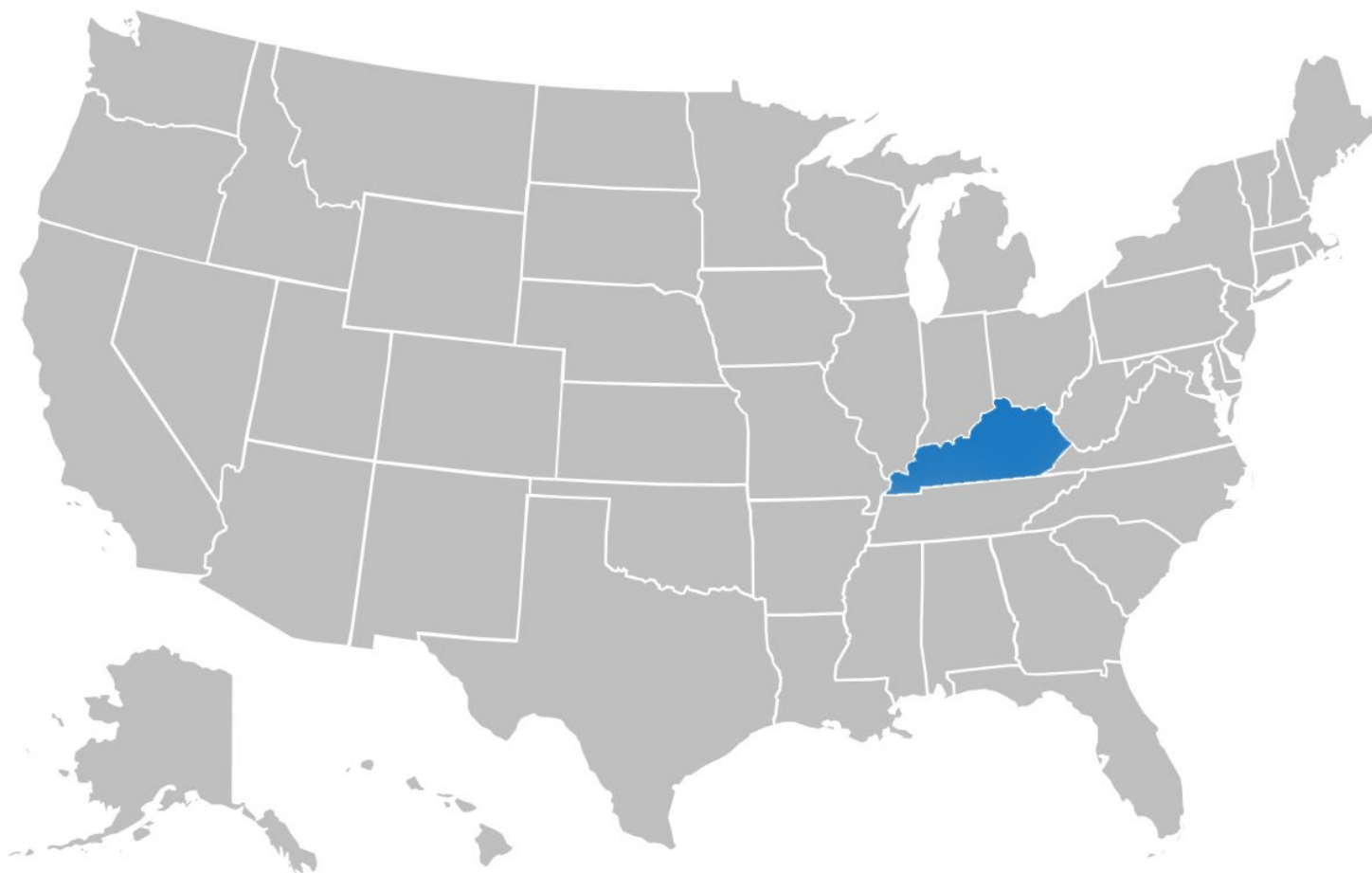


# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

## 2022 State Report **Kentucky**



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

Support  
provided by



Robert Wood Johnson  
Foundation

## 2022 County Health Rankings for the 120 Ranked Counties in Kentucky

County	Health Outcomes		Health Factors		County	Health Outcomes		Health Factors		County	Health Outcomes		Health Factors		County	Health Outcomes		Health Factors	
	Health Outcomes	Health Factors	Health Outcomes	Health Factors		Health Outcomes	Health Factors	Health Outcomes	Health Factors		Health Outcomes	Health Factors	Health Outcomes	Health Factors		Health Outcomes	Health Factors		
Adair	67	73	Clark	70	30	Harrison	42	39	Madison	29	21	Perry	118	96					
Allen	80	55	Clay	115	118	Hart	50	82	Magoffin	113	120	Pike	103	93					
Anderson	21	17	Clinton	87	87	Henderson	62	43	Marion	76	80	Powell	105	92					
Ballard	19	34	Crittenden	63	54	Henry	44	38	Marshall	24	11	Pulaski	79	63					
Barren	36	66	Cumberland	43	78	Hickman	59	51	Martin	98	109	Robertson	69	64					
Bath	93	95	Daviess	17	23	Hopkins	51	33	Mason	52	52	Rockcastle	91	77					
Bell	112	110	Edmonson	31	81	Jackson	101	106	McCracken	33	22	Rowan	46	56					
Boone	2	2	Elliott	95	111	Jefferson	32	26	McCreary	104	112	Russell	86	79					
Bourbon	55	41	Estill	97	98	Jessamine	27	13	McLean	49	19	Scott	3	6					
Boyd	73	42	Fayette	6	5	Johnson	96	71	Meade	11	20	Shelby	9	9					
Boyle	16	28	Fleming	41	76	Kenton	14	8	Menifee	68	101	Simpson	57	29					
Bracken	81	35	Floyd	109	108	Knott	111	104	Mercer	23	40	Spencer	7	7					
Breathitt	119	116	Franklin	30	18	Knox	106	103	Metcalfe	71	89	Taylor	47	31					
Breckinridge	35	72	Fulton	116	99	Larue	58	49	Monroe	84	84	Todd	54	61					
Bullitt	10	16	Gallatin	77	65	Laurel	61	70	Montgomery	45	62	Trigg	25	32					
Butler	56	74	Garrard	38	58	Lawrence	99	100	Morgan	85	90	Trimble	39	47					
Caldwell	65	36	Grant	75	48	Lee	110	117	Muhlenberg	64	75	Union	83	69					
Calloway	5	24	Graves	28	57	Leslie	108	113	Nelson	13	10	Warren	15	15					
