



# County Health Rankings

Mobilizing Action Toward Community Health

## County Health Rankings: Anticipated Questions and Answers

### General Questions

- What's new about the *County Health Rankings (Rankings)*?
- Who developed the *Rankings* system?
- How do these *Rankings* differ from the *America's Health Rankings*™?
- What's the "elevator speech" on the *Rankings*?
- What should budget-strapped state and local health departments do about the health gaps revealed by the *Rankings*?
- What can the average citizen do with this information?
- Our state already publishes county-level health data—what's different about this project?
- What was the role of the University of Wisconsin in producing the *Rankings*, and what is their particular expertise in this effort?
- Who is paying for the *County Health Rankings* project?
- What's the healthiest county/least healthy county in the United States?
- Are there national, state or local targets for health factors such as obesity rates and binge drinking?
- Aren't the *Rankings* all about income?
- If enacted, wouldn't health care reform take care of all of these problems and disparities?
- Aren't everybody's health problems going to get worse with budget cuts, H1N1, etc.?
- We know about the health problems in our community already. How is a new report going to help us solve them? Especially in these terrible financial times, isn't this just kicking people when they're already down?
- States are under tight budget pressures. How can they possibly address these problems now?
- Why are there two separate rankings—outcomes and factors?
- We've already done a comprehensive community health assessment. What more could the *Rankings* add?
- Aren't the *Rankings* just about media splash?
- Who exactly is expected to use these reports?
- Where does the data for the *Rankings* come from?
- What questions/reactions might local health departments anticipate from the media when they learn about the *Rankings*?
- What questions/reactions might local health departments anticipate from the community when they learn about the *Rankings*?
- How have other local health departments used this information to support their work and advocate for public health?
- How can cities and rural areas in the same state be ranked against each other? Isn't that like comparing apples and oranges?



# County Health Rankings

Mobilizing Action Toward Community Health

## Examples of specific questions—we suggest that you use these to help you brainstorm about other issues particular to your community that could arise.

- Is my local health department responsible for the [insert factor here, i.e. high rates of obesity or Chlamydia] in my county?
- My local health department does not cover the entire county related to the ranking. How is this information relevant to my local health department specifically?

## General Questions

- What's new about the *County Health Rankings (Rankings)*?
  - This is the first time that people will be able to see how the overall health of their county compares to the health of their neighboring counties or other counties in their state.
  - The *Rankings* also compare the multiple factors that influence health so that people can see where they are doing well and where they need to improve.
  - With this report, leaders and advocates—in the fields of public health and health care, business, education, and government—can all see where barriers to good health exist and work together to find solutions.
  - In states that already provide reports of health indicators to communities to monitor their health, the *Rankings* provide an additional tool to summarize these indicators to present a picture of overall health.
- Who developed the *Rankings* system?
  - The University of Wisconsin Population Health Institute developed this particular ranking system for counties, building on the work of *America's Health Rankings™* that ranks the health of states.
- How do these *Rankings* differ from the *America's Health Rankings™*?
  - United Health Foundation, the American Public Health Association and Partnership for Prevention released the 20<sup>th</sup> annual *America's Health Rankings™* in November. The *America's Health Rankings™* report is a health assessment tool based on state level health indicators. The *County Health Rankings* bring this approach to the local level, examining the health of counties within each state. With this report, leaders and advocates—in the fields of public health and health care, business, education, and government—can all see where barriers to good health exist and work together to find solutions. (For more information on the model and method behind the *Rankings*, please visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org).)
- What's the “elevator speech” on the *Rankings*?



