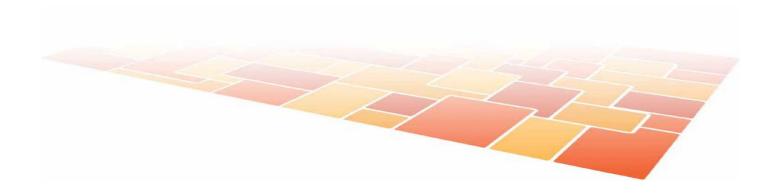
Building a Culture of Health, County by County

2014 Ranking Forsyth County North Carolina

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







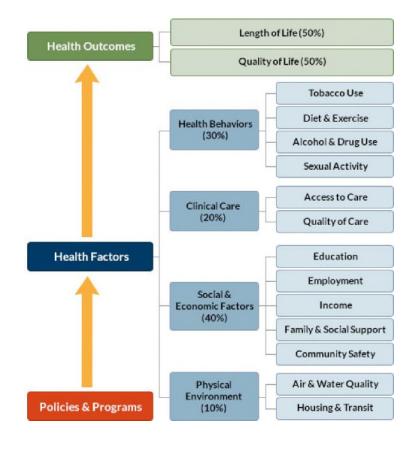


INTRODUCTION

The County Health Rankings & Roadmaps program helps communities identify and implement solutions that make it easier for people to be healthy in their 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?

The County Health Rankings measure the health of nearly every county in the nation. Published online at countyhealthrankings.org, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Based on data available for each county, the Rankings are unique in their ability to measure the overall health of each county in all 50 states. They have been used to garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



HOW ARE PEOPLE USING THE RANKINGS?

- Highlighting community success
- Identifying root causes of poor health
- Supporting policy change
- Engaging communities in health improvement

For more information, visit countyhealthrankings.org

WHAT ARE THE ROADMAPS TO HEALTH?

The *Roadmaps to Health* help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities determine what they can do and what they can learn from others.

What You Can Do

The Roadmaps to Health Action Center provides step-by-step guides, tools, and webinars to help groups working to improve the health of their communities. Community Coaches also provide customized consultation to local communities that have demonstrated a willingness to address factors that we know influence health, such as education, income, and community safety.

The Action Center also features *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health.

Learning From Others

Honoring the efforts of communities working at the forefront of health improvement, the Robert Wood Johnson Foundation annually awards

Evaluate
Actions

Public
Healthcare

Public
Health Rusiness

Act on
What's important
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Community
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the *RWJF Culture of Health Prize* to outstanding communities that are working toward better health. The *Prize* recognizes communities with strong and diverse partnerships that are coming together with a shared vision and commitment to address multiple factors that affect health and make lasting changes that create a culture of health for all. Visit <u>countyhealthrankings.org</u> or <u>rwif.org/prize</u> to learn about the work of past prize winners.

At <u>countyhealthrankings.org</u>, we also feature stories from communities across the nation who have used data from the <u>County Health Rankings</u> or have engaged in strategies to improve health. For example, you can learn from the successes and challenges of the 30 <u>Roadmaps to Health</u> Community Grantees. These grantees are working to create positive policy or systems changes that address social and economic factors that influence how healthy people are and how long they live, such as education and community safety. You might also want to contact your local affiliate of United Way Worldwide, the National Business Coalition on Health, or the National Association of Counties - their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities.

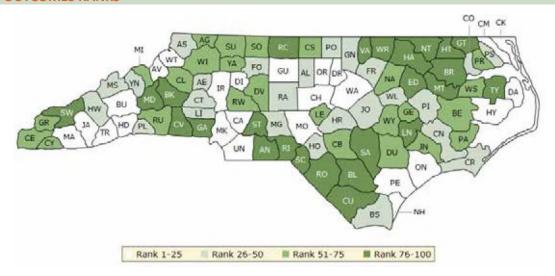
How can you get involved?

In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit <u>countyhealthrankings.org</u> 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.

