County Health Rankings

Mobilizing Action Toward Community Health

2011
Wyoming

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 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 allows 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:
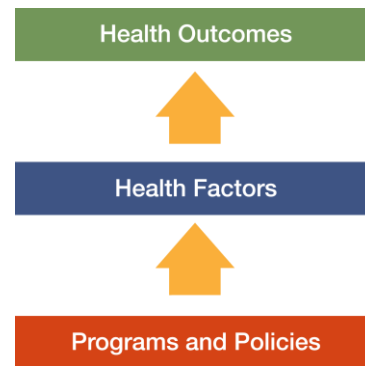
In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution 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 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 Wyoming 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.
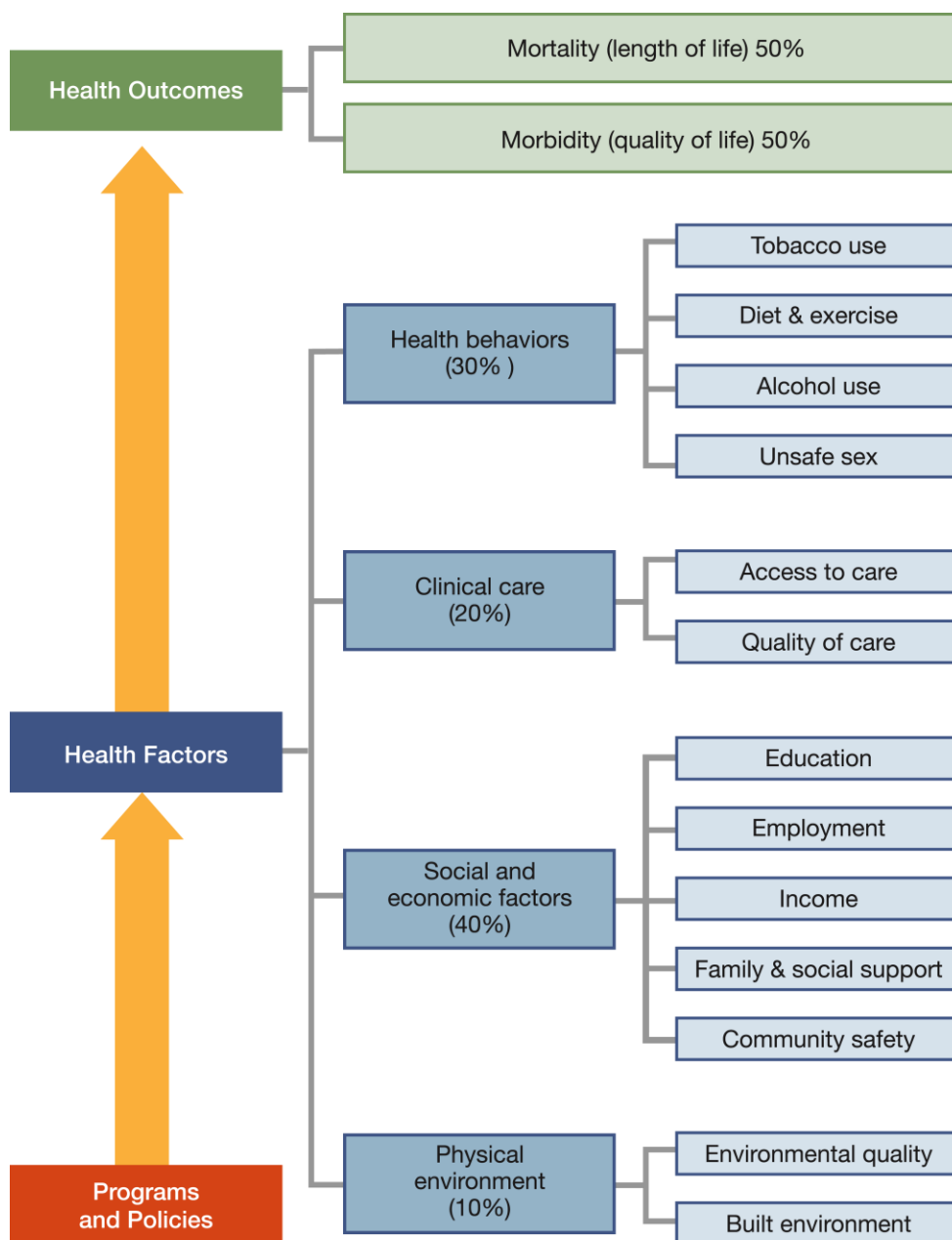

County Health Rankings model ©2010 UWPHI

The maps on this page display Wyoming'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 1-6   Rank 7-12   Rank 13-17   Rank 18-23

