County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2017 *County Health Rankings*

Key Findings Report

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

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Support provided by
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Introduction

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is keeping people healthy or making people sick and how the opportunity for good health differs from one county to the next. Supporting a call to action, the *Roadmaps* show **what we can do** to create healthier places for everyone to live, learn, work, and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to bring this program to communities across the nation.

Summary of Key Findings

Now in its eighth year, the *County Health Rankings* continue to bring revealing data to communities across the nation.

- More Americans are dying prematurely, notably among our younger generations (page 4)
  - Premature death rates rose across urban and rural community types and racial/ethnic groups in 2015. Premature death has consistently been highest in rural counties and among American Indian/Alaskan Native and black populations.
  - In recent years, premature death increased most among those ages 15–44.

- Drug overdose and other injury deaths heavily influenced the rise in premature death (page 6)
  - Drug overdose was by far the single leading cause of premature death by injury in 2015 and contributed to the accelerated rise in premature death from 2014 to 2015.
  - Large suburban metro counties went from having the lowest to the highest rate of premature death due to drug overdose within the past decade.
  - For those ages 15–24, an increase in drug overdose deaths was part of the equation, but more deaths due to motor vehicle crashes and firearm fatalities also played a role in the accelerated rise in premature death.

- A focus on opportunities for youth and young adults (page 10)
  - Disconnected youth (a new measure this year) are youth and young adults ages 16–24 who are not in school and not working, and represent untapped potential to strengthen the social and economic vibrancy of local communities. In 2015, there were about 4.9 million youth – or 1 out of 8 – not in school or working.
  - Youth disconnection is most prevalent among American Indian/Alaskan Native, black, and Hispanic youth. Rates of youth disconnection are higher in rural counties than in urban counties.
  - Places with high levels of youth disconnection have higher rates of unemployment, child poverty, children in single-parent households, teen births, and lower levels of educational attainment – all barriers to a successful transition from youth to healthy adulthood.

Supporting materials (such as detailed data tables) are available at **www.countyhealthrankings.org/reports.**

About the *County Health Rankings & Roadmaps*

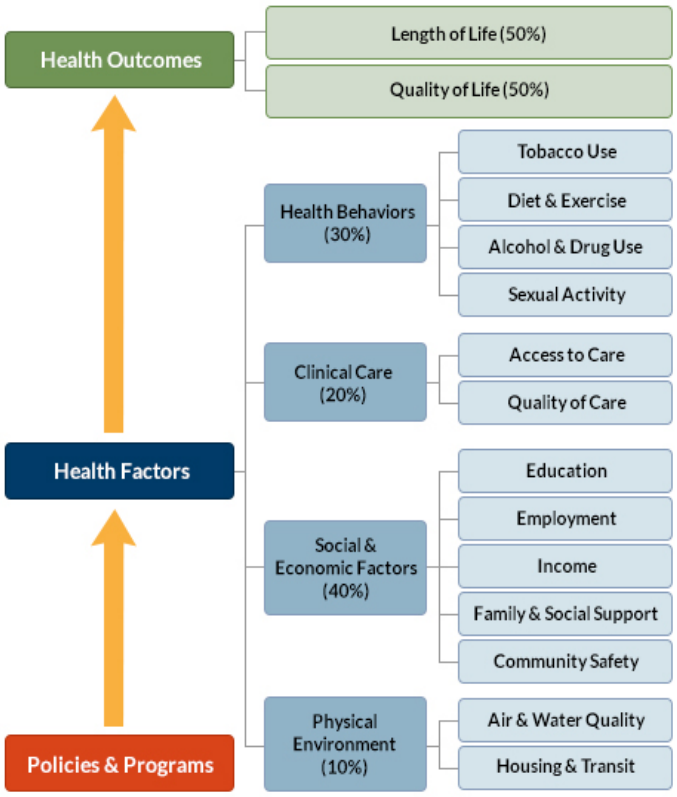
The *Rankings* are based on a model of population health (see top right) that emphasizes the many factors that, if improved, can help make communities healthier. We report these ranks at www.countyhealthrankings.org, along with all the underlying measures and additional data for this year and prior years.

We compile the *Rankings* using county-level measures from a variety of national data sources, which can be found on page 14. These measures are standardized and combined using scientific weights. We then rank counties within each state, providing two overall ranks that address these key questions:

1. **Health outcomes:** how healthy are residents in a county now?
2. **Health factors**: what are the opportunities for residents to be healthy in the future?

The ranks call attention to the wide gaps among counties within states in what matters for health. These gaps represent disparities in health outcomes and inequities in opportunities to live long and well.