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

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

HEALTH OUTCOMES RANKS

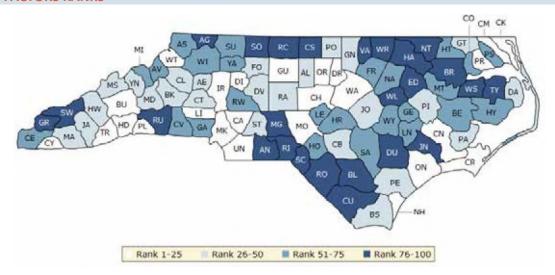


County	Rank	County	Rank	County	Rank	County	Rank
Alamance	29	Cumberland	73	Johnston	28	Randolph	37
Alexander	43	Currituck	23	Jones	71	Richmond	90
Alleghany	66	Dare	8	Lee	51	Robeson	97
Anson	87	Davidson	52	Lenoir	92	Rockingham	83
Ashe	41	Davie	7	Lincoln	35	Rowan	68
Avery	16	Duplin	54	Macon	19	Rutherford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

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

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

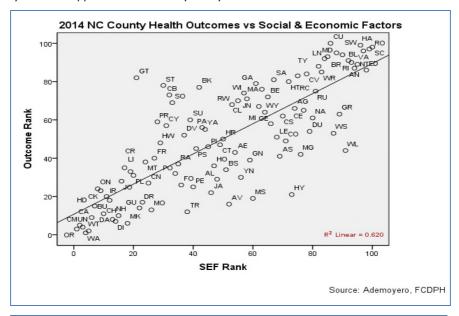
HEALTH FACTORS RANKS

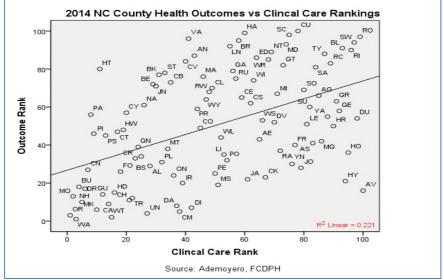


County	Rank	County	Rank	County	Rank	County	Rank
Alamance	41	Cumberland	43	Johnston	39	Randolph	46
Alexander	44	Currituck	25	Jones	76	Richmond	94
Alleghany	77	Dare	30	Lee	58	Robeson	100
Anson	84	Davidson	49	Lenoir	75	Rockingham	88
Ashe	53	Davie	16	Lincoln	18	Rowan	51
Avery	69	Duplin	87	Macon	31	Rutherford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

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=0.620). 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 a slight correlation between the outcomes and clinical care ranks (R-squared value=0.221); 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, income, family & social support and community safety.





Snapshot 2014: 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 length of life rank is based on a measure of premature death: the years of potential life lost prior to age 75. The quality of life 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 tobacco use, diet and exercise, alcohol & drug use, and sexual activity. Clinical care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family & social support, and community safety. The physical environment includes measures of air & water quality and the housing & transit.

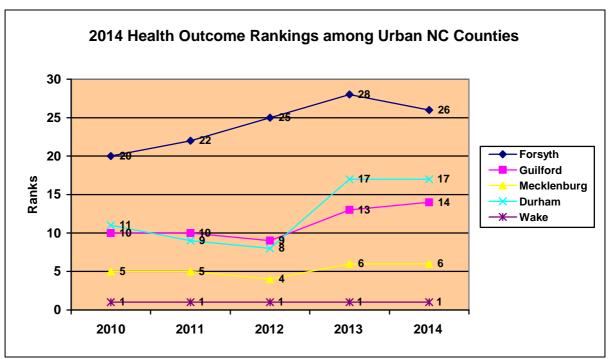
Below is a summary of findings comparing Forsyth County and the state of North Carolina to calculated target value for each factor. Thirteen (13) measures were better than state; Eleven (11) measures were significantly worse than state (low birth weight; food environment index; physical inactivity; alcohol-impaired driving deaths; sexually transmitted Infections; preventable hospital stays; mammography screening; children in poverty; child in poverty; children in single-parent household; violent crime rate; air pollution-particulate matter). For more details on these measures, please visit

