



POPULATION BRIEF

Trends in the Western U.S.

Health and Longevity

A Regional Overview

By Don E. Albrecht

Overview

Rural development is the process by which the lives of individuals and families living in rural areas are improved. Effective rural development necessarily involves several components that include 1) good jobs that provide individuals and families the opportunity to earn and maintain a livable income; 2) a chance to complete an education and have lifelong opportunities to learn and improve one's circumstances; 3) and the opportunity to live a reasonably long and healthy life. Communities that effectively meet these conditions are likely to retain existing residents and attract new residents and thus experience population growth.

Additionally, effective rural development means that opportunities to obtain high-quality employment, complete an education, and live a long and healthy life must be available to all residents of the community, rather than only to certain segments of the population.

The first step in advancing an effective rural development program is to carefully assess baseline conditions. In response, the Western Rural Development Center (WRDC) is providing a set of population briefs that provide some of this baseline information. Each population brief will assess one of the components of rural development listed above. This brief examines Health and Longevity. Each brief will explore overall conditions and then examine the extent to which opportunities are available to all segments of the population by making comparisons on race/ethnicity, gender, family structure or geography. The geographic component will provide comparisons between metropolitan and nonmetropolitan areas and will compare

the west with the remainder of the United States. Further, population briefs for each of the 13 states comprising the western region are developed that provide more detailed information on rural development issues.

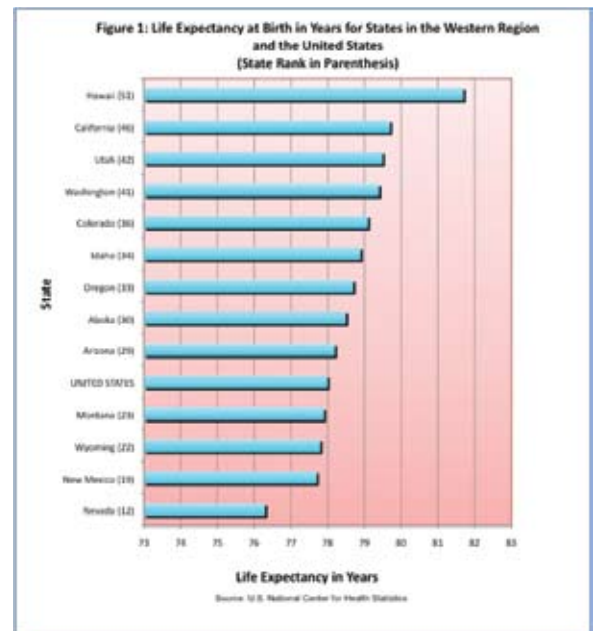
Providing circumstances that allow individuals to live a long and healthy life is a critical aspect of community development. While much of what determines one's health and longevity is based on personal choices, the community can also play a significant role. Health and longevity can be enhanced by community provision of effective and readily available health care, programs and facilities that encourage exercise and healthy living, nutrition education programs, a safe and clean environment, and perhaps even a community culture that encourages healthy choices. Data for this brief was obtained from the U.S. National Center for Health Statistics.

Introduction

Obtaining data to effectively measure health and longevity at the community level is virtually impossible. Consequently, in this Population Brief we use state-level data obtained from the U.S. National Center for Health Statistics. We begin with data on life expectancy, then data on measures that greatly influence life expectancy, including the number of practicing physicians, percent of the population with health insurance, and the proportion of adults who use tobacco. We then provide data on infant mortality rates and circumstances surrounding the birth of children including birth rates, fertility rates, teenage fertility rates, and the percent of babies born to unmarried women.

Life Expectancy

The average person in the United States can expect to live 78.0 years. This is about 8 years more than in 1960. However, the United States only ranks 24th in the world in life expectancy, despite the highest per capita health care expenditures in the world. Japan has the longest life expectancy at 82.1 years, and Americans can expect to live fewer years than residents of Korea, Greece, Australia, New Zealand and virtually every nation of Western Europe. Life expectancy, on average, is greater in the Western States than in the remainder of the U.S. (see Figure 1). The average lifespan is higher in Hawaii (81.7 years) than in any other state. Only four states (Montana, Wyoming, New Mexico, and Nevada) have life expectancies shorter than the national average. The shortest life expectancy in the United States is in the District of Columbia (73.8 years).



