

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# 2014 *Rankings* Key Findings Report



A collaboration between the Robert Wood Johnson Foundation and  
the University of Wisconsin Population Health Institute.



Support  
provided by

Robert Wood Johnson  
Foundation



# INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *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 program to cities, counties, and states across the nation.

Now in its fifth year, the *County Health Rankings* continue to bring actionable data to communities across the nation. Based on data available, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states on the many factors that influence health. They have been used to garner support among government agencies, healthcare providers, community organizations, business leaders, policymakers, and the public for local health improvement initiatives.

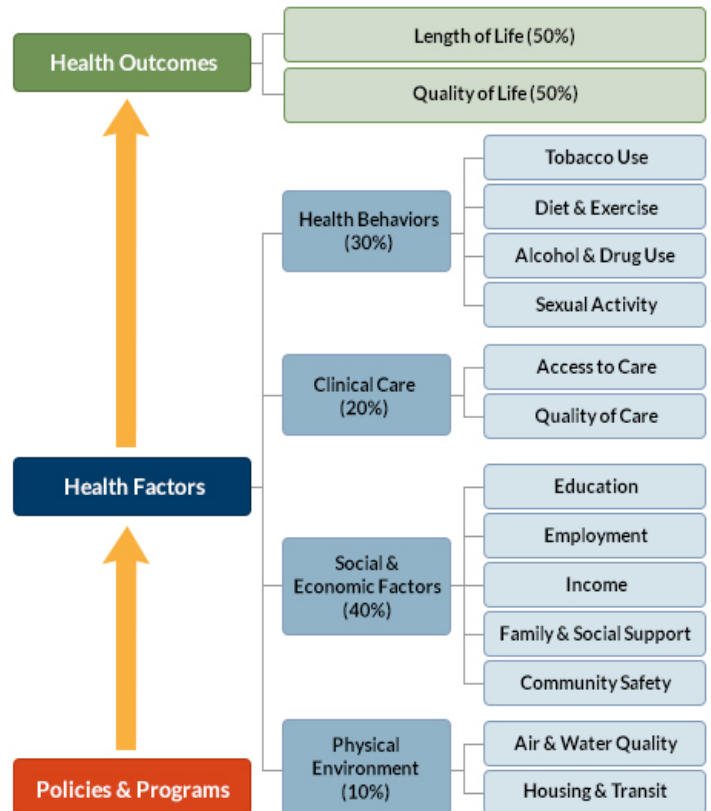
We compile the *Rankings* using county-level measures from a variety of national data sources which can be found on page 10. These measures are standardized and combined using scientifically-informed weights. We then rank counties by state, providing two overall ranks:

1. **Health outcomes:** how healthy a county is now?
2. **Health factors:** how healthy a county will be in the future?

We report these ranks at [countyhealthrankings.org](http://countyhealthrankings.org), along with all the underlying measures for this year and prior years. We also provide tools to help communities use their data to identify opportunities for improvement and guidance to help them act and improve their health.

This document includes:

- A. A summary of our key national findings (page 2)
- B. Information on key measures (pages 3–5)
- C. Information on new measures (pages 5–8)
- D. Healthiest and least healthy counties in each state (page 8)
- E. Comparison of top 10 percent healthiest and bottom 10 percent least healthy counties (page 9)
- F. Listing of measures and data sources (page 10)



County Health Rankings model © 2014 UWPHI

# NATIONAL FINDINGS

Although the *Rankings* are compiled within each state, they also help paint a national picture of health. While Americans are generally living longer and healthier lives, large gaps exist between the least healthy and healthiest places. The least healthy counties have twice the premature death rates (years of life lost before age 75), twice as many children living in poverty, and twice as many teen births compared to the healthiest counties. We are seeing little change in the number of reported physically or mentally unhealthy days. However, after steady increases over the last two decades, we are encouraged to see a slight decline in low birthweight, which hit a high in 2006.

In addition, there are stark differences between the healthiest and least healthy counties across the nation in terms of:

- **Health behaviors:** the healthiest counties have better access to healthy foods, parks, gyms and other exercise facilities, and more people with enough to eat. The least healthy counties have higher rates of smoking, obesity, physical inactivity, teen births, and sexually transmitted infections.
- **Health care:** people in the healthiest counties have more access to primary care physicians, dentists, and mental health providers, and fewer preventable hospital stays.

- **Social and economic factors:** the healthiest counties have higher high school graduation rates and college attendance, while the least healthy counties have higher unemployment, more children in poverty, higher violent crime, more deaths due to injuries, and more people without enough social support.
- **Environment:** the least healthy counties have more households that are overcrowded, homes that lack adequate facilities to cook clean or bathe, and too many people paying more for housing than they can afford given their income.

TOP AND BOTTOM 10%  
BY STATE



2014 Health Outcomes

■ Least Healthy   ■ Most Healthy   ▨ Unranked County

## ENCOURAGING TRENDS TO WATCH

- **Teen birth** rates have decreased by almost 25 percent since 2007 and by more than half since 1991 due to greater access to and more effective use of contraception and delays in initiating sexual activity.
- The rate of **preventable hospital stays** decreased about 20 percent from 2003 to 2011.
- **Smoking** rates among adults have dropped from 21 percent in 2005 to 18 percent in 2012.
- Completion of at least **some college** by adults ages 25-44 has increased slightly from 59 percent in 2005 to 64 percent in 2012.
- **Physical inactivity** rates are decreasing.
- **Violent crime** has decreased by almost 50 percent over the past two decades.

