



The County Health Rankings: Mobilizing Action Toward Community Health

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin

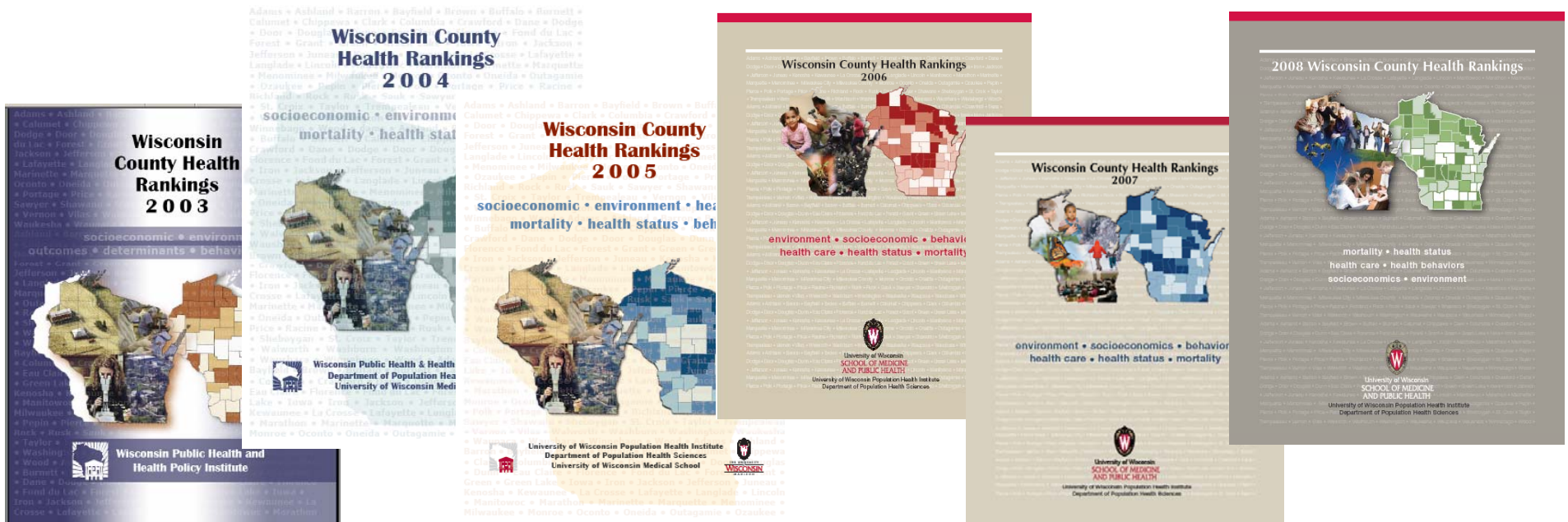
Key Slides – January 2010

Provided by

The University of Wisconsin Population Health Institute

What? The County Health Rankings

Building on *America's Health Rankings* which ranks the health of the 50 states, the University of Wisconsin began ranking the health of Wisconsin's counties in 2003.



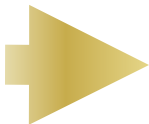
Why *County Health Rankings*?

- Where we live matters to our health
 - ***“Geography is destiny”***
- One of the greatest disparities in the U.S. is the variation of health between communities
- There is relatively little attention in the public or among policy makers to these disparities

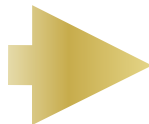
What is unique about the *County Health Rankings?*

- Provides a measure of the overall health of each county in the United States
- Each county will:
 - get a snapshot of their overall health and the factors (i.e., determinants) that influence their health
 - be able to see how its health compares to that of other counties *in their state*, so they can see where they are doing well and where they could improve