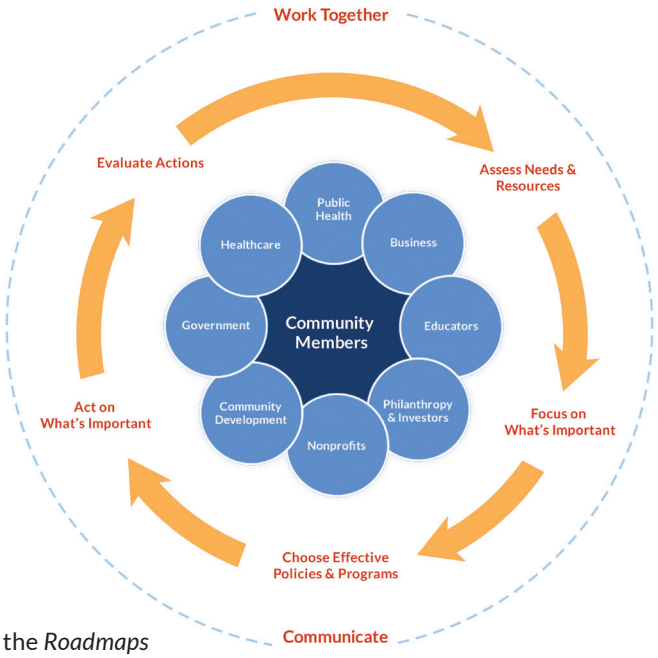
County Health Rankings Model



What Works for Health

When it comes to developing and implementing solutions to problems that affect communities, evidence matters. *What Works for Health* www.countyhealthrankings.org/whatworks is an easy-to-use, online tool to find policies, programs, and systems changes that improve the factors that make communities healthy places to live, learn, work, and play.

Take Action Cycle



Action Center & Community Coaching

We support communities as they move with data to action to improve their health. Guidance for how to bring people together and make changes that will have a lasting impact can be found in the online Action Center and further support can be accessed by contacting a Community Coach.

For more detailed tools and guidance on how to improve health for all, visit the *Roadmaps to Health* Action Center: www.countyhealthrankings.org/roadmaps/action-center.

More Americans Are Dying Prematurely Across the U.S.

The *County Health Rankings* measure the health of communities by examining how long people live and how healthy they feel. Rather than examine overall death rates, we look at deaths that occur among people under age 75. **These deaths are considered premature because loss of life prior to age 75 is often preventable.**

Years of Potential Life Lost (YPLL) before age 75 is the measure of premature death used in the *Rankings*. More years of life are lost when deaths occur among younger age groups.

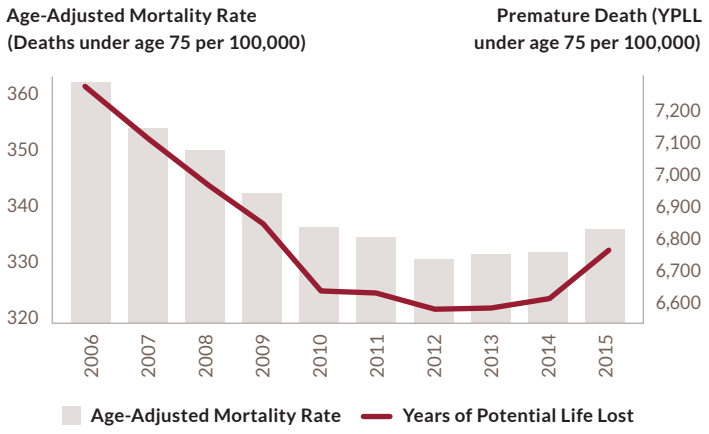
Learn more about YPLL at www.countyhealthrankings.org/ypll

Key Findings

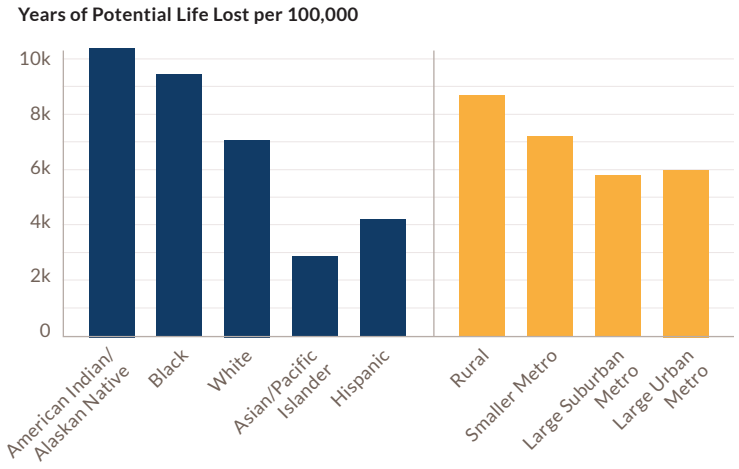
- After years of improvement, premature death rates began to rise steadily in 2012 and then accelerated from 2014 to 2015 (representing a 1 percent increase).
- In 2015, more than 1.2 million people died prematurely – this was 39,700 more people than in the previous year.
- There are significant disparities in who is most affected by premature death. Premature death has consistently been highest among American Indians/Alaskan Natives and blacks. In 2015, these groups experienced a higher rate of years of life lost than other racial and ethnic groups.
- Rural counties continued to have the highest premature death rates, followed by smaller metro areas, carrying on the trend we first reported in the 2016 Key Findings Report www.countyhealthrankings.org/reports/key-findings-2016.
- Premature death rose in 2015 across the full range of racial and ethnic groups and community types.

NEW THIS YEAR: You can learn more about the leading causes of death in your county in your county snapshot. Visit www.countyhealthrankings.org.