Physician Availability

The availability of physicians is an obviously critical factor for healthy living. This is a significant problem in the west with its vast spaces and long distances. Only two states, Hawaii (31.0) and Colorado (26.6) have more physicians per 100,000 people than the national average (26.3). Four western states (Utah, Wyoming, Nevada, and Idaho) are among the seven states that have the lowest physician ratio in the country. Idaho, with only 17.7 physicians per 100,000 people, has the worst ratio in the nation (Figure 2).

Health Insurance

One in six (16.6) Americans did not have health insurance in 2004. This translates to nearly 50 million people. Lacking health insurance has strong negative implications for health and longevity, as people without insurance tend to get fewer medical check-ups and may lack access to the best medical care. Unfortunately, the residents of the Western States are much more likely to be without health insurance than the average American. Only in Hawaii (9.6 percent) do a smaller percentage of people lack health insurance than the national average. Four western

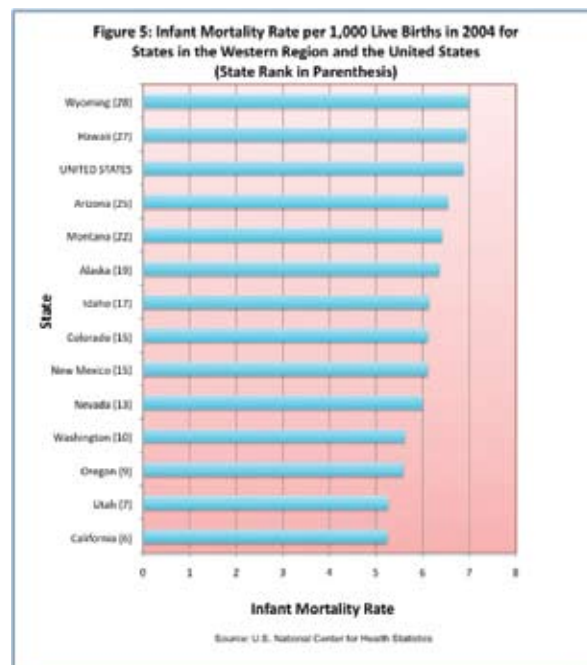
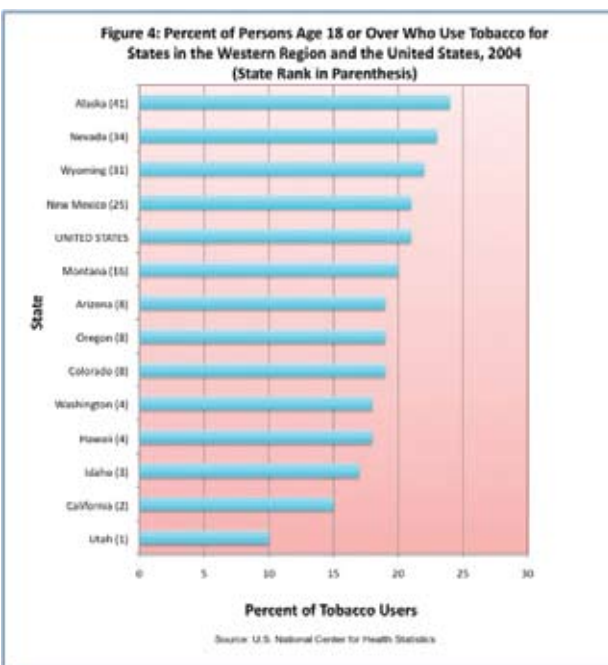
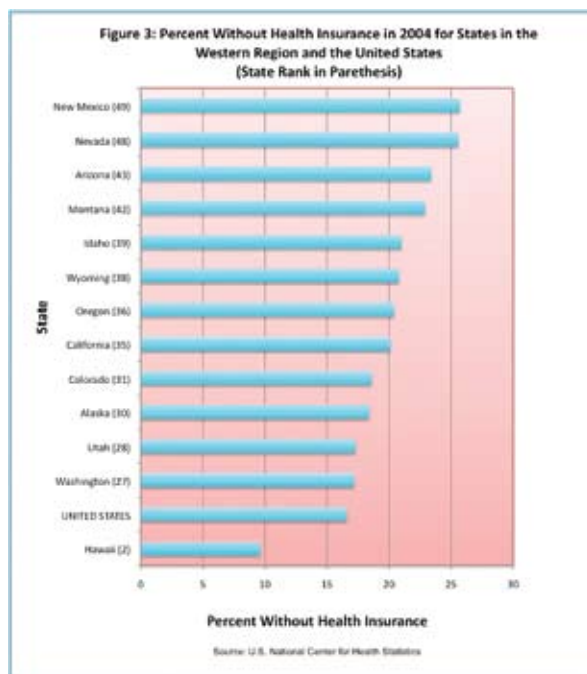
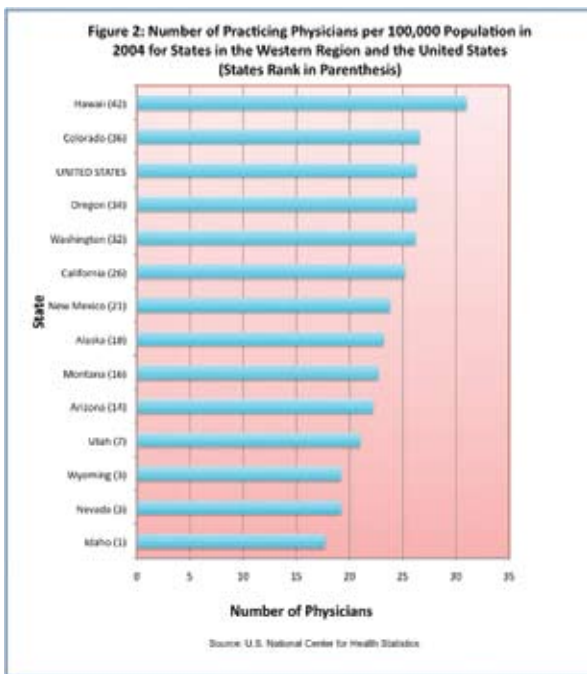
states (New Mexico, Nevada, Arizona, and Montana), along with several southern states (Arkansas, Florida, Louisiana, Mississippi, Oklahoma and Texas), are among the ten states with the highest rates of uninsured individuals in the nation (Figure 3).