HEALTH FACTORS

Rank 1-6   Rank 7-12   Rank 13-17   Rank 18-23
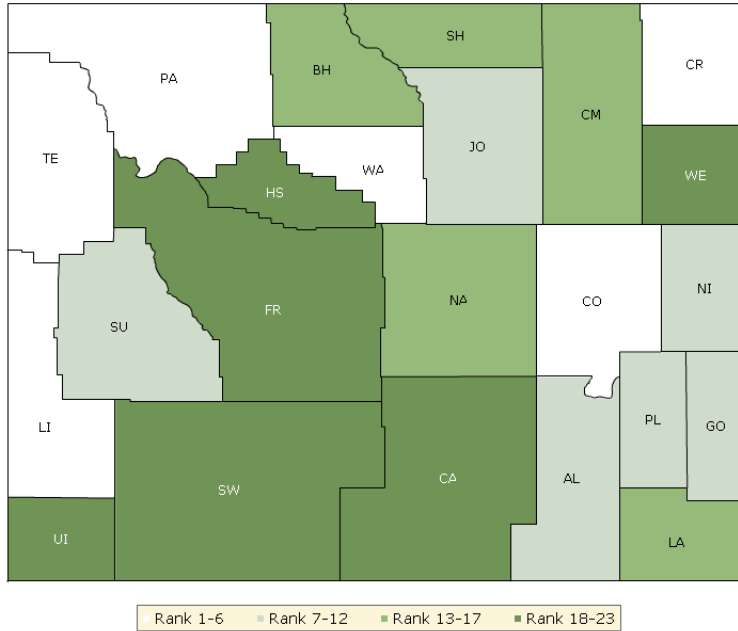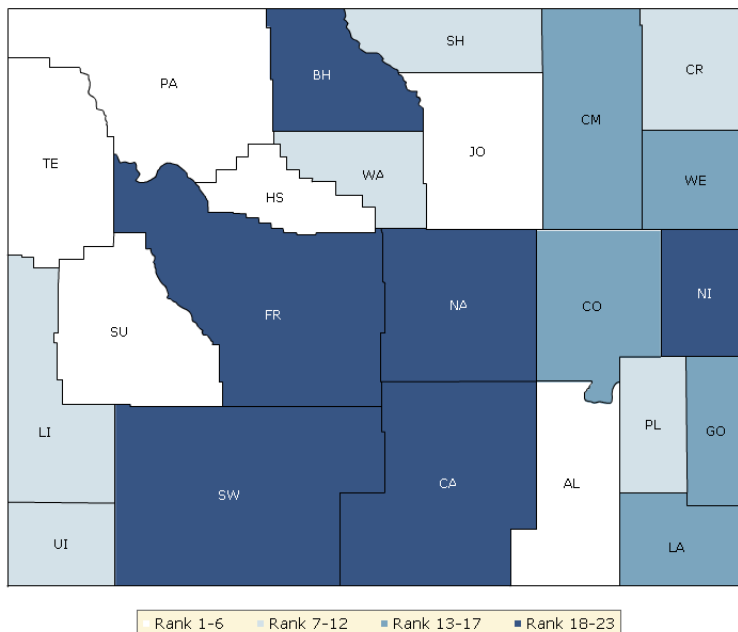
Summary Health Outcomes & Health Factors Rankings

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	Teton	1	Teton
2	Converse	2	Albany
3	Park	3	Johnson
4	Washakie	4	Park
5	Crook	5	Sublette
6	Lincoln	6	Hot Springs
7	Goshen	7	Washakie
8	Sublette	8	Lincoln
9	Niobrara	9	Sheridan
10	Albany	10	Crook
11	Johnson	11	Platte
12	Platte	12	Uinta
13	Big Horn	13	Laramie
14	Campbell	14	Goshen
15	Sheridan	15	Weston
16	Laramie	16	Campbell
17	Natrona	17	Converse
18	Sweetwater	18	Natrona
19	Carbon	19	Niobrara
20	Hot Springs	20	Big Horn
21	Uinta	21	Sweetwater
22	Weston	22	Fremont
23	Fremont	23	Carbon

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	Morbidity
1	Teton	Teton
2	Converse	Washakie
3	Goshen	Crook
4	Sublette	Niobrara
5	Albany	Converse
6	Lincoln	Park
7	Park	Johnson
8	Campbell	Lincoln
9	Sheridan	Big Horn
10	Washakie	Platte
11	Crook	Natrona
12	Laramie	Sublette
13	Platte	Albany
14	Niobrara	Campbell
15	Big Horn	Laramie
16	Natrona	Sheridan
17	Johnson	Goshen
18	Sweetwater	Hot Springs
19	Uinta	Fremont
20	Carbon	Carbon
21	Weston	Sweetwater
22	Hot Springs	Weston
23	Fremont	Uinta

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	Teton	Laramie	Albany	Hot Springs
2	Albany	Park	Sublette	Johnson
3	Lincoln	Hot Springs	Crook	Sweetwater
4	Park	Natrona	Teton	Niobrara
5	Washakie	Johnson	Campbell	Teton
6	Platte	Goshen	Park	Converse
7	Johnson	Teton	Sheridan	Fremont
8	Sheridan	Sublette	Uinta	Natrona
9	Goshen	Uinta	Washakie	Campbell
10	Sublette	Fremont	Johnson	Platte
11	Big Horn	Albany	Converse	Washakie
12	Hot Springs	Platte	Weston	Laramie
13	Crook	Weston	Hot Springs	Sheridan
14	Niobrara	Sweetwater	Lincoln	Weston
15	Weston	Converse	Niobrara	Carbon
16	Laramie	Sheridan	Natrona	Uinta
17	Uinta	Lincoln	Sweetwater	Albany
18	Converse	Crook	Laramie	Goshen
19	Fremont	Campbell	Platte	Crook
20	Natrona	Big Horn	Goshen	Lincoln
21	Carbon	Niobrara	Big Horn	Big Horn
22	Campbell	Washakie	Carbon	Park
23	Sweetwater	Carbon	Fremont	Sublette

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 Hepatitis, HIV, STD and TB Prevention	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 providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	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 Quality[3]	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

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[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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