

A Tale of Two States Revisited: How Nevada, Utah Compare

Reno Gazette-Journal / RGJ.COM

Tuesday, October 14, 2008

In his seminal work, *Who Shall Live?*, written nearly 25 years ago, health economist Victor Fuchs examined the various forces other than health care responsible for the health of a community or society.

In a classic section of that book titled "A Tale of Two States," he explored the enormous differences in population health between Nevada and Utah, using that comparison to challenge the widely held assumption that more health care necessarily leads to better health.

Fuchs argued that the two states share similar levels of income, education, urbanization and, importantly, access to medical care, yet "the inhabitants of Utah are among the healthiest individuals in the United States, while the residents of Nevada are at the opposite end of the spectrum."

He found that death rates in Nevada exceeded those in Utah for men and women at every age group – for example, male Nevadans aged 30-39 had an excess death rate for cirrhosis and lung cancer that was 590% than that of their counterparts in Utah.

Fuchs suggested that differences in lifestyle and culture were largely responsible for the stark differences in population health between the states, rather than any appreciable differences in income or health care resources. He noted, for example, that average family income was in fact slightly higher in Nevada than Utah, and the two states possessed similar numbers of physicians and hospital beds per capita.

He made the now-obvious claim that the pervasive influence of the Church of Jesus Christ of Latter-day Saints was responsible for much lower rates of smoking and alcohol consumption in Utah, and religious factors were responsible for lower rates of divorce and migration. Conversely, he argued, Nevada's economy and culture – particularly, the 24-hour-a-day lifestyle of the gaming and tourism industries – were responsible for higher rates of smoking and alcohol consumption, higher divorce rates and any measure of marital instability, and considerable geographic mobility and transience.

Fuchs concluded that the "populations of these two states are, to a considerable extent, self-selected extremes of the continuum of life-styles found in the United States" that result in striking differences in health.

But that was then and this is now, right?

Many things have changed over the past 25 years in the Great Basin. Unfortunately, the sorry state of population health in Nevada as compared to Utah's is not one of them.

The most recent edition of CQ Press's *Health Care State Rankings 2008* reveals that Nevada currently ranks 47th among US states while Utah ranks 12. The healthiest or number 1 ranked state is Minnesota, the least healthiest or 50th ranked state is Mississippi.

State health rankings, like computer polls of college football teams each fall, should be treated with caution – factors included or not included in any ranking system have an important impact on a state's overall health ranking or composite score.

Nonetheless, the CQ Press's *Health Care State Rankings* are based on 21 factors chosen from over 500 contained in the volume and reflect a wide range of health determinants, such as lifestyle, community environment, and access to preventive care. More importantly, the CQ Press rankings are similar to others, such as the annual United Health Foundation rankings, that consistently place Nevada at or near the bottom of the population health heap, despite progress (or regress) on any particular indicator from year to year.

Perhaps the most telling contrast between Utah and Nevada is that Utah currently possesses a "healthier" ranking than Nevada on 20 of 21 CQ Press measures.

Nevada also fares worse than the average for all US states on a majority of indicators (13 of 21), including notably the percent of adults who are binge drinkers and the percent of adults who do not exercise regularly, while Utah fares worse than the US average on only 6 of the same 21 measures.

Nevada has the worst ranking in the US on the percent of mothers receiving late or no prenatal care (8.2% versus the US average of 3.5%) and percent of children aged 19-35 months who are immunized (59.5% compared to the national average of 77.0%), and has the second highest suicide rate in the nation – 19.2 per 100,000 population or nearly twice the US rate of 10.7.

By contrast, Utah has the lowest infant mortality rate, lowest cancer death rate, lowest rate of new cancer cases, and the lowest percentage of adults who smoke of any state in the nation.

In a word, the more things change, the more they remain the same.

Writing on the persistence of health disparities in the US, Donald Barr recently summarized the situation succinctly: "life in Nevada is fundamentally different from life in Utah." And as the most current data confirms, those differences remain, literally, a matter of life and death.

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