

**County Health  
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# 2017 *County Health Rankings*

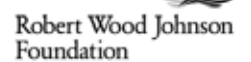
# Idaho



A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.



Support provided by



## INTRODUCTION

The *County Health Rankings & Roadmaps* program brings actionable data and strategies to communities to make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

## WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to help identify issues and opportunities for local health improvement, as well as to garner support for initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



## DIGGING DEEPER INTO HEALTH DATA

Although we know that a range of factors are important for good health, every state has communities that lack both opportunities to shape good health and strong policies to promote health for everyone. Some counties lag far behind others in how well and how long people live – which we refer to as a “health gap.” Find out what’s driving health differences across your state and what can be done to close those gaps. Visit [countyhealthrankings.org/reports](http://countyhealthrankings.org/reports).

To further explore health gaps and other data sources in your community, check out the feature to [find more data](#) for your state and [dig deeper](#) on differences in health factors by geography or by population sub-groups. Visit [countyhealthrankings.org/using-the-rankings-data](http://countyhealthrankings.org/using-the-rankings-data).

## MOVING FROM DATA TO ACTION

*Roadmaps to Health* help communities bring people together to look at the many factors that influence health and opportunities to reduce health gaps, select strategies that can improve health for all, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from *awareness* about their county's ranking to *actions* designed to improve everyone's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- [What Works for Health](#) – a searchable database of evidence-informed policies and programs that can improve health
- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at [countyhealthrankings.org](http://countyhealthrankings.org)



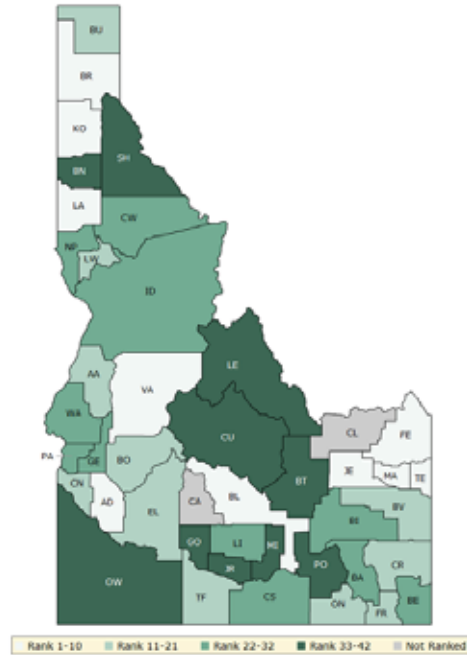
## HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide, the National Association of Counties, Local Initiatives Support Corporation (LISC), or Neighborworks— their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit [countyhealthrankings.org](http://countyhealthrankings.org) to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

## HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Idaho's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org).

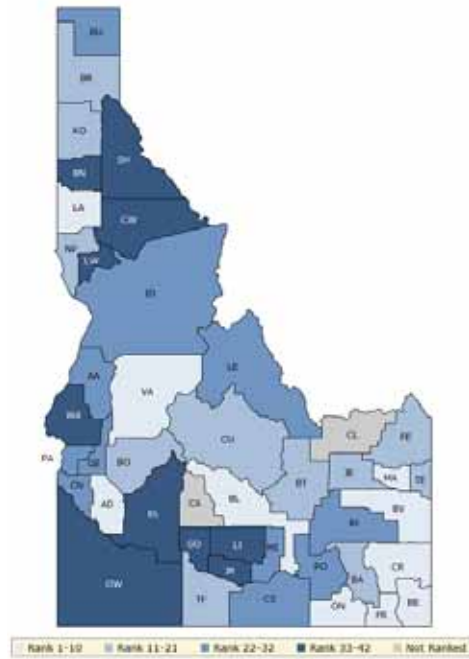


County	Rank	County	Rank	County	Rank	County	Rank
Ada	3	Butte	34	Gem	24	Minidoka	33
Adams	20	Camas	NR	Gooding	38	Nez Perce	22
Bannock	26	Canyon	21	Idaho	29	Oneida	11
Bear Lake	23	Caribou	12	Jefferson	6	Owyhee	36
Benewah	42	Cassia	27	Jerome	35	Payette	25
Bingham	28	Clark	NR	Kootenai	9	Power	37
Blaine	2	Clearwater	31	Latah	5	Shoshone	41
Boise	17	Custer	39	Lemhi	40	Teton	4
Bonner	10	Elmore	15	Lewis	16	Twin Falls	19
Bonneville	14	Franklin	18	Lincoln	30	Valley	1
Boundary	13	Fremont	8	Madison	7	Washington	32

## HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Idaho’s summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org)