Premature Death Trends Over a Decade



Premature Death by Racial/Ethnic Group and Community Type in 2015



Community Type	Definition
Rural	Non-metropolitan rural counties with less than 50,000 people
Smaller Metro	Counties within a metropolitan statistical area (MSA) with between 50,000 and 1 million people
Large Suburban Metro	Non-central fringe counties within an MSA with more than 1 million people
Large Urban Metro	Central urban core counties within an MSA with more than 1 million people

Younger Generations of Americans Are Dying Prematurely

To further understand the accelerated rise in premature death, we looked at which age groups and causes of death were contributing to the increase from 2014 to 2015.

We found that younger generations are losing their lives too soon and the largest contributor was an increase in injury deaths.

Injury deaths can be ***intentional***, including homicides and suicides, or ***unintentional***, meaning they were unplanned events, such as drug overdoses, motor vehicle crashes, falls, or suffocation.

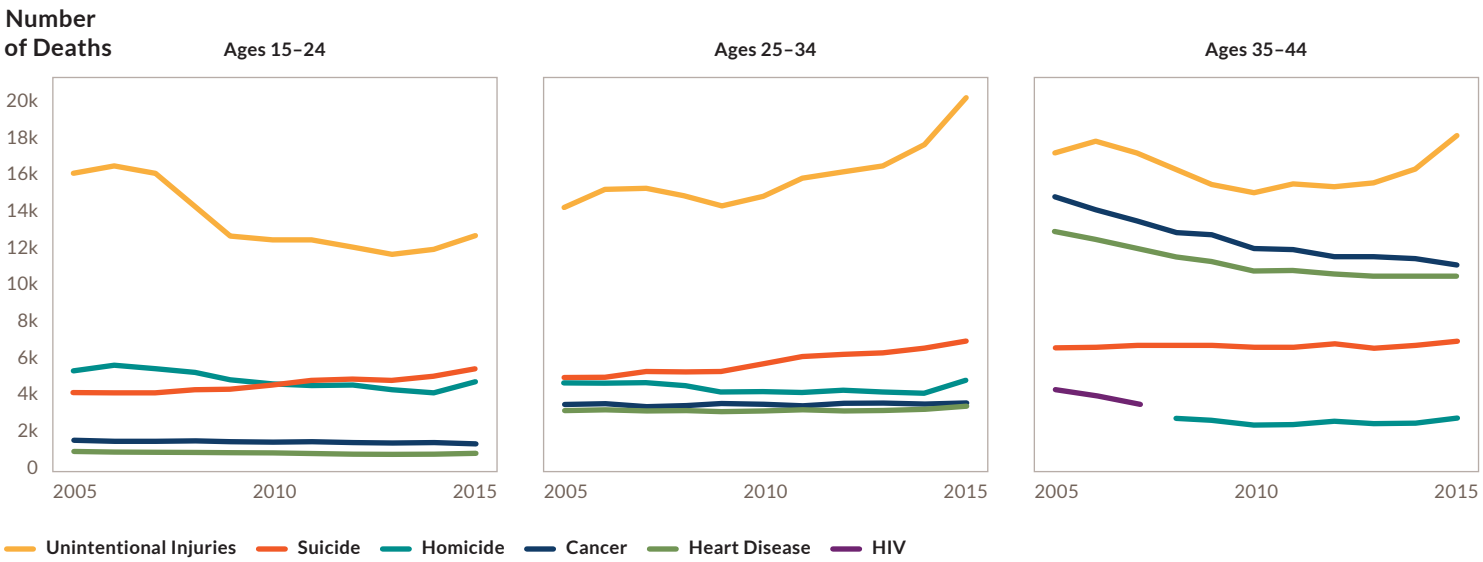
Percent Each Age Group Contributed to the Premature Death (YPLL) Increase from 2014 to 2015

* From 2014 to 2015, premature death decreased among ages 45–54 years.

Key Findings

- Eighty-five percent of the increase in premature death (YPLL) was due to more deaths among youth and young adults ages 15–44 (see above).
- From 2014 to 2015, a rise in injury deaths contributed substantially (more than 70 percent) to the increase in premature death (YPLL).
- Looking at the number of deaths across the age groups of 15–44 (see below), unintentional injury deaths, homicides, and suicides have increased in recent years.
- Early deaths due to chronic conditions such as cancer, heart disease, and HIV have decreased over the past decade.
- Trends among the leading causes of death hold true across all community types, particularly the recent increase in unintentional injury deaths and suicides.

Top Five Causes of Death (Ages 15–44) Over a Decade*



* From 2005 to 2015, population size for these age groups did not change substantially. In 2008, homicide surpassed HIV to become among the top five causes of death for adults ages 35–44.