Campbell	4	4	Grayson	72	88	Letcher	107	105	Nicholas	92	91	Washington	34	25					
Carlisle	20	45	Green	60	68	Lewis	102	107	Ohio	37	59	Wayne	78	94					
Carroll	94	85	Greenup	48	37	Lincoln	90	86	Oldham	1	1	Webster	89	83					
Carter	88	97	Hancock	12	14	Livingston	26	46	Owen	53	53	Whitley	100	67					
Casey	82	102	Hardin	18	12	Logan	40	44	Owsley	117	115	Wolfe	120	114					
Christian	66	60	Harlan	114	119	Lyon	22	27	Pendleton	74	50	Woodford	8	3					

For more information on how these ranks are calculated, view the technical notes at the end of this report and visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

County Health Rankings & Roadmaps (CHR&R) brings actionable data, evidence, guidance, and stories to diverse leaders and residents so people and communities can be healthier. The University of Wisconsin Population Health Institute created CHR&R for communities across the nation, with funding from the Robert Wood Johnson Foundation.

## What are the County Health Rankings?

The Rankings help us understand what influences how long and how well we live. They provide measures of the *current* overall health (health outcomes) of each county in all 50 states and the District of Columbia. Rankings data include a variety of measures, such as high school graduation rates, access to nutritious foods, and the percent of children living in poverty, all of which impact the *future* health of communities (health factors).



We believe in a future where everyone has opportunities to be healthy and to thrive. Many factors impact how long and how well we live. Our data show how these factors shape community conditions, while highlighting the stark differences in health that stem from injustices and barriers to opportunity. Use our resources to take action toward better health for all.

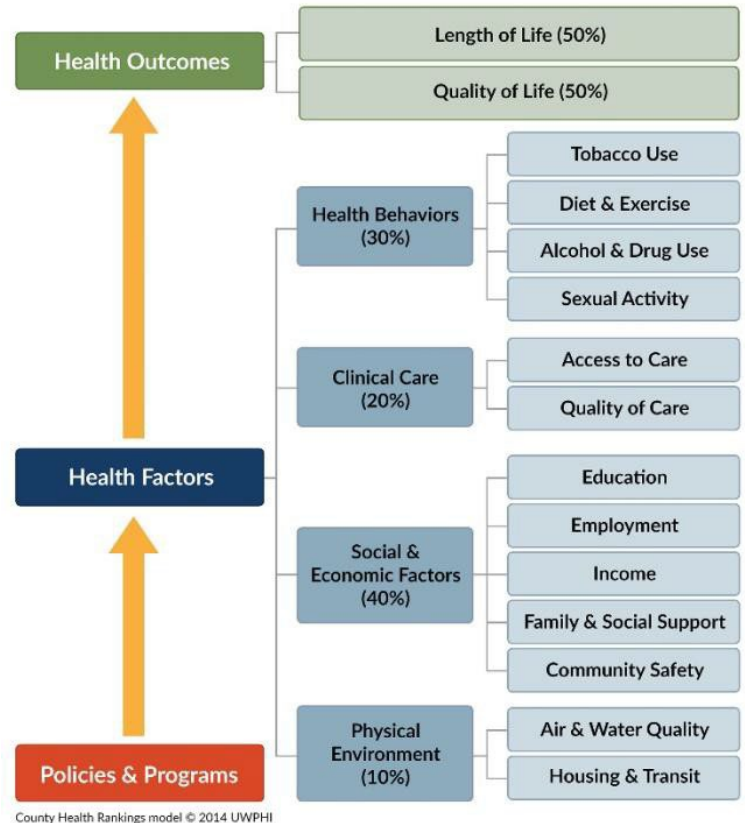
Communities use the Rankings to build support for local health improvement initiatives by engaging many sectors including public health, health care, business, policymakers, and local residents.

