



County Health Rankings

Mobilizing Action Toward Community Health

2011

Forsyth County North Carolina

**With additional comments from the
Forsyth County Department of Public Health*



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 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, 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 communities 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.

To compile the Rankings, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data importance, and availability of data at the county level.

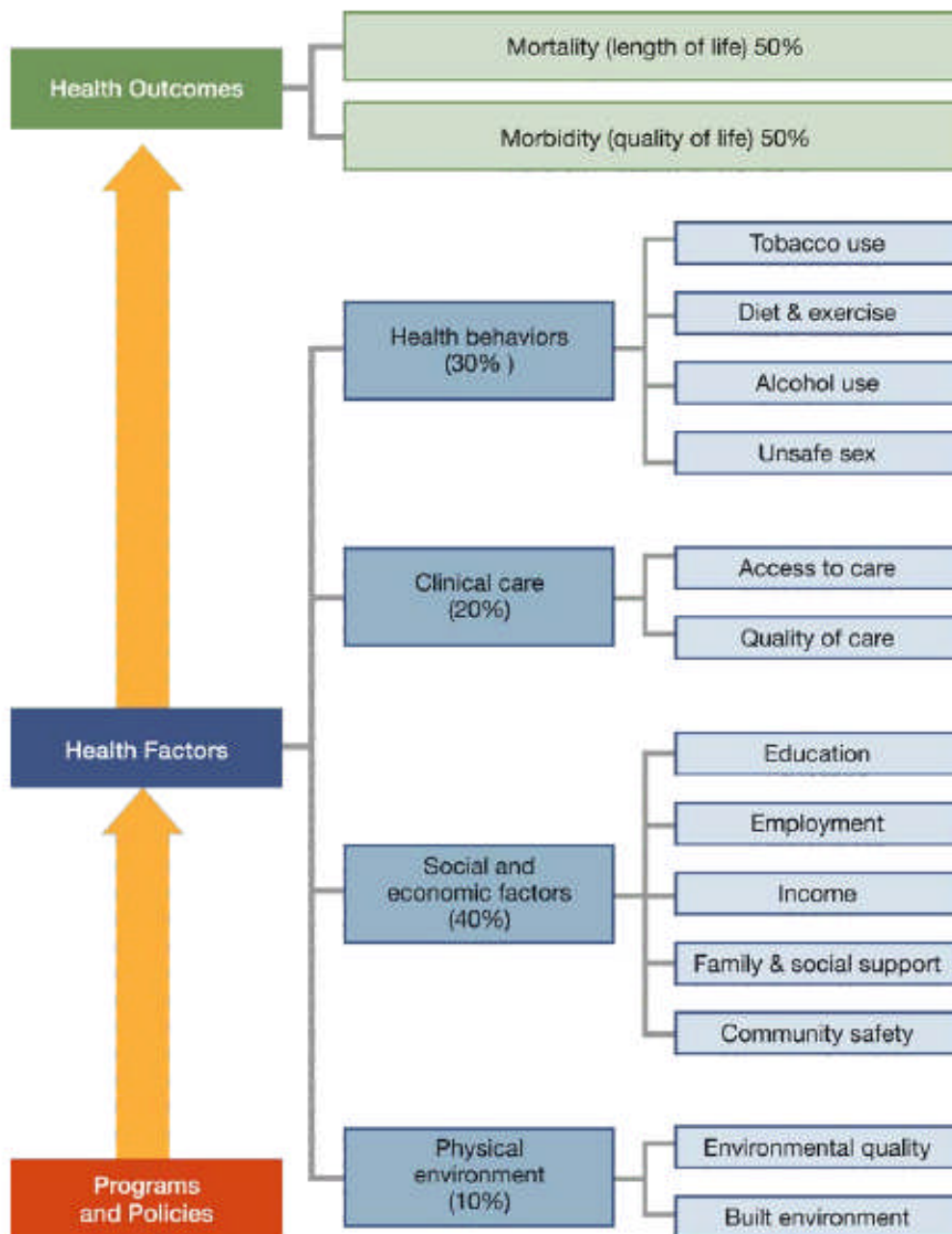
For a more detailed explanation of our approach, the methods used to compile the Rankings, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org.



