Building a Culture of Health, County by County

2016 County Health Rankings

California





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.

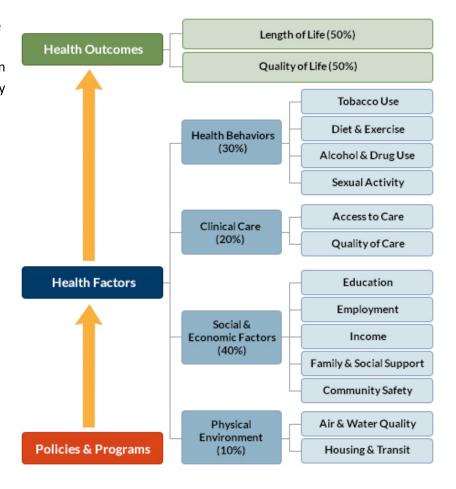
WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at **countyhealthrankings.org**, 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.

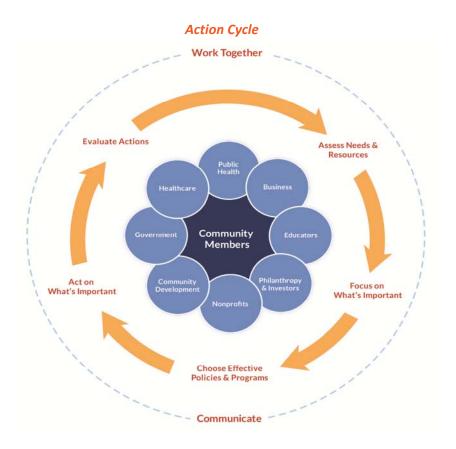
To further explore health gaps and other data sources in your community, check out the feature to <u>find</u> <u>more data</u> for your state and <u>dig deeper</u> on differences in health factors by geography or by population subgroups. Visit <u>countyhealthrankings.org/using-the-rankings-data</u>.

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



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 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 California'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.

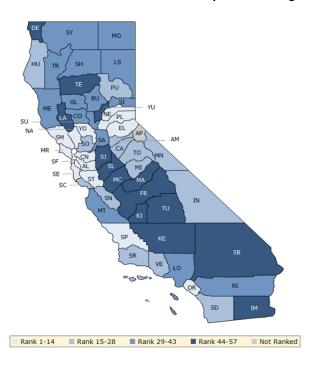


County	Rank	County	Rank	County	Rank	County	Rank
Alameda	19	Kings	36	Placer	5	Sierra	26
Alpine	NR	Lake	56	Plumas	48	Siskiyou	55
Amador	21	Lassen	31	Riverside	29	Solano	28
Butte	38	Los Angeles	25	Sacramento	32	Sonoma	6
Calaveras	23	Madera	47	San Benito	24	Stanislaus	45
Colusa	34	Marin	1	San Bernardino	42	Sutter	27
Contra Costa	18	Mariposa	30	San Diego	14	Tehama	37
Del Norte	44	Mendocino	40	San Francisco	10	Trinity	54
El Dorado	9	Merced	49	San Joaquin	41	Tulare	51
Fresno	53	Modoc	57	San Luis Obispo	11	Tuolumne	15
Glenn	39	Mono	20	San Mateo	2	Ventura	8
Humboldt	43	Monterey	22	Santa Barbara	16	Yolo	12
Imperial	33	Napa	7	Santa Clara	3	Yuba	46
Inyo	35	Nevada	17	Santa Cruz	13		
Kern	52	Orange	4	Shasta	50		

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays California'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



County	Rank	County	Rank	County	Rank	County	Rank
Alameda	12	Kings	54	Placer	4	Sierra	29
Alpine	NR	Lake	50	Plumas	27	Siskiyou	31
Amador	22	Lassen	43	Riverside	39	Solano	24
Butte	35	Los Angeles	36	Sacramento	30	Sonoma	10
Calaveras	21	Madera	52	San Benito	26	Stanislaus	48
Colusa	40	Marin	1	San Bernardino	47	Sutter	34
Contra Costa	11	Mariposa	23	San Diego	18	Tehama	46
Del Norte	44	Mendocino	32	San Francisco	5	Trinity	42
El Dorado	8	Merced	53	San Joaquin	45	Tulare	55
Fresno	51	Modoc	38	San Luis Obispo	9	Tuolumne	19
Glenn	41	Mono	20	San Mateo	2	Ventura	15
Humboldt	28	Monterey	37	Santa Barbara	17	Yolo	14
Imperial	56	Napa	13	Santa Clara	3	Yuba	49
Inyo	25	Nevada	7	Santa Cruz	16		
Kern	57	Orange	6	Shasta	33		

