

**County Health  
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# 2016 *County Health Rankings*

# Idaho



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



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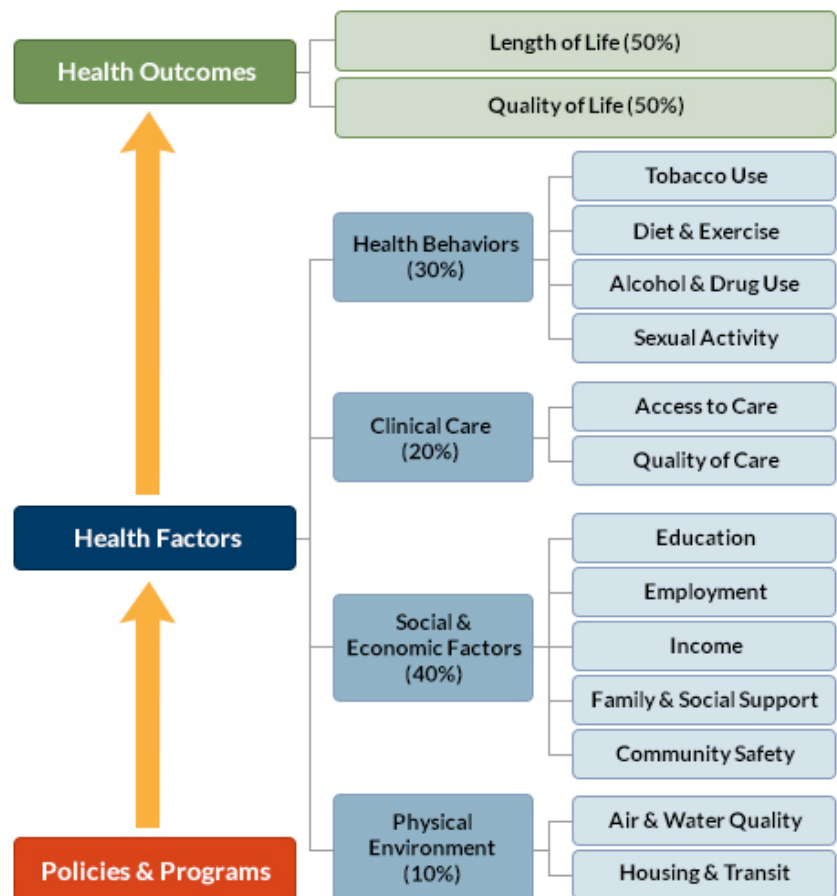


## INTRODUCTION

The *County Health Rankings & Roadmaps* program brings actionable data and strategies to communities to make it easier for people to be healthy in their homes, 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.

## WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to help identify issues and opportunities for local health improvement, as well as to garner support for initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



## DIGGING DEEPER INTO HEALTH DATA

Although we know that a range of factors are important for good health, every state has communities that lack both opportunities to shape good health and strong policies to promote health for everyone. Some counties lag far behind others in how well and how long people live – which we refer to as a “health gap.” Find out what's driving health differences across your state and what can be done to close those gaps. Visit [countyhealthrankings.org/reports](http://countyhealthrankings.org/reports).

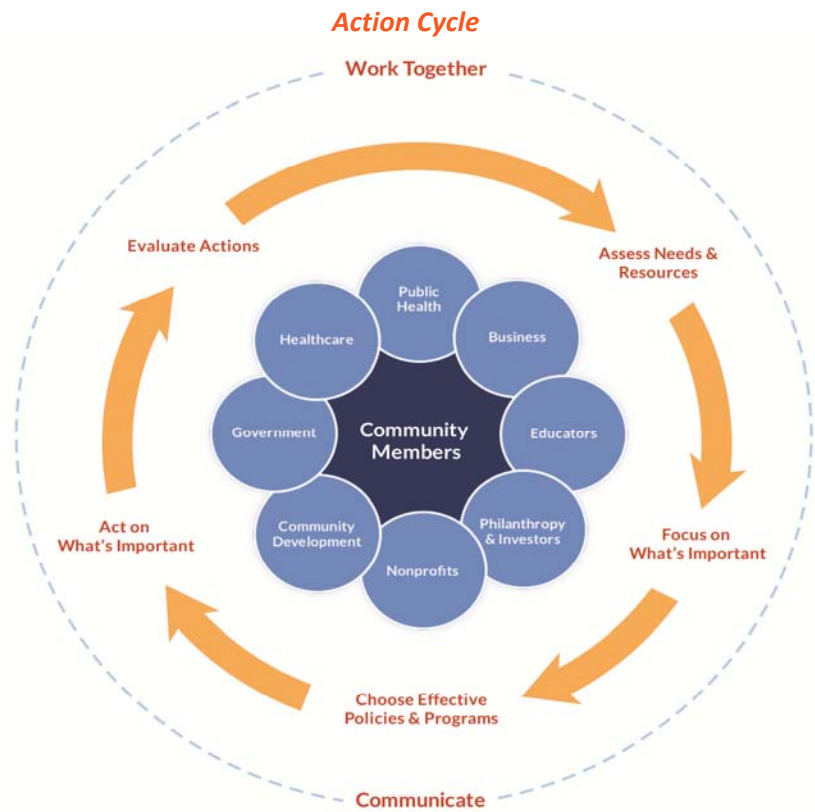
To further explore health gaps and other data sources in your community, check out the feature to [find more data](#) for your state and [dig deeper](#) on differences in health factors by geography or by population sub-groups. Visit [countyhealthrankings.org/using-the-rankings-data](http://countyhealthrankings.org/using-the-rankings-data).

