

Where You Live Impacts Health

Several high-scoring states offer a blueprint showing how health-care reform can improve care and cut costs in the U.S.

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Place matters, when it comes to health. The 2009 State Scorecard on Health System Performance reveals serious geographic disparities.

"Where you live matters in terms of your health care, and it shouldn't," says Cathy Schoen, coauthor of the study by the Commonwealth Fund Commission. "It makes a difference in whether you live a long life or not."

If you live in Vermont, Hawaii, Iowa, Minnesota, Maine, or New Hampshire, you're in the top tier in terms of access, prevention/treatment, avoidable hospitalization, healthy lives, and equity.

In Mississippi, the percent of adult diabetics getting recommended preventive care hits a low of 33%, compared to a high of 67% in Minnesota.

"The differences we see among states translate to real lives and dollars," says Karen Davis, Commonwealth Fund Commission president. "If we enact health reforms that give all states the opportunity to do as well as the best states, we'll save lives, improve quality, and cut costs."

In Texas, 32% of working-age adults are uninsured, compared to 7% in Massachusetts. "We've been losing ground on coverage for adults since the beginning of this decade," Schoen says.

But the number of states with 16% or more of uninsured children dropped from nine to three, thanks to the State Children's Health Insurance Program (S-CHIP). S-CHIP covers kids if their parents' income exceeds Medicare guidelines, but they're unable to afford health insurance.

Iowa, Minnesota, Nebraska, North and South Dakota offer high-quality care at lower costs, according to the 2009 State Scorecard. States with higher medical costs tend to have higher rates of hospital readmissions and preventable admissions for chronic conditions such as asthma (www.commonwealthfund.org).

The top 13 ranked states are primarily rural. That doesn't mean farmers and ranchers fare well.

A recent survey of 2,000 producers in North and South Dakota, Minnesota, Montana, Iowa, and Missouri by The Access Project shows that health insurance isn't a cure-all for medical debt.

"Over 90% had continuous insurance the previous year, but 18% had medical debt," says Carol Pryor, a coauthor of The Access Project report.

"Expanded coverage isn't enough to prevent medical debt," says Jon Bailey, Center for Rural Affairs, Lyons, Nebraska. "A system relying on employer-provided insurance doesn't apply to large numbers of rural people who are self-employed."

A total of 31% of people with medical debt had delayed care. People with medical debt spent twice as much (\$5,222) out of pocket on prescriptions