

*Issues in Missouri Health Care 2009*

Diagnosis: What the Data Say About the State of  
Missourians' Health

## **Acknowledgement**

This is one in a series of issue papers on critical health care issues facing Missouri and the nation prepared by Health Management Associates, Inc., a national health care policy research and consulting firm and made possible by funding from the Missouri Foundation for Health and the Healthcare Foundation of Greater Kansas City. The papers are intended to provide nonpartisan expert analysis in an accessible format that will contribute to the public dialogue on the state of health care in Missouri. Questions should be directed to Thomas McAuliffe, Policy Analyst, Missouri Foundation for Health, 314.345.5574, [tmcauliffe@mffh.org](mailto:tmcauliffe@mffh.org).

## **Issue Statement**

How does Missouri rank nationally on a wide range of public health and clinical indicators? How does the state rank nationally on various indicators related to covering the uninsured?

## **Background**

Missouri ranks 35<sup>th</sup> in the nation on a wide range of public health and clinical indicators, according to the 18<sup>th</sup> annual report, *America's Health Rankings: A Call to Action: 2007 Edition*, published by United Health Group, the American Public Health Association, and Partnership for Prevention. This report draws on data from the Centers on Disease Control (CDC), the National Center for Health Statistics, the Census Bureau, the Bureau of Economic Analysis, the Bureau of Labor Statistics, and the American Medical Association. This ranking notes that Missouri's strengths are high immunization coverage, ready access to prenatal care, and a high rate of high school graduation. The key challenges facing the state noted in this report are the high rate of cardiovascular and cancer-related deaths and the large number of days of poor mental and physical health reported by the population.

Another national data analysis was performed by the Commonwealth Fund's Commission on a High Performance Health System. This study included a large number of measures of health care access, quality, avoidable use of services, and healthy lives, and ranked Missouri 37<sup>th</sup> in the country. Missouri was in the lowest quartile on healthy lives, the second quartile on access and equity, and the third quartile on health care quality and avoidable hospital use and cost.<sup>1</sup>

The proportion of the population that is uninsured in Missouri, 12.6 percent, is below the national average of about 15 percent. In 2000, only 6.2 percent of the Missouri population was uninsured (down from 11.5 percent in 1990), and it was ranked best in the nation on this criterion. Over a period of seven years, the rate has more than doubled, and the state now ranks 22<sup>nd</sup> in the nation regarding the proportion of the population that is uninsured.

## **Key Comparative Indicators**

The following indicators paint a picture of the public health situation in Missouri, relative to the nation, and in some cases, to several surrounding states. Except where noted, all data is from the report *America's Health Rankings: A Call to Action for People and Communities*.

- 23.2 percent of Missouri's population smokes, ranking the state 41<sup>st</sup> in the nation.

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<sup>1</sup> [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=494551](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=494551)