The Rankings

This report ranks North Carolina 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

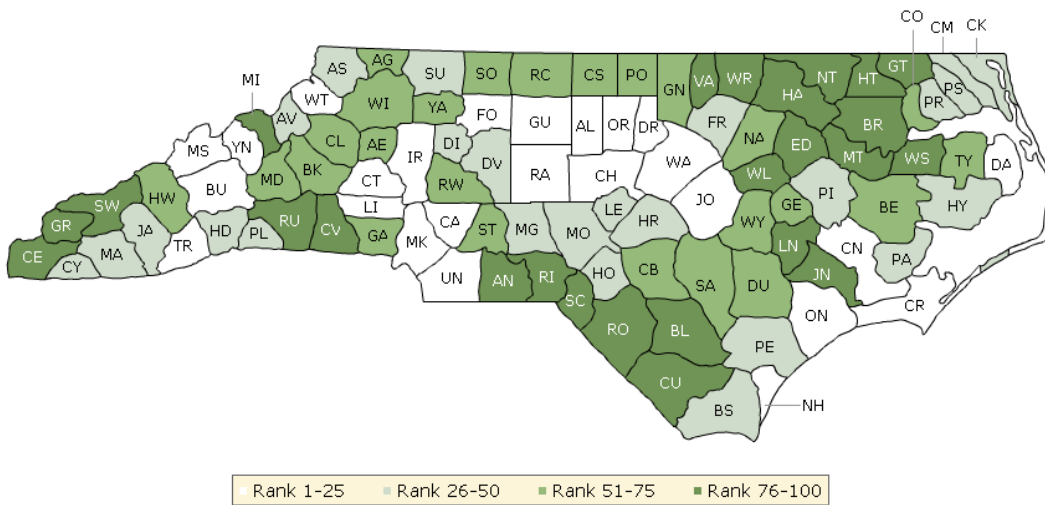
The maps on this page display North Carolina's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

similar to the health outcomes map, showing how health factors and health outcomes are closely related.

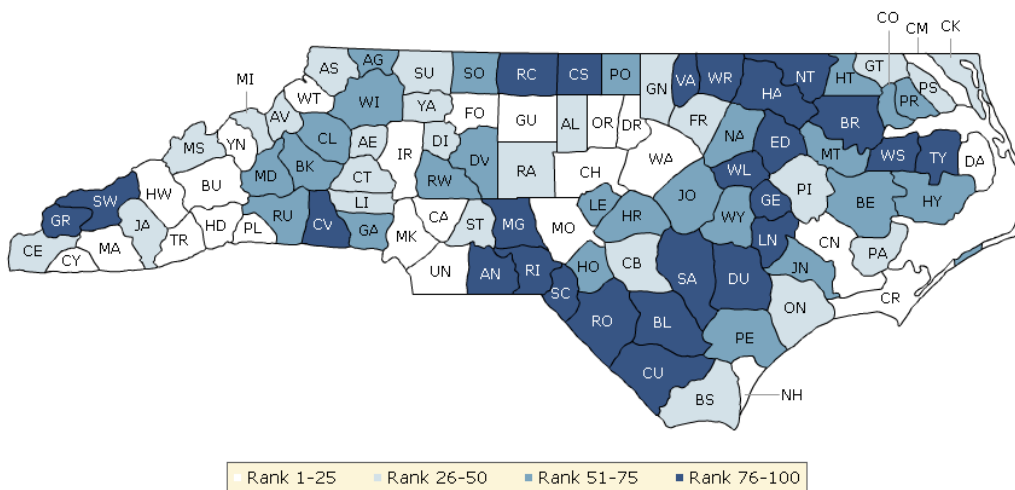
Forsyth County (abbreviated as FO on the state maps below), **ranked among the 25 best counties in North Carolina** with regard to health outcomes and health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears

HEALTH OUTCOMES



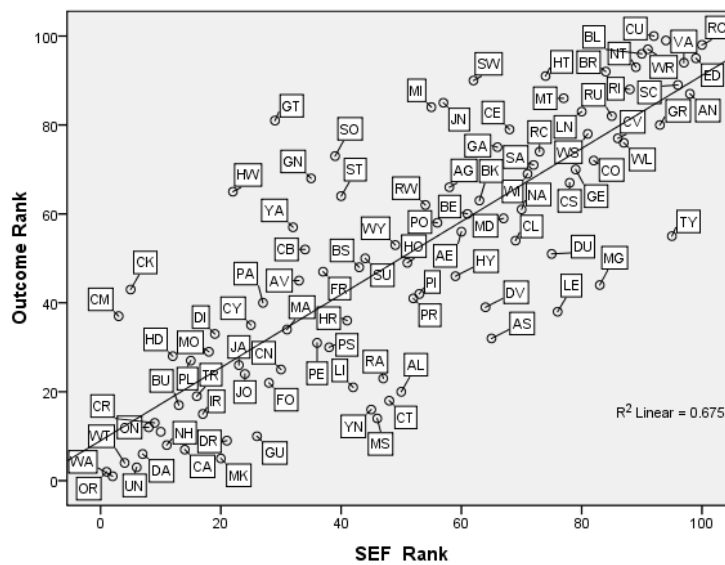
HEALTH FACTORS



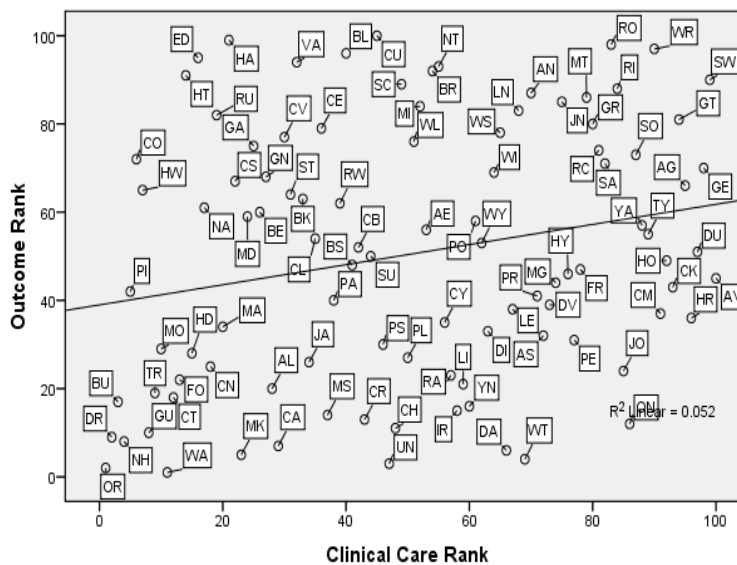
Associations between Rankings

Below are two scatter-plots of the 100 North Carolina counties examining the relationship between health outcome ranks and social & economic factors (SEF) ranks and health outcome ranks and clinical care ranks. Each county is represented by a two letter code. There was a strong correlation between the outcomes and SEF ranks (R -squared value=0.675). As the value of the SEF rank increased (meaning as the rank became worse), the value of the outcome rank increased also (meaning that the outcome rank became worse). There was no correlation between the outcomes and clinical care ranks (R -squared value=0.052); which indicates that the presence of quality care services in the community does not necessarily result in better health for the whole community. However, the strongest predictors of better or poorer health status are better or poorer socioeconomic conditions respectively. Socioeconomic factors included in this study were education, unemployment rate, children in poverty, inadequate social support, homicide rate etc.

NC County Health Outcomes vs Social & Economic Factors Rankings



NC County Health Outcome vs Clinical Care Rankings



Snapshot 2011: Forsyth County Health Rankings

Counties receive two summary ranks: Health Outcomes and Health Factors. Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is. The summary health outcomes ranking is based on measures of mortality and morbidity. 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.

