

Ten-Year Reflections on the County Health Rankings & Roadmaps

Executive Summary

The University of Wisconsin Population Health Institute (UWPHI) has collaborated with the Robert Wood Johnson Foundation (RWJF) since 2008 to develop what is now known as the County Health Rankings & Roadmaps (CHR&R) program and the RWJF Culture of Health Prize (Prize). UWPHI first conceived of the program—originally called Mobilizing Action Toward Community Health—with the preparation of County Health Rankings based on the model used in Wisconsin since 2003. The initial plan was to create Rankings for five additional states in the first year, with the addition of five more states in years two and three. However, the program was persuaded to “go national” with the preparation and release of county-level health rankings for all 50 states at the end of that first year.

The first County Health Rankings were released on February 17, 2010. In terms of audience reach and media impact, the 2010 Rankings release was one of the most successful events in RWJF’s history—and together, both organizations began to think about how, building on this initial success, they could not only increase awareness of the determinants of population health but also engage multiple sectors in population health improvement efforts. In 2011, RWJF’s expanded funding support enabled the program to add action resources including an online Action Center, What Works for Health, community coaching, national partners, community grants, community learning labs, and the Prize. This package of data, evidence, guidance, and community exemplars became known as the County Health Rankings & Roadmaps.

Data

The County Health Rankings is driven by the County Health Rankings model that illustrates the two components that drive the rankings: Health Outcomes (i.e., how healthy a community is); Health Factors, previously Determinants), (i.e., the modifiable factors that shape future community health), The model also references Policies and Programs, (i.e., the tools that can be used to improve health). For the first 10 years of the County Health Rankings, the five ranked Health Outcomes measures (premature death, poor or fair health, poor physical health days, poor mental health days, and low birthweight) have remained essentially unchanged (with the exception of a

change in data collection and analytic methods for the second through fourth measures). This was a conscious decision so that communities would have consistent measures for tracking changes in health outcomes. When it came to selecting measures for the four major Health Factors (health behaviors, clinical care, social & economic factors, and the physical environment), CHR&R did not commit themselves to the same stability in measures in order to make the most useful and up-to-date data available to communities. The addition of new measures over the years gave the flexibility for the team to highlight measures most relevant to present realities within communities.



Evidence

In 2012, CHR&R added What Works for Health (WWFH), a database of strategies that makes it easier for public health practitioners and community members to find evidence as they think about which policies, programs, systems, or environmental changes will best meet their priorities and fit their culture and context. While there are many other tools that offer evidence summaries,¹ WWFH is unique in its comprehensive

coverage of the many factors that drive health, and with its emphasis on strategies to address social and economic factors. Since the initial launch of the database in Wisconsin in 2009, in addition to its evidence ratings, WWFH has also offered an assessment of the likely impact of strategies on disparities² among socioeconomic groups, racial/ethnic groups, and geographic areas.

Guidance

With the inaugural release of the County Health Rankings in 2010, community leaders called on UWPHI and RWJF to ask what they should do next to address their rankings. In 2011, the addition of Roadmaps to the program added a focus on community support to provide real time and personalized training via phone or email. Originally, the Roadmaps to Health Action Center³ was intended to be completely virtual—an online space that aggregated tools and guidance for communities—coupled with an ongoing webinar series to guide people to resources and examples of

ways communities were advancing health. The plan evolved to include both virtual and human touch elements within the Action Center. Following its launch in conjunction with the 2012 release of the Rankings, the Action Center included a multi-tiered system of community support: beginning with Rapid Response (up to three contacts with a coach) and Individual Coaching (several months to a year of one-on-one coaching; and then expanding with Team Coaching (up to a year-long engagement between a coach and a team of community members).

- 1 Bergum A, Grigg L, Givens ML, Catlin BB, Willems Van Dijk, JA (2019). How to Be an Informed Consumer of Evidence Ratings: It's in the Details. *Prev Chronic Disease* 2019;16:190067. DOI: <http://dx.doi.org/10.5888/pcd16.190067>
- 2 <https://www.countyhealthrankings.org/take-action-improve-health/what-works-health/our-ratings>
- 3 <https://www.countyhealthrankings.org/take-action-to-improve-health>

Examples

In 2011, under the leadership of Dr. David Kindig, UWPHI began to conceptualize an award to honor communities who were leading efforts to improve health in their communities. Acknowledging that many communities were already engaging in multisector action, there was a recognition that finding these places that were already deep in this work would enhance learning across the nation. This award, originally known as the Roadmaps to Health

Prize, was later retitled the RWJF Culture of Health Prize to reflect the Foundation's investment in its strategic vision of a Culture of Health.

From the first Prize winner selection in 2013 and every year since, these communities have served as inspirational and instructional examples for how to move action forward to improve health across the many factors that influence outcomes.

Reflection

As County Health Rankings & Roadmaps moved through the first 10 years, it adjusted and course-corrected to better engage the organizations, people, and communities across the nation that interact with and utilize the tools and resources made available in the name of broadening the definition of health.

Over the years, CHR&R and RWJF directly captured people's observations and opinions about the program or contracted with others to evaluate different aspects of the program. Even before publishing the first Rankings for all 50 states, public health practitioners and academics across the nation provided feedback on the work done in Wisconsin. They continue opining on the Rankings model (including the weights for the major components), the measures chosen,

the methods used for compiling the Rankings, comparisons from year to year, and whether rankings themselves are helpful or harmful.