## The County Health Rankings Model

The County Health Rankings Model illustrates a broad vision for health. The model shows that policies and programs at the local, state, and federal levels play an important role in shaping health factors that in turn, influence a community's health outcomes.

Health factors represent things that, if modified, can improve length and quality of life. They are predictors of how healthy our communities can be in the future. The four health factor areas in the model include Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents through measures representing the length and quality of life typically experienced in the community.



## Growing Healthy Places Means Ensuring Opportunities for All

Communities thrive when all people can be healthy in their neighborhoods, schools, and workplaces. CHR&R brings actionable data and strategies to communities working to ensure that healthy places are available to all. Pages 5 and 6 of this report highlight how health outcomes and health factors differ by place within Kentucky. On page 7, we outline how economic security – or the ability of individuals, households, and communities to meet basic needs with dignity – is important to health. We call attention to childcare cost burden as a barrier to economic security and health.



## Growing Community Power to Improve Health Equity

The [Take Action to Improve Health](#) section of the CHR&R website helps communities find tools and guidance to take action, select evidence-informed strategies, and make lasting changes. Take Action to Improve Health is a hub for information to help improve a community's health and foster health equity. Find resources including:

- [What Works for Health](#), a searchable menu of evidence-informed strategies.
- [Action Learning Guides](#), self-directed learning modules that combine guidance, tools, and reflection activities.

## Using Data to Improve Health Equity

Data show a persistent pattern across the country in barriers to opportunity for people with lower incomes and for people of color. Differences in the opportunities available to different groups of people are related to unfair policies and practices.

Our progress toward health equity will be measured by how health disparities change over time. Visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org) to learn more about:

1. Health outcome and factor measures for your state and county.
2. Measures with data available by race and ethnicity to illuminate differences in opportunities for health.
3. Additional data resources for Kentucky that provide information about health and opportunity by age group, gender, and zip code.

## What Has Been Done Can Be Undone

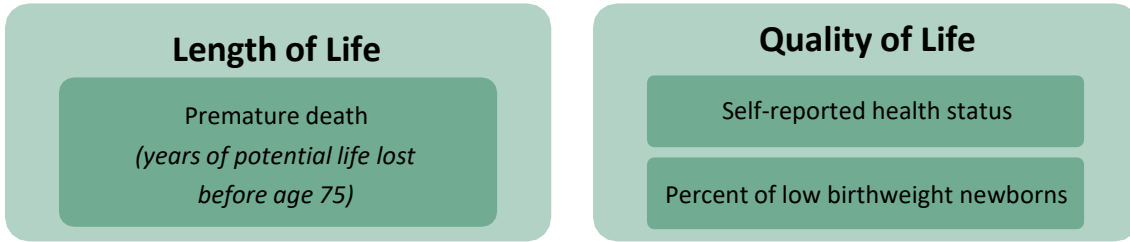
Achieving health equity means eliminating unjust and avoidable differences in access and opportunity. What can communities do to tackle unfair differences in how long and how well people live? Check out new strategies at [What Works for Health](#) that can address past harms and create conditions for thriving communities for everyone.

Many communities are mobilizing to harness the collective power of residents, organizations, and policymakers. They are working together to address past and present policies that cause harm and are ensuring the growth of healthy places for all. To learn about these efforts, visit [countyhealthrankings.org](http://www.countyhealthrankings.org).



## What are Health Outcomes?

We measure length and quality of life to understand the health outcomes among counties in Kentucky.