## MOVING FROM DATA TO ACTION

*Roadmaps to Health* help communities bring people together to look at the many factors that influence health and opportunities to reduce health gaps, select strategies that can improve health for all, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from *awareness* about their county's ranking to *actions* designed to improve everyone's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- [What Works for Health](#) – a searchable database of evidence-informed policies and programs that can improve health
- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at [countyhealthrankings.org](http://countyhealthrankings.org)



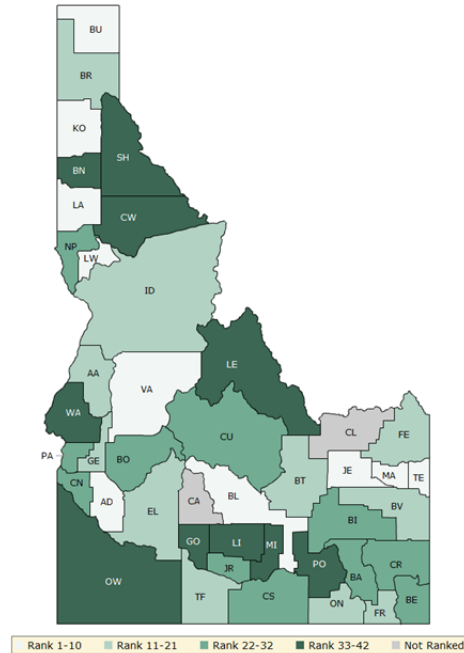
## HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide, the National Association of Counties, Local Initiatives Support Corporation (LISC), or Neighborworks— their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit [countyhealthrankings.org](http://countyhealthrankings.org) to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

## HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Idaho's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org).

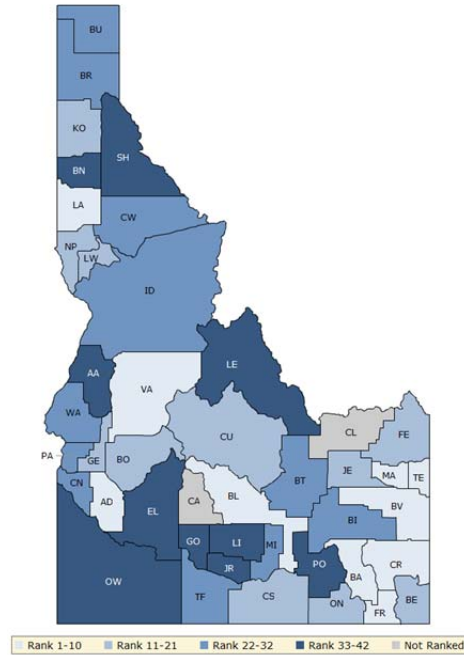


County	Rank	County	Rank	County	Rank	County	Rank
Ada	2	Butte	19	Gem	14	Minidoka	33
Adams	15	Camas	NR	Gooding	34	Nez Perce	26
Bannock	29	Canyon	23	Idaho	21	Oneida	18
Bear Lake	27	Caribou	31	Jefferson	9	Owyhee	40
Benewah	41	Cassia	24	Jerome	28	Payette	22
Bingham	30	Clark	NR	Kootenai	5	Power	37
Blaine	3	Clearwater	42	Latah	7	Shoshone	39
Boise	25	Custer	32	Lemhi	38	Teton	4
Bonner	11	Elmore	13	Lewis	10	Twin Falls	20
Bonneville	17	Franklin	16	Lincoln	36	Valley	1
Boundary	6	Fremont	12	Madison	8	Washington	35

## HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Idaho’s summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org)