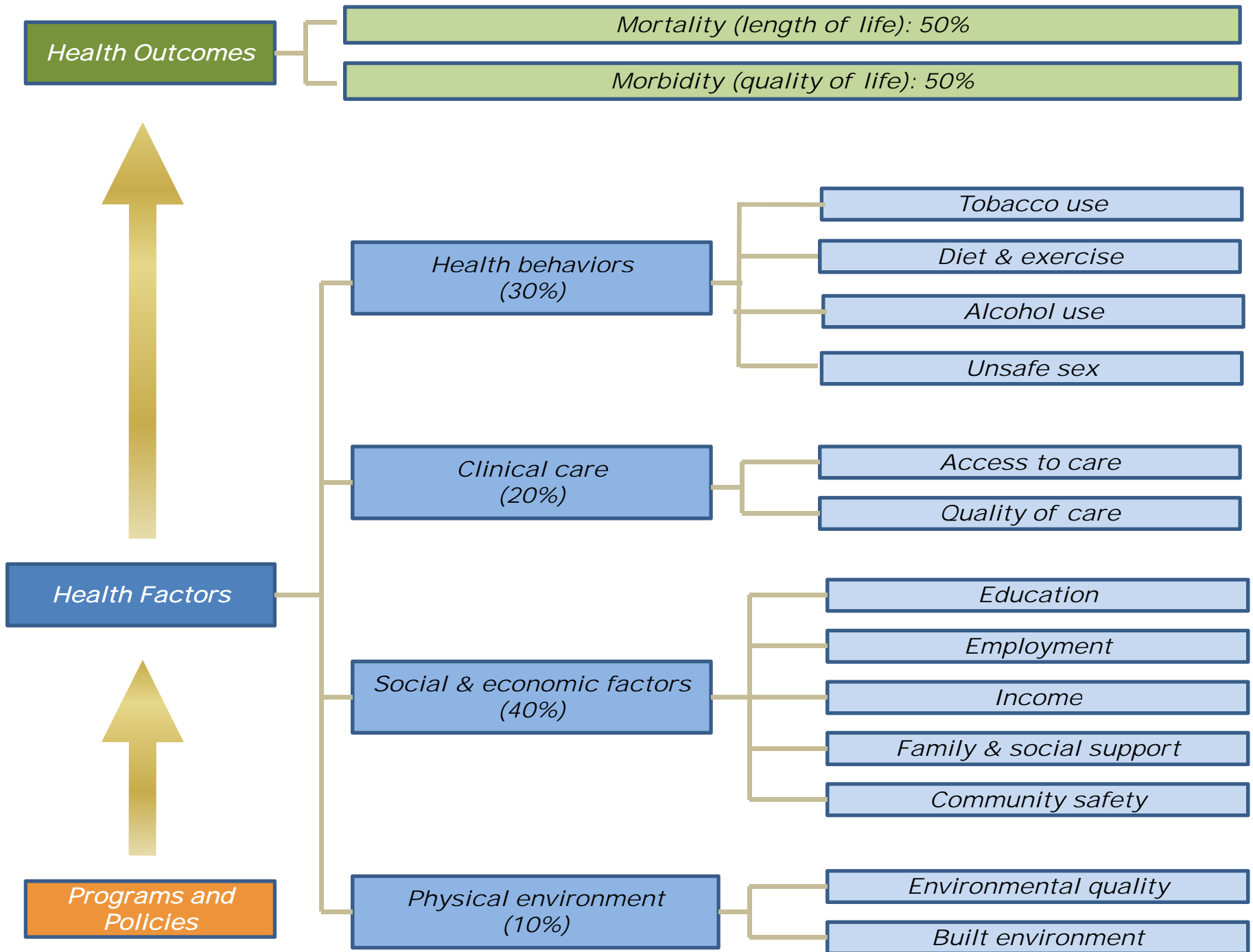
*Programs and
Policies*



Health Factors

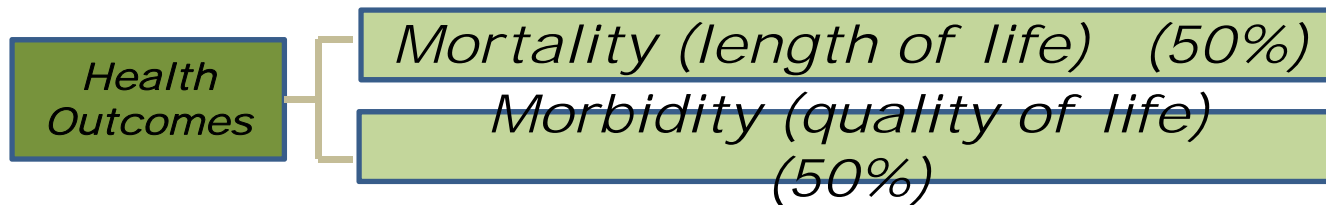


Health Outcomes

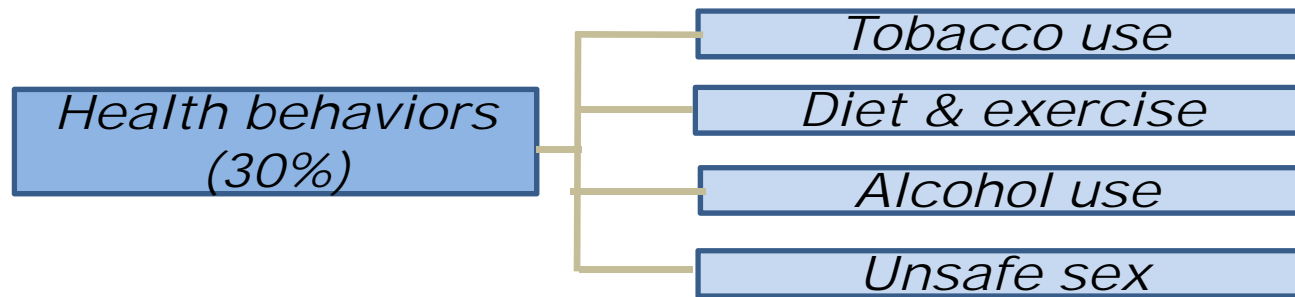


How are measures selected for the *County Health Rankings*?

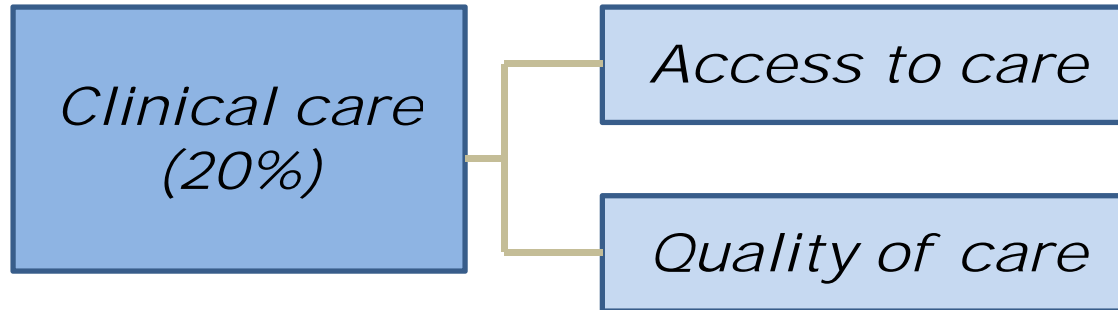
- Reflect important aspects of population health that can be improved
- Valid, reliable, recognized and used by others
- Available at the county-level
- As up-to-date as possible
- Fewer measures better than more



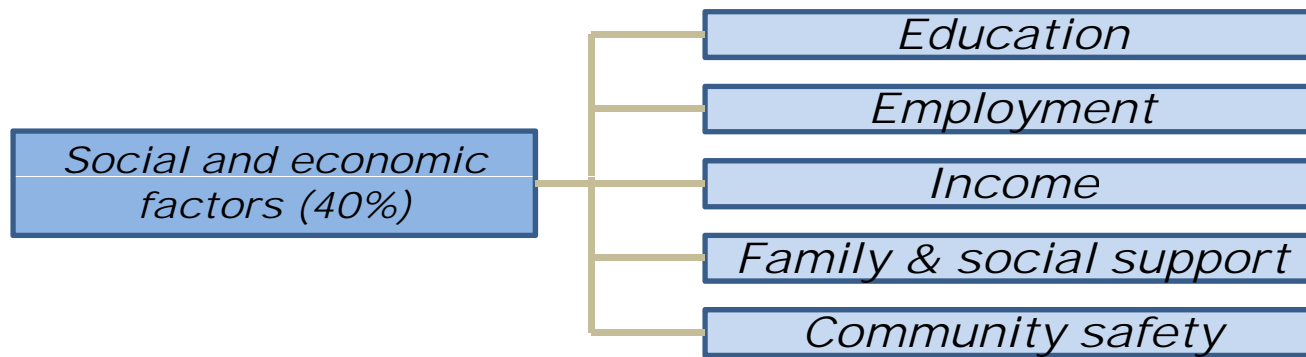
Focus Area	Measure	Source
Mortality (50%)	Premature death —years of life lost before age 75	Vital Statistics, National Center for Health Statistics (NCHS)
Morbidity (50%)	Self-reported poor or fair health	Behavioral Risk Factor Surveillance System (BRFSS)
	Physically unhealthy days	BRFSS
	Mentally unhealthy days	BRFSS
	Low birthweight	Vital Statistics, NCHS



