







### 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.



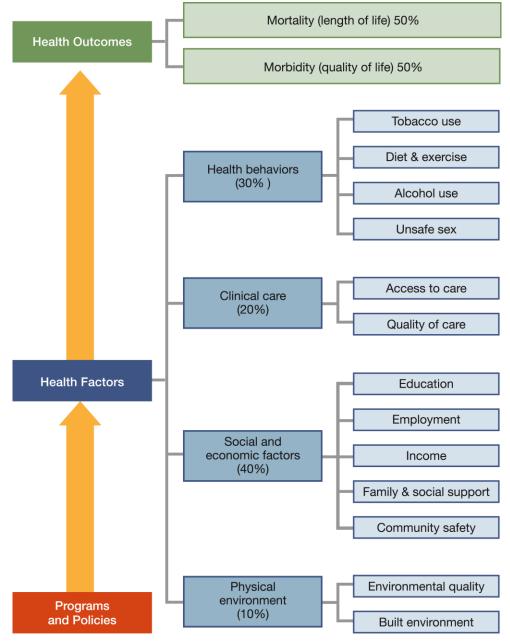
Institute of Medicine, 2002

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**

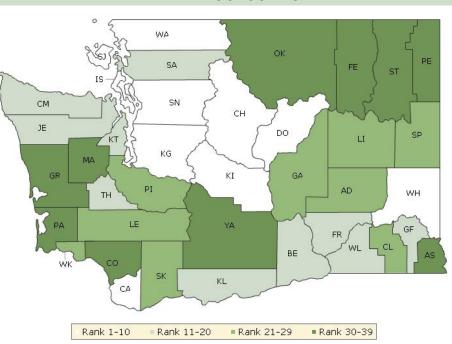
This report ranks Washington counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component;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



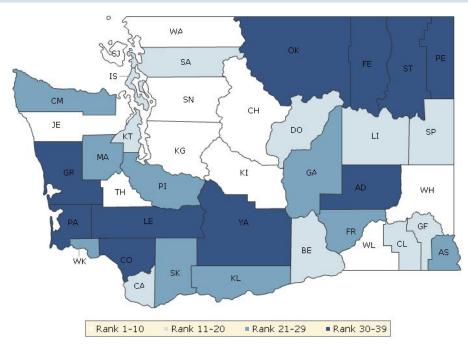
County Health Rankings model ©2010 UWPHI

The maps on this page display Washington'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** 

### **HEALTH FACTORS**



# **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	San Juan	1	San Juan
2	Douglas	2	King
3	Whitman	3	Whatcom
4	Kittitas	4	Kittitas
5	Island	5	Walla Walla
6	King	6	Chelan
7	Whatcom	7	Snohomish
8	Clark	8	Jefferson
9	Chelan	9	Thurston
10	Snohomish	10	Whitman
11	Jefferson	11	Island
12	Thurston	12	Benton
13	Benton	13	Garfield
14	Kitsap	14	Columbia
15	Franklin	15	Kitsap
16	Skagit	16	Douglas
17	Clallam	17	Spokane
18	Garfield	18	Clark
19	Walla Walla	19	Skagit
20	Klickitat	20	Lincoln
21	Columbia	21	Clallam
22	Adams	22	Wahkiakum
23	Spokane	23	Klickitat
24	Wahkiakum	24	Asotin
25	Pierce	25	Franklin
26	Lincoln	26	Pierce
27	Skamania	27	Skamania
28	Grant	28	Grant
29	Lewis	29	Mason
30	Pacific	30	Lewis
31	Pend Oreille	31	Pend Oreille
32	Yakima	32	Stevens
33	Grays Harbor	33	Adams
34	Cowlitz	34	Yakima
35	Asotin	35	Okanogan
36	Stevens	36	Cowlitz
37	Mason	37	Pacific
38	Okanogan	38	Grays Harbor
39	Ferry	39	Ferry

## **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.

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25 Clallam 25 Lewis	
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31 Asotin 31 Grays	Harbor
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34 Grays Harbor 34 Yakima	a
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36 Pacific 36 Okano	gan
37 Stevens 37 Mason	
38 Okanogan 38 Ferry	
39 Ferry 39 Asotin	I