## SIGNS OF HOPE

- The **unemployment** rate increased more sharply during the 2007-09 recession than in any post WWII recession, but has been slowly dropping since 2010.
- **Obesity** increased from 16 percent of adults in 1995 to 28 percent in 2010. The latest figures suggest that obesity rates are leveling off with a rate of 28 percent for 2012.
- **Uninsured adults** has increased over the past decade from 15 to 18 percent but decreased slightly in 2011 and 2012.

## HEADING IN THE WRONG DIRECTION

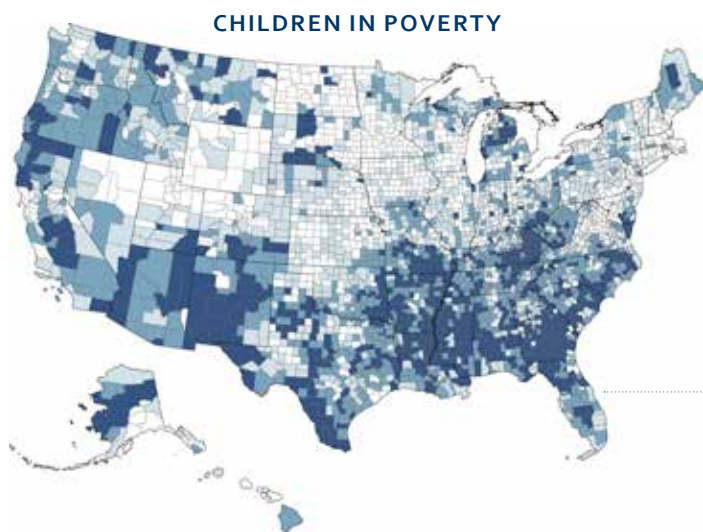
- The proportion of children in poverty declined during the 1990s but has increased from 18 percent in 2007 to 23 percent in 2012.
- Reports of sexually transmitted infections (e.g., chlamydia, syphilis, and gonorrhea) increased from 2009 to 2012.

# KEY MEASURES

While many factors influence health, certain factors appear to be more influential than others when it comes to how healthy you are or how long you live. Our research has shown that out of the 29 factors included in the County Health Rankings, the following five “key measures” deserve closer examination when it comes to their link to good health: children in poverty, college attendance, smoking, physical inactivity, and preventable hospital stays.

## Children in Poverty

Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health. Children are particularly vulnerable to the adverse effects of poverty so we report on the percent of **children in poverty**.



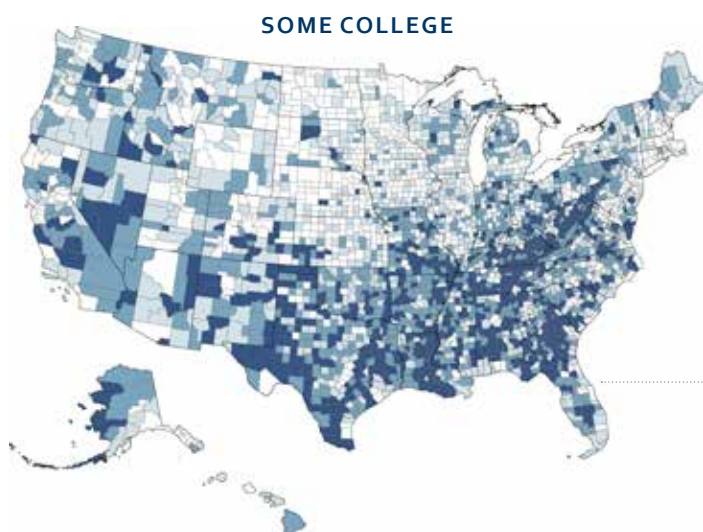
- Twenty-three percent of US children under the age of 18 lived in poverty in 2012.
- Across the nation, rates of children in poverty are twice as high in the least healthy counties than the healthiest counties.
- Rates of children living in poverty continue to increase—from 17 percent in 2002 to 23 percent in 2012.
- The percent of children living in poverty in US counties ranges from 3 percent to 60 percent. Kentucky had the largest within-state range from 8 to 57 percent.
- The top performing counties (the top 10 percent for this measure) in the US have 13 percent or fewer children living in poverty.
- Ten percent of US counties have child poverty rates of 37 percent or greater.
- Rates of children living in poverty are highest in the South, especially the Southeast region, as well as parts of the West Coast, Northwest, and Plains states.

Percent of children in poverty



## College Attendance

Educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. Other research has shown that this is true even when factors like income are taken into account. *The County Health Rankings* measure, “**some college**,” is defined as the percentage of the population age 25-44 with some post-secondary education.