http://www.countyhealthrankings.org

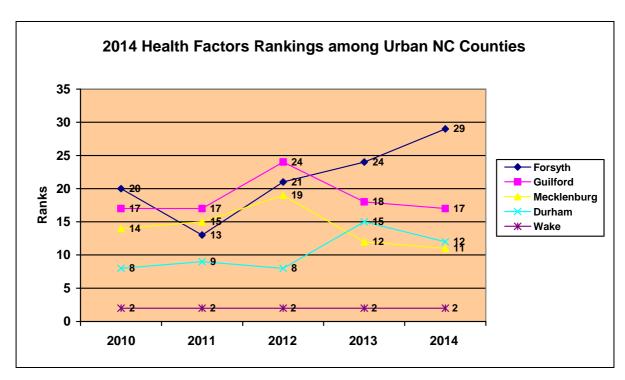
	Forsyth County	Error Margin	North Carolina	National Benchmark	FC Rank (of100)
Health Outcomes					26
Length of Life					28
Premature Deaths Years of potential life lost before age 75 per 100,000 population	7,332	7,009-7,655	7,480	5,317	
Quality of Life					32
Poor or Fair Health Percentage of adults reporting poor or fair health.(age-adjusted)	14%	12-16%	18%	10%	
Poor Physical Health Days Average number of physically unhealthy days reported in last 30days	3.0	2.6-3.3	3.6	2.5	
Poor Mental Health Days Average number of mentally unhealthy days reported in last 30 days.	3.1	2.5-3.4	3.4	2.4	
Low Birthweight Percentage of live births with of infants weighing < 2500g	10.4%	10.1-10.8%	9.1%	6.0%	
Health Factors					29
Health Behaviors					26
Adult Smoking Percentage of adults that report smoking at least 100 cigarettes	20%	18-22%	20%	14%	
Adult Obesity Percentage of adults that report a BMI > or = 30	26%	23-29%	29%	25%	
Food Environment Index Index of factors that contribute to a healthy food environment	6.3		6.9	8.7	
Physical Inactivity Percent of adults 20 and over reporting no leisure time physical	22%	19-24%	25%	21%	
Access to Exercise Opportunities Percent of the population with adequate access to locations for physical activity.	81%		65%	85%	
Excessive Drinking Percentage of adults that report excessive drinking	12%	10-14%	13%	10%	

	Forsyth	Error	North	National	FC Rank
	County	Margin	Carolina	Benchmark*	(of100)
Alcohol-Impaired Driving Deaths Proportion of driving deaths with alcohol involvement	42%		33%	14%	(0.200)
Sexually Transmitted Infection Chlamydia rate per 100,000 population.	766		568	123	
Teen Birth Rate Teen birthrate per 1,000 pop. among females ages 15-19	44	43-46	44	20	
Clinical Care		<u>'</u>			18
Uninsured % of pop. under age 65 without health insurance	19%	17-20%	19%	11%	
Primary Care Provider Ratio on population to Primary care providers.	997:1		1,462:1	1,051:1	
Dentists Ratio of Population to dentists	1,728:1		2,075:1	1,439:1	
Mental Health Providers Ratio of population to mental health providers	609:1		751:1	536:1	
Preventable Hospital Stays Hospitalization rate for ambulatory- care sensitive conditions per 1,000 Medicare enrollees	62	59-65	60	46	
Diabetic Screening % of diabetic Medicare enrollees that receive HbA1c screenings	87%	83-90%	88%	90%	
Mammography screening Percent of female Medicare enrollees having at least 1 mammogram in 2yrs (age 67-69	66%	62-69%	68%	71%	
Social & Economic Factors					36
High School Graduation Percent of 9th grade cohort that graduates in 4 years	79%		79%		
Some College Percent of adults age 25-44 with some post secondary education	63%	61-65%	63%	70%	
Unemployment Percent of pop. age 16+ unemployed but seeking work	9.0%		9.5%	4.4%	
Children in Poverty Percent of children under age 18 in poverty	32%	29-35%	26%	13%	
Inadequate Social Support % of adults without social/emotional support	18%	16-20%	21%	14%	
Children in Single-Parent Households % of children that live in household headed by single-parent	39%	37-41%	36%	20%	
Violent Crime Rate Violent crime rate per 100,000 population	564		372	64	
Injury Deaths Injury mortality per 100,000	59	55-62	65	49	
Physical Environment					64
Air Pollution- Particulate Matter The average daily measure of fine particulate matter in	12.8		12.3	9.5	
Drinking Water Violations Percent of population exposed to water exceeding a violation limit	0%		2%	0%	
Severe Housing Problems Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	16%	15-17%	16%	9%	
Driving Alone to Work Percent of the workforce that drives alone to work	84%	83-84%	81%	81%	
Long Commute-Driving Alone Among workers who commute in their car alone, the percentage that commute more than 30 minutes	20%	19-21%	30%	30%	

Darker shade indicates worse than state values



^{*}Health outcomes represent how healthy a county, and is based on length and quality of life.



^{*}Health factors are what influences the health of the county, which is based on health behaviors, clinical care, social & economic factors, and physical environment.