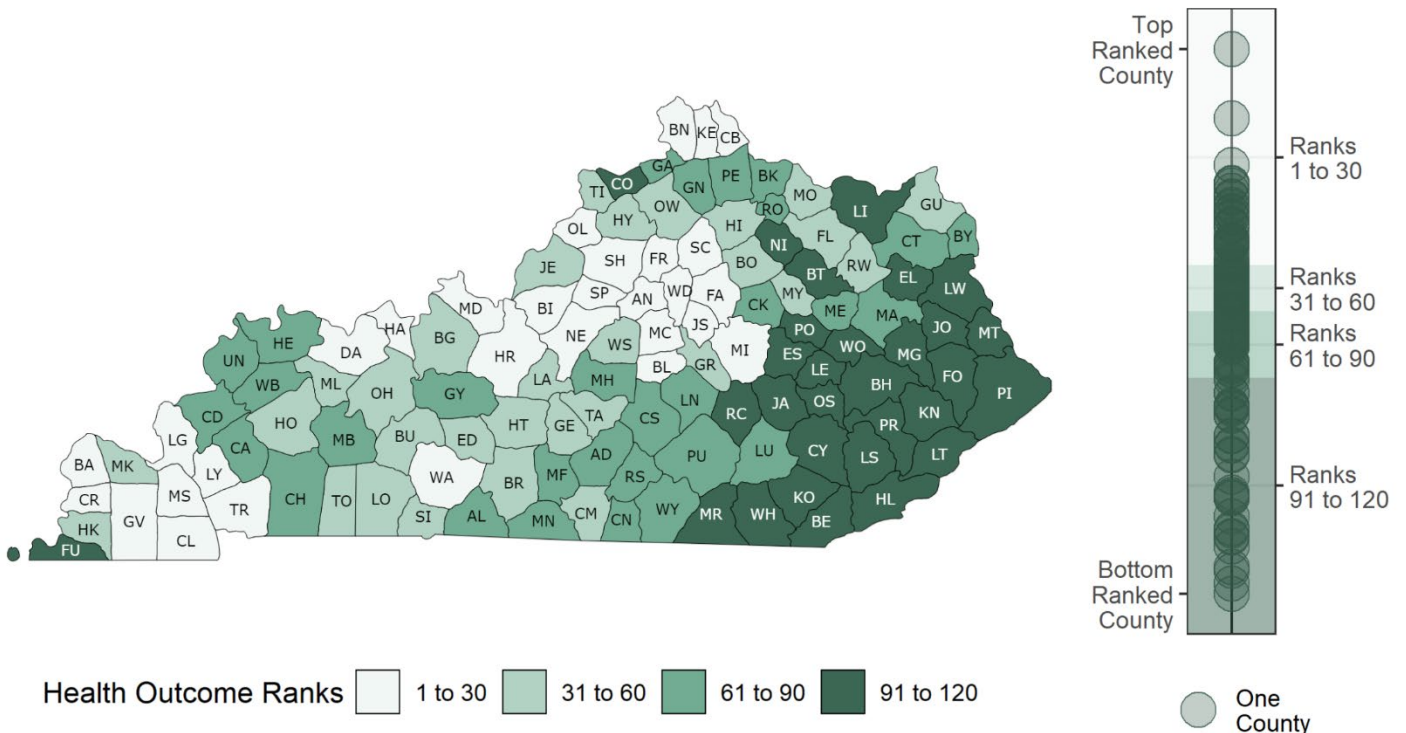
### How Do Counties Rank for Health Outcomes?

The green map shows Kentucky’s **health outcome rankings** by county. The map is divided into four quartiles with less color intensity indicating better health outcomes. Specific county ranks can be found in the table on page 2.

Detailed information on the measures and their associated weights is available toward the end of this report. Learn about how we calculate health outcome ranks at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

### What Do Differences Between Ranks Mean?

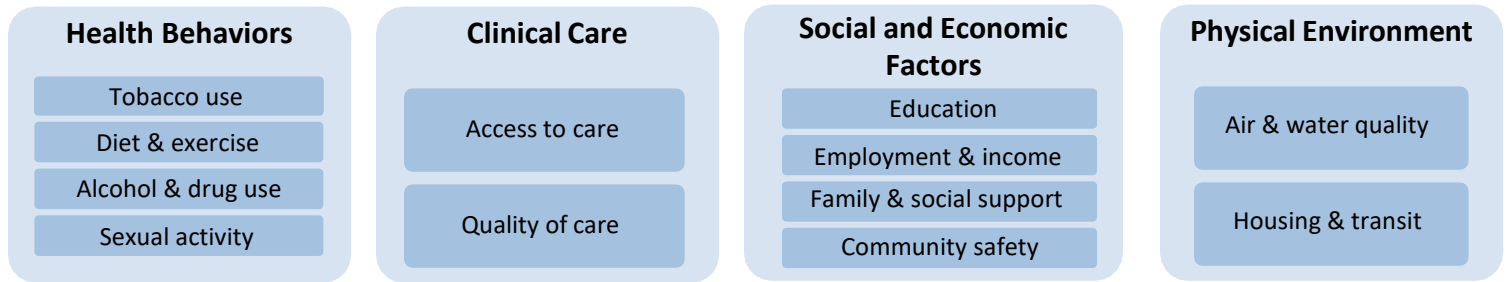
Counties are ordered by the health outcome rank, with a top-ranked county (rank = 1) having the best health outcome score. Ranks are good for sparking conversations, but they do not show differences in health within counties or describe the magnitude of difference in community health experienced between ranks. The chart next to the map shows the spread of health outcome scores (ranks) for each county (green circles) in Kentucky. This graphic shows the size of the gaps *between* ranked counties. The background colors correspond to the map legend.



