgical patients, prophylactic antibiotics discontinued within 24 hours after surgery end time, cardiac surgery patients with controlled postoperative blood glucose, surgery patients with appropriate hair removal, surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period, surgery patients with recommended venous thromboembolism prophylaxis ordered, and surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours before surgery to 24 hours after surgery).	Agency for Healthcare Research and Quality, "2011 State Snapshots," accessed Nov. 20, 2013, http://statesnapshots.ahrq.gov/snaps11/.
Nursing home pressure sores (2009)	Percentage of low-risk nursing home residents with pressure sores (stages 1-4) based upon the Braden Scale for Predicting Pressure Ulcer Risk.	Agency for Healthcare Research and Quality, "2011 State Snapshots," accessed Nov. 20, 2013, http://statesnapshots.ahrq.gov/snaps11/.

Appendix B: Data tables

Table B.1

Data for Figures 1-4

The 'demographics and the uninsured' health indicator category

State	Medicaid expansion as of April 2014	Fig. 1: Uninsured adults, ages 18-64 (2011)	Fig. 2: Uninsured children, ages 0-17 (2011)	Fig. 3: Poverty rate (2010-11)	Fig. 4: Population over age 65 (2010)
U.S. rate	26 states and DC	17.7%	9.4%	28%	13.0%
Alabama	No	14.9%	7.3%	31%	13.8%
Alaska	No	20.9%	10.7%	30%	7.7%
Arizona	Yes	18.6%	13.5%	32%	13.8%
Arkansas	Yes	20.4%	8.1%	33%	14.4%
California	Yes	22.7%	10.8%	33%	11.4%
Colorado	Yes	17.4%	10.4%	22%	10.9%
Connecticut	Yes	9.6%	5.3%	20%	14.2%
Delaware	Yes	11.1%	6.4%	25%	14.4%
District of Columbia	Yes	9.3%	4.3%	31%	11.4%
Florida	No	21.6%	13.0%	29%	17.3%
Georgia	No	22.2%	10.9%	31%	10.7%
Hawaii	Yes	9.0%	4.1%	33%	14.3%
Idaho	No	19.0%	11.3%	28%	12.4%
Illinois	Yes	17.5%	6.2%	27%	12.5%
Indiana	No	14.2%	5.6%	28%	13.0%
Iowa	Yes	11.6%	4.9%	22%	14.9%
Kansas	No	14.9%	9.4%	25%	13.2%
Kentucky	Yes	17.4%	4.6%	32%	13.3%
Louisiana	No	23.9%	11.6%	35%	12.3%
Maine	No	11.0%	6.3%	23%	15.9%
Maryland	Yes	15.0%	10.0%	22%	12.3%
Massachusetts	Yes	3.6%	2.5%	22%	13.8%
Michigan	Yes	14.7%	5.4%	27%	13.8%
Minnesota	Yes	10.1%	6.4%	19%	12.9%
Mississippi	No	18.7%	9.0%	35%	12.8%
Missouri	No	15.9%	11.5%	27%	14.0%
Montana	No	20.0%	12.3%	27%	14.8%
Nebraska	No	13.7%	8.2%	21%	13.5%
Nevada	Yes	23.2%	21.0%	30%	12.0%
New Hampshire	Yes	13.9%	7.4%	15%	13.5%
New Jersey	Yes	17.3%	9.4%	23%	13.5%