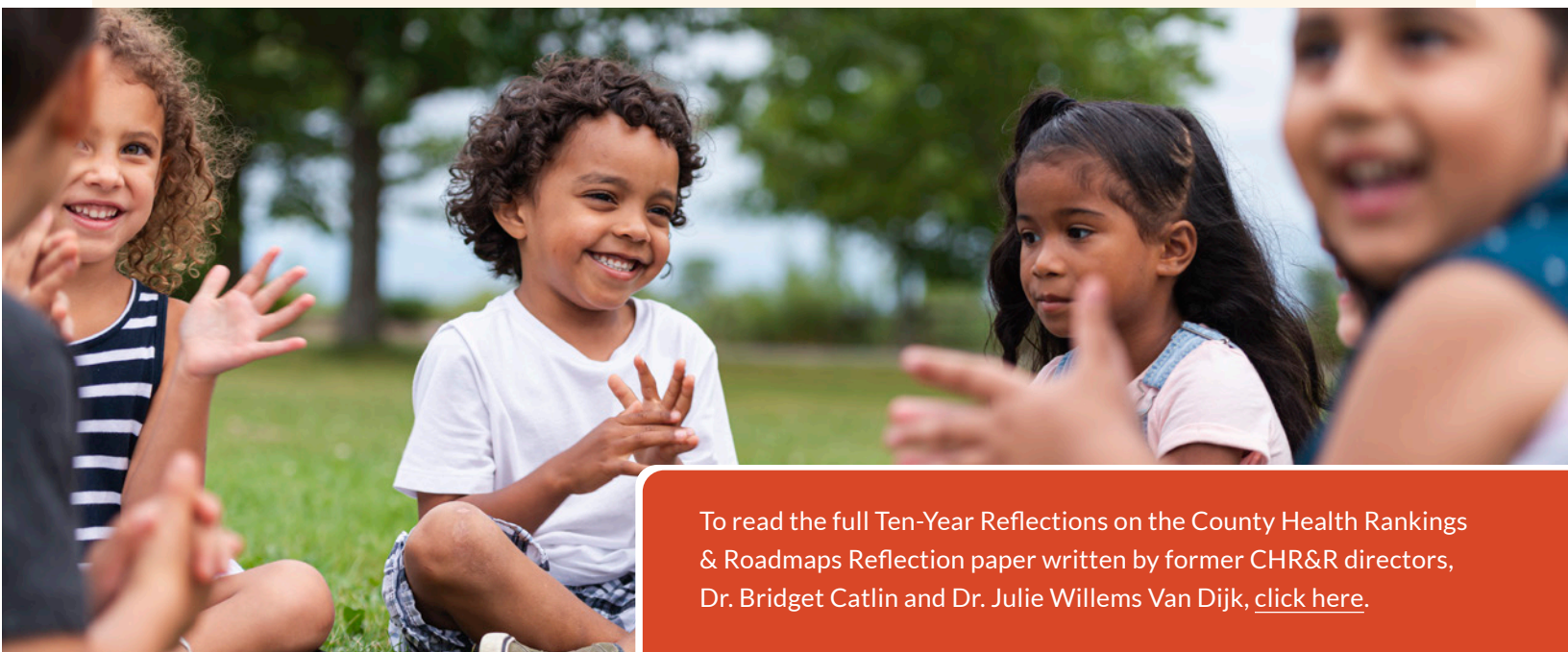
CHR&R has learned that community health improvement is a continuously evolving and complex problem and is not as orderly as its Take Action model⁴ suggests. By spurring action through the provision of online data and action resources, coupled with human support, the County Health Rankings & Roadmaps program has assisted communities in advancing change. But these actions, in small doses, do not necessarily lead to policy change across the health factors, and, it has, at times, been difficult to scale promising actions and determine how to help communities measure progress on this health journey.

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What's Next?

The next 10 years, as the first 10 years did, offer a great opportunity to expand the definition of health in new and dynamic ways that reflect the history of place and the present shifts that can help build a more inclusive and equitable future for all. In reflection on the last 10 years and looking toward the next 10 years of CHR&R, the following recommendations are offered:

- Revise or expand the County Health Rankings model to include health equity and associated drivers of health.
- Revamp the CHR&R website to better facilitate access to data within and across counties, with clear and accessible linkages to other reliable sources of sub-county data.
- Since rankings are not particularly helpful in measuring progress, additional thought should be given to the pros and cons of rankings and determine whether the need to garner attention necessitates their use.
- Continue to improve What Works for Health to make it easier for users to find relevant strategies that might work in their community.
- Determine how to sustain the continued growth of the number of strategies within What Works for Health.
- The Policies and Programs box in the County Health Rankings model is not currently “measured.” Consider how to learn from communities about the strategies they are finding effective.
- Expand the local lens that CHR&R primarily applies, connecting local communities and building relationships with state and federal partners.
- Participate more actively in discussions around the medicalization of the social determinants of health.
- Connect with investors to help guide communities to sustainable funding approaches.
- Create a roadmap of resources based on the developmental assessment tool framework.
- Refine and deliver activities to provide opportunities for communities to learn from each other and to support community networks in scaling successful initiatives.
- Help communities at different stages in their journey toward health improvement describe their work to better help others.



To read the full Ten-Year Reflections on the County Health Rankings & Roadmaps Reflection paper written by former CHR&R directors, Dr. Bridget Catlin and Dr. Julie Willems Van Dijk, [click here](#).