



# 2008 State Snapshots

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Center for Quality Improvement and Patient Safety  
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**Utah**

You Are Here: [AHRQ Home](#) > [Quality & Patient Safety](#) > [Measuring Healthcare Quality](#) > [National Healthcare Quality & Disparities Reports, 2008](#)

## 2008 National Healthcare Quality & Disparities Reports

For the sixth year in a row, the Agency for Healthcare Research and Quality (AHRQ) has produced the *National Healthcare Quality Report* (NHQR) and the *National Healthcare Disparities Report* (NHDR). These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The reports present, in chart form, the latest available findings on quality of and access to health care.

The *National Healthcare Quality Report* tracks the health care system through quality measures, such as the percentage of heart attack patients who received recommended care when they reached the hospital or the percentage of children who received recommended vaccinations. The *National Healthcare Disparities Report* summarizes health care quality and access among various racial, ethnic, and income groups and other priority populations, such as children and older adults.

**Highlights**

- ▶ 2008 State Snapshots Comparison & Quality Information
- ▶ Data Query Tool: NHQRDRnet

The Online Data Query System—[NHQRDRnet](#)—is available for accessing data from both reports. Go to the [2008 State Snapshots](#) site for State-specific health care quality information and comparisons.

Select for [Previous Reports](#).

### National Healthcare Quality Report



[Full Report \(PDF File, 2.3 MB\)](#) [PDF Help](#)  
[Slide Presentation \(PowerPoint® File, 690 KB\)](#)

#### Contents

- [Acknowledgments](#)
- [Key Themes and Highlights From the National Healthcare Quality Report](#)
- [Chapter 1. Introduction and Methods](#)
- [Chapter 2. Effectiveness](#)
  - [Cancer](#)
  - [Diabetes](#)
  - [End Stage Renal Disease \(ESRD\)](#)
  - [Heart Disease](#)
  - [HIV and AIDS](#)
  - [Maternal and Child Health](#)
  - [Mental Health and Substance Abuse](#)
  - [Respiratory Diseases](#)
  - [Nursing Home, Home Health, and Hospice Care](#)
- [Chapter 3. Patient Safety](#)
- [Chapter 4. Timeliness](#)

### National Healthcare Disparities Report



[Full Report \(PDF File, 4.2 MB\)](#) [PDF Help](#)  
[Slide Presentation \(PowerPoint® File, 2 MB\)](#)

#### Contents

- [Acknowledgments](#)
- [Key Themes and Highlights From the National Healthcare Disparities Report](#)
- [Chapter 1. Introduction and Methods](#)
- [Chapter 2. Quality of Health Care](#)
  - [Effectiveness](#)
  - [Patient Safety](#)
  - [Timeliness](#)
  - [Patient Centeredness](#)
  - [Summary Tables](#)
- [Chapter 3. Access to Health Care](#)
  - [Facilitators and Barriers to Health Care](#)
  - [Health Care Utilization](#)
  - [Summary Tables](#)
- [Chapter 4. Priority Populations](#)
  - [Racial and Ethnic Minorities](#)

[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

[Interpretation of Results](#)

[Methods](#)

[Technical Assistance](#)

## 2008 State Snapshots

The State Snapshots provide State-specific health care quality information, including strengths, weaknesses, and opportunities for improvement. The goal is to help State officials and their public- and private-sector partners better understand health care quality and disparities in their State.

State-level information used to create the State Snapshots is based on data collected for the [National Healthcare Quality Report](#) (NHQR).

### State Selection Map

The [State Selection Map](#) allows you to choose your State to explore the quality of your State's health care against national rates or best performing States.



### Performance Measures

Summary measures of quality of care and States' performances relative to all States and the region by:

- Overall health care quality
- Types of care (preventive, acute, and chronic)
- Settings of care (hospitals, ambulatory care, nursing home, and home health)
- Five clinical conditions
- Special focus areas on diabetes, asthma, Healthy People 2010, clinical preventive services, and disparities

[Interpretation of Results](#) provides the user with background on what to consider in using results from this site — what the performance measures mean, original data sources used, and factors that might affect performance rates. The [Methods](#) section provides information on how each component of the Web site was developed, including how summary measures were scored and presented. It includes a list ([Appendix I](#)) of individual measures behind the summary measures.

**Last Updated: June 05, 2009**

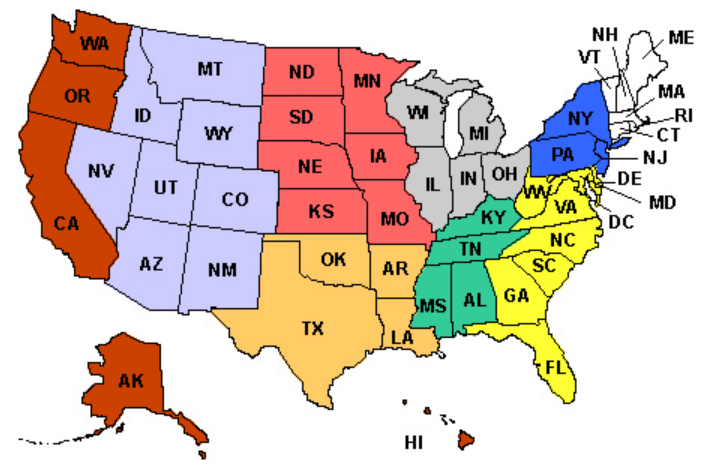
**Related Links**

<b>2008 State Snapshots Home</b>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>
<a href="#">Methods</a>
<a href="#">Technical Assistance</a>

### To start, select a State:

- Either from the drop-down list below, or the map.

Select a State



### Related Links

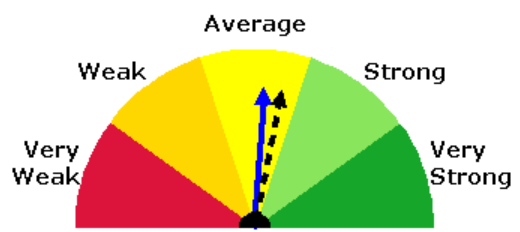
<a href="#">2008 State Snapshots Home</a>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>
<a href="#">Methods</a>
<a href="#">Technical Assistance</a>

<b>My State Compared to:</b>
<a href="#">All States</a>
<a href="#">Mountain States</a>
<a href="#">Best Performing States</a>

## Utah

### What Is the Overall Health Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
All Measures**

→ = Most Recent Data Year  
- - - - - → = Baseline Year  
 (Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

The meter represents Utah's balance of below average, average, and above average measures compared to all States. The performance meter has five categories: very weak, weak, average, strong, and very strong. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A solid arrow describes results for the most recent data year; a dashed arrow describes the baseline year. A missing arrow means there were insufficient data to create the summary measure for this State. Compared to all States, for the most recent data year, the performance for Utah for all measures is in the average range. For the baseline year, performance is in the average range.

- [2008 State Snapshots Home](#)
- Getting Started**
- [State Selection Map](#)
- [What's New](#)
- State-Specific Information**
- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
- [Focus on Asthma](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)
- Other Information**
- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)
- [Step-by-Step User's Guide](#)
- [Interpretation of Results](#)
- [Methods](#)
- [Technical Assistance](#)

[Printer Friendly](#)

## Utah

### Overall Health Care Quality Measures and Metrics Compared to All States

#### State Performance Ratings

Rating	Number of Measures for State in <a href="#">Summary Measure</a>	Number of Measures for All States in <a href="#">Summary Measure</a>
<b>Better than Average</b> = The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	32	1473
<b>Average</b> = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	53	2324
<b>Worse than Average</b> = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	27	1663
<b>N/A</b> = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	8	660
<b>Total</b> number of measures for the State (excluding measures that are N/A)	112	5460