**Figure 1. Health outcome ranks displayed using quartiles (map) and underlying health outcome scores (chart)**

## What are Health Factors?

Health factors represent community conditions that we can change to improve health and opportunity, such as access to quality education, living wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing. We measure four health factor areas.



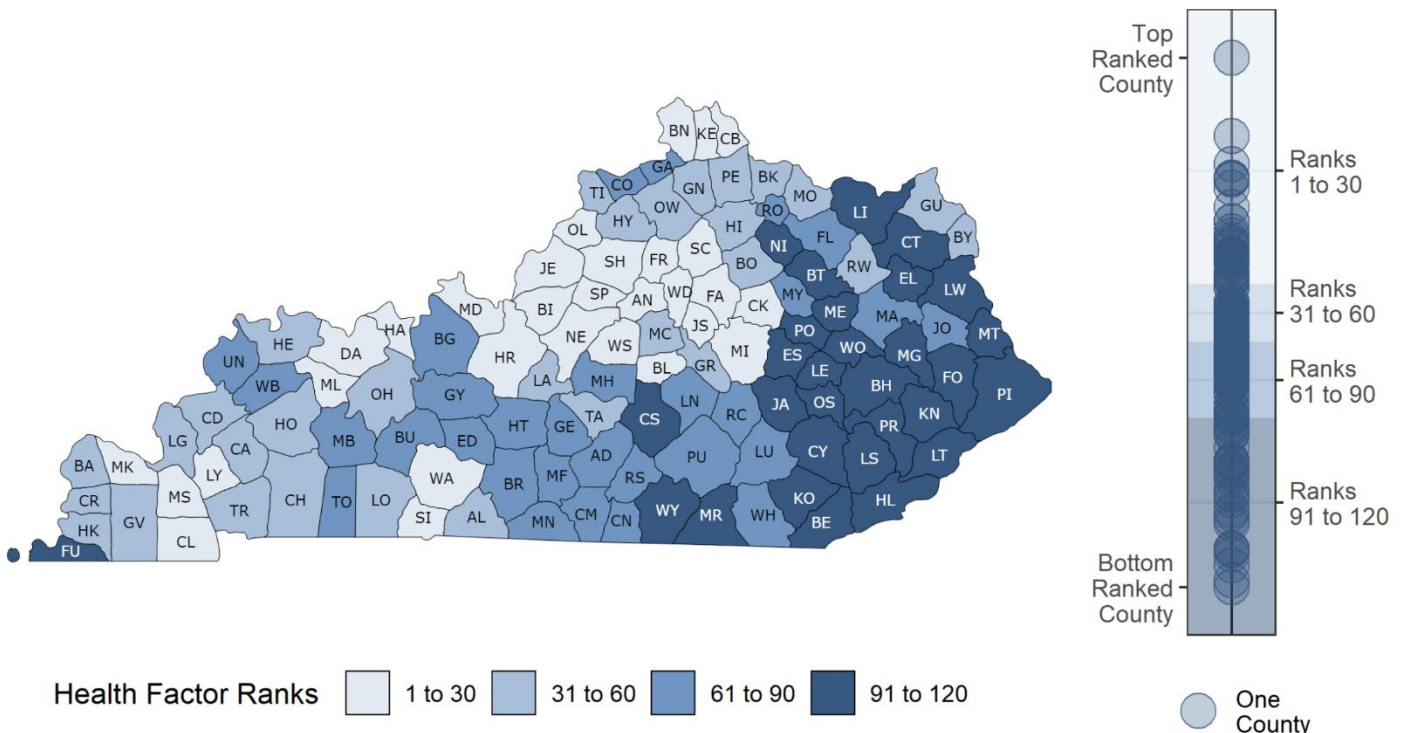
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**Figure 2. Health factor ranks displayed using quartiles (map) and underlying health factor scores (chart)**

## Economic Security is Key to Thriving Communities

Economic security enables families to cover basic needs such as housing, education, childcare, food, and medical care. Each of these needs has demonstrated ties to health. However, economic security is not equally accessible to all people. When a single household expense consumes the majority of a paycheck, it becomes difficult to meet competing needs and can force households into tough decisions like choosing between quality childcare, paying rent, and purchasing nutritious food. Individuals, households, and communities deserve the opportunity to meet basic needs with dignity. Advancing a just recovery from the COVID-19 pandemic, and the layered impacts of racism and economic exclusion requires intentional action to ensure all people and places have what they need to thrive. Check out policies and programs that can be implemented in your community at [What Works for Health](#).