State	Medicaid expansion as of April 2014	Fig. 1: Uninsured adults, ages 18-64 (2011)	Fig. 2: Uninsured children, ages 0-17 (2011)	Fig. 3: Poverty rate (2010-11)	Fig. 4: Population over age 65 (2010)
New Mexico	Yes	22.8%	9.9%	36%	13.2%
New York	Yes	13.8%	6.6%	30%	13.5%
North Carolina	No	18.6%	9.3%	29%	12.9%
North Dakota	Yes	10.4%	4.7%	19%	14.5%
Ohio	Yes	15.2%	8.7%	27%	14.1%
Oklahoma	No	20.3%	6.4%	28%	13.5%
Oregon	Yes	15.7%	7.4%	27%	13.9%
Pennsylvania	No	11.7%	7.6%	24%	15.4%
Rhode Island	Yes	13.8%	5.8%	25%	14.4%
South Carolina	No	20.7%	13.3%	33%	13.7%
South Dakota	No	14.8%	7.5%	24%	14.3%
Tennessee	No	15.5%	5.9%	30%	13.4%
Texas	No	26.9%	15.4%	32%	10.3%
Utah	No	16.5%	10.7%	23%	9.0%
Vermont	Yes	9.7%	4.0%	20%	14.6%
Virginia	No	15.7%	5.9%	22%	12.2%
Washington	Yes	16.2%	8.8%	24%	12.3%
West Virginia	Yes	16.3%	9.7%	30%	16.0%
Wisconsin	No	11.8%	5.8%	22%	13.7%
Wyoming	No	20.3%	10.0%	21%	12.4%

Data for Figures 5-7
The 'health status of residents' health indicator category

State	Fig. 5: Overall health status 'fair' or 'poor' (2010)	Fig. 6: Serious mental illness (2010-11)	Fig. 7: Substance abuse (2010-11)
U.S. rate	14.1%	5.0%	8.4%
Alabama	18.8%	6.7%	6.7%
Alaska	11.3%	5.0%	9.3%
Arizona	14.6%	5.9%	10.3%
Arkansas	18.2%	5.9%	6.8%
California	18.0%	4.8%	9.2%
Colorado	12.3%	5.4%	9.9%
Connecticut	10.5%	4.8%	9.0%
Delaware	13.1%	4.9%	7.9%
District of Columbia	11.2%	5.0%	12.7%
Florida	15.4%	4.5%	7.5%
Georgia	16.2%	4.5%	6.9%
Hawaii	13.5%	4.9%	8.6%
Idaho	15.2%	6.3%	9.2%
Illinois	15.2%	4.3%	8.4%
Indiana	15.9%	5.5%	8.3%
Iowa	10.6%	5.4%	8.7%
Kansas	12.9%	5.1%	8.4%
Kentucky	20.5%	6.3%	6.4%
Louisiana	20.4%	4.6%	7.5%
Maine	13.7%	5.1%	6.8%
Maryland	12.7%	4.5%	6.8%
Massachusetts	11.1%	5.4%	10.2%
Michigan	13.8%	5.0%	8.6%
Minnesota	10.6%	5.0%	9.1%
Mississippi	22.9%	5.9%	7.1%
Missouri	15.6%	5.8%	7.3%
Montana	14.3%	5.6%	10.3%
Nebraska	11.4%	4.7%	8.0%
Nevada	16.8%	5.2%	10.5%
New Hampshire	11.0%	5.8%	8.7%
New Jersey	13.9%	4.1%	8.2%
New Mexico	17.8%	5.0%	9.2%
New York	14.1%	4.6%	8.4%
North Carolina	17.6%	4.3%	7.0%

State	Fig. 5: Overall health status 'fair' or 'poor' (2010)	Fig. 6: Serious mental illness (2010-11)	Fig. 7: Substance abuse (2010-11)
North Dakota	12.2%	4.4%	9.4%
Ohio	15.2%	6.4%	8.9%
Oklahoma	19.8%	5.7%	8.9%
Oregon	15.2%	5.9%	9.8%
Pennsylvania	14.7%	4.7%	8.9%
Rhode Island	12.4%	5.1%	10.7%
South Carolina	16.8%	5.4%	8.1%
South Dakota	10.8%	4.9%	10.0%
Tennessee	18.7%	5.9%	8.2%
Texas	17.5%	4.2%	8.0%
Utah	12.4%	7.1%	6.3%
Vermont	10.1%	5.7%	10.0%
Virginia	13.8%	4.9%	8.2%
Washington	13.3%	5.7%	8.7%
West Virginia	21.3%	6.1%	7.1%
Wisconsin	13.2%	4.6%	8.6%
Wyoming	12.0%	5.4%	8.3%