Tobacco Use

About one in five Americans (21 percent) over 18 years of age use tobacco. In the Western States, the proportion of tobacco users is substantially lower than the national average. In fact, eight of the ten states (Arizona, Oregon, Colorado, Washington, Hawaii, Idaho, California, and Utah) with the lowest proportion of tobacco users are in the West (Figure 4). Only 10 percent of Utah residents use tobacco, which is by far the smallest proportion in the country. In contrast, 24 percent of Alaska adults use tobacco, which is the highest percentage in the west, and 28 percent of Kentucky adults use tobacco, which is the highest percentage in the nation.

Infant Mortality

Surviving the fragile early years of life is a factor that is strongly related to life expectancy. The infant mortality rate is determined by the number of babies that die before their first birthday for every 1,000 live births. Infant mortality rates are low when expectant mothers eat nutritiously and the mother and infant have appropriate health care. Infant mortality rates in the United States have been falling for the



past five decades, and now stand at 6.86. The United States, however, ranks only 25th in the world, and our infant mortality rate is on par with Croatia, Cuba and Estonia, and falls below Australia, New Zealand, Japan and the nations of Western Europe. In fact, the infant mortality rate in Sweden is two, and it is three in Japan, Korea, Iceland, and Norway. The infant mortality rate in the Western States is generally lower than in the remainder of the country. Only Hawaii and Wyoming have infant mortality rates higher than the national average. California (5.25), Utah (5.26), Oregon (5.59) and Washington (5.62) are among the ten states with the lowest rates (Figure 5). Nationally, the lowest infant mortality rates are in Vermont (4.68), while ranking the highest in the nation at 11.42 is the District of Columbia and 10.32 in Mississippi.