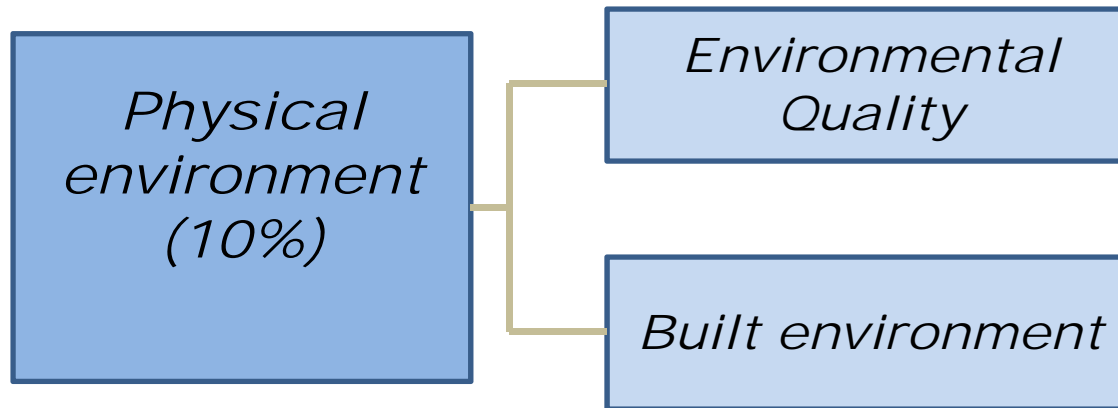
Focus Area	Measure	Source
Tobacco use (10%)	Smoking rate	BRFSS
Diet & exercise (10%)	Obesity rate	BRFSS
Alcohol use (5%)	Binge drinking rate	BRFSS
Sexual behavior (5%)	Deaths due to motor vehicle crashes	Vital Statistics, NCHS
	Sexually transmitted disease rate	Centers for Disease Control and Prevention (CDC), National Center for Hepatitis, HIV, STD, and TB Prevention
	Teen birth rate	Vital Statistics, NCHS



Focus Area	Measure	Source
Access to Care (10%)	People without health insurance	Census/Current Population Survey (CPS)—Small Area Health Insurance Estimates (SAHIE)
	Primary care providers	Health Resources and Services Administration, Area Resource File (ARF)
Quality of Care (10%)	Hospital stays for ambulatory-care sensitive conditions	Medicare claims/Dartmouth Atlas
	Diabetics that receive HbA1c screening	Medicare claims/Dartmouth Atlas
	Hospice care in last 6 months of life	Medicare claims/Dartmouth Atlas



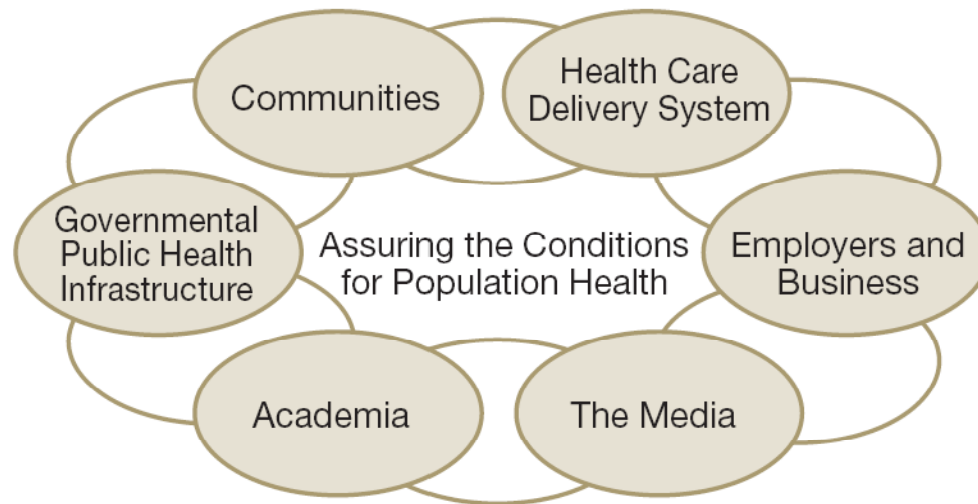
Focus Area	Measure	Source
Education (10%)	High school graduation rate	National Center for Education Statistics
	Adults with college degree	Decennial Census, American Community Survey (ACS)
Employment (10%)	Unemployment rate	Local Area Unemployment Statistics,
Income (10%)	Children in poverty	Census/CPS, Small Area Income and Poverty Estimates (SAIPE) Bureau of Labor Statistics
	Income inequality	Decennial Census, ACS
Family & social support (5%)	Social/emotional support	BRFSS
	Single-parent households	Decennial Census, ACS
Community safety (5%)	Violent crime rate or Homicide death rate	Uniform Crime Reporting, FBI NCHS



Focus Area	Measure	Source
Environmental Quality (5%)	Unhealthy air quality days due to ozone Unhealthy air quality days due to fine particulate matter	CDC-Environmental Protection Agency (EPA) Collaboration
Built Environment (5%)	Zip codes without healthy food outlets	Census Zip Code Business Patterns
	Liquor store density	Census County Business Patterns and Census 2006 Population Estimates