Drug Overdose and Other Injury Deaths Influenced the Rise in Premature Death

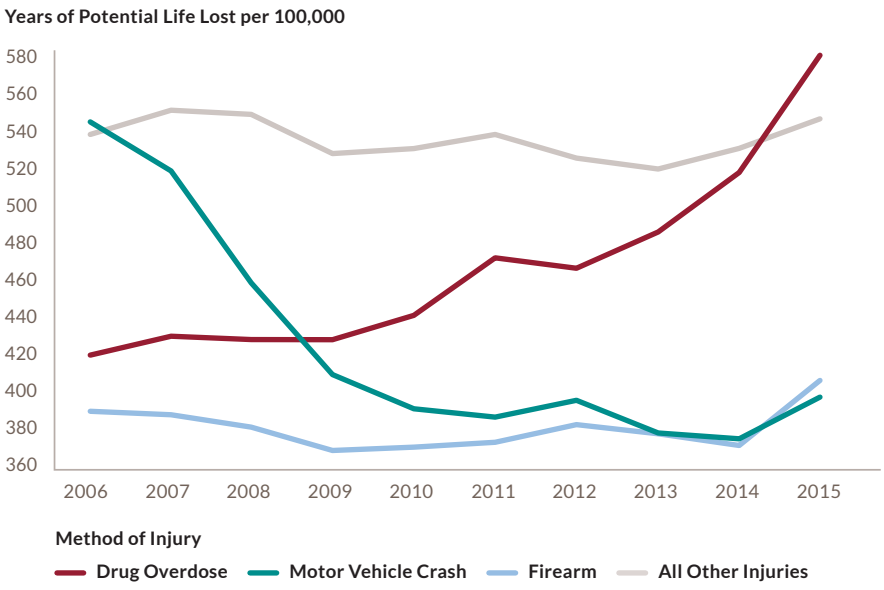
Drug Overdose is a Major Contributor to the Rise in Premature Death Across the U.S.

The U.S. continues to experience an epidemic of drug overdose deaths. From 2000 to 2015 more than half a million people died from drug overdoses, the majority (55 percent of these deaths) occurring from 2009 to 2015. While injury deaths due to drug overdoses, motor vehicle crashes, and firearms have consistently been leading contributors to premature death, as indicated in the graphic to the right, drug overdose was by far the single leading cause of premature death by injury in 2015.

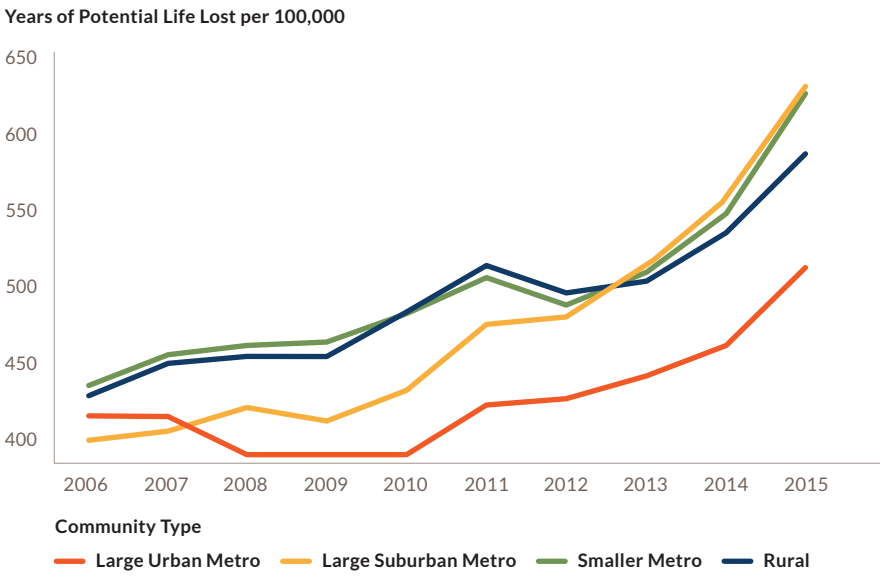
Key Findings

- Premature deaths due to drug overdose have risen over the past decade with an accelerated rate in recent years. In comparison, trends show reductions in premature death due to motor vehicle crashes, and little progress in trends involving firearms and all other injury methods. But, recent data also suggest an increase in premature death due to these methods of injury.
- Premature death due to drug overdose increased across community types, with large suburban metro, smaller metro, and rural counties having the highest rates.
- Large suburban metro counties went from having the lowest to the highest rate of premature death due to drug overdose within the past decade.
- Premature death due to drug overdose was highest among whites (778 years of potential life lost per 100,000) and American Indian/Alaskan Natives (736 years of potential life lost per 100,000) in 2015.

Premature Death Trends by Method of Injury from 2006 to 2015



Trends in Premature Death Due to Drug Overdose by Community Type from 2006 to 2015



Taking Action to Address the Drug Overdose Crisis

How Can Drug Overdose be Prevented?

Communities can take action to address the overdose crisis. Evidence suggests that tracking prescriptions, increasing access to naloxone, and offering non-violent offenders options like treatment instead of jail time can all make a difference. Ensuring appropriate dispensing and disposal of drugs and offering legal immunity for those who act in good faith to summon emergency services during an overdose (i.e., Good Samaritan laws) can also improve outcomes.

How Did We Select These Strategies?

Evidence-informed strategies included in this report represent those that have demonstrated consistently favorable results in robust studies or reflect recommendations by credible experts supported by early research.

To learn more about evidence-informed strategies that can make a difference, visit *What Works for Health* at www.countyhealthrankings.org/whatworks.

Communities Taking Action

Responding to a sudden rise in drug overdose deaths, **Manchester, NH** built partnerships and a broad approach to solutions, including an innovative initiative where people addicted to drugs may go to any of Manchester's fire stations and are directed to treatment without fear of being arrested. In the first 10 months of the Safe Station program there were over 1,300 visits. Twelve people came in on Father's Day. "They wanted to get better to be with their kids," said Mayor Ted Gatsas. Since the Safe Station Program began, 70 percent of participants have entered into treatment.
To learn more, visit www.rwjf.org/prize.