- 27.2 percent of the population in Missouri is considered obese, ranking it 40<sup>th</sup> in the nation.
- If the weight measure is broadened to include people who are overweight or obese, the proportion in Missouri rises to 63.3 percent; this is higher than in Colorado (55.6 percent), lower than in Tennessee (67.4 percent), and roughly in line with Illinois, Iowa, and Kansas. An estimated 13.9 percent of youth in Missouri are overweight, compared to 9.8 percent in Colorado and 15.2 percent in Oklahoma (CDC).
- In 2006, 79.9 percent of Missouri women 18 years and older had a Pap smear, compared to 85.3 percent in Colorado and 86.1 percent in Iowa (CDC).
- There has been a dramatic decline in infectious disease cases in Missouri, from 35.5 cases per 100,000 people in 2000 to 11.2 cases per 100,000 in 2007.
- Missouri has also excelled in the percentage of children from 19 to 35 months old who have appropriate immunization completion. With 85.2 percent of such children in compliance, Missouri ranks 5<sup>th</sup> in the nation, a dramatic gain from 2000 when the state was 41<sup>st</sup>.
- Similarly, 81.9 percent of pregnant women have adequate prenatal care, placing the state 7<sup>th</sup> in the nation, compared to 13<sup>th</sup> in 1990.
- Missouri experienced 355.7 cardiovascular deaths per 100,000 people in 2007, placing the state 43<sup>rd</sup> in the U.S. The rate in Missouri has edged down steadily since 1990, when it was 400.7; but the national rate has fallen by a proportionately greater amount, as Missouri was ranked 25<sup>th</sup> on this index in 1990.
- Missouri's relative standing has also deteriorated with regard to cancer deaths. The cancer death rate per 100,000 people has stayed about the same in Missouri since 1990 (213.7 per 100,000 in 2007 compared to 213.1 in 2000 and 202.2 in 1990) but since the national rate improved substantially over that period, Missouri has slipped from 29<sup>th</sup> in 1990 to 42<sup>nd</sup> in 2007.
- Missouri ranks 42<sup>nd</sup> in the country on both poor mental health days and poor physical health days (3.7 days lost in the last 30 and 3.8 days lost in the last 30, respectively).
- Preventable hospitalizations in Missouri stood at 88.6 per 1,000 Medicare enrollees in 2007, placing the state 41<sup>st</sup> in the nation.

- A measure of premature deaths (years lost per 100,000 population) places Missouri 37<sup>th</sup> in the country, with 8,112 in 2007. Again, while this rate has fallen a bit since 1990, Missouri's ranking dropped over this period from 29<sup>th</sup> to 37<sup>th</sup>.
- Infant mortality trends reveal a similar pattern. At 8.2 deaths per 1,000 live births, the state ranked 42<sup>nd</sup> in 2007, down from 32<sup>nd</sup> in 1990.
- Missouri has a high rate of deaths due to motor vehicle accidents, relative to the national average: 20 per 100,000 population in 2005, compared to a U.S. average of 15 per 100,000 (CDC, National Center for Health Statistics, Division of Vital Statistics, 2008).

The following indicators show where Missouri stands regarding health insurance coverage (data from [www.statehealthfacts.org](http://www.statehealthfacts.org)):

- An estimated 3.1 million people in Missouri get health coverage through the job-based health care system; this is almost ten times the number of people buying health coverage on their own; 55 percent of private-sector establishments offered health coverage to employees in 2006, about the same as the U.S. average of 56 percent.
- Missouri has done a good job of making health insurance, public or private, available to children, although challenges remain. About 200,000 adults living in poverty are uninsured, representing 42 percent of all uninsured adults in the state.
- Two-thirds of the uninsured have low incomes (under 200 percent of poverty); 36 percent live in poverty; and another 31 percent have incomes between the poverty line and twice that amount.
- More than eight of ten of Missouri's uninsured live in a household where someone is working: 71 percent are in a household of a full-time worker, and another 11 percent are in the household of a part-time worker.

## **State Initiatives**

A number of states, including Missouri, have taken steps to improve public health and increase access to health care services for vulnerable populations.

- Missouri is one of four states that have required more than 10 years of physical education in elementary and secondary schools with no substitutions (along with Montana, New York, and Tennessee). Several states require 4 to 9 years, typically K-5 or K-6 with some secondary school requirements.