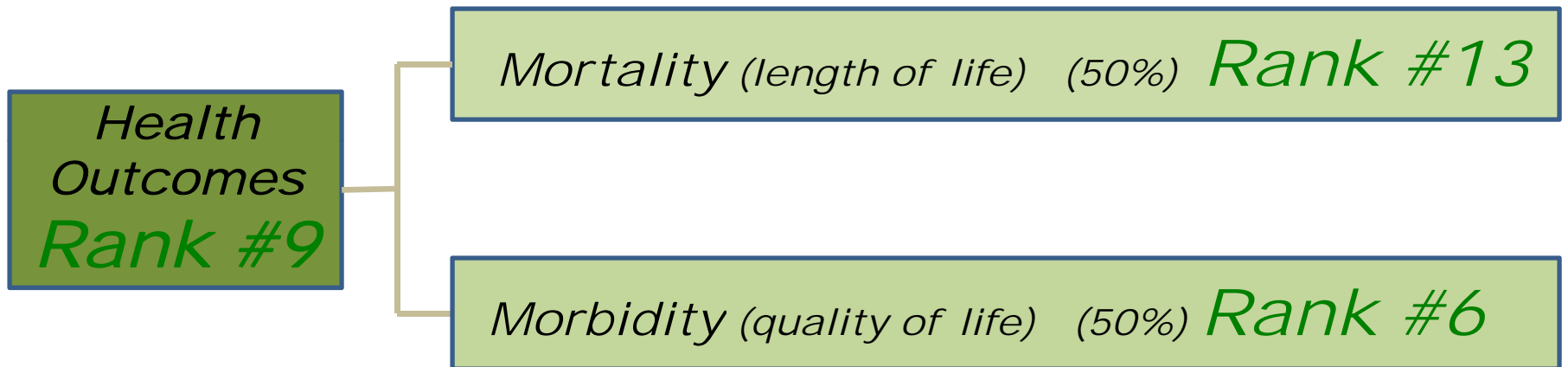
Why rank?

- Easy to understand one's rank
- Draws attention to all the factors that affect community health
- Draws members of the new “public health system” into discussions about how to improve health:

