County Health Rankings
Mobilizing Action Toward Community Health

2010
Idaho
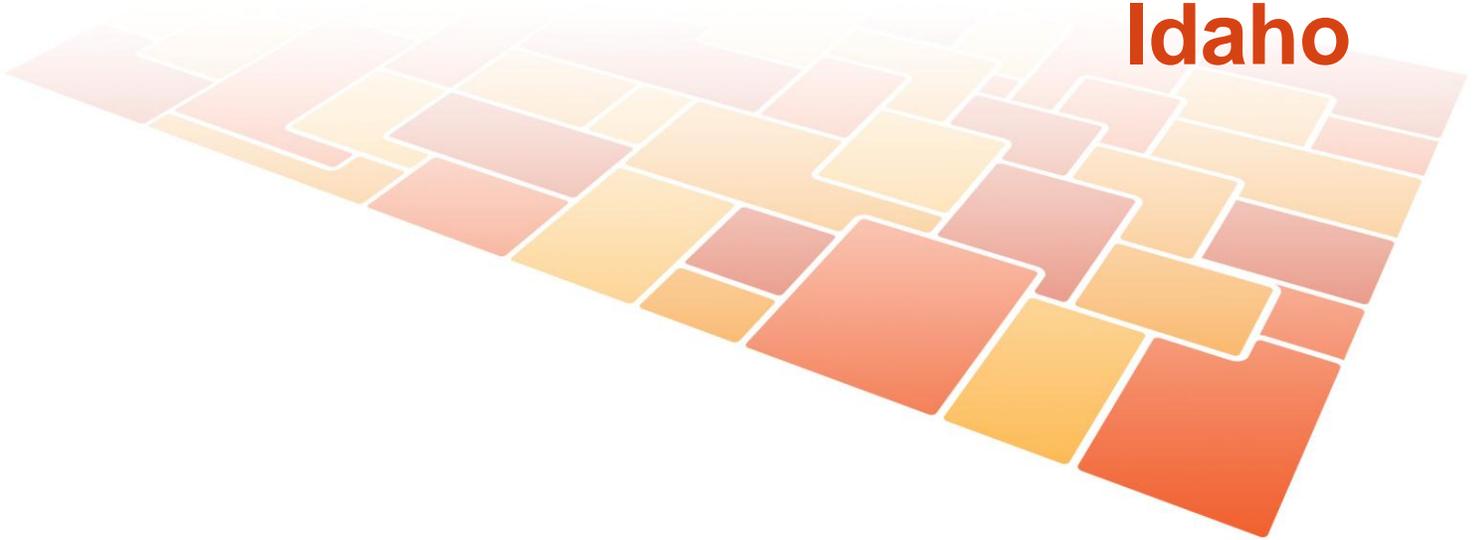
Robert Wood Johnson Foundation

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

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. 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.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state. This will allow them to see county-to-county where they are doing well and where they need to improve. Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:
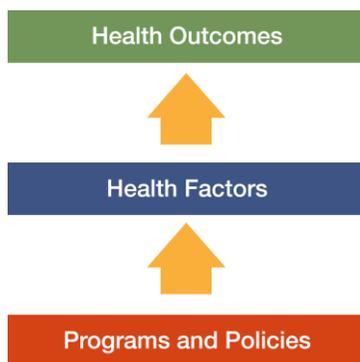
In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.


Institute of Medicine, 2002

To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The Rankings

This report ranks Idaho counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; 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.

Health Outcomes
- Mortality (length of life) 50%
- Morbidity (quality of life) 50%

Health Factors
- Health behaviors (30%)
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex
- Clinical care (20%)
  - Access to care
  - Quality of care
- Social and economic factors (40%)
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety
- Physical environment (10%)
  - Environmental quality
 - Built environment

Programs and Policies

*County Health Rankings* model ©2010 UWPHI

The maps on this page display Idaho's counties divided into groups by health rank. 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.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES

Rank 1-10   Rank 11-21   Rank 22-32   Rank 33-42   Not Ranked

HEALTH FACTORS

Rank 1-10   Rank 11-21   Rank 22-32   Rank 33-42   Not Ranked
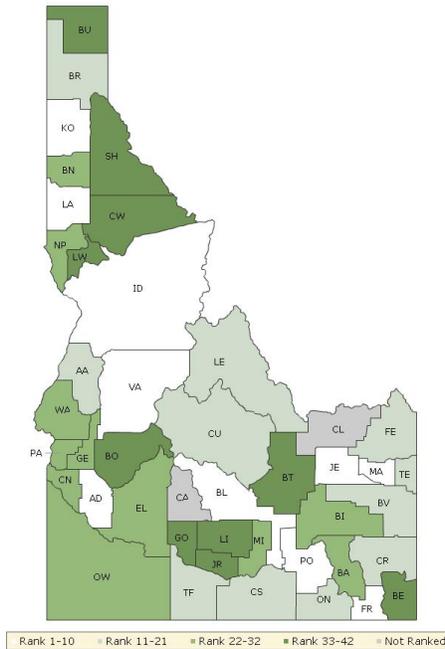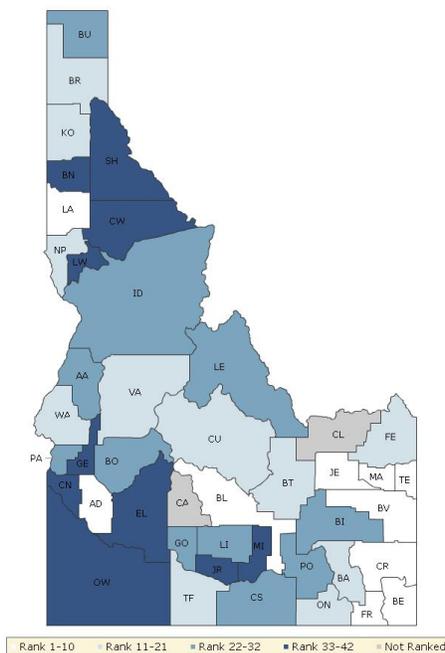
Summary Health Outcomes & Health Factors Rankings

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 are what influences the health of the county.

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

Not Ranked: Camas, Clark

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

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

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

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

2010 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	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual Behavior	Chlamydia rate	National Center for Health Statistics	2007
	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics[1]	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey[2]	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime[3]	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONMENT			
Air Quality[4]	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

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[1] State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

[2] Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

[3] Homicide rate (2000-2006) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

[4] Not available for AK and HI.

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Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2010.*

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