

County Health Rankings: Mobilizing Action Toward Community Health (MATCH)

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Population health rankings can be useful for setting public health agendas and establishing responsibility for improving the health infrastructure and public welfare of communities. In collaboration with the Robert Wood Johnson Foundation, the University of Wisconsin Population Health Institute recently published the first annual County Health Rankings. The Rankings are part of a broader project, "Mobilizing Action Toward Community Health (MATCH)" that is designed to emphasize the factors that can help people lead healthier lives and make communities healthier places to live, work, learn and play; foster engagement among public and private decision makers to improve community health; and develop incentives to encourage coordination across sectors for community health improvement.

The County Health Rankings compiled 50 state reports ranking all 3,016 American counties or county equivalents according to a standardized methodology. Each county receives a summary rank for a range of health outcomes and for four specific classes health factors: health behaviors, clinical care, social and economic factors, and the physical environment. Each profile includes specific county-level data (as well as state benchmarks) for the measures upon which the rankings are based. These measures are obtained from a number of data sources including CDC, Health Resources and Services Administration, the Census Bureau, the Federal Bureau of Investigation, and the Dartmouth Atlas for Health Care.

Five measures are used to assess the level of overall health or "health outcomes" by county: preventable mortality (mortality rates for people under age 75); subjective health status (percentage of people who reported being in fair or poor health); the number of days people reported being in poor physical health; number of days in poor mental health; and the rate of low-birth weight infants. We also consider factors that affect people's health within four categories: health behaviors, clinical care, social and economic factors, and physical environment.

The MATCH project is an example of dissemination research, condensing multiple sources of data into summary measures and delivering key communication messages about population health to local governments and community organizations. We will report results from the initial County Health Rankings, including within-state analyses and case studies of initial dissemination strategies. Efforts to translate research into practice and engage public health and other community leaders across the country in population health improvement were met with a range of responses. Compilation of community reactions to the County Health Rankings is currently underway.

Other studies have ranked states on health factors, but this is the first time researchers have examined the multiple factors that affect health by county in all 50 states. Poorly ranked counties were characterized by multiple challenges, including two- and three-fold higher rates of premature death, often from preventable conditions; higher smoking rates that lead to cancer, heart disease, bronchitis and emphysema; higher obesity rates which increases the risk of developing diabetes, disability and heart disease; higher unemployment and poverty rates; higher numbers of liquor stores and fast-food outlets, but fewer places to buy fresh fruits and vegetables.

Although analyses revealed considerable geographic variation in health outcomes, sharp health disparities were observed among some neighboring counties. For example, Chester County, Pennsylvania, which ranked highest in the state for overall health, was distinctly better off compared to nearby Delaware County, which ranked 36th out of 67 Pennsylvania counties due to higher rates of smoking, adult obesity, violent crime, and childhood poverty. The focus of this presentation will be to highlight similarities and differences among the lowest and highest ranked counties among states and describe the underlying characteristics that contribute to clustering of similarly ranked counties or neighboring counties with highly contrasting rankings.

A new evaluation and performance framework based on rankings will require more research to establish causal pathways and relative determinants of health, as well as stronger evidence about the effects of public and private interventions to guide investment strategies. Finally, stakeholders who develop and promote population health rankings must further develop and expand the technical support needed to translate the response to the rankings into constructive public debate and policy development.