



County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 *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. 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.



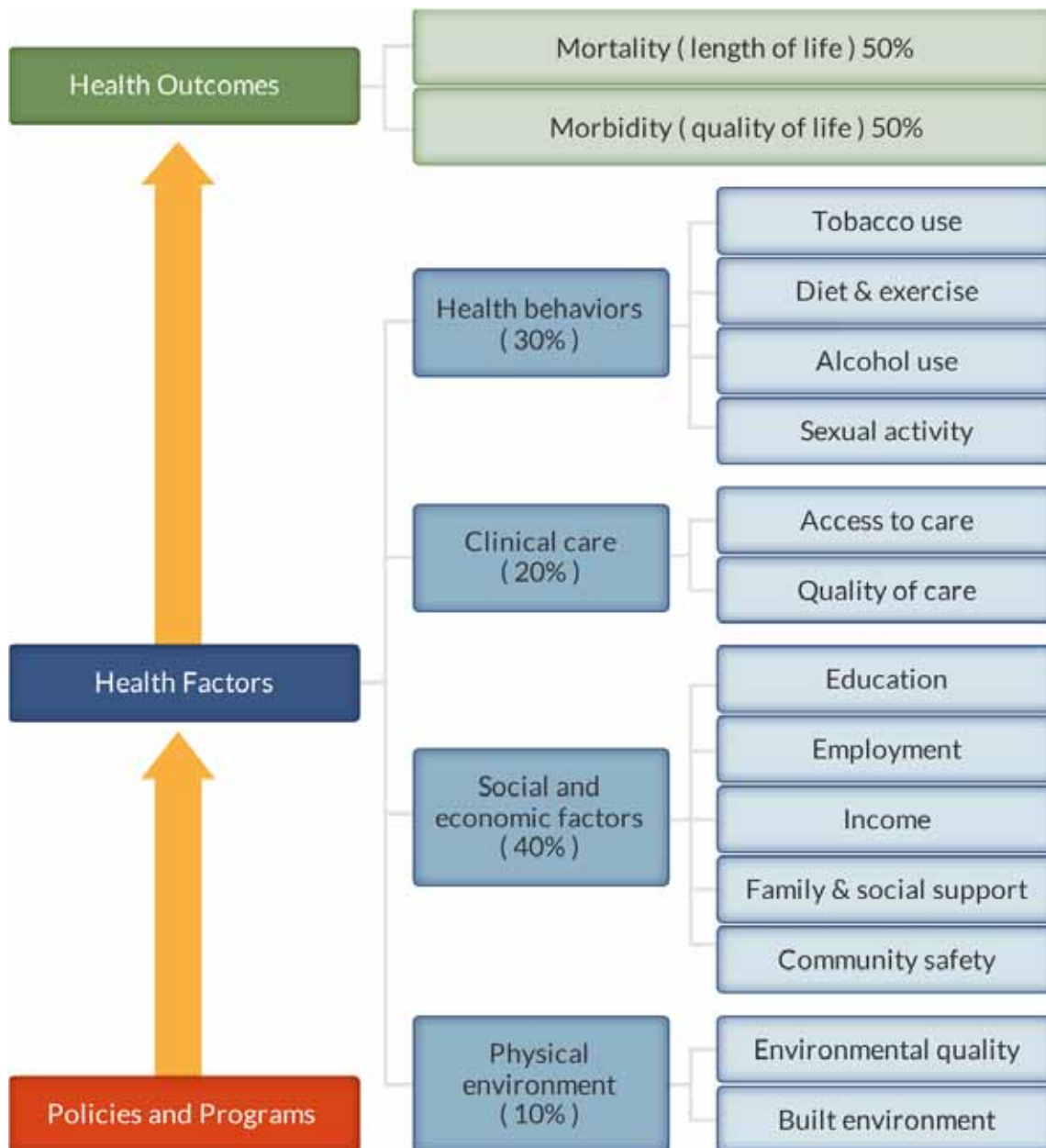
Roadmaps to Health Action Center

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 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.