#### Measures for which Utah's rate is Better than the all-State Average

Quality Dimension	Short Measure Name	State Performance <sup>1</sup>	Most Recent Data Year	State Rate	All-State Average <sup>2</sup>	Regional Average	Baseline Year	Average Annual Change <sup>3</sup>	Direction of Change	Data Source <sup>4</sup>	Full NHQR Measure Title	NHQR Table Number <sup>5</sup>
Birth related trauma	Obstetric trauma per 1,000 vaginal deliveries without instrument assistance	Better than Average	2005	29.7	38.9	37.8	2000	-5.9%	Improved	HCUP	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 vaginal deliveries without instrument assistance	10_4_2.3
Cancer	Colonoscopy, sigmoidoscopy, or proctoscopy	Better than Average	2006	63.5	60.1	56.3	2001	6.0%	Improved	BRFSS	Percent of adults age 50 and over who ever received a colonoscopy, sigmoidoscopy, or proctoscopy	1_3_2.1
Cancer	Colorectal cancer deaths	Better than Average	2005	13.3	17.3	15.9	1999	-3.1%	Improved	NVSS	Colorectal cancer deaths per 100,000 population per year	1_3_6.3
Cancer	All cancer deaths	Better than Average	2005	139.4	183.0	164.5	1999	-1.8%	Improved	NVSS	All cancer deaths per 100,000 population per year	1_4_1.3
Cancer	Lung cancer deaths	Better than Average	2005	24.2	51.7	40.6	1999	-1.4%	Improved	NVSS	Lung cancer deaths per 100,000 population per year	1_4_3.3

#### Related Links

[2008 State Snapshots Home](#)

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
- [Focus on Asthma](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)
- [Step-by-Step User's Guide](#)
- [Interpretation of Results](#)
- [Methods](#)
- [Technical Assistance](#)

[Printer Friendly](#)

## Utah

### Strongest and Weakest Measures

#### Utah's Strongest Measures

**Strongest Measures** are those in which the State performed above the all-State average and are strongest among their measures relative to all reporting States. This State may be leading the way in quality in these measures.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Renal failure and kidney transplant	Patients with treated chronic kidney failure who received a transplant within 3 years of date of renal failure	Highest
Home health care - improved mobility	Percent of home health care patients who get better at walking or moving around	Highest
Home health care - improved transferring	Percent of home health care patients who get better at getting in and out of bed	Highest
Home health care - improved bathing	Percent of home health care patients who get better at bathing	Highest
Home health care - hospitalization	Percent of home health care patients who had to be admitted to the hospital	Lowest
Lung cancer deaths	Lung cancer deaths per 100,000 population per year	Lowest
All cancer deaths	All cancer deaths per 100,000 population per year	Lowest
Colorectal cancer deaths	Colorectal cancer deaths per 100,000 population per year	Lowest

#### Utah's Weakest Measures

**Weakest Measures** are those in which the State performed below the all-State average and are weakest among their measures relative to all reporting States. These measures highlight some of the opportunities for improvement.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Pap tests	Percent of women age 18 and over who received a Pap smear within the last 3 years	Highest
Fecal occult blood tests	Percent of adults age 50 and over who received a fecal occult blood test in the last 2 years	Highest
Dialysis and good urea reduction - Medicare	Percent of adult hemodialysis patients with adequate dialysis (urea reduction ratio 65% or greater), Medicare	Highest

**Related Links**



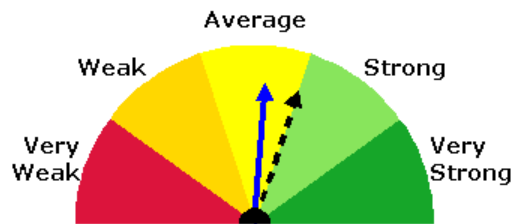
<b>2008 State Snapshots Home</b>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Preventive Care</a>
<a href="#">Acute Care</a>
<a href="#">Chronic Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>
<a href="#">Methods</a>

<b>My State Compared to:</b>
<a href="#">All States</a>
<a href="#">Mountain States</a>
<a href="#">Best Performing States</a>

## Utah

### What Is the Preventive Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Preventive Measures**

→ = Most Recent Data Year  
- - - - - → = Baseline Year  
 (Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

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<b>2008 State Snapshots Home</b>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Preventive Care</a>
<a href="#">Acute Care</a>
<a href="#">Chronic Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>
<a href="#">Methods</a>

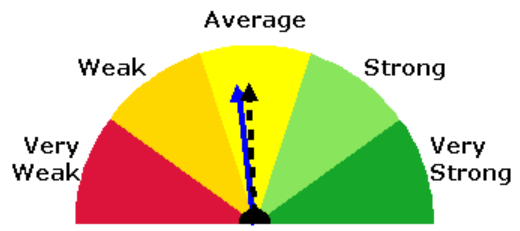
**My State Compared to:**

- [All States](#)
- [Mountain States](#)
- [Best Performing States](#)

## Utah

### What Is the Acute Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Acute Care Measures**

- = Most Recent Data Year
- - - - - → = Baseline Year

(Baseline year may vary across measures)

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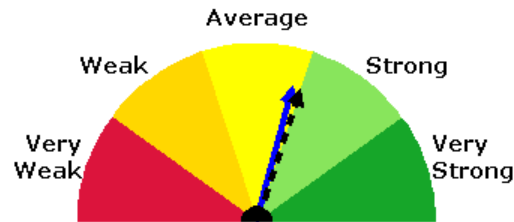
<a href="#">2008 State Snapshots Home</a>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Preventive Care</a>
<a href="#">Acute Care</a>
<a href="#">Chronic Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>
<a href="#">Methods</a>

<b>My State Compared to:</b>
<a href="#">All States</a>
<a href="#">Mountain States</a>
<a href="#">Best Performing States</a>

## Utah

### What Is the Chronic Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Chronic Care Measures**

→ = Most Recent Data Year  
- - - - - → = Baseline Year

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<b>2008 State Snapshots Home</b>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Hospital Care</a>
<a href="#">Ambulatory Care</a>
<a href="#">Nursing Home Care</a>
<a href="#">Home Health Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>

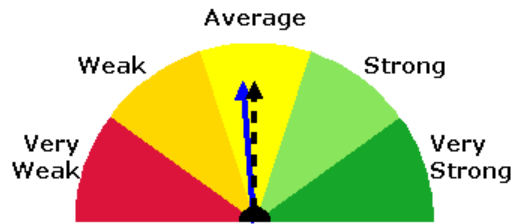
**My State Compared to:**

- [All States](#)
- [Mountain States](#)
- [Best Performing States](#)

## Utah

### What Is the Hospital Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



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Hospital Care Measures**

→ = Most Recent Data Year  
- - - - - → = Baseline Year

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<b>2008 State Snapshots Home</b>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Hospital Care</a>
<a href="#">Ambulatory Care</a>
<a href="#">Nursing Home Care</a>
<a href="#">Home Health Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>

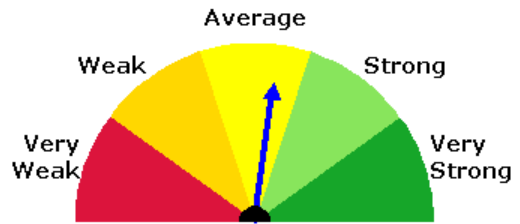
**My State Compared to:**

- [All States](#)
- [Mountain States](#)
- [Best Performing States](#)

## Utah

### What Is the Ambulatory Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Ambulatory Care Measures**

→ = Most Recent Data Year  
- - - - - → = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

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<b>2008 State Snapshots Home</b>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Hospital Care</a>
<a href="#">Ambulatory Care</a>
<a href="#">Nursing Home Care</a>
<a href="#">Home Health Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>

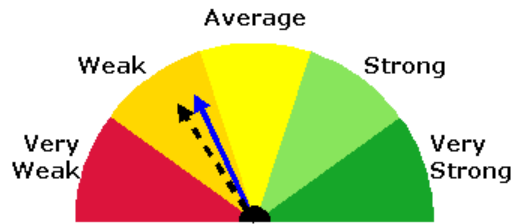
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- [All States](#)
- [Mountain States](#)
- [Best Performing States](#)

## Utah

### What Is the Nursing Home Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Nursing Home Care Measures**

- = Most Recent Data Year
- - - - - → = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

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[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Hospital Care](#)

[Ambulatory Care](#)

[Nursing Home Care](#)

[Home Health Care](#)

**Care by Clinical Area**

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

[Interpretation of Results](#)