Summary Health Outcomes & Factors Rankings: North Carolina

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

Health Outcomes Sub Rankings: North Carolina

The table below shows the length and quality of life ranks for all 100 counties in North Carolina and Forsyth County is shown in red. Each of these ranks represents equal weighting of length and quality of life. Health outcomes represent how healthy a county is.

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

Health Factors Sub Rankings: North Carolina

The table below shows the health behaviors and clinical care ranks for all 100 counties in North Carolina and Forsyth County is shown in red. Health behavior is weighted 30% and clinical care 20% of health factors.

Health factors are what influences the health of the county

Rank	Health Behaviors	Rank	Clinical Care
!	Orange	1	Orange
	Wake	2	Moore
	Henderson	3	Wake
	Watauga	4	Buncombe
;	Camden	5	New Hanover
	Polk	6	Durham
7	Union	7	Craven
3	Macon	8	Pamlico
)	Clay	9	Pitt
LO	Buncombe	10	Mecklenburg
1	Mecklenburg	11	Hertford
2	Transylvania	12	Guilford
3	Lincoln	13	Pasquotank
4	Durham	14	Cabarrus
;	New Hanover	15	Watauga
6	Yancey	16	Henderson
7	Chatham	17	Catawba
18	Moore	18	Forsyth
.9	Avery	19	Haywood
20	Davie	20	Clay
21	Guilford	21	Chatham
22		22	
	Ashe		Transylvania
23	Cabarrus	23	Carteret
24	Iredell	24	Granville
25	Graham	25	Brunswick
26	Forsyth	26	Nash
27	Martin	27	Union
28	Cherokee	28	Alamance
29	Alexander	29	Beaufort
30	Haywood	30	Jones
31	Madison	31	Burke
32	Jackson	32	Polk
33	Wilson	33	Stanly
34	Perquimans	34	Madison
35	Mitchell	35	Cumberland
36	Lee	36	Onslow
37	Brunswick	37	Dare
38	Carteret	38	Camden
39	Pamlico	39	Iredell
40	Stanly	40	Cleveland
41	Burke	41	Vance
42	Granville	42	Davie
43	Randolph	43	Anson
44	Sampson	44	Perguimans
45	Catawba	45	Chowan
46	Lenoir	46	McDowell
47	Caldwell	47	Wayne
48	Tyrrell	48	Rowan
49	McDowell	49	Caldwell
50	Yadkin	50	Pender

Health Factors Sub Rankings: North Carolina

The table below shows the social & economic factors and physical environment ranks for all 100 counties in North Carolina and Forsyth County is shown in red. Social & economic factors are weighted at 40% and physical environment at 10% of health factors. Health factors are what influences the health of the county

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

2014 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCO	MES		
Length of Life	Premature death	National Center for Health Statistics	2008-2010
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
-	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics	2005-2011
HEALTH FACTOR	RS		
HEALTH BEHAV	IORS		
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010-2011
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Access to exercise opportunities	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2012
Alcohol and	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
Drug Use	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2008-2012
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2011
	Teen births	National Center for Health Statistics	2005-2011
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2011
	Primary care physicians	HRSA Area Resource File	2011
	Dentists	HRSA Area Resource File	2012
	Mental health providers	CMS, National Provider Identification	2013
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2011
	Diabetic screening	Medicare/Dartmouth Institute	2011
	Mammography screening	Medicare/Dartmouth Institute	2011
SOCIAL AND EC	ONOMIC FACTORS		
Education	High school graduation	data.gov, supplemented with National Center for Education Statistics	2010-2011
	Some college	American Community Survey	2008-2012
Employment	Unemployment	Bureau of Labor Statistics	2012
Income	Children in poverty	Small Area Income and Poverty Estimates	2012
Family and	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
Social Support	Children in single-parent households	American Community Survey	2008-2012
Community	Violent crime	Uniform Crime Reporting - FBI	2009-2011
Safety	Injury deaths	CDC WONDER	2006-2010
PHYSICAL ENVIR	RONMENT		
Air and Water	Air pollution - particulate matter 1	CDC WONDER	2011
Quality	Drinking water violations	Safe Drinking Water Information System	FY 2012-2013
Housing and	Severe housing problems	HUD, Comprehensive Housing Affordability Strategy	2006-2010
Transit	Driving alone to work	American Community Survey	2008-2012
	Long commute – driving alone	American Community Survey	2008-2012

Not available for AK and HI.

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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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