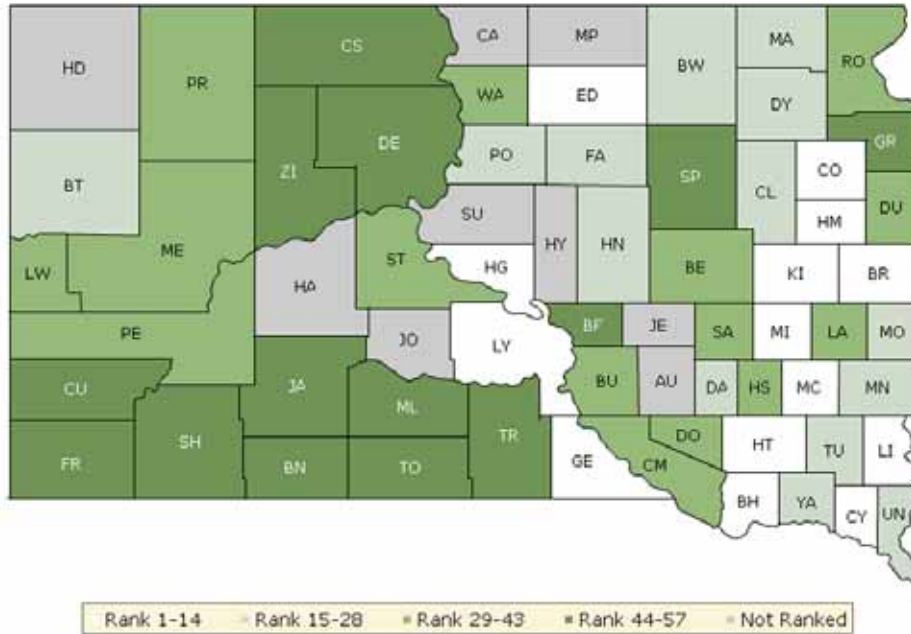


County Health Rankings model ©2012 UWPHI

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

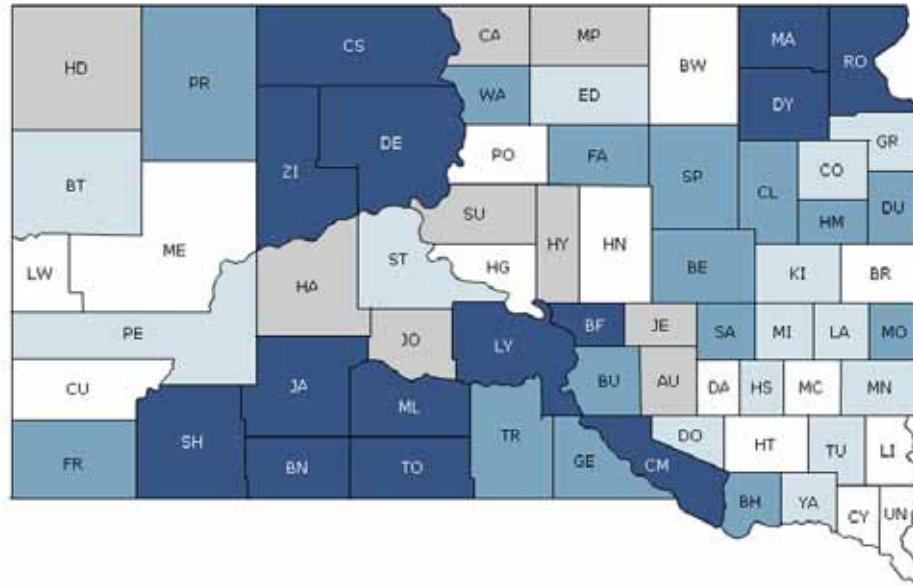
better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



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

HEALTH FACTORS



Rank 1-14 Rank 15-28 Rank 29-43 Rank 44-57 Not Ranked

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

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

Rank	Health Outcomes	Rank	Health Factors
43	Hanson	43	Tripp
44	Grant	44	Day
45	Custer	45	Marshall
46	Fall River	46	Charles Mix
47	Tripp	47	Roberts
48	Spink	48	Lyman
49	Ziebach	49	Jackson
50	Mellette	50	Bennett
51	Bennett	51	Mellette
52	Jackson	52	Ziebach
53	Dewey	53	Corson
54	Corson	54	Dewey
55	Todd	55	Buffalo
56	Buffalo	56	Todd
57	Shannon	57	Shannon

Not Ranked: Aurora, Campbell, Haakon, Harding, Hyde, Jerauld, Jones, McPherson, Sully

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*.



**County Health
Rankings & Roadmaps**
A Healthier Nation, County by County

countyhealthrankings.org



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