Table B.3

Data for Figures 8-10

The 'vital statistics' health indicator category

State	Fig. 8: Life expectancy at birth, in years (2009)	Fig. 9: Infant mortality at 1 year per 1,000 live births (2010)	Fig. 10: Low birth-weight babies (2010)
U.S. rate	78.9	6.15	8.1%
Alabama	75.4	8.71	10.3%
Alaska	78.3	3.75	5.7%
Arizona	79.6	5.97	7.1%
Arkansas	76.0	7.32	8.8%
California	80.8	4.74	6.8%
Colorado	80.0	5.91	8.8%
Connecticut	80.8	5.28	8.0%
Delaware	78.4	7.66	8.9%
District of Columbia	76.5	7.86	10.2%
Florida	79.4	6.54	8.7%
Georgia	77.2	6.42	9.6%
Hawaii	81.3	6.16	8.3%
Idaho	79.5	4.83	6.8%
Illinois	79.0	6.77	8.3%
Indiana	77.6	7.62	8.0%
Iowa	79.7	4.88	7.0%
Kansas	78.7	6.22	7.1%
Kentucky	76.0	6.79	9.0%
Louisiana	75.7	7.60	10.7%
Maine	79.2	5.40	6.3%
Maryland	78.8	6.75	8.8%
Massachusetts	80.5	4.43	7.7%
Michigan	78.2	7.13	8.4%
Minnesota	81.1	4.49	6.4%
Mississippi	75.0	9.67	12.1%
Missouri	77.5	6.61	8.2%
Montana	78.5	5.89	7.5%
Nebraska	79.8	5.25	7.1%
Nevada	78.1	5.59	8.3%
New Hampshire	80.3	3.96	6.8%
New Jersey	80.3	4.81	8.2%
New Mexico	78.4	5.64	8.7%
New York	80.5	5.09	8.2%
North Carolina	77.8	7.01	9.1%

State	Fig. 8: Life expectancy at birth, in years (2009)	Fig. 9: Infant mortality at 1 year per 1,000 live births (2010)	Fig. 10: Low birth-weight babies (2010)
North Dakota	79.5	6.81	6.7%
Ohio	77.8	7.71	8.6%
Oklahoma	75.9	7.59	8.4%
Oregon	79.5	4.94	6.3%
Pennsylvania	78.5	7.25	8.3%
Rhode Island	79.9	7.07	7.7%
South Carolina	77.0	7.37	9.9%
South Dakota	79.5	6.94	6.8%
Tennessee	76.3	7.93	9.0%
Texas	78.5	6.13	8.4%
Utah	80.2	4.86	7.0%
Vermont	80.5	4.18	6.1%
Virginia	79.0	6.80	8.2%
Washington	79.9	4.50	6.3%
West Virginia	75.4	7.28	9.2%
Wisconsin	80.0	5.84	7.0%
Wyoming	78.3	6.75	9.0%