Health factors are what influences the health of the county. 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.

Below is a summary of findings comparing Forsyth County and the state of North Carolina to calculated target value for each factor. Sixteen (16) measures were better than state; Six (6) measures were worse than state (*Sexually transmitted Infections; Air pollution ozone days; Low birth weight; Some college; Children in poverty; Single parent household*)

For more details on these measures, please visit <http://www.countyhealthrankings.org>.

	Forsyth County	Error Margin	Target Value*	NC Value	FC Rank (of100)
Health Outcomes					22
Mortality					23
Premature Deaths (Age-adjusted years of potential life lost before age 75 per 100,000 pop.)	7,957	7,612-8,301	5,564	8,108	29
Morbidity					
Poor or Fair Health (Age-adjusted percentage of adults reporting poor or fair health)	14%	12-16%	10%	18%	
Poor Physical Health Days (Age-adjusted average number of physically unhealthy days reported in last 30 days)	3.2	2.8-3.5	2.6	3.6	
Poor Mental Health Days (Age-adjusted average number of mentally unhealthy days reported in last 30 days)	3.0	2.6-3.4	2.3	3.3	
Low Birthweight (Percentage of live births with of infants weighing < 2500g)	10.1%	9.8-10.4%	6.0%	9.1%	
Health Factors					13
Health Behaviors					16
Adult Smoking (Percentage of adults that report smoking at least 100 cigarettes and that they currently smoke)	22%	19-24%	15%	22%	
Adult Obesity (Percentage of adults that report a BMI > or = 30)	25%	22-28%	25%	29%	
Excessive Drinking (Percentage of adults that report excessive drinking)	12%	10-14%	8%	12%	
Motor Vehicle Death Crash Rate (Motor vehicle crash deaths per 100,000 pop.)	13	11-14	12	20	
Sexually Transmitted Infection (Chlamydia rate per 100,000 pop.)	644		83	414	
Teen Birth Rate (Teen birthrate per 1,000 pop. among females ages 15-19)	50	49-52	22	50	

Clinical Care					13
Uninsured Adults (%of pop. under age 65 without health insurance)	20%	17-23%	13%	21%	
Primary Care Provider (Number of Primary care providers (PCP) in patient care.)	500:1		631:1	859:1	
Preventable Hospital Stays (Hospitalization rate for ambulatory- care sensitive conditions per 1,000 Medicare enrollees)	65	63-68	52	68	
Diabetic Screening (% of diabetic Medicare enrollees that receive HbA1c screenings)	83%	77-89%	89%	86%	
Mammography screening (Percent of female Medicare enrollees having at least 1 mammogram in 2yrs (age 67-69))	66%	60-72%	74%	67%	
Social & Economic Factors					28
High School Graduation (% of 9th grade cohort that graduates in 4 years)	77%		92%	78%	
Some College (Percent of adults age25-44 with some post secondary education)	62%		68%	60%	
Unemployment (% of pop. age 16+ unemployed but seeking work)	9.7%	9.6-9.8%	5.3%	10.6%	
Children in Poverty (%of children under age 18 in poverty)	21%	17-25%	11%	20%	
Inadequate Social Support (% of adults without social/emotional support)	18%	16-20%	14%	21%	
Single-Parent Households (% of all households that are single-parent households)	36%		20%	34%	
Homicide Rate (Age-adjusted deaths due to homicide per 100,000 pop.)	7	6-8	1	7	
Physical Environment					58
Air Pollution - Particulate Matter Days (Annual number of unhealthy air quality days due to fine particulate matter)	1		0	1	
Air Pollution - Ozone Days (Annual number of unhealthy air quality days due to ozone)	10		0	6	
Access to Healthy Foods (% of Zip codes with access to healthy food outlets such as grocery stores, produce stands, and farmers markets)	88%		92%	66%	
Access to Recreational Facilities (Rate of recreational facilities per 100,000 pop.)	16		17	11	

Note: * 90th percentile, i.e., only 10% are better; Blank values reflect unreliable or missing data

Darker shade indicates worse than state values

Lighter shade indicates better than state values.