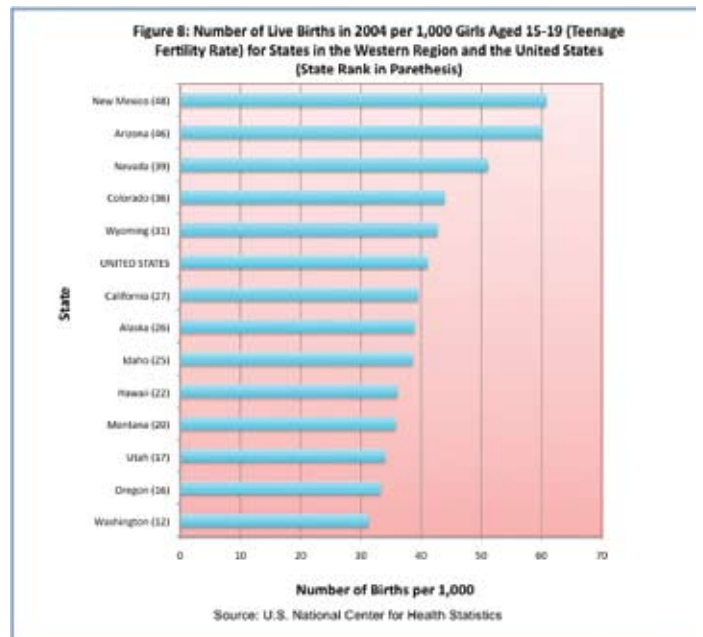
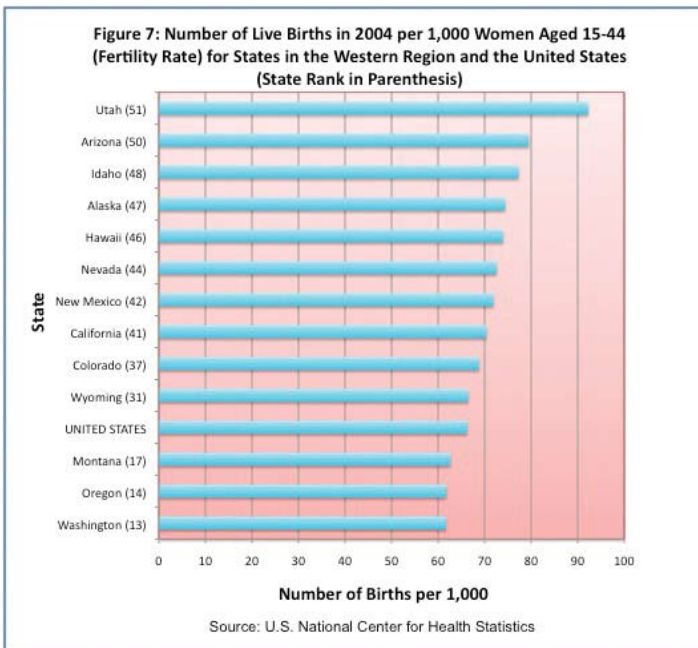
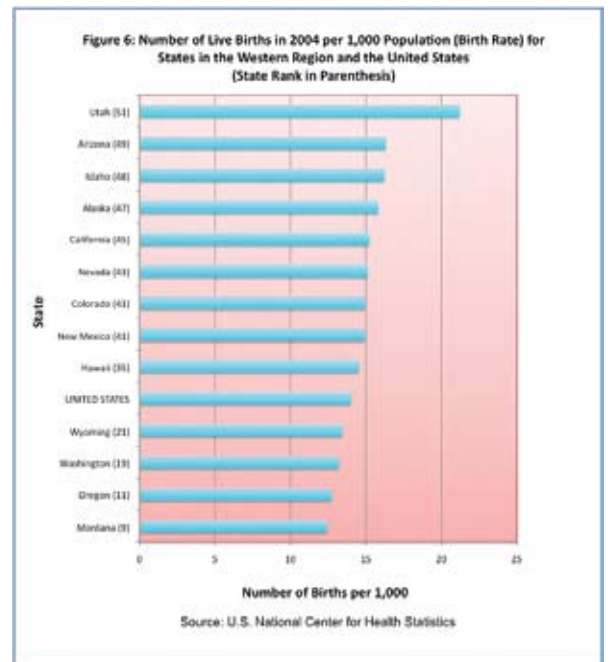
Circumstances at Birth

The situation in which an infant is born has significant implications for the health and other life outcomes of that child. Figure 6 presents data on the birth rate that is defined as the number of live births per year per 1,000 people. The birth rate in the United States is 14.0. Birth rates in the Western States tend to be higher than the national average. The birth rate in Utah (21.2) is by far the highest in the country, while Arizona, Idaho, Alaska, California, and Nevada are all among the ten states with the highest birth rates. Only Wyoming, Washington, Oregon, and Montana have birth rates below the national average.