County	Rank	County	Rank	County	Rank	County	Rank
Ada	2	Butte	18	Gem	27	Minidoka	26
Adams	28	Camas	NR	Gooding	34	Nez Perce	15
Bannock	14	Canyon	31	Idaho	24	Oneida	6
Bear Lake	9	Caribou	8	Jefferson	13	Owyhee	42
Benewah	40	Cassia	22	Jerome	37	Payette	29
Bingham	23	Clark	NR	Kootenai	19	Power	32
Blaine	1	Clearwater	38	Latah	4	Shoshone	41
Boise	17	Custer	16	Lemhi	30	Teton	12
Bonner	20	Elmore	39	Lewis	35	Twin Falls	21
Bonneville	7	Franklin	10	Lincoln	36	Valley	3
Boundary	25	Fremont	11	Madison	5	Washington	33

## 2017 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
<b>HEALTH OUTCOMES</b>					
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	6,200	2,900	10,400
Poor or fair health	% of adults reporting fair or poor health	16%	14%	11%	22%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.8	3.5	3.2	4.5
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.8	3.5	3.1	4.1
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7%	3%	10%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	% of adults who are current smokers	17%	14%	12%	19%
Adult obesity	% of adults that report a BMI ≥ 30	31%	28%	19%	34%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	7.2	4.2	8.2
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	26%	20%	13%	28%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	75%	11%	92%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	15%	13%	20%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	30%	32%	0%	100%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	294.8	337.6	40.1	526.8
Teen births	# of births per 1,000 female population ages 15-19	38	31	7	62
<b>CLINICAL CARE</b>					
Uninsured	% of population under age 65 without health insurance	14%	16%	12%	28%
Primary care physicians	Ratio of population to primary care physicians	2,030:1	1,560:1	12,870:1	550:1
Dentists	Ratio of population to dentists	2,570:1	1,560:1	2,500:0	820:1
Mental health providers	Ratio of population to mental health providers	1,105:1	550:1	11,410:1	270:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	56	32	16	65
Diabetes monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	86%	82%	67%	93%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	58%	38%	69%
<b>SOCIAL AND ECONOMIC FACTORS</b>					
High school graduation	% of ninth-grade cohort that graduates in four years	88%	79%	60%	94%
Some college	% of adults ages 25-44 with some post-secondary education	57%	65%	32%	85%
Unemployment	% of population aged 16 and older unemployed but seeking work	5.3%	4.1%	2.7%	8.0%
Children in poverty	% of children under age 18 in poverty	22%	18%	12%	30%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.2	3.0	5.9
Children in single-parent households	% of children that live in a household headed by a single parent	32%	25%	11%	39%
Social associations	# of membership associations per 10,000 population	12.6	7.5	1.1	19.3
Violent crime	# of reported violent crime offenses per 100,000 population	198	212	31	353
Injury deaths	# of deaths due to injury per 100,000 population	77	70	26	137
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.2	7.2	5.1	10.1
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	16%	6%	28%
Driving alone to work	% of workforce that drives alone to work	81%	78%	66%	83%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	30%	22%	10%	60%

## 2017 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2012-2014
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2015
	Poor physical health days	Behavioral Risk Factor Surveillance System	2015
	Poor mental health days	Behavioral Risk Factor Surveillance System	2015
	Low birthweight	National Center for Health Statistics – Natality files	2008-2014
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2015
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2013
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010 & 2014
	Physical inactivity	CDC Diabetes Interactive Atlas	2013
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
<b>Alcohol and Drug Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2015
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2011-2015
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2014
	Teen births	National Center for Health Statistics - Natality files	2008-2014
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2014
	Primary care physicians	Area Health Resource File/American Medical Association	2014
	Dentists	Area Health Resource File/National Provider Identification file	2015
	Mental health providers	CMS, National Provider Identification file	2016
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2014
	Diabetes monitoring	Dartmouth Atlas of Health Care	2014
	Mammography screening	Dartmouth Atlas of Health Care	2014
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	EDFacts <sup>1</sup>	2014-2015
	Some college	American Community Survey	2011-2015
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2015
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2015
	Income inequality	American Community Survey	2011-2015
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2011-2015
	Social associations	County Business Patterns	2014
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2012-2014
	Injury deaths	CDC WONDER mortality data	2011-2015
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution - particulate matter <sup>2</sup>	CDC National Environmental Public Health Tracking Network	2012
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2009-2013
	Driving alone to work	American Community Survey	2011-2015
	Long commute – driving alone	American Community Survey	2011-2015

<sup>1</sup> State sources used for California and Texas.

<sup>2</sup> Not available for AK and HI.



## CREDITS

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