

2012 Rankings South Dakota





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. To learn about steps that you can take to improve health in your community, click on the *Roadmaps* tab. The *Roadmaps* to *Health* Action Center provides tools and resources to help groups working together to create healthier places. The Opportunities section provides information on funding, recognition. and partnership opportunities. The Connections section helps you learn what others are doing.

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.

This report introduces the *County Health Roadmaps*, a new partnership that 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 collaborates with the University of Wisconsin Population Health Institute 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 technical assistance on strategies to improve health.

Roadmaps to Health Community Grants

The Roadmaps to Health Community Grants provide funding for 2 years to 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

The Robert Wood Johnson Foundation 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. The first Partner Grant was awarded to United Way Worldwide (UWW) in July 2011.

Roadmaps to Health Prize

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute will award *Roadmaps to Health* Prizes of \$25,000 to up to six communities that are working to become healthier places to live, learn, work and play. The *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.

TAKE ACTION



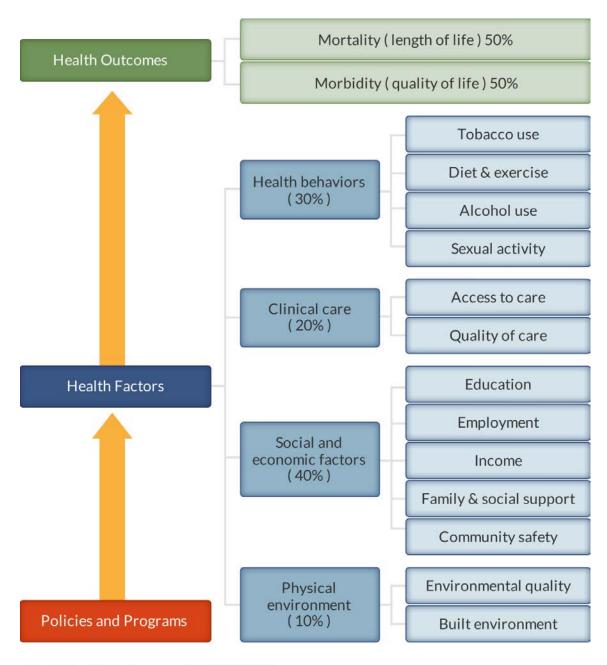
Roadmaps to Health Action Center

The Roadmaps to Health Action Center, based at the University of Wisconsin Population Health Institute, provides tools and resources to help groups working to make their communities healthier places. The new Action Center will provide guidance on developing strategies and advocacy efforts to advance pro-health policies, offer opportunities for ongoing learning, and in the summer of 2012, host a searchable database of evidence-informed policies and programs focused on health improvement. Experts provide customized consultation to local 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 2012 County Health Rankings report ranks South Dakota 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.

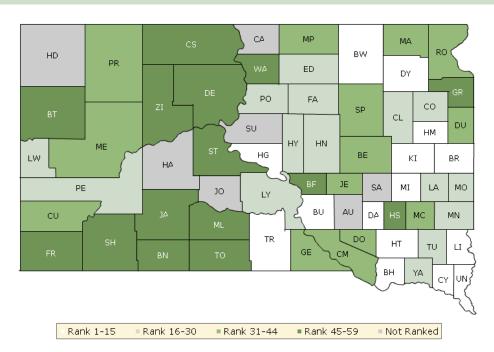


County Health Rankings model ©2012 UWPHI

The maps on this page and the next display South Dakota's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate

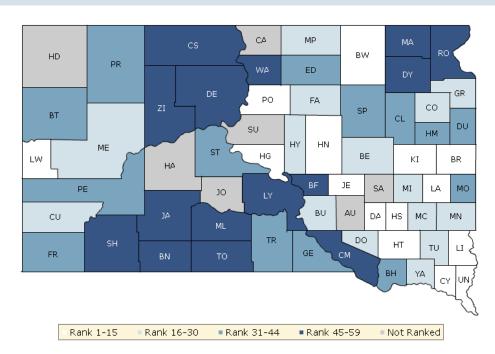
better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



County	Rank	County	Rank	County	Rank	County	Rank
Aurora	NR	Day	10	Jackson	55	Perkins	35
Beadle	41	Deuel	40	Jerauld	32	Potter	24
Bennett	52	Dewey	54	Jones	NR	Roberts	33
Bon Homme	4	Douglas	39	Kingsbury	13	Sanborn	NR
Brookings	1	Edmunds	27	Lake	21	Shannon	59
Brown	9	Fall River	49	Lawrence	18	Spink	44
Brule	12	Faulk	16	Lincoln	2	Stanley	48
Buffalo	57	Grant	46	Lyman	29	Sully	NR
Butte	45	Gregory	31	Marshall	42	Todd	58
Campbell	NR	Haakon	NR	McCook	43	Tripp	14
Charles Mix	38	Hamlin	6	McPherson	37	Turner	19
Clark	20	Hand	25	Meade	34	Union	8
Clay	3	Hanson	51	Mellette	47	Walworth	50
Codington	22	Harding	NR	Miner	15	Yankton	23
Corson	56	Hughes	7	Minnehaha	17	Ziebach	53
Custer	36	Hutchinson	5	Moody	30		
Davison	11	Hyde	26	Pennington	28		