**My State Compared to:**

[All States](#)

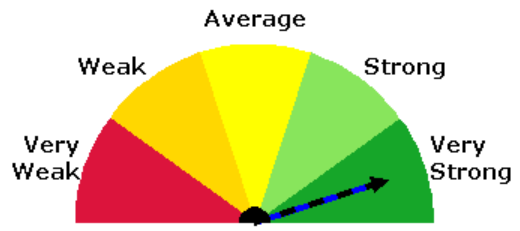
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[Best Performing States](#)

**Utah**

**What Is the Home Health Care Quality Performance Compared to All States?**

**How Has That Performance Changed?**



**Performance Meter:  
Home Health Care Measures**

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

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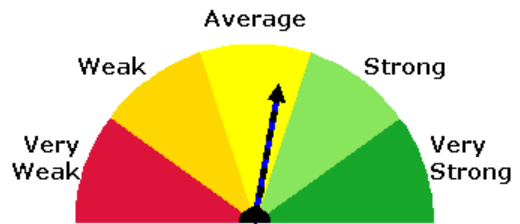
<a href="#">2008 State Snapshots Home</a>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Cancer</a>
<a href="#">Diabetes</a>
<a href="#">Heart Disease</a>
<a href="#">Maternal and Child Health</a>
<a href="#">Respiratory Diseases</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>

<b>My State Compared to:</b>
<a href="#">All States</a>
<a href="#">Mountain States</a>
<a href="#">Best Performing States</a>

## Utah

### What Is the Cancer Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Cancer Measures**

→ = Most Recent Data Year  
- - - - - → = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

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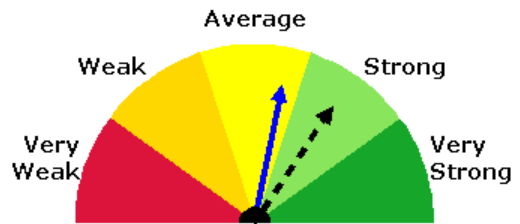
<a href="#">2008 State Snapshots Home</a>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Cancer</a>
<a href="#">Diabetes</a>
<a href="#">Heart Disease</a>
<a href="#">Maternal and Child Health</a>
<a href="#">Respiratory Diseases</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>

<b>My State Compared to:</b>
<a href="#">All States</a>
<a href="#">Mountain States</a>
<a href="#">Best Performing States</a>

## Utah

### What Is the Diabetes Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Diabetes Measures**

- = Most Recent Data Year
- - - - - → = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

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[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Cancer](#)

[Diabetes](#)

[Heart Disease](#)

[Maternal and Child Health](#)

[Respiratory Diseases](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

**My State Compared to:**

[All States](#)

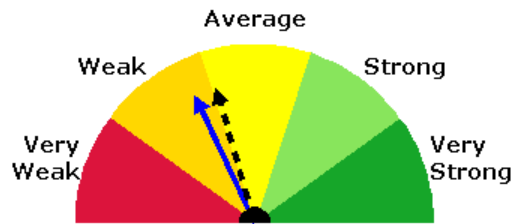
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[Best Performing States](#)

## Utah

### What Is the Heart Disease Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Heart Disease Measures**

**—▶** = Most Recent Data Year  
**- - - -▶** = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

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[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Cancer](#)

[Diabetes](#)

[Heart Disease](#)

[Maternal and Child Health](#)

[Respiratory Diseases](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

**My State Compared to:**

[All States](#)

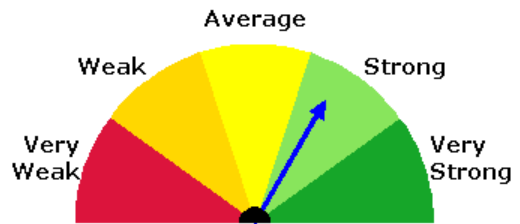
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[Best Performing States](#)

## Utah

### What Is the Maternal and Child Health Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
 Maternal and Child Health Measures**

**—▶** = Most Recent Data Year  
**- - - -▶** = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

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[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Cancer](#)

[Diabetes](#)

[Heart Disease](#)

[Maternal and Child Health](#)

[Respiratory Diseases](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

**My State Compared to:**

[All States](#)

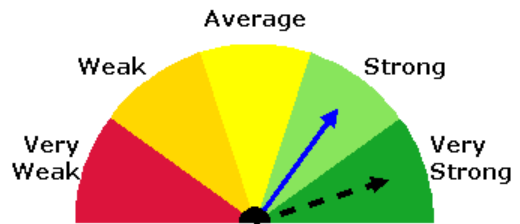
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[Best Performing States](#)

## Utah

### What Is the Respiratory Diseases Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
Respiratory Diseases Measures**

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

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**2008 State Snapshots Home**

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

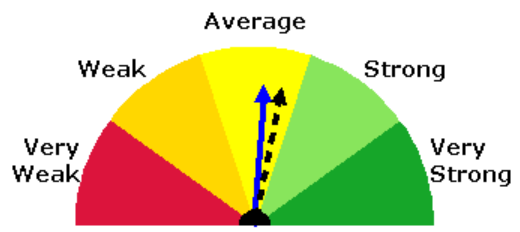
**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
- [Focus on Asthma](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disabilities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)
- [Step-by-Step User's Guide](#)
- [Interpretation of Results](#)
- [Methods](#)
- [Technical Assistance](#)

Utah  
 Dashboard on Health Care Quality Compared to All States  
 Overall Health Care Quality



**Performance Meter:  
 All Measures**

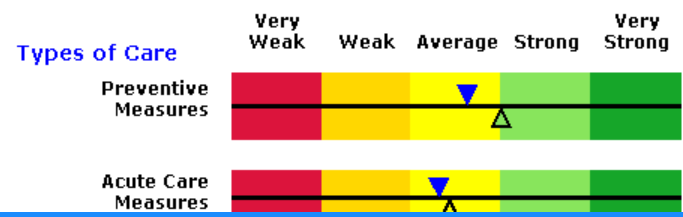
→ = Most Recent Data Year  
 - - - → = Baseline Year

(Baseline year may vary across measures)

The graphics on this page are summaries of measures reported in the National Healthcare Quality Report (NHQR) for Utah. Above is a summary of over 100 measures in the NHQR reported at the State level, and below are graphics describing specific types of care, settings of care, and care in clinical areas. Select the graphics to find the underlying measures.

[How is State performance scored? \(select this link or Methods\)](#)

▼ Most Recent Data Year  
 ▲ Baseline Year



**Related Links**  
[Measuring Healthcare Quality](#)

**New York**

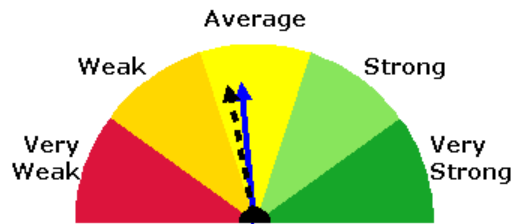
<a href="#">2008 State Snapshots Home</a>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>
<a href="#">Step-by-Step User's Guide</a>
<a href="#">Interpretation of Results</a>
<a href="#">Methods</a>
<a href="#">Technical Assistance</a>

<b>My State Compared to:</b>
<a href="#">All States</a>
<a href="#">Mid-Atlantic States</a>
<a href="#">Best Performing States</a>

## New York

### What Is the Overall Health Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
All Measures**

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

The meter represents New York's balance of below average, average, and above average measures compared to all States. The performance meter has five categories: very weak, weak, average, strong, and very strong. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A solid arrow describes results for the most recent data year; a dashed arrow describes the baseline year. A missing arrow means there were insufficient data to create the summary measure for this State. Compared to all States, for the most recent data year, the performance for New York for all measures is in the average range. For the baseline year, performance is in the average range.