### **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	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	San Juan	1	King	1	Whitman	1	Garfield
2	King	2	Cowlitz	2	San Juan	2	Pend Oreille
3	Jefferson	3	Walla Walla	3	King	2	Skamania
4	Chelan	4	Thurston	4	Lincoln	4	Benton
5	Walla Walla	5	Spokane	5	Jefferson	5	Yakima
6	Whatcom	6	Chelan	6	Island	6	Lewis
7	Whitman	7	Snohomish	7	Snohomish	7	Grant
8	Kittitas	8	Skagit	8	Thurston	8	Snohomish
9	Columbia	9	Whatcom	9	Garfield	9	Skagit
10	Island	10	Clallam	10	Benton	10	Douglas
11	Klickitat	11	Clark	11	Kittitas	11	Lincoln
12	Franklin	12	Pierce	12	Kitsap	12	Columbia
13	Douglas	13	Kitsap	13	Whatcom	13	Clallam
14	Wahkiakum	14	Kittitas	14	Clark	14	Kittitas
15	Clallam	15	Benton	15	Walla Walla	15	Wahkiakum
16	Clark	16	San Juan	16	Columbia	16	Cowlitz
17	Snohomish	17	Douglas	17	Douglas	17	Franklin
18	Garfield	18	Jefferson	18	Spokane	18	Thurston
19	Benton	19	Island	19	Chelan	19	Klickitat
20	Thurston	20	Asotin	20	Asotin	20	Kitsap
21	Kitsap	21	Okanogan	21	Wahkiakum	21	Chelan
22	Spokane	22	Lewis	22	Skagit	22	Whatcom
23	Skagit	23	Klickitat	23	Mason	23	Mason
24	Lincoln	24	Yakima	24	Skamania	24	Island
25	Asotin	25	Columbia	25	Clallam	25	Okanogan
26	Yakima	26	Franklin	26	Pierce	26	Asotin
27	Okanogan	27	Pend Oreille	27	Grant	27	Spokane
28	Skamania	28	Mason	28	Stevens	28	Stevens
29	Pierce	29	Stevens	29	Klickitat	29	Pacific
30	Grant	30	Adams	30	Pacific	30	Pierce
31	Adams	31	Grant	31	Adams	31	Grays Harbor
32	Pend Oreille	32	Grays Harbor	32	Lewis	32	Adams
33	Pacific	33	Garfield	33	Pend Oreille	33	Walla Walla
34	Stevens	34	Wahkiakum	34	Franklin	34	Clark
35	Lewis	35	Skamania	35	Grays Harbor	35	Ferry
36	Ferry	36	Lincoln	36	Ferry	36	King
37	Mason	37	Pacific	37	Cowlitz	37	Whitman
38	Cowlitz	38	Ferry	38	Okanogan	38	San Juan
39	Grays Harbor	39	Whitman	39	Yakima	39	Jefferson

## 2010 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES	3		
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	Chlamydia rate	National Center for Health Statistics	2007
Behavior	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 FAC	TORS		
Education	High school graduation	National Center for Education Statistics <sup>1</sup>	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 <sup>2</sup>	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 <sup>3</sup>	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONM	ENT		
Air Quality <sup>₄</sup>	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

 <sup>&</sup>lt;sup>1</sup> State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).
<sup>2</sup> Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

<sup>&</sup>lt;sup>3</sup> 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.

<sup>&</sup>lt;sup>4</sup> Not available for AK and HI.

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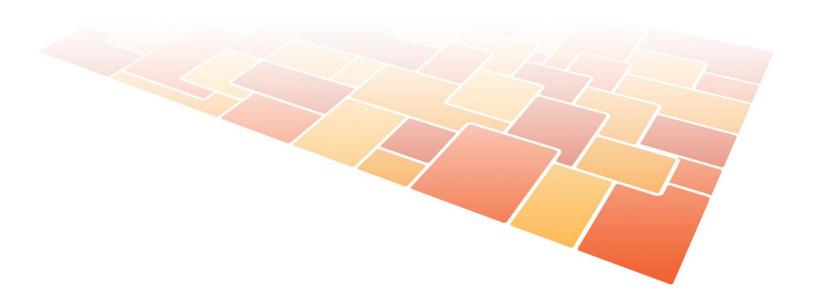
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