# County Health Rankings

Mobilizing Action Toward Community Health

- The *Rankings* let people compare the overall health of their county with the health of the rest of the counties in their state.
  - The *Rankings* show that some places are much healthier than others, and they represent a call to action for people living in any given county to make their communities healthier places to live, learn, work and play.
  - People who live in a healthy community find it easier to lead a healthy lifestyle. For example, people who live in communities with smoke-free laws are less likely to smoke, which reduces diseases caused by tobacco, such as emphysema and lung cancer.
  - Many factors, beyond medical care, influence health, so everybody needs to be involved to improve health.
- What should budget-strapped state and local health departments do about the health gaps revealed by the *Rankings*?
    - Health departments can look at their county's ranking, see what is making their residents sick, and work with others in both the public and private sectors to mobilize and develop broad-based solutions in their community so all residents can be healthy.
    - Health departments also can use the *Rankings* to attract attention to their current health improvement activities and as a way to shed light on the need for action and additional resources to move their efforts forward.
  - What can the average citizen do with this information?
    - Anyone can help spread the word about the *Rankings* and educate others about what makes one community healthier compared with another. For example, citizens can:
      - Reach out to friends and colleagues about the county health rankings report, e.g., at a local Chamber of Commerce breakfast or at an urban planning meeting.
      - Visit the *County Health Rankings* Web site at [www.countyhealthrankings.org](http://www.countyhealthrankings.org) to find resources and tools and take action.
      - Join the *County Health Rankings* Facebook page and let friends and colleagues know about the report through Facebook and Twitter.
      - Write an op-ed or talk to local media about the *Rankings* and what needs to be done to improve the health of your community.
      - Meet with local leaders and community residents to discuss barriers to health and ways to overcome them. Host a town hall meeting or invite people to participate in one.
      - For more ideas on what citizens can do to take action to make their communities healthier places to live, learn, work and play, read the "Action Steps" document in this communications toolkit.



# County Health Rankings

Mobilizing Action Toward Community Health

- Our state already publishes county-level health data—what’s different about this project?
  - The *County Health Rankings* are designed as a call to action—by ranking counties, we summarize data in a way that often gets more attention than a report that has lengthy listings of individual indicators. Also, in contrast to some reports, the *Rankings* incorporate a broad set of health factors, which extend beyond some of the more traditional public health measures. This shows that health is everybody’s business and helps to engage a wide variety of partners in community health improvement.
- What was the role of the University of Wisconsin in producing the *Rankings*, and what is their particular expertise in this effort?
  - The *County Health Rankings* were compiled by the University of Wisconsin with the help of a number of partners, such as the Centers for Disease Control and Prevention (CDC), which collects data on a county-by-county basis across the nation. The *Rankings* serve as a call to action and are intended to be a tool to help counties understand the many factors that determine their health. They are not intended to replace the in-depth knowledge and understanding that community leaders have about their own counties. The team of researchers and public health practitioners at the University of Wisconsin who lead this effort have actually issued *County Health Rankings* in Wisconsin for the past six years. From this experience they have learned how to communicate the *Rankings* and how to use them to mobilize action to improve health.

For more information on the *Wisconsin County Health Rankings* and examples of how the report has impacted communities in Wisconsin, visit <http://uwphi.pophealth.wisc.edu/pha/wchr.htm>.

- Who is paying for the *County Health Rankings* project?
  - The *County Health Rankings* project is being funded through a grant from the Robert Wood Johnson Foundation. As the nation’s largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Robert Wood Johnson Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.
  - The research behind the *County Health Rankings* is based at the University of Wisconsin, and the project has been particularly successful because of collaboration with key public health partners, including, but not limited to, the Centers for Disease Control and Prevention, the National Association of



# County Health Rankings

Mobilizing Action Toward Community Health

County and City Health Officials and the Association of State and Territorial Health Officials.

- What's the healthiest county/least healthy county in the United States?
  - The purpose of the *County Health Rankings* is to serve as a call to action to improve health within ALL states and local communities by comparing counties *within* states and highlighting the differences in health that occur within states. Identifying the healthiest or least healthy county in the United States would not serve this purpose. In addition, the *Rankings* will be released for at least each of the next three years (2010-2012), so every county will have an annual benchmark as the community works to improve its health outcomes.
- Are there national, state or local targets for health factors such as obesity rates and binge drinking?
  - Almost ten years ago, Healthy People 2010 set target rates for many of these factors and the new Healthy People 2020 initiative is now underway to establish new objectives and target rates. For more information on these initiatives, please visit the Healthy People Web site at [www.healthypeople.gov](http://www.healthypeople.gov).
- Aren't the *Rankings* all about income?
  - Yes and no. Wealthier communities have certain advantages over less wealthy communities, but income alone does not ensure good health. As the *Rankings* show, there are many factors that contribute towards the health of a community. And every county will likely need to improve in at least one or more areas.
- If enacted, wouldn't health care reform take care of all of these problems and disparities?
  - The health reform legislation currently under discussion is primarily focused on improving access to health care coverage; it is not focusing on the other factors that contribute toward health and so it will only solve some of the problems and disparities. While everyone needs access to high-quality medical care, the other factors in this report, such as behaviors and social determinants including education and employment, and environmental issues have a greater impact on overall health.
- Aren't everybody's health problems going to get worse with budget cuts, H1N1, etc.?
  - This is one possibility. Important services and programs that impact the health of communities are at risk including those provided by health