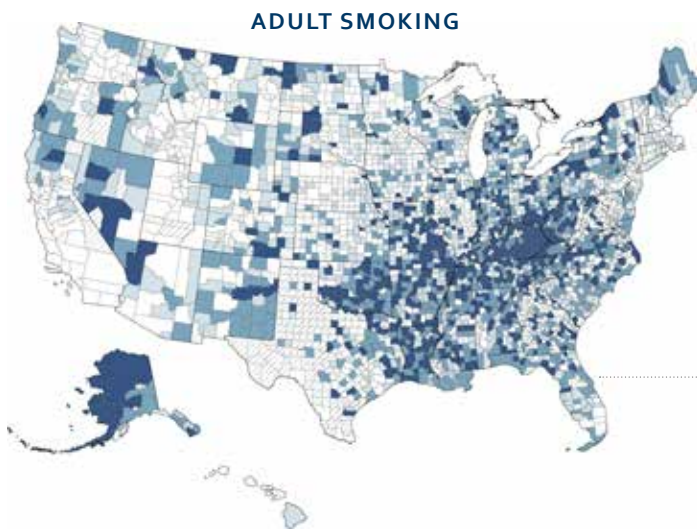
- Sixty-four percent of US adults age 25-44 had at least one semester of education beyond high school in 2012.
- Across the nation, the rates of post-high school education in the healthiest counties are 1.4 times higher than those in the least healthy counties.
- The percent of US adults with some college education ranges from 19 percent to 88 percent. Texas has the largest within-state range from 25 to 80 percent.
- Completion of at least *some college* increased slightly from 59 percent in 2005 to 64 percent in 2012.
- The top performing counties (the top 10 percent for this measure) in the US have 70 percent or more adults with some education beyond high school.
- Ten percent of counties in the US have some college rates of 40 percent or less.
- The lowest rates of people with education beyond high school are in the South.

Percent of adults aged 25-44 years with some post secondary education



## Smoking

Tobacco use is the leading cause of preventable death in the United States. It affects not only those who use tobacco, but also, people who live and work around smokers. For the *County Health Rankings* measure, **adult smoking**, we use a measure from the Behavioral Risk Factor Surveillance System (BRFSS) provided by the CDC that estimates the number of current adult smokers who have smoked at least 100 cigarettes in their lifetime.



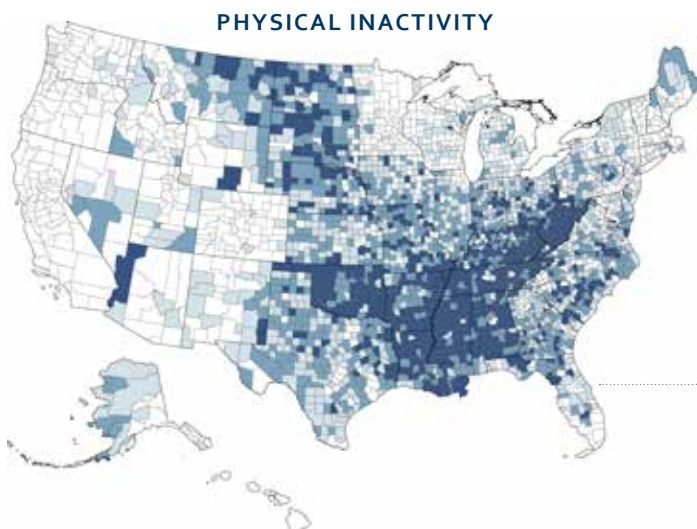
- Eighteen percent of US adults reported being smokers in 2012.
- Across the nation, smoking rates in the unhealthiest counties are more than 1.5 times those in the healthiest counties.
- The percent of adults in US counties who smoke ranges from 3 percent to 51 percent. Tennessee had the largest within-state range from 11 to 51 percent.
- Adult smoking rates dropped from 21 percent in 2005 to 18 percent in 2012.
- The top performing counties in the US have 14 percent or fewer adults who smoke.
- Ten percent of counties in the US have adults smoking rates of 29 percent or higher.

Percent of adults that reported smoking  $\geq 100$  cigarettes and currently smoking

□ 3.1–17.0   □ 17.1–20.8   □ 20.9–24.9   □ 25.0–51.1   □ Missing

## Physical Inactivity

We include a measure of physical inactivity in the *County Health Rankings* because in addition to genetic factors, a lack of exercise and an unhealthy diet are key contributors to rising obesity rates. Being overweight or obese increases the risk for a number of serious health conditions. We define **physical inactivity** as the percent of the adult population that reported that during the last month they did not participate in any physical activity or exercise such as running, calisthenics, golf, gardening, or walking for exercise, other than in the course of their regular job.



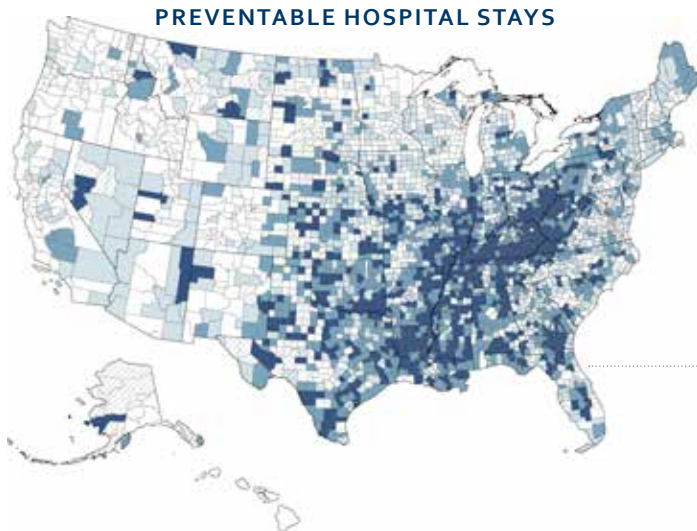
- Thirty percent of US adults reported physical inactivity in 2012.
- Across the nation, physical inactivity rates in the unhealthiest counties are 1.2 times those in the healthiest counties.
- Physical inactivity rates are declining.
- The percent of physically inactive adults in the US ranges from 10 percent to 45 percent. Virginia had the largest within-state range from 15 to 39 percent.
- The top performing counties in the US have 21 percent or fewer physically inactive adults.
- Ten percent of counties in the US have 35 percent or higher physically inactive adults.
- Physical inactivity is greatest in the South and the Plains states.