[2008 State Snapshots Home](#)

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
  - [Prevalence](#)
  - [Quality of Care](#)
    - [Processes of Care](#)
    - [Outcomes of Care](#)
  - [Quality Improvement](#)
  - [Disparities in Treatment](#)
- [Focus on Asthma](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)

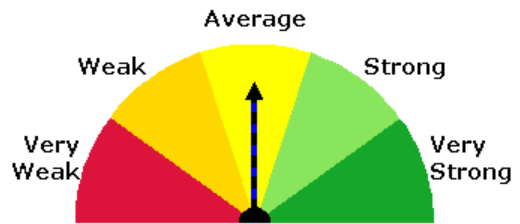
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- [All States](#)
- [Mid-Atlantic States](#)
- [Best Performing States](#)

## New York

### What Is the Diabetes Process-of-Care Quality Performance Compared to All States?

#### How Has That Performance Changed?



**Performance Meter:  
 Diabetes Care Process Measures**

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

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[2008 State Snapshots Home](#)

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
  - [Prevalence](#)
  - [Quality of Care](#)
  - [Processes of Care](#)
  - [Outcomes of Care](#)
  - [Quality Improvement](#)
  - [Disparities in Treatment](#)
- [Focus on Asthma](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)

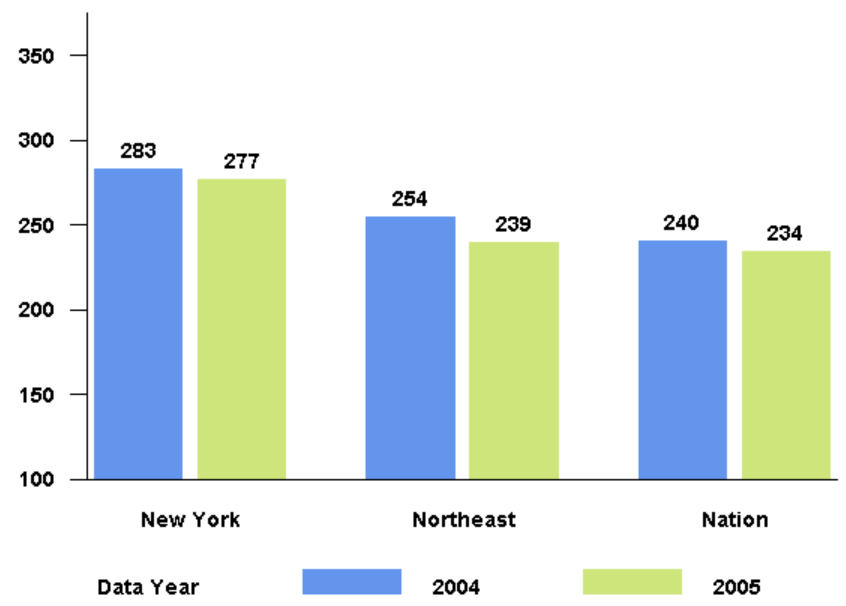
## New York

### Focus on Diabetes:

### How Do Diabetes Care Outcomes in New York Compare to Mid-Atlantic States and All States?

The State's performance on diabetes care outcomes is assessed through inpatient admissions, some portion of which might be avoidable with better access to excellent ambulatory care in the State. When the State's number of admissions is higher than the Nation's, reductions in avoidable hospitalizations should be feasible. These measures are from the **most recent two data years** of the Healthcare Cost and Utilization Project ([HCUP](#)).

**Hospitalizations for Complications Related to Diabetes per 100,000 People in New York, 2004 and 2005.<sup>1</sup>**



[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Prevalence](#)

[Quality of Care](#)

[Quality Improvement](#)

[Lives and Expenses](#)

[Excess Costs of Diabetes](#)

[Disparities in Treatment](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

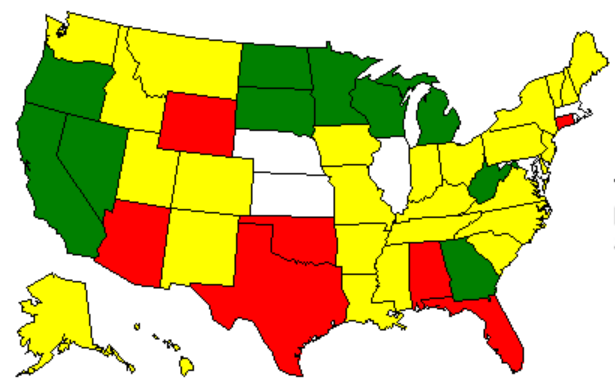
## New York

### Focus on Diabetes:

### Disparities in Treatment: By Income

The map below shows whether the gap in the rate of HbA1c testing among people with diabetes with low income compared to high income within a State is worse than, similar to, or better than the gap that exists across all States with data. The bar chart shows the actual percentage of people with diabetes by income who receive HbA1c monitoring in the State (if available), in the region, and in all States.

**For 2005-2007, The Gap in HbA1c Testing for People with Diabetes and Low-Income (under \$15,000) Compared to High-Income (\$50,000 or more).**



The gap between low- and high-income groups for each State is:

- Worse than the all-State gap
- Similar to the all-State gap
- Better than the all-State gap
- Unknown or data insufficient

HbA1c monitoring uses a blood test that indicates to a health care provider how well a patient's diabetes has been controlled. It is an important test that helps providers monitor and guide patients to minimize and avoid serious complications. In the map above:

- Worse than the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is worse than the gap between these groups across all States with data.
- Similar to the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is similar

**2008 State Snapshots Home**

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
  - [Prevalence](#)
  - [Quality of Care](#)
  - [Quality Improvement](#)
  - [Lives and Expenses](#)
  - [Excess Costs of Diabetes](#)
  - [Disparities in Treatment](#)
- [Focus on Asthma](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)

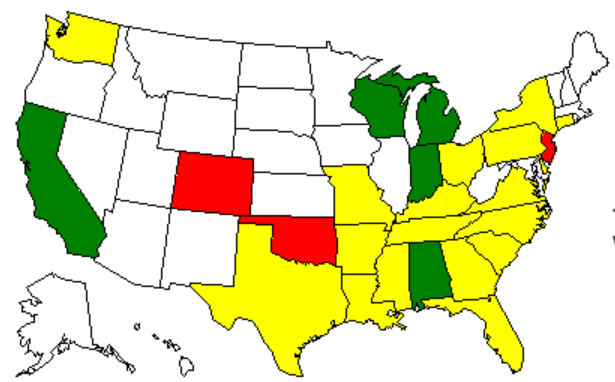
## New York

### Focus on Diabetes:

### Disparities in Treatment: HbA1c Testing for Blacks, Hispanics, and Whites

For a few States, racial/ethnic groups also can be evaluated for HbA1c monitoring. When sufficient data are available, the maps below show whether the gap in the rate of HbA1c testing among different racial groups and Whites within a State is worse than, similar to, or better than the gap that exists across all States with data. The bar chart shows the actual percentage of people with diabetes in racial and ethnic groups who receive HbA1c monitoring in the State (if available), in the region, and in all States.

#### For 2005-2007, The Gap in HbA1c Testing for People with Diabetes for Non-Hispanic Blacks Compared to Non-Hispanic Whites.



The gap between Blacks and Whites for each State is:

- Worse than the all-State gap
- Similar to the all-State gap
- Better than the all-State gap
- Unknown or data insufficient

HbA1c monitoring uses a blood test that indicates to a health care provider how well a patient's diabetes has been controlled. It is an important test that helps providers monitor and guide patients to minimize and avoid serious complications. In the map above:

- **Worse than the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is worse than the gap between these groups across all States with data.
- **Similar to the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is similar to

**2008 State Snapshots Home**

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
  - [Prevalence](#)
  - [Quality of Care](#)
  - [Quality Improvement](#)
  - [Lives and Expenses](#)
  - [Excess Costs of Diabetes](#)
  - [Disparities in Treatment](#)
- [Focus on Asthma](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