# County Health Rankings

Mobilizing Action Toward Community Health

departments. However, there are many changes that can be made to improve health that do not involve large expenditures—for example, policy-level and behavioral changes—such as making workplaces smoke-free or making it easier for people to access healthy food at farmers’ markets—can have enormous impacts without huge expenditures. In these difficult times, it also is important to use these *Rankings* to help support other strategies, such as preserving or expanding early childhood programs, or preserving or expanding Medicaid or other programs that increase access to health care, or incorporating sidewalks or bike lanes into transportation projects.

- We know about the health problems in our community already. How is a new report going to help us solve them? Especially in these terrible financial times, isn’t this just kicking people when they’re already down?
  - Even the lowest-ranked counties will have strengths as well as challenges. This tool provides a quick snapshot in a format that is easy to communicate with funding partners and policy-makers to help understand WHY these communities rank poorly and to enable people to tackle the factors that make their communities less healthy. Communities should celebrate their strengths and build on them. They also should acknowledge their challenges and take steps to improve. This report also provides an opportunity to remind community partners that health is not any one sector’s responsibility (health care, education, etc.). By working together, community leaders can develop innovative new approaches and address the gaps that this report identifies with fresh energy.
- States are under tight budget pressures. How can they possibly address these problems now?
  - A county’s health also affects its economic competitiveness. When most people in a community are healthy, there are lower health costs, fewer sick days, and increased productivity, all of which are critical to economic growth.
  - There is no question that states are facing huge budget challenges. The *Rankings* helps states look at their most pressing problems and see where they need to take action now. Counties can examine how they are using current resources and decide whether they are targeting those resources in the most effective way to solve problems that are making their residents unhealthy.
  - The problems that are making residents unhealthy are not going to be solved by any one group in any one county. These *Rankings* remind us that health is everyone’s responsibility. They can mobilize all of the key players in a county to identify the most pressing factors that are contributing to



# County Health Rankings

Mobilizing Action Toward Community Health

poor health, see how other counties have addressed similar problems, and collectively develop creative and local solutions to improve health.

- Why are there two separate rankings—outcomes and factors?
  - The measures that the *County Health Rankings* and others use for health outcomes (mortality (i.e., death rates); and morbidity (i.e., quality of life and rates of low birthweight) are standard measures that describe a community's current health. Health factors are the things that determine our future health, i.e., the things that ultimately make us sick or die too early. In addition to describing a community's current health, highlighting the many factors that influence health also is a way to engage communities in discussion—helping both policy-makers and health professionals understand that improving our health in the future will require us to address factors beyond access to health care.
  
- We've already done a comprehensive community health assessment. What more could the *Rankings* add?
  - The *Rankings* can confirm or challenge the results of your community health assessment and add the credibility of an independent third party. They can also add further context to your assessment by allowing you to compare specific measures to other counties in your state and target values. The *Rankings* also provide additional county-level data that has not been as readily available previously.
  
- Aren't the *Rankings* just about media splash?
  - The media are one of the critical partners that we need to engage to communicate our issues with the public and policy-makers. The *Rankings* are a tool to raise awareness of the factors that influence health. Media attention can engage new community partners including policy-makers willing to take action to improve health. A renewed relationship between health leaders and the media in any given county can enhance the impact of future health strategies.
  
- Who exactly is expected to use these reports?
  - In addition to local health departments, there will likely be interest from state health departments and other government agencies, public health institutes, academic institutions, schools, the business sector, the medical sector, advocacy groups and coalitions, elected officials and citizens, and others working to improve the health of their communities.





