

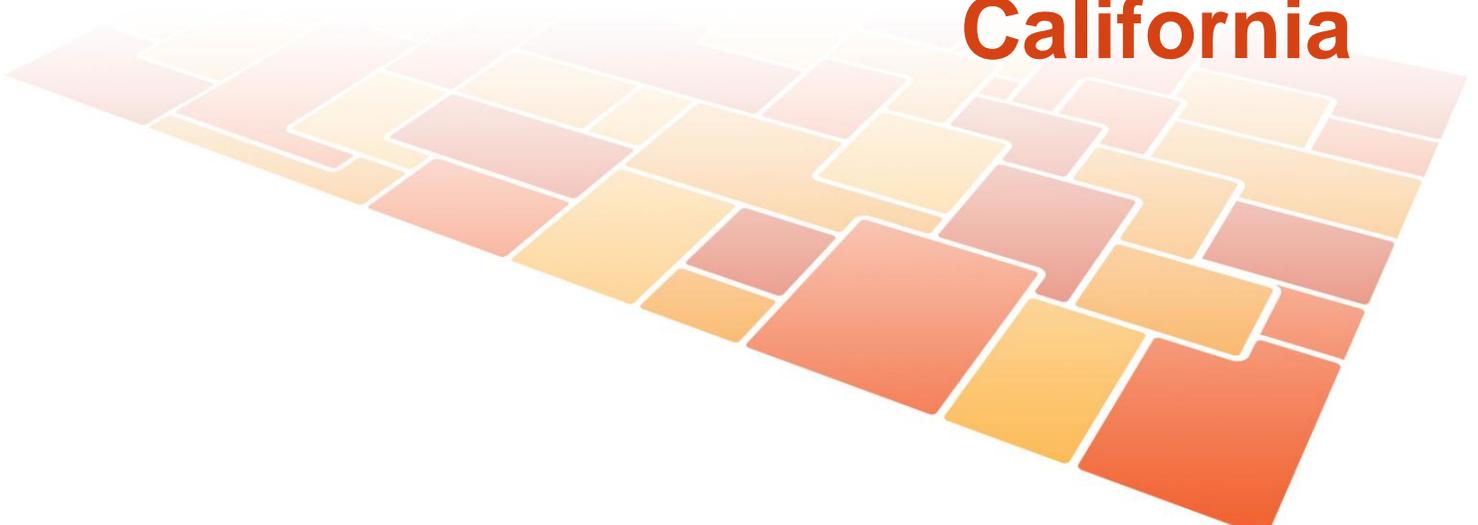


County Health Rankings

Mobilizing Action Toward Community Health

2011

California



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. 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.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

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

All of the *County Health Rankings* are based upon 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. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.

To compile the *Rankings*, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

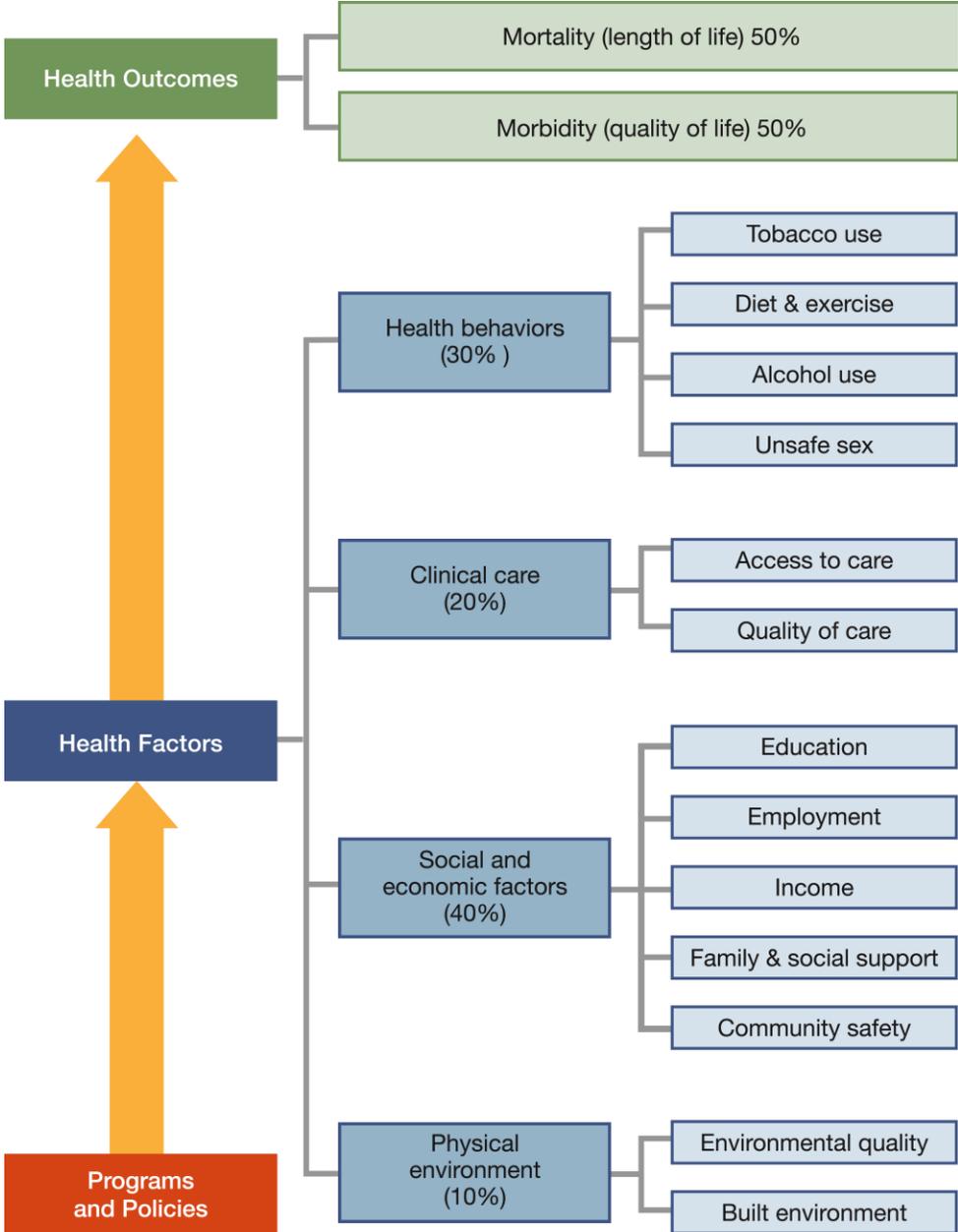
For a more detailed explanation of our approach, the methods used to compile the *Rankings*, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org



