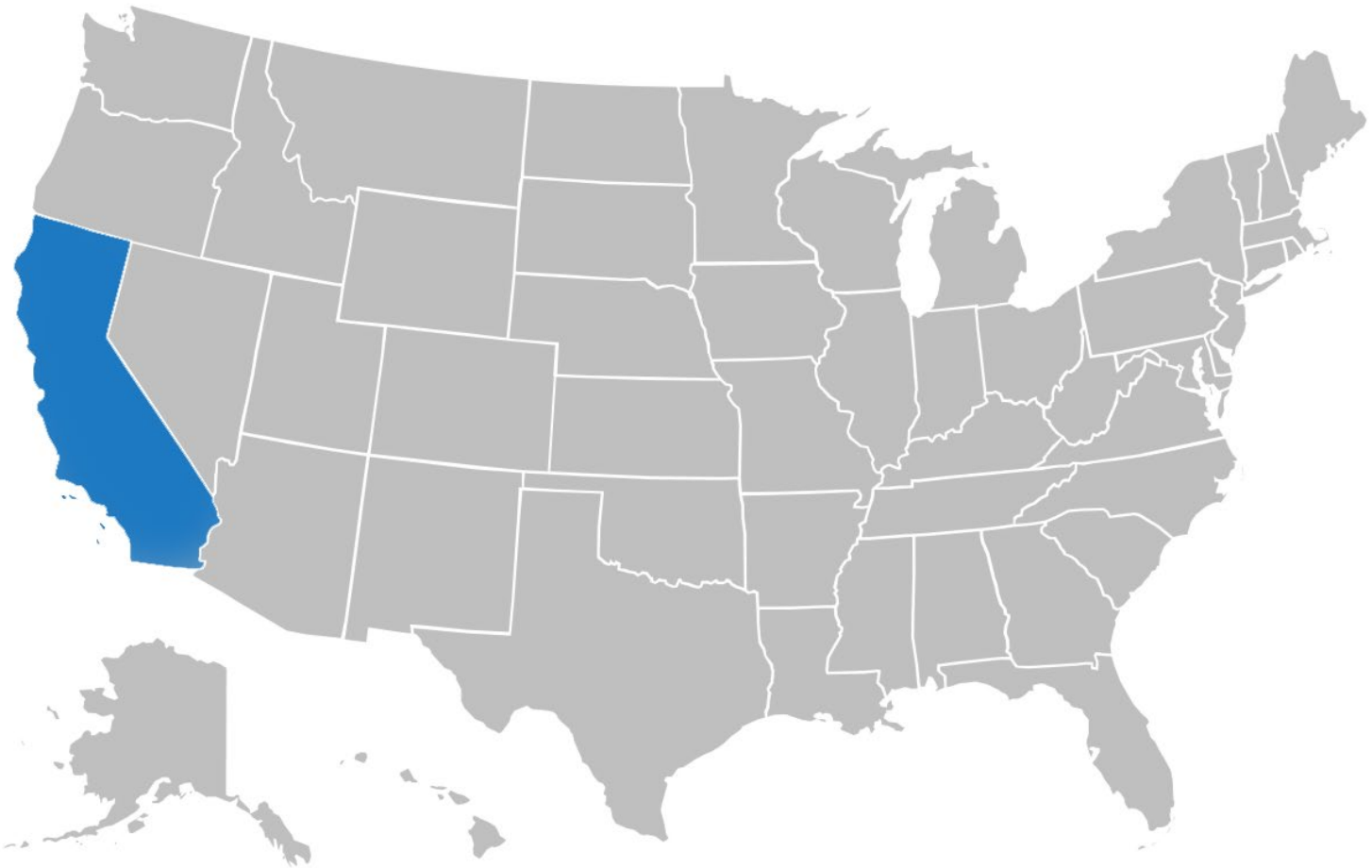
County Health Rankings & Roadmaps

Building a Culture of Health, County by County

California



2021 State Level Data and Ranks

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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2021 County Health Rankings for California: Measures and National/State Results

