

## Health reform won't help Nevadan's poor health habits

Reno Gazette-Journal / RGJ.COM

Tuesday, December 8, 2009

The recent publication of the 2009 edition of United Health Foundation's "America's Health Rankings" is a sobering reminder that proposed health care reforms currently being debated by Congress will do little to alter Nevada's sorry population health profile and status among US states.

There are, of course, compelling moral and economic reasons to reduce the number of uninsured, to tighten the regulation of the commercial health insurance market, and to improve the performance and cost-effectiveness of Medicare and other public health insurance programs currently on unsustainable spending trajectories.

Nonetheless, current state health rankings point to poor progress made by Nevada on a wide range of major population health determinants other than access to medical services. In fact, while the rate of preventable hospitalizations in Nevada decreased over the previous year – a measure that reflects how well Nevadans use various delivery sites for necessary care – Nevada's overall health ranking among US states dropped from 42<sup>nd</sup> in 2008 to 45<sup>th</sup> in 2009.

What are those key determinants driving the state's poor health ranking?

Comparatively high prevalence of smoking (41<sup>st</sup> among US states) and binge drinking (41<sup>st</sup>) contribute heavily to our state's perennially poor overall ranking, as does low levels of recommended immunization coverage among young children in Nevada (47<sup>th</sup>) and our state's paltry investments in public health programs to monitor and improve population health (48<sup>th</sup>).

Perhaps the most disturbing trend documented in the report is increasing in obesity in Nevada. While Nevada fares favorably among US states in obesity prevalence (11<sup>th</sup>) – a ranking that must be tempered by the fact that the entire nation is putting on more weight – the prevalence of obesity has increased from 14.0 percent to 25.6 in Nevada in just ten years.

In fact, while we have made important progress in tobacco control and prevention – since 1990 the smoking prevalence in Nevada has dropped from 35.7 percent to 22.1 percent – obesity trends threaten to outweigh the positive effects gained from declining smoking rates and other improvements in public health, such as improved infectious disease control.

In some respects, the latest round of dismal health-rankings data cannot come as a complete surprise to anyone who has followed these types of state level comparisons. Since the Silver State perennially ranks poorly in a wide range of health determinants, should we honestly be

surprised that we consistently join Mississippi and Kentucky at the bottom of the overall health rankings heap?

As we await the outcome of current health reform battles, we must not lose sight of the fact that improving access to care for the uninsured and underinsured will do little to reverse Nevada's poor ranking among US states when future editions of "America's Health Rankings" are released.

Left unchecked, rising obesity and continued inattention to the many upstream determinants of health chronicled in the report will secure Nevada's place at the bottom of future rankings regardless of downstream improvements in medicine and access to care.

The United Health Foundation's 2009 "America's Health Rankings" and companion reports on obesity trends and the future costs can be found at [www.americashealthrankings.org](http://www.americashealthrankings.org).

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