Forsyth County Rankings among Top Five (5) & Ten (10) NC Counties

NC County Rankings: Health Outcomes			
Top 5 Largest Counties		Top 10 Largest Counties	
Wake	1 st	Wake	1 st
		Union	3 rd
Mecklenburg	5 th	Mecklenburg	5 th
		New Hanover	8 th
Guilford	10 th	Durham	9 th
		Guilford	10 th
Forsyth	22nd	Buncombe	17 th
		Forsyth	22nd
Cumberland	52 nd	Cumberland	52 nd
		Gaston	75 th

NC County Rankings: Health Factors			
Top 5 Largest Counties		Top 10 Largest Counties	
Wake	2 nd	Wake	2 nd
		Buncombe	3 rd
Forsyth	13th	New Hanover	4 th
		Union	7 th
Mecklenburg	15 th	Durham	9 th
		Forsyth	13th
Guilford	17 th	Mecklenburg	15 th
		Guilford	17 th
Cumberland	49 th	Cumberland	49 th
		Gaston	53 rd

NC County Rankings: Health Behaviors			
Top 5 Largest Counties		Top 10 Largest Counties	
Wake	4 th	Wake	4 th
		Buncombe	5 th
Mecklenburg	6 th	Mecklenburg	6 th
		Union	9 th
Forsyth	16th	New Hanover	15 th
		Forsyth	16th
Guilford	18 th	Durham	17 th
		Guilford	18 th
Cumberland	79 th	Gaston	44 th
		Cumberland	79 th

NC County Rankings: Clinical Care			
Top 5 Largest Counties		Top 10 Largest Counties	
Guilford	8 th	Durham	2 nd
		Buncombe	3 rd
Wake	11 th	New Hanover	4 th
		Guilford	8 th
Forsyth	13th	Wake	11 th
		Forsyth	13th
Mecklenburg	23 rd	Mecklenburg	23 rd
		Gaston	25 th
Cumberland	42 nd	Cumberland	42 nd
		Union	47 th

NC County Rankings: Social & Economic Factors			
Top 5 Largest Counties		Top 10 Largest Counties	
Wake	2 nd	Wake	2 nd
		Union	6 th
Mecklenburg	20 th	New Hanover	11 th
		Buncombe	13 th
Guilford	26 th	Mecklenburg	20 th
		Durham	21 st
Forsyth	28th	Guilford	26 th
		Forsyth	28th
Cumberland	34 th	Cumberland	34 th
		Gaston	66 th

NC County Rankings: Physical Environment			
Top 5 Largest Counties		Top 10 Largest Counties	
Forsyth	58th	New Hanover	11 th
		Buncombe	41 st
Cumberland	72 nd	Union	57 th
		Forsyth	58th
Wake	92 nd	Durham	60 th
		Gaston	66 th
Guilford	94 th	Cumberland	72 nd
		Wake	92 nd
Mecklenburg	99 th	Guilford	94 th
		Mecklenburg	99 th

Note: Counties without Military bases: Durham, Forsyth, Guilford, Mecklenburg & Wake

Summary Health Outcomes & Factors Rankings: North Carolina

The following pages show the health outcomes and health factor ranks for all 100 counties in North Carolina and show each county's rank for individual measures. Forsyth County is shown in **red**.