HEALTH FACTORS



County	Rank	County	Rank	County	Rank	County	Rank
Aurora	NR	Day	45	Jackson	51	Perkins	42
Beadle	23	Deuel	34	Jerauld	6	Potter	5
Bennett	53	Dewey	56	Jones	NR	Roberts	48
Bon Homme	32	Douglas	25	Kingsbury	15	Sanborn	NR
Brookings	2	Edmunds	37	Lake	14	Shannon	59
Brown	11	Fall River	36	Lawrence	8	Spink	33
Brule	26	Faulk	20	Lincoln	1	Stanley	40
Buffalo	58	Grant	24	Lyman	50	Sully	NR
Butte	39	Gregory	31	Marshall	46	Todd	57
Campbell	NR	Haakon	NR	McCook	16	Tripp	38
Charles Mix	49	Hamlin	35	McPherson	30	Turner	17
Clark	44	Hand	9	Meade	27	Union	4
Clay	12	Hanson	13	Mellette	52	Walworth	47
Codington	18	Harding	NR	Miner	28	Yankton	21
Corson	55	Hughes	7	Minnehaha	19	Ziebach	54
Custer	22	Hutchinson	3	Moody	43		
Davison	10	Hyde	29	Pennington	41		

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 represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Brookings	1	Lincoln
2	Lincoln	2	Brookings
3	Clay	3	Hutchinson
4	Bon Homme	4	Union
5	Hutchinson	5	Potter
6	Hamlin	6	Jerauld
7	Hughes	7	Hughes
8	Union	8	Lawrence
9	Brown	9	Hand
10	Day	10	Davison
11	Davison	11	Brown
12	Brule	12	Clay
13	Kingsbury	13	Hanson
14	Tripp	14	Lake
15	Miner	15	Kingsbury
16	Faulk	16	McCook
17	Minnehaha	17	Turner
18	Lawrence	18	Codington
19	Turner	19	Minnehaha
20	Clark	20	Faulk
21	Lake	21	Yankton
22	Codington	22	Custer
23	Yankton	23	Beadle
24	Potter	24	Grant
25	Hand	25	Douglas
26	Hyde	26	Brule
27	Edmunds	27	Meade
28	Pennington	28	Miner
29	Lyman	29	Hyde
30	Moody	30	McPherson
31	Gregory	31	Gregory
32	Jerauld	32	Bon Homme
33	Roberts	33	Spink
34	Meade	34	Deuel
35	Perkins	35	Hamlin
36	Custer	36	Fall River
37	McPherson	37	Edmunds
38	Charles Mix	38	Tripp
39	Douglas	39	Butte
40	Deuel	40	Stanley
41	Beadle	41	Pennington
42	Marshall	42	Perkins

Rank	Health Outcomes	Rank	Health Factors
43	McCook	43	Moody
44	Spink	44	Clark
45	Butte	45	Day
46	Grant	46	Marshall
47	Mellette	47	Walworth
48	Stanley	48	Roberts
49	Fall River	49	Charles Mix
50	Walworth	50	Lyman
51	Hanson	51	Jackson
52	Bennett	52	Mellette
53	Ziebach	53	Bennett
54	Dewey	54	Ziebach
55	Jackson	55	Corson
56	Corson	56	Dewey
57	Buffalo	57	Todd
58	Todd	58	Buffalo
59	Shannon	59	Shannon

Not Ranked: Aurora, Campbell, Haakon, Harding, Jones, Sanborn, Sully

2012 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	2006-2008
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2004-2010
	Poor physical health days	Behavioral Risk Factor Surveillance System	2004-2010
	Poor mental health days	Behavioral Risk Factor Surveillance System	2004-2010
	Low birthweight	National Center for Health Statistics	2002-2008
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2004-2010
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	2004-2010
	Motor vehicle crash death rate	National Center for Health Statistics	2002-2008
Sexual Activity	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2009
	Teen birth rate	National Center for Health Statistics	2002-2008
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2009
	Primary care physicians	Health Resources & Services Administration	2009
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2009
	Diabetic screening	Medicare/Dartmouth Institute	2009
	Mammography screening	Medicare/Dartmouth Institute	2009
SOCIAL AND ECONOMIC	FACTORS		
Education	High school graduation	National Center for Education Statistics and state-specific sources ¹	2008-2010
	Some college	American Community Survey	2006-2010
Employment	Unemployment	Bureau of Labor Statistics	2010
Income	Children in poverty	Small Area Income and Poverty Estimates	2010
Family and Social	Inadequate social support	Behavioral Risk Factor Surveillance System	2006-2010
Support	Children in single-parent households	American Community Survey	2006-2010
Community Safety	Violent crime rate ²	Federal Bureau of Investigation	2007-2009
PHYSICAL ENVIRONMENT	Ţ		
Environmental Quality ³	Air pollution-particulate matter days	U.S. Environmental Protection Agency	2007
	Air pollution-ozone days	U.S. Environmental Protection Agency	2007
Built Environment	Access to recreational facilities	Census County Business Patterns	2009
	Limited access to healthy foods ⁴	U.S. Department of Agriculture	2006

 $^{^{\}rm 1}~$ NCES used for AK, AL, AR, CA, CT, FL, HI, ID, KY, MT, ND, NJ, OK, SD and TN

² State data source for IL.

³ Not available for AK and HI.

⁴ Access to Healthy Foods (2009) from Census Zip Code Business Patterns for AK and HI.

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