2016 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State	State Maximum
HEALTH OUTCOMES	Description .	Wicalan	Overan	TVIIIIIII GIII	Widaliidiii
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	5,300	3,600	10,600
Poor or fair health	% of adults reporting fair or poor health	16%	18%	11%	28%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	4.0	3.0	4.9
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.7	3.6	2.9	4.4
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7%	4%	8%
HEALTH FACTORS	70 of five births with low birthweight (2500 grains)	070	770	770	070
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	18%	13%	9%	17%
Adult obesity	% of adults that report a BMI ≥ 30	31%	23%	15%	32%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.2	7.7	4.2	8.6
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical	28%	17%	11%	22%
	activity				
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	94%	39%	100%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	17%	16%	22%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	30%	6%	57%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	287.7	439.9	63.6	760.1
Teen births	# of births per 1,000 female population ages 15-19	40	32	11	59
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	17%	19%	12%	24%
Primary care physicians	Ratio of population to primary care physicians	1,990:1	1,270:1	5,590:1	630:1
Dentists	Ratio of population to dentists	2,590:1	1,260:1	3,220:1	700:1
Mental health providers	Ratio of population to mental health providers	1,060:1	360:1	1,190:1	130:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	60	41	21	64
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	81%	71%	87%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	59%	46%	70%
SOCIAL AND ECONOMIC FACTORS)				
High school graduation	% of ninth-grade cohort that graduates in four years	86%	85%	81%	96%
Some college	% of adults ages 25-44 with some post-secondary education	56%	62%	40%	85%
Unemployment	% of population aged 16 and older unemployed but seeking work	6.0%	7.5%	4.2%	23.6%
Children in poverty	% of children under age 18 in poverty	23%	23%	9%	38%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	5.2	3.0	6.9
Children in single-parent	% of children that live in a household headed by a single parent	32%	32%	21%	46%
households			•	•	
Social associations	# of membership associations per 10,000 population	13.0	5.8	4.1	18.0
Violent crime	# of reported violent crime offenses per 100,000 population	199	425	199	839
Injury deaths	# of deaths due to injury per 100,000 population	74	46	36	133
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	9.3	7.2	11.3
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%	29%	16%	35%
Driving alone to work	% of workforce that drives alone to work	80%	73%	36%	82%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30	29%	38%	9%	52%
	minutes				,-

2016 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Years of Data					
ter for Health Statistics – Mortality files	2011-2013					
isk Factor Surveillance System	2014					
isk Factor Surveillance System	2014					
sk Factor Surveillance System	2014					
ter for Health Statistics – Natality files	2007-2013					
sk Factor Surveillance System	2014					
s Interactive Atlas	2012					
nvironment Atlas, Map the Meal Gap	2013					
s Interactive Atlas	2012					
lyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014					
isk Factor Surveillance System	2014					
ysis Reporting System	2010-2014					
ter for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013					
ter for Health Statistics - Natality files	2007-2013					
·						
ealth Insurance Estimates	2013					
Resource File/American Medical Association	2013					
Resource File/National Provider Identification file	2014					
al Provider Identification file	2015					
tlas of Health Care	2013					
tlas of Health Care	2013					
tlas of Health Care	2013					
Mammography screening Dartmouth Atlas of Health Care SOCIAL AND ECONOMIC FACTORS						
	2012-2013					
mmunity Survey	2010-2014					
bor Statistics	2014					
come and Poverty Estimates	2014					
mmunity Survey	2010-2014					
mmunity Survey	2010-2014					
iess Patterns	2013					
ne Reporting – FBI	2010-2012					
R mortality data	2009-2013					
R environmental data	2011					
Water Information System	FY2013-14					
ive Housing Affordability Strategy (CHAS) data	2008-2012					
mmunity Survey	2010-2014					
mmunity Survey	2010-2014					
Water Information System ive Housing Affordability Strategy (CHAS) data	FY2013-14 2008-2012					

¹ Not available for AK and HI.

CREDITS

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