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	Rank	Health Outcomes	Rank	Health Factors
1	Wake	1	Orange	51	Duplin	51	Burke
2	Orange	2	Wake	52	Cumberland	52	Johnston
3	Union	3	Buncombe	53	Wayne	53	Gaston
4	Watauga	4	New Hanover	54	Caldwell	54	Pender
5	Mecklenburg	5	Watauga	55	Tyrrell	55	Caldwell
6	Dare	6	Henderson	56	Alexander	56	Wayne
7	Cabarrus	7	Union	57	Yadkin	57	Beaufort
8	New Hanover	8	Polk	58	Person	58	Hyde
9	Durham	9	Durham	59	McDowell	59	Lee
10	Guilford	10	Moore	60	Beaufort	60	Perquimans
11	Chatham	11	Transylvania	61	Nash	61	McDowell
12	Onslow	12	Chatham	62	Rowan	62	Davidson
13	Carteret	13	Forsyth	63	Burke	63	Jones
14	Madison	14	Macon	64	Stanly	64	Rutherford
15	Iredell	15	Mecklenburg	65	Haywood	65	Alleghany
16	Yancey	16	Clay	66	Alleghany	66	Person
17	Buncombe	17	Guilford	67	Caswell	67	Nash
18	Catawba	18	Camden	68	Granville	68	Wilkes
19	Transylvania	19	Cabarrus	69	Wilkes	69	Chowan
20	Alamance	20	Haywood	70	Greene	70	Hertford
21	Lincoln	21	Carteret	71	Sampson	71	Harnett
22	Forsyth	22	Iredell	72	Chowan	72	Stokes
23	Randolph	23	Dare	73	Stokes	73	Rowan
24	Johnston	24	Yancey	74	Rockingham	74	Hoke
25	Craven	25	Craven	75	Gaston	75	Martin
26	Jackson	26	Davie	76	Wilson	76	Lenoir
27	Polk	27	Catawba	77	Cleveland	77	Washington
28	Henderson	28	Stanly	78	Washington	78	Cleveland
29	Moore	29	Jackson	79	Cherokee	79	Wilson
30	Pasquotank	30	Mitchell	80	Graham	80	Sampson
31	Pender	31	Lincoln	81	Gates	81	Caswell
32	Ashe	32	Onslow	82	Rutherford	82	Greene
33	Davie	33	Pamlico	83	Lenoir	83	Duplin
34	Macon	34	Madison	84	Mitchell	84	Bertie
35	Clay	35	Brunswick	85	Jones	85	Montgomery
36	Harnett	36	Cherokee	86	Martin	86	Rockingham
37	Camden	37	Pitt	87	Anson	87	Northampton
38	Lee	38	Currituck	88	Richmond	88	Bladen
39	Davidson	39	Alamance	89	Scotland	89	Richmond
40	Pamlico	40	Yadkin	90	Swain	90	Graham
41	Perquimans	41	Alexander	91	Hertford	91	Halifax
42	Pitt	42	Gates	92	Bertie	92	Swain
43	Currituck	43	Ashe	93	Northampton	93	Tyrrell
44	Montgomery	44	Granville	94	Vance	94	Columbus
45	Avery	45	Avery	95	Edgecombe	95	Warren
46	Hyde	46	Surry	96	Bladen	96	Scotland
47	Franklin	47	Randolph	97	Warren	97	Anson
48	Brunswick	48	Pasquotank	98	Robeson	98	Vance
49	Hoke	49	Cumberland	99	Halifax	99	Edgecombe
50	Surry	50	Franklin	100	Columbus	100	Robeson

