

# WHAT'S NEW WITH KIDS?

## Site of the Month

July 2008

### NEVADA'S CHILD HEALTH SYSTEM SCORECARD

Nevada is 1 of 13 states that performed in the bottom quartile on child health care system performance. States were evaluated and ranked on 13 indicators along the dimensions of access, quality, equity, costs, and the potential to lead healthy lives. Nevada's overall ranking among the states and the District of Columbia on the five indicator dimensions was 45 (1 = best and 51 = worst). See table below.

**Table 1. Nevada's Ranking on Health System Performance by Dimension**

Overall and Dimension Ranking	
Overall	45
Potential to Lead Long, Healthy Lives	21
Access	48
Quality	50
Costs	2
Equity	51

Table 2 on page 2 displays Nevada's ranking on four of the five indicator dimensions and the indicators that comprise the dimensions. Below is a summary of Nevada's performance on the dimensions.

#### *Potential to Lead Long, Healthy Lives Dimension*

Nevada ranked 21st on this dimension, achieving a lower state rate than the all-states median rate on infant mortality (6.1 versus 7.1) and a slightly higher state rate than the all-states median rate on the percent of children at moderate/high risk for developmental delay (23.7 versus 23.6). Vermont ranked 1st on this dimension.

#### *Access Dimension*

Although Nevada's state uninsured rate was significantly higher than the all-states median rate (16.6 compared to 9.1), its uninsured rate at or below the 200 percent federal poverty level was lower than the all-states median rate (13.1 compared to 16.6). Nevada ranked 48th on this dimension, Massachusetts ranked 1st.

**Table 2. Nevada's Health System Performance by Dimensions and Indicators**

Dimension and Indicator	Year	All States			Top 5 States		Best State Rate	Rank
		State Rate	Median Rate	Average Rate	Rate	Rate		
<b>POTENTIAL TO LEAD LONG, HEALTHY LIVES</b>								
Infant mortality, deaths per 1,000 live births	2005	6.1	7.1	4.8	4.3		21	
Percent of children at moderate/high risk for developmental delay, ages 1-5 years	2003	23.7	23.6	18.2	16.4		28	
<b>ACCESS</b>								
Percent uninsured, children ages 0-17	2005-2006	16.6	9.1	5.6	4.9		48	
Percent at or below 200% FPL uninsured, children 0-17	2005-2006	13.1	16.6	7.7	7.0		48	
<b>QUALITY</b>								
Percent of children ages 19-35 months who received all recommended doses of five key vaccines	2003	66.7	81.6	88.3	93.5		51	
Percent of children ages 0-17 with both a medical and dental preventative care visit in the past year	2003	46.8	59.2	72.6	74.9		50	
Percent of children ages 1-17 with current emotional, behavioral, or developmental problems who received some mental-health care in the past year	2003	53.2	61.9	74.2	77.2		45	
Percent of children who have a medical home	2003	34.5	47.6	59.7	61.0		50	
Percent of children ages 0-17 whose personal doctor or nurse follows up after they get specialty care	2003	55.0	57.9	65.1	68.0		38	
Percent of children ages 0-17 with special health-care needs needing specialty care with problems getting referrals to specialty care	2001	29.5	22.0	14.3	13.5		50	
Hospital admissions for pediatric asthma per 100,000 children ages 0-17	2005	141.7	176.7	81.3	54.9		9	
<b>COST</b>								
Personal health-care spending per capita	2004	4,569	5,327	4,312	3,972		5	
Average family premium per enrolled employee for employer-based health insurance	2005	10,011	10,637	9,139	8,334		11	

Note: The hospital admissions data were available for only 33 states.

### *Quality Dimension*

Because this dimension has seven indicators, Nevada's performance on only two indicators will be summarized. Only 34.5 percent of Nevada children had a medical home\* in 2003, which is lower than the all-states median rate of 47.6. New Hampshire ranked 1st with 61.0 percent. Close to 47 percent of Nevada children ages 17 and under had a medical and dental preventive-care visit in the past year, lower than the all-states median rate of 59.2. Nevada ranked 50th on this dimension, Massachusetts ranked 1st.

### *Costs Dimension*

Nevada performed well on the costs dimension, ranking 2nd along with Arizona and Utah and the District of Columbia. Nevada's average family premium per enrolled employee for employer-based health insurance in FY 2005 was \$10,011. North Dakota had the lowest premium at \$8,334. Personal health-care spending per capita in Nevada was \$4,569 for 2004. Utah had the lowest amount at \$3,972. Arkansas ranked 1st on this dimension.

### *Equity Dimension*

Although not shown in the table, Nevada performed poorly on the equity dimension, ranking 51st. The equity of states' child health care systems was determined by measuring health disparities by insurance status, family income, and race/ethnicity for two indicators: (1) the percent of children 17 and under with a medical home and (2) the percent of children with at least one preventive medical and dental visit in the past year. Nevada ranked 50th on both of the measures. Vermont ranked 1st on this dimension.

Similar data as presented in the two tables are available for each state and the District of Columbia. These data can be accessed on the Commonwealth Fund's\* Web site by using the interactive U.S. map for state-specific details. State and regional comparisons on each of the performance indicators are presented in a report titled *U.S. Variations in Child Health System Performance: A State Scorecard*, available online at: [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=687113](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=687113).

\*"Medical homes—primary care providers that deliver health care services that are accessible, family-centered, continuous, comprehensive, coordinated, and culturally competent."

\*\*"The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults."

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Nevada KIDS COUNT