- Thirteen states have developed nutritional standards for all foods sold in schools. Another 13 states limit the sale of low-nutrition foods until the last lunch period is over. Missouri is not listed in either of these two groups of states.
- However, Missouri is one of a number of states that comply with basic United States Department of Agriculture (USDA) standards for school food.
- New Mexico utilized federal funding from the CDC to help launch a strategic plan to reduce obesity and related chronic diseases such as diabetes. Working with the University of New Mexico's Prevention Research Center, the state held regional workshops to identify needs and community initiatives. This led to a ten-year strategic plan to reduce obesity, with input from more than 100 groups. A Healthier Weight Coalition will support work across state and local agencies and nonprofit groups to promote physical activity and improve nutrition among youth and their families.
- Montana has developed a successful Diabetes Care Monitoring System to improve provision of clinical preventive services.
- North Carolina is automating its immunizations registry, electronic disease surveillance system, public health laboratory reports, and health information system for local public health departments.
- Arkansas developed a program for state and public school employees and their families to avoid preventable disease and encourage healthy behaviors. The state introduced Health Risk Assessments to gauge behaviors in five areas: smoking, alcohol consumption, seat belt usage, body mass index, and weekly physical activity. Arkansas has developed financial incentives for positive behaviors and introduced enhanced tobacco cessation and obesity management benefits, and the state has proposed a further expansion of coverage for clinically directed weight-loss programs and surgical obesity interventions.<sup>2</sup>
- New Jersey Medicaid teamed up with its five health plans and the state's Maternal and Child Health Consortium to launch the *New Jersey Collaborative to Improve Birth Outcomes and Health Status of Children* in three urban areas.<sup>3</sup> The initiative includes using a standardized pregnancy risk assessment tool, designing incentives to promote health plan participation, and establishing a central data repository to identify and track pregnant Medicaid enrollees.

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<sup>2</sup> Examples above in this sub-section are drawn from Catherine Hess et al. "State Health Policies Aimed at Promoting Excellent Systems: A Report on States' Roles in Health Systems Performance." National Academy for State Health Policy. Pp. 74-77.

<sup>333</sup> Center for Health Care Strategies. "Collaborating to Improve Birth Outcomes in New Jersey." October 2007. [http://www.chcs.org/usr\\_doc/NJ\\_Birth\\_Outcomes\\_Project\\_Spotlight.pdf](http://www.chcs.org/usr_doc/NJ_Birth_Outcomes_Project_Spotlight.pdf).

- Georgia, Michigan, and Washington have implemented immunization registries.<sup>4</sup> Participating health plans are being measured on relevant Health Care Effectiveness and Data Information Set (HEDIS) indicators.
- A number of states, including Missouri, have been active in improving oral health.<sup>5</sup> Rhode Island contracts with Dental Benefits Managers on a pre-paid, capitated basis, with a goal of increasing reimbursement rates for private dentists to ensure an adequate dental provider network. The state also assists Medicaid enrollees in finding dentists, securing transportation to appointments, and providing interpreter services. Virginia is working on performance measures for oral health including utilization rates, no-shows, number of participating dentists and specialists, and satisfaction surveys. Missouri is one of six states allowing Expanded Function Dental Assistants to obtain licenses that permit them to place and finish metallic and nonmetallic restorations.

A number of states have led the way in developing innovative approaches to covering the uninsured:

- Massachusetts has already covered the majority of the people who were uninsured at the outset of its 2006 initiative featuring an Insurance Connector, redeploying funds from safety net support to new coverage, and new subsidies for lower-income people. Enrollment of people eligible for subsidies has exceeded initial projections, while coverage of unsubsidized people has improved more slowly. But initially modest penalties for non-compliance have just begun, and the state has a good chance of achieving near-universal coverage in the next few years.
- Vermont has used a combination of new subsidies, a new purchasing arrangement, and strong management of chronic illness to cover more uninsured people while trying to improve health outcomes and lower spending.
- Illinois is moving ahead with a plan to provide universal coverage to children.
- New York has enrolled about 150,000 people in a reinsurance program.
- Oklahoma and Tennessee are experimenting with new forms of premium assistance not limited to people enrolled in public programs.
- Oregon and Wisconsin are considering blueprints for universal coverage.

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<sup>4</sup> Michigan Care Improvement Registry. <http://www.immregistries.org/public.php/ImmRegs/regMain.php>;  
<http://www.mcir.org/Healthplancontent.html>.

<sup>5</sup> [http://www.chcs.org/usr\\_doc/SAOHA\\_Report.pdf](http://www.chcs.org/usr_doc/SAOHA_Report.pdf).