For Younger Americans, a Rise in Injury Deaths Contributed to More Early Deaths

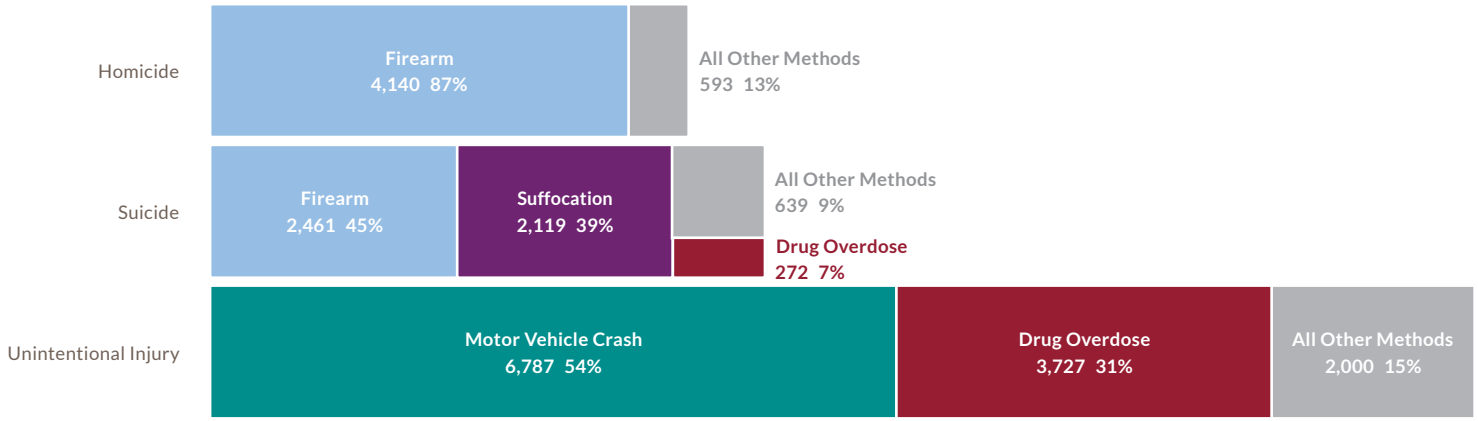
For youth and young adults ages 15–24, drug overdose deaths impacted this age group, but more lives were lost due to other forms of injury death.

In 2015, these injury deaths most commonly occurred due to motor vehicle crashes and firearms, followed by drug overdoses.

Key Findings

- Unintentional injuries, suicides, and homicides have consistently been the leading causes of death among 15–24 year olds (see trends on page 5).
- Compared to drug overdose deaths, there were more than three times as many injury deaths due to motor vehicle crashes and firearms among youth and young adults ages 15–24 in 2015.

Leading Causes of Injury Death for Ages 15–24 in 2015



Taking Action to Prevent Early Deaths Due to Injury

Reducing the number of lives lost too soon requires a comprehensive approach to complex, often related issues.

Below are a number of evidence-informed approaches that communities across the country are employing. Communities are working together toward:

- Preventing and mitigating childhood and youth exposure to neglect, abuse, and violence, and promoting safe, stable, and nurturing families through efforts like early childhood home visiting and intimate partner violence prevention.
- Creating safe spaces for dialogue among youth about mental health and suicidal behavior to prevent self-harm through school-based social and emotional instruction.
- Improving and expanding access to quality mental and behavioral health services for at-risk children and adults to reduce their risk of suicide and harm to others.
- Reducing access to lethal methods of self-harm through safe storage of, and careful access to, medications and firearms.
- Preventing crime and violence within schools and neighborhoods, and supporting community-based outreach and partnership with law enforcement.
- Encouraging and enforcing safe motor vehicle travel, especially to reduce alcohol-impaired and distracted driving, and modifying the built environment to improve traffic safety.

To learn more about evidence-informed strategies that can make a difference, visit *What Works for Health* at www.countyhealthrankings.org/whatworks.

Injury Deaths Vary by Community Type and Race/Ethnicity

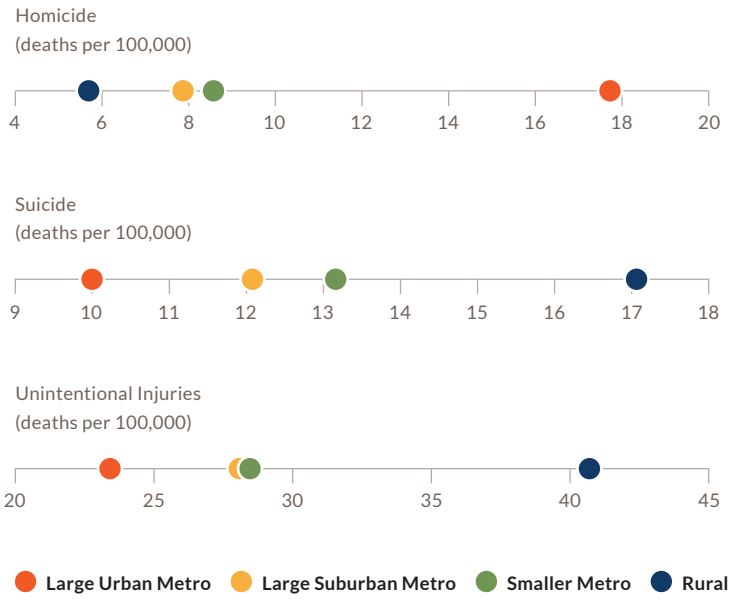
Key Findings

- Youth and young adults living in rural areas had the highest rates of injury death due to suicide or unintentional injuries, while those living in urban areas had the highest rates of homicide but lower rates of injury death overall.
- Youth and young adults in rural areas died from unintentional injuries at more than twice the rate of those in urban areas who died as a result of homicide (41 vs. 18 deaths per 100,000).

