



County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 *Rankings* **California**



Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health 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 groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

Roadmaps to Health Community Grants

The *Roadmaps to Health Community Grants* provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health Partner Grants* to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health Prizes* of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health Prize* is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



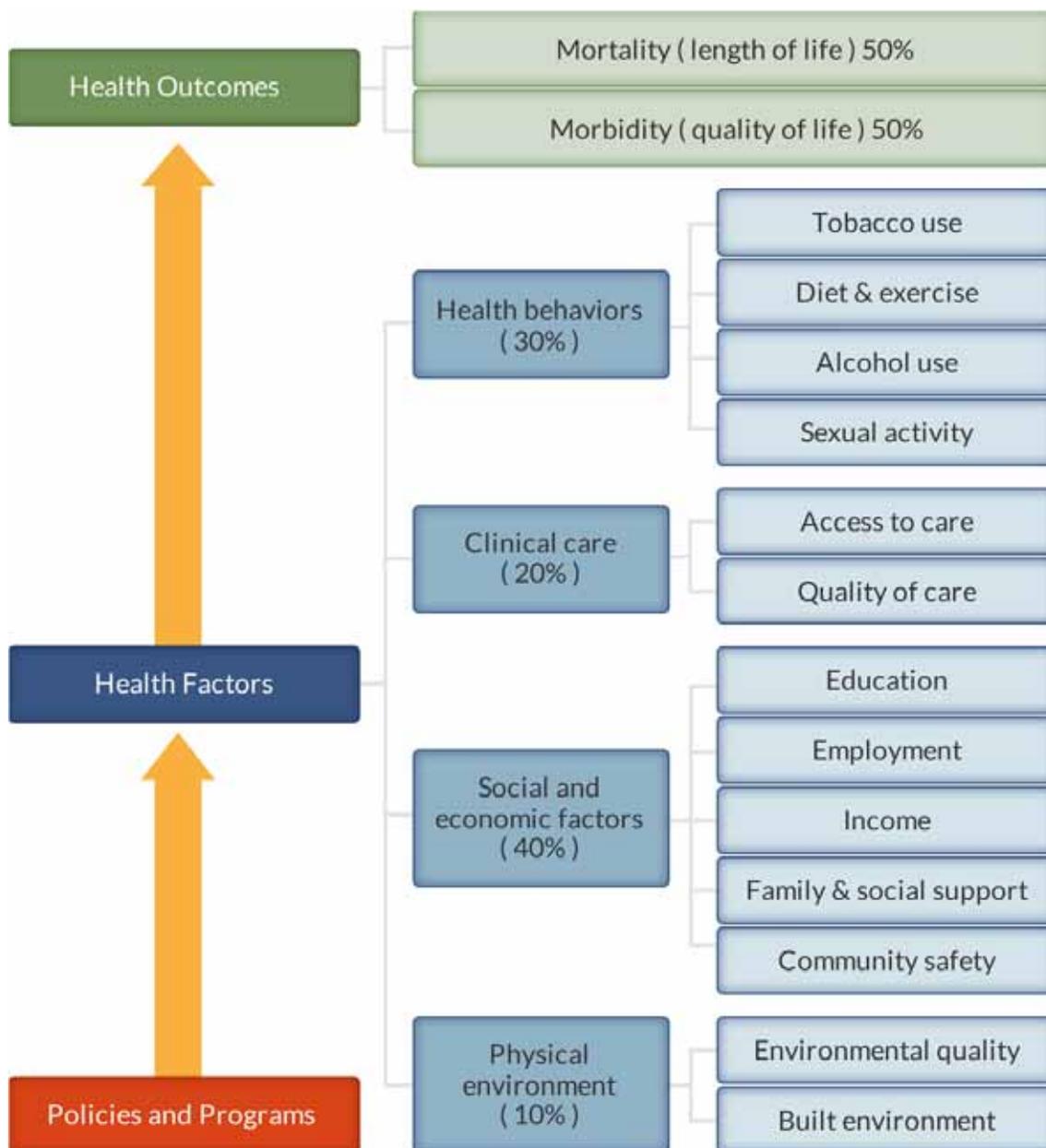
Roadmaps to Health Action Center

The *Roadmaps to Health Action Center*, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2013 *County Health Rankings* report ranks California counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2012 UWPHI