Health Outcomes Rankings: North Carolina

Rank	Mortality	Morbidity	Rank	Mortality	Morbidity	Rank	Mortality	Morbidity
1	Wake	Wake	35	Moore	Buncombe	69	Brunswick	Martin
2	Orange	Orange	36	Craven	Alamance	70	Wayne	Wilson
3	Union	Union	37	Chowan	Henderson	71	Greene	Wilkes
4	Watauga	Polk	38	Davidson	Wayne	72	Cleveland	Rutherford
5	Mecklenburg	Transylvania	39	Transylvania	Lee	73	Sampson	Washington
6	New Hanover	Macon	40	Jackson	Camden	74	Gaston	Caswell
7	Dare	Mecklenburg	41	Pitt	Duplin	75	Jones	Burke
8	Durham	Jackson	42	Caldwell	Currituck	76	Wilson	Cherokee
9	Cabarrus	Cabarrus	43	Camden	Harnett	77	Lenoir	Stanly
10	Chatham	Craven	44	Clay	Johnston	78	Cherokee	McDowell
11	Guilford	Watauga	45	Hyde	Davidson	79	Nash	Cleveland
12	Johnston	Guilford	46	Surry	Montgomery	80	Mitchell	Scotland
13	Pasquotank	Person	47	Hoke	Pitt	81	Washington	Rowan
14	Onslow	Carteret	48	Lee	Hyde	82	Rockingham	Stokes
15	Buncombe	Moore	49	Montgomery	Pasquotank	83	Person	Anson
16	Madison	Dare	50	Stanly	Graham	84	Rutherford	Bertie
17	Davie	Onslow	51	Burke	Beaufort	85	Northampton	Lenoir
18	Alamance	Clay	52	Polk	Davie	86	Graham	Alleghany
19	Yancey	Iredell	53	Cumberland	Rockingham	87	Richmond	Robeson
20	Carteret	Durham	54	Currituck	Sampson	88	Hertford	Chowan
21	Catawba	Chatham	55	Caswell	Hoke	89	Anson	Vance
22	Iredell	Lincoln	56	Tyrrell	Alexander	90	Warren	Richmond
23	Forsyth	Madison	57	Macon	Yadkin	91	Scotland	Mitchell
24	Henderson	Randolph	58	Alexander	Cumberland	92	Martin	Edgecombe
25	Randolph	New Hanover	59	Yadkin	Perquimans	93	Halifax	Gates
26	Lincoln	Nash	60	Gates	Surry	94	Vance	Hertford
27	Alleghany	Pamlico	61	Haywood	Tyrrell	95	Bertie	Bladen
28	Pender	Catawba	62	Pamlico	Swain	96	Columbus	Jones
29	Harnett	Forsyth	63	Stokes	Greene	97	Edgecombe	Columbus
30	Ashe	Brunswick	64	Wilkes	Franklin	98	Bladen	Halifax
31	Perquimans	Yancey	65	Avery	Haywood	99	Swain	Northampton
32	Franklin	Avery	66	Granville	Granville	100	Robeson	Warren
33	Rowan	Pender	67	Beaufort	Gaston			
34	McDowell	Ashe	68	Duplin	Caldwell			

Health Factors Rankings: North Carolina

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
1	Orange	Orange	Orange	Lee
2	Yancey	Durham	Wake	Lenoir
3	Polk	Buncombe	Camden	Dare
4	Wake	New Hanover	Watauga	Pasquotank
5	Buncombe	Pitt	Currituck	Perquimans
6	Mecklenburg	Chowan	Union	Rutherford
7	Henderson	Haywood	Dare	Swain
8	Watauga	Guilford	Onslow	Washington
9	Union	Transylvania	Carteret	Hyde
10	Transylvania	Moore	Chatham	Franklin
11	Clay	Wake	New Hanover	New Hanover
12	Macon	Catawba	Henderson	Chatham
13	Mitchell	Forsyth	Buncombe	Caldwell
14	Ashe	Hertford	Cabarrus	Yadkin
15	New Hanover	Henderson	Polk	Stanly
16	Forsyth	Edgecombe	Transylvania	Person
17	Durham	Nash	Iredell	Polk
18	Guilford	Craven	Moore	Beaufort
19	Moore	Rutherford	Davie	Henderson
20	Avery	Macon	Mecklenburg	Cherokee
21	Lincoln	Halifax	Durham	Carteret
22	Greene	Caswell	Haywood	Pender
23	Chatham	Mecklenburg	Jackson	Clay
24	Catawba	McDowell	Johnston	Madison
25	Cherokee	Gaston	Clay	Alamance
26	Iredell	Beaufort	Guilford	Moore
27	Camden	Granville	Pamlico	Northampton
28	Alexander	Alamance	Forsyth	Halifax
29	Gates	Cabarrus	Gates	Brunswick
30	Cabarrus	Cleveland	Craven	Robeson
31	Alleghany	Stanly	Macon	Orange
32	Craven	Vance	Yadkin	Onslow
33	Haywood	Burke	Avery	Avery
34	Madison	Jackson	Cumberland	Tyrrell
35	Davie	Caldwell	Granville	Burke
36	Lee	Cherokee	Pender	Craven
37	Graham	Madison	Franklin	Macon
38	Martin	Pamlico	Pasquotank	Randolph
39	Brunswick	Rowan	Stokes	Watauga
40	Stanly	Bladen	Stanly	Duplin
41	Randolph	Brunswick	Harnett	Buncombe
42	Wilson	Cumberland	Lincoln	Alexander
43	Alamance	Carteret	Brunswick	Hoke
44	Gaston	Surry	Surry	Wayne
45	Duplin	Columbus	Yancey	Harnett
46	Davidson	Pasquotank	Madison	Warren
47	Pitt	Union	Randolph	Rockingham
48	Jackson	Chatham	Catawba	Cleveland
49	Burke	Scotland	Wayne	Johnston
50	Rutherford	Polk	Alamance	Cabarrus