County	Rank	County	Rank	County	Rank	County	Rank
Ada	1	Butte	23	Gem	21	Minidoka	25
Adams	39	Camas	NR	Gooding	36	Nez Perce	13
Bannock	9	Canyon	31	Idaho	32	Oneida	12
Bear Lake	16	Caribou	7	Jefferson	11	Owyhee	41
Benewah	38	Cassia	19	Jerome	40	Payette	24
Bingham	26	Clark	NR	Kootenai	15	Power	37
Blaine	2	Clearwater	27	Latah	4	Shoshone	42
Boise	18	Custer	17	Lemhi	35	Teton	10
Bonner	28	Elmore	33	Lewis	20	Twin Falls	22
Bonneville	6	Franklin	8	Lincoln	34	Valley	3
Boundary	30	Fremont	14	Madison	5	Washington	29

## 2016 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
<b>HEALTH OUTCOMES</b>					
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	6,100	3,200	12,200
Poor or fair health	% of adults reporting fair or poor health	16%	13%	11%	21%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.3	3.0	4.5
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.7	3.3	3.2	4.1
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7%	3%	9%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	% of adults who are current smokers	18%	16%	14%	21%
Adult obesity	% of adults that report a BMI ≥ 30	31%	28%	19%	36%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.2	7.1	3.9	8.2
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	28%	20%	14%	29%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	75%	11%	92%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	16%	13%	21%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	33%	0%	67%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	287.7	340.2	34.7	621.6
Teen births	# of births per 1,000 female population ages 15-19	40	33	8	62
<b>CLINICAL CARE</b>					
Uninsured	% of population under age 65 without health insurance	17%	19%	15%	31%
Primary care physicians	Ratio of population to primary care physicians	1,990:1	1,580:1	11,470:1	570:1
Dentists	Ratio of population to dentists	2,590:1	1,560:1	2,620:0	910:1
Mental health providers	Ratio of population to mental health providers	1,060:1	520:1	7,610:1	250:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	60	33	18	67
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	82%	63%	93%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	58%	37%	72%
<b>SOCIAL AND ECONOMIC FACTORS</b>					
High school graduation	% of ninth-grade cohort that graduates in four years	86%	81%	24%	100%
Some college	% of adults ages 25-44 with some post-secondary education	56%	64%	34%	84%
Unemployment	% of population aged 16 and older unemployed but seeking work	6.0%	4.8%	3.3%	10.0%
Children in poverty	% of children under age 18 in poverty	23%	19%	13%	30%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.1	2.8	5.7
Children in single-parent households	% of children that live in a household headed by a single parent	32%	25%	10%	41%
Social associations	# of membership associations per 10,000 population	13.0	7.6	1.6	21.9
Violent crime	# of reported violent crime offenses per 100,000 population	199	210	39	305
Injury deaths	# of deaths due to injury per 100,000 population	74	67	31	133
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	10.1	8.8	11.4
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	16%	7%	27%
Driving alone to work	% of workforce that drives alone to work	80%	78%	63%	83%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	22%	10%	57%

## 2016 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2011-2013
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2014
	Poor physical health days	Behavioral Risk Factor Surveillance System	2014
	Poor mental health days	Behavioral Risk Factor Surveillance System	2014
	Low birthweight	National Center for Health Statistics – Natality files	2007-2013
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2014
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2012
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2013
	Physical inactivity	CDC Diabetes Interactive Atlas	2012
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
<b>Alcohol and Drug Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2014
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2010-2014
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013
	Teen births	National Center for Health Statistics - Natality files	2007-2013
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2013
	Primary care physicians	Area Health Resource File/American Medical Association	2013
	Dentists	Area Health Resource File/National Provider Identification file	2014
	Mental health providers	CMS, National Provider Identification file	2015
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2013
	Diabetic monitoring	Dartmouth Atlas of Health Care	2013
	Mammography screening	Dartmouth Atlas of Health Care	2013
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	National Center for Education Statistics	2008-2009
	Some college	American Community Survey	2010-2014
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2014
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2014
	Income inequality	American Community Survey	2010-2014
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2010-2014
	Social associations	County Business Patterns	2013
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2009-2013
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution - particulate matter <sup>1</sup>	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2008-2012
	Driving alone to work	American Community Survey	2010-2014
	Long commute – driving alone	American Community Survey	2010-2014

<sup>1</sup> 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 Catlin, PhD, MHSA  
Amanda Jovaag, MS  
Marjory Givens, PhD, MSPH  
Julie Willems Van Dijk, PhD, RN

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Burness  
Mary Bennett, MFA  
Matthew Call  
Megan Garske  
Kitty Jerome, MA  
Kate Konkle, MPH  
Jan O'Neill, MPA

### Design

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### Robert Wood Johnson Foundation

Andrea Ducas, MPH  
Michelle Larkin, JD, MS, RN  
James Marks, MD, MPH  
Joe Marx  
Donald Schwarz, MD, MPH  
Amy Slonim, PhD  
Kathryn Wehr, MPH

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University of Wisconsin Population Health Institute  
610 Walnut St, #527, Madison, WI 53726  
(608) 265-8240 / [info@countyhealthrankings.org](mailto:info@countyhealthrankings.org)