Percent of adults aged 20 and over reporting no leisure-time physical activity

□ 10.4–24.5   □ 24.6–28.1   □ 28.2–31.4   □ 31.5–44.9

## Preventable Hospital Stays

Having the right care for the right person at the right time is the basis of high quality health care. **Preventable hospital stays** are counted by looking at the reasons for hospital stays—in particular, for conditions that can usually be addressed in an outpatient setting and do not normally require a hospital stay if the condition is well-managed. Although our data is based solely on the experiences of Medicare enrollees (those who are 65 and over or disabled), this measure also reflects the care of patients with other types of coverage.



- In the US, there are 65 preventable hospital stays per 1,000 Medicare enrollees.
- Across the nation, preventable hospital stay rates in the unhealthiest counties are 1.4 times those in the healthiest counties.
- Preventable hospital stays have decreased by 20 percent from 2003 to 2011.
- The preventable hospital stay rate in US counties ranges from 14 to 281 per 1,000 Medicare enrollees. Kentucky had the largest within-state range from 56 to 281.
- The top performing counties in the US have 46 preventable hospital stays per 1,000 enrollees.
- Ten percent of counties in the US have 112 preventable hospital stays per 1,000 enrollees.
- The Eastern US has the highest rates of preventable hospital stays, especially in Kentucky, West Virginia, and Southern Ohio.

Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees

□ 13.9–56.7   □ 56.8–71.2   □ 71.3–90.0   □ 90.1–280.6   □ Missing

## NEW MEASURES

We have added seven new measures in 2014 that further reflect our understanding about what influences health. These include housing, transit, access to mental health providers, injury-related deaths, food environment, and access to exercise opportunities.

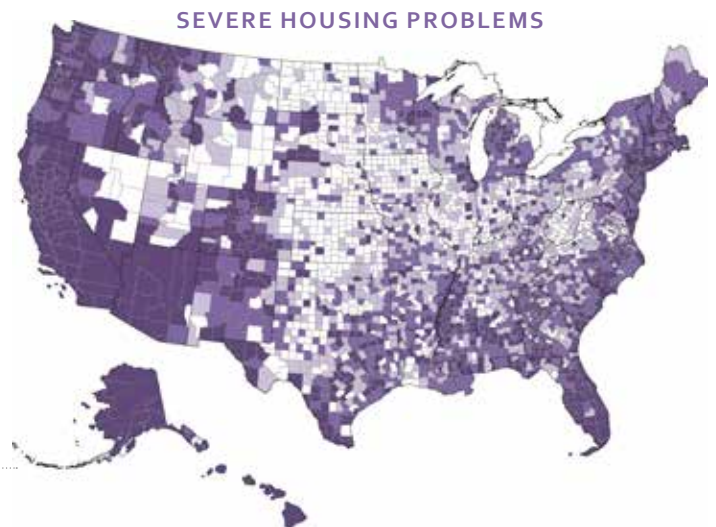
### Housing

Housing structures protect us from extreme weather and provide safe environments for families and individuals to live and form social bonds. However, houses and apartments can also be unhealthy or unsafe environments. Issues of concern related to health include the presence of lead-based paint or plumbing, improper insulation, unsanitary conditions, and indoor allergens such as mold or dust, and poor indoor air quality. Housing is also a substantial expense, reflecting the largest single monthly expenditure for many individuals and families. People with lower incomes are most likely to live in unhealthy, overcrowded, or unsafe housing conditions.

Because of its impact on health, we added housing as a new measure this year. The **severe housing problems** measure is defined as the percent of households in a county with one or more of the following housing problems: overcrowding; lacks adequate facilities to cook, clean, or bathe; and/or severe cost burden.

Overall, in the US, 19 percent of households have severe housing problems.

- The percent of households with severe problems in US counties ranges from 3 to 69 percent.
- In the top US performing counties, 9 percent of households have severe housing problems.
- The most severe housing problems can be found on the West and East Coasts, Alaska, and parts of the South.



Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities

□ 0.0–11.0   □ 11.1–13.5   □ 13.6–16.3   □ 16.4–69.1

## Transit

Transit connects people to each other and to the places where they live, learn, work, and play. Too often, neighborhoods lack sidewalks or safe crossings, or have limited public transit options. Our dependence on driving leads to thousands of deaths and injuries and exposes us to air pollution. It also contributes to physical inactivity, obesity and social isolation.

We are introducing two new transit measures:

**Driving alone to work** reflects the percent of the workforce in a county that primarily drives alone to work.

**Long commute—driving alone** reflects the percent of commuters driving alone, driving longer than 30 minutes to get to work each day. These longer commutes lead to more time away from others and less time for healthy activities.