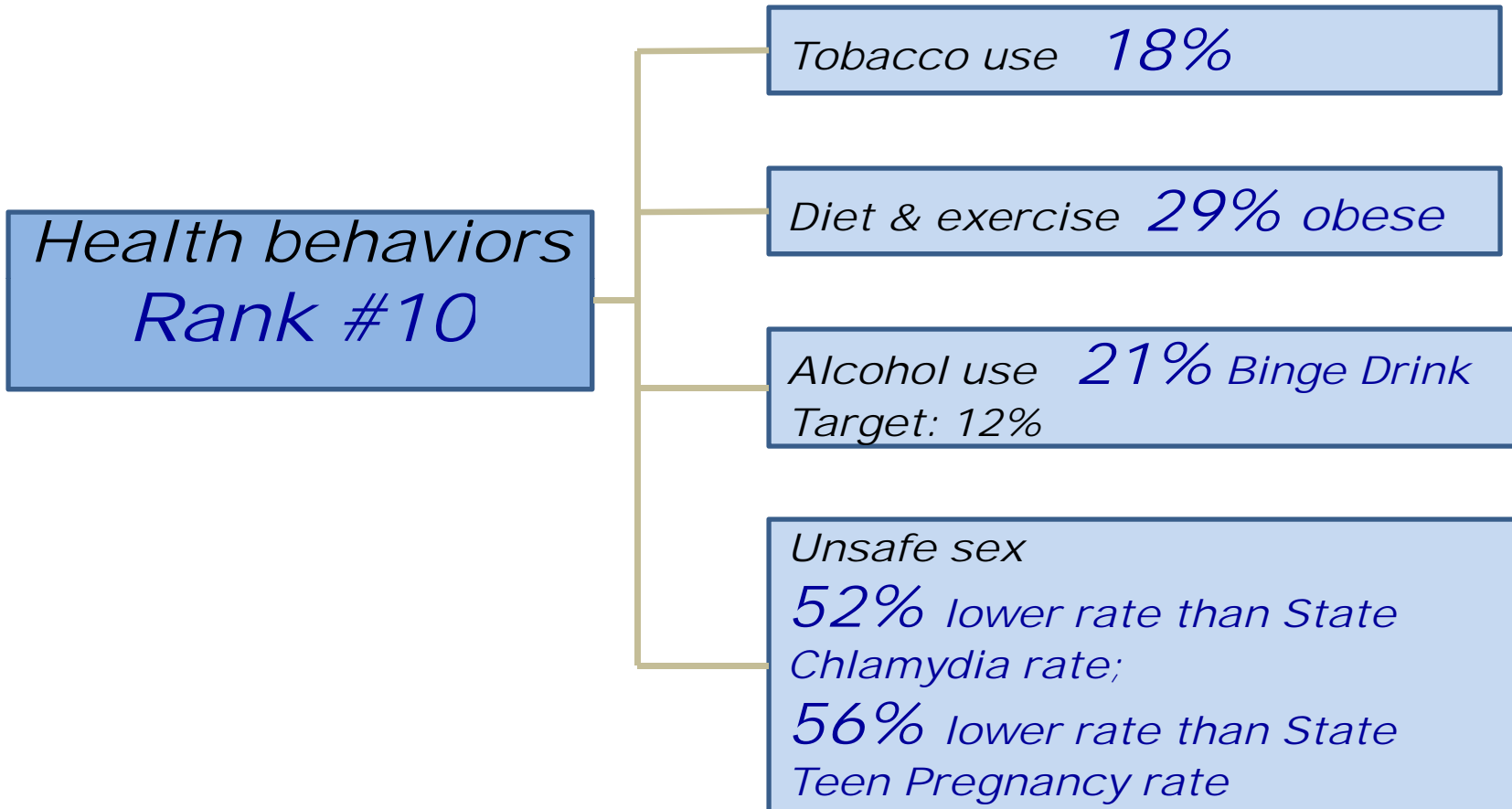


Source: IOM, 2002.¹

Marquette County



Marquette County



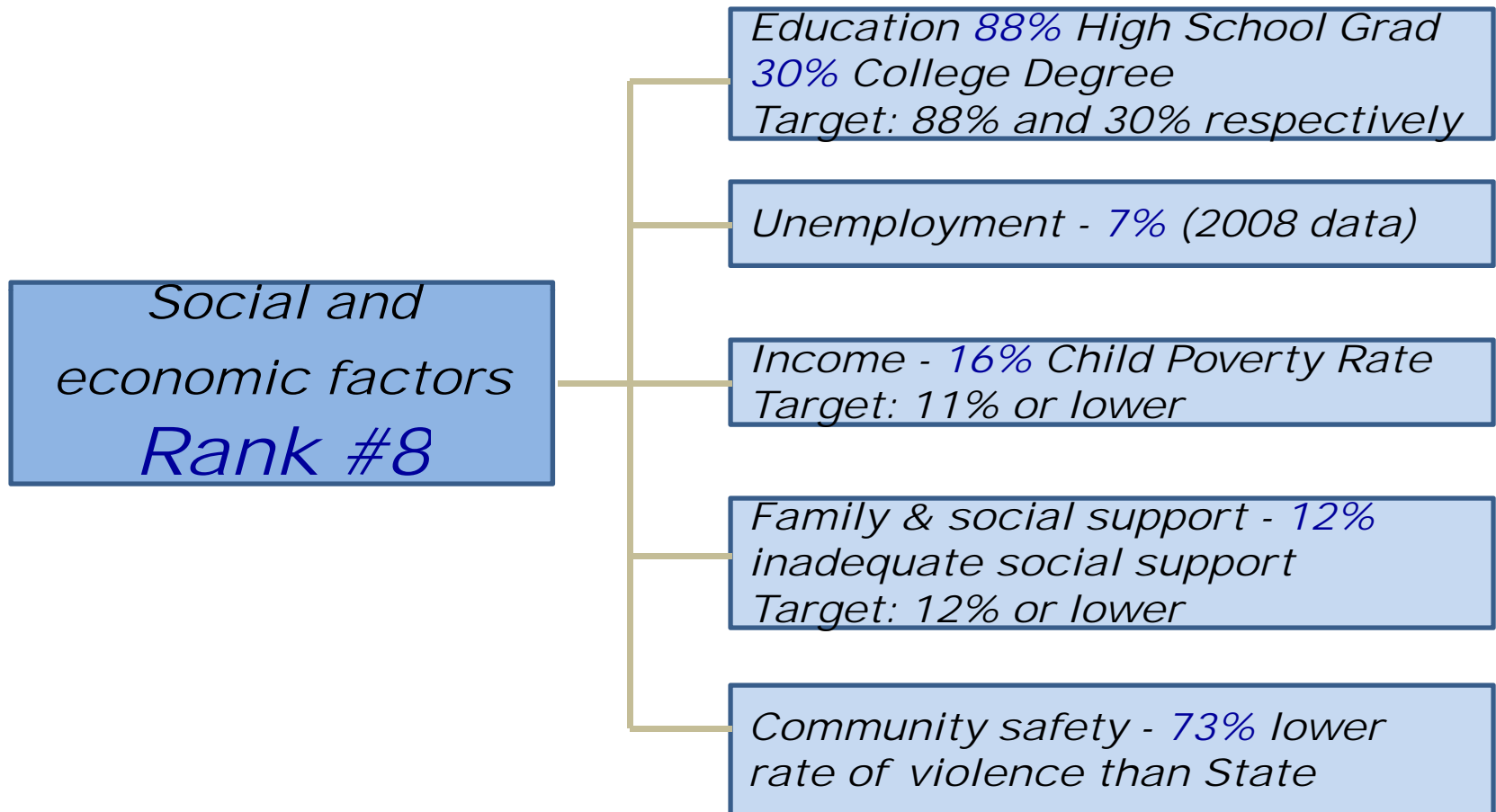
Marquette County

*Clinical care
Rank #1*

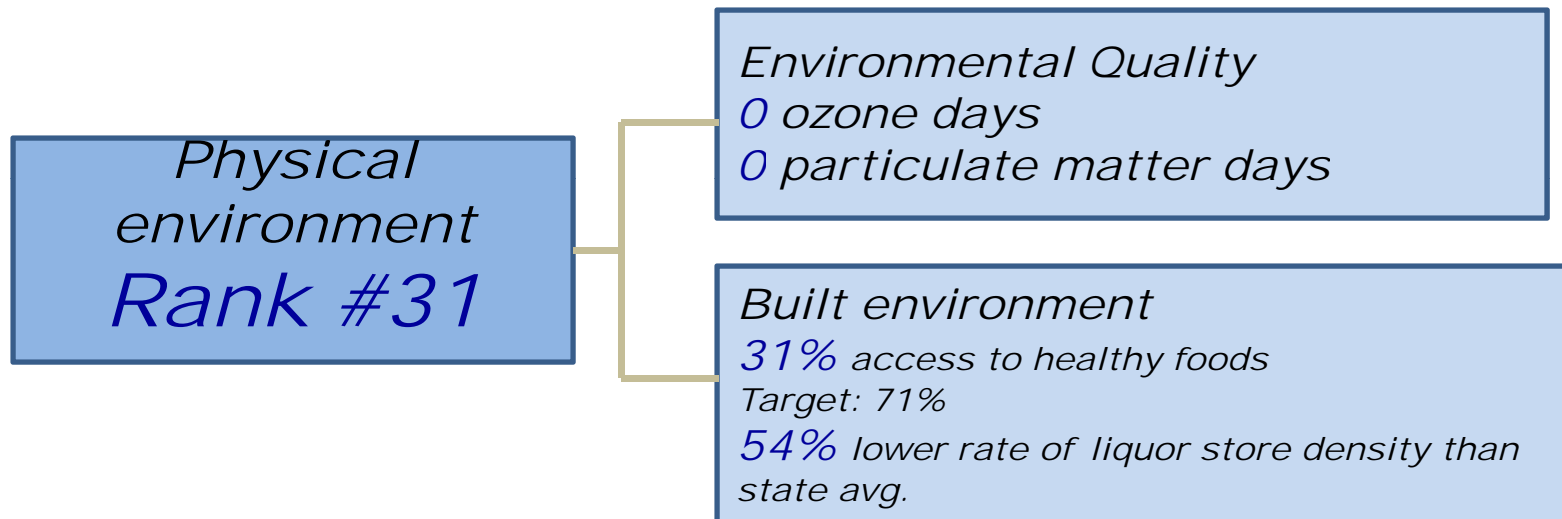
*Access to care 11% uninsured
Target: 10% or less*

*Quality of care
86% Diabetic Screening -
Target: 88%
88% higher rate of Primary Care
Physicians than Michigan target
37% Terminally ill utilization of
Hospice Care Target - 45 %
32% lower Preventable
Hospitalizations than state
value*