Measure	Description	US	CA	CA Minimum	CA Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	5,300	3,200	13,200
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	18%	12%	29%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.7	3.9	3.2	5.4
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.1	3.7	3.4	5.2
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	7%	6%	9%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	17%	11%	10%	19%
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m^2.	30%	24%	16%	39%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	8.8	6.2	9.4
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	18%	11%	34%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	84%	93%	42%	100%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	19%	18%	17%	25%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	29%	0%	60%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	539.9	585.3	155.3	1,073.2
Teen births*	Number of births per 1,000 female population ages 15-19.	21	17	6	38
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	10%	8%	5%	12%
Primary care physicians	Ratio of population to primary care physicians.	1,320:1	1,250:1	1,100:0	630:1
Dentists	Ratio of population to dentists.	1,400:1	1,150:1	1,130:0	640:1
Mental health providers	Ratio of population to mental health providers.	380:1	270:1	920:1	110:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,236	3,358	1,880	5,079
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	36%	28%	46%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	43%	18%	52%
SOCIAL & ECONOMIC FACTORS					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	88%	83%	69%	95%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	66%	66%	36%	88%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.7%	4.0%	2.0%	18.3%
Children in poverty*	Percentage of people under age 18 in poverty.	17%	16%	6%	31%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	5.2	2.9	7.1
Children in single-parent households	Percentage of children that live in a household headed by single parent.	26%	23%	15%	47%
Social associations	Number of membership associations per 10,000 population.	9.3	5.9	0.0	11.2
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	421	162	787
Injury deaths*	Number of deaths due to injury per 100,000 population.	72	52	37	217
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.2	8.1	3.0	16.0
Drinking water violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	No	Yes
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	18%	26%	11%	33%
Driving alone to work*	Percentage of the workforce that drives alone to work.	76%	74%	32%	83%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	42%	10%	60%

* Indicates subgroup data by race and ethnicity is available

2021 County Health Rankings: Disaggregated State-Level Racial/Ethnic Data

Measure	Overall	AIAN	Asian	Black	Hispanic	White
HEALTH OUTCOMES						
Premature death*	5,300	9,600	3,100	9,700	4,800	5,600
Life expectancy	81.7	78.3	87.7	76.2	83.8	80.5
Premature age-adjusted mortality	270	440	160	480	240	290
Child mortality	40	50	30	70	40	30
Infant mortality	4	5	4	8	4	4
Low birthweight*	7%	8%	8%	12%	7%	6%
HEALTH FACTORS						
HEALTH BEHAVIORS						
Drug overdose deaths	14	34	4	23	8	22
Motor vehicle crash deaths	10	18	5	13	10	10
Teen births*	17	22	3	21	26	7
CLINICAL CARE						
Preventable hospital stays*	3,358	5,165	2,553	5,940	3,857	3,124
Mammography screening*	36%	27%	33%	29%	29%	40%
Flu vaccinations*	43%	35%	48%	28%	34%	46%
SOCIAL & ECONOMIC FACTORS						
Reading scores^	2.9	N/A	3.6	2.4	2.6	3.3
Math scores+	2.7	N/A	3.6	2.2	2.5	3.1
Children in poverty*‡	16%	27%	10%	28%	24%	9%
Median household income	$80,400	$55,400	$97,000	$51,800	$58,700	$87,100
Injury deaths*	52	94	26	76	37	72
Homicides	5	10	2	21	6	3
Suicides	11	15	6	7	6	16
Firearm fatalities	8	13	3	20	6	10
PHYSICAL ENVIRONMENT						
Driving alone to work*	74%	71%	71%	73%	74%	75%

* Ranked measure

^ Data not available for AK, AZ, LA, MD, NM, NY, VT

+ Data not available for AK, AZ, LA, MD, NY, VT, VA

‡ Overall county level values of children in poverty are obtained from one-year modeled estimates from the Small Area Income and Poverty Estimates (SAIPE) Program. Because SAIPE does not provide estimates by racial and ethnic groups, data from the 5-year American Community Survey (ACS) was used to quantify children living in poverty by racial and ethnic groups.

N/A indicates data not available for this race/ethnicity.

--- Data not reported due to NCHS suppression rules (A missing value is reported for counties with fewer than 20 deaths or 10 births.)