### Percent of the workforce that drives alone to work

□ 3.9–75.7   □ 75.8–79.7   □ 79.8–82.7   □ 82.8–93.9

- Overall, in the US, 76 percent of workers drive to work alone.
- Of those who drive to work alone, 33 percent drive longer than 30 minutes each way.
- In the top US performing counties, 15 percent of workers who drive to work alone drive longer than 30 minutes.
- In the worst performing counties, 46 percent of those who drive to work alone drive longer than 30 minutes.
- More people in the eastern half of the US drive alone to work compared to the West and the Midwest.



## Mental Health Providers

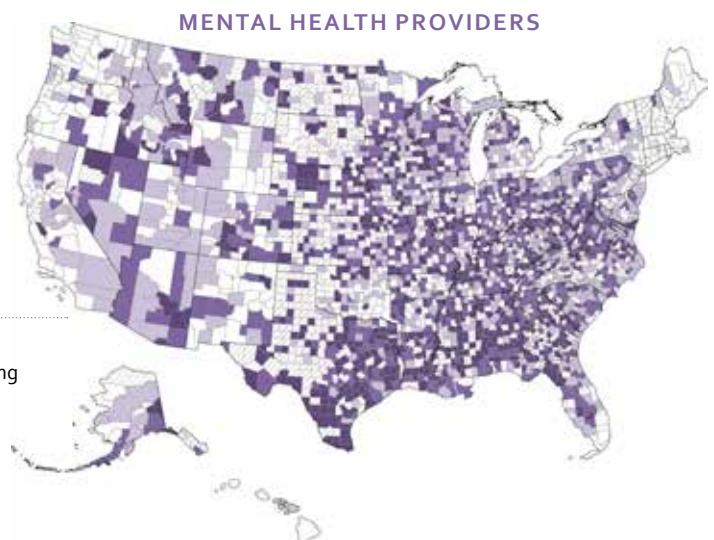
While having health insurance is a crucial step toward getting needed care, health insurance by itself does not ensure access to health care. It is also necessary to have comprehensive coverage accepted by providers and primary care and mental health providers in the community.

We are introducing a new measure about the availability of **mental health providers**, defined as the ratio of people to mental health providers. This includes psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses who specialize in mental health care.

### Ratio of population to mental health providers

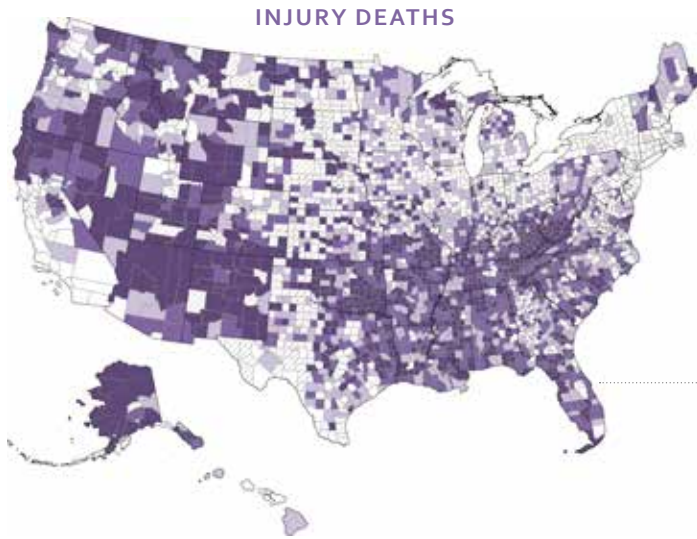
□ 72:1–869:1   □ 870:1–1,648:1   □ 1,649:1–3,586:1   □ >3,586:1   □ Missing

- In the average US county, there are 1,620 people for every mental health provider.
- The population to mental health provider ratio ranges from 72 to 55,969 people per provider.
- Across the nation, the availability of mental health providers in the healthiest counties is 1.3 times higher than in the least healthy counties.
- The West and Northeast regions of the county have the best access to mental health providers.



## Injury Deaths

We are introducing a new measure of community safety based on **injury deaths**, i.e., deaths due to intentional and unintentional injuries (per 100,000 people). Intentional injuries include those due to violent crime and suicide. Unintentional injuries include those due to motor vehicle crashes, poisoning, falls, drowning, and other types of accidents. Injuries are the third leading cause of death in the United States and the leading cause for those between the ages of one and 44. Injuries affect health and quality of life in the short and long-term, for those directly and indirectly affected. Many injuries are predictable and preventable.