Health Factors Rankings: North Carolina

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
51	Carteret	Wilson	Hoke	Surry
52	Yadkin	Mitchell	Perquimans	Sampson
53	Wilkes	Alexander	Pitt	Iredell
54	Surry	Bertie	Rowan	Mitchell
55	Jones	Northampton	Mitchell	Davie
56	McDowell	Clay	Person	Davidson
57	Caldwell	Randolph	Jones	Union
58	Hyde	Iredell	Alleghany	Forsyth
59	Cleveland	Lincoln	Hyde	Granville
60	Pamlico	Yancey	Alexander	Durham
61	Tyrrell	Person	Beaufort	Pamlico
62	Richmond	Wayne	Swain	Hertford
63	Anson	Davie	Burke	Caswell
64	Chowan	Wilkes	Davidson	Vance
65	Wayne	Washington	Ashe	Jones
66	Rowan	Dare	Gaston	Gaston
67	Nash	Lee	McDowell	Currituck
68	Montgomery	Lenoir	Cherokee	Transylvania
69	Washington	Watauga	Caldwell	Haywood
70	Perquimans	Anson	Nash	Bertie
71	Beaufort	Perquimans	Wilkes	Columbus
72	Lenoir	Ashe	Sampson	Cumberland
73	Franklin	Davidson	Rockingham	Pitt
74	Dare	Montgomery	Hertford	Martin
75	Harnett	Jones	Duplin	Ashe
76	Granville	Hyde	Lee	Wilkes
77	Person	Pender	Martin	Wilson
78	Johnston	Franklin	Caswell	Yancey
79	Cumberland	Martin	Greene	Bladen
80	Sampson	Graham	Lenoir	Stokes
81	Pender	Rockingham	Washington	Alleghany
82	Hoke	Sampson	Chowan	Chowan
83	Onslow	Robeson	Montgomery	Catawba
84	Hertford	Richmond	Bertie	Richmond
85	Bladen	Johnston	Rutherford	Montgomery
86	Pasquotank	Onslow	Cleveland	Nash
87	Bertie	Stokes	Wilson	Scotland
88	Northampton	Yadkin	Richmond	Lincoln
89	Stokes	Tyrrell	Northampton	McDowell
90	Caswell	Warren	Bladen	Camden
91	Scotland	Camden	Warren	Gates
92	Currituck	Hoke	Columbus	Wake
93	Warren	Currituck	Graham	Jackson
94	Columbus	Gates	Halifax	Guilford
95	Halifax	Alleghany	Tyrrell	Graham
96	Rockingham	Harnett	Scotland	Anson
97	Vance	Duplin	Vance	Greene
98	Swain	Greene	Anson	Edgecombe
99	Edgecombe	Swain	Edgecombe	Mecklenburg
100	Robeson	Avery	Robeson	Rowan

2011 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	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Health Statistics	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care provider rate	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Hospice use	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2006-2007
	Some College	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONMENT			
Air Quality⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) 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.

³ Not available for AK and HI.

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