

No where else to go but up in health rankings

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For over 20 years, “America’s Health Rankings” has been tracking the state of our nation’s health and the overall healthiness of each state. As a joint project of the United Health Foundation, American Public Health Association, and Partnership for Prevention, these rankings represent the longest running report of its kind.

This year’s installment once again demonstrates that the health of our state is largely shaped by the environment and communities within which we live, the policies and practices of our health care and prevention systems, and, of course, a number of key health-consequential behaviors, such as smoking and drinking.

Nevada’s overall rank is 47th this year – we slipped a couple of spots from 45th in 2009 and are down substantially from our highwater mark of 39th in 2004.

Simply put, we have no where else to go but up.

On the positive side, this year’s rankings highlight continuing progress made in the reduction of preventable hospitalizations, Nevada’s low infant mortality rate, and our state’s comparatively low levels of air pollution.

Since last year, Nevada led the nation in the reduction of deaths from cardiovascular disease and, over the past decade, we have made substantial progress in reducing the prevalence of smoking from 31.5 percent to 22.0 percent of adult Nevadans.

These strengths, unfortunately, are more than offset by challenges that include low high school graduation rate (rank of 50th), early childhood immunization coverage (49th), high violent crime (50th), and limited access to early prenatal care (49th).

These deficits, in turn, are compounded by chronic health workforce shortages, including limited access to primary care physicians (46th), lack of health insurance coverage (47th), and our state’s abysmal commitment to funding basic public health services (dead last, forgive the pun, at 50th).

In fact, our state’s annual investment in public health programs to monitor and improve population health is a paltry \$39 for every man, women, and child in Nevada, as compared to the top state, Hawaii, which spends \$235 per capita on public health.

The report concludes somewhat ominously that “Nevada ranks lower for determinants than for outcomes, indicating that overall healthiness may decline over time.”

Nevada’s perennially poor health ranking and the glacial speed with which many indicators of population health change from year to year point to significant challenges affecting the health of our state. At a minimum, this will require greater diligence to upstream influences on health and well-being that have little, if anything, to do with improved insurance coverage or access to clinical services.

Nonetheless, the 2010 rankings provide an opportunity for us to confront these obstacles and to resolve to improve the health-consequential choices and decisions we make as individuals, as communities, and as a state in 2011.

The “2010 America’s Health Rankings” report and interactive state health statistics can be found at www.americashealthrankings.org.

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