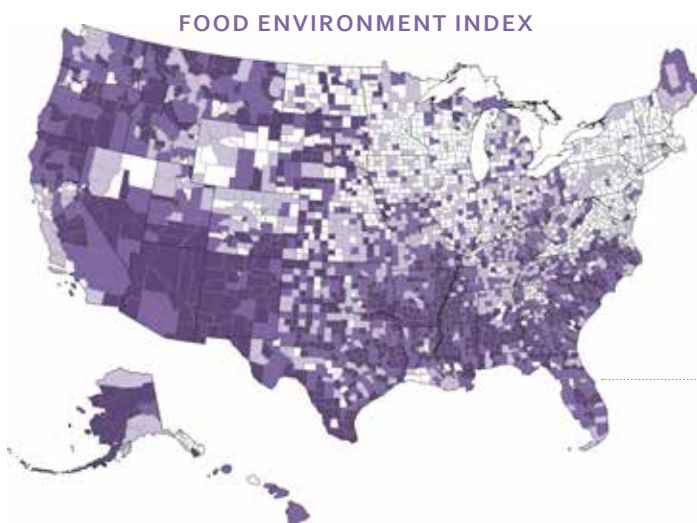
- Overall, in the US, there are 59 injury deaths per 100,000 people.
- The injury death rate ranges from 23 to 321 deaths per 100,000 people.
- The top performing counties in the US have an injury death rate of 49 deaths per 100,000 people.
- Ten percent of counties in the US have injury death rates of 105 deaths per 100,000 people or higher.
- Across the nation, the injury death rate is 1.7 times higher in the least healthy counties than in the healthiest counties.
- Rates of death are highest in the Southwest, part of the Northwest (including Alaska), and the East South Central and Appalachian regions.

Injury mortality per 100,000

□ 23.3–59.3    □ 59.4–72.8    □ 72.9–89.0    □ 89.1–320.9    □ Missing

## Food Environment Index

In years past, the *County Health Rankings* have just focused on access to healthy foods, but this year we've added food insecurity—whether people have enough to eat, because it provides a more complete picture of the **food environment**. This index ranges from 0 (worst) to 10 (best) which equally weights limited access to healthy food *and* food insecurity.



- Overall, in the US, the food environment index score is 7.6.
- Across all counties, the food environment score ranges from 0 to 10.
- The top performing counties for this measure in the US have an index score of 8.7; while the worst performing counties (bottom ten percent) have a score of 5.9 or lower.
- Among the top performing counties, the average county food insecurity value is 9%, and the average county value for limited access to healthy foods is 3%.
- Among the worst performing counties, the average county food insecurity value is 21%, and the average county value for limited access to healthy foods is 21%.
- The healthiest counties have a food environment score that is 1.2 times that of the least healthy.
- Communities in the Southwest, parts of the South, and the Western US struggle especially with access to healthy foods and food insecurity.

Index of factors that contribute to the food environment

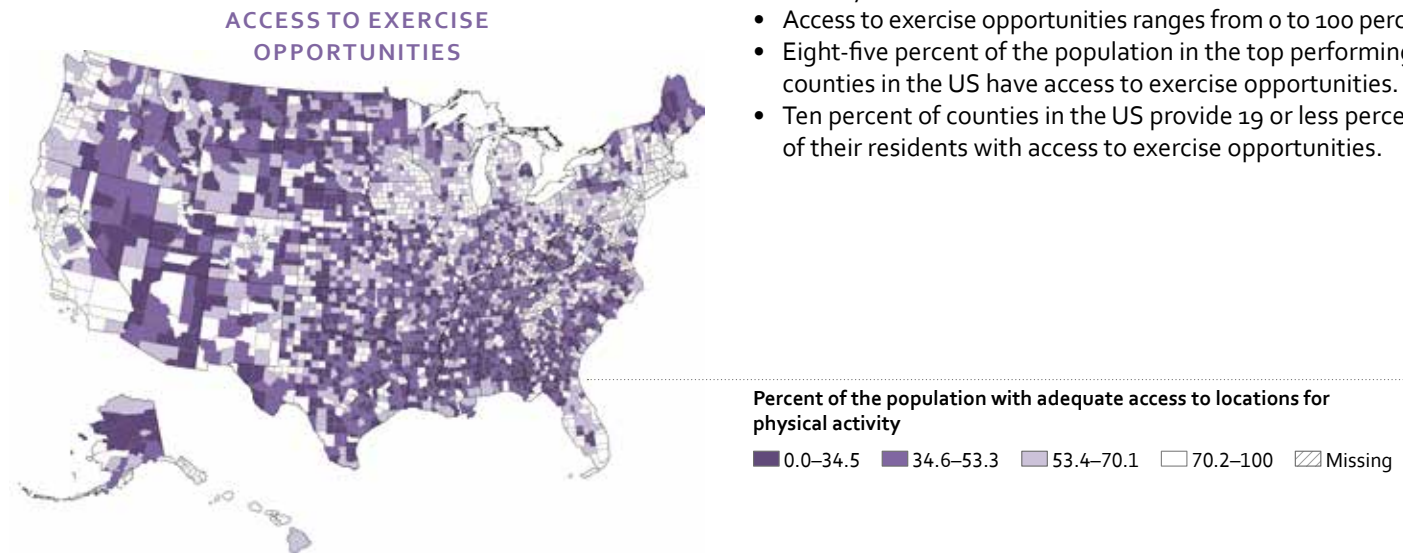
□ 8.3–10    □ 7.7–8.2    □ 6.9–7.6    □ 0.0–6.8



## Access to Opportunities for Physical Activity

A new measure focusing on **access to exercise opportunities** is defined as the percent of individuals in a county who live reasonably close to a park or recreational facility, such as a gym, community center, or pool.

- Seventy-seven percent of US county residents have easy access to exercise opportunities.
- Across the nation, access to exercise opportunities in the healthiest counties is 1.4 times higher than in the least healthy counties.
- Access to exercise opportunities ranges from 0 to 100 percent.
- Eight-five percent of the population in the top performing counties in the US have access to exercise opportunities.
- Ten percent of counties in the US provide 19 or less percent of their residents with access to exercise opportunities.