### Childcare Cost Burden in Kentucky and the U.S.

Childcare cost burden measures the percentage of household income needed to pay for childcare. When childcare is affordable and accessible, it can support parents’ and guardians’ ability to participate in paid work and can provide lifelong benefits to children. The U.S. Department of Health and Human Services’ benchmark suggests childcare is no longer affordable if it exceeds 7% of a household’s income. This measure of childcare cost burden reflects the experience of a household with two children.

### Childcare Cost Burden in Kentucky Counties

The childcare cost burden among counties in Kentucky ranges from 14% to 52%.

#### In Context

- Childcare cost burden varies by county level of urbanization ranging from 24% in Large suburban metro counties to 31% in Rural counties.
- Median household income varies by race and ethnicity across Kentucky counties ranging between \$34,003 for American Indian & Alaska Native households to \$67,188 for Asian households. These income disparities demonstrate how economic security is not equally accessible to all people living in Kentucky.

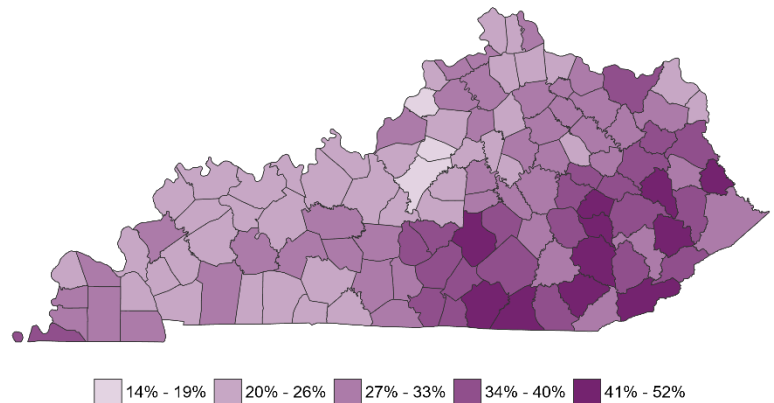


Figure 3. Childcare cost burden in Kentucky by county

### Childcare Cost Burden Across the U.S.

The typical cost burden of childcare among counties in the U.S. is about 25% of household income – meaning a quarter of every dollar earned goes to paying for childcare. Families in every state experience a childcare cost higher than the 7% federal benchmark of affordability. The childcare cost burden in Kentucky is 28%.

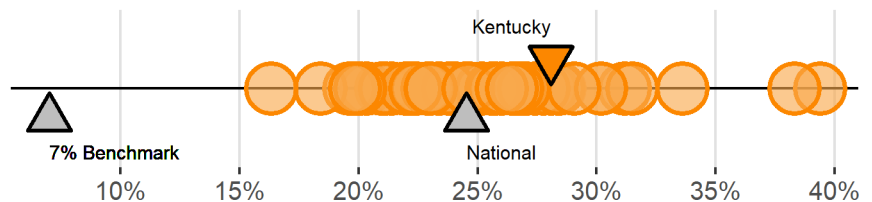


Figure 4. Childcare cost burden in the U.S. by state

Want to learn more? Visit our State Reports page at [www.countyhealthrankings.org](http://www.countyhealthrankings.org) to interact with the data.

