Commonwealth Fund State Scorecard on Child Health System Performance, 2011

CONNECTICUT

Overall and Dimension Rankings			
OVERALL	9		
Access & Affordability	8		
Prevention & Treatment	26		
Potential to Lead Healthy Lives	6		
Equity ^a	6		

Summary of Indicator Rankings				
	Count			
Total number of indicators	20			
Top 5 States	6			
Top Quartile	10			
2nd Quartile	4			
3rd Quartile	2			
Bottom Quartile	4			
Bottom 5 States	0			

	2011 State Scorecard on Child Health System Performance					
Dimension and Indicator	Year	State Rate	All States Median Rate	Top 5 States Average Rate	Best State Rate	Rank
ACCESS & AFFORDABILITY						8
Percent of children ages 0–18 insured	2008–09	93.2	91.4	95.6	96.7	13
Percent of parents ages 19–64 insured	2008–09	88.8	83.7	92.5	95.6	9
Percent of currently insured children ages 0-17 whose health insurance coverage is adequate to meet needs	2007	76.9	77.0	81.5	83.8	28
Average total premium for employer-based family coverage as percent of median income for family household	2009	13.9	18.6	14.4	13.9	1
PREVENTION & TREATMENT						26
Percent of children ages 0–17 with a medical home	2007	62.4	60.7	67.5	69.3	18
Percent of young children (ages 19–35 months) received all recommended doses of six key vaccines	2009	71.4	74.4	81.7	84.1	36
Percent of children ages 0–17 with a preventive medical care visit in the past year	2007	95.2	87.8	96.7	97.7	5
Percent of children ages 1–17 with a preventive dental care visit in the past year	2007	84.9	79.1	85.8	86.9	4
Percent of children ages 2–17 needing mental health treatment/counseling who received mental health care in the past year	2007	78.8	63.0	77.5	81.5	2
Percent of young children (ages 10 months-5 years) received standardized developmental screening during visit	2007	16.6	18.8	35.8	47.0	39
Hospital admissions for pediatric asthma per 100,000 children ages 2–17 ^b	2006	172.4	128.7	55.8	44.1	33
Percent of children with special health care needs ages 0–17 who had no problems receiving referrals when needed	2005–06	76.0	80.3	87.7	89.8	40
Percent of children with special health care needs ages 0–17 whose families received all needed family support services	2005–06	64.0	72.8	81.4	83.0	46
POTENTIAL TO LEAD HEALTHY LIVES						6
Infant mortality, deaths per 1,000 live births	2006	6.2	6.8	5.0	4.7	18
Child mortality, deaths per 100,000 children ages 1–14		12.0	20.0	11.0	9.0	3
Percent of young children (ages 4 months-5 years) at moderate/high risk for developmental or behavioral delays	2007	22.7	25.8	19.2	18.6	13
Percent of children ages 10–17 who are overweight or obese	2007	25.7	30.6	24.7	23.1	5
Percent of children ages 1–17 with oral health problems	2007	23.6	25.8	21.5	20.0	9
Percent of high school students who currently smoked cigarettes ^c	2009	17.8	18.3	12.6	8.5	19
Percent of high school students not meeting recommended physical activity level [°]	2009	54.8	56.0	50.4	46.4	18

^a The equity dimension was ranked based on gaps between the most vulnerable group and the U.S. national average for selected indicators. Refer to supplemental *State Scorecard Data Tables* available online http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx> that show data by income, insurance, and racial/ethnic groups and gaps for equity indicators. ^b Data available for 39 states.

^c Data available for 42 states.

Note: Refer to Appendix B in the State Scorecard on Child Health System Performance <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx> for indicator descriptions, data sources, and other notes about methodology.

CONNECTICUT: Estimated Impact of Improving State Performance

The *State Scorecard on Child Health System Performance*, 2011 http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx enables states to compare their performance on child health with those of other states across key indicators of child health system performance. It provides states with achievable targets for improvement by assessing each state's performance compared with the best performance attained by a state. By moving toward benchmark levels of health system performance, states could improve access to and quality of care for our children.

The table shows the estimated impact if all states improved their performance to the rate of the best-performing state for six *Scorecard* indicators. These examples illustrate only a few important opportunities for improvement. Because some indicators affect the same individuals, these numbers should not be added.

Indicator	If CONNECTICUT	improved its performance to the level of the best-performing state for this indicator, then:
Insured Children	30,154	more children ages 0–18 would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Insured Parents	55,291	more parents ages 19–64 would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Medical Home	56,746	more children ages 0–17 would have a medical home to help ensure that care is coordinated and accessible when needed.
Vaccinations	8,032	more young children (ages 19–35 months) would be up-to-date on all recommended doses of six key vaccines.
Preventive Care Visits	23,850	more children ages 0–17 would receive both routine preventive medical and dental care visits.
Oral Health Problems	28,089	fewer children ages 1–17 would be suffering from oral health problems, including toothaches, decayed teeth/cavities, broken teeth, and bleeding gums.

NOTES: Estimates of improvements in state performance were calculated as follows: for each indicator, the difference between the best-performing state's rate and the subject state's rate was multiplied by the applicable subpopulation of individuals in the subject state. Calculations do not account for potentially interactive effects of indicators (e.g., insurance coverage increases the likelihood of receiving preventive care).

For more information, see Methodology and Sources Used in State Scorecard on Child Health System Performance Impact Calculations

<http://www.commonwealthfund.org/~/media/Files/Publications/Fund%20Report/2011/Feb/Child%20Health%20Scorecard/Child_Health_Scorecard_Impact_Methodology_final.pdf>.