## Healthiest and Least Healthy Counties by State (2014)

State	Healthiest in 2014	Least healthy in 2014	State	Healthiest in 2014	Least healthy in 2014
AL	Shelby County	Lowndes County	MT	Gallatin County	Roosevelt County
AK	Juneau Borough	Wade Hampton Census Area	NE	Polk County	Kimball County
AZ	Santa Cruz County	Gila County	NV	Lincoln County	Nye County
AR	Benton County	Phillips County	NH	Rockingham County	Coos County
CA	Marin County	Lake County	NJ	Hunterdon County	Cumberland County
CO	Douglas County	Huerfano County	NM	Los Alamos County	Quay County
CT	Tolland County	New Haven County	NY	Livingston County	Bronx County
DE	New Castle County	Kent County	NC	Wake County	Columbus County
FL	St. Johns County	Union County	ND	Dickey County	Sioux County
GA	Forsyth County	Clay County	OH	Geauga County	Scioto County
HI	Honolulu County	Hawaii County	OK	Kingfisher County	Pushmataha County
ID	Madison County	Bear Lake County	OR	Benton County	Klamath County
IL	Woodford County	Alexander County	PA	Union County	Philadelphia County
IN	Hamilton County	Scott County	RI	Bristol County	Providence County
IA	Sioux County	Appanoose County	SC	Beaufort County	Marion County
KS	Johnson County	Woodson County	SD	Hutchinson County	Buffalo County
KY	Oldham County	Perry County	TN	Williamson County	Grundy County
LA	St. Tammany Parish	East Carroll Parish	TX	Presidio County	San Augustine County
ME	Hancock County	Piscataquis County	UT	Morgan County	Carbon County
MD	Montgomery County	Baltimore City	VT	Chittenden County	Essex County
MA	Middlesex County	Hampden County	VA	Loudoun County	Petersburg City
MI	Ottawa County	Wayne County	WA	San Juan County	Pacific County
MN	Carver County	Mahnomen County	WV	Pleasants County	McDowell County
MS	DeSoto County	Quitman County	WI	Ozaukee County	Menominee County
MO	Nodaway County	Dunklin County	WY	Teton County	Fremont County

## Comparison of Least Healthy and Healthiest Counties

Measure		Median Values				
		All	Least Healthy 10 % by State	Healthiest 10% by State	Others	Ratio of Least Healthy to Healthiest
<b>HEALTH OUTCOMES</b>						
Length of Life (50%)	Premature death	7,716	10,963	5,350	7,724	2.0
Quality of Life (50%)	Poor or fair health	17%	22%	12%	17%	1.8
	Poor physical health days	3.7	4.6	2.9	3.7	1.6
	Poor mental health days	3.5	4.2	2.8	3.5	1.5
	Low birthweight	8.0%	9.4%	7.1%	7.9%	1.3
<b>HEALTH FACTORS</b>						
<b>HEALTH BEHAVIORS</b>						
Tobacco Use (10%)	Adult smoking	21%	25%	16%	21%	1.5
Diet and Exercise (10%)	Adult obesity	31%	33%	29%	31%	1.1
	Food environment index	7.6	6.8	8.1	7.6	0.8
	Physical inactivity	28%	31%	25%	28%	1.2
	Access to exercise opportunities	53%	47%	65%	53%	0.7
Alcohol and Drug Use (5%)	Excessive drinking	16%	16%	17%	16%	0.9
	Alcohol-impaired driving deaths	31%	31%	30%	32%	1.0
Sexual Activity (5%)	Sexually transmitted infections	271	334	226	275	1.5
	Teen births	42	58	26	43	2.2
<b>CLINICAL CARE</b>						
Access to Care (10%)	Uninsured	18%	18%	16%	18%	1.1
	Primary care physicians	1,966:1	2,258:1	1,577:1	1,976:1	1.4
	Dentists	2,720:1	3,096:1	2,189:1	2,786:1	1.4
	Mental health providers	1,619:1	1,883:1	1,416:1	1,618:1	1.3
Quality of Care (10%)	Preventable hospital stays	71	84	59	72	1.4
	Diabetic screening	85%	83%	86%	85%	1.0
	Mammography screening	61%	57%	65%	61%	0.9
<b>SOCIAL AND ECONOMIC FACTORS</b>						
Education (10%)	High school graduation	83%	78%	86%	83%	0.9
	Some college	55%	48%	66%	55%	0.7
Employment (10%)	Unemployment	7.5%	9.5%	6.3%	7.6%	1.5
Income (10%)	Children in poverty	24%	32%	16%	24%	2.0
Family and Social Support (5%)	Inadequate social support	19%	23%	17%	19%	1.4
	Children in single-parent households	31%	38%	25%	31%	1.5
Community Safety (5%)	Violent crime	202	264	158	203	1.7
	Injury deaths	73	94	55	73	1.7
<b>PHYSICAL ENVIRONMENT</b>						
Air and Water Quality (5%)	Air pollution – particulate matter	11.9	12.0	11.9	11.9	1.0
	Drinking water violations	1.1%	1.1%	0.7%	1.3%	1.6
Housing and Transit (5%)	Severe housing problems	14%	15%	13%	13%	1.2
	Driving alone to work	80%	79%	79%	80%	1.0
	Long commute – driving alone	29%	30%	30%	28%	1.0