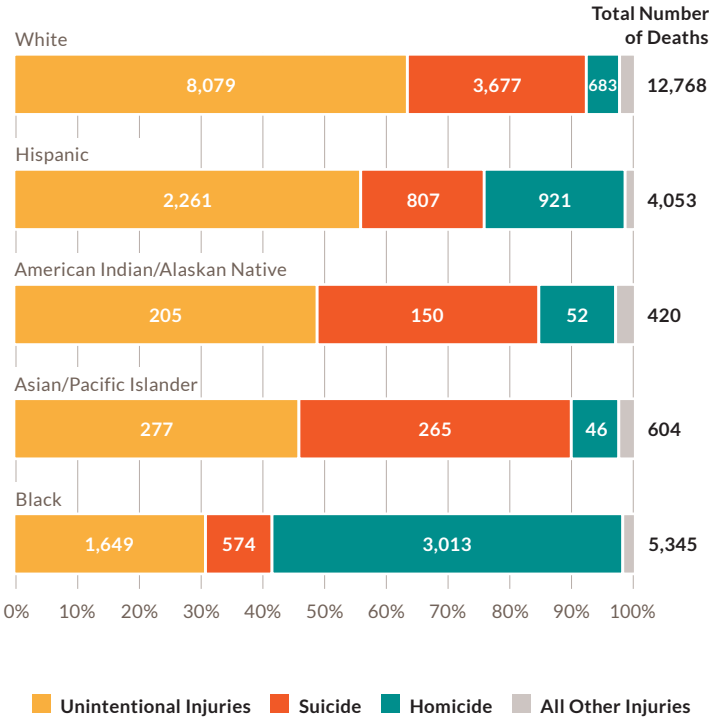
For information on ways to improve rural health, see *What Works for Health*: Strategies to Improve Rural Health at www.countyhealthrankings.org/rural.

- Among white and Hispanic youth and young adults, most injury deaths were unintentional. Among Asian/Pacific Islanders and blacks, a greater share of injury deaths were due to suicide and homicide.
- The rate of injury death was highest among American Indian/Alaskan Native (96 deaths per 100,000) and black (79 deaths per 100,000) youth and young adults, and lowest among Asian/Pacific Islanders (23 deaths per 100,000) in 2015.

Injury Death Rates by Cause and Community Type Among Ages 15–24 in 2015



Number of Injury Deaths and Share Each Cause Contributed Among Racial/Ethnic Groups Ages 15–24 in 2015



A Focus on Opportunities for Youth and Young Adults

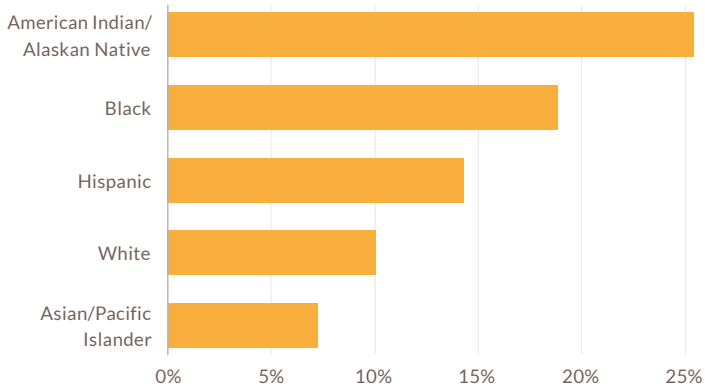
How we shape our communities has a meaningful impact on how long and how well we live. For each stage of life, but especially for children and youth, a person's chance of lifelong health and well-being is largely determined by the opportunities they have.

New Measure: Disconnected Youth

This year, we added a measure of disconnected youth, defined as those ages 16–24 who are not in school and not working. These years represent a critical stage in an individual's journey toward independence, self-sufficiency, and civic engagement in adulthood.

Disconnection can have health and economic costs not just for youth, but for their communities. Youth disconnected from opportunity – meaning the chance to advance in school, gain work experience, form relationships, and build social supports in the community – represent untapped potential to strengthen the social and economic vibrancy of our communities.