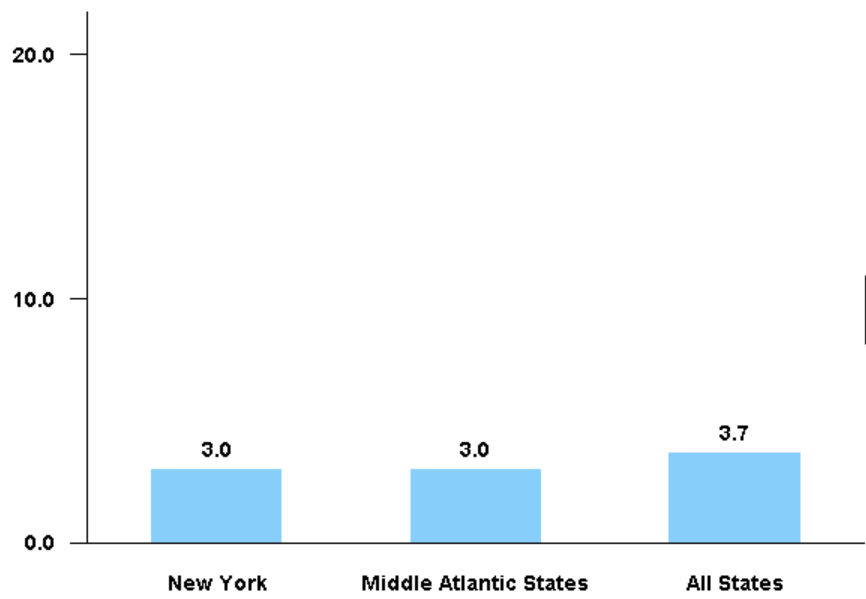
- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)
- [Step-by-Step User's Guide](#)
- [Interpretation of Results](#)
- [Methods](#)
- [Technical Assistance](#)

**New York**

**Focus on Diabetes:**

**Lives and Expenses**

2006 Estimated Share (%) of Health Expenditures on State Government Employees That Relates to Diabetes Care, Compared to Mid-Atlantic States and All States



States are significant purchasers of health care. An estimated 18,600 New York government employees and their dependents likely had diabetes (diagnosed and undiagnosed) in 2006, and New York is estimated to have spent \$67,900,000, or 3.0%, of State government employee health dollars on care for people diagnosed with diabetes.

New York's Estimated Share of Health Expenditures on State Government Employees that Relates to Diabetes Care, 2006. Bar chart. New York 3.0; Middle Atlantic States 3.0; All States 3.7.

These percentages:

- Are rough estimates of the share of expenses attributed to diabetes care and are based on the Diabetes Cost Calculator and State health care expenditures on State government employees and dependents.
- Are missing for the State when data were unreliable.

<a href="#">2008 State Snapshots Home</a>
<b>Getting Started</b>
<a href="#">State Selection Map</a>
<a href="#">What's New</a>
<b>State-Specific Information</b>
<a href="#">State Dashboard</a>
<a href="#">Overall Health Care Quality</a>
<a href="#">Strongest and Weakest Measures</a>
<a href="#">Types of Care</a>
<a href="#">Settings of Care</a>
<a href="#">Care by Clinical Area</a>
<a href="#">Focus on Diabetes</a>
<a href="#">Prevalence</a>
<a href="#">Quality of Care</a>
<a href="#">Quality Improvement</a>
<a href="#">Disparities in Treatment</a>
<a href="#">By Income</a>
<a href="#">By Race/Ethnicity</a>
<a href="#">Focus on Asthma</a>
<a href="#">Focus on Healthy People 2010</a>
<a href="#">Focus on Clinical Preventive Services</a>
<a href="#">Focus on Disparities</a>
<a href="#">State Rankings for Selected Measures</a>
<a href="#">Contextual Factors</a>
<b>Other Information</b>
<a href="#">All-State Data Tables for All Measures</a>
<a href="#">Snapshot Print Version</a>
<a href="#">Other State Snapshot Years</a>

## New York

### Focus on Diabetes:

#### 2006 Excess Costs Associated With Diabetes for State Government Employees

HbA1c is a marker of blood glucose levels and is used as an indicator of the quality of diabetes care. Diabetes quality improvement programs have produced reductions in HbA1c **an average of 0.5%** across a population of participants. The **best results, reductions of 1.0%**, occur when intensive disease management programs coordinate assessment, treatment, and referral with primary care.

##### Average Results

If New York's employees' and dependents' HbA1c levels were reduced by **0.5%**, then spending on diabetes care of State government employees might be reduced by about **\$1,600,000** per year. In addition, excess costs due to lost productivity among employees with diabetes could be reduced by **\$20,200,000** a year.

##### Best Results

If New York's employees' and dependents' HbA1c levels were reduced by **1.0%**, then spending on diabetes care of State government employees might be reduced by about **\$2,900,000** per year. In addition, excess costs due to lost productivity among employees with diabetes could be reduced by **\$36,800,000** a year.

##### Note—These savings:

- May not be realized for years.
- Do not include the cost of quality improvement programs that would be needed to achieve a 0.5% or 1.0% reduction, respectively. Depending on intensity, a diabetes disease management program costs between \$20 and \$60 per participant per month.
- Are most likely for a State that has not yet instituted a quality improvement or disease management program for its State government employees.

##### Other things to consider:

- While a quality improvement or disease management program should reduce the use of the most expensive services (e.g., emergency rooms and inpatient stays), doctor visits and prescription drug costs would probably increase. The calculation above does account for such changes.
- Serious consequences of diabetes—risk of heart attack, stroke, and amputations—can be reduced with excellent blood glucose control. The calculation above may not fully account for long-term savings associated with avoiding these serious complications.
- States with higher rates of emergency room use and inpatient stays are more likely to reduce diabetes care costs with a quality improvement or disease management program. Other factors to consider include patient education on how to maintain blood glucose control, patient adherence, and access to care.
- Quality improvement programs should be designed to deal with all problems associated with diabetes (including potential heart attack and stroke):
  - Test and control HbA1c levels
  - Conduct physical exams for retina and feet
  - Test and control blood pressure
  - Test and control cholesterol
  - Vaccinate for influenza
- For more information on diabetes quality of care and how States can establish and lead a quality improvement program on diabetes care statewide, go to [Diabetes Care Quality Improvement: A Resource Guide for State Action](#).

**Methods—The calculations above are based on:**

# Focus on Asthma

[2008 State Snapshots Home](#)

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
- [Focus on Asthma](#)
  - [Prevalence](#)
  - [Quality of Care](#)
  - [Quality Improvement](#)

- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

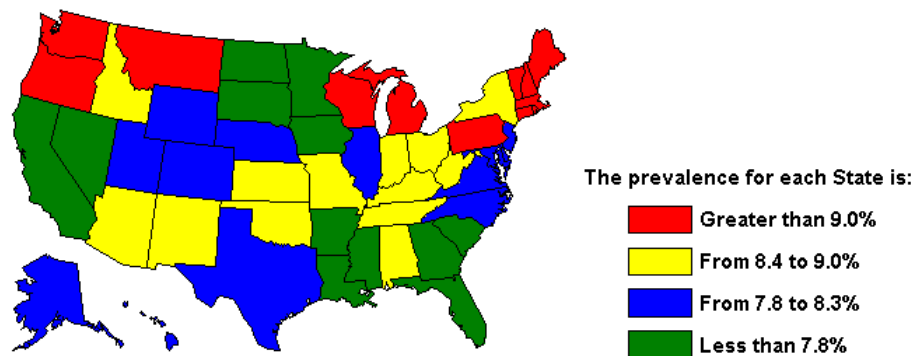
- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)
- [Step-by-Step User's Guide](#)
- [Interpretation of Results](#)

## New York

### Focus on Asthma

Asthma, a chronic disease characterized by inflammation of the airways, restricts the passage of air into the lungs and leads to episodes of wheezing, coughing, chest tightness, and shortness of breath; severe asthma episodes can close off airways completely and may prevent vital organs from receiving oxygen.<sup>1</sup> Despite significant medical and public health efforts to address the disease, asthma continues to impact communities, States, and the Nation. The map below shows how the prevalence of asthma varies by State. This information was collected by the Behavioral Risk Factor Surveillance System (BRFSS).

