

# General Health Status

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Unlike many other sections in *The Health of Washington State, 2007* that focus on specific diseases or risk factors, this section focuses on general patterns of health and illness. These broader patterns provide perspective on the relative impact of diseases. By providing a broad portrait of the health of Washington residents, this section on general health status also offer a context for understanding many issues covered elsewhere.

## Section Overview

The chapters in this section include:

- [Self-reported Health Status](#)
- [Hospitalization](#)
- [Mortality and Life Expectancy](#)
- [People with Disabilities](#)
- [Mental Health](#)
- [Oral Health](#)

The section begins with Washington citizens' own self-assessment of their health, a good indicator of actual health. Next, the use of acute health care services, specifically inpatient hospitalization, is examined. This is followed by an assessment of overall mortality and life expectancy. People living with disability is the topic of the chapter that follows. Mental health, a relatively new focus in public health, is highlighted next, and that chapter is followed by an assessment of oral health.

## Highlights and Discussion

Nearly 87% of Washington adults reported in 2006 that their health was good, very good, or excellent. More adults in Washington than in the United States as a whole reported good to excellent health. But the age-adjusted trend is downward: fewer people each year report good to excellent health.

Births and pregnancy-related conditions continue to be the leading causes of hospitalization followed by heart disease, digestive system disorders, cancer, infectious diseases, and mental health disorders. Hospitalization rates and length of stay have been stable since 1995, but hospital charges continue to rise. The average charge for a hospital visit in 2004 was \$19,328.

Overall, Washingtonians are living longer: the average life expectancy for people born in 2005 is 79.3 years, about four years longer than for those born in 1980.

Cancer and heart disease continue to be the leading causes of death, accounting for half of all deaths in Washington. But mortality rates for these conditions are declining. The downward trend is particularly pronounced for heart disease, for which the 2005 death rate was half that of 1980.

About 16% of Washington residents ages five and older reported having a disability, with the percentage increasing by age. Adults with disabilities reported generally poorer health and poorer health behaviors. In at least five of the *Healthy People 2010* objectives for people with disabilities, Washington performed below standards.

The public health role in mental health is just emerging. In 2006, about 9% of adults reported experiencing poor mental health, such as stress, depression, and problems with emotions, for 14 days or more in the past month. Nearly 30% of 10<sup>th</sup>- and 12<sup>th</sup>-graders reported symptoms of depression in the past year. These percentages have remained consistent over time.

Oral health is also an emerging public health concern. Dental caries or tooth decay is the single most common chronic childhood disease, and tooth loss among adults leads to reduced social interaction and diminished quality of life. In 2006, nearly 20% of 2<sup>nd</sup>- and 3<sup>rd</sup>-graders had untreated dental caries, and 38% of adults ages 65 and older had lost six or more teeth. Neither of the two *Healthy People 2010* objectives for dental health has been met in our state.

## Disparities

The chapters in this section focus on health disparities associated with race, gender, age, Hispanic origin, county of residence, and socioeconomic position—measured by education, income, and poverty.

Overall, American Indians and Alaska Natives appear to have the poorest measures of health compared to other groups. Blacks and males in general also appear to have poorer measures of health. Differences in income and education generally corresponded to differences in health

measures. Differences were also identified by geographic area for some health measures.

In self-reported health status, differences were seen by race and Hispanic origin, household income, education, and place of residence. Minority populations, those with lower household income, and those with less than a high school education or living outside of urban and large town areas were less likely to report good to excellent health.

Death rates differed by gender, race, and ethnicity, education level, and county of residence. American Indians and Alaska Natives had the highest death rates and shortest life expectancy of any race or Hispanic origin group, followed by blacks. Additionally, cluster analyses identified a large region in western Washington and smaller ones in central Washington as having higher than expected death rates.

People living at or below the federal poverty level had more than twice the disability rate of those living at or above 200% of the federal poverty line; similarly, those with only a high school education or less had a rate more than twice those with a college education.

American Indians and Alaskan Natives and blacks reported the highest percent of poor mental health. And household income appears to correspond with mental health status: poor mental health among those with household incomes of less than \$20,000 per year was three times more likely than for those with incomes of \$50,000 or more. Similarly, those with only a high school education reported rates of poor mental health of twice those with a college degree.

Non-white, low-income, and non-English speaking children were found to have higher rates of dental caries than white, non-Hispanic children.

## **Summary**

Washington is doing well on many measures of general health status, but there is considerable room for improvement. General health status can be improved by prevention programs that help reduce or eliminate risk factors among individuals, such as tobacco use, obesity, and poor nutrition. We must also address the social and economic determinants of health, such as education, income inequality, and access to health care.