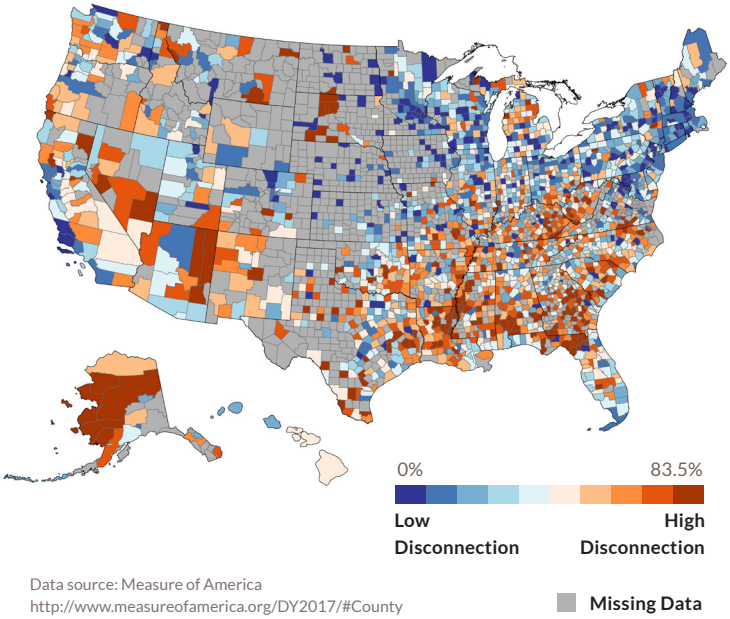
Percentage of Disconnected Youth by Racial/Ethnic Group Ages 16–24 in 2015



Communities Taking Action

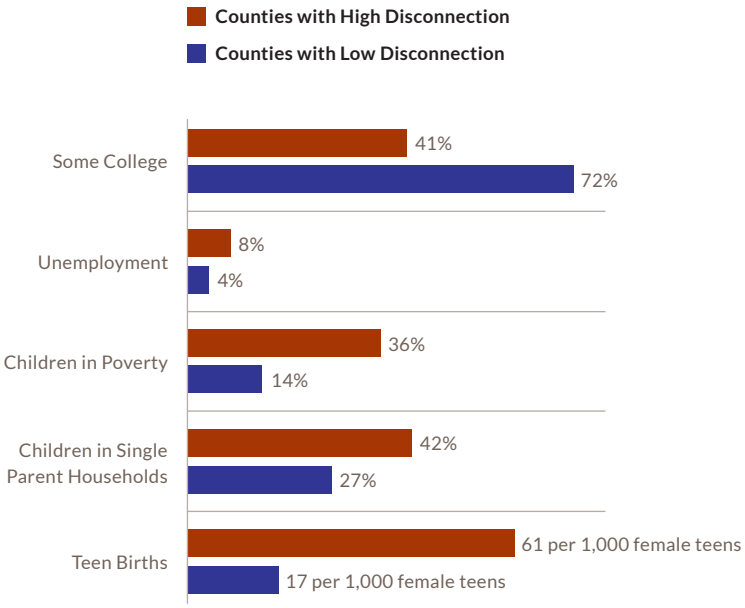
Louisville, KY is helping youth thrive through IDEAS xLab's Project HEAL which uses art expression to expand hope for the future and fosters youth-led community leadership through initiatives including Photovoice, poetry writing workshops, a kid vision committee with Steam Exchange, and One Poem At A Time. Also, young people are expanding the skills needed for greater career options through YouthBuild. Based on a national model, youth ages 18 to 24 can earn their high school diploma and get training in several career tracks, including construction and environmental design. Since 2000, 88 percent of participants have completed high school, GED, or career certification and 83 percent have entered college or the workforce. Louisville is building power among young adults with valuable professional and educational skills that help them reach their full potential. To learn more, visit www.rwjf.org/prize.

Percentage of Disconnected Youth by County, 2010–2014



Data source: Measure of America
http://www.measureofamerica.org/DY2017/#County

Key Health Factors in the Counties with the Highest and Lowest Levels of Disconnected Youth



Key Findings

- There are about 4.9 million youth and young adults – 1 in 8 – not working or in school. These youth and young adults are disconnected from opportunities to live long and healthy lives.
- Rates of youth disconnection are highest among American Indian/ Alaskan Native, black, and Hispanic youth.
- Rates of youth disconnection are higher in rural counties (21.6 percent) than in urban counties (13.7 percent), particularly rural counties in the South and West.
- Places with high levels of youth disconnection have higher rates of unemployment, child poverty, children in single-parent households, and teen births, and lower educational attainment.

NEW THIS YEAR: You can learn more about differences in child poverty by race in your county snapshot. Visit www.countyhealthrankings.org.

Communities Taking Action

In **Miami, FL** local residents and businesses banded together with leaders in healthcare, education, and human services to provide a cradle to career support system called the Miami Children's Initiative. The initiative started with a 29 block impact zone surrounding an elementary and middle school in Liberty City and now includes early-learning centers, after-school and summer programs, and workshops and social and emotional support for parents/caregivers. This initiative has helped improve the local elementary school rating from an F to a B, helped local residents gain employment and, most importantly, provided over 100 parents living in the neighborhood with parenting classes. To learn more, visit www.rwjf.org/prize.

Cultivating Opportunity and Health for Youth and Young Adults

Youth and young adults can thrive when communities engage them as leaders. Employers, educators, and other community leaders can help create new and better opportunities for younger generations by:

- Increasing community and school-based supports and services that will raise school attendance and high school graduation rates.
- Offering alternative learning models and training opportunities to help students develop social and work-ready skills that will advance their education and career potential.
- Providing employment experiences that will help prepare youth and young adults to get and keep good jobs.