**Adult Self-Reported Current Asthma Prevalence for Each State in 2007.**



Adult Self-Reported Current Asthma Prevalence for Each State in 2007. The prevalence is highest (defined by the first quartile) in the following States: Connecticut, District of Columbia, Maine, Massachusetts, Michigan, Montana, New Hampshire, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, and Wisconsin. The prevalence is second highest (defined by the second quartile) in the following States: Alabama, Arizona, Idaho, Indiana, Kansas, Kentucky, Missouri, New Mexico, New York, Ohio, Oklahoma, Tennessee, and West Virginia. The prevalence is second lowest (defined by the third quartile) in the following States: Alaska, Colorado, Delaware, Hawaii, Illinois, Maryland, Nebraska, New Jersey, North Carolina, Texas, Utah, Virginia, and Wyoming. The prevalence is lowest (defined by the last quartile) in the following States: Arkansas, California, Florida, Georgia, Iowa, Louisiana, Minnesota, Mississippi, Nevada, North Dakota, South Carolina, and South Dakota.

<sup>1</sup> A.D.A.M. Medical Encyclopedia [Internet]. Atlanta (GA): A.D.A.M., Inc.; ©2005. Asthma; [updated 2006 Oct 30; cited 2008 Mar 12]; [about 4 p.].

[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)  
[What's New](#)

**State-Specific Information**

[State Dashboard](#)  
[Overall Health Care Quality](#)  
[Strongest and Weakest Measures](#)  
[Types of Care](#)  
[Settings of Care](#)  
[Care by Clinical Area](#)  
[Focus on Diabetes](#)  
[Focus on Asthma](#)  
[Prevalence](#)  
[Quality of Care](#)  
[Quality Improvement](#)

[Focus on Healthy People 2010](#)  
[Focus on Clinical Preventive Services](#)  
[Focus on Disparities](#)  
[State Rankings for Selected Measures](#)  
[Contextual Factors](#)

**Other Information**

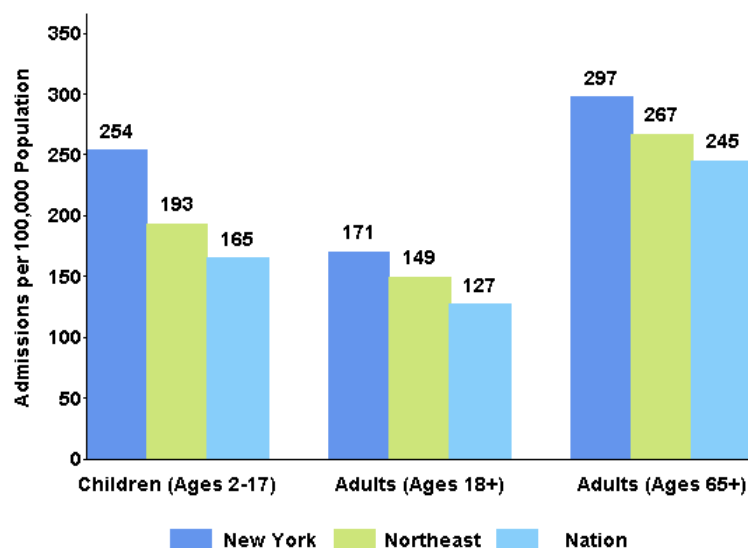
[All-State Data Tables for All Measures](#)  
[Snapshot Print Version](#)  
[Other State Snapshot Years](#)  
[Step-by-Step User's Guide](#)  
[Interpretation of Results](#)

## New York

### Focus on Asthma

### Quality of Asthma Care

#### Potentially Preventable Hospitalizations, 2005



Potentially Preventable Asthma Hospitalizations per 100,000 Population in New York in 2005. Bar chart. For children ages 2-17, rate for New York is 254, Northeast is 193, and the Nation is 165. For adults 18 years and older, rate for New York is 171, Northeast is 149, and the Nation is 127. For adults 65 years and older, rate for New York is 297, Northeast is 267, and the Nation is 245. These measures are from the Healthcare Cost and Utilization Project (HCUP).



2008 State Snapshots Home

Getting Started

- [State Selection Map](#)
- [What's New](#)

State-Specific Information

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
- [Focus on Asthma](#)
- [Prevalence](#)
- [Quality of Care](#)
- [Quality Improvement](#)

[Medicaid-Children](#)

[Medicaid-Adults](#)

[State Employees' Children](#)

[State Employees-Adults](#)

[Private Insurance-Children](#)

[Private Insurance-Adults](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

## New York

### Focus on Asthma

#### Asthma Care Quality Improvement: Could It Result in Positive Returns on Investment?

To see estimated savings (or increased costs) from a hypothetical asthma care quality improvement intervention program, choose a target audience you want to reach:

**Children:**

- [Medicaid children with asthma and at least one acute care visit<sup>1</sup> within the past year](#)
- [State employees' dependent children with asthma and at least one acute care visit within the past year](#)
- [Privately insured children with asthma and at least one acute care visit within the past year](#)

**Adults:**

- [Medicaid adults with asthma and at least one acute care visit<sup>1</sup> within the past year](#)
- [State employees and dependent adults with asthma and at least one acute care visit within the past year](#)
- [Privately insured adults with asthma and at least one acute care visit within the past year](#)

The estimates are generated by the AHRQ Asthma Calculator (available soon), a quality tool developed under AHRQ funding by Thomson Healthcare. The calculator uses a meta-analysis of 52 research studies on improving asthma care to predict what those studies imply for the savings (or costs) of a hypothetical asthma care quality improvement program.

Asthma care improvement programs typically follow the guidelines of the National Asthma Education and Prevention Program (NAEPP). The NAEPP calls for education of patients and providers to better manage the disease. The NAEPP activities for patients focus on self-management to avoid triggers, anticipate problems, and use medications appropriately. The activities for providers focus on accurate diagnosis, appropriate medication prescribing, patient monitoring, and patient education on how to maintain control and avoid attacks. Often education leads to reductions in the need for hospitalization, emergency department visits, urgent office visits, and missed work or school days due to asthma attacks. Ultimately, these reductions save health care dollars and improve productivity.

The calculator uses the following information to estimate the return on investment for a user-defined asthma care quality improvement program:

**Population characteristics:**

- Children, adults, or both
- All asthma patients, only those with persistent asthma, or only those with persistent asthma and an acute visit<sup>1</sup>

**2008 State Snapshots**

[Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Prevalence](#)

[Quality of Care](#)

[Quality Improvement](#)

[Medicaid-Children](#)

[Medicaid-Adults](#)

[State Employees' Children](#)

[Children](#)

[State Employees-Adults](#)

[Private Insurance-Children](#)

[Private Insurance-Adults](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

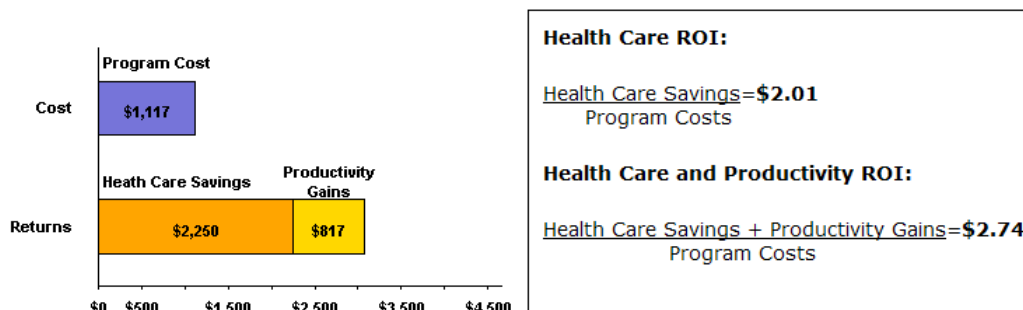
## New York

### Focus on Asthma

#### Return on Investment (ROI) From a Hypothetical Asthma Care Quality Improvement Intervention Program for 4,955 Adults With Medicaid in New York, 2006.