Data for Figures 11-15

The 'prevalence of disease and health risk factors' health indicator category

State	Fig. 11: Asthma prevalence, children (2010)	Fig. 12: Smoking prevalence, adults (2010)	Fig. 13: Obesity prevalence, children (2011-12)	Fig. 14: Obesity prevalence, adults (2010)	Fig. 15: Diabetes prevalence, adults (2010)
United States	8.4% U.S. rate	17.7% U.S. median	15.7% U.S. rate	27.2% U.S. median	8.1% U.S. median
Alabama	11.5%	22.6%	18.6%	32.2%	11.3%
Alaska	N/A	19.7%	14.0%	24.7%	6.0%
Arizona	9.4%	15.5%	19.8%	24.6%	7.6%
Arkansas	N/A	23.6%	20.0%	31.1%	8.7%
California	5.9%	12.0%	15.1%	24.5%	8.5%
Colorado	N/A	15.9%	10.9%	21.0%	6.0%
Connecticut	11.3%	13.6%	15.0%	22.7%	6.7%
Delaware	N/A	17.7%	16.9%	28.2%	7.8%
District of Columbia	18.0%	14.8%	21.4%	21.7%	8.1%
Florida	N/A	18.0%	13.4%	27.2%	8.7%
Georgia	9.0%	17.4%	16.5%	29.9%	9.6%
Hawaii	11.1%	14.9%	11.5%	23.2%	7.5%
Idaho	N/A	15.8%	10.6%	26.7%	7.6%
Illinois	9.8%	16.9%	19.3%	28.5%	8.4%
Indiana	8.8%	21.4%	14.3%	29.9%	9.2%
Iowa	6.2%	16.5%	13.6%	28.8%	6.7%
Kansas	7.5%	17.2%	14.2%	30.0%	7.9%
Kentucky	10.7%	25.2%	19.7%	31.4%	9.2%
Louisiana	8.3%	22.3%	21.1%	31.3%	9.6%
Maine	8.5%	19.3%	12.5%	27.0%	7.5%
Maryland	11.9%	15.3%	15.1%	27.5%	8.8%
Massachusetts	9.5%	14.4%	14.5%	23.5%	6.9%
Michigan	11.1%	19.2%	14.8%	31.1%	9.4%
Minnesota	N/A	15.0%	14.0%	25.1%	6.3%
Mississippi	8.6%	23.3%	21.7%	34.4%	11.5%
Missouri	10.9%	21.3%	13.5%	30.9%	8.6%
Montana	6.9%	19.6%	14.3%	23.0%	6.2%
Nebraska	6.1%	17.6%	13.8%	27.2%	7.0%
Nevada	8.6%	21.2%	18.6%	22.6%	8.3%
New Hampshire	N/A	17.4%	15.5%	25.1%	7.3%
New Jersey	9.0%	14.6%	10.0%	24.4%	8.4%

State	Fig. 11: Asthma prevalence, children (2010)	Fig. 12: Smoking prevalence, adults (2010)	Fig. 13: Obesity prevalence, children (2011-12)	Fig. 14: Obesity prevalence, adults (2010)	Fig. 15: Diabetes prevalence, adults (2010)
New Mexico	8.0%	18.8%	14.4%	25.7%	7.9%
New York	7.4%	15.6%	14.5%	24.3%	8.2%
North Carolina	N/A	19.9%	16.1%	28.3%	9.2%
North Dakota	6.4%	17.9%	15.4%	27.6%	6.7%
Ohio	9.2%	22.9%	17.4%	29.2%	9.2%
Oklahoma	10.2%	24.0%	17.4%	31.0%	9.6%
Oregon	7.6%	15.3%	9.9%	27.5%	6.4%
Pennsylvania	9.6%	19.1%	13.5%	28.7%	9.1%
Rhode Island	11.8%	16.0%	13.2%	25.7%	7.2%
South Carolina	N/A	21.4%	21.5%	31.7%	9.8%
South Dakota	N/A	15.9%	13.4%	27.7%	6.1%
Tennessee	6.4%	20.2%	20.5%	31.5%	10.4%
Texas	7.6%	15.6%	19.1%	31.7%	9.8%
Utah	6.9%	8.9%	11.6%	23.2%	7.2%
Vermont	10.0%	16.1%	11.3%	23.5%	6.0%
Virginia	N/A	18.6%	14.3%	26.0%	8.3%
Washington	6.0%	15.2%	11.0%	25.9%	7.2%
West Virginia	6.5%	28.1%	18.5%	33.0%	10.1%
Wisconsin	8.9%	19.6%	13.4%	27.0%	6.5%
Wyoming	6.6%	19.7%	10.7%	25.5%	6.6%