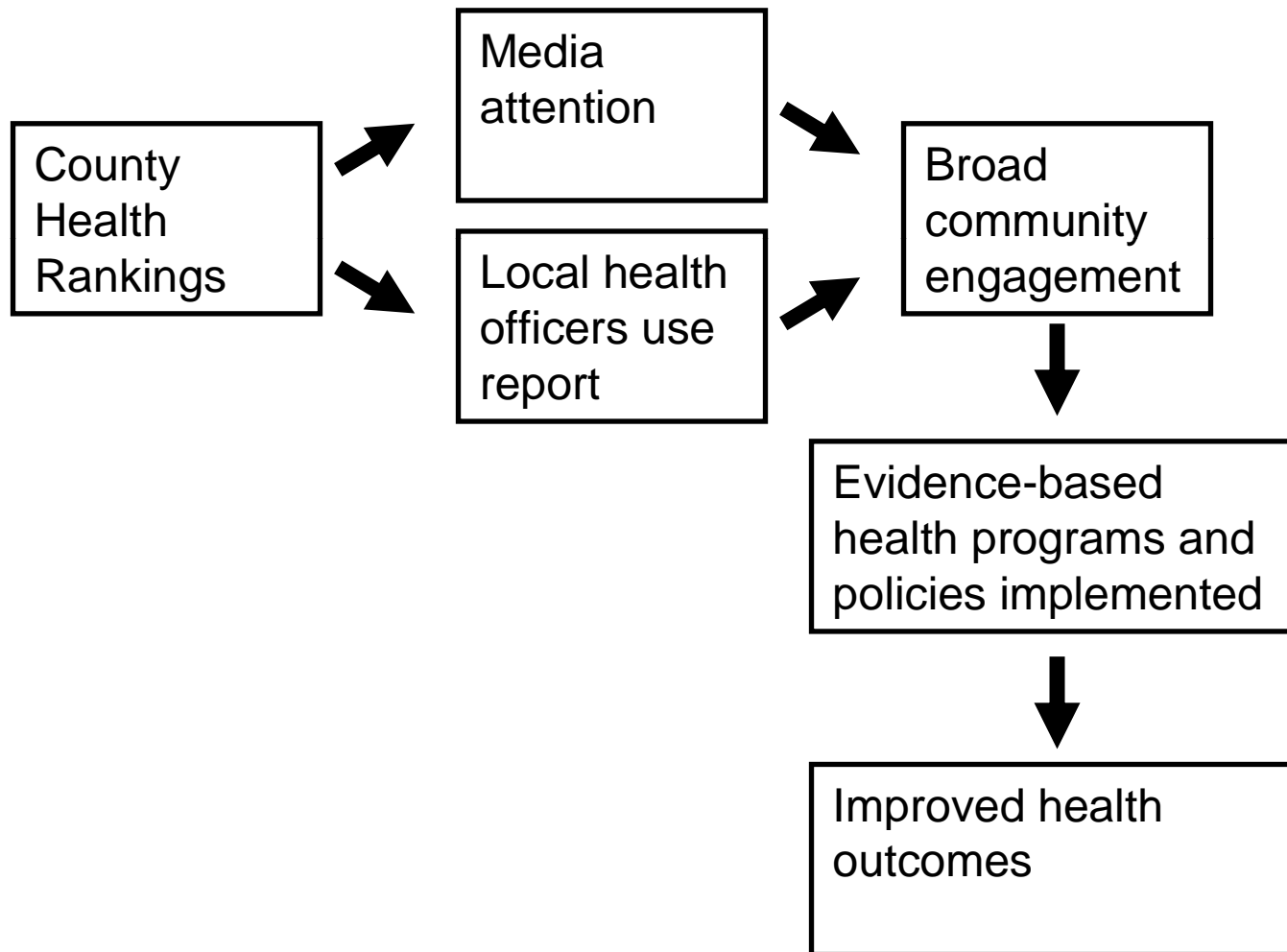
Marquette County



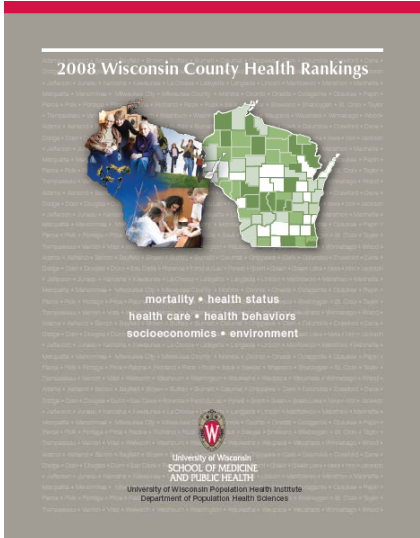
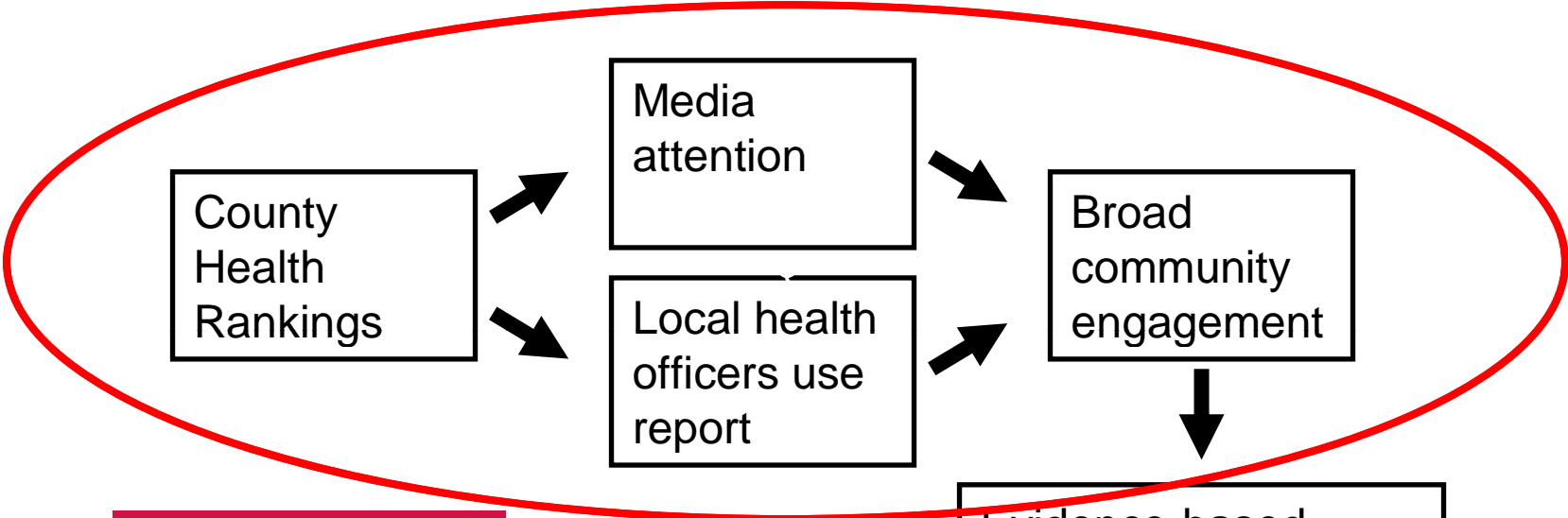
Marquette County