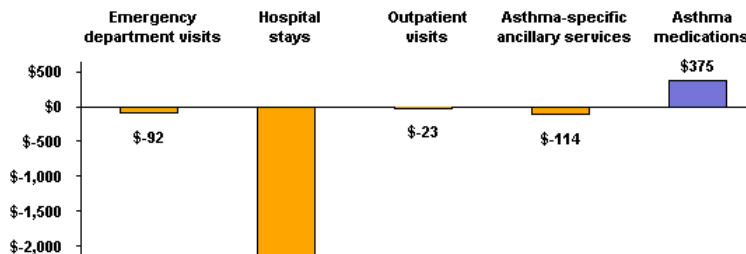
The estimates below are based on a hypothetical asthma care quality improvement intervention program that (1) targets patients with persistent asthma with at least one acute care visit in a 1-year period, (2) assumes 25% of eligible patients will participate, (3) costs \$395 per participant per year, and (4) runs for 3 years. Workdays lost due to caring for an asthmatic child or dependent are not factored into this model.

#### Estimated Cost and Returns per Participant Across 3 years



Estimated cost and returns per participant, across 3 years, for a hypothetical asthma care quality improvement intervention program for adults with Medicaid in New York. Bar chart. Program cost, \$1,117. Health care savings, \$2,250. Productivity gains, \$817.

#### Estimated 3-Year Asthma Health Care Saving(-)/Cost(+) Per Participant, by Setting, for a Hypothetical Asthma Care Quality Improvement Intervention Program for Adults With Medicaid in New York, 2006.



# Focus on Disparities

[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[Blacks \(Non-Hispanic\)](#)

[Asian/Pacific Islanders \(Non-Hispanic\)](#)

[Hispanics \(All Races\)](#)

[Low-Income](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

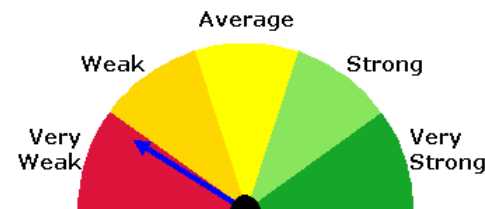
## New York

### Focus on Disparities:

# How Do Potentially Preventable Admissions for Individuals Living in Low-Income Communities Compare to High-Income Communities?

This section describes quality of care for individuals living in low-income communities compared to persons in high-income communities. Individuals in low-income communities in 2005 are defined as patients who resided in ZIP Codes with median annual household incomes of \$36,999 and below (this is also the dollar amount below which 25 percent of median annual household incomes fall, i.e., the first income quartile). Patients in high-income communities lived in ZIP Codes with median annual household incomes of \$61,000 and above (i.e., the fourth income quartile).

### New York to U.S. Comparison



**Performance Meter:  
Low Income Communities**

→ = Most Recent Data Year

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

The meter above summarizes the New York disparity, or "gap," in quality of care of individuals living in low-income communities compared to persons in high-income communities relative to the disparity for the U.S. The performance meter score is based on up to 14 measures of

**2008 State Snapshots Home**

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[Blacks \(Non-Hispanic\)](#)

[Asian/Pacific Islanders \(Non-Hispanic\)](#)

[Hispanics \(All Races\)](#)

[Low-Income](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

**New York**

**Focus on Disparities in Potentially Preventable Admissions: Individuals Living in Low-Income Compared to High-Income Communities**

Clinical Area	Measure <sup>1</sup>	Relative Rate <sup>2</sup> (Lowest Income/Highest Income)		NY/US <sup>3</sup>
		NY	US	
Respiratory Care	Admissions for chronic obstructive pulmonary disease per 100,000 population, age 18 and over	1.68	2.11	0.80
	Bacterial pneumonia admissions per 100,000 population, age 18 and over	1.52	1.55	0.98
	Pediatric asthma admissions per 100,000 population, ages 2-17	4.09	1.84	2.23
	Asthma admissions per 100,000 population, age 18 and over	3.93	2.17	1.81
	Asthma admissions per 100,000 population, age 65 and over	2.96	1.35	2.19
	Immunization-preventable influenza admissions per 100,000 population, age 65 and over	0.94	1.08	0.87
Heart Disease	Admissions for hypertension per 100,000 population, age 18 and over	3.12	2.30	1.36
	Admissions for congestive heart failure per 100,000 population, age 18 and over	2.01	1.61	1.25
	Admissions for angina without procedure per 100,000 population, age 18 and over	2.79	2.30	1.21
Diabetes	Admissions for diabetes with short-term complications per 100,000 population, ages 6-17	2.65	1.43	1.86
	Admissions for diabetes with short-term complications per 100,000 population, age 18 and over	3.48	2.50	1.40
	Admissions for diabetes with long-term complications per 100,000 population, age 18 and over	3.06	2.09	1.47
	Admissions for uncontrolled diabetes without complications per 100,000 population, age 18 and over	5.20	3.57	1.45
	Lower extremity amputations among patients with diabetes per 100,000 population, age 18 and over	2.49	2.11	1.18

<sup>1</sup> These Prevention Quality Indicators refer to hospital admissions that evidence suggests could have been avoided, at least in part, through high-quality outpatient care. For each measure above, a higher number of admissions signals poorer quality of care.

<sup>2</sup> A relative rate above 1.0 indicates the lowest income communities have worse outcomes or receive poorer quality of care than the highest income communities; the higher the value, the greater the disparity. A relative rate less than 1.0 indicates the lowest income communities have better outcomes or receive better quality of care than the highest income communities.

**2008 State Snapshots**

[Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[Blacks \(Non-Hispanic\)](#)

[Asian/Pacific Islanders \(Non-Hispanic\)](#)

[Hispanics \(All Races\)](#)

[Low-Income](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

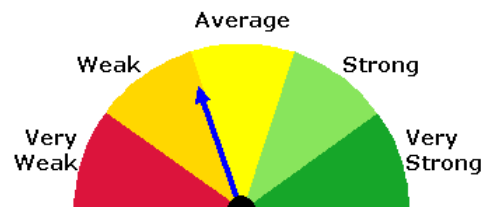
[Step-by-Step User's Guide](#)

## New York

### Focus on Disparities:

## How Do Potentially Preventable Admissions for Blacks (Non-Hispanic) Compare to Whites (Non-Hispanic)?

### New York to U.S. Comparison



**Performance Meter:  
Blacks (Non-Hispanic)**

→ = Most Recent Data Year

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

The meter above summarizes the New York disparity, or "gap," in quality of care of Blacks (Non-Hispanic) compared to Whites (Non-Hispanic) relative to the disparity for the U.S. The performance meter score is based on up to 14 measures of quality of care and is reported only if at least 10 measures are available. A State receives a stronger performance meter score as the number of measures for which the State is doing better than the U.S. (i.e., disparity in quality of care is smaller) increases. A State receives a weaker performance meter score as the number of measures for which the State is doing worse than the U.S. (i.e., disparity in quality of care is larger) increases. Compared to the U.S., the performance for New York is in the weak range.

The meter is determined by the underlying measure comparisons below. The disparity between Blacks (Non-Hispanic) and Whites (Non-Hispanic) on each quality of care measure is shown first within the State, second at the U.S. level, and third, for the State compared to the Nation. (Information is unavailable for some States.)

[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[Blacks \(Non-Hispanic\)](#)

[Asian/Pacific Islanders \(Non-Hispanic\)](#)

[Hispanics \(All Races\)](#)

[Low-Income](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

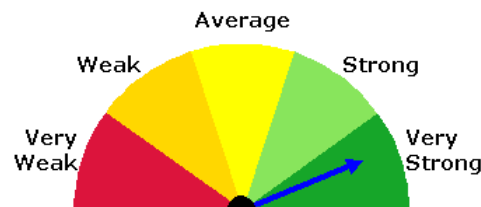
[Step-by-Step User's Guide](#)

## New York

### Focus on Disparities:

# How Do Potentially Preventable Admissions for Asians and Pacific Islanders (Non-Hispanic) Compare to Whites (Non-Hispanic)?

## New York to U.S. Comparison



### Performance Meter: Asians/Pacific Islanders (Non-Hispanic)

→ = Most Recent Data Year

[What performance measures make up this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

[What contextual factors might influence this State's performance? \(select this link or Contextual Factors\)](#)

The meter above summarizes the New York disparity, or "gap," in quality of care of Asians and Pacific Islanders (Non-Hispanic) compared to Whites (Non-Hispanic) relative to the disparity for the U.S. The performance meter score is based on up to 14 measures of quality of care and is reported only if at least 10 measures are available. A State receives a stronger performance meter score as the number of measures for which the State is doing better than the U.S. (i.e., disparity in quality of care is smaller) increases. A State receives a weaker performance meter score as the number of measures for which the State is doing worse than the U.S. (i.e., disparity in quality of care is larger) increases. Compared to the U.S., the performance for New York is in the very strong range.

