

Nation's health rankings improve

Written by Victoria Pelham The Desert Sun

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FILE - Peter Lee, executive director of Covered California. Health improved nationally in 2013 across the board in measures that also included smoking and physical inactivity, according to the United Health Foundation's America Health Rankings. (AP Photo/Rich Pedroncelli) / AP

Just the facts for California

Best rates» Smoking rates: 2nd in country, 12.6% of adult population.» **Occupational fatalities:** 2nd in country, 2.9 deaths per 100,000 workers.» **Physical inactivity:** 6th in country, 18% of adult population.» **Premature death:** 6th in country, 5,873 years lost per 100,000 population.» **Cancer deaths:** 6th in country, 172.3 deaths per 100,000 population.» **Infant mortality:** 6th in country, 4.8 deaths per 1,000 live births.» **Worst rates» Air pollution:** 50th in country, 15.1 micrograms of fine particles per cubic meter.» **Disparity in health status:** 48th in country, 38.3% difference in health status for adults age 25+.» **Lack of health insurance:** 44th in country, 18.8 percent

without health insurance.**Source:** 2013 America's Health Rankings

For the first time in 15 years, the national obesity rate didn't worsen, new health rankings released Tuesday show.

Health improved nationally in 2013 across the board in measures that also included smoking and physical inactivity, according to the United Health Foundation's America Health Rankings.

California hovered in the middle, ranked 21st in health outcomes, with bright spots such as its smoking rate being second in the country.

But obesity actually rose from 23.8 percent to 25 percent of adults in the state, or more than 7.3 million people. And reflective of national trends, disparities continued to make health care uneven in certain pockets of the Golden State.

"We're making progress, but there's a lot more to do," said Jeff Mason, senior medical director at UnitedHealthcare.

The state was second in the country for smoking (12.6 percent) and occupational fatality rates (2.9 deaths per 100,000 workers). It ranked on the higher end of public health funding (\$108 per person on average) and also had better rates of physical activity and preventing premature deaths. But it saw a rise in obesity and fell to the opposite end of the spectrum for air pollution (the worst in the nation), health disparities (48th) and a lack of health insurance (44th).

Riverside County was ranked 27th in California for health outcomes.

“I’m concerned to the extent that there are things that need to be addressed,” Mason said.

He noted that the national obesity rate that “for years and years was getting worse and worse” has begun to level out, calling that a “very positive sign.”

California’s high numbers most likely stem from disparities in issues such as education level, income and poverty that affect health, as well as the ethnic makeup of the state that predisposes some populations toward obesity, Mason said. He added that obesity is both a personal and societal problem surrounding issues of personal responsibility, exercise and healthy eating as well as transportation and food policies that influence healthy behavior.

“It takes both personal intervention and overall societal intervention to change the obesity rates,” he said.

Cutting disparities

In the Coachella Valley, the most recent figures from the Health Assessment Resource Center from 2010 show 56.6 percent, or about 186,823 people, were overweight or obese. Its new report will have fresh data by February.

Tricia Gehrlein, regional director of the Clinton Health Matters Initiative that performs a lot of work aimed at reducing health disparities, said the valley was doing well on adult obesity but had a high rate of overweight adults in the 2010 survey. But she wouldn’t be surprised if obesity rates had risen.

“We were on the cusp at that point,” Gehrlein said.

Jenna LeComte-Hinely, director of research and evaluation at the Health Assessment Resource Center who has been working on compiling the HARC 2013 survey, hopes this report will be used to compare with recent HARC data when it comes out, as it looks at many of the same figures.

She said she hopes the national leveling-off of obesity rates is the start of a trend downward.

“(Body Mass Index) is a number that takes a really long time to influence,” she said. “You’re not going to see a change in that in a month or even six months for many people even if they’re really, really trying to get back in shape. It just takes time.”

Health officials also hope that time will allow for an increase of people covered by insurance, as the hugely controversial Affordable Care Act goes into full effect.

This could help reverse California’s place at the bottom of the country for coverage, experts say. State officials have embraced the law, becoming the first to create its own ACA insurance exchange, expanding Medi-Cal and opting out of postponing canceled non-ACA-compliant plans. It has had relatively few glitches in comparison with the federal [healthcare.gov](http://www.healthcare.gov). This could cover roughly 5.3 million eligible uninsured Californians.

“Relative to a state like (Texas), I think California is going to do considerably better because we have taken advantage of some of the opportunities that are being presented, whereas other states are not doing so for some reason or another,” Mason said.

“Overall my sense is we’re on the right track and if we keep doing what we’re doing, including some of the things we’re doing on a policy basis like the insurance issues, that we’re going to do better,” he added.

About 90,000 people are eligible for health insurance under the ACA in the Coachella Valley, about 60,000 through Covered California and 30,000 through the Medi-Cal expansion.

LeComte-Hinely said the valley reflects some of the national and statewide trends, including a steady growth of people foregoing health insurance over the past six years. But she hopes the ACA will turn those numbers around.

The disparities are also visible here, Gehrlein said.

“Our efforts of course are to decrease health disparity, and we want to close the health inequity gap by decreasing disparities,” she said, pointing out social determinants the organization uses. “That’s what our entire goal is to do.”

Just miles from rolling golf courses and a massive music festival that attracts hundreds of celebrities, residents live in decrepit trailers. Many are migrant farm workers; some have never seen a doctor. These issues can have an effect on health, experts said.

Smoking is also down in the valley, mirroring the state, LeComte-Hinely said. HARC data shows just 13.4 percent of residents smoked every day or some days.

“(Smoking) is something you notice, not something that you just go ‘Oh, there’s another smoker,’ ” she said. “It must just be part of the culture, but it’s a wonderful thing for us.”

California became the first state to ban smoking in bars, clubs and restaurants in the late 1990s. This might have helped provide its low numbers, Mason said.

“I think it’s becoming unfashionable to smoke, and California is a fashion trendsetter,” he added.

In the valley, awareness of a healthy lifestyle is improving, Gehrlein said.

“It takes a long time to move the needle on health outcomes, (maybe) five or seven years,” she said. “We are on the right track.”

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