Data for Figures 16-20

The 'prevention and treatment' health indicator category

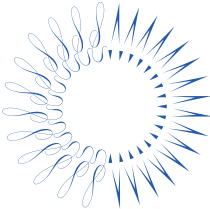| State	Fig. 16: Childhood immunizations (2011)	Fig. 17: Hemoglobin A1c tests (2010)	Fig. 18: Mammograms (2010)	Fig. 19: Appropriate surgical care (2009)	Fig. 20: Nursing home pressure sores (2009)
United States	73.3% U.S. rate	66.5% U.S. rate	78.1% U.S. median	85.8% U.S. median	1.9% U.S. median
Alabama	72.9%	68.6%	77.8%	84.2%	1.2%
Alaska	67.7%	60.6%	75.1%	81.4%	N/A
Arizona	64.0%	52.7%	76.3%	83.2%	2.3%
Arkansas	71.5%	N/A	73.1%	84.2%	1.7%
California	77.4%	N/A	81.7%	84.6%	2.0%
Colorado	70.3%	N/A	73.6%	85.1%	1.5%
Connecticut	79.0%	70.1%	84.1%	87.4%	1.3%
Delaware	68.6%	72.6%	82.5%	90.3%	2.2%
District of Columbia	76.3%	74.5%	84.0%	84.4%	N/A
Florida	71.4%	66.9%	79.6%	87.9%	2.3%
Georgia	79.5%	74.3%	80.1%	84.4%	1.6%
Hawaii	78.4%	64.9%	78.2%	80.1%	1.7%
Idaho	66.9%	53.6%	67.3%	84.3%	2.3%
Illinois	71.8%	66.0%	73.3%	85.7%	1.8%
Indiana	70.1%	64.3%	74.4%	85.6%	1.8%
Iowa	77.1%	75.5%	78.0%	87.5%	2.2%
Kansas	79.0%	N/A	79.5%	83.7%	1.9%
Kentucky	80.3%	68.9%	74.3%	86.3%	2.0%
Louisiana	74.6%	67.8%	78.3%	80.3%	2.0%
Maine	76.6%	N/A	83.5%	91.8%	2.6%
Maryland	77.8%	N/A	84.3%	85.5%	2.0%
Massachusetts	76.9%	69.7%	87.8%	89.4%	1.4%
Michigan	71.2%	N/A	80.8%	87.5%	1.6%
Minnesota	74.6%	60.0%	83.2%	87.0%	1.5%
Mississippi	71.2%	61.8%	70.5%	83.6%	1.1%
Missouri	67.6%	N/A	74.5%	87.0%	1.9%
Montana	65.0%	69.0%	70.5%	88.9%	2.0%
Nebraska	82.5%	N/A	73.4%	86.1%	2.2%
Nevada	65.8%	59.0%	67.4%	85.5%	1.8%
New Hampshire	72.4%	73.4%	83.2%	91.4%	2.1%
New Jersey	73.9%	N/A	79.5%	88.9%	2.2%
New Mexico	75.2%	71.3%	75.5%	83.7%	1.8%

State	Fig. 16: Childhood immunizations (2011)	Fig. 17: Hemoglobin A1c tests (2010)	Fig. 18: Mammograms (2010)	Fig. 19: Appropriate surgical care (2009)	Fig. 20: Nursing home pressure sores (2009)
New York	65.1%	N/A	80.7%	85.9%	1.9%
North Carolina	73.3%	60.7%	80.2%	88.8%	2.2%
North Dakota	82.8%	63.7%	78.1%	85.5%	2.2%
Ohio	76.4%	59.9%	76.4%	86.8%	1.6%
Oklahoma	72.0%	N/A	69.4%	85.8%	2.5%
Oregon	65.2%	64.6%	75.8%	82.4%	3.1%
Pennsylvania	72.7%	75.0%	76.6%	88.6%	1.9%
Rhode Island	76.7%	N/A	84.5%	88.5%	2.2%
South Carolina	69.8%	66.5%	79.7%	87.8%	2.0%
South Dakota	N/A	63.9%	78.6%	88.5%	1.8%
Tennessee	72.1%	64.8%	78.9%	85.2%	1.5%
Texas	74.6%	N/A	72.9%	84.4%	1.7%
Utah	68.6%	64.2%	71.2%	85.9%	2.6%
Vermont	73.4%	75.8%	81.5%	90.1%	2.5%
Virginia	72.1%	61.8%	78.6%	87.8%	1.9%
Washington	74.4%	66.9%	77.2%	85.8%	2.9%
West Virginia	66.6%	N/A	75.7%	85.4%	2.0%
Wisconsin	79.2%	67.1%	80.1%	86.6%	1.9%
Wyoming	62.3%	58.1%	69.8%	79.3%	1.9%

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