The challenges of youth disconnection and child poverty are often linked, and evidence shows that early childhood supports like investments in preschool and kindergarten programming, and childcare subsidies that can help establish safe and financially stable homes can make a difference in cultivating opportunity and health beginning in early life stages.

To learn more about evidence-informed strategies that can make a difference, visit *What Works for Health* at www.countyhealthrankings.org/whatworks.

Communities Taking Action

As part of **Menominee Nation's** trauma-informed care model, schools have established safe zones in classrooms where students can focus on developing positive coping skills. Populations that have experienced historical trauma, such as American Indians, suffer from higher rates of premature death, injuries, and social and economic barriers to good health. Addressing the roots of challenging issues with a trauma-informed approach enabled Tribal members to turn around a drop-out crisis. In 2008, fewer than 60 percent of the students who started as freshmen graduated from Menominee Indian High School. In the 2015 to 2016 school year, the graduation rate was 92 percent. To learn more, visit www.rwjf.org/prize.


2015
STATE
WASHINGTON
BASKETBALL
WIAA

2017 *County Health Rankings*: Ranked Measure Sources and Years of Data

	Measure	Source	Years of Data
Health Outcomes			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2012-2014
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2015
	Poor physical health days	Behavioral Risk Factor Surveillance System	2015
	Poor mental health days	Behavioral Risk Factor Surveillance System	2015
	Low birthweight	National Center for Health Statistics – Natality files	2008-2014
Health Factors			
Health Behaviors			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2015
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2013
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2014
	Physical inactivity	CDC Diabetes Interactive Atlas	2013
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2015
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2011-2015
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2014
	Teen births	National Center for Health Statistics – Natality files	2008-2014
Clinical Care			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2014
	Primary care physicians	Area Health Resource File/American Medical Association	2014
	Dentists	Area Health Resource File/National Provider Identification file	2015
	Mental health providers	CMS, National Provider Identification file	2016
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2014
	Diabetes monitoring	Dartmouth Atlas of Health Care	2014
	Mammography screening	Dartmouth Atlas of Health Care	2014
Social and Economic Factors			
Education	High school graduation	EDFacts	2014-2015
	Some college	American Community Survey	2011-2015
Employment	Unemployment	Bureau of Labor Statistics	2015
Income	Children in poverty	Small Area Income and Poverty Estimates	2015
	Income inequality	American Community Survey	2011-2015
Family and Social Support	Children in single-parent households	American Community Survey	2011-2015
	Social associations	County Business Patterns	2014
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2012-2014
	Injury deaths	CDC WONDER mortality data	2011-2015
Physical Environment			
Air and Water Quality	Air pollution – particulate matter*	Environmental Public Health Tracking Network	2012
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2009-2013
	Driving alone to work	American Community Survey	2011-2015
	Long commute – driving alone	American Community Survey	2011-2015

* Not available for AK and HI.

Additional Measures (Not Included in Calculation of Ranks): Sources and Years of Data

Measure	Source	Years of Data
Health Outcomes		
Premature age-adjusted mortality	CDC WONDER mortality data	2013-2015
Infant mortality	Health Indicators Warehouse	2007-2013
Child mortality	CDC WONDER mortality data	2012-2015
Frequent physical distress	Behavioral Risk Factor Surveillance System	2015
Frequent mental distress	Behavioral Risk Factor Surveillance System	2015
Diabetes prevalence	CDC Diabetes Interactive Atlas	2013
HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013
Health Factors		
Health Behaviors		
Food insecurity	Map the Meal Gap	2014
Limited access to healthy foods	USDA Food Environment Atlas	2010
Motor vehicle crash deaths	CDC WONDER mortality data	2009-2015
Drug overdose deaths	CDC WONDER mortality data	2013-2015
Insufficient sleep	Behavioral Risk Factor Surveillance System	2014
Clinical Care		
Uninsured adults	Small Area Health Insurance Estimates	2014
Uninsured children	Small Area Health Insurance Estimates	2014
Health care costs	Dartmouth Atlas of Health Care	2014
Other primary care providers	CMS, National Provider Identification file	2016
Social and Economic Factors		
Disconnected youth	Measure of America	2008-2012
Median household income	Small Area Income and Poverty Estimates	2015
Children eligible for free or reduced price lunch	National Center for Education Statistics	2014-2015
Homicides	CDC WONDER mortality data	2009-2015
Firearm fatalities	CDC WONDER mortality data	2011-2015
Residential segregation – black/white	American Community Survey	2011-2015
Residential segregation – non-white/white	American Community Survey	2011-2015
Demographics		
Population	Census Population Estimates	2015
% below 18 years of age	Census Population Estimates	2015
% 65 and older	Census Population Estimates	2015
% Non-Hispanic African American	Census Population Estimates	2015
% American Indian and Alaskan Native	Census Population Estimates	2015
% Asian	Census Population Estimates	2015
% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2015
% Hispanic	Census Population Estimates	2015
% Non-Hispanic white	Census Population Estimates	2015
% not proficient in English	American Community Survey	2011-2015
% Females	Census Population Estimates	2015
% Rural	Census Population Estimates	2010

County Health Rankings & Roadmaps

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