## 2014 Measures and Sources

	Measure (weight)	County (National US) Data Source*	Most Recent National US Rate*
<b>HEALTH OUTCOMES</b>			
Length of Life (50%)	Premature death (50%)	NCHS, 2008-2010	6,811
Quality of Life (50%)	Poor or fair health (10%)	BRFSS (NHIS, 2012)	12%
	Poor physical health days (10%)	BRFSS, 2010	3.7
	Poor mental health days (10%)	BRFSS, 2010	3.4
	Low birthweight (20%)	NCHS, 2011	8%
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
Tobacco Use (10%)	Adult smoking (10%)	BRFSS (NHIS, 2012)	18%
Diet and Exercise (10%)	Adult obesity (5%)	NCCPHP (NHIS, 2012)	28%
	Food environment index (2%)	USDA & Feeding America (2010-2011)	7.6
	Physical inactivity (2%)	NCCPHP (NHIS, 2012)	30%
	Access to exercise opportunities (1%)	OneSource & Delorme/ESRI (2010 & 2012)	77%
Alcohol and Drug Use (5%)	Excessive drinking (2.5%)	BRFSS, 2006-2012	15%
	Alcohol-impaired driving deaths (2.5%)	Fatality Analysis Reporting System, 2012	32%
Sexual Activity (5%)	Sexually transmitted infections (2.5%)	NCHHSTP, 2011	458
	Teen births (2.5%)	NCHS, 2011	31
<b>CLINICAL CARE</b>			
Access to Care (10%)	Uninsured (5%)	SAHIE (CPS, 2012)	18%
	Primary care physicians (3%)	HRSA Area Resource File, 2011	1,354:1
	Dentists (1%)	HRSA Area Resource File, 2012	1,663:1
	Mental health providers (1%)	National Provider Identification File, 2013	753:1
Quality of Care (10%)	Preventable hospital stays (5%)	Medicare/Dartmouth Institute, 2011	65
	Diabetic screening (2.5%)	Medicare/Dartmouth Institute, 2011	84%
	Mammography screening (2.5%)	Medicare/Dartmouth Institute, 2011	63%
<b>SOCIAL AND ECONOMIC FACTORS</b>			
Education (10%)	High school graduation (5%)	Data.gov/NCES, 2010-2011	80%
	Some college (5%)	ACS, 2012	64%
Employment (10%)	Unemployment (10%)	Bureau of Labor Statistics, 2012	8.1%
Income (10%)	Children in poverty (10%)	SAIPE, 2012	23%
Family and Social Support (5%)	Inadequate social support (2.5%)	BRFSS, 2005-2011	21%
	Children in single-parent households (2.5%)	ACS, 2012	33%
Community Safety (5%)	Violent crime (2.5%)	Federal Bureau of Investigation, 2011	387
	Injury deaths (2.5%)	CDC WONDER, 2010	59
<b>PHYSICAL ENVIRONMENT</b>			
Air and Water Quality (5%)	Air pollution – particulate matter (2.5%)	CDC WONDER, 2011	11.1
	Drinking water violations (2.5%)	SDWIS, FY 2013	8%
Housing and Transit (5%)	Severe housing problems (2%)	HUD, 2006-2010	19%
	Driving alone to work (2%)	ACS, 2012	76%
	Long commute – driving alone (1%)	ACS, 2012	33%

\*Many of the measures used in the *County Health Rankings* are based on multiple-year estimates. The national rates reported here are taken from the most reliable source of national data, using the most recent year of data available.

### Abbreviations

ACS	American Community Survey
BRFSS	Behavioral Risk Factor Surveillance System
CPS	Current Population Survey
NCHS	National Center for Health Statistics
NCHHSTP	National Center for Hepatitis, HIV, STD and TB Prevention
NHIS	National Health Interview Survey
NCCPHP	National Center for Chronic Disease Prevention & Health Promotion
SDWIS	Safe Drinking Water Information System
SAHIE	Small Area Health Insurance Estimates
SAIPE	Small Area Income and Poverty Estimates

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

## University of Wisconsin Population Health Institute

610 Walnut St, #524, Madison, WI 53726

(608) 265-8240 / [info@countyhealthrankings.org](mailto:info@countyhealthrankings.org)

## Credits

The *County Health Rankings & Roadmaps* are collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Institute

### RECOMMENDED CITATION:

University of Wisconsin Population Health Institute. *County Health Rankings Key Findings 2014*.

### LEAD AUTHORS:

Bridget Catlin, PhD, MHSA

Amanda Jovaag, MS

Patrick Remington, MD, MPH

Julie Willems Van Dijk, PhD, RN

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

### RESEARCH ASSISTANCE:

Hyojun Park, MS

Elizabeth Pollock

Matthew Rodock, MPH

Anne Roubal, MS

### DATA:

Centers for Disease Control and Prevention:

National Center for Health Statistics and Division of Behavioral Surveillance

Dartmouth Institute for Health Policy & Clinical Practice

### WEBSITE DEVELOPMENT & COMMUNICATIONS:

Forum One, Alexandria VA

Burness Communications

### ROBERT WOOD JOHNSON FOUNDATION:

Abbey Cofsky, MPH

Michelle Larkin, JD, MS, RN

James S. Marks, MD, MPH

Joe Marx

Marjorie Paloma, MPH