Nationally, the lowest birth rates are in Vermont (10.6), Maine (10.6) and New Hampshire (11.2). Figure 7 shows similar data for fertility rates that provide a more precise measure and are defined as the number of live births per 1,000 women aged 15 to 44. The national fertility rate is 66.3, and again western states tend to have rates that are higher than the national average. Utah (92.3) has by far the highest fertility rate in the country, while Arizona, Idaho, Alaska, Hawaii, Nevada, New Mexico, and California are also among the states with the highest rates. Only Montana, Oregon and Washington have rates below the national average.

Figure 8 presents data on the teenage fertility rate, which is defined as the number of live births per 1,000 girls from ages 15 to 19. The national average on this measure is 41.1. New Mexico (60.8) and Arizona (60.1) are among the states with the highest rates in the nation. The majority of western states fall below the national average on this measure, with Washington (31.3) being the

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lowest. Nationally, the highest teenage fertility rate is in the District of Columbia (66.7), while the lowest is in New Hampshire (18.2). Finally, Figure 9 presents data on the percent of births to unmarried women. Nationally, about one in three babies is born to a woman who is not married to the biological father at the time of birth. New Mexico (46.3), Arizona (39.5) and Nevada (37.2) are among the states with the highest average on this measure. The remaining ten western states fall below the national average. Utah (17.4) is by far the lowest state in the nation on percent of births to unmarried women.

Conclusions

In many respects, the western states are doing relatively well in health care and longevity. There is, however, much room for improvement, especially in the rural west where geographic distances are great and health care providers are scarce.●

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About the Briefs

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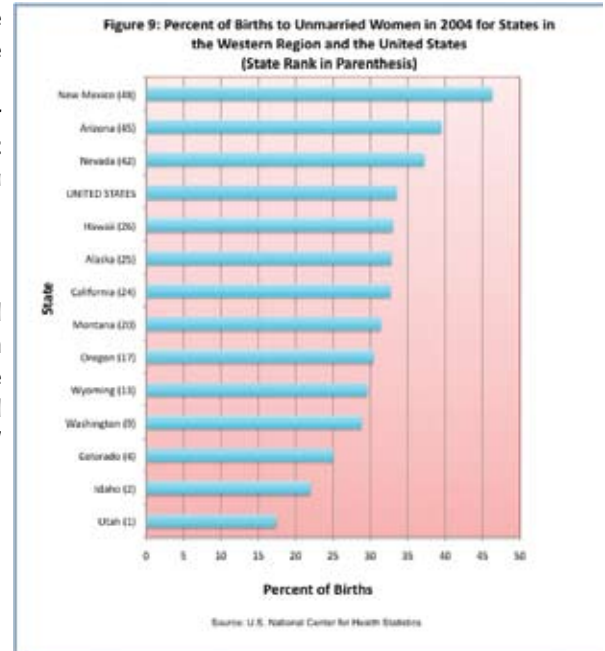
The Population Briefs provide information on the population trends in the western U.S. They are intended to provide both basic information and, when combined with the data tables on the WRDC website, more detailed information for further analysis and application.

The series of Population Briefs will include population trends in the western U.S. related to minorities, natural amenities, education, employment/labor, health, fuel usage, and more. Each topic will include a regional overview and then one brief focused on each of the 13 states in the WRDC's region. The briefs will also include data, where available, related to the population trends in the four western U.S. Territories.

The Population Briefs are available in PDF format on the WRDC website (<http://wrdc.usu.edu>) under 'Publications' and in paper format through the WRDC offices via email to wrdc@usu.edu.

Data

Data for this series is obtained from the U.S. Census of Population for 1980, 1990, 2000, and, where available, 2006. Data is reported for all persons for whom race/ethnicity was reported.



The Western Rural Development Center (WRDC) is one of four regional centers funded by the United States Department of Agriculture (USDA) Cooperative State Research, Education and Extension Services (CSREES) to strengthen the capacity of local citizens to guide the future of their rural communities. Each of the four Centers link the research and extension capacity of regional land-grant universities with local decision-makers to address a wide range of rural development issues.

The WRDC also receives substantial support from several Utah State University units including Cooperative Extension, the Agricultural Experiment Station and the College of Natural Resources.

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There is a Population Brief for each of the 13 states in the Western Region, and when available, one brief on each of the four U.S. Territories in the region.

To access the state briefs visit 'Rural Resources' on the WRDC website at <http://wrdc.usu.edu>.

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