Mobilizing Action Toward Community Health



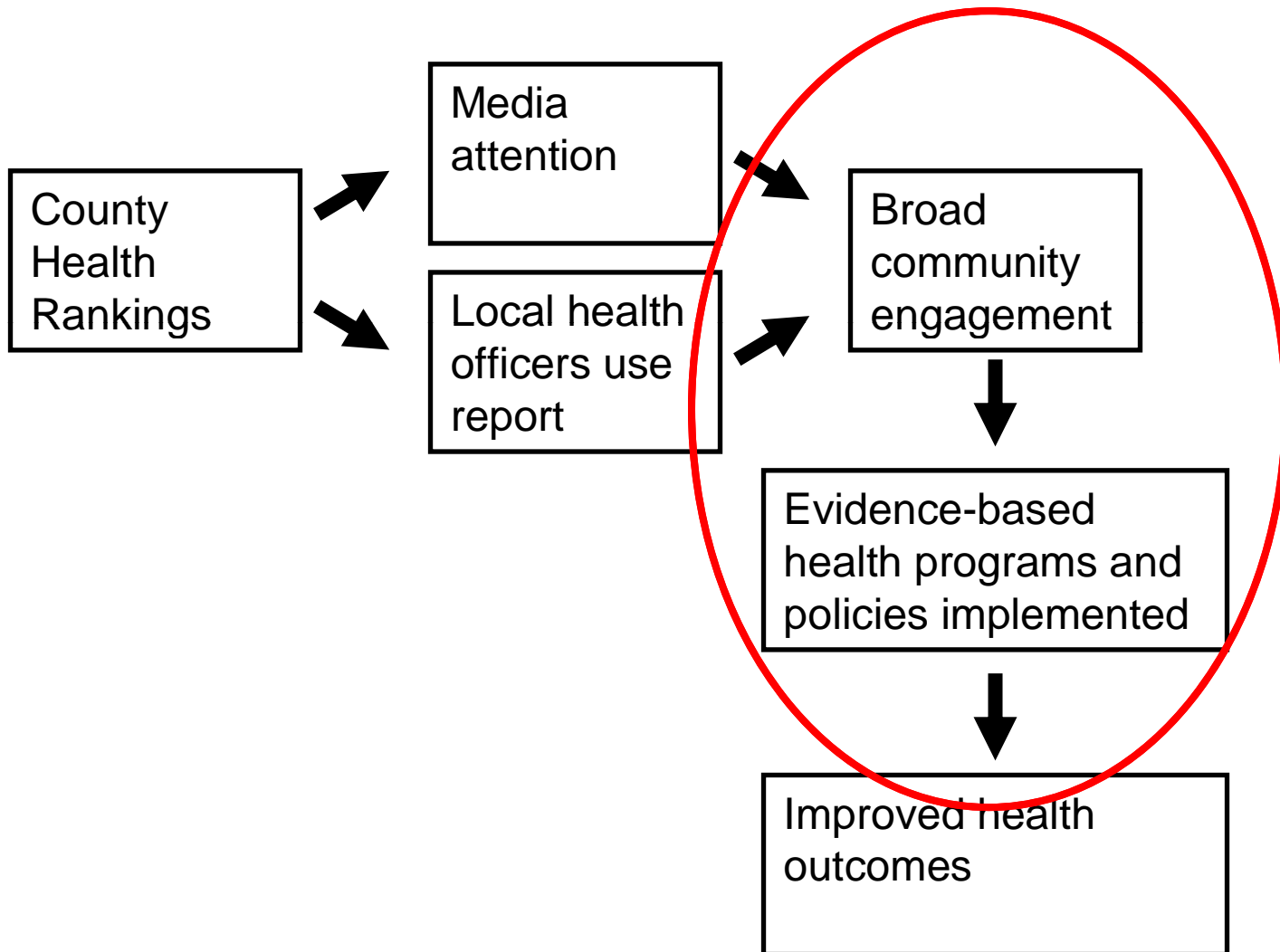
Mobilize through County Health Rankings



Evidence-based health programs and policies implemented

Improved health outcomes

Action

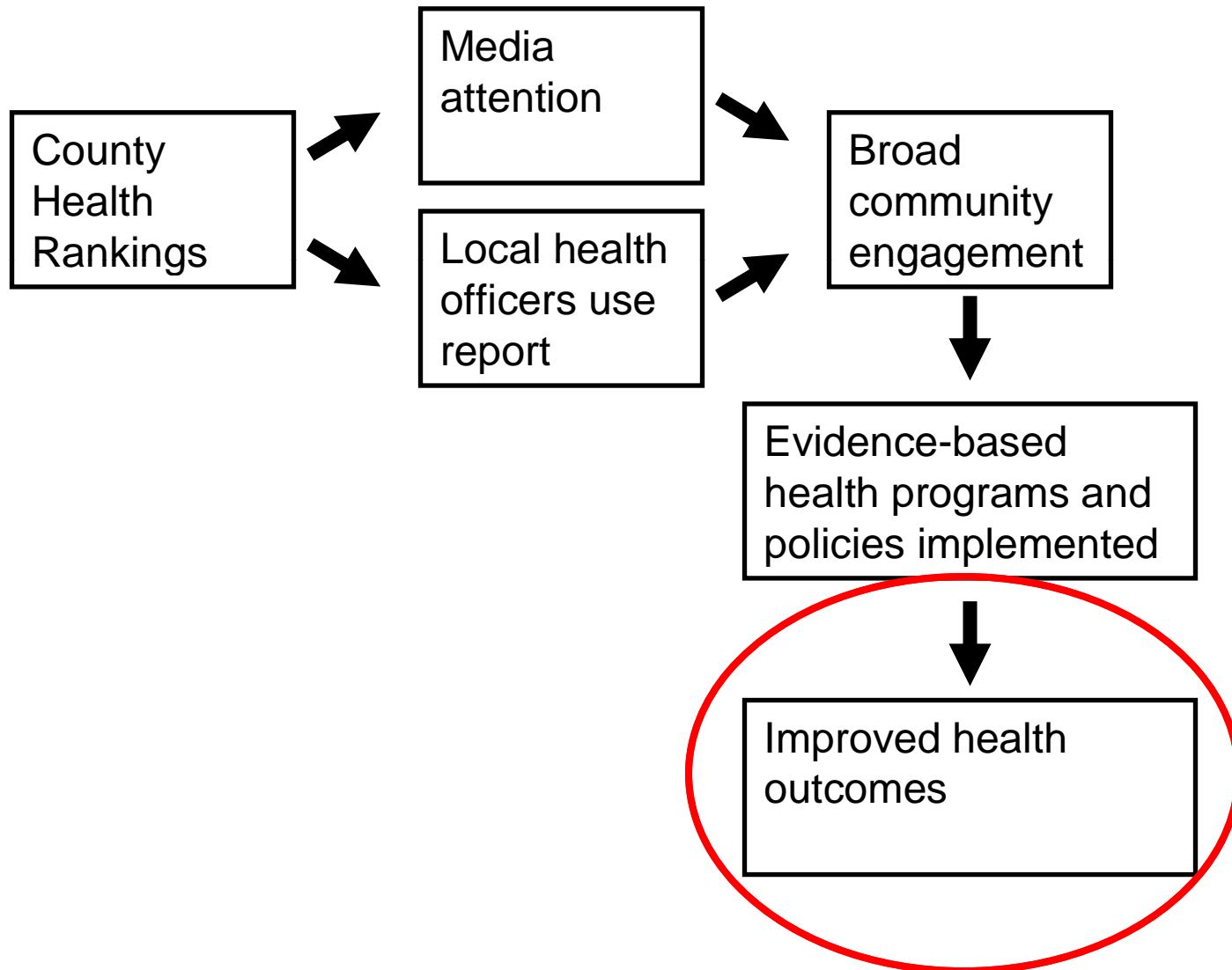


Action

*depends on
stage of
readiness
in the county*



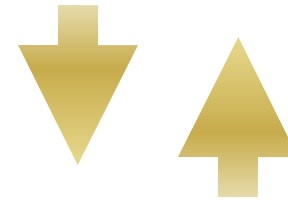
Toward Community Health



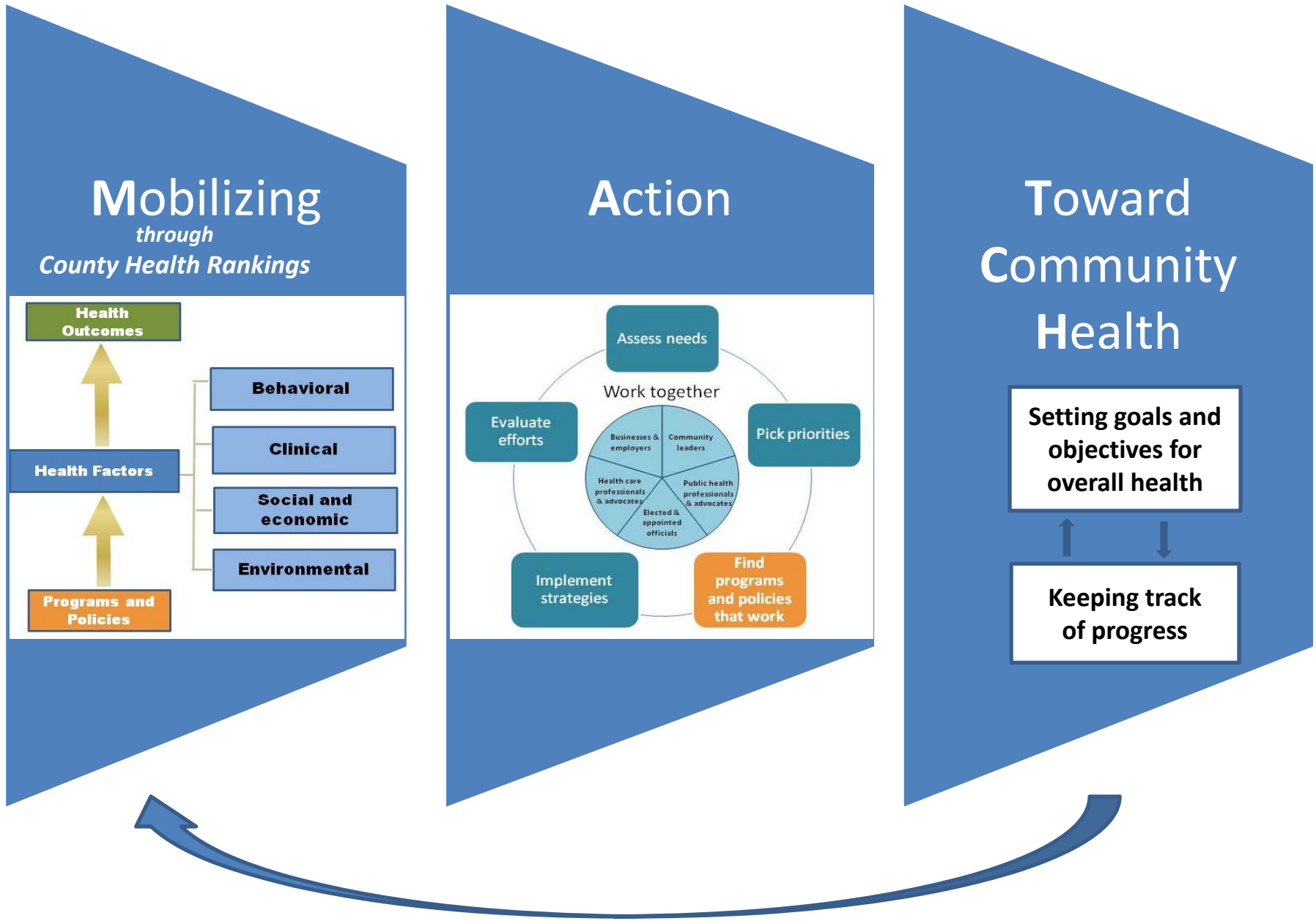
Toward Community Health

*by setting goals
and monitoring
progress over
time*

Setting goals and
objectives for
overall health



Keeping track of
progress



Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) Initiative

- The goal of the program is to bring together local leaders and stakeholders to build healthier communities by promoting policy and environmental change strategies with a focus on obesity, diabetes, heart disease, healthy eating, physical activity, and preventing tobacco use, as well as promoting disease management for Cardiovascular Disease and Diabetes.

Learn more at

www.countyhealthrankings.org

www.mqthealth.org

Join the Marquette County Active
Living Task Force:

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