## 2022 County Health Rankings: National and Kentucky State Values for Ranked Measures

Measure	Description	US	KY	KY Minimum	KY Maximum
<b>HEALTH OUTCOMES</b>					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	7,300	10,000	5,400	19,800
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	22%	15%	35%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.9	5.0	3.7	6.8
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.5	5.5	4.4	6.5
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	9%	6%	12%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	16%	25%	17%	36%
Adult obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup> (age-adjusted).	32%	36%	33%	44%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	6.6	4.4	9.1
Physical inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	26%	32%	25%	46%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	80%	66%	0%	100%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	20%	18%	13%	20%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	25%	0%	64%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	551.0	468.1	40.5	897.0
Teen births*	Number of births per 1,000 female population ages 15-19.	19	29	7	60
<b>CLINICAL CARE</b>					
Uninsured	Percentage of population under age 65 without health insurance.	11%	8%	4%	13%
Primary care physicians	Ratio of population to primary care physicians.	1,310:1	1,540:1	16,160:1	780:1
Dentists	Ratio of population to dentists.	1,400:1	1,520:1	2,140:0	610:1
Mental health providers	Ratio of population to mental health providers.	350:1	390:1	8,850:1	40:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	3,767	5,028	795	12,081
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	43%	41%	18%	54%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	46%	15%	57%
<b>SOCIAL &amp; ECONOMIC FACTORS</b>					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	89%	87%	67%	94%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	67%	63%	27%	77%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	8.1%	6.6%	4.7%	16.1%
Children in poverty*	Percentage of people under age 18 in poverty.	16%	19%	5%	48%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	5.0	3.4	8.2
Children in single-parent households	Percentage of children that live in a household headed by a single parent.	25%	26%	11%	52%
Social associations	Number of membership associations per 10,000 population.	9.2	10.6	0.0	21.9
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	222	0	612
Injury deaths*	Number of deaths due to injury per 100,000 population.	76	101	57	208
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.5	8.7	6.3	10.3
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	N/A	N/A
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.	17%	14%	7%	20%
Driving alone to work*	Percentage of the workforce that drives alone to work.	75%	81%	75%	92%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	30%	13%	69%

\*Indicates subgroup data by race and ethnicity is available; \*Not available in all states



## 2022 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Weight	Source	Years of Data
<b>HEALTH OUTCOMES</b>				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health <sup>†</sup>	10%	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days <sup>†</sup>	10%	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days <sup>†</sup>	10%	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2014-2020
<b>HEALTH FACTORS</b>				
<b>HEALTH BEHAVIORS</b>				
Tobacco Use	Adult smoking <sup>†</sup>	10%	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity <sup>†</sup>	5%	Behavioral Risk Factor Surveillance System	2019
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivity <sup>†</sup>	2%	Behavioral Risk Factor Surveillance System	2019
	Access to exercise opportunities	1%	Business Analyst, ESRI, YMCA & US Census Tigerline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinking <sup>†</sup>	2.5%	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2014-2020
<b>CLINICAL CARE</b>				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2019
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2019
	Dentists	1%	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	1%	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2019
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2019
<b>SOCIAL &amp; ECONOMIC FACTORS</b>				
Education	High school completion	5%	American Community Survey, 5-year estimates	2016-2020
	Some college	5%	American Community Survey, 5-year estimates	2016-2020
Employment	Unemployment	10%	Bureau of Labor Statistics	2020
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2020
	Income inequality	2.5%	American Community Survey, 5-year estimates	2016-2020
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2016-2020
	Social associations	2.5%	County Business Patterns	2019
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2016-2020
<b>PHYSICAL ENVIRONMENT</b>				
Air and Water Quality	Air pollution - particulate matter	2.5%	Environmental Public Health Tracking Network	2018
	Drinking water violations <sup>‡</sup>	2.5%	Safe Drinking Water Information System	2020
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2016-2020
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2016-2020

\*Indicates subgroup data by race and ethnicity is available; \*Not available in all states; <sup>†</sup>2018 data for New Jersey.

## 2022 County Health Rankings: Additional Measure Sources and Years of Data

	Measure	Source	Years of Data
<b>HEALTH OUTCOMES</b>			
Length of Life	COVID-19 age-adjusted mortality	National Center for Health Statistics - Mortality Files	2020
	Life expectancy*	National Center for Health Statistics - Mortality Files	2018-2020
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2018-2020
	Child mortality*	National Center for Health Statistics - Mortality Files	2017-2020
	Infant mortality*	National Center for Health Statistics - Mortality Files	2014-2020
Quality of Life	Frequent physical distress <sup>†</sup>	Behavioral Risk Factor Surveillance System	2019
	Frequent mental distress <sup>†</sup>	Behavioral Risk Factor Surveillance System	2019
	Diabetes prevalence <sup>‡</sup>	Behavioral Risk Factor Surveillance System	2019
	HIV prevalence <sup>‡</sup>	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
Diet and Exercise	Food insecurity	Map the Meal Gap	2019
	Limited access to healthy foods	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2018-2020
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2014-2020
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2018
<b>CLINICAL CARE</b>			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2019
	Uninsured children	Small Area Health Insurance Estimates	2019
	Other primary care providers	CMS, National Provider Identification	2021
<b>SOCIAL &amp; ECONOMIC FACTORS</b>			
Education	High school graduation <sup>‡</sup>	EDFacts	2018-2019
	Disconnected youth	American Community Survey, 5-year estimates	2016-2020
	Reading scores**	Stanford Education Data Archive	2018
	Math scores**	Stanford Education Data Archive	2018
	School segregation	National Center for Education Statistics	2020-2021
	School funding adequacy <sup>‡</sup>	School Finance Indicators Database	2019
Income	Gender pay gap	American Community Survey, 5-year estimates	2016-2020
	Median household income*	Small Area Income and Poverty Estimates	2020
	Living wage	The Living Wage Calculator	2021
	Children eligible for free or reduced price lunch <sup>‡</sup>	National Center for Education Statistics	2019-2020
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2016-2020
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2016-2020
	Childcare cost burden	The Living Wage Calculator, Small Area Income and Poverty Estimates	2021 & 2020
	Childcare centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2021
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2014-2020
	Suicides*	National Center for Health Statistics - Mortality Files	2016-2020
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2016-2020
	Juvenile arrests <sup>‡</sup>	Easy Access to State and County Juvenile Court Case Counts	2019
<b>PHYSICAL ENVIRONMENT</b>			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2016-2020
	Severe housing cost burden	American Community Survey, 5-year estimates	2016-2020
	Broadband access	American Community Survey, 5-year estimates	2016-2020