2021 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2017-2019
Quality of Life	Poor or fair health	10%	Behavioral Risk Factor Surveillance System	2018
	Poor physical health days	10%	Behavioral Risk Factor Surveillance System	2018
	Poor mental health days	10%	Behavioral Risk Factor Surveillance System	2018
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2013-2019
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking	10%	Behavioral Risk Factor Surveillance System	2018
Diet and Exercise	Adult obesity	5%	United States Diabetes Surveillance System	2017
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2018
	Physical inactivity	2%	United States Diabetes Surveillance System	2017
	Access to exercise opportunities	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2019
Alcohol and Drug Use	Excessive drinking	2.5%	Behavioral Risk Factor Surveillance System	2018
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2015-2019
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2013-2019
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2018
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2018
	Dentists	1%	Area Health Resource File/National Provider Identification file	2019
	Mental health providers	1%	CMS, National Provider Identification	2020
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2018
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2018
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2018
SOCIAL & ECONOMIC FACTORS				
Education	High school completion	5%	American Community Survey, 5-year estimates	2015-2019
	Some college	5%	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	10%	Bureau of Labor Statistics	2019
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2019
	Income inequality	2.5%	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2015-2019
	Social associations	2.5%	County Business Patterns	2018
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2015-2019
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter	2.5%	Environmental Public Health Tracking Network	2016
	Drinking water violations	2.5%	Safe Drinking Water Information System	2019
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2015-2019

*Indicates subgroup data by race and ethnicity is available

2021 County Health Rankings: Additional Measure Sources and Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Life expectancy*	National Center for Health Statistics - Mortality Files	2017-2019
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2017-2019
	Child mortality*	National Center for Health Statistics - Mortality Files	2016-2019
	Infant mortality*	National Center for Health Statistics - Mortality Files	2013-2019
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2018
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2018
	Diabetes prevalence	United States Diabetes Surveillance System	2017
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2018
	Limited access to healthy foods	USDA Food Environment Atlas	2015
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2017-2019
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2013-2019
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2018
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2018
	Uninsured children	Small Area Health Insurance Estimates	2018
	Other primary care providers	CMS, National Provider Identification	2020
SOCIAL & ECONOMIC FACTORS			
Education	High school graduation	EDFacts	2017-2018
	Disconnected youth	American Community Survey, 5-year estimates	2015-2019
	Reading scores*+	Stanford Education Data Archive	2018
	Math scores*+	Stanford Education Data Archive	2018
Income	Median household income*	Small Area Income and Poverty Estimates	2019
	Children eligible for free or reduced price lunch	National Center for Education Statistics	2018-2019
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2015-2019
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2015-2019
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2013-2019
	Suicides*	National Center for Health Statistics - Mortality Files	2015-2019
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2015-2019
	Juvenile arrests+	Easy Access to State and County Juvenile Court Case Counts	2018
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2015-2019
	Severe housing cost burden	American Community Survey, 5-year estimates	2015-2019
	Broadband access	American Community Survey, 5-year estimates	2015-2019

*Indicates subgroup data by race and ethnicity is available

+ Not available in all states

See additional contextual demographic information and measures online at **www.countyhealthrankings.org**

2021 County Health Rankings for the 58 Ranked Counties in California

County	Health Outcomes	Health Factors
Alameda	14	6
Alpine	32	44
Amador	24	20
Butte	35	30
Calaveras	28	27
Colusa	29	48
Contra Costa	15	7
Del Norte	50	52
El Dorado	11	10
Fresno	46	51
Glenn	44	49
Humboldt	45	29
Imperial	27	58
Inyo	42	22
Kern	53	56
Kings	33	53
Lake	57	47
Lassen	48	42
Los Angeles	22	31
Madera	36	55
Marin	1	1
Mariposa	30	28
Mendocino	41	36
Merced	38	54
Modoc	55	50
Mono	19	17
Monterey	20	35
Napa	5	14
Nevada	17	8
Orange	6	9
Placer	3	2
Plumas	54	33
Riverside	25	32
Sacramento	26	24
San Benito	21	25
San Bernardino	43	40
San Diego	13	18
San Francisco	7	5
San Joaquin	39	43
San Luis Obispo	16	12
San Mateo	2	3
Santa Barbara	18	19
Santa Clara	4	4
Santa Cruz	9	15
Shasta	49	26
Sierra	40	34
Siskiyou	56	37
Solano	23	21
Sonoma	8	11
Stanislaus	34	39
Sutter	37	38
Tehama	51	46
Trinity	58	41
Tulare	47	57
Tuolumne	31	23
Ventura	12	16
Yolo	10	13
Yuba	52	45

For more information on how these ranks are calculated visit **www.countyhealthrankings.org**

Stay Up-To-Date with County Health Rankings & Roadmaps

For the latest updates on Rankings, What Works for Health, Action Learning Guides, and more visit www.countyhealthrankings.org.