# County Health Rankings

Mobilizing Action Toward Community Health

- Where does the data for the *Rankings* come from?
  - Most of our measures come from public data sources. Vital statistics data, rates of sexually transmitted diseases, and Behavioral Risk Factor Surveillance System (BRFSS) data were calculated by staff at the Centers for Disease Control and Prevention. Our health care quality measures were calculated for us by the authors of the Dartmouth Atlas of Healthcare, using Medicare claims data. Another key data source, primarily for social and economic variables, is Census 2000 and the American Community Survey 2005-2007. We use these data sets and, where needed, calculate the estimates using statically-proven methods. Similarly, we use publicly available data on violent crime, education, and some built environment measures.
- What questions/reactions might local health departments anticipate from the media when they learn about the *Rankings*?
  - It's hard to predict exactly what a reporter might ask a county or local health department representative, but he or she will be looking for stories and sound bites. Representatives from counties that have received a poor-ranking may be asked about the causes for the low scores, whereas counties that were ranked as healthier might be asked about programs plans or programs that contributed to their strong scores. All counties may be asked to reflect about how they might improve.

But no matter what the media asks, local health departments can be prepared by developing and reviewing key messages. We've provided a set of overarching messages about the *County Health Rankings* project in this toolkit, as well as tiered messages for low, medium and high-ranking counties, and many state and local health departments will undoubtedly develop their own messages following the embargoed release of the *Rankings* data on February 8.

- What questions/reactions might local health departments anticipate from the community when they learn about the *Rankings*?
  - There are three common sets of questions you may face as a local health official.

First, why did we get this ranking? People, such as local elected officials, who study the *Rankings*, may ask for further information about a particular component of the *Rankings* (e.g., a poor rank for one of the factors, such as physical environment). Others may want to understand your county's overall rank. And some might want to argue that the *Rankings* are wrong.





# County Health Rankings

Mobilizing Action Toward Community Health

Second, community members and elected officials want to know who is responsible for the county's ranking. Some may ask if improving the county's rank is the responsibility of the state or local health department. This is a great opportunity to volunteer to lead a community-wide improvement effort and invite others to join.

Third, local health departments will be asked what can be done, what should be done, or how do we fix this? This is a great opportunity to highlight programs and policies that can improve the health of your community and to position public health in the forefront of those efforts.

- How have other local health departments used this information to support their work and advocate for public health?
  - Several Wisconsin and Kansas counties have been tracking progress following poor rankings in their respective state health rankings. To help illustrate some of the action steps that local health departments and community partners can take to address their ranking, we have included a story about the experience in Wyandotte County in Kansas in this toolkit. Please refer to the “County Health Rankings Stories” section of the toolkit to read this story.
- How can cities and rural areas in the same state be ranked against each other? Isn't that like comparing apples and oranges?
  - Our health outcomes measures are all age-adjusted to allow comparisons across communities with different age structures and to allow the ranking of the overall health of counties within a state, regardless of whether a county is urban or rural. However, it is true that counties within a state may vary widely in terms of many other characteristics, such as population and geographic size, location and socioeconomic factors, etc. This is one of the reasons we encourage counties to use their ranks on health outcomes as summary measures of their own health, and then use the ranks and measures on health factors to draw attention to all the factors that influence health *within* their community. Then, rather than emphasizing comparisons with other counties, we recommend that communities use these and other data to examine their own strengths and areas where improvements could be made. (For more information on the model and method behind the *Rankings*, please visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org).)



# County Health Rankings

Mobilizing Action Toward Community Health

Examples of specific questions—we suggest that you use these to help you brainstorm about other issues particular to your community that could arise.

- Is my local health department responsible for the [insert factor here, i.e. high rates of obesity or Chlamydia] in my county?
  - The goal of local health departments is to improve health in their community, but they cannot do this alone nor can they be solely responsible for the conditions that determine health in their communities. A healthy community is everyone's responsibility.
  
- My local health department does not cover the entire county related to the ranking. How is this information relevant to my local health department specifically?
  - We recognize that not all states use a county system and that not all local health departments serve only a single county. Unfortunately, we are not currently able to alter the data to reflect the existing governance structures in all states. We encourage the communities within each county of your state to use the *Rankings* as a starting point to delve more deeply into data that is more relevant for your particular governance structure by initiating a community health assessment or to use the *Rankings* to draw attention to thorough assessments that have already been completed. In addition to the *Rankings* and underlying measures, the *County Health Rankings* Web site also will provide information to help communities think about the factors that influence their health and ways to take action to address these factors. (More information on the new *County Health Rankings* Web site, to be launched February 17, is available elsewhere in this toolkit.)