\*Indicates subgroup data by race and ethnicity is available; \*Not available in all states; <sup>‡</sup>2018 data for New Jersey.

See additional contextual demographic information and measures online at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Glossary of Terms, Technical Notes, and FAQs

### Glossary of Terms

**Health equity:** Assurance of conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustice, and providing resources according to need.

**Health inequity:** Differences in health factors or outcomes that are systematic, avoidable, unnecessary, unfair, and unjust.

**Health disparities:** The numerical or statistical differences in health outcomes, such as mortality rate differences. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

### Technical Notes

- Figures 1 and 2 depict each county as a single, semi-transparent circle. Counties with very similar values are displayed as overlapping circles having greater color saturation. Similarly, circles representing states may be overlapping in Figure 4.
- The state and national values for childcare cost burden represent the median of counties within the state and nation, respectively.

### FAQs

#### How does CHR&R select evidence-informed solutions?

Evidence-informed solutions are supported by robust studies or reflect recommendations made by experts. To learn more about our evidence analysis methods, visit [What Works for Health](#).

#### How does CHR&R 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. The aggregate z-scores are graphed next to the maps for health outcomes and health factors on pages 5 and 6 to show the distribution of the values that contribute to the rank. To see more detailed information on rank calculations please visit Our Methods section in **Explore Health Rankings** at: [countyhealthrankings.org](http://countyhealthrankings.org).

#### How did the 7% benchmark for childcare affordability originate?

The Department of Health and Human Services published a 2016 update to rules and regulations for the Child Care and Development Fund (CCDF) program, which helps cover childcare costs for children from low-income households. The updated rules established a federal benchmark for an enrolled family's childcare co-payments not to be considered affordable if costs exceed 7% of household income. The benchmark has since been applied outside of the context of the CCDF program to indicate that low- and middle-income families should not spend more than 7% of their income on childcare for it to be considered affordable.

#### How does CHR&R define county levels of urbanization?

We define levels of urbanization as: Rural (non-metropolitan counties with less than 50,000 people); Smaller Metro (counties within a metropolitan statistical area (MSA) with between 50,000 and 1 million people); Large Suburban Metro (non-central fringe counties within an MSA with more than 1 million people); Large Urban Metro (central urban core counties within an MSA with more than 1 million people).

#### How does CHR&R define racial and ethnic groups?

We recognize that “race” or “ethnicity” are social categories. Society may identify individuals based on their physical appearance or perceived cultural ancestry, as a way of characterizing individuals' value. These categories are not based on biology or genetics. A strong and growing body of empirical research provides support for the fact that genetic factors are not responsible for racial differences in health factors and very rarely for health outcomes.

We are bound by data collection and categorization of race and ethnicity according to the U.S. Census Bureau definitions, in adherence with the 1997 Office of Management and Budget standards. Our analyses also do not capture those reporting more than one race, of “some other race”, or who do not report their race. This categorization can mask variation within racial and ethnic groups and can hide historical context that underlies health differences.

#### How does CHR&R define gender?

We recognize that while the terms “gender” and “sex” are often used interchangeably, they do not represent the same concept. Sex is generally assigned at birth based on observed anatomy, while gender is a social construct wherein certain tendencies or behaviors are assigned by society to labels of masculine or feminine. We know that neither gender nor sex are binary constructs and that people living intersectional identities (e.g., transgender women) experience compounding power differentials, which are not captured in a binary delineation between men and women.

## Credits

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### Talk to a Team Member:

Have questions about your data?  
Need help finding an evidence-informed strategy?  
Looking for more information on how to take 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](http://www.countyhealthrankings.org/contact-us). We're here to help!

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