



County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 *Rankings* Colorado



UNIVERSITY OF WISCONSIN
Population Health Institute
Translating Research for Policy and Practice

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.



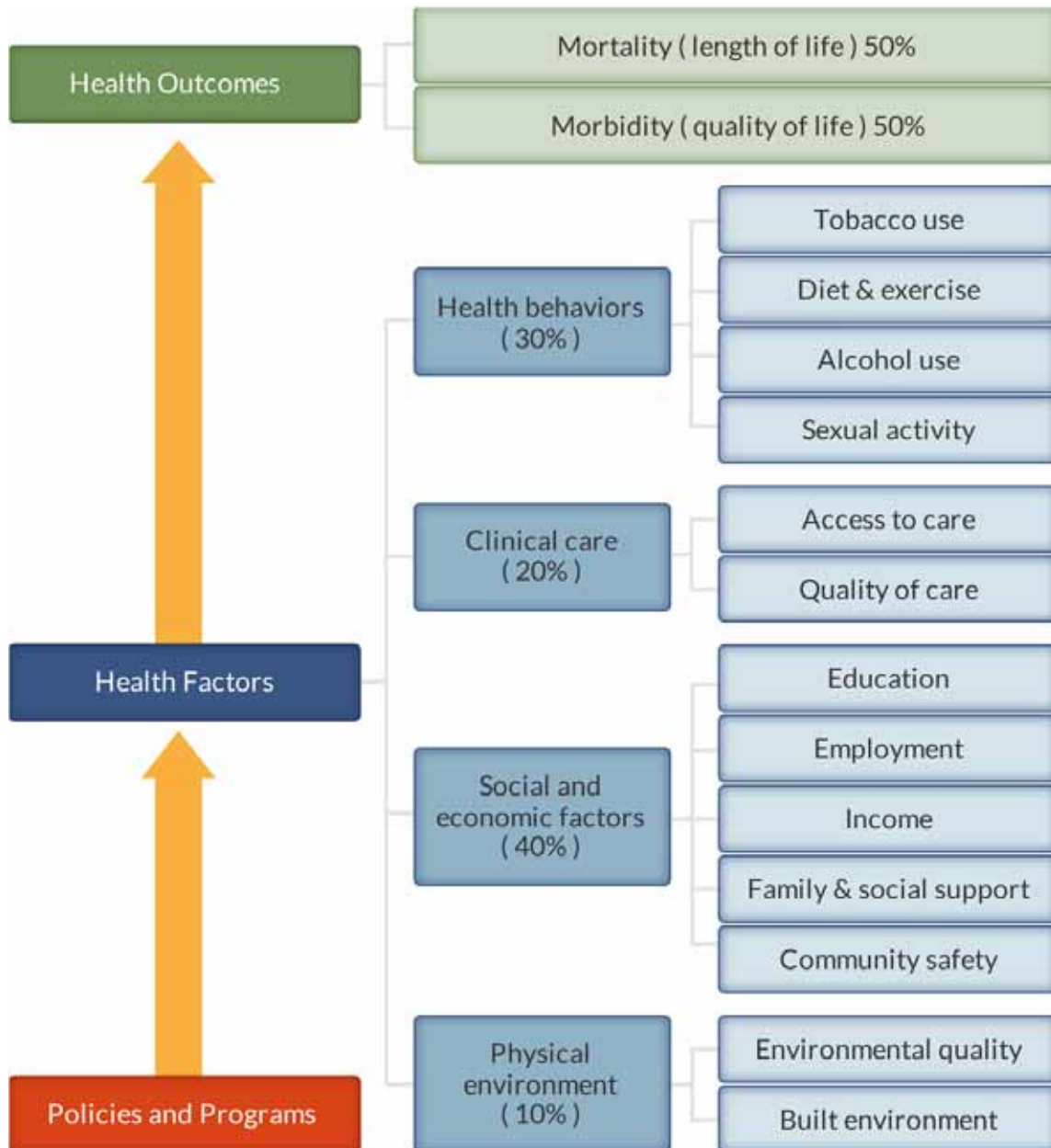
Roadmaps to Health Action Center

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 Colorado 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.