You can see what we are featuring on our webinar series, what communities are doing to improve health, and how you can get involved!

Talk to a Team Member:

Have questions about your data? Need help finding an evidence-informed strategy? Looking for more information on how to start taking action? CHR&R team members are available to help you navigate the many resources we have available to support you on your journey to create healthy, equitable communities.

To contact us, please go to www.countyhealthrankings.org/contact-us. We're here to help!

Technical Notes

How are race and ethnicity categories defined?

Race and ethnicity are different forms of identity but are sometimes categorized in non-exclusive ways. Race is a form of identity constructed by our society to give meaning to different groupings of observable physical traits. An individual may identify with more than one race group. Ethnicity is used to group individuals according to shared cultural elements. Racial and ethnic categorizations relate to health because our society sorts groups of individuals based on perceived identities. These categorizations have meaning because of social and political factors, including systems of power such as racism. Examining the variation among racial and ethnic groupings in health factors and outcomes is key to understanding and addressing historical and current context that underlie these differences.

Data sources differ in methods for defining and grouping race and ethnicity categories. To incorporate as much information as possible in our summaries, County Health Rankings & Roadmaps (CHR&R) race/ethnicity categories vary by data source. With a few exceptions, CHR&R adheres to the following nomenclature originally defined by The Office of Management and Budget (OMB):

American Indian & Alaska Native (AIAN): includes people who identify as American Indian or Alaska Native and do not identify as Hispanic.
Asian: includes people who identify as Asian or Pacific Islander and do not identify as Hispanic.
Black: includes people who identify as Black or African American and do not identify as Hispanic.
Hispanic: includes people who identify as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin.
White: includes people who identify as White and do not identify as Hispanic.

Note:

- Racial and ethnic categorization masks variation within groups.
- Individuals may identify with multiple races, indicating that none of the offered categories reflect their identity; these individuals are not included in our summaries.
- OMB categories have limitations and have changed over time, reflecting the importance of attending to contemporary racialization as a principle for examining approaches to measurement.
- For some data sources, race categories other than White also include people who identify as Hispanic.

Learn More:
The above definitions apply to all measures using data from the National Center for Health Statistics (see Ranked & Additional Measure Sources and Years of Data tables on pages 4 & 5). For this data source, all race/ethnicity categories are exclusive so that each individual fits into only one category.

Other data sources offer slight nuances of the race/ethnicity categories listed above. The American Community Survey (ACS) only provides an exclusive race and ethnicity category for people who identify as non-Hispanic White. An individual who identifies as Hispanic and as Black would be included in both the Hispanic *and* Black race/ethnicity categories. Another difference with ACS data is the separate race categories for people who identify as Asian and people who identify as Hawaiian & Other Pacific Islander. For measures of Children in Poverty and Driving Alone to Work, CHR&R reports a combined estimate for the Asian & Other Pacific Islander categories, while for Median Household Income we only report the Asian race category.

Measures using data from the Center for Medicare and Medicaid Services (Mammography, Preventable Hospital Stays, Flu Vaccinations) follows the ACS categories with the exception of having a combined Asian/Pacific Islander category. For this data source, race and ethnicity are not self-reported.

The Stanford Education Data Archive used for the Reading and Math Scores measures follow the National Center for Education Statistics (NCES) definitions of Asian or Pacific Islander, American Indian & Alaska Native, non-Hispanic Black, non-Hispanic White, and Hispanic.

How do we rank counties?

To calculate the ranks, we first standardize each of the measures using z-scores. Z-scores allow us to combine multiple measures because the measures are now on the same scale. The ranks are then calculated based on weighted sums of the measure z-scores within each state to create an aggregate z-score. The county with the best aggregate z-score (healthiest) gets a rank of #1 for that state. To see more detailed information on rank calculation please visit our methods in **Explore Health Rankings** on our website: www.countyhealthrankings.org.