The maps on this page and the next display California’s counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

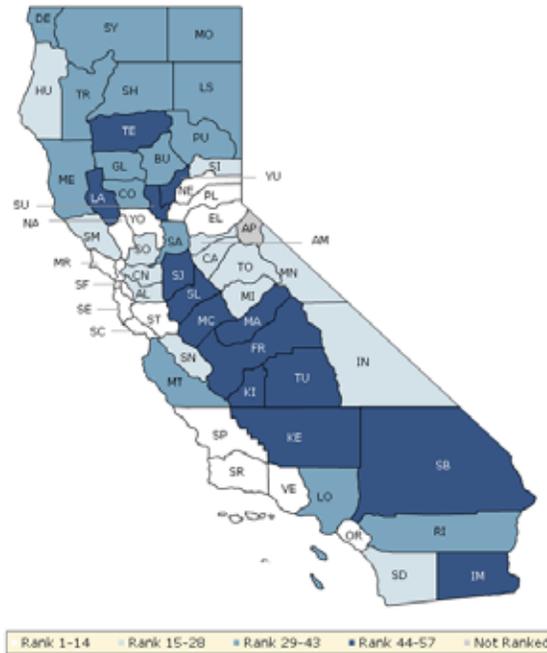
summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



County	Rank	County	Rank	County	Rank	County	Rank
Alameda	18	Kings	41	Placer	2	Sierra	38
Alpine	NR	Lake	57	Plumas	20	Siskiyou	56
Amador	35	Lassen	31	Riverside	27	Solano	32
Butte	45	Los Angeles	28	Sacramento	30	Sonoma	12
Calaveras	29	Madera	37	San Benito	10	Stanislaus	36
Colusa	8	Marin	1	San Bernardino	44	Sutter	33
Contra Costa	19	Mariposa	26	San Diego	17	Tehama	55
Del Norte	53	Mendocino	43	San Francisco	23	Trinity	40
El Dorado	6	Merced	39	San Joaquin	42	Tulare	49
Fresno	46	Modoc	51	San Luis Obispo	11	Tuolumne	22
Glenn	25	Mono	16	San Mateo	4	Ventura	15
Humboldt	48	Monterey	21	Santa Barbara	14	Yolo	5
Imperial	34	Napa	24	Santa Clara	3	Yuba	50
Inyo	52	Nevada	9	Santa Cruz	13		
Kern	54	Orange	7	Shasta	47		

HEALTH FACTORS



County	Rank	County	Rank	County	Rank	County	Rank
Alameda	18	Kings	48	Placer	2	Sierra	26
Alpine	NR	Lake	50	Plumas	35	Siskiyou	39
Amador	22	Lassen	40	Riverside	36	Solano	28
Butte	32	Los Angeles	33	Sacramento	30	Sonoma	16
Calaveras	24	Madera	52	San Benito	23	Stanislaus	49
Colusa	43	Marin	1	San Bernardino	46	Sutter	44
Contra Costa	15	Mariposa	25	San Diego	19	Tehama	45
Del Norte	34	Mendocino	31	San Francisco	8	Trinity	42
El Dorado	5	Merced	53	San Joaquin	47	Tulare	57
Fresno	54	Modoc	37	San Luis Obispo	6	Tuolumne	21
Glenn	38	Mono	17	San Mateo	3	Ventura	13
Humboldt	27	Monterey	29	Santa Barbara	14	Yolo	11
Imperial	55	Napa	12	Santa Clara	4	Yuba	51
Inyo	20	Nevada	7	Santa Cruz	10		
Kern	56	Orange	9	Shasta	41		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Each of these ranks represents a weighted summary of a number of measures.

Rank	Health Outcomes	Rank	Health Factors
1	Marin	1	Marin
2	Placer	2	Placer
3	Santa Clara	3	San Mateo
4	San Mateo	4	Santa Clara
5	Yolo	5	El Dorado
6	El Dorado	6	San Luis Obispo
7	Orange	7	Nevada
8	Colusa	8	San Francisco
9	Nevada	9	Orange
10	San Benito	10	Santa Cruz
11	San Luis Obispo	11	Yolo
12	Sonoma	12	Napa
13	Santa Cruz	13	Ventura
14	Santa Barbara	14	Santa Barbara
15	Ventura	15	Contra Costa
16	Mono	16	Sonoma
17	San Diego	17	Mono
18	Alameda	18	Alameda
19	Contra Costa	19	San Diego
20	Plumas	20	Inyo
21	Monterey	21	Tuolumne
22	Tuolumne	22	Amador
23	San Francisco	23	San Benito
24	Napa	24	Calaveras
25	Glenn	25	Mariposa
26	Mariposa	26	Sierra
27	Riverside	27	Humboldt
28	Los Angeles	28	Solano
29	Calaveras	29	Monterey
30	Sacramento	30	Sacramento
31	Lassen	31	Mendocino
32	Solano	32	Butte
33	Sutter	33	Los Angeles
34	Imperial	34	Del Norte
35	Amador	35	Plumas
36	Stanislaus	36	Riverside
37	Madera	37	Modoc
38	Sierra	38	Glenn
39	Merced	39	Siskiyou
40	Trinity	40	Lassen
41	Kings	41	Shasta
42	San Joaquin	42	Trinity

Rank	Health Outcomes	Rank	Health Factors
43	Mendocino	43	Colusa
44	San Bernardino	44	Sutter
45	Butte	45	Tehama
46	Fresno	46	San Bernardino
47	Shasta	47	San Joaquin
48	Humboldt	48	Kings
49	Tulare	49	Stanislaus
50	Yuba	50	Lake
51	Modoc	51	Yuba
52	Inyo	52	Madera
53	Del Norte	53	Merced
54	Kern	54	Fresno
55	Tehama	55	Imperial
56	Siskiyou	56	Kern
57	Lake	57	Tulare

Not Ranked: Alpine

2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMENT			
Environmental Quality	Daily fine particulate matter ¹	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

¹ Not available for AK and HI.

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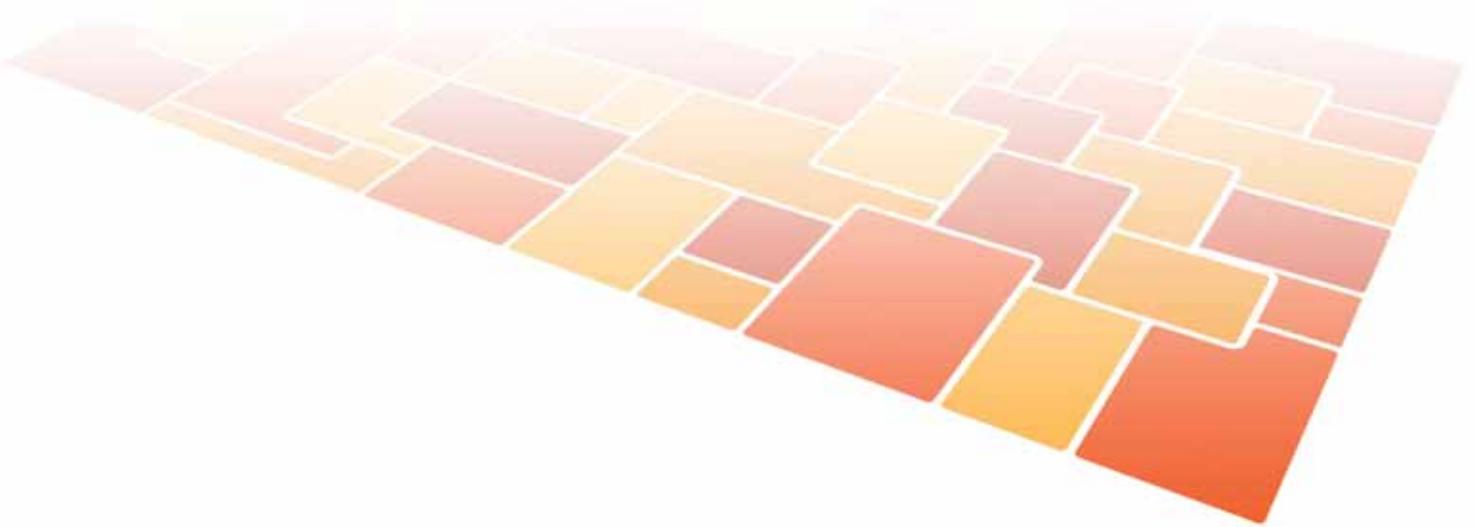
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