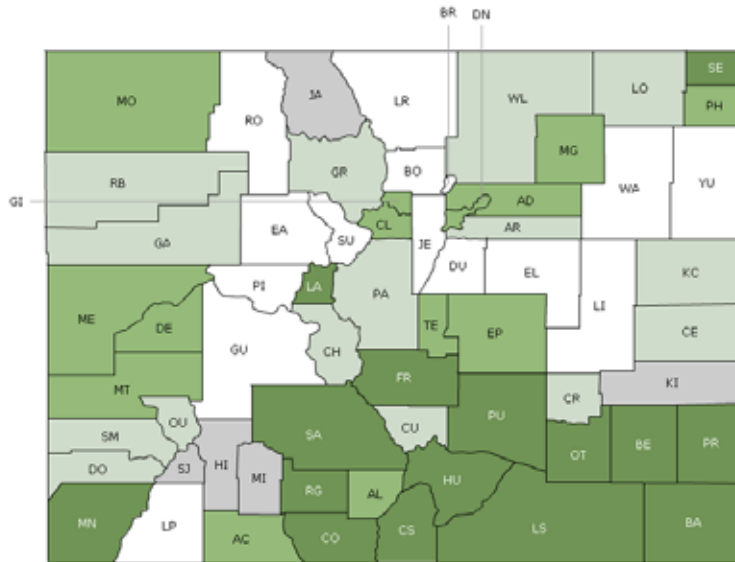


County Health Rankings model ©2012 UWPHI

The maps on this page and the next display Colorado’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.

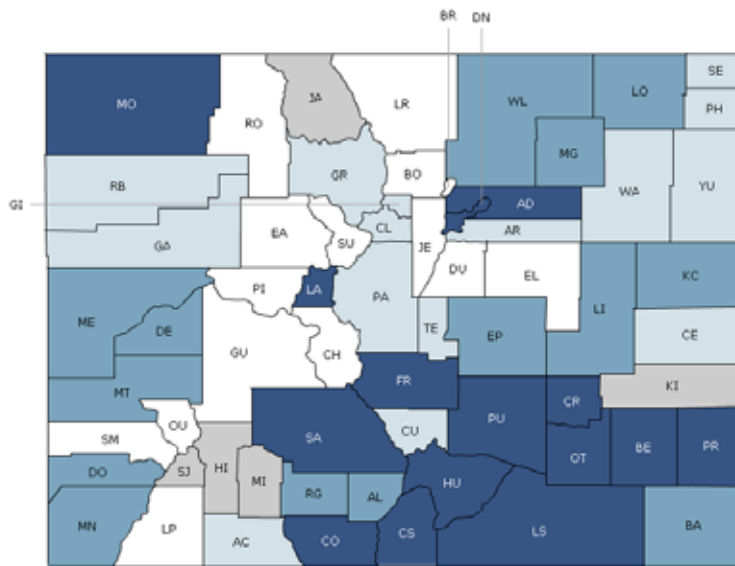
HEALTH OUTCOMES



Rank 1-15 Rank 16-30 Rank 31-44 Rank 45-59 Not Ranked

County	Rank	County	Rank	County	Rank	County	Rank
Adams	35	Denver	40	Kit Carson	30	Phillips	37
Alamosa	43	Dolores	28	La Plata	6	Pitkin	1
Arapahoe	24	Douglas	2	Lake	54	Prowers	53
Archuleta	32	Eagle	3	Larimer	9	Pueblo	48
Baca	58	El Paso	34	Las Animas	57	Rio Blanco	27
Bent	55	Elbert	13	Lincoln	14	Rio Grande	50
Boulder	5	Fremont	45	Logan	19	Routt	10
Broomfield	8	Garfield	16	Mesa	33	Saguache	51
Chaffee	26	Gilpin	31	Mineral	NR	San Juan	NR
Cheyenne	25	Grand	20	Moffat	44	San Miguel	17
Clear Creek	41	Gunnison	11	Montezuma	46	Sedgwick	47
Conejos	56	Hinsdale	NR	Montrose	36	Summit	4
Costilla	52	Huerfano	59	Morgan	38	Teller	39
Crowley	23	Jackson	NR	Otero	49	Washington	12
Custer	22	Jefferson	15	Ouray	18	Weld	21
Delta	42	Kiowa	NR	Park	29	Yuma	7

HEALTH FACTORS



Rank 1-15 Rank 16-30 Rank 31-44 Rank 45-59 Not Ranked

County	Rank	County	Rank	County	Rank	County	Rank
Adams	51	Denver	48	Kit Carson	38	Phillips	16
Alamosa	40	Dolores	35	La Plata	15	Pitkin	4
Arapahoe	26	Douglas	1	Lake	49	Prowers	53
Archuleta	30	Eagle	10	Larimer	8	Pueblo	52
Baca	42	El Paso	31	Las Animas	54	Rio Blanco	19
Bent	56	Elbert	14	Lincoln	34	Rio Grande	44
Boulder	2	Fremont	46	Logan	43	Routt	3
Broomfield	6	Garfield	28	Mesa	33	Saguache	58
Chaffee	12	Gilpin	21	Mineral	NR	San Juan	NR
Cheyenne	20	Grand	22	Moffat	47	San Miguel	9
Clear Creek	18	Gunnison	11	Montezuma	41	Sedgwick	27
Conejos	45	Hinsdale	NR	Montrose	32	Summit	5
Costilla	59	Huerfano	55	Morgan	37	Teller	23
Crowley	50	Jackson	NR	Otero	57	Washington	24
Custer	29	Jefferson	13	Ouray	7	Weld	36
Delta	39	Kiowa	NR	Park	17	Yuma	25

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	Pitkin	1	Douglas
2	Douglas	2	Boulder
3	Eagle	3	Routt
4	Summit	4	Pitkin
5	Boulder	5	Summit
6	La Plata	6	Broomfield
7	Yuma	7	Ouray
8	Broomfield	8	Larimer
9	Larimer	9	San Miguel
10	Routt	10	Eagle
11	Gunnison	11	Gunnison
12	Washington	12	Chaffee
13	Elbert	13	Jefferson
14	Lincoln	14	Elbert
15	Jefferson	15	La Plata
16	Garfield	16	Phillips
17	San Miguel	17	Park
18	Ouray	18	Clear Creek
19	Logan	19	Rio Blanco
20	Grand	20	Cheyenne
21	Weld	21	Gilpin
22	Custer	22	Grand
23	Crowley	23	Teller
24	Arapahoe	24	Washington
25	Cheyenne	25	Yuma
26	Chaffee	26	Arapahoe
27	Rio Blanco	27	Sedgwick
28	Dolores	28	Garfield
29	Park	29	Custer
30	Kit Carson	30	Archuleta
31	Gilpin	31	El Paso
32	Archuleta	32	Montrose
33	Mesa	33	Mesa
34	El Paso	34	Lincoln
35	Adams	35	Dolores
36	Montrose	36	Weld
37	Phillips	37	Morgan
38	Morgan	38	Kit Carson
39	Teller	39	Delta
40	Denver	40	Alamosa
41	Clear Creek	41	Montezuma
42	Delta	42	Baca

Rank	Health Outcomes	Rank	Health Factors
43	Alamosa	43	Logan
44	Moffat	44	Rio Grande
45	Fremont	45	Conejos
46	Montezuma	46	Fremont
47	Sedgwick	47	Moffat
48	Pueblo	48	Denver
49	Otero	49	Lake
50	Rio Grande	50	Crowley
51	Saguache	51	Adams
52	Costilla	52	Pueblo
53	Prowers	53	Prowers
54	Lake	54	Las Animas
55	Bent	55	Huerfano
56	Conejos	56	Bent
57	Las Animas	57	Otero
58	Baca	58	Saguache
59	Huerfano	59	Costilla

Not Ranked: Hinsdale, Jackson, Kiowa, Mineral, San Juan

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.

CREDITS

Report Authors

University of Wisconsin-Madison
School of Medicine and Public Health
Department of Population Health Sciences
Population Health Institute

Bridget Booske Catlin, PhD, MHSA
Amanda Jovaag, MS
Patrick Remington, MD, MPH

This publication would not have been possible without the following contributions:

Data

Centers for Disease Control and Prevention: National Center for Health Statistics and Division of Behavioral Surveillance
Dartmouth Institute for Health Policy & Clinical Practice

Research Assistance

Jennifer Buechner
Hyojun Park, MA
Elizabeth Pollock
Jennifer Robinson
Matthew Rodock, MPH
Anne Roubal, MS

Communications and Outreach

Burness Communications
Anna Graupner, MPH
Kate Konkle, MPH
Karen Odegaard, MPH
Jan O'Neill, MPA
Angela Russell, MS
Julie Willems Van Dijk, PhD, RN

Design

Forum One, Alexandria, VA

Robert Wood Johnson Foundation

Abbey Cofsky, MPH –Senior Program Officer
Michelle Larkin, JD, MS, RN – Assistant Vice-President and Deputy Director, Health Group
James S. Marks, MD, MPH – Senior Vice-President and Group Director, Health Group
Joe Marx – Senior Communications Officer

Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2013*.



countyhealthrankings.org



University of Wisconsin Population Health Institute
610 Walnut St, #524, Madison, WI 53726
(608) 265-6370 / info@countyhealthrankings.org