The meter is determined by the underlying measure comparisons below. The disparity between Blacks (Non-Hispanic) and Whites (Non-Hispanic) on each quality of care measure is shown first within the State, second at the U.S. level, and third, for the State compared to the Nation. (Information is unavailable for some States.)

2008 State Snapshots Home

Getting Started

State Selection Map

What's New

State-Specific Information

State Dashboard

Overall Health Care Quality

Strongest and Weakest Measures

Types of Care

Settings of Care

Care by Clinical Area

Focus on Diabetes

Focus on Asthma

Focus on Healthy People 2010

Focus on Clinical Preventive Services

Focus on Disparities

Blacks (Non-Hispanic)

Asian/Pacific Islanders (Non-Hispanic)

Hispanics (All Races)

Low-Income

State Rankings for Selected Measures

Contextual Factors

Other Information

All-State Data Tables for All Measures

Snapshot Print Version

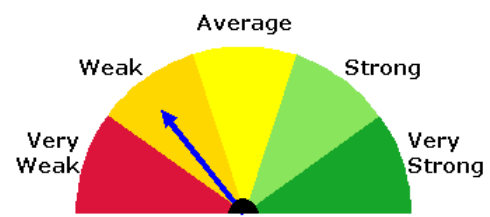
Other State Snapshot Years

New York

Focus on Disparities:

How Do Potentially Preventable Admissions for Hispanics (All Races) Compare to Whites (Non-Hispanic)?

New York to U.S. Comparison



Performance Meter: Hispanics (All Races)

Blue arrow = Most Recent Data Year

What performance measures make up this meter? (select this link or the Meter)

How are measures represented by a performance meter? (select this link or Methods)

What contextual factors might influence this State's performance? (select this link or Contextual Factors)

The meter above summarizes the New York disparity, or "gap," in quality of care of Hispanics (All Races) compared to Whites (Non-Hispanic) relative to the disparity for the U.S. The performance meter score is based on up to 14 measures of quality of care and is reported only if at least 10 measures are available. A State receives a stronger performance meter score as the number of measures for which the State is doing better than the U.S. (i.e., disparity in quality of care is smaller) increases. A State receives a weaker performance meter score as the number of measures for which the State is doing worse than the U.S. (i.e., disparity in quality of care is larger) increases. Compared to the U.S., the performance for New York is in the weak range.

The meter is determined by the underlying measure comparisons below. The disparity between Blacks (Non-Hispanic) and Whites (Non-Hispanic) on each quality of care measure is shown first within the State, second at the U.S. level, and third, for the State compared to the Nation. (Information is unavailable for some States.)



[2008 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

[State Dashboard](#)

[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[Focus on Asthma](#)

[Prevalence](#)

[Quality of Care](#)

[Quality Improvement](#)

[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[Focus on Disparities](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

[Interpretation of Results](#)

[Methods](#)

[Printer Friendly](#)

## New York

### 2008 National Healthcare Quality Report

#### Ranking on Selected Measures

The following ranking shows how well this State is performing among all the States on 15 important measures of health care quality from the 2008 National Healthcare Quality Report. These measures were selected to represent a broad range of many common diseases.

Measure <sup>1</sup>	Definition	All-State Average <sup>2</sup>	State Rate	State Rank
<b>Cancer</b>				
Breast cancer deaths	Breast cancer deaths per 100,000 female population per year	24.0	24	31
Colorectal cancer deaths	Colorectal cancer deaths per 100,000 population per year	17.3	16.8	15
<b>Diabetes</b>				
Diabetes flu shots	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had a flu shot in the last 12 months	42.8	51.2	9
<b>End stage renal disease</b>				
Dialysis and good urea reduction - Medicare	Percent of adult hemodialysis patients with adequate dialysis (urea reduction ratio 65% or greater), Medicare	95.0	94.7	24
<b>Heart and vascular diseases</b>				
Heart attack - recommended hospital care	Percent of hospital patients with heart attack who received recommended hospital care	95.6	95.4	29
Heart failure - recommended hospital care received	Percent of hospital patients with heart failure who received recommended hospital care (evaluation of left ventricular ejection fraction and ACE inhibitor or ARB prescription at discharge, if indicated, for left ventricular systolic dysfunction)	91.0	91.9	12
<b>Maternal and child health</b>				
Prenatal care	Percent of women who completed a pregnancy in the last 12 months who received prenatal care in the first trimester	83.6	80.2	28
Children fully vaccinated	Percent of children ages 19-35 months who received all recommended vaccines (4:3:1:3:3)	81.0	83.5	12
<b>Mental health</b>				
Suicide deaths	Suicide deaths per 100,000 population	10.4	6	2
<b>Respiratory diseases</b>				
Pneumonia vaccine ever - age 65 plus	Percent of adults age 65 and over who ever received a pneumococcal vaccination	67.2	60.7	47
Pneumonia - recommended hospital care received	Percent hospital patients with pneumonia who received recommended hospital care	81.1	79.3	34
<b>HIV and AIDS</b>				
HIV deaths	HIV-infection deaths per 100,000 population	2.9	8.2	35
<b>Surgical Care</b>				

[2008 State Snapshots Home](#)

**Getting Started**

- [State Selection Map](#)
- [What's New](#)

**State-Specific Information**

- [State Dashboard](#)
- [Overall Health Care Quality](#)
- [Strongest and Weakest Measures](#)
- [Types of Care](#)
- [Settings of Care](#)
- [Care by Clinical Area](#)
- [Focus on Diabetes](#)
- [Focus on Asthma](#)
- [Prevalence](#)
- [Quality of Care](#)
- [Quality Improvement](#)
- [Focus on Healthy People 2010](#)
- [Focus on Clinical Preventive Services](#)
- [Focus on Disparities](#)
- [State Rankings for Selected Measures](#)
- [Contextual Factors](#)

**Other Information**

- [All-State Data Tables for All Measures](#)
- [Snapshot Print Version](#)
- [Other State Snapshot Years](#)
- [Step-by-Step User's Guide](#)
- [Interpretation of Results](#)
- [Methods](#)

## New York

### State Contextual Factors

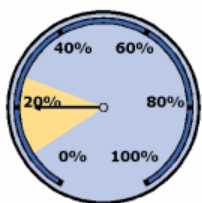
**My State Compared to:**

- [All States](#)
- [Mid-Atlantic States](#)

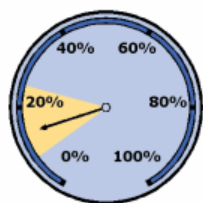
State dials of contextual factors related to demographics, health status, and resources are displayed on this page as an aid to interpreting State performance meters. The orange wedge of the dial represents the spread of values across all the reporting States; the black arrow (on top of the orange wedge) represents the State's value. The edge of the orange with the lowest value represents the State with the lowest value. The edge of the orange with the highest value represents the State with the highest value.

#### Demographics – Percent of State Population:

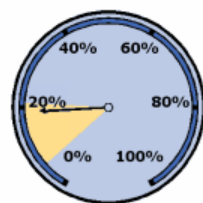
**Under poverty level (2005-2006)**



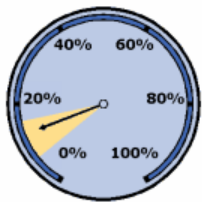
**Uninsured (2005-2006)**



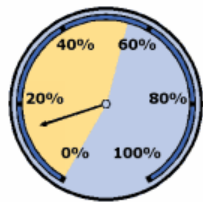
**Under Medicaid (2005-2006)**



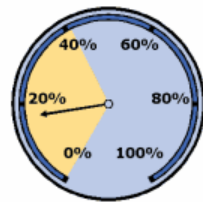
**Age 65 and over (2005-2006)**



**Black (2005-2006)**



**Hispanic (2005-2006)**



**Without college degree (2004)**