The Rankings

This report ranks California counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; 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.

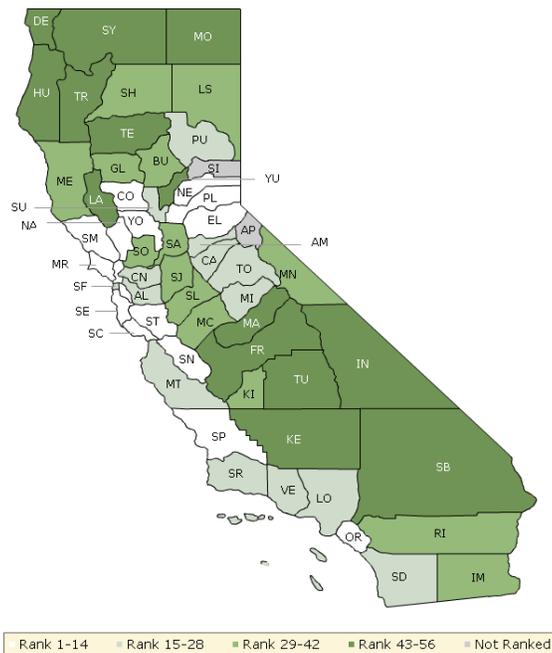


County Health Rankings model ©2010 UWPHI

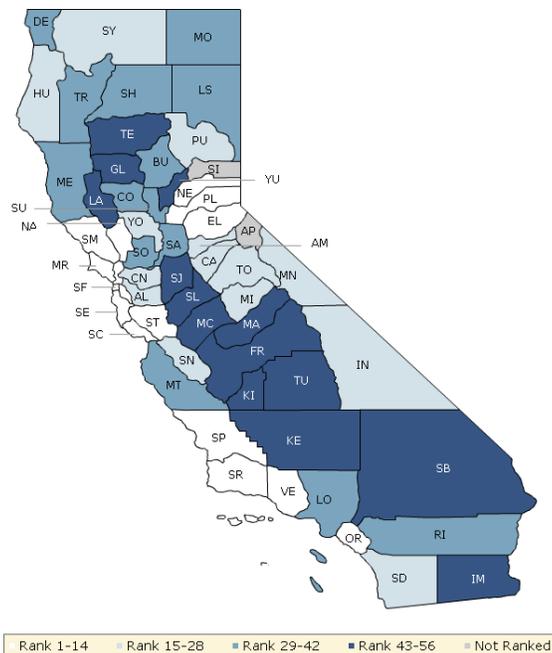
The maps on this page display California's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

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

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

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

| Rank | Health Outcomes | Rank | Health Factors |
|------|-----------------|------|----------------|
| 41 | Stanislaus | 41 | Trinity |
| 42 | Shasta | 42 | Riverside |
| 43 | Fresno | 43 | Glenn |
| 44 | San Bernardino | 44 | Lake |
| 45 | Humboldt | 45 | Tehama |
| 46 | Tulare | 46 | Madera |
| 47 | Modoc | 47 | Stanislaus |
| 48 | Tehama | 48 | Kings |
| 49 | Madera | 49 | Merced |
| 50 | Inyo | 50 | San Bernardino |
| 51 | Kern | 51 | Fresno |
| 52 | Yuba | 52 | San Joaquin |
| 53 | Lake | 53 | Imperial |
| 54 | Siskiyou | 54 | Yuba |
| 55 | Del Norte | 55 | Tulare |
| 56 | Trinity | 56 | Kern |

Not Ranked: Alpine, Sierra

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

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

| Rank | Mortality | Morbidity |
|------|-----------|----------------|
| 41 | Tuolumne | Yuba |
| 42 | Tehama | Stanislaus |
| 43 | Tulare | Lake |
| 44 | Glenn | Inyo |
| 45 | Kern | Tulare |
| 46 | Butte | Fresno |
| 47 | Mendocino | Del Norte |
| 48 | Shasta | Imperial |
| 49 | Humboldt | San Bernardino |
| 50 | Inyo | Trinity |
| 51 | Modoc | Los Angeles |
| 52 | Yuba | Tehama |
| 53 | Siskiyou | Siskiyou |
| 54 | Lake | Kern |
| 55 | Del Norte | Mono |
| 56 | Trinity | Madera |

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

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

| Rank | Health Behaviors | Clinical Care | Social & Economic Factors | Physical Environment |
|------|------------------|----------------|---------------------------|----------------------|
| 41 | Solano | Trinity | Mendocino | Trinity |
| 42 | Madera | Tehama | Los Angeles | Sacramento |
| 43 | Glenn | Madera | Tehama | San Joaquin |
| 44 | Del Norte | San Benito | Colusa | Stanislaus |
| 45 | Tehama | San Joaquin | Kings | El Dorado |
| 46 | Merced | Imperial | Lake | Yuba |
| 47 | Fresno | Tulare | Del Norte | Merced |
| 48 | San Bernardino | Stanislaus | Madera | Kings |
| 49 | Tuolumne | Kern | Trinity | Mariposa |
| 50 | Stanislaus | Yuba | Yuba | Los Angeles |
| 51 | San Joaquin | Kings | Merced | Tehama |
| 52 | Lake | Glenn | San Joaquin | Tulare |
| 53 | Shasta | Los Angeles | Kern | Fresno |
| 54 | Yuba | Riverside | Fresno | Riverside |
| 55 | Kern | Colusa | Tulare | San Bernardino |
| 56 | Tulare | San Bernardino | Imperial | Kern |

2011 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 | 2005-2007 |
| Morbidity | Poor or fair health | Behavioral Risk Factor Surveillance System | 2003-2009 |
| | Poor physical health days | Behavioral Risk Factor Surveillance System | 2003-2009 |
| | Poor mental health days | Behavioral Risk Factor Surveillance System | 2003-2009 |
| | Low birthweight | National Center for Health Statistics | 2001-2007 |
| HEALTH FACTORS | | | |
| HEALTH BEHAVIORS | | | |
| Tobacco | Adult smoking | Behavioral Risk Factor Surveillance System | 2003-2009 |
| Diet and Exercise | Adult obesity | National Center for Chronic Disease Prevention and Health Promotion | 2008 |
| Alcohol Use | Excessive drinking | Behavioral Risk Factor Surveillance System | 2003-2009 |
| | Motor vehicle crash death rate | National Center for Health Statistics | 2001-2007 |
| High Risk Sexual Behavior | Sexually transmitted infections | National Center for Hepatitis, HIV, STD and TB Prevention | 2008 |
| | Teen birth rate | National Center for Health Statistics | 2001-2007 |
| CLINICAL CARE | | | |
| Access to Care | Uninsured adults | Small Area Health Insurance Estimates, U.S. Census | 2007 |
| | Primary care providers | Health Resources & Services Administration | 2008 |
| Quality of Care | Preventable hospital stays | Medicare/Dartmouth Institute | 2006-2007 |
| | Diabetic screening | Medicare/Dartmouth Institute | 2006-2007 |
| | Mammography screening | Medicare/Dartmouth Institute | 2006-2007 |
| SOCIOECONOMIC FACTORS | | | |
| Education | High school graduation | National Center for Education Statistics ¹ | 2006-2007 |
| | Some college | American Community Survey | 2005-2009 |
| Employment | Unemployment | Bureau of Labor Statistics | 2009 |
| Income | Children in poverty | Small Area Income and Poverty Estimates, U.S. Census | 2008 |
| Family and Social Support | Inadequate social support | Behavioral Risk Factor Surveillance System | 2005-2009 |
| | Single-parent households | American Community Survey | 2005-2009 |
| Community Safety | Violent crime ² | Uniform Crime Reporting, Federal Bureau of Investigation | 2006-2008 |
| PHYSICAL ENVIRONMENT | | | |
| Air Quality ³ | Air pollution-particulate matter days | U.S. Environmental Protection Agency / Centers for Disease Control and Prevention | 2006 |
| | Air pollution-ozone days | U.S. Environmental Protection Agency / Centers for Disease Control and Prevention | 2006 |
| Built Environment | Access to healthy foods | Census Zip Code Business Patterns | 2008 |
| | Access to recreational facilities | Census County Business Patterns | 2